

**ECF CHOICES Groups Annual Expenditure Caps Chart**

<b>GROUP 4</b>	\$15,000 both ID and DD	
<b>GROUP 5</b>	\$30,000 both ID and DD	Additional \$6,000 for emergent needs
<b>GROUP 6 Level Of Need</b>	<b>ID</b>	<b>DD</b>
L ( <i>low to moderate needs</i> )	\$45,000	\$45,000
Lem ( <i>low to moderate needs w/ exceptional medical needs</i> )	\$154,289.15 *	Average annualized cost of NF + Specialized Services**
Leb ( <i>low to moderate needs w/ exceptional behavioral or medical <u>and</u> behavioral needs</i> )	\$154,289.15 *	Average annualized cost of NF + Specialized Services **
H ( <i>high needs</i> )	\$60,000	\$60,000
Hem ( <i>high needs w/ exceptional medical needs</i> )	\$154,289.15 *	Average annualized cost of NF + Specialized Services **
Heb ( <i>high needs w/ exceptional behavioral needs or exceptional medical <u>and</u> behavioral needs</i> )	\$154,289.15 *	Average annualized cost of NF + Specialized Services**

<b>GROUP 6 Level Of Need – <u>DD</u> only</b>	<b>NF rate + Specialized Services</b>	<b>DD</b>
L ( <i>low to moderate needs</i> )		\$45,000
H ( <i>high needs</i> )		\$60,000
Lem ( <i>low to moderate needs w/ exceptional medical needs</i> )	Basic NF + SS	\$105,500
Lem ( <i>low to moderate needs w/ exceptional medical needs</i> )	Tracheal suction NF + SS	\$181,850
Lem ( <i>low to moderate needs w/ exceptional medical needs</i> )	Chronic Vent Care NF + SS	\$253,850
Leb ( <i>low to moderate needs w/ exceptional behavioral <u>or</u> medical <u>and</u> behavioral needs</i> )	Basic NF + SS	\$105,500
Leb ( <i>low to moderate needs w/ exceptional behavioral <u>or</u> medical <u>and</u> behavioral needs</i> )	Tracheal suction NF + SS	\$181,850
Leb ( <i>low to moderate needs w/ exceptional behavioral <u>or</u> medical <u>and</u> behavioral needs</i> )	Chronic Vent Care NF + SS	\$253,850
Hem ( <i>high needs w/ exceptional medical needs</i> )	Basic NF + SS	\$105,500
Hem ( <i>high needs w/ exceptional medical needs</i> )	Tracheal suction NF + SS	\$181,850
Hem ( <i>high needs w/ exceptional medical needs</i> )	Chronic Vent Care NF + SS	\$253,850
Heb ( <i>high needs w/ exceptional behavioral needs <u>or</u> exceptional medical <u>and</u> behavioral needs</i> )	Basic NF + SS	\$105,500
Heb ( <i>high needs w/ exceptional behavioral needs <u>or</u> exceptional medical <u>and</u> behavioral needs</i> )	Tracheal suction NF + SS	\$181,850
Heb ( <i>high needs w/ exceptional behavioral needs <u>or</u> exceptional medical <u>and</u> behavioral needs</i> )	Chronic Vent Care NF + SS	\$253,850

\*Average annualized cost of private ICF/IID. Amounts listed are applicable for CY2016. Amounts subject to change annually as determined by the TN Comptroller of the Treasury.

\*\*Effective July 1, 2016 the reimbursement methodology for NF services will change. Rather than each facility having a separate Level 1 and Level 2 NF rate, each facility will have a rate that takes into account the acuity of residents served in the facility, as well as the facility's quality performance on measures established under the QuILTSS initiative.

The first level of reimbursement is "basic" NF (inclusive of both of the current Levels 1 and 2): \$67,654.80.

The second and third levels of reimbursement are the 2 Enhanced Respiratory Care rates—

Secretion Management Tracheal Suctioning – available **only** for a person determined by the PAE unit to have a functioning tracheostomy and a copious volume of secretions, and require: 1) invasive tracheal suctioning, at a minimum, once every three (3) hours with documented assessment pre- and post-suctioning; or 2) the use of mechanical airway clearance devices and/or heated high flow molecular humidification via the tracheostomy, at a minimum, three (3) times per day with documented assessment pre-and post. The suctioning (or airway clearance, as applicable) must be required to remove excess secretions and/or aspirate from the trachea, which cannot be removed by the Applicant's spontaneous effort. Suctioning of the nasal or oral cavity does not qualify for this higher level of reimbursement. We would expect this cost cap to be reviewed on an intermittent basis to evaluate the progress being made toward secretion management. This rate is \$400 per day, multiplied by 30 days and 12 months to arrive at: \$144,000

Chronic Ventilator Care – available **only** for a person determined by the PAE unit to be ventilator dependent for at least 12 hours each day with an invasive patient end of the circuit (i.e., tracheostomy cannula). On a case-by-case basis, TennCare may, subject to additional medical review, authorize a cost cap based on the Chronic Ventilator Reimbursement for an Applicant who is ventilator dependent with a progressive neuromuscular disorder, spinal cord injury, or chronic respiratory failure and is ventilated using noninvasive positive pressure ventilation (NIPPV) by mask or mouthpiece for at least 12 hours each day in order to avoid or delay tracheostomy. This rate is \$600 per day, multiplied by 30 days and 12 months to arrive at \$216,000.

The second component of the Expenditure cap for individuals in ECF CHOICES Group 6 who have a DD and are granted an exception to the cost cap based on specialized medical or behavioral needs is the annualized average cost of specialized services for a person with DD who is in a NF. This amount is \$37,813.73 per year. This has been added to each level of NF reimbursement to determine the Expenditure Cap for a person who would qualify to receive that level of NF reimbursement.

***On a case-by-case basis and applicable only to an ECF CHOICES Group 6 member who has a developmental disability and is assessed pursuant to the Level of Need process described in Rule 1200-13-01-.02 to have exceptional medical or behavioral needs, and is receiving Community Living Supports (not Family Model) at the CLS-4 level of reimbursement, this Expenditure Cap may be exceeded when necessary to permit access to Supported Employment Individual Employment Support.***