## Recognition of Family Caregivers in Managed Long-Term Services and Supports

### Tennessee TennCare CHOICES in Long-Term Care—Contract References Related to Family Caregivers

Contract date: Statewide contract with amendment 10, July 1, 2019

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<tr>
<th>Contract Element</th>
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| Are family caregivers assessed on their health and well-being and/or other areas, such as training and support needs? | Yes     | p. 166  
2.9.6.5.2.6—Caregiver Assessment  
2.9.6.5.2.6.1.2—At a minimum, for members in CHOICES Groups 2 and 3 or Employment and Community First (ECF) CHOICES, the caregiver assessment shall include:  
(1) an overall assessment of the family member(s) and/or caregiver(s) providing services to the member to determine the willingness and ability of the family member(s) or caregiver(s) to contribute effectively to the needs of the member, including employment status and schedule, and other caregiving responsibilities;  
(2) an assessment of the caregiver’s own health and well-being, including medical, behavioral, or physical limitations as it relates to the caregiver’s ability to support the member;  
(3) an assessment of the caregiver’s level of stress related to caregiving responsibilities and any feelings of being overwhelmed;  
(4) identification of the caregiver’s needs for training in knowledge and skills in assisting the person needing care; and  
(5) identification of any service and support needs to be better prepared for their caregiving role. Additionally, the care coordinator or support coordinator shall ensure that all identified caregivers have the care coordinator or support coordinator’s name and contact information in accordance with Section A.2.9.6.4.3.  
2.9.6.5.2.6.1.3—The caregiver assessment shall be conducted at least once every 365 days as part of the annual review, upon a significant change in circumstances as defined in Section A.2.9.6.10.1.17, and as the care coordinator or support coordinator deems necessary. |
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| Does the contract reference the inclusion of family caregivers in the development of the beneficiary’s service plan, care coordination, or the care team? | Yes     | **pp. 146 and 166**
2.9.6.3.10.2 and 2.9.6.5.2.6.1.2: The Care Coordinator or Support Coordinator shall also ensure that all identified caregivers have the Care Coordinator or Support Coordinator's name and contact information in accordance with Section A.2.9.6.4.3.

**p. 169**
2.9.6.6.2.4.7. The person-centered support plan (PCSP) shall include caregiver training or supports identified through the caregiver assessment that are needed to support and sustain the caregiver’s ability to provide care for the member. |
| Does the contract cover services and supports for family caregivers?             | Yes     | **p. 56**
2.6.1.5.3 For CHOICES members in Group 2 or 3: In-home respite care (up to 216 hours per calendar year)
In-patient respite care (up to 9 days per calendar year)

**p. 169**
2.9.6.6.2.4.7—The person-centered support plan will include caregiver training or supports identified through the caregiver assessment that are needed to support and sustain the caregiver’s ability to provide care for the member. |
| Does the contract allow payment to family caregivers in the program’s consumer direction option (if available)? | Yes     | **p. 232**
2.9.7.6.4—Members may hire family members, excluding spouses, to serve as a worker. A family member shall not be reimbursed for a service that he/she would have otherwise provided without pay. The contractor shall use the needs assessment process to assess the member’s available existing supports, including supports provided by the family members. |
| Does the contract require a beneficiary to be reassessed upon loss of the caregiver (including circumstances such as death, illness, hospitalization, work responsibilities, or financial strain)? | Yes     | **p. 185**
2.9.6.10.2.1.17.1—At a minimum, the contractor shall consider the following a significant change in needs or circumstances for members in CHOICES Groups 2 and 3 or ECF CHOICES residing in the community: Change of residence or primary caregiver or loss of essential social supports. |
<p>| Does the contract require family caregivers to be included in the health plan member advisory committee? | Yes     | See above. |</p>
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| Does the contract require quality measures related to family caregivers and/or for them to be included in the program's quality assessment/performance improvement processes? | Yes     | p. 422  
2.24.3.3  
At a minimum, the CONTRACTOR’s CHOICES advisory group shall have input into the CONTRACTOR's planning and delivery of long-term care services, CHOICES quality management (QM)/quality improvement (QI) activities, program monitoring and evaluation, and member, family and provider education.  

pp. 421–422  
2.24.3.2–The Contractor’s CHOICES Advisory Group shall include CHOICES members, member’s representatives, advocates and providers. At least 51% of the group shall be CHOICES members and/or their representatives (e.g., family members or caregivers) and the group shall include at least one active Money Follows the Person participant. The advisory group shall include representatives from nursing facility and CHOICES home and community-based services (HCBS) providers, including community-based residential alternative providers. The group shall reflect the geographic, cultural and racial diversity of each Grand Region covered by this Contract. |

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