

DATE: September 21, 2021

TO: TennCare Home and Community-Based Services (HCBS) Providers in CHOICES, Employment and Community First (ECF) CHOICES, and Section 1915(c) HCBS Waivers

FROM: Patti Killingsworth, Chief of LTSS

CC: TennCare Health Plans
Department of Intellectual and Developmental Disabilities

SUBJECT: COVID-19 Reporting Update

The purpose of this memo is to provide updated guidance for TennCare HCBS providers in CHOICES and Employment and Community First CHOICES, as well as HCBS providers in the 1915(c) waivers operated by DIDD regarding required notifications for *confirmed* positive COVID-19 cases of individuals living in the community who receive these services.

Required Notifications

For any CHOICES, ECF CHOICES, or 1915(c) Waiver member who tests positive for COVID-19:

- Providers must submit a Reportable Event Form (REF) to DIDD. No additional reporting to the MCO is necessary.

TIME-LIMITED EXCEPTION: CHOICES providers who do not participate in ECF or 1915(c) programs and who have not already opted into participation into the Aligned Reportable Event Management System¹ must continue to report positive COVID-19 tests to the MCO via established COVID-19 reporting processes using the updated reporting form attached. These providers may discontinue use of this form and process when they opt into the Aligned REM System, no later than January 1, 2022.

In addition, in the event the person supported is in a multi-member residential setting or receives services from a worker who also provides services to other members, **HCBS providers are required to notify the Tennessee Department of Health (TDH) by email at EP.Response@tn.gov**. The provider should specifically advise as follows:

- [If the person *confirmed* COVID-19 positive is receiving **residential** HCBS]: This is a *potential* high-risk situation based on shared (congregate) living arrangement and the number of people and/or staff in the home; or
- [If the person *confirmed* COVID-19 positive is receiving **in-home** HCBS]: This is a *potential* high-risk situation based on exposure of agency staff and other individuals they support.

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¹ COVID-19 reporting processes to the MCO are applicable for CHOICES-only providers through December 31, 2021. Effective January 1, 2022, all CHOICES, ECF CHOICES, and 1915(c) waiver providers will submit a completed REF to DIDD to report any member who tests positive for COVID-19.

COVID-19 Positive Test Report Form

Purpose: Providers should use this form to report information on individuals enrolled in CHOICES who have a *confirmed* positive test for COVID-19 (Novel Coronavirus) to the Managed Care Organization (MCO) through which the individual is enrolled.

This form should be emailed within **24 hours** from the discovery of the positive COVID-19 test to the MCO using the contact list below and subject heading **COVID Report MM/DD/YY**:

- Amerigroup: TNCovid19notification@amerigroup.com
- BlueCare: COVID19REPORTING_LTSS@bcbst.com
- UnitedHealthCare: LTSSCMA@UHC.com

Current Date	
Provider Agency Name	
Reported by	
Agency contact	
Member First Name	
Member Last Name	
Member ID	
Member DOB	
CHOICES Group (2-3)	
Region (East, Middle, or West)	
Date Tested Positive for COVID-19	
Address of where member was residing when tested positive	
Did member admit to a hospital (Y/N)	
If Yes, Current Address of Hospital	
Outcomes/Updates/Additional Comments	