DDA
(Department of Disability and Aging)

The Department of Disabilities and Aging (DDA) is the state agency responsible for providing services and supports to Tennesseans with Intellectual Disabilities.

DDA provides services directly or through contracts with community providers in a variety of settings. These settings range from institutional care to individual supported living in the community.

Regional offices are located in West, Middle, and East TN in Arlington, Nashville, and Knoxville.

VISION

The DDA vision is that Tennesseans with intellectual disabilities will have the opportunity and needed support to be part of their community in which they live. People with intellectual disabilities have a right to healthy, secure, and meaningful lives surrounded by family and friends.

MISSION

The DDA mission is to provide leadership in the development and maintenance of a system that offers a continuum of services and support for persons with intellectual disabilities. The services and support will contribute to those persons having healthy, secure and meaningful lives, living in a residence of their choosing.

The DDA will work to accomplish its mission by recognizing that its values and principles are the cornerstone of the service delivery system. DDA staff will act with professionalism, integrity, and honesty to achieve and maintain the credibility that is required to fulfill the organization's mission.

WHAT IS THE MEDICAID WAIVER AND WHO BENEFITS FROM THIS PROGRAM

DEFINITION: The Medicaid Waiver, sometimes referred to the Med Waiver Program, is a way the state of Tennessee can use Medicaid dollars for services of people with intellectual developmental disabilities. It allows the state to pay for services related to the individual to live in a community setting instead of an institutional environment. Services are approved based on established protocol. Services are to be approved prior to provided.

AVAILABLE MED WAIVER SERVICES:

There are a wide variety of services available, depending on need, qualifications, and availability. Services via the Medicaid Waiver are not to replace services that can be secured via alternative resources – i.e. TennCare, private insurance, etc.
These services may include (more service information available upon request):

- **Adult Dental Services** – Services include fillings, root canals, extractions, dentures, and other dental treatments. Does not include preventative care.
- **Home Bound**-This service is for an individual that cannot go out or leave their home for more than two hours except for a medical appointment. If an individual chooses not to go out, this is not a service available to them.
- **Behavior Services** – Assessment and treatment of behavior that presents a health or safety risk to the person supported or others and/or behavior that significantly interferes with home or community activities.
- **Independent Support Coordination/Case Management** – Services to assist the person supported in obtaining and coordinating both paid services and natural supports for community integration.
- **Day Services-Community Participation-Intermittent Wrap Around** – Services and supports that teach and improve skills that support semi-independent living.
- **Environmental Accessibility Modifications** – Interior or exterior physical modifications to the home that are required for health, welfare and safety or help to function with greater independence.
- **Nursing Services** – Skilled nursing services provided directly to the person supported that are based on a physician's orders.
- **Nutrition Services** – Services provided by a licensed dietician or nutritionist to assess nutritional needs and provide counseling and education for food purchase, preparation, and assistance in eating.
- **Occupational Therapy** – Services to help improve or maintain the ability to perform activities of daily living.
- **Orientation and Mobility Training** – Services to assist a severely visually impaired person move independently and safely at home and in the community.
- **Personal Assistance** – Assistance with activities of daily living like bathing, dressing, and household chores.

- **Personal Emergency Response System** – An electronic device used in the home of the person supported to secure help in an emergency.
- **Physical Therapy** – Services to help increase ability to move around in different settings. **Residential Services** – Services vary depending on the capacity of the person supported. Typically, a 24/7 service where the person resides in a home of their own, outside of their family's home.
- **Respite Services** – Services for when caregivers are not able to provide care for a short period of time. 7
- **Specialized Medical Equipment & Supplies and Assistive Technology** – Assistive devices, adaptive aids, controls or appliances that help with daily living.
- **Speech, Language, and Hearing Services** – Services range from providing effective communication methods to helping someone swallow safely.
- **Job Coach-** Services to help the person supported work at a job in the community. There are three levels that a provider and individual can use to help secure a person employment.
- **Pre-Employment**-This is a service that has three different phases to secure a community-based job.
- **Facility Based Day-** This is a service that provides a teaching/learning environment to prepare an individual for community living.

- **SEMI-INDEPENDENT LIVING SERVICE (SILS)** - Semi-Independent Living Services (SILS) are designed to include training and assistance in managing money, preparing meals, shopping, personal appearance and hygiene, interpersonal and social skills building, and other activities needed to maintain and improve the capacity of an individual with an intellectual disability to live in the community. The service also includes oversight and assistance in managing self-administered medication and/or medication administration as permitted under Tennessee's Nurse Practice Act. The target population for this service is people who need intermittent or limited support to remain in their own home and do not require staff that lives on-site. However, access to emergency supports as needed from the provider on a 24/7 basis is an essential component of this residential service and is what differentiates it from Personal Assistance services

*****More information upon request*****

WHO PROVIDES SERVICES?

There are people and agencies approved by the State of Tennessee at DDA to provide med waiver services. The individual and family may choose any approved providers who are willing to offer the services needed.

The Independent Support Coordinator (ISC) discusses and presents to the individual and family a list of all the providers in the individual's chosen area of preferred living at least annually but more frequently as requested by the individual or his/her family/legal Conservator OR as the needs of the individual changes. The individual or family may change providers, including specific ISC or ISC provider agency, at any time. The ISC or ISC-Supervisor will act to facilitate any requested change.

An individual and family may choose any Independent Support Coordinator agency. A person may NOT be able to choose the support coordinator. It depends on the number of people that the support coordinator may have and if she/he has an opening in the area. BGC, Inc. commits to making all efforts possible to respect and support preference when specific ISC's are requested.

WHEN A FAMILY MEMBER PROVIDES SERVICES- DDA POLICY

FORTY HOUR PER WEEK REIMBURSEMENT LIMIT FOR FAMILY MEMBERS AND PA

• The reimbursement limit of forty hours per week per family member paid to provide waiver services became effective August 1, 2013.
• The reimbursement limit of forty hours per week per family member paid to provide waiver services applies to all waivers.
• The term "family member" does not just apply to immediate family members. The definition of family member in the approved waiver is "…the mother, father, grandmother, grandfather, sister, brother, son, daughter, or spouse, whether the relationship is by blood, by marriage, or by adoption."
• DDA/Customer Focus Department- will provide support to any COS that is having difficulty in determining services and supports. Providers of Support Coordination or waiver services may contact the Director of the Regional Office for assistance. Contact information is available on the DDA website at www.tn.gov/didd
• The COS decision that it is/is not in the best interest of the person supported to receive waiver services from family members should be documented in the Person Centered Support Plan for the person supported.

WHAT DO INDIVIDUALS/FAMILIES NEED TO DO TO KEEP GETTING MED WAIVER SERVICES

People getting services and their families must do certain things to be able to keep getting Med Waiver services. These things are done to protect the person. They are done so people continue to receive good services and are safe in his/her community.

Circle of Support (COS) - Each person has a COS made up of the individual who is supported, their family and others whom the individual may choose (i.e. people who support the person on a day-to-day basis) to help in planning services and supports.

The services and supports a person's need to live in the community are in a narrative or bullet form in the person's PCSP (Person Centered Support Plan). The PCSP includes what the individual identifies as important to/important for in order to promote areas, such as choice, involvement, value and health/safety. All entities work together with the ISC to write the PCSP. This development is completed via the use of person-centered tools/person-centered planning. This helps the person in receiving the correct services and supports.

The Person-Centered Support Plan is reviewed and renewed at a minimum every 365 days. The annual review process is to be used to facilitate this review and renewal. The person, their Conservators, their family, or anyone on their COS can, at any time, request a comprehensive review of the person's Person-Centered Support Plan and/or a COS meeting. Circumstances that might lead to a request for a review include but are not limited to:

- Problems with implementing the PCSP,
- no progress is noted for outcomes/actions,
- Outcome/action is occurring on a consistent basis
- Significant changes in health

WHAT TO DO TO SCHEDULE SUCH A REVIEW OR CIRCLE OF SUPPORT MEETING

Contact the ISC via email, phone, and text
Contact the ISC Provider's main office – ask for the ISC-Supervisor of your ISC or ask for the Office Manager to contact the ISC or ISC-Supervisor for you

Home Visits- ISCs must make visits to a person's home several times a year, generally every three months. The person, family, and ISC will choose the times for the visits. To continue receiving supports from the Med waiver program, these home visits must be completed.

Annual Physical and Dental Exam-Everyone in the Med waiver must have an annual physical and annual dental exam unless indicated by the physician that an annual is only needed every two to three years, but this must be indicated on the physical consult report and/or dental consult form. The times for a physical or dental depend on the person's age and medical needs. The

physical and dental must be done on time to keep getting waiver services each year unless otherwise noted by physician/dentist other instructions.

WHAT IF THERE IS A PROBLEM

If a person or the family is unhappy about services or the way someone has been treated, there are things that can be done. The ISC can help with these types of concerns. A call can be made if the person or family is unhappy with a staff person. The person and family should always be reminded that if the current services are not appropriate for the person, for whatever reason, the person or family can request a change in providers. If the ISC/ISC provider cannot help, or the person or family chooses, a complaint can be filed at the Regional/Central office level of DDA or directly to TennCare.

A complaint (named or anonymous) can be filed anytime at:

- **The Developmental Disability Regional Office**
- **The Developmental Disability Central Office**
- **TennCare**

How do people complete the complaint?

Each regional office has a phone number to take calls when there is a problem. There is a person there who is in charge of Customer Focused Services. If the office is closed, the answering machine will answer and a message can be left. The number to call depends on what region the person lives in the state. The numbers are as follows:

DDA Consumer Focused Services

1-833-696-2089
DDA.CFS@tn.gov
The Director of the CFS unit can be reached at 423-552-3254, Monday through Friday from 7:00 a.m. CST to 3:30 p.m. CST. Please leave a message if unavailable.
Depending on the issue, if possible, the State will make every attempt to resolve your issue within 30 days. Occasionally an issue may require a longer period for resolution due to the nature and complexity of the issue.

DEPARTMENT *of* DISABILITY & AGING- Title VI
OFFICE OF CIVIL RIGHTS
UBS TOWER, 8TH FLOOR
315 DEADERICK STREET
NASHVILLE, TN 37243
DDA.OCR@tn.gov

Reporting of Abuse, Injuries, Death, etc.

How do people report allegations of-

- Abuse: physical, sexual or emotional/psychological
- Neglect
- Exploitation: of person's belongings, money, resources or status
- Serious Injury of Unknown Cause
- Suspicious Injuries
- Death

*DDA Abuse Hotline for reporting allegations is **888-633-1313**

***Adult Protective Services (APS)**

Contact Us: Adult Protective Services Online Reporting:
https://reportadultabuse.dhs.tn.gov
Adult Protective Services Call Center:
1-888-APS-TENN (277-8366) TTY: 1-800-270-1349
Identified abusers may be placed on a state abuse registry. To learn if someone is listed on the registry, visit:
https://apps.health.tn.gov/abuseregistry/
Tennessee Area Agencies on Aging and Disability can be a resource for assistance. 1-866-TENNOPT (836-6678)

Abuse: T.C.A. § 33-2-402(1): "Abuse" means the knowing infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse (of all forms) is a "knowing" or "willful" act. "Mental anguish" shall mean significant psychological distress that is intense or persistent, and may include fear, anxiety, stress, humiliation, depression, trauma, or grief. In order to be considered mental anguish, the psychological distress experienced must be intense or persistent and linked to the actions of the alleged staff. Includes instances of intentional abuse that would result in such mental anguish in a reasonable adult regardless of age or disability (Note: The meaning of mental anguish also applies to that term's use in the definitions of "Physical Abuse" and "Neglect" below). TennCare and DDA recognize three subcategories of abuse:

1. **Physical Abuse** shall mean actions including, but not limited to, any physical motion or action by which physical harm, pain or mental anguish is inflicted or caused. It includes the use of any unauthorized restrictive or intrusive procedure to control behavior or punish. Corporal punishment, takedowns, prone and supine restraints are prohibited and considered abuse.
2. **Sexual Abuse** shall mean any type of sexual activity or contact with sexual intent or motivation between a person and anyone affiliated with DDA, CHOICES, ECF CHOICES as a staff person, employee or a contracted provider or volunteer. This includes, but is not limited, to actions by which a person is coerced into sexual activity or exposed to sexually explicit material or language. Sexual battery by an authority figure as defined in T.C.A. § 39-13-527 is also considered sexual abuse. Sexual abuse occurs whether or not a person is able to give consent to such activities.

3. **Emotional/Psychological Abuse** shall mean actions including, but not limited to, humiliation, harassment, threats of punishment or deprivation, intimidation or demeaning or derogatory communication (vocal, written, gestures) directed to or within eyesight or audible range of the person.

Exploitation (Misappropriation of Property): TCA § 33-2-402(9): "Exploitation" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of belongings or money with or without consent." This is further defined as the illegal or improper use of a person's resources or status for another's benefit or advantage. For tracking and trending, the following internal subcategory definitions are: 1. 2. Financial: The misplacement, misappropriation or wrongful temporary or permanent use of the person's funds. Exploitation: The illegal or improper use of a person's resources, property or status for another's benefit or advantage is considered exploitation.

Neglect: T.C.A. § 33-2-402(10): "Neglect" means failure to provide goods or services necessary to avoid physical harm, mental anguish, or mental illness, which results in injury or probable risk of serious harm.

Neglect Threshold In order to be considered "neglect," an omission of an act must have led to physical harm, mental anguish, or mental illness, which results in serious injury to the person or another person (i.e. housemate, community member, staff, etc.); or resulted in probable risk that serious injury could have occurred as the result of such omission. "Probable risk" means that a reasonable person would conclude serious injury was more likely than not (a greater than fifty percent (50%) chance of occurrence). A "serious injury" is any injury requiring medical treatment beyond first aid by a lay person.1 Except for extenuating medical circumstances of a person (e.g., a compromised immune system), failure to seek medical attention for a cold, minor illness or minor injury is not neglect, as there was not probable risk of serious injury. Failing to warn a person not to cross a street in the center of a block when traffic is passing at high speed would constitute neglect, even if the person did not get hit by a car, as a reasonable person would conclude there was probable risk of serious injury due to the lack of the warning being given. For tracking and trending, the following internal subcategory definitions are:

1. Training Neglect-Failure on the part of a trainer for any person responsible for providing a service that has not received, obtained or been afforded with the necessary training to fulfill those responsibilities that resulted in or placed the person at probable risk of serious harm.

2. Treatment Neglect-Failure to provide specified care to a person that either resulted in or placed the person at probable risk of serious harm. 3. Communication Neglect-Failure to convey critical or vital information that either resulted in or placed the person at probable risk of serious harm. 4. Supervision Neglect-Failure to provide adequate support that resulted in harm or placed the person at probable risk of serious harm.

DID YOU KNOW?

The State operates a grievance/complaint system that allows participants the opportunity to register grievances or complaints concerning the provision of service(s) under the 1915(c), ECF CHOICES, and CHOICES benefit programs.

Call (toll-free): **(833) 696-2089**
Email: **DDA.CFS@tn.gov**

You can quickly scan this QR code with your camera to send an email to:
DDA.CFS@tn.gov

TN Department of Disability & Aging