Employment & Community First (ECF) CHOICES 101

What is it?

It is a Home and Community Based Services (HCBS) Medicaid waiver program administered through TennCare. Tenn Care contracts with managed care organizations (MCO) to provide these essential services and supports in a coordinated and cost-effective manner for individuals with intellectual and developmental disabilities (I/DD). According to the ECF program's objectives, it is meant to help people find employment, if desired, and improve their quality of life.

Who is eligible?

The Employment & Community First (ECF) CHOICES is a program for people who have *an intellectual or developmental disability*:

- An intellectual disability that started before the age of 18.
  - An IQ Score under 70.
- A developmental disability that started before the age of 22.
- Must be a Tennessee Resident
- Must have Medicaid (Tenncare) or be eligible for Medicaid (Tenncare)

To qualify for ECF CHOICES, a person must meet **medical** and **financial** requirements.

- Medical requirements: You'll need proof that the applicant has an intellectual or other developmental disability.
- Financial requirements: Financial eligibility requirements can change and can vary to a person's care needs. For children under 18, the parents income/assets/resources are counted. Current requirements can be found here.

What services do they offer?

- Monthly Family Stipend (only Group 4)
- Personal Assistance
- Enabling Technology
- Employment Supports

- You can find a full list **here**

*All services are subject to availability. There are **provider shortages** across the state and it is common for members to be approved for services but unable to access them.*

What are the Benefit Groups?

These groups are based on age and the level of care a member needs. "Level of care" refers to the determination of whether an individual's needs are significant enough to require assistance with daily living activities and/or qualify for nursing facility level of care. This determination is used for establishing eligibility and services. Nursing facility level of care does not mean that an individual has to live in a nursing home. Rather, nursing facility level of care means that their needs are significant and, if they cannot be served through HCBS, the person would need care in a facility. Level of care is determined by the individual's ability to conduct basic tasks (e.g., walking, eating, toileting), complex tasks for independent living (e.g., cooking, managing finances), cognitive impairment, and behavioral challenges. **Here is a benefit table** that shows what services are available to each group.

- **Group 4** is for families caring for a child under the age of 21 or over the age of 21 who has an intellectual or developmental disability (I/DD) who is living at home. You can receive a stipend for caring for your child at home.
- **Group 5** is for adults age 21 and older who have an intellectual or developmental disability (I/DD) but do not qualify for the level of care in a nursing home.
- **Group 6** is for adults that are 21 and older in **an emergent group** (insert link) who would qualify to get care in a nursing home. (This does not mean the person has to receive care in a nursing home. This program provides services at home and in the community. They just need to qualify for nursing home care.)

There are two additional groups that are meant to provide short-term intensive behavioral support. However, due to a provider shortage they are not readily available for families.

- **Group 7** is for a small number of children under age 21 who live with their family and have an intellectual or developmental disability (I/DD) and severe behavior support needs that place the child or others at risk of serious harm.
- **Group 8** is for a small number of adults who have an intellectual or developmental disability (I/DD) and severe behavior support needs and are moving into the community from a place with lots of structure and supervision.

How do you apply?

- You can fill out the self-referral form online at: **perlss.tenncare.tn.gov/externalreferral**

If you need help:

- **If you have TennCare**, call your managed care organization (MCO) to learn more. You can find this information on the member's medical insurance card. Be sure to tell them you need help with a self-referral for ECF CHOICES. MCO contact information is listed below:

- **Wellpoint** (formally Amerigroup): 866-840-4991
- **BlueCare**: 888-747-8955
- **United Healthcare**: 800-690-1606.
- **Unsure**? You can contact: 1-855-259-0701 and ask who your MCO is.

- **If you don't have TennCare**, call your Department of Disability & Aging (DDA) regional office and ask for help with a self-referral for ECF CHOICES. The regional office information is listed below.

Got Questions?

Contact the *Tennessee Department of Disability and Aging* Regional Offices:

West Tennessee: (800) 308-2586

Middle Tennessee: (800) 654-4839

East Tennessee: (888) 531-9876

Find additional information about the ECF Choices program here

Questions for caregivers to consider:

- When should I apply for ECF CHOICES
- How long will it take to get into ECF services
- What assessments will be used to determine how much help/support they receive
- Does Tenncare or the Managed Care Organization (MCO) to complete meetings, evaluations, and developing our support plan
- How will I know that category my child will be place in
- What kind of services and supports can ECF CHOICES provide?
- Who will be delivering the services?
- Who can I contact to find out the status of my application?