RULES
OF
DEPARTMENT OF HEALTH
AND BOARD FOR LICENSING HEALTH CARE FACILITIES

CHAPTER 1200-8-7
RESIDENTIAL HOME FOR AGED QUALITY ENABLING PROGRAM

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1200-8-7-.01 PURPOSE. It is the intent of this rule to improve the quality of care and of service in Tennessee’s Residential Homes for the Aged through the mechanism of distributing certain designated and limited state funds. This rule is now jointly promulgated by the Tennessee Board for Licensing Health Care Facilities and Tennessee Department of Health to implement the provisions of Chapter 927 of the Public Acts of 1986.


1200-8-7-.02 PARTICIPATION OF RESIDENTS. An eligible program participant must meet all of the following requirements, both at the time of application and during continued participation:

(1) (a) Has a total income, from all sources, which does not exceed six hundred dollars ($600.00) per month;

(b) Is a beneficiary or recipient of payments under the Social Security Act;

(c) Is a recipient of Supplemental Security Income (SSI) benefits;

(d) Satisfies the standards for lawful admission to a residential home for the aged and with no medical problems that would require that the resident be transferred to a higher level of care.


1200-8-7-.03 PARTICIPATION OF PROVIDERS.

(1) To be eligible to participate in this program, a residential home for the aged must meet all of the following requirements, both at the time of application and during continued participation:

(a) Be currently licensed by the Board as a residential home for the aged;

(b) Be located in counties specified in T.C.A. §§12-4-320;

(c) Have been free, for 1 year, of any disciplinary sanction ordered by either the Commissioner or the Board (such as a suspension of admissions, a probated license, or a license subject to special conditions);
(Rule 1200-8-7-.03, continued)

(d) Be in compliance with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973;

(e) Be free of current deficiencies which endanger or restrict the rights of a resident;

(f) Provide the Department with such data and information as is necessary to evaluate the effectiveness of the program to include a quarterly report which describes how the expenditures improve the Quality of Care and Services in Tennessee Residential Homes for the Aged. These expenditures must be for services on care above what the regulations require as mandatory.

(g) Have the operator or responsible attendant participate in all Department or Board sponsored training programs which are made available without charge;

(h) Accept the eligible resident’s income and the State’s reimbursement as payment in full for the residential home’s services and neither accept any payment for its services from any other person on behalf of the resident, nor attempt to hold any other person as responsible or liable for the cost of these services.


1200-8-7-.04 APPLICATION TO PARTICIPATE.

(1) (a) The Department will take appropriate steps to notify eligible providers and potentially-eligible persons of the availability of this program of the requirements to participate and of the process to make an application.

(b) All applications shall be made upon forms provided by the Department. Completed applications shall be submitted to the Department for review. Failure to submit a completed application within forty-five (45) days of the applications being mailed out by the Department will result in the applicant being denied participation in the program for the current fiscal year. A decision on the application will be made within thirty (30) days of its receipt.

(c) Potential providers must apply in the name of the licensee.

(d) Current residents of a residential home for the aged which has been approved to participate, or which has a pending application should apply through a representative of the home for the aged.

(e) Potential residents may apply themselves, through another, or through a representative of a home for the aged, but should also identify an approved provider who is willing to admit them as a resident.

(f) Reimbursement will not be made until both the residential home for the aged and the resident have been approved for participation.

1200-8-7-.05  REIMBURSEMENT.

(1) (a) The Department shall reimburse an approved and participating residential home for the aged for each day of care and services given to an approved and participating resident as permitted by allocated funding.

(b) The Department will reimburse a participating home the current amount as defined in T.C.A. §12-4-320(b) of thirteen dollars ($13.00) per eligible resident day, not to exceed the maximum allowable percentage rate based on the allotted contract amount for the current fiscal year.

(c) Claims for reimbursement shall be submitted quarterly to the Department on forms approved by the Department. The authorized representative of the Residential Home for the Aged shall certify the participant’s continued eligibility for services during the previous quarter, attesting that the representative has personally examined documents demonstrating that continued eligibility. In order to be reimbursed, all claims must be submitted no later that fifteen (15) days from the last full day upon which the service was rendered, except for claims occurring before the effective date and implementation of these regulations.

(d) The Department may recoup or recover funds paid to any provider for services rendered to an ineligible recipient, or if the provider has accepted prohibited payments from any other individual on behalf of the resident.


1200-8-7-.06  TERMINATION FROM PARTICIPATION.

(1) A participating provider or a participating resident may be terminated from this program for any of the following reasons:

(a) The termination of the program after thirty (30) days’ notice to all person and homes who are then participating;

(b) A resident no longer meets the requirements for participation, set forth in 1200-8-7-.02, or a provider no longer meets the requirements for participation, set forth in 1200-8-7-.03;

(c) An order of the Commissioner or the Board imposes discipline upon a provider, in which case the participating resident may continue to benefit from reimbursement for a period not to exceed thirty (30) days immediately after the entry of the order of discipline. During this period, the eligible resident may seek admission to another approved residence, not so disqualified;

(d) A provider has lost his license, in which case the participating resident’s reimbursement ends on the day of the loss;

(e) Failure to comply with any of the provisions of these rules; or

(f) False or erroneous certification or claim of a resident’s period of residence or eligibility, including concealing income.

1200-8-7-.07 HEARINGS.

(1) If any applicant or owner of a Residential Home for the Aged is dissatisfied with any decision made by the Department or by the Board he has the right to appeal that decision and request a hearing.

(2) All such hearings shall be conducted before the Chairman of the Board for Licensing Health Care Facilities, who is now designated by both the Board and the Department to hear such cases and to enter a final judgment in such matters. All such hearings shall be conducted as provided in the Uniform Administrative Procedures Act, Tennessee Code Annotated, Title 4, chapter 5, part 3.

(3) The decision of the Chairman of the Board may be appealed to the Chancery Court, as provided in T.C.A. §4-5-322.

(4) Reconsideration and Stays. The Board authorizes the member who chaired the Board for a contested case to be the agency member to make the decisions authorized pursuant to rule 1360-4-1-.18 regarding petitions for reconsiderations and stays in that case.