

Your Rights

in Developing your Individual Support Plan (ISP)

in the Home & Community Based Services (HCBS)

Waiver Programs for Individuals with Intellectual Disabilities

In the HCBS Waiver, you must have an Individual Support Plan (ISP). This is your plan that helps guide the services and supports you will receive. Your ISP tells the people who will support you:

- **what is important to you**—the things that really matter to you
- **what is important for you**—the supports you need to stay healthy and safe, and achieve your goals, and
- **how to support you** to have those things in your life.

Your ISP must include:

- your strengths and needs
- the goals you want to accomplish
- the services and supports (paid and unpaid) you will receive to help you meet your goals
- how often you will receive those service and supports
- who will provide them, and
- the settings (or places) they will be provided.

Your Independent Support Coordinator (ISC) or, in the Self-Determination Waiver, your Case Manager, helps develop your ISP.

Your ISC or Case Manager will help you to:

- identify the services and supports you need
- explore employment options and ways to be part of your community and build relationships
- decide what waiver services you will need to meet your needs and reach your goals
- develop and access other services and unpaid supports to help too
- understand all of the waiver services, providers and settings you can choose from
- choose the services you will receive, your provider for each service, and settings (places) you will receive those services
- write your ISP based on your choices, preferences, and support needs, and
- make sure you get the services in your ISP.

Your ISP is very important. The waiver program can only pay for covered services that are part of an approved ISP.

How your ISP is developed is also very important. Your ISP should be developed in a way that makes sure:

- You get to lead the planning process.
- You receive the help you need to lead the planning process.
- You get to make choices and to have the information you need to make those choices.
- You have help from family, friends, advocates or anyone else you choose.
- You get to speak for yourself.
- You can have someone to speak for you and choose that person.
- You have and use an interpreter if the language you speak or understand is not English.

Your ISP should also be developed in a way that makes sure:

- You get to talk with your Supports Coordinator before the planning meeting if you want to.
- You get to pick who to invite to the meeting (and decide if you don't want someone there).
- The planning meeting is set at times and locations that work best for you.
- You get to choose service providers (including Support Coordination providers) before services begin, and at any time during the year if you want to change providers. (The provider must be an approved waiver provider that is willing and available to provide your services.)
- If you are in the Self-Determination Waiver, you can direct (or stop directing) some or all of the services that can be self-directed at any time.
- You sign your ISP.
- And, everyone who will provide services and supports (paid and unpaid) signs your ISP saying they are committed to implement your plan as written.

The ISP is usually in place for a year. But you can ask to change your ISP anytime during the year if your needs change or your caregiver situation changes.

You also have the right to file an appeal. Here are some of your appeal rights:

- You can appeal if you think an assessment doesn't really match your needs and you think more and/or different services should be provided.
- You can appeal if you don't agree with the services in your ISP.
- You can appeal if a covered service that you want and need isn't in your ISP.
- You can appeal if you don't get to choose a provider that is qualified and willing to provide your services.
- You can appeal if you don't get to receive services in the setting you choose.
- You can appeal if your request to have your ISP changed is denied, or your ISP is not changed enough to meet your needs,.
- And, you can appeal if a service is in your approved ISP, but you don't receive it, or there is a delay in getting it.

If you file an appeal, it doesn't mean that you will get the services you want. But, DIDD will take another look at what you're asking for. TennCare will look too. If DIDD or TennCare agree that the service is covered **and** that you need it, you will get the service.

What if DIDD and TennCare decide the service isn't covered or that you don't need it? You may get a fair hearing. To get a fair hearing, the service(s) you want must be covered under the waiver. That includes any limits on the service(s) that are part of the approved waiver. It also includes any limit on the total cost of services you can receive under the approved waiver.

TennCare can only pay for services that are covered under the waiver. If a service isn't covered in the waiver, or if you want more of a service than is covered under the waiver, TennCare can't pay for it.

If you file an appeal to keep a service you've been getting, you *may* be able to keep it during the appeal. To keep getting a service during your appeal, it must be a covered benefit. And, you must have an approved ISP. TennCare can only pay for services that are part of an approved ISP. You can't get a service during your appeal:

- If the service isn't covered under the waiver.
- You don't have an approved ISP that includes the service.
- Or, you want to start getting a new service.

There are 3 ways to file an appeal.

1. **Mail.** You can mail an appeal page or a letter about your problem to:

**TennCare Solutions
P.O. Box 000593
Nashville, TN 37202-0593**

You can get an appeal page from our website. Go to **tn.gov/tenncare**. Click "For Members/Applicants" then click on "How to file a medical appeal". Or, to have TennCare mail you an appeal page, call them for free at **1-800-878-3192**.

2. **Fax.** You can fax your appeal page or letter for free to **1-888-345-5575**.

3. **Call.** You can call TennCare Solutions for free at **1-800-878-3192**.

Unless you have an emergency, please call during business hours. Business hours are Monday through Friday from 8:00 a.m. until 4:30 p.m. Central Time. If you have an emergency, you can call anytime.