

**Department of State
Division of Publications**

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For Department of State Use Only

Sequence Number: 08-12-09
Rule ID(s): 4275
File Date: 08/07/2009
Effective Date: 01/29/2010

Petition for Hearing filed on 10/23/2009.

See <http://tn.gov/sos/pub/tar/announcements/10-22-09.pdf>

Proposed Rule(s) Filing Form

Proposed rules are submitted pursuant to T.C.A. §4-5-202, 4-5-207 in lieu of a rulemaking hearing. It is the intent of the Agency to promulgate these rules without a rulemaking hearing unless a petition requesting such hearing is filed within sixty (60) days of the first day of the month subsequent to the filing of the proposed rule with the Secretary of State. To be effective, the petition must be filed with the Agency and be signed by twenty-five (25) persons who will be affected by the amendments, or submitted by a municipality which will be affected by the amendments, or an association of twenty-five (25) or more members, or any standing committee of the General Assembly. The agency shall forward such petition to the Secretary of State.

Agency/Board/Commission: Tennessee Department of Finance and Administration
Division: Intellectual Disabilities Services
Contact Person: Stephen O. Tepley, General Counsel or Marilyn A. Tucker, Asst. Gen. Counsel
Address: 500 Deaderick Street, Suite 1310, Nashville
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Revision Type (check all that apply):

- Amendment
 New

Rule(s) Revised (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables. Please enter only ONE Rule Number/RuleTitle per row)

Chapter Number	Chapter Title
0620-06-01	Methodology Utilized to Determine Payments to Service Providers (Rate Structure)
Rule Number	Rule Title
0620-06-01-.01	Purpose
0620-06-01-.02	Scope
0620-06-01-.03	Definitions Response Systems
0620-06-01-.04	Rate Setting Methodologies and Rates
0620-06-01-.05	Rate Setting Methodologies for Dental Services
0620-06-01-.06	Rate Setting Methodologies for Personal Response Systems
0620-06-01-.07	Rate Setting Methodologies for Vision Services
0620-06-01-.08	Rate Setting Methodologies for Independent Support Coordination Services
0620-06-01-.09	Rate Setting Methodologies for Services Funded Exclusively by the State [Non Waiver, State Funded (NWSF) Services]

Department Of Finance & Administration
Division Of Intellectual Disabilities Services

New Rules

Chapter 0620-06-01

Methodology Utilized To Determine Payments
To Service Providers (Rate Structure)

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0620-06-01-.01 Purpose.

This chapter establishes a rate setting methodology for services that are provided through the Department of Finance and Administration – Division of Intellectual Disabilities Services.

0620-06-01-.02 Scope.

These rules apply to the procedures and practices used to establish rates of payment for services acquired by the Department of Finance and Administration – Division of Intellectual Disabilities Services for or on behalf of those persons served by it under the provisions of Title 33 of the Tennessee Code Annotated and Executive Orders of the State of Tennessee Nos. 9, 10, 21 and 23, dated February 7, 1996, October 14, 1996, July 29, 1999 and October 19, 1999, respectively. All rates and amounts for payments established under these rules are subject to funding and resource availability in accordance with applicable Federal law and Title 33 of the *Tennessee Code Annotated*.

0620-06-01-.03 Definitions.

As used in these rules, unless the context indicates otherwise, the terms listed below have the following meaning:

- (1) "Administrative Costs" are the allowable percentage of the service rate that includes the costs for administrative salaries and benefits, home office costs, office supplies and printing, phone and other communication, travel and conference, advertising, professional services, licensure and dues, legal and accounting fees, interest, depreciation, occupancy, general liability insurance, equipment and administrative vehicles.
- (2) "Direct Service Costs" are the costs for direct service staff salaries and benefits, overtime, direct supervision wages and benefits, contracted direct service/temporary help, recruiting/advertising, drug testing, background checks, Hepatitis B and TB tests, and other costs for direct service staff bonuses and employee appreciation events.
- (3) "Non-Direct Program Costs" is the allowable percentage of the service rate that includes the costs for multi-site supervisors and benefits, training, off site computer/file storage, depreciation/amortization, internal monitoring, agency case management, personal funds management, healthcare oversight, specific assistance to individuals-room and board, specific assistance to individuals-non-room and board, transportation of individuals, staff travel, facility maintenance, facility supplies, habilitation supplies.
- (4) "Rate" is the amount paid per person to approved service providers for each unit of a DIDS service that is provided. A rate will be determined based on direct service costs, non-direct program costs, administrative costs, transportation and up to twenty (20) days of payment to

cover service recipient absences. A unit may be a portion of an hour, an hour, a day, a month, an item or a job, depending on the type of service.

- (5) "Rate Levels" are the series of rates for residential and day services that are based on the intensity of a service recipient's needs and the size or site of the service setting.
- (6) "Rate Setting Methodology" is the manner in which the rates for services are calculated or determined under these rules.
- (7) "Special Needs Adjustment" is an additional payment that may be added to the residential rate for an individual when certain specified criteria are met.
- (8) "Uniform Cost Report" is a report relating to costs and/or operating expenses/revenues completed by providers that is submitted as required by the Division of Intellectual Disabilities Services. The Uniform Cost Report is completed in the manner and in a format required by the Division.

0620-06-01-.04 Rate Setting Methodologies and Rates

The following rates are formulated by taking into account administrative costs, direct service costs, non-direct program costs, transportation costs and up to twenty (20) days of payment to cover service recipient absences. The "maximum rate" listed below is amount that can be disbursed for a unit or service. Lesser amounts may be approved /paid when the usual, customary charge of the provider is less than the maximum rate. Also, the rate for any unit or service can be negotiated by the Division and the provider to a lower amount than the maximum rate.

(a) Medical Residential, Residential, Supported Living and Family Model Services.

(1) Medical Residential Service	Short Name	Maximum Rate
Med Res Level 5 Ind 24 Hour Rate	MR5 Ind 24	\$727.00
Med Res Level 5 – 2 Per 24 Hour Rate	MR5 - 2 24	\$546.61
Med Res Level 5 – 3 Per 24 Hour Rate	MR5 - 3 24	\$415.13
Med Res Level 5 – 4 Per 24 Hour Rate	MR5 - 4 24	\$304.35
Med SL Level 5 – IND 24 Hour Rate	MS5 – IND	\$727.00
Med SL Level 5 – 2 Per 24 Hour Rate	MS5 - 2 24	\$546.61
Med SL Level 5 – 3 Per 24 Hour Rate	MS5 - 3 24	\$415.13
(2) Residential Services	Short Name	Maximum Rate
Residential Level 1 - 2 People	RES1-2	\$115.50
Residential Level 1 - 3 People	RES1-3	\$80.75
Residential Level 1 - 4 People	RES1-4	\$62.25
Residential Level 1 - 5 TO 7 People	RES1-5/7	\$49.75
Residential Level 1 - 8+ People	RES1-8+	\$40.40
Residential Level 1 Shift- Individual	RES1-Ind	\$191.25
Residential Level 2 - 2 People	RES2-2	\$148.75
Residential Level 2 - 3 People	RES2-3	\$119.70
Residential Level 2 - 4 People	RES2-4	\$78.55
Residential Level 2 - 5 To 7 People	RES2-5/7	\$57.30
Residential Level 2 - 8+ People	RES2-8+	\$52.20
Residential Level 2 Shift – Individual	RES2-IND	\$267.00
Residential Level 3 - 2 People	RES3-2	\$241.55
Residential Level 3 - 3 People	RES3-3	\$169.10
Residential Level 3 - 4 People	RES3-4	\$95.40
Residential Level 3 - 5 To 7 People	RES3-5/7	\$71.85
Residential Level 3 - 8+ People	RES3-8+	\$60.60

Residential Level 3 - Shift – Individual	RES3-IND	\$303.00
Residential Level 4 - 2 People	RES4-2	\$294.35
Residential Level 4 - 3 People	RES4-3	\$247.35
Residential Level 4 - 4 People	RES4-4	\$189.10
Residential Level 4 - 5 To 7 People	RES4-5/7	\$120.05
Residential Level 4 - 8+ People	RES4-8+	\$98.75
Residential Level 4 – Individual	RES4-IND	\$484.20
Residential Level 6 - 2 People	RES6-2	\$387.65
Residential Level 6 – Individual	RES6-IND	\$775.25

(3) Supported Living Services

	Short Name	Maximum Rate
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Supported Living Level 1 - 2 People	SL1-2	\$115.50
Supported Living Level 1 - 3 People	SL1-3	\$80.75
Supported Living Level 1 – Individual/Companion	SL1-IND-CM	\$176.55
Supported Living Level 1 – Individual/Shift	SL1-IND-SH	\$191.25
Supported Living Level 2 - 2 People	SL2-2	\$148.75
Supported Living Level 2 - 3 People	SL2-3	\$119.70
Supported Living Level 2 – Individual/Companion	SL2-IND-CM	\$206.95
Supported Living Level 2 - Individual/Shift	SL2-IND-SH	\$267.00
Supported Living Level 3 - 2 People	SL3-2	\$241.55
Supported Living Level 3 - 3 People	SL3-3	\$169.10
Supported Living Level 3 – Individual/Shift	SL3-IND-SH	\$303.00
Supported Living Level 4 - 2 People	SL4-2	\$294.35
Supported Living Level 4 - 3 People	SL4-3	\$247.35
Supported Living Level 4 - Individual	SL4-IND	\$484.20
Supported Living Level 6 - 2 People	SL6-2	\$387.65
Supported Living Level 6 - Individual	SL6-IND	\$775.25

(4) Family Model Services

	Short Name	Maximum Rate
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Family Model Res 1	Fam 1	\$42.50
Family Model Res 2	Fam 2	\$50.00
Family Model Res 3	Fam 3	\$69.50
Family Model Res 4	Fam 4	\$112.00
Family Model Res 5	Fam 5	\$217.00

(b) Day Services.

	Short Name	Maximum Rate
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Comm. Based Day Services	CB DAY	\$59.40
Comm. Based Day Services - Level 4	CB DAY-4	\$82.40
Comm. Based Day Services - Level 6	CB DAY-6	\$128.20
Facility Based Day Svs - Level 1	FB DAY-1	\$30.65
Facility Based Day Svs - Level 2	FB DAY-2	\$38.45
Facility Based Day Svs - Level 3	FB DAY-3	\$51.80
Facility Based Day Svs - Level 4	FB DAY-4	\$65.00
Facility Based Day Svs - Level 6	FB DAY-6	\$125.65
Employment Supports Special Needs	EMP SN	\$107.60
Employment Supports - Level 6	EMP-6	\$128.20
Employment Supports - Individual Emp	EMP-INDIV	\$77.25
Employment Supports - Group Emp	EMP-GROUP	\$44.45

(c) Clinical Services.

	Short Name	Maximum Rate
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Beh Analyst Avs: Assessment 1	BA ASMT1	\$18.69
Beh Analyst Plan Dev & Trng 1	BA PDTR1	\$18.69
BA Svs: Presentation at Meetings	BA PRES	\$18.69
Behavior Specialist	BEH SPEC	\$6.69
Behavior Analyst	BEH ANLYST	\$18.69
Nursing Services By LPN	LPN	\$5.94
Nursing Services By RN	RN	\$8.43
Speech Lang Hearing 1	SLH1	\$17.25
Speech Lang Hearing 2 - 46+	SLH2	\$23.00
Speech Lang Hearing 3 - 76+	SLH3	\$26.00
Speech Lang Hearing 1 Asmt	SLH1ASMT	\$276.00
Speech Lang Hearing 2 Asmt - 46+	SLH2ASMT	\$367.08
Speech Lang Hearing 3 Asmt - 76+	SLH3ASMT	\$412.62
SLH 1 Equip Asmt Training	SLH1ETASMT	\$276.00
SLH 2 Equip Asmt Training - 46+	SLH2ETASMT	\$367.08
SLH 3 Equip Asmt Training - 76+	SLH3ETASMT	\$412.62
SLH 1 Equipment Training	SLH1ET	\$17.25
SLH 2 Equipment Training - 46+	SLH2ET	\$23.00
SLH 3 Equipment Training - 76+	SLH3ET	\$26.00
Occupational Therapy 1	OT1	\$18.00
Occupational Therapy 2 - 46+	OT2	\$24.00
Occupational Therapy 3 - 76+	OT3	\$27.00
Occupational Therapy 1 Asmt	OT1ASMT	\$288.00
Occupational Therapy 2 Asmt - 46+	OT2ASMT	\$383.04
Occupational Therapy 3 Asmt - 76+	OT3ASMT	\$430.56
OT 1 Equip Assessment Training	OT1ETASMT	\$288.00
OT 2 Equip Assessment Training - 46+	OT2ETASMT	\$383.04
OT 3 Equip Assessment Training - 76+	OT3ETASMT	\$430.56
OT 1 Equip Training	OT1ET	\$18.00
OT 2 Equip Training - 46+	OT2ET	\$24.00
OT 3 Equip Training - 76+	OT3ET	\$27.00
Physical Therapy 1	PT1	\$18.75
Physical Therapy 2 - 46+	PT2	\$25.00
Physical Therapy 3 - 76+	PT3	\$28.00
Physical Therapy 1 Assessment	PT1ASMT	\$300.00
Physical Therapy 2 Assessment - 46+	PT2ASMT	\$399.00
Physical Therapy 3 Assessment - 76+	PT3ASMT	\$448.50
PT 1 Equip Assessment Training	PT1ETASMT	\$300.00
PT 2 Equip Assessment Training - 46+	PT2ETASMT	\$399.00
PT 3 Equip Assessment Training - 76+	PT3ETASMT	\$488.50
PT 1 Equip Training	PT1ET	\$18.75
PT 2 Equip Training - 46+	PT2ET	\$25.00
PT 3 Equip Training - 76+	PT3ET	\$28.00
Orientation & Mobility 1	OM1	\$16.25
Orientation & Mobility 2 - 46+	OM2	\$21.25
Orientation & Mobility 3 - 76+	OM3	\$24.25
Orient & Mobility 1 Assessment	OM1ASMT	\$260.00
Orient & Mobility 2 Assessment - 46+	OM2ASMT	\$340.00
Orient & Mobility 3 Assessment - 76+	OM3ASMT	\$388.00
Nutrition 1 Assessment	NUTR1ASMT	\$207.20
Nutrition 2 Assessment - 46+	NUTR2ASMT	\$275.57
Nutrition 3 Assessment - 76+	NUTR3ASMT	\$309.76
Nutrition 1	NUTR1	\$77.70
Nutrition 2 - 46+	NUTR2	\$128.98
Nutrition 3 - 76+	NUTR3	\$163.17
Psychological Evaluation	PSY EVAL	\$300.00
Psychiatric Diag Eval - Interactive	PSYCH EVL	\$500.00
Psychiatric Diag Interview Eval	PSYCH EVL	\$500.00
Individual Consultation	CONSULT	\$100.00

(d)	Respite and Personal Assistance Services.	Short Name	Maximum Rate
	Personal Assist Qtrhr - 2 Staff	PA QTH-2	\$6.63
	Personal Assist Qtrhr	PA QTRHR	\$3.69
	PA Daily Rate Sleep	PA Sleep	\$195.00
	PA Qtrhr Enhanced Level 4 Only	PA4-ENH	\$4.19
	Respite Level A - Over 8 Hours/Day	Respite A	\$63.50
	Respite Level B - Over 8 Hours/Day	Respite B	\$195.00
	Respite Level C - Over 8 Hours/Day	Respite C	\$231.00
	Respite D - Qtr Hr Up To 8hr/Day	Respite D	\$3.69
	Respite - Behavioral - 24 Hours	Respite-BH	\$490.00
	Individual Transportations Svcs. (as needed)	TRANSP	\$7.07
(e)	Specialized Equipment and Supplies (Two Year Total)	Short Name	Maximum Amount
	Specialized Med Equip & Its Supplies	Med Equip	\$10,000
(f)	Environmental Modifications (Two Year Total).	Short Name	Maximum Amount
	Environmental Accessibility	Env. Access	\$15,000
(g)	Vehicle Modifications (Five Year Total).	Short Name	Maximum Amount
	Vehicle Modifications	VEH MODS	\$20,000
(h)	Independent Support Coordination Services.	Short Name	Maximum Rate
	Independent Support Coordination	ISC	\$231.00
	ICF/MR 180 Transition CM 1 Month	ICF180-1	\$231.00
	ICF/MR 180 Transition CM 2 Month	ICF180-2	\$462.00
	ICF/MR 180 Transition CM 3 Month	ICF180-3	\$693.00
	ICF/MR 180 Transition CM 4 Month	ICF180-4	\$924.00
	ICF/MR 180 Transition CM 5 Month	ICF180-5	\$1,155.00
	ICF/MR 180 Transition CM 6 Month	ICF180-6	\$1,386.00

0620-06-01-.05 Rate Setting Methodologies for Dental Services.

Dental Services rates are those set by TennCare for reimbursement of Medicaid funded dental care.

0620-06-01-.06 Rate Setting Methodologies for Personal Emergency Response Systems.

Rates paid are the usual and customary rates for installation and monitoring set by the company providing the service.

0620-06-01-.07 Rate Setting Methodologies for Vision Services.

Rates paid are the usual and customary charges for examination and corrective lenses.

0620-06-01-.08. Rate Setting Methodologies for Independent Support Coordination Services.

Current rates in this category are found at Rule 0620-06-03-.04 (h) and were derived after consideration of provider input as well as system service requirements. Future changes in amounts paid for this service will be made after consultation with stake-holders (e.g. Independent Support Coordinators, Independent Support

Coordination Agencies/Organizations), review of similar services in other states, market conditions, system needs and DIDS funding/resource availability.

0620-06-01-.09 Rate Setting Methodologies for Services Funded Exclusively by the State [Non-Waiver; State Funded (NWSF)] Services.

Rates paid are discretionary and based upon Service Recipient need and which will be limited by system and service requirements as well as funding and resource availability.

Department Of Mental Health And Developmental Disabilities
Division Of Mental Retardation

Chapter 0940-04-03

Chapter 0940-04-03 is repealed.

Authority: T.C.A. § 33-1-309(d), Executive Order Number 9 (February 7, 1996), Executive Order Number 10 (October 14, 1996), Executive Order 21 (July 29, 1999), and Executive Order 23 (October 19, 1999), State of Tennessee Federal Medicaid Waivers for provision of services to the mentally retarded, State of Tennessee Delegate Purchase Authority (DPA(S)) No. DP-08-20444-00 and any subsequent DPA(S) which authorizes funding/purchasing of services for persons with mental retardation by the Division of Intellectual Disabilities Services.

* If a roll-call vote was necessary, the vote by the Agency on these rules was as follows:

Board Member	Aye	No	Abstain	Absent	Signature (if required)

I certify that this is an accurate and complete copy of proposed rules, lawfully promulgated and adopted by the (board/commission/other authority) on 8/5/09 (date as mm/dd/yyyy), and is in compliance with the provisions of TCA 4-5-222. The Secretary of State is hereby instructed that, in the absence of a petition for proposed rules being filed under the conditions set out herein and in the locations described, he is to treat the proposed rules as being placed on file in his office as rules at the expiration of sixty (60) days of the first day of the month subsequent to the filing of the proposed rule with the Secretary of State.



Date: 8/5/09

Signature: Stephen H. Norris

Name of Officer: Stephen H. Norris

Title of Officer: Deputy Commissioner

Subscribed and sworn to before me on: 8/5/09

Notary Public Signature: Simone Guarino

My commission expires on: 2/19/13

All proposed rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act. Tennessee Code Annotated, Title 4, Chapter 5.

Robert E. Cooper, Jr.
 Robert E. Cooper, Jr.
 Attorney General and Reporter

8-6-09
 Date

Department of State Use Only

Filed with the Department of State on: 8/7/09

Effective on: 1/29/10

Tre Hargett

Tre Hargett
 Secretary of State

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Regulatory Flexibility Addendum

Pursuant to § T.C.A. 4-5-401 through 4-5-404, prior to initiating the rule making process as described in T.C.A. § 4-5-202(a)(3) and T.C.A. § 4-5-202(a), all agencies shall conduct a review of whether a proposed rule or rule affects small businesses.

(If applicable, insert Regulatory Flexibility Addendum here)

Additional Information Required by Joint Government Operations Committee

All agencies, upon filing a rule, must also submit the following pursuant to TCA 4-5-226(i)(1).

- (A) A brief summary of the rule and a description of all relevant changes in previous regulations effectuated by such rule;

This rule reaffirms changes to the rate making methodology for DIDS as mandated by TCA 33-1-309 (d). It changes the Division's previous general process for modifying its rates from using a formulaic approach into one that specifies each service rate.

- (B) A citation to and brief description of any federal law or regulation or any state law or regulation mandating promulgation of such rule or establishing guidelines relevant thereto;

All methodology utilized by the DIDS for determining payment to service providers shall be adopted as rules in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5, which shall be consistent among providers providing substantially the same services. [TCA 33-1-309(d)]

- (C) Identification of persons, organizations, corporations or governmental entities most directly affected by this rule, and whether those persons, organizations, corporations or governmental entities urge adoption or rejection of this rule;

The Tennessee Community Organizations (TNCO) and several hundred other contracted service providers across the state. It is unknown as to whether any individual provider would support or object to this change.

- (D) Identification of any opinions of the attorney general and reporter or any judicial ruling that directly relates to the rule;

None that directly related to this rule. However, under Tennessee's Home and Community Based Services Waiver, Self Determination Waiver and Arlington Waiver, the state is required to develop and adequately fund it's provider network.

- (E) An estimate of the probable increase or decrease in state and local government revenues and expenditures, if any, resulting from the promulgation of this rule, and assumptions and reasoning upon which the estimate is based. An agency shall not state that the fiscal impact is minimal if the fiscal impact is more than two percent (2%) of the agency's annual budget or five hundred thousand dollars (\$500,000), whichever is less;

1. Reduction of 4 beds and under Special Needs Adjustment from \$60 per day to \$35 per day.
FISCAL IMPACT: 849 individuals in service times \$25 = maximum potential of \$21,225 per day or \$ 7,747,125 annually
2. Rate reduction of levels 1-4 one bed homes with average reduction of \$6.97 per person per day.
FISCAL IMPACT: 572 individuals times \$6.97 = \$3,986.84 per day or 1,455,196.60 annually.
3. Rate reduction of levels 1-4 two bed homes with average reduction of \$5.37 per person.
FISCAL IMPACT: 1544 individuals times \$5.37 = \$8,291.28 per day or 3,026,317.20 annually.
4. Increase rates for 5 bed and over homes for an average of 1.87 per person per day.
FISCAL IMPACT: 510 individuals times \$1.87 = \$953.70 per day or \$348,100.50 annually
5. Increase rates for Levels 1 and 3 three person homes for an average of \$4.35 per person per day.
FISCAL IMPACT: 327 individuals times \$4.35 = \$1,422.45 per day or \$519,194.25 annually.
6. Rate reduction for Level 4 CB and FB day services for an an average of \$4.99 per per person per business day.
FISCAL IMPACT: 2572 individuals times \$4.99 = \$25,694.28 per business day or \$3,083,313.60 annually.
7. Reduce developmental incentives \$800 per incident.
FISCAL IMPACT: Estimated Reduction of \$96,000 annually.

8. Eliminate the use of Clinical Fellows for Speech Hearing Language services.
FISCAL IMPACT: Estimated Reduction \$140,000 per year.
9. This service will then continue with fully licensed Speech Pathologists where federal match can be accessed.
FISCAL IMPACT: Net reduction \$91,300.
10. Reduce or Eliminate state funded Respiratory Therapy.

FISCAL IMPACT: Net reduction \$113,000.
11. Revise Housing Supplement policy.
FISCAL IMPACT: None expected.
12. Reduce number of services provided to non-waiver eligible individuals.
FISCAL IMPACT: Estimated reduction \$1,000,000.
13. Reduce ISC reimbursements by \$1 per month.
FISCAL IMPACT: Estimated savings \$73,200.

- (F) Identification of the appropriate agency representative or representatives, possessing substantial knowledge and understanding of the rule;

Lucia Beiler, Melinda Lanza, Fred Hix, Debbie Payne, Stephen H. Norris.

- (G) Identification of the appropriate agency representative or representatives who will explain the rule at a scheduled meeting of the committees;

Stephen H. Norris, Fred Hix.

- (H) Office address and telephone number of the agency representative or representatives who will explain the rule at a scheduled meeting of the committees; and

Stephen H. Norris, DIDS Deputy Commissioner, 500 Deaderick Street, 15th Floor, Nashville, TN 37243 (615) 532-6538, Fred Hix, Assistant Commissioner for Administrative Services, 500 Deaderick Street, 15th Floor, Nashville, TN 37243, (615) 253-6710.

- (I) Any additional information relevant to the rule proposed for continuation that the committee requests.

None at this time.