STATE OF TENNESSEE
New in the Community, Managed LTSS Plans Meet Community Providers

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NASHP Conference

Killingsworth

MLTSS in Tennessee

- Managed care demonstration implemented in 1994
- Operates under the authority of an 1115 waiver
- *Entire* Medicaid population (1.4 million) in managed care
- 3 at-risk NCQA accredited MCOs (statewide in 2015)
- Physical/behavioral health integrated beginning in 2007
- LTSS for seniors and adults w/ physical disabilities in 2010
- MLTSS program is called "CHOICES"
- ICF/IID and 1915(c) ID waivers carved out; populations carved in
- New proposed MLTSS program component for I/DD for 2016: *Employment and Community First CHOICES*
“Landscape” before CHOICES

- Heavily institutional LTSS system (> 90% of expenditures; 83% of population)
- 1915(c) HCBS waiver for elderly and adults with physical disabilities operated by AAADs; dependent on new funding for expansion
- All LTSS delivered through fee-for-service; incentives misaligned for division/transition to community
- ~300 NFs and ~350 HCBS providers; no consumer direction options for this population
- 53% trend in home health and private duty nursing benefits reined in through implementation of benefit limits

“Plowing new ground” with CHOICES

- Comprehensive legislation
  - Long Term Care Community Choices Act
- Education and engagement of stakeholders
  - Jointly hosting statewide training
- Understanding and addressing provider concerns
  - Any willing qualified provider
  - Accreditation/enrollment
  - Authorizations and medical necessity
  - Billing and reimbursement (rates and prompt pay)
  - Training and technical assistance
- State efforts in facilitating provider enrollment
  - Provider files and member utilization data for network development
“Plowing new ground” with CHOICES

- Consumer Direction
  - State contract (procurement) with Fiscal Employer Agent
  - State template for MCO agreements with FEA
  - State development of Consumer Direction handbook, forms and processes
  - Simplified Medicaid Application (for provider ID)
  - Required training by FEA for all workers
  - Service Agreement between member and worker
  - Clearly defined roles and responsibilities
  - Can hire friends and family members (with certain limitations)
  - Rates allow for higher hourly rates of pay

Seamless Transition

- Continuity of care and payment, even if non-participating
  - Minimum of 30 days
  - Up to at least 90 days pending comprehensive assessment
- Facilitating delivery of HCBS care plans and service authorizations
- Ensuring timely load of provider contracts and authorizations (readiness review milestone deliverables)
- Letter to providers: assurance of payment
- Monitoring implementation
  - Provider calls – wait times, issues, resolution
  - Provider payments
Ongoing Monitoring and Assistance

- Timely claims payment audits
- Claims payment accuracy audits
- Denied/rejected claims monitoring
- Ongoing training and technical assistance requirements
- Meetings with stakeholders
- Adjustments to contract requirements, with sanctions, as appropriate

"Landscape" after CHOICES

- More balanced system (from 17% of population in HCBS to 44%)
- HCBS enrollment increased from 4,861 to more than 13,000
- % of people entering LTSS in a NF down from 81% to 48%
- ~same # of NFs; HCBS providers increased from ~350 to almost 570 in two years
- > 10% of members (~1,400) in Consumer Direction
Re-balancing LTSS Enrollment through the CHOICES Program

LTSS Enrollment before CHOICES Program (March/August 2010)

- HCBS: 17%
- NF: 83%

LTSS Enrollment as of August 1, 2015

- HCBS: 44%
- NF: 57%

Access to HCBS before and after

- Global budget approach:
  - Limited LTC funding spent based on needs and preferences of those who need care
  - More cost-effective HCBS serves more people with existing LTC funds
  - Critical as population ages and demand for LTC increases

HCBS waiting list eliminated in CHOICES

* Excludes the PACE program which serves 325 people almost exclusively in HCBS, and other limited waiver programs no longer in operation.
Network Adequacy in HCBS

- Time and distance standards for facility-based providers, as applicable
- Other standards for in-home or community based services
  - Ensure freedom of choice
  - Ensure timely access
    - Upon approval – within 10 business days of enrollment in the program (including needs assessment, development of plan, and initiation of services)
    - On an ongoing basis – in accordance with member’s needs/schedules and without gaps in care (i.e., missed/late visits)

On the Horizon: Contracting for ECF CHOICES

- Preferred Contracting Standards
  - Current participation in HCBS waiver with consistent QA performance rating of “proficient” or “exceptional performance”
  - Actively seeking accreditation from a nationally recognized accrediting body
  - Vocational Habilitation Letter of Agreement with Vocational Rehabilitation Services
  - Completion of I/DD Department’s person-centered organization training
  - START-Certified or has completed START training
  - Documented success in helping individuals with I/DD achieve employment opportunities in integrated community settings at a competitive wage
  - Demonstrated leadership in employment service delivery and community integration
On the Horizon: Contracting for ECF CHOICES

• Preferred Contracting Standards (continued)
  ◦ Longstanding community relationships (and commitments) that can be leveraged to assist members in pursuing and achieving employment and integrated community living goals
  ◦ Experience in assisting persons supported by the agency in successfully transitioning into more independent living arrangements
  ◦ Policies and systems in place to support member selection of staffing and consistent staffing assignment
  ◦ Capacity and willingness to function as a health partner with choice agency in order to support member participation in staff selection and supervision, including appropriate clinical and case management staffing to support ongoing assurance of appropriate preventive care and management of chronic conditions
  ◦ Willing and able to assign staff who are linguistically competent in spoken languages other than English
  ◦ Other standards established by TennCare

THANK YOU

TennCare MCO contract available at: http://www.tn.gov/assets/entities/tenncare/attachments/MCOStatewideContract.pdf