

The Next Wave:

Integrating Services for Individuals with Intellectual or Developmental Disabilities







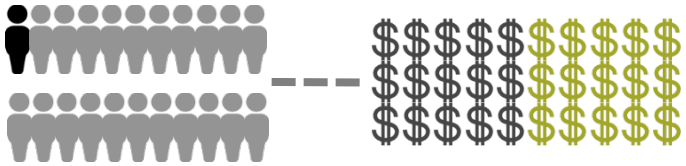
TN

Service Delivery System in Tennessee

- TennCare managed care demonstration began in 1994
- Operates under the authority of an 1115 demonstration
- *Entire* Medicaid population (1.4 million) in managed care since 1994
  - Including dual eligibles and people with disabilities
- Three health plans (MCOs) operating statewide
- Physical/behavioral health integrated beginning in 2007
- Managed LTSS began with the Statewide ***CHOICES*** program in 2010
  - Older adults and adults with physical disabilities *only*
- 3 Section 1915(c) waivers and ICF/IID services for individuals with I/DD carved out; operated by State I/DD Department
  - People *carved in* for physical and behavioral health services
- New Statewide MLTSS program for individuals with I/DD began July 1, 2016: ***Employment and Community First CHOICES***

Why managed care for people with I/DD?

Cost:



3% of TennCare members

Account for

50% of total program costs

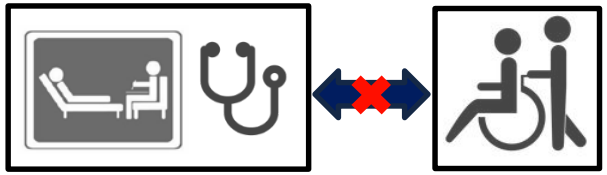


Tennessee spends nearly

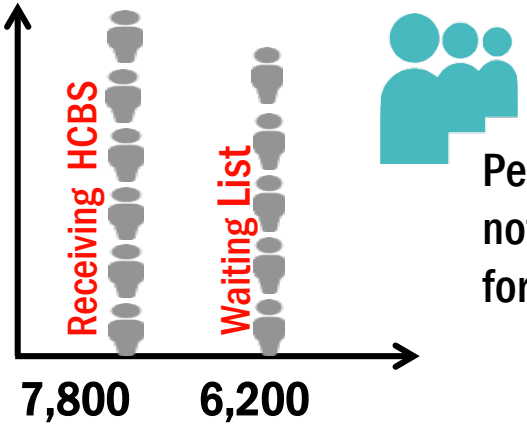
2x the national average per person for people with I/DD

Little Coordination:

between physical, behavioral and LTSS



Demand for HCBS:



People with DD (but not ID) not eligible for HCBS

Employment Opportunities :

36% of people who did not have a paid job in the community said they want one

Opportunities for Improvement

Stakeholders asked TennCare to consider an MLTSS program for people with I/DD in order to:

- Provide the services people and their families say they need most
- Provide services more cost-effectively
- Serve more people, including people on the waiting list and people with other kinds of developmental disabilities
- Offer more independent community living options (less reliance on 24/7 paid supports) and help engaging in employment and activities that are meaningful
- More focus on preventive services (not waiting for “crisis”)
- Provide services targeted to young adults coming out of high school
- Improve coordination between long term services and supports and other physical and behavioral support needs
- Align incentives toward employment, community living, community integration and other things that people with disabilities and their families value most

Stakeholder Engagement

- **Build relationships, credibility and buy-in**
  - **Managed Care Organizations**
  - **State I/DD Department**
  - **Providers and Provider Associations**
    - Tennessee Network of Community Organizations (TNCO)
    - Tennessee Provider Coalition
  - **Advocacy Groups**
    - The Arc Tennessee
    - Tennessee Council on Developmental Disabilities
    - Tennessee Disability Coalition
    - Disability Rights Tennessee
    - Statewide Independent Living Council
  - ***Most importantly*, people with I/DD and their families**

Stakeholder Engagement: *Building Together*

- Commenced in December 2013
  - Meetings with advocacy and provider groups
- January-February 2014
  - Regional community meetings with consumers, family members, providers
  - Online survey tool
- February-March 2014
  - Written comments and other follow-up recommendations
- March 26, 2014 - ***Stakeholder Input Summary*** issued
- May 30, 2015 - ***Concept Paper*** posted for public comment

Stakeholder Engagement: *Building Together*

- June 2014
  - Regional community meetings with consumers, family members, providers
  - Online survey tool
  - Consumer/family-"friendly" summaries of the Concept Paper disseminated and posted online
- July 18, 2014 - ***Stakeholder Input Summary on Concept Paper***
  June 23, 2015 – ***1115 Waiver amendment***
- June 2015-July 1, 2016 ongoing implementation discussions across stakeholders, evolving into **Stakeholder Advisory Group**
- MCOs also required to have a statewide advisory group
  "to provide input and advice to the MCO's executive management and governing body and to TennCare regarding the program, policies and operation "

MCO Advisory Groups

- ≥26% people served in the program
- ≥ 51% persons served and/or family members/representatives
  - Orientation and training; travel costs reimbursed
- All key advocacy organizations, providers and provider association
- Meet at least quarterly
- Include in each meeting opportunity to provide program recommendations to MCO and TennCare
  - Clearly identify in the written record and report to TennCare
- Input into MCO's planning and delivery of LTSS, QM/QI activities, program monitoring/evaluation, member/family/provider education
- Convene annual community forums for individuals, families and providers in each Grand Region to provide education, gather input on program, policies and operation

3 Benefit Groups



Tiered benefit packages target resources more efficiently; serve more people, reduce waiting list over time

Employment and Community First CHOICES

- Designed to promote integrated competitive employment and community living as the first and preferred outcome
- Array of 14 different Employment Services create a pathway to employment even for people with significant disabilities
- Comprehensive and flexible wrap around and supportive services, including self-advocacy and family supports, and self-directed options designed to support active community participation and as much independence as possible
  - Intermittent supports; expectations of fading
- ***Employment Informed Choice*** process ensures that employment is the *first* option considered for every person of working age *before* non-employment day services are available
- Individuals engaged in competitive integrated employment have access to more benefits

Employment and Community First CHOICES

- Groups prioritized for enrollment include those who need/want support to keep or obtain competitive integrated employment (CIE), plan/prepare for CIE, or are at least willing to explore CIE
- Comprehensive person-centered assessment and planning process explores employment early in process and in significant depth
- **Value-based payment** aligns incentives with employment goals
  - **Outcome-based reimbursement** for pre-employment services
  - **Tiered outcome-based reimbursement** for Job Development and Self-Employment Start-Up based on person's "acuity" level and **paid in phases to support retention**
  - **Tiered reimbursement for Job Coaching** based on person's "acuity" level, length of time employed, and amount of support as a % of hours worked ***Payment is higher per hour if fading achieved is greater.***

Employment and Community First CHOICES

Provider Network Development

- Health Plans partnered to recruit, credential and train a shared implementation network of qualified providers
- **Preferred Contracting Standards** established by the State
  - Shared value and vision for the program, service delivery, outcomes
  - Experience serving people with I/DD (existing HCBS providers)
  - Community relationships; demonstrated success in supporting personal outcomes for employment, independence, and community integration
- Memorandum of Agreement with VR agency operationalized through statewide joint training of VR and MCO staff

Some things we've learned…

- Ongoing communication, engagement, and partnership with stakeholders, including providers and MCOs, has been critical
- People who don't think they want to work oftentimes haven't had the information they need to make an informed choice
- Providers have struggled to change their organizational culture/business practices; meet new service expectations
- Statewide rollout has been challenging
- The national workforce shortage is real and will require new strategies to recruit and retain high quality staff
- MCOs are learning a different approach to network development/management
- The program is having significant positive impact on individual employment and independent living outcomes, and is helping us improve other LTSS (including fee for service) programs too