The Next Wave: Integrating Services for Individuals with Intellectual or Developmental Disabilities
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
- 7,800 receiving HCBS
- 6,200 on the waiting list

**Employment Opportunities:**
- 36% of people who did not have a paid job in the community said they want one
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
  o Managed Care Organizations
  o State I/DD Department
  o Providers and Provider Associations
    ▪ Tennessee Network of Community Organizations (TNCO)
    ▪ Tennessee Provider Coalition
  o Advocacy Groups
    ▪ The Arc Tennessee
    ▪ Tennessee Council on Developmental Disabilities
    ▪ Tennessee Disability Coalition
    ▪ Disability Rights Tennessee
    ▪ Statewide Independent Living Council
  o 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

Group 4
Essential Family Supports

Group 5
Essential Supports for Employment and Independent Living

Group 6
Comprehensive Supports for Employment and Community Living

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.