



# 2025 PLANNING & POLICY COUNCIL RECOMMENDATIONS

Below are all the 2025 final recommendations.

## Statewide Planning & Policy Council (SPPC)

### Recommendation #1

**The SPPC recommends that in the annual reporting of the TN Believes grant, DDA reports how many people with challenging behaviors are admitted to the program with an ID/Autism diagnosis. DDA will also conduct a follow-up regarding the educational institutions receiving DDA grants. The follow-up should involve the students and/or conservator to gain their perspective surrounding what services are being offered or are being made available by the schools registered with disability services, regardless of program and their conservator(s) (if applicable).**

Recommendation noted. DDA will produce this additional data and survey information relating to Tennessee Believes participants and Universities.

### Recommendation #2

**The SPPC recommends that DDA explore providing information on diagnostic genetic testing for adults on the caseload who have never received a genetic diagnosis. There are many new treatments which can improve quality of life that are targeted at specific genetic disorders. Most adults with developmental disabilities, epilepsy, autism and intellectual disabilities have never received genetic testing and do not know if they could benefit from these treatments.**

DDA recognizes that identifying a genetic diagnosis can be valuable in guiding appropriate treatment and improving quality of life. There are multiple sites across Tennessee where diagnostic genetic testing is available, and insurance may cover these tests when medically necessary.

To support this effort, DDA will arrange for guest experts to present on this topic during 2026 through the **weekly Clinical Consultation Network podcast**. These sessions will provide education on the benefits of genetic testing and outline practical steps for obtaining testing when appropriate. Our goal will be to ensure individuals, families, and support coordinators have access to accurate information and resources that can inform care decisions.

### Recommendation #3

**The SPPC recommends that DDA submit a budget request utilizing up to 25% of the available money in the trust fund in order to implement a pilot program incentivizing affordable and accessible housing for all individuals across the state with I/DD for long-term sustainability.**

DDA submitted a budget request for Fiscal Year 2026-2027 to utilize \$4M of the trust fund in order to implement 2 separate pilot programs. The Department requested to utilize \$3M for a partnership with the Tennessee Housing Development Agency, and \$1M for a Public-Private Housing Partnership to incentivize affordable and accessible housing for individuals with I/DD Statewide.

## Recommendation #4

**The SPPC recommends that the department optimizes matching staff and roommates across all waivers by utilizing modern technology and other available tools.**

DDA is currently researching and preparing to offer a grant opportunity to contract supports for evidence-based support in this area. Progress will be updated and provided to SPPC as available.

## Recommendation #5

**The SPPC recommends that DDA instill a liaison in each regional office regarding justice involvement as a part of the TN START program.**

DDA currently has attorneys and evaluators who work closely with the legal system to support individuals with intellectual disabilities who have justice involvement. Evaluators are currently positioned in two regions, and we anticipate adding an evaluator in West Tennessee soon. These staff members act as liaisons for justice-involved individuals and assist with diversion and placement efforts.

Our existing TN START and regional office staff also play an active role in supporting diversion strategies and coordinating appropriate placements. While we recognize the value of dedicated liaison roles in each regional office, we will carefully evaluate this recommendation and consider adding staff for this purpose in future budget cycles as funding allows.

## Recommendation #6

**The SPPC recommends that DDA makes a pathway that ensures they are facilitating access to every one of the caregivers impacted by the Caregiver's Act and are able to access a change in their conservatorship freely.**

The legal department at DDA represents the department and not individuals or their families so DDA cannot amend the conservatorship orders for the family member to be paid. DDA whenever possible can provide the name of a private attorney in their area that may be able to assist.

## Recommendation #7

**The SPPC recommends that DDA make new and current training resources accessible for those working directly with individuals with disabilities of all ages, including caregivers, families, educators, therapists, and support staff. These resources should cover a wide range of skills—such as ASL, behavior strategies, language development, emerging neuroscience, and more—that are often not included in standard training but are critical for enhancing day-to-day interactions, improving therapeutic outcomes, and the quality of life of those with disabilities. By equipping caregivers and professionals with specialized knowledge, we can better address the unique needs of each individual and improve the quality of care and inclusion across schools, therapy offices, and care facilities.**

Recommendation noted. DDA will explore increased training opportunities and resources for those working directly with individuals with disabilities.

## Recommendation #8

**The SPPC recommends that DDA support any newly filed legislation surrounding a partnership between DDA and a new office of an ombudsman specific to I/DD, not just long-term care. This will be a Governor-appointed office that can serve as a keystone across all agencies, investigate complaints, provide information and assistance, and work to resolve issues related to services/supports, whether it is with DDA or TennCare. Additionally, related to services/supports in education, transportation, housing, healthcare, employment, and criminal justice, the office can meet with families to develop an annual, written report. For further specification on modeling the office, please refer to the New Jersey Ombudsman for I/DD.**

DDA will take this recommendation under advisement.

## Recommendation #9

**The SPPC recommends that DDA be the leading authority for people in services with I/DD across all of Tennessee and all agencies, ensuring quality of services.**

DDA currently provides Quality Review to all contracted agencies supporting people with I/DD within the HCBS Medicaid Waiver programs. While DDA Provider Supports, in the form of technical assistance and consultation, is only available within the 1915(c) Waiver programs, DDA is both poised and desirous to provide this support to the ECF program. This support was to be facilitated within Amendment 1 (program Alignment), that amendment was withdrawn. Should a formal agreement be finalized to add these supports to the ECF programming environment, DDA is prepared to offer them.

DDA continues to provide both programming and vision support to all services and networks as requested by TennCare.

## Recommendation #10

**The SPPC recommends that there be an assessment with DDA and DCS on the need for more TNSF homes.**

DDA and DCS have developed a process by which all potential admission needs for custodial youth requiring supports of high medical acuity are reviewed weekly. Assessment is continuous and ongoing.

# East Planning & Policy Council (EPPC)

## Recommendation #1

**The EPPC recommends that DDA develops and distributes educational materials regarding Jillian's Law. The Department will provide information such as what jails/hospitals are available to support individuals with I/DD, ADA coordination with local prosecutors, community awareness, and support of legislation to require reporting of use of Jillian's Law and limiting it to only felony charges.**

The department works, and will continue to work, very closely with local court systems to provide education on Jillian's law and what services may be available in a community or inpatient setting. The department, along with the governor's office, will review any new legislation impacting Jillian's law and determine a position on the bill based on each individual bill filed on the subject.

## Recommendation #2

**The EPPC recommends that DDA expands the application of supported decision making by implementing a "train the trainer" process partnered with the Center for Decision Making Services. DDA will also partner with the ISC agencies to become subject matter experts in this field and provide training for conservatorships.**

The department works closely with the Center for Decision Making Services and will take this recommendation under advisement.

## Recommendation #3

**The EPPC recommends that DDA should facilitate a connection with TN Elder Justice Coalition and PTJ and bring back info on how the councils can support their work.**

Recommendation noted. Older adults are targeted through a variety of scams, it is a costly problem that is growing by the day. DDA will work to make this connection and encourage the organizations to work together.

## Recommendation #4

**The EPPC recommends that DDA should develop an info sheet for families specific to TennCare financial redetermination process, including a reapplication checklist, build a "best practices" sheet to share with ECF families, and provide knowledgeable DDA regional staff for safety net transition planning meetings. Additionally, DDA should look into pursuing grants or other funding mechanisms for an organization to help support those with I/DD and older adults not in a waiver receive support.**

Recommendation noted. DDA is currently working with the Division of TennCare to develop both training and published materials on all applicable portions of Medicaid Redetermination. TennCare is developing materials, and DDA will provide the publication and training once completed.

DDA, working closely with DCS, MCOs, and TennCare, aims to better identify at-risk members of the I/DD population and target support and community resources as needed. Dependent on the

appropriation of human and fiscal resources necessary, DDA will develop a unit to support this population.

## Recommendation #5

**The EPPC recommends that the DDA housing innovation specialist makes connections with city and county disability offices/councils in each region that have CODIs.**

Recommendation noted. DDA will actively engage with city and county disability offices and councils and report progress during quarterly Housing Services updates.

## Recommendation #6

**The EPPC recommends that DDA fund additional staff to the TN START program. Pursue the ability to provide services for nonwaiver/MCO Tennesseans (like seating and positioning clinic). Start with the Knoxville area, presenting to AAAD councils, and to strengthen the partnership between DDA and TDMHSAS for better collaboration with psychiatric placements.**

DDA remains committed to ensuring individuals with mental health conditions receive the services they need. TN START is implementing a **five-stage plan**, and serving all Tennesseans—regardless of waiver or MCO status—is part of **Stage Five**. Progress toward this goal is already underway:

- **Expanded Service Access:** TN-START has begun serving children in **DCS custody** and individuals within the **education system**. In some regions, we have started accepting people who do not currently receive waiver services.
- **Staffing Evaluation:** We recognize the importance of adequate staffing to meet growing demand. DDA is carefully assessing TN START's staffing needs and will consider adding positions in future budget cycles as funding becomes available.
- **Strategic Partnerships:** Collaboration with **TDMHSAS** and other partners continues to strengthen psychiatric placement processes and ensure timely access to care.

Our approach is deliberate and data-driven, ensuring that expansion aligns with system capacity and sustainability. These efforts reflect our commitment to building a comprehensive, statewide crisis response system for individuals with ID/DD.

# Middle Planning & Policy Council (MPPC)

## Recommendation #1

**The MPPC recommends that DDA develop an interim support model, inspired by PACE, to provide timely wraparound services for individuals who cannot yet be served by a provider. This would act as a safety net to prevent individuals from falling through the cracks while long-term system improvements are developed.**

Recommendation noted, subject to funding available through appropriation.

# West Planning & Policy Council (WPPC)

## Recommendation #1

**The WPPC recommends that DDA consider coordinating an interpersonal and online relationship and sex education class.**

DDA recognizes the importance of providing education on healthy relationships and online safety for individuals with intellectual and developmental disabilities. While we do not currently have the capacity to develop and coordinate a full curriculum, we will explore opportunities to share resources and information through existing platforms. Specifically, we will seek guest presenters to address this topic on the **Clinical Consultation Network podcast** during 2026. This approach will allow us to provide valuable guidance and connect stakeholders with best practices without requiring significant additional resources.

## Recommendation #2

**The WPPC recommends that DDA research and consider becoming a billable provider to fully staff the regional therapeutic teams in each grand region. These teams will be a resource to the MCOs and should be highly trained in the needs, equipment, and plans of people with developmental disabilities. Many recipients, providers, Coordinators, and families rely on these experts to provide information, plans, and training that the TennCare MCO therapists are not educated or funded to provide. These teams assist with gaps in services and could also help train TennCare therapists.**

Our Regional Office staff are actively engaged in providing technical assistance and addressing service gaps when necessary. Requests for this support can be directed to Dr. Lindsey Brady. Additionally, TN START is progressing toward becoming a credentialed provider. We will further evaluate the recommendation to credential regional office clinicians as billable providers to strengthen therapeutic team capacity.

# Developmental Disabilities Planning & Policy Council (DDPPC)

## Recommendation #1

**The DDPPC recommends that there be interagency collaboration, distributing information across the departments/divisions involved with an action plan of departmental staff collaboration throughout all levels.**

DDA partners with many state agencies, including TennCare, F&A, DCS, Education, DHS, DGS, TDEC, Health, and Agriculture, on various programs and initiatives. Staff share resources and work together both through formal contractual agreements and memorandums of understanding as well as informal partnerships.

## Recommendation #2

**The DDPPC recommends that DDA explore providing grant funding opportunities to help increase accessibility surrounding handicap parking, public transportation, and sidewalk, crosswalk, or building accessibility.**

DDA submitted a budget request for Fiscal Year 2026-2027 for \$10M to provide one-time competitive grants for accessibility improvements such as senior center grants, home and vehicle modifications, caregiver grants, and inclusive community spaces.

## Recommendation #3

**The DDPPC recommends that the DDA Communications and External Affairs Division launch a “Spend a Day in My Wheels” social media campaign for International Wheelchair Day in March 2026 with the means to increase awareness of weak points in ADA accessibility statewide.**

DDA will make it a point to feature “Day in My Wheels” on social media during March 2026. DDA would need additional time to launch a formal, widespread campaign for this March, but will consider it for future years.

# Integration Workgroup

## Recommendation #1

**The Integration Workgroup recommends that DDA provide a reset in the current direction of the network and provides additional guidance to councils on how best to advocate for people with disabilities when they are supported in MCO overseen programs.**

Recommendation unclear. DDA remains committed to network skill and capacity development. Efforts include offering subsidized cost opportunities for skill acquisition through credentialing bodies like SHIFT, Employment 1<sup>st</sup> Credentialing, and Person-Centered Organization training. DDA also seeks to add sustainable fiscal incentives to Waiver funding through a Value-Based Payment reformation that would identify and reward agencies that meet metrics of outcome achievement on behalf of those they support. However, funding for these incentives, supporting the continued growth and achievement of skill acquisition of networked providers, requires support from TennCare. DDA continues to work toward this support.

DDA remains both available and supportive of outreach from all network agencies, people supported, and families to advocate and/or resolve conflict as needed within both the 1915(c) and ECF programs. Outreach can be achieved through direct contact with Customer Focused Government services at DDA or direct outreach to any DDA Regional or Central office.

## Recommendation #2

**The Integration Workgroup recommends that DDA provide an annual progress report be given to the council from DDA's executive leadership team prior to the third-quarter meeting as well as quarterly progress reports. Their reports will provide updates on council recommendations from previous years.**

DDA will plan to provide an update on recommendations during the third-quarter meeting.

# Behavioral/Mental Health Workgroup

## Recommendation #1

**The Behavioral/Mental Health Workgroup recommends that DDA launch a targeted 6-month marketing campaign, aimed at encouraging mental health and clinical professionals to specialize in the care of individuals with intellectual and developmental disabilities (ID/DD) in their respective fields. The campaign will focus on promoting a deep, lasting commitment to ID/DD care, highlighting professional growth opportunities, fostering a culture of respect and dedication, and enhancing professionals' understanding of the specific needs of individuals with ID/DD as they receive treatment. This initiative seeks to address workforce shortages and improve retention by raising awareness about the critical importance of ID/DD services and showcasing the rewarding nature of careers in this sector.**

DDA has launched targeted job recruitment campaigns in the past, focusing primarily on roles within the community provider network of TEIS and West Tennessee nursing needs. It will explore current recruiting campaign efforts by TDMHSAS and draw upon past successes in previous marketing campaigns to develop a strategy going forward.

## Recommendation #2

**The Behavioral/Mental Health Workgroup recommends that DDA expand access to specialized acute psychiatric care facilities equipped to handle crisis situations involving individuals with intellectual and developmental disabilities (ID/DD). This initiative will involve the development of new units within existing psychiatric facilities, or the construction of dedicated facilities focused on ID/DD care. The Department of Disabilities and Aging (DDA) will also explore the addition of psychiatric beds for children, adolescents, and adults across Tennessee's regions to ensure timely access to care, especially during crisis situations.**

The Department of Disabilities and Aging (DDA) is committed to improving crisis care for individuals with intellectual and developmental disabilities (ID/DD) by expanding access to specialized acute psychiatric facilities. This initiative includes developing new units within existing psychiatric hospitals and constructing dedicated facilities focused on ID/DD care. Additionally, DDA is exploring the addition of psychiatric beds for children, adolescents, and adults across Tennessee's regions to ensure timely access to care during crisis situations.

DDA is working closely with TennCare and other partners to increase inpatient psychiatric capacity and expand alternatives to hospitalization, such as Crisis Stabilization Units. Recent efforts include:

- **Partnerships and Collaboration:** DDA has joined the Tennessee Association for Mental Health Organizations to strengthen relationships with mental health providers.
- **Expanded Inpatient Options:** TrustPoint now operates an inpatient psychiatric unit serving individuals with co-occurring mental health disorders and ID/DD. Other hospitals have also opened their doors to this population.
- **Hospitalization Alternatives:** A therapeutic respite facility will soon open in Middle Tennessee to provide short-term stabilization and support.

- **Data-Driven Improvements:** TN START is tracking crisis cases where individuals experienced extended ER stays or lacked appropriate care. These data will guide resource allocation and system improvements.
- **Ongoing Commitment:** Through partnerships with TennCare, Managed Care Organizations, and other agencies, DDA continues to build a more efficient and effective system for individuals with ID/DD.

Our ultimate goal is to ensure that every person in crisis receives timely, appropriate, and specialized care.

## Recommendation #3

**The Behavioral/Mental Health Workgroup recommends that DDA initiates a format to track how many people supported who are identified as needing acute psych treatment who are never approved for any facility.**

See response to recommendation 2 under with the heading **Data-Driven Improvements**.