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1915(c) Home and Community Based Services (HCBS) Waiver Programs

 **Strong Evidence**

Program/Intervention Name	Description/Additional Information
1915(c) Home and Community Based Services (HCBS) Waiver Programs <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Tennessee’s 1915(c) Home and Community-Based Services (HCBS) Waiver Programs are Medicaid waivers approved by the federal government to provide HCBS to individuals with intellectual or developmental disabilities. In particular, the waivers allow Tennessee to develop home and community-based services to meet the needs of people who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting.
Delivery Setting	Target Population
Home, Workplace, Other Community Setting	Adults, Persons with Disability

Logic Model	Outputs	Outcome(s)
If we deliver home and community-based services to meet the needs of people with intellectual or developmental disabilities (IDD) who prefer to receive long-term care services and supports in their homes or communities, rather than in an institutional setting, then we will maximize the quality of life, functional independence, health and wellbeing of individuals who receive these services, while also promoting more cost-effective forms of care.	1. Number of individuals served	1. Percent of waiver recipients whose emerging health problems are being addressed (via survey sample)
	2. Number of participants receiving employment services	
	3. Number of participants receiving residential services	2. Percent of people receiving residential services who report being able to control personal funds
	4. Percent of requests for services completed within 14 days	
	5. Number of statewide contractors who receive funding to support implementation of waivers	3. Percent of people receiving residential services who report being able to decide who has a key/access to their bedroom

Evidence	Causal Evidence	
Clearinghouse	Entry Name & Link	Evidence Rating
What Works for Health	Service-enriched housing	Some evidence from several studies

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Assessment and Stabilization Teams



Outcomes

Program/Intervention Name	Description/Additional Information
Assessment and Stabilization Teams <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	<p>The Tennessee START Assessment & Stabilization Teams (TN START) is a statewide mental health service for individuals with intellectual and developmental disabilities who have complex behavioral or mental health needs (MH-IDD). The START model is a comprehensive model of service supports for community-based crisis prevention and intervention that optimizes independence, treatment, and community living for individuals with IDD and behavioral health needs. TN START provides prevention and stabilization through 24/7 in-person crisis response, ongoing cross-systems crisis stabilization planning, training and education, consultation and systemic analysis, and formalized partnerships with other systemic entities.</p>
Delivery Setting	Target Population
Home, School, Other Community Setting	Children, Adolescents/Young Adults, Adults, Persons with Disability

Logic Model	Outputs	Outcome(s)
<p>If we provide community-based crisis prevention and intervention including 24/7 in-person crisis response, ongoing cross-systems crisis stabilization planning, training and education, and establishing formalized partnerships, then we will increase stabilization of individuals with MH-IDD in a community setting and decrease the need for higher levels of intervention and, in doing so, increase long-term stabilization, independence, treatment, and community living for these individuals.</p>	1. Number of enrolled and active cases	1. Percent of Emergency Crisis Response Services being resolved and maintained in a Community Setting
	2. Number of Emergency Crisis Response Services provided for those enrolled	
	3. Number of Systemic Education, Training and Consultation events provided	
	4. Number of Signed Partnership Agreements, disaggregated by type	

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Employment First

 **Strong Evidence**

Program/Intervention Name		Description/Additional Information	
Employment First <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		Employment First, means that employment in the general workforce should be the first and preferred option for individuals with disabilities receiving assistance from publicly funded systems. Supported Employment Services, in support of the Employment First philosophy, are aimed at helping people decide to work, determine the best career path for them, obtain and maintain their chosen job, and ultimately advance in their career.	
Delivery Setting		Target Population	
Organizations/Businesses/Local Governments, Home, Workplace, Other Community Setting		Children, Adolescents/Young Adults, Adults, Persons with Disability	

Logic Model	Outputs	Outcome(s)
If we help individuals with intellectual and developmental disabilities receiving assistance from publicly funded systems to decide to work, determine the best career path for them, obtain and maintain their chosen job, and ultimately advance in their careers, then more Tennesseans with disabilities will become employed and, as a result, will gain greater economic self-sufficiency, have greater opportunities to use their skills, and achieve more active participation in community life.	1. Number of people supported who receive pre-employment services	
	2. Number of provider agencies delivering pre-employment services	

Evidence		Causal Evidence	
Clearinghouse	Entry Name & Link	Evidence Rating	
What Works for Health	Adult Vocational Training	Scientifically supported (several studies)	

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Enabling Technology

 **Outputs**

Program/Intervention Name		Description/Additional Information
Enabling Technology <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		Enabling Technology is a person-centered approach that provides access to equipment and/or methodologies that help people with intellectual and developmental disabilities increase their independence, achieve personal development, and enhance their self-determination in their homes, communities, and/or workplaces. The Enabling Technology Program is available to any person enrolled in the 1915(c) waivers, Employment and Community First (ECF) CHOICES, or CHOICES long-term services and supports programs.
Delivery Setting		Target Population
Organizations/Businesses/Local Governments, Home, Residential Facility, Other Community Setting		Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults, Families, Persons with Disability

Logic Model	Outputs	Outcome(s)
If we provide person-centered enabling technology solutions, such as remote support technology systems, environmental controls, mobile smart devices, two-way audio/video technology, automated medication dispensers, and software applications, to persons with intellectual and developmental disabilities, then they will have new tools and skills to achieve greater independence and quality of life at home, at work, and in their communities, and ultimately reduce their need for traditional long-term services and supports.	1. Number of persons using Enabling Technology provided by the program at home, at work, and in the community	
	2. Number of persons receiving indirect (remote) support at home, at work, and in the community	
	3. Number of providers supporting people with Enabling Technology at home, at work, and in the community	
	4. Number of providers with Technology 1 st training and accreditation	
	5. Number of Independent Support Coordination (ISC) agencies with Technology 1 st training and accreditation	

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Family Support Program



Outcomes

Program/Intervention Name	Description/Additional Information
Family Support Program <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Family Support Program offers individuals with severe disabilities and their families who do not receive any other comprehensive services the opportunity to remain together and to choose supports that increase their quality of life and well-being, regardless of age and income. The program is used for a wide range of costs and services related to disability, including respite care, equipment/supplies, nursing, counseling, housing costs, personal assistance, health-related needs, equipment, and more.
Delivery Setting	Target Population
Home, Other Community Setting	Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults, Families, Persons with Disability

Logic Model	Outputs	Outcome(s)
If we support families that include individuals with severe disabilities not supported by other residential programs funded by state or federal funds by allowing families the flexibility to select the services that offer the most support to their unique situation, then we will offer families the opportunity to remain together and to choose supports that increase their quality of life and well-being regardless of age and income.	1. The number of people actively receiving Family Support funding.	1. Percent of families that report that the Family Support Program always makes their life easier (Survey Results)
	2. Number of people receiving respite	2. Percent of families that report that they have additional needs not met by the Family Support Program (Survey Results)
	3. Number of people receiving personal assistance	
	4. Number of people receiving health related services	
	5. The number of recipients waiting on services	

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Harold Jordan Center



Outcomes

Program/Intervention Name	Description/Additional Information
Harold Jordan Center <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Harold Jordan Center (HJC) provides unique, individualized clinical treatment to stabilize and treat a behaviorally complex population in order to improve quality of life and provide steppingstones for community re-integration. The HJC utilizes therapeutic and behavioral interventions, a supportive environment, vocational training/employment education, skills development, and optimal health/psychiatric diagnostic assessment to enable individuals to manage their illness through the lowest possible amount of medication. The HJC currently operates two programs: a four-bed court ordered forensic program, and an Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) program for people with intellectual disabilities who also have a significant co-occurring behavioral/mental health diagnosis.
Delivery Setting	Target Population
Correctional Facility, Court, Hospital/Treatment Center, Inpatient, Outdoor Spaces, Residential Facility, Other Community Setting	Adults, Persons with Disability, Justice-involved

Logic Model	Outputs	Outcome(s)
If we provide unique, individualized clinical treatment to stabilize and treat individuals with behaviorally complex issues, including therapeutic and behavioral interventions, a supportive environment, and vocational training/employment education, then we will maximize their quality of life, functional independence, and health/well-being by stabilizing them for a successful community re-integration.	1. Number of individuals served	1. Total number of Forensic Assessment Unit residents served
	2. Number of Forensic Assessment Unit admissions found competent and returned to jail	
	3. Number of Forensic Assessment Unit admissions found not competent and discharged to the community	2. Total number of emergency restraint usage
	4. Number of Intermediate Care Facility residents	
	5. Number of Intermediate Care Facility residents discharged to the community	

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Intermediate Care Facility (ICF) Homes



Outcomes

Program/Intervention Name	Description/Additional Information
Intermediate Care Facility (ICF) Homes <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) at community-based homes provide 24-hour supports to maintain the physical, intellectual, social and emotional capabilities of people supported. The homes meet all applicable federal and state code requirements for ICF/IID programs, are wheelchair accessible, and have the added safety measure of fire sprinkler systems.
Delivery Setting	Target Population
Residential Facility, Other Community Setting	Adults, Persons with Disability

Logic Model	Outputs	Outcome(s)
If we deliver person-centered medical, therapeutic and habilitative services and supports to individuals with significant intellectual, developmental and physical challenges within four-person community homes, then we will better meet their personal, social, physical and environmental needs outside of traditional large congregate long term care settings such as nursing homes or other institutional settings.	1. Capacity of licensed State ICF/IID homes	1. Utilization of State ICF/IID supports
	2. Number of persons receiving State ICF/IID services	
	3. Overall Quality Improvement Internal Audit Scores for State ICF/IID	2. Number of homes transitioned from ICF/IID services to Residential Habilitation to support TN Strong Family Homes program
	4. Diversity of persons in services (gender, race, ethnicity)	

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Medicaid Alternative Pathways to Independence (MAPs)

 **Outputs**

Program/Intervention Name	Description/Additional Information
Medicaid Alternative Pathways to Independence (MAPs) <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Medicaid Alternative Pathways to Independence (MAPs) is a program that helps people with intellectual and developmental disabilities learn new skills, become employed, live independently, learn about their neighborhoods, and find hobbies that interest them. The services in this program help people identify community interests and resources, build a Virtual Community Resource Map, establish meaningful community networks, and develop independent living skills through supports such as technology-enhanced home living skills, community transportation, peer mentoring, and employment services. Eligibility for MAPs begins with high school students who are in their last three years of exiting the HS setting and extends through adulthood.
Delivery Setting	Target Population
Home, Workplace, Other Community Setting	Adolescents/Young Adults, Adults, Persons with Disability

Logic Model	Outputs	Outcome(s)
If we support transition-age people with intellectual and developmental disabilities to identify their goals and interests, create a virtual community resource map, acquire new skills and tools, and harness the power of Enabling Technology, then they will reduce their need for traditional long-term services and supports (LTSS) and they will achieve greater independence and quality of life in accordance with their aspirations.	1. Numbers of persons receiving MAPs services	
	2. Number of persons using a Virtual Community Resource Map (VCRM)	
	3. Number of persons receiving SMART Travel Training	
	4. Number of providers delivering MAPs services	

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Seating & Positioning Clinics



Outputs

Program/Intervention Name	Description/Additional Information
Seating & Positioning Clinics <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Seating and Positioning Clinics—located in Greeneville, Nashville, and Arlington—serve children and adults with seating and positioning needs by creating custom therapeutic equipment and modifying existing seating systems. At the clinics, occupational therapists, physical therapists, and equipment fabricators work closely with individuals to support them in a safe and comfortable way, promoting optimal body alignment, so they can relax, learn new skills, and be more actively engaged in their day. Mobile clinics in East and West TN ensure rural access and service delivery.
Delivery Setting	Target Population
Home, Mobile, Outpatient	Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults, Persons with Disability

Logic Model	Outputs	Outcome(s)
If we offer custom seating solutions and therapeutic equipment to children and adults with complex seating and positioning needs through clinical evaluation with occupational/physical therapists and on-site medical equipment fabrication, then persons supported by the clinic will see improved health outcomes, mobility, and quality of life.	1. Number of active cases/persons supported	
	2. Number of clinic appointments	
	3. Number of mobile clinic hub locations	

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Tennessee Believes

 **Logic Model**

Program/Intervention Name		Description/Additional Information
Tennessee Believes <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		Tennessee Believes provides grants to higher education institutions to increase the number of inclusive programs that serve students with intellectual and developmental disabilities. Grants are awarded to two- or four-year colleges and universities in the state that are committed to launching new programs or enhancing existing programs. These grants are intended to support the strategic planning and partnerships that will lead to the inclusion of students with intellectual and developmental disabilities in classrooms and campus life.
Delivery Setting		Target Population
School, Workplace, Other Community Setting		Adolescents/Young Adults, Adults, Persons with Disability

Logic Model	Outputs	Outcome(s)
If we provide grants to higher education institutions to create more inclusive programming, such as developing programming that's focused on employment, independent living, and community inclusion, then students with disabilities will be able to participate in higher education and achieve graduation, employment, and independence.		

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Tennessee Early Intervention System (TEIS)

 **Strong Evidence**

Program/Intervention Name		Description/Additional Information
Tennessee Early Intervention System (TEIS) <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		<p>The Tennessee Early Intervention System (TEIS) is a voluntary program that provides services to infants and young children who have disabilities or other developmental delays. TEIS helps families with children with disabilities or developmental delays connect to the support and services they need. At the point of eligibility, an Individualized Family Service Plan (IFSP) team meeting will be held to determine the services and support that will help the child reach their optimal development, should the family decide to receive services.</p>
Delivery Setting		Target Population
Home, Other Community Setting		Infancy/Early Childhood, Persons with Disability

Logic Model	Outputs	Outcome(s)
<p>If we provide services to infants and young children who have disabilities or other developmental delays, as well as supports to their families, including developing Individualized Family Service Plans (IFSPs), then we will help more children make progress around the goals identified in their IFSPs and, more broadly, support the positive development and quality of life of children and families in the program.</p>	1. Number of individuals who participated in the Tennessee Chapter of the American Academy of Pediatrics' (TNAAP's) Screening Tools and Referral Training (START) Training	1. Percent of IFSP goals with progress rated as expected or above at 6-month and annual IFSP team meetings
	2. Number of cumulative training hours provided to contracted developmental therapy providers	2. Percent of TEIS families reporting annually that early intervention helped them help their child develop and learn
	3. Number of children served through TEIS	
	4. Percent of planned services delivered timely (sample)	
	5. Number of IFSP meetings completed	

Evidence		Causal Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
Prenatal to 3 Policy Impact Center	Early Intervention Services	Effective (multiple studies)

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Katie Beckett Program (Part B)



Outcomes

Program/Intervention Name	Description/Additional Information
Katie Beckett Program (Part B) <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	The Katie Beckett Program provides supports and services for children with disabilities and complex medical needs under age 18 who do not qualify for Medicaid due to their parents' income or assets. Part B is for children in Tennessee who have disabilities and complex medical needs who live at home and do not qualify for care in a medical institution but are at risk of requiring institutional-level care. Children who qualify for Part A can also receive Part B if there is no slot available in A.
Delivery Setting	Target Population
Home, Other Community Setting	Infancy/Early Childhood, Children, Adolescents/Young Adults, Persons with Disability

Logic Model	Outputs	Outcome(s)
If we assist children with disabilities and complex medical needs under age 18 who do not qualify for Medicaid and live at home but who are at risk of requiring institutional-level care, including reimbursements for eligible medical expenses and other costs not covered by insurance for needed services, then we will help young people stay in their homes and their communities and support those young people to live the life they choose.	1. Number of children enrolled in Katie Beckett Part B	1. Percent of families who were satisfied with overall KB HRA, based on satisfaction survey data
	2. Number of children aged out of Katie Beckett	2. Amount of cost covered by HRA
	3. Number of children utilizing Healthcare Reimbursement Account	
	4. Number of children utilizing Health Insurance Premium Reimbursement	

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