



# ***Renewal and Redesign of Tennessee's Long-Term Services and Supports Delivery System for Individuals with Intellectual and Developmental Disabilities***

Community Meetings  
about the Concept Paper  
for Stakeholder Review and Input





# Format for Today's Discussion

- 60 - 75 minute presentation on Concept Paper
- 30 - 45 minutes questions and answers
- 15 minutes for written comments



**Once all Community Meetings have concluded,  
(after June 11<sup>th</sup>), the PowerPoint slides  
will be posted on  
the DIDD and TennCare websites at:**

- **[tn.gov/didd](http://tn.gov/didd)**
- **[tn.gov/tenncare](http://tn.gov/tenncare)**





# *Why are we here?*

To share information, answer questions, and gather feedback on:

- Proposed changes to the State of Tennessee's Section 1915(c) Home and Community Based Services (HCBS) waiver programs for individuals with intellectual disabilities
- A proposed new program that will provide HCBS to *newly enrolled* individuals with intellectual and other kinds of developmental disabilities
  - More cost-effective delivery of HCBS so that more people will be able to receive services and supports





# ***Proposed changes based on extensive stakeholder input***

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





## ***Stakeholders Gave Input On:***

- The kinds of HCBS that people with intellectual and developmental disabilities need most
- The kinds of supports that family caregivers of people with intellectual and developmental disabilities need most
- Ways HCBS for people with intellectual and developmental disabilities can be improved
- Ways to provide HCBS to people with intellectual and developmental disabilities more cost effectively so that more people who need services and supports can receive them



# ***What Stakeholders Said:*** **Key messages and “themes”**

- Smaller, capped waiver(s) serving more people
- Less restrictive (more independent) community living options (less than 24 hour care)
- Preventive (“support”) services to avoid crisis
- Family education, navigation and supports
- Integrated, competitive employment and day service options
- Transition for young adults
- Coordination/integration of physical/behavioral health/HCBS
- More appropriate/effective behavior services
- Consistent, well trained, quality direct support staff
- Streamlined program requirements and processes





# The Concept Paper

## *Renewal and Redesign of Tennessee's LTSS Delivery System for Individuals with I/DD*

### The Approach:

- Active and ongoing stakeholder engagement
- ***Ensure continuity of services and providers for current waiver participants – minimal changes in services and delivery system***
- Focus on new, more cost-effective program designs for *new* program participants







# **The Concept Paper:**

## ***Renewal and Redesign of Tennessee's LTSS Delivery System for Individuals with I/DD***

### **Overarching Objectives:**

- Continue to offer high quality services that support choice, self-determination and independence in the most integrated setting appropriate, with a strong focus on integrated, competitive employment and independent community living
- Deliver services more cost-effectively and in accordance with the individual's assessed needs
- Realign incentives and reallocate new and existing ID service funds to serve more people (including people with intellectual and other developmental disabilities)
- Improve coordination of physical and behavioral health and LTSS





# Key Design Elements:

## *Renewal of Arlington and Statewide Waivers*

### Essential Amendments:

- Compliance with CMS HCBS settings/PCP rule
- Compliance with DoL wage and overtime pay rule
- Compliance with revised CMS guidance on QI strategy
- Increased flexibility in service definitions
  - Flexibility in shared living arrangements (not limited based on Level of Need, reimbursement, source of funding, etc.)
  - Shared Personal Assistance/Nursing when appropriate
  - Provision of non-nursing assistance when skilled nursing is provided
- Use Supports Intensity Scale (an objective assessment tool) plus supplement to determine level of reimbursement
- De-link rates from staffing ratios





# Key Design Elements:

## *Renewal of Arlington and Statewide Waivers*

### Implement Individual Cost Neutrality Cap in Statewide Waiver:

- Based on average cost of private ICF/IID services
  - currently \$153,400
- Maintain aggregate cap in Arlington Waiver; rename to *Comprehensive Aggregate Capped (CAC) Waiver*
- All former Arlington and current Clover Bottom class members in Statewide Waiver will transition to CAC Waiver
- All waiver participants whose currently authorized services exceed new individual cost cap will transition to CAC Waiver
- Advance notice of individual cost cap or transition, as applicable, will be provided (no adverse action)





# Key Design Elements:

## *Renewal of Arlington and Statewide Waivers*

- Modify CAC Waiver benefits to align with Statewide Waiver (eliminate vision and preventive dental—notice provided)
  - Vision services
  - Preventive dental services
- Reserve slots in CAC Waiver for Clover Bottom class members transitioning from an institutional setting
- Except for reserve capacity, close enrollment into CAC Waiver (give back vacated slots at the end of each program year)
- All new enrollment directed into the Self-Determination and Statewide Waivers, pending development of new program





Tennessee proposes to become the first state in the country to develop and implement an HCBS program that is specifically geared toward promoting and supporting integrated, competitive employment and independent living as the first and preferred option for all individuals with intellectual and developmental disabilities:

***Employment and Community First CHOICES***





# Key Design Elements: *Employment and Community First* **CHOICES**

## 3 benefit groups/packages

1. Essential Family Supports
  2. Essential Supports for Employment and Independent Living
  3. Comprehensive Supports for Employment and Community Living
- Initially targeted to new HCBS participants
  - Available for voluntary transition of existing HCBS Waiver participants once established





# Key Design Elements: *Employment and Community First* **CHOICES**

## Essential Family Supports

- Families with children <21 with ID or DD
- Meets nursing facility level of care or, without HCBS is “at risk” of institutionalization (1 ADL deficiency—very low threshold)
- HCBS beyond scope of EPSDT that will help support families
- Help plan and prepare for transition into employment and integrated, independent living in adulthood





# *Essential Family Supports*

- Respite
- Supportive Home Care (Personal Assistance)
- Family Caregiver Stipend (in lieu of SHC/PA)
- Daily Living Skills Training
- Community Integration Support Services
- Individual Transportation Services
- In-home Behavior Support Services (including counseling and therapeutic services) and crisis prevention/intervention/stabilization
- Minor Home Modifications
- Peer-to-peer Support/Navigation
- Conservatorship Counseling and Assistance
- Family Caregiver Education and Training

**Expenditure Cap:** \$15,000 not counting minor home modifications







# Key Design Elements: *Employment and Community First* **CHOICES**

## Essential Support for Employment and Independent Living

- Adults of all ages with ID or DD
- Without HCBS is “at risk” of institutionalization (1 ADL deficiency—*very* low threshold)
- Helping adults plan and achieve employment and independent living goals, experience full community life
- Assisting young adults transition from school into integrated, competitive employment





# ***Essential Supports for Employment and Independent Living***

- Employment Supports (e.g., job discovery/development, career planning/advancement, time limited pre-vocational training; customized employment, supported employment, co-worker supports, coaching and follow along)
- Benefits Counseling
- PA
- Community Living Supports (<24 hr residential supports)
- Community Living Supports - Family Model (<24 hr residential supports in a family home other than family of origin)
- Daily Living Skills Training
- Community Integration Support Services
- Individual Transportation Services
- Communication Aids





# ***Essential Supports for Employment and Independent Living***

- Assistive Technology
- PERS
- Minor Home Modifications
- Member Education and Training
- Behavior Supports (incl counseling and therapeutic services) and crisis prevention/intervention/stabilization
- Therapies (OT, PT, ST)—focused primarily on plan development and training

**Expenditure Cap: \$30,000**





# Key Design Elements: *Employment and Community First* **CHOICES**

## Comprehensive Support for Employment and Community Living

- Adults of all ages with ID or DD
- Meet nursing facility level of care\* and also require specialized supports related to I/DD (more significant needs)
- More intensive level of services/supports
- Help adults plan and achieve employment and community living goals, become as independent as possible, participate fully in community life

\*Modifications in process to ensure that cognitive and behavior needs are appropriately considered





# ***Comprehensive Supports for Employment and Independent Living***

- Employment Supports (e.g., job discovery/development, career planning/advancement, time limited pre-vocational training; customized employment, supported employment, co-worker supports, coaching and follow along)
- Benefits Counseling
- PA
- Community Living Supports (<24 hr residential supports or 24-hour residential supports, as appropriate)
- Community Living Supports - Family Model (same as above in a family home other than family of origin)
- Daily Living Skills Training
- Community Integration Support Services
- Individual Transportation Services
- Communication Aids





# ***Comprehensive Supports for Employment and Independent Living***

- Assistive Technology
- PERS
- Minor Home Modifications
- Member Education and Training
- Behavior Supports (incl counseling and therapeutic services) and crisis prevention/intervention/stabilization
- Therapies (OT, PT, ST)—focused primarily on plan development and training

**Expenditure Cap: \$45,000-\$60,000\***

\*Exception up to applicable average cost of NF + specialized services for DD; average cost of private ICF/IID for ID





***Under this proposal,  
Employment and Community First  
CHOICES  
will be an  
Integrated  
Managed  
Long-Term Services & Supports  
(MLTSS) Program.***





# Integrated

- **Today:**

- TennCare members with I/DD are in managed care for physical and behavioral health services
- HCBS are “carved out” and delivered by DIDD
- Except for members in SelectCommunity, little coordination of physical and behavioral health services with HCBS

- **Under the new program:**

- The same MCO responsible for physical and behavioral health would be responsible for HCBS as well
- Comprehensive, holistic, person-centered coordination of physical and behavioral health needs with HCBS—across services and settings







# What is Managed Care?

- A way of delivering and paying for health care services, including Medicaid services (a health care delivery and payment system approach)
  - Under managed care, the Medicaid agency contracts with Managed Care Organizations and pays a capitated (per member per month) fee to provide members with all covered, medically necessary services and to be accountable for quality and cost
- An alternative to “fee-for-service” delivery systems
  - In fee-for-service Medicaid, the Medicaid agency contracts directly with providers and pays the providers for covered, medically necessary services that are delivered to members



# The Objectives of Managed Care

- Achieve high quality, cost-effective care through:
  - Coordination of services/supports across the entire continuum
  - Increased emphasis on prevention, health education, and management of chronic conditions
  - Improved personal health and independent living/quality of life outcomes *“The rhetoric of independence, integration and dignity means nothing if we fail to assure that people can attain their highest practicable physical, mental and psycho-social well-being.”* -- NASUAD presentation 4/21/14
  - The provision of care in the most appropriate setting and by the most appropriate provider—“right care, right place, right time” (e.g., PCP versus ER, outpatient clinic versus hospital, HCBS versus institution)
  - Use of data analytics and health information technology to identify members at risk, identify and close gaps in care, and coordinate communication among providers and payers
  - Alignment of financial incentives to promote improved quality and outcomes, and the cost-effective use of services



# Managed Care in Tennessee

- **20 years experience**
- Coordination of care improves quality of care; higher quality care is also more cost-effective
- Integration of services which allows for coordination across the continuum has the highest potential to achieve the best quality of care and outcomes
  - Behavioral health services integrated in 2009
  - Long-Term Services & Supports (LTSS), including Nursing Facility services and HCBS for seniors and adults with physical disabilities integrated in 2010 (the CHOICES program)



# Managed LTSS (MLTSS) in Tennessee: Key Design Elements

- Continuity of services and providers
- Freedom of choice (services and settings)
- Comprehensive person-centered care coordination (see next slide)
- Consumer directed options using an employer authority model
- Electronic Visit Verification system helps ensure fiscal accountability and provides immediate notification/resolution of potential gaps in care
- Integrated quality improvement strategy including NCQA Accreditation, HEDIS/CAHPS measures, uniform measures of system performance, ongoing reporting, audit and monitoring, critical incident system, and CHOICES advisory groups and member advocates

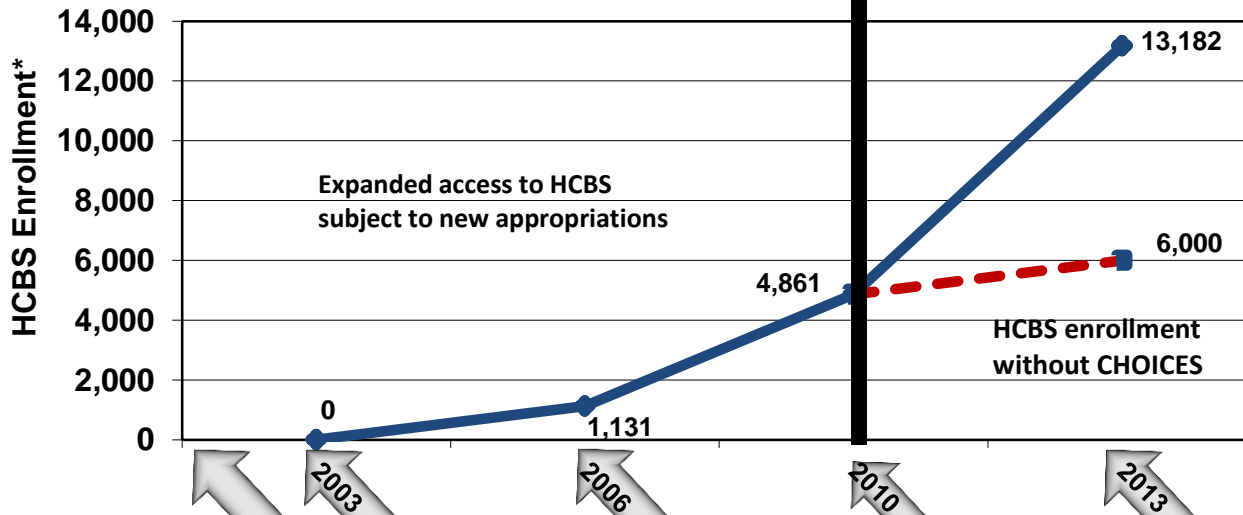


# Person-Centered Support Coordination

- **Comprehensive Person-Centered Care Coordination provided by MCOs**
  - Each member has an assigned Care Coordinator—nurses and social workers
  - Comprehensive ongoing needs assessment/person-centered care planning
  - Coordination of physical, behavioral, functional and social support needs
  - Management of chronic conditions and care transitions
  - On the ground and face-to-face with minimum contact requirements
  - Detailed contract requirements and protocols



# Access to Home and Community Based Services 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

No state-wide HCBS alternative to NFs available before 2003.

CMS approves HCBS waiver and enrollment begins in 2004.

Slow growth in HCBS – enrollment reaches 1,131 after two years.

HCBS enrollment at CHOICES implementation

Well over twice as many people who qualify for nursing facility care receive cost-effective HCBS without a program expansion request; additional cost of NF services if HCBS not available approx. \$250 million (federal and state).

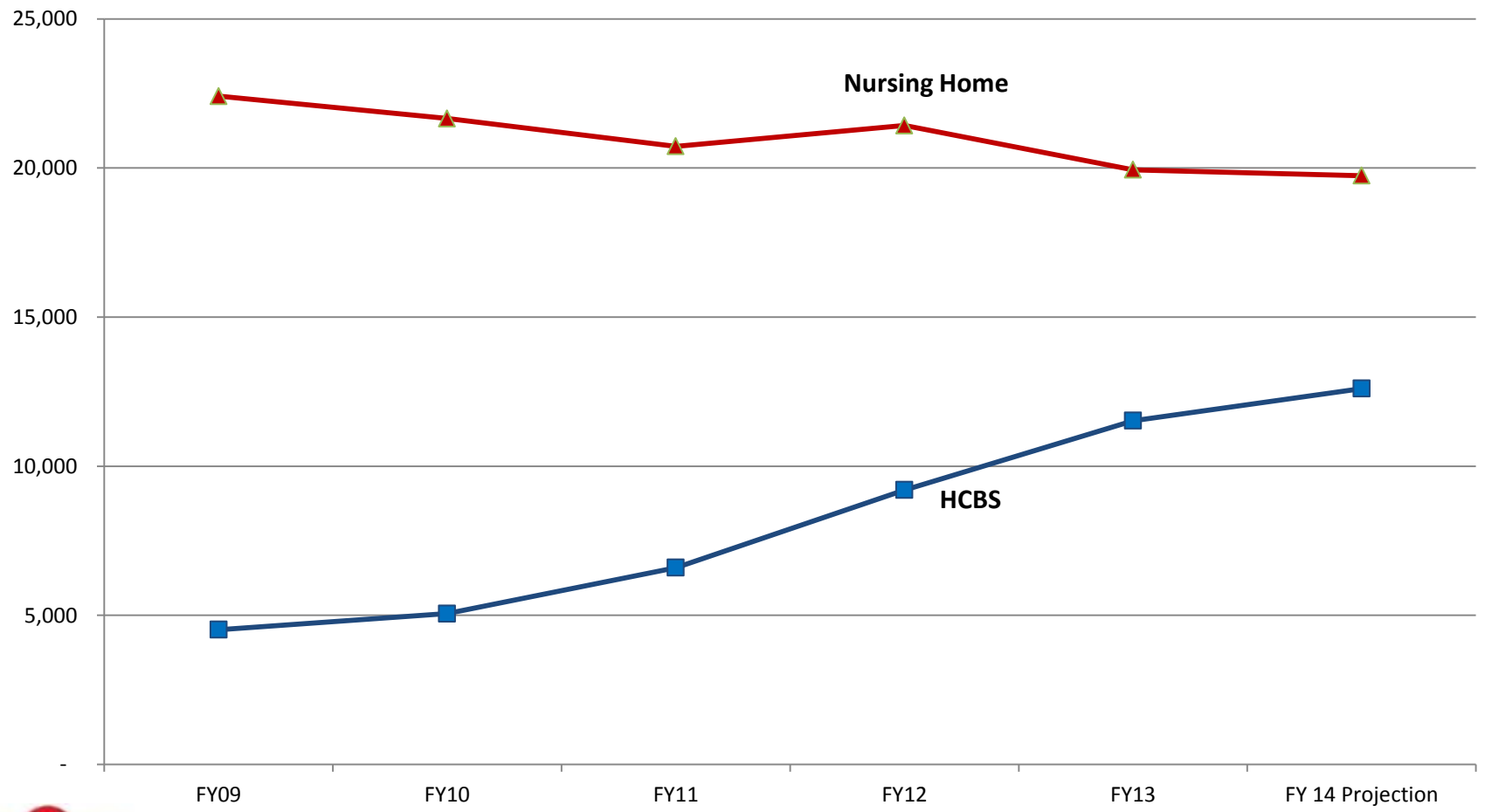
**HCBS waiting list eliminated in CHOICES**

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





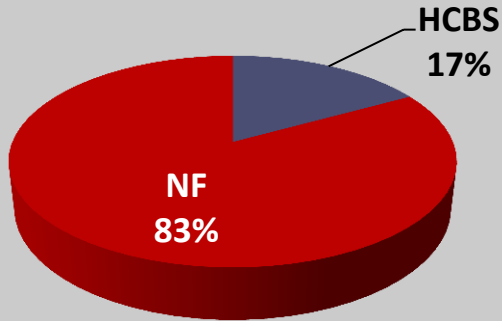
# CHOICES Annual Average Number of Individuals Served



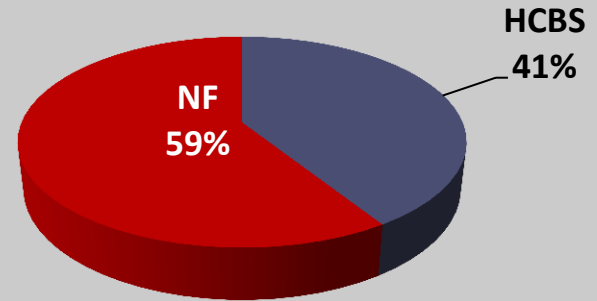


# Re-Balancing LTSS Enrollment through CHOICES

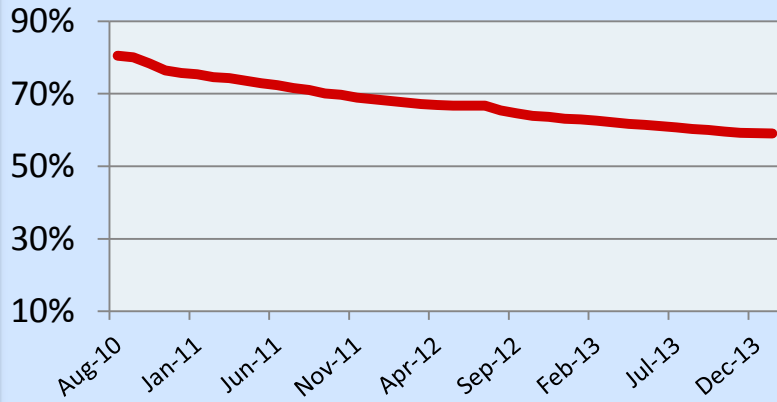
LTSS Enrollment before CHOICES Program (March/August 2010)



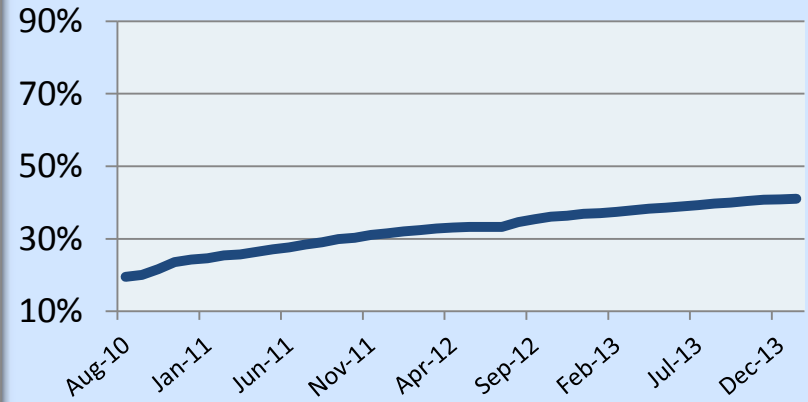
LTSS Enrollment as of December 31, 2013



Nursing Facility Enrollment



HCBS Enrollment







# Baseline Data Results

**Baseline 2010**

**Program years 2011 and 2012  
(2013 incomplete)**



- # of HCBS participants at a point in time (CHOICES implementation for the baseline and the end of each program year thereafter) *more than doubled* (from 4,861 to 10,482 as of June 30, 2012); 12,559 as of June 30, 2013
- # of NF residents at a point in time *decreased* by more than 9% (from 23,076 at implementation to 20,968 as of June 30, 2012); 19,415 as of June 30, 2013
- Unduplicated HCBS participants across a 12-month period *more than doubled* (from 6,226 during the year prior to CHOICES to 12,862 during the program year ending June 30, 2012)
- % of NF eligible people entering LTSS choosing HCBS increased from 18.66% prior to CHOICES to 37.46% during the first 2 years of the program
- 37-day reduction in average NF length of stay
- 129 NF-to-community transitions prior to CHOICES compared to 567 and 740 in program years 1 and 2



## What else works well in MLTSS?

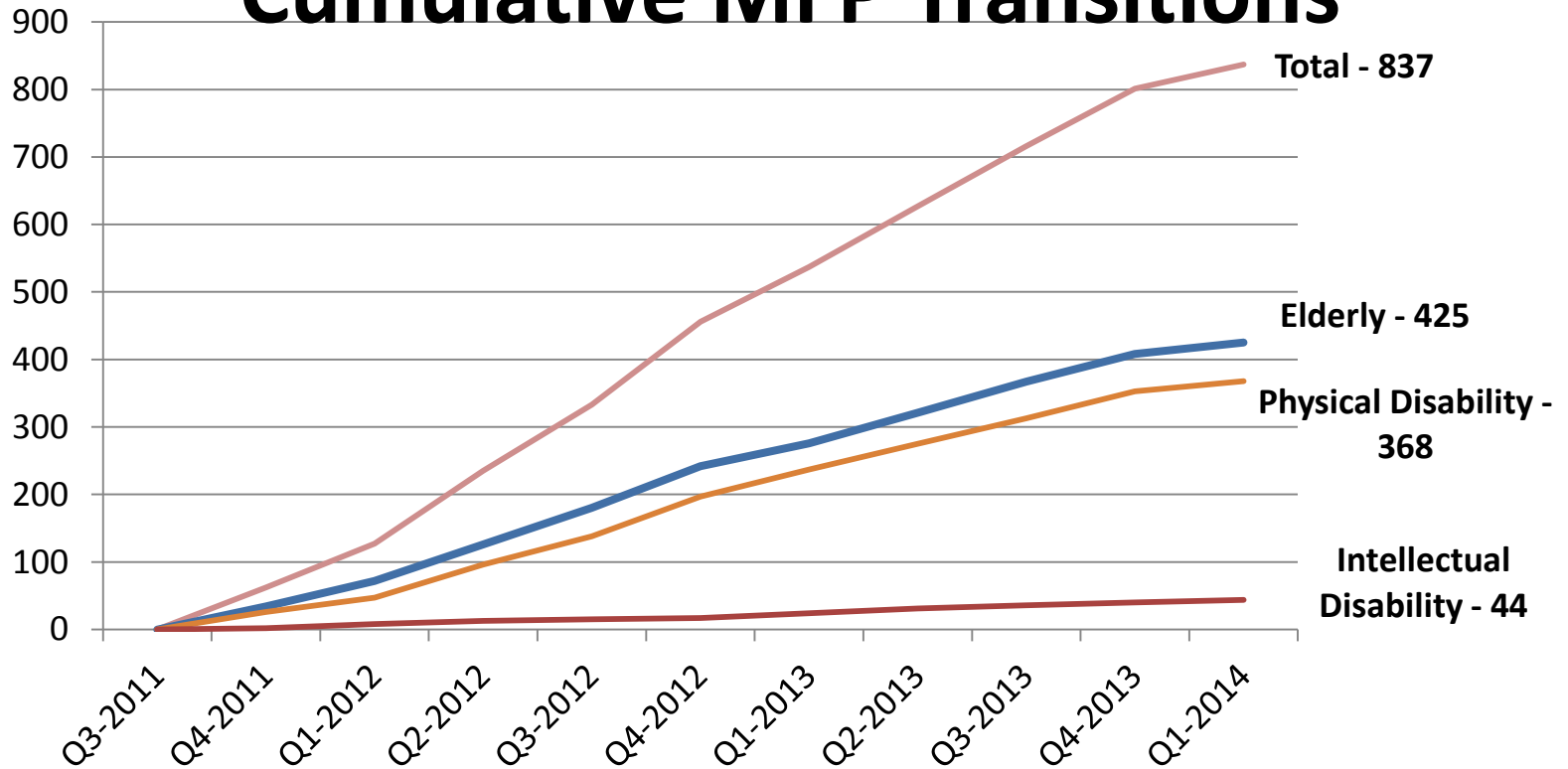
### ***Money Follows the Person Rebalancing Demonstration***



- \$119,624,597 over 5 years to transition 2,225 individuals (primarily NFs)
- “Layered onto” well established MLTSS 10/1/11 (over 500 people transitioned in MLTSS first year *prior to* MFP)
- MFP Services = CHOICES HCBS benefits
- MFP participants *simultaneously* enrolled in MFP and in CHOICES
- Member remains in CHOICES MLTSS at conclusion of demonstration period and continues to receive same HCBS (continuity of care)



# Cumulative MFP Transitions



MFP Transitions	Oldest at time of transition	Longest institutionalized
Elderly	101	20
Intellectual Disability	79	60+
Physical Disability	65	13



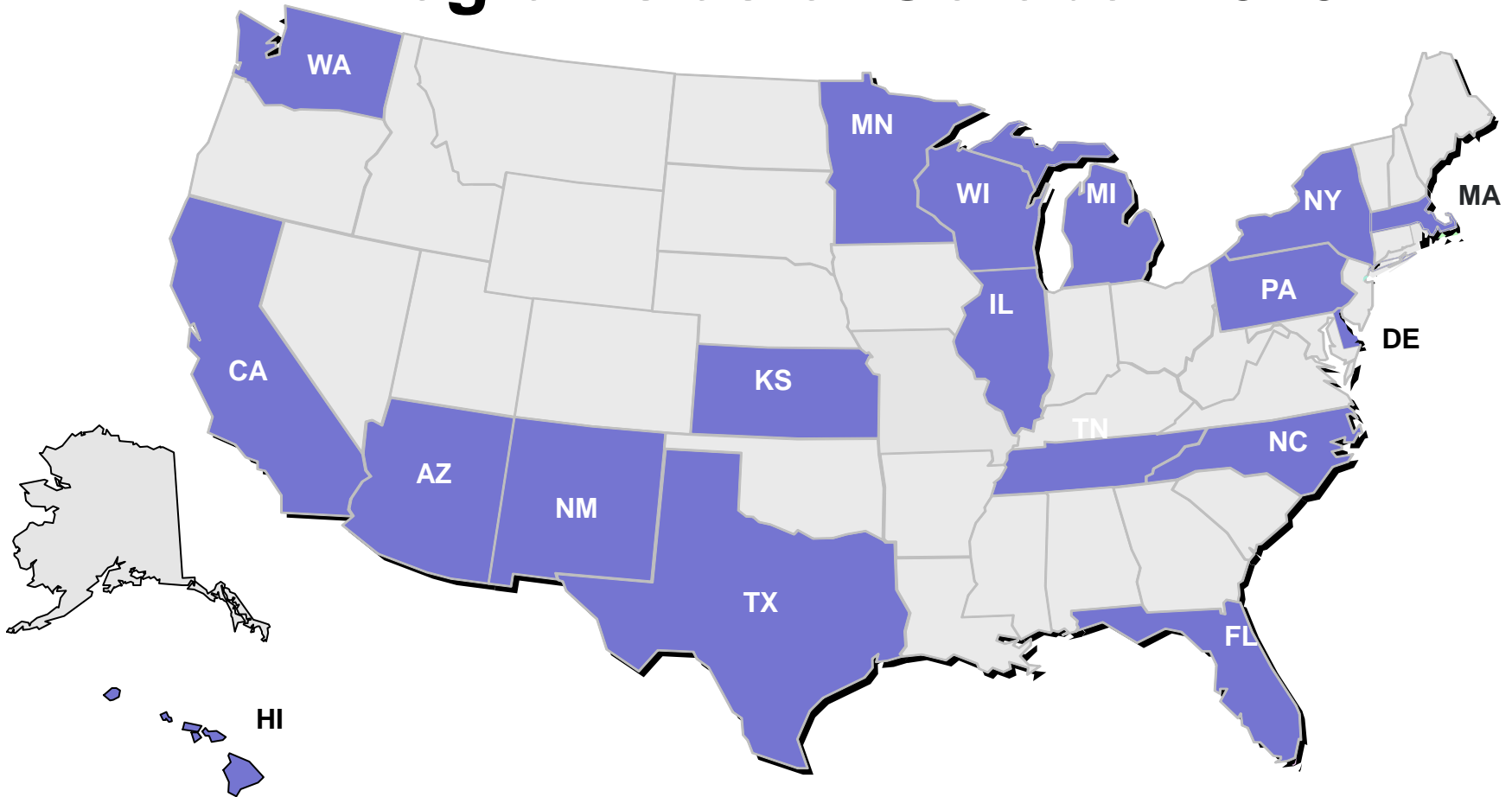
# Managed LTSS (MLTSS) is Growing Rapidly Across the Country

Year	States	LTSS Enrollees
2012	16	389,000
2013	18	550,000
2014 proj.	24	1 million+

Source: Truven Health estimates



# 18 States Enrolled People into MLTSS Programs as of October 2013



Source: Truven Health



# Groups Included in MLTSS

Population Group	No. of States Enrolling in MLTSS
65+ years of age	15
Physical disabilities	11
Intellectual/ developmental disabilities	9
Children with disabilities	9

Source: Truven Health







# Why States are Adopting MLTSS

## State Objectives

Better Experience	Coordination of services; integration with primary, acute, and behavioral
Better Outcomes	Health, function, quality of life
Flexibility	Ability to tailor unique services/supports
Predictable, Managed Costs	Budget stability and trend management
Alignment of financial incentives	Pay for quality and value
Expanded access to HCBS	The potential to provide services to more people and for increased flexibility in service provision— if done “right”
System Balancing	Increase use of community services and decrease inappropriate use of institutional services

Source: Truven Health--*modified*





# Why integrate I/DD services into Managed Care?

- Best option that allows us to achieve a number of goals:
  - Continue to offer high quality services that support choice, self-determination and independence in the most integrated setting appropriate, with a strong focus on supporting families, school-to-work transition, integrated, competitive employment and independent community living
  - Improve coordination across physical and behavioral health and LTSS
  - Deliver services more cost-effectively and in accordance with the individual's assessed needs
  - Realign incentives and reallocate new and existing ID service funds (over time) to serve more people (including people with intellectual and other developmental disabilities) and reduce the waiting list





# Important Considerations

- Continuity of services and providers
- Access to (denials/reductions in) services
- Preserving **consumer choice** and other core values
- Ensuring a person-centered (rather than “medical”) model
- Sufficient time for planning and implementation
- Education for individuals, families (and providers)
- Opportunity for stakeholder involvement
- Participant rights and protections
- Quality and protection from harm



# Key Design Elements:

## *Employment and Community First*

### **CHOICES**

- **Three delivery model options:**
  - Consumer Direction
  - Health Home Agency with Choice options
  - Basic MLTSS



# Employment and Community First CHOICES

## *Delivery Model Options*

### Consumer Direction

- Modified budget authority model
  - Based on comprehensive needs assessment:
    - Assistance with ADLs
    - Safety monitoring and supervision
    - Age-appropriate IADLs
    - Community integration support
    - Individual transportation services
    - Respite for family care givers



# Employment and Community First CHOICES

## *Delivery Model Options*

### Health Home Agency with Choice

- Member selects an agency who will assist in directing service/support budget and function as Health Home
- Coordination of care for eligible recipients who have chronic conditions using a “whole-person” philosophy



# Employment and Community First CHOICES

## *Delivery Model Options*

### **Health Home Agency with Choice**

- Qualified Residential or PA provider selected by individual/family to direct their services and supports budget
- Individual can help select and supervise PA or residential staff (workers are employed by the agency)
- Provider agency supports the person in directing their services and supports budget based on needs identified in the Support Plan
- The MLTSS Support Coordinator will be involved in the planning process and is responsible for monitoring provision of HCBS to ensure person's needs are met





# Employment and Community First CHOICES

## *Delivery Model Options*

### **Health Home Agency with Choice**

- Work with MCO Support Coordinator to facilitate access to and coordination of physical and behavioral health services and LTSS
- Comprehensive chronic disease and care management
- Health promotion
- Comprehensive transitional care/follow-up
- Member and family support
- Referral to community and social support services
- Use of HIT to link services, facilitate communication between and among providers, the member, and caregivers
- Continuous quality improvement, including data collection and reporting





# Employment and Community First CHOICES

## *Delivery Model Options*

### Health Home Agency with Choice

#### Provider Agency requirements:

- Meet all qualification requirements
- Develop a person-centered support plan for each person served
- Work with MCO Support Coordinator to facilitate access to and coordination of full array of primary and acute physical and behavioral health care services as well as long-term community-based services and supports
- Comprehensive chronic disease and care management
- Comprehensive transitional care from inpatient to other settings
- The use of MCO's health information technology to link services and facilitate communication between all necessary parties







# Key Design Elements: *Specialized Services for Individuals with I/DD in Nursing Facilities*

## What is PASRR – Pre Admission Screening and Resident Review?

- Federal law intended to:
  - Identify people with mental illness, intellectual disability (or related condition) before they are admitted to a Nursing Facility (nursing home)
  - Conduct a person-centered needs assessment to determine needed services/supports and most appropriate setting in which to provide them
    - Decision made by DIDD (for ID and related conditions)
  - Ensure person receives services/supports they need





# Key Design Elements: *Specialized Services for Individuals with I/DD in Nursing Facilities*

## Primary objective:

- Continue to offer high quality services that support choice, self-determination and independence ***in the most integrated setting appropriate***, with a strong focus on integrated, competitive employment and independent community living
  - Ensure that people with I/DD are not inappropriately placed in Nursing Homes
  - Ensure that when NF placement is appropriate (even for a short time) because of age or medical need, specialized services for I/DD are also provided





# Key Design Elements: *Specialized Services for Individuals with I/DD in Nursing Facilities*

## Strategies:

- Track number of people with I/DD admitted to and discharged from NFs (should *decrease*, not increase with these changes)
- Strengthen PASRR screening processes
- Ensure that when NF placement is determined by DIDD to be appropriate (even for a short time) because of age or medical need, specialized services/supports for I/DD are also provided
  - Request federal authority to obtain federal match for specialized services for persons with I/DD determined to need NF services





# Key Design Elements: *Specialized Services for Individuals with I/DD in Nursing Facilities*

- “Specialized” services beyond scope of NF benefit
- Qualified providers of those services will be community-based providers
  - Establish relationships between individual/family and provider
  - Help to facilitate exploration of community-based service delivery options
  - Develop trust
  - Ensure continuity of providers and services when person is willing and able to transition to the community





# Providing Input:

- Leave written comments today using the handouts
  - Submit written comments online at:  
<http://www.tn.gov/tenncare/ltssrsvp2.shtml>
1. *What do you like best about the proposed plan?*
  2. *How can the proposed plan be improved?*
  3. *What are your concerns about the proposed plan?*



# Next Steps:

## TennCare and DIDD will:

- Provide a 30-day public comment period on the Concept Paper
- Post a summary of input received\*
- Post a list of frequently asked questions and responses\*
- Review input and draft waiver renewal applications and amendments
- Post draft waiver renewal applications and amendments\*
- Allow 30 days for public comment
- Review input, finalize and submit waiver renewal applications and amendments
- Continue working with stakeholders on new program design and implementation

\*Items will be posted on the TennCare and DIDD websites at:

- [tn.gov/tenncare](http://tn.gov/tenncare)
- [tn.gov/didd](http://tn.gov/didd)





*Questions?*

