

TennCare Responses to Questions

Request for Recommendations and MCO Contracting Information: Behavioral Health Crisis Prevention, Intervention and Stabilization Services for Individuals with Intellectual and Developmental Disabilities

June 25, 2015 – Updated July 6, 2015

1. Could you discuss the expectation around how long the service would/could persist? As an example would the expectation be to stabilize and then train current caregivers, or is there an ongoing presence expected?

The length of participation in these services and the MOS will be individualized, based on the needs of each person. We anticipate that participation in the MOS would continue until the person is no longer experiencing crisis events, or until there is an effective Crisis Prevention and Intervention in place, with adequate training such that paid and unpaid caregivers are equipped to effectively provide positive behavior supports and manage crisis events in order to sustain community living and avoid out-of-home placement. For some individuals, this could be a matter of weeks; for other, months. Three to six months may be a good starting projection until we gain experience in the model.

2. Will there be a requirement for each provider to have access to overnight placements should the person not destabilize in the home? Example would be respite beds in each region.

While the goal of these services and the model of support is stabilization in the home whenever possible (which may include the provision of in-home respite), DIDD is establishing four (4) respite beds each in the Middle and East regions. Respite beds are already established in the West region. Behavioral respite is a covered service for people enrolled in an ID waiver program. Any of the following types of providers are qualified to provide behavioral respite services if contracted to do so:

- Licensed residential provider
- Medicaid certified ICF/IID
- Licensed respite care facility

The member's ISC would work with the MOS Team and provider to arrange for behavioral respite waiver services as needed.

Behavioral health crisis respite services are also a covered benefit under the TennCare program. MCOs are obligated to help arrange and cover these services when medically necessary. The MOS Liaison would work with the MOS Team and provider to arrange for behavioral health crisis respite through the TennCare program as needed.

3. Is there data available as to how many of this category of clients have utilized existing mobile crisis services per week/month by region. As well as to what the disposition of the mobile contact was and where the contact occurred.

Please see below data provided by the Department of Intellectual and Developmental Disabilities. The weekly averages reflect the first 23 weeks of 2015. The monthly averages reflect June 2014 – May 2015 experience. Disposition other than in-patient hospitalization is not specified.

	People Receiving ID Waiver or ICF/IID Services who Used Mobile Crisis Services	Used Mobile Crisis Services With In-Patient Hospitalization (a subset of people receiving ID services who used Mobile Crisis Services)
Average Per Week		
East	2.5217	1.6522
Middle	5.8261	2.8261
West	6.1739	2.0
TOTAL All Regions	14.5217	6.3043
Average Per Month		
East	12.1667	7.25
Middle	23.25	13.1667
West	27.0	10.1667
TOTAL All Regions	62.4167	30.5833

The 12 month data reflect that the vast majority (76%) of contacts for mobile crisis for individuals with I/DD occur at the person’s home. Less than 5% occurred at a day program, work or school site; 15% at other locations in the community; and 3% in a vehicle (1% do not specify contact location).

Please note that this data includes *only* people receiving services in an HCBS Waiver or ICF/IID. Statistics reported by Mobile Crisis Teams reflect a much higher number of people referred for Mobile Crisis as having I/DD. However, we have no way to confirm that this information, collected at the point of the crisis, was based on an accurate I/DD diagnosis. While these new services will not be limited to people currently receiving Waiver or ICF/IID services, we will need to include in the referral process measures to ensure that the benefit is being targeted appropriately.

4. Is this service intended only for the adult population, or will youth also be eligible? If it does include the youth population, would respondents who only answer in reference to that segment of the population be considered?

Yes, this model could include youth with I/DD. We had not contemplated providers that would only serve children, but would be interested in considering this option and would welcome respondents with expertise in working with youth with I/DD.

Follow-up Question:

I noticed that the RFR mentioned future opportunities for questions and clarification. Could you let me know what that process will look like?

Once the RFR process has been completed, we contemplate MOS training as well as implementation discussions with MCOs and MOS providers.