Employment and Community First CHOICES
Agenda

- Background and context
- *Employment and Community First CHOICES*

Overview
- What is it?
- Who will it serve?
- What will it offer (benefits)?
- When will it start?
• DD – developmental disabilities
• ID – intellectual disabilities
• I/DD – intellectual and developmental disabilities
• DIDD – Department of Intellectual and Developmental Disabilities
• ECF CHOICES – Employment and Community First CHOICES
• HCBS – home and community based services
• ICF/IID – Intermediate Care Facilities for Individuals with Intellectual Disabilities
• LTSS – Long Term Services & Supports
Let’s start with a quick refresher:

What is TennCare?

What are the TennCare programs for people with intellectual and developmental disabilities?
Overview of TennCare

• **TennCare** is the state’s Medicaid program and the state’s Medicaid agency.

• Medicaid is a health insurance program to help pay for healthcare for certain groups of citizens—primarily children, pregnant women, older adults, and people with disabilities.
  o It is created by the federal government, but administered by the state. Every state Medicaid program is different.
  o Medicaid funding is shared by the state and federal government. In Tennessee about 1/3 of the funding is state, and 2/3 is federal.
  o The federal agency is the Centers for Medicare and Medicaid Services (CMS).
Overview of Medicaid

Medicaid provides both medical and non-medical services. The non-medical services are known as “long term services and supports” or “LTSS”.

Vs.
Medicaid LTSS can be provided

- In an institution—like a nursing home or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- Or in the community—called home and community based services or HCBS.
Current LTSS Programs/Services for ID

• Three Section 1915(c) home and community based services (HCBS) waivers for individuals with intellectual disabilities
  o Comprehensive Aggregate Cap
  o Statewide
  o Self-Determination

• Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)
Currently serve about 9,000 people with intellectual disabilities in Tennessee’s LTSS programs
  - ~ 1,800 - Comprehensive Aggregate Cap Waiver
  - ~ 4,950 - Statewide Waiver
  - ~ 1,200 - Self-Determination Waiver
  - ~ 1,000 - ICFs/IID (public and private)

Currently spend about $936 million (state and federal funding combined) for Medicaid LTSS for people with intellectual disabilities in Tennessee

Average cost of providing services to people with ID in TN nearly twice the national average (not sustainable and limits ability to serve more people)
Current LTSS Programs/Services for ID

- Over 6,000 people with ID on the waiting list for services
- People with DD do not currently qualify for HCBS waiver services
- Demand for LTSS (in particular HCBS) is growing
  - ID waiting list
  - People with DD
  - Youth transitioning out of school
  - Aging caregivers
- 3% of the TennCare population accounts for 50% of program costs (physical health, behavioral health, and LTSS). More than 75% of people with ID receiving LTSS are in that 3% of the TennCare population that accounts for 50% of program costs.
Create a new program that will:

- Provide the services people and their families say they need most
- Allow us to provide services more cost-effectively
- Serve more people, including people on the waiting list and people with other kinds of developmental disabilities
- Align incentives toward employment, independent living, community integration and the things that people with disabilities and their families value most
Employment and Community First CHOICES is a new program planned to start on July 1, 2016.

Where did we start?
Where did we start?

- Stakeholder meetings started late in 2013
  - March 26, 2014 - Stakeholder Input Summary issued

- TennCare took the feedback and developed a new “concept”
  - May 30, 2014 - Concept Paper posted for public comment
  - We asked for public comment on the Concept Paper

- TennCare incorporated public comment, refined the “concept” paper, and created a proposal for a new program.
  - Amendment #27 submitted/posted for public comment on June 23, 2015

- The Centers for Medicare and Medicaid approved the program in February 2016.
Key messages and “themes” from public comment that shaped our concept and program:

- People asked for more cost-effective programs that could serve more people.
- People want more independent community living options and help engaging in employment and activities that are meaningful.
- People suggested more focus on preventive services (not waiting for “crisis”).
- People and families wanted more education about how to empower themselves instead of relying on paid staff and supports.
- People want services that are targeted at young adults coming out of high school.
- People want better coordination between long term services and supports and other aspects of health, like medical services and behavior services.
- People want to have consistent, well trained, quality direct support staff.
With *Employment and Community First CHOICES*,

Tennessee will become the first state in the country to develop and implement an integrated, home and community based services program, aligning incentives toward promoting and supporting integrated, competitive employment and independent living as the first and preferred option for individuals with intellectual and developmental disabilities.
Who is it for?

- People with intellectual and other developmental disabilities who are not currently receiving services
  - People with ID on a waiting list for HCBS waivers (~6,000; ~4,000 actively waiting; ~2,000 deferred)
  - People with DD not eligible for current HCBS programs (estimate 3,000-10,500, based on prevalence and utilization data)
  - Upon implementation, all new HCBS enrollment will be directed to Employment and Community First CHOICES

- It will take time to be able to serve all of the people who need support.
- Initial enrollment will target groups identified by stakeholders:
  - People with aging caregivers
  - Young adults transitioning from school and other people who need employment supports

- People in current waivers are not impacted, but can choose to move to the new program later on
What will it offer?

• Benefits that people with I/DD and their families say they need most
• Support for families caring for a person with I/DD
• Supports to help people with I/DD achieve employment and independent living goals
• For people who choose not to work or need more support to live in the community - residential and other day services to help them achieve their community living goals
• Includes consumer direction options
Three benefit groups:

- Essential Family Supports
- Essential Supports for Employment and Independent Living
- Comprehensive Supports for Employment and Community Living
Employment and Community First—benefits

• Essential Family Supports
  
  o Supports for families caring for a person—primarily children < age 21, living at home with their families
    - HCBS beyond scope of EPSDT (comprehensive Medicaid benefits for children) that will help support families and sustain natural caregiving networks
  
  o Adults age 21 and older living at home with family caregivers may also elect to enroll in this group
  
  o Help plan and prepare for transition into employment and integrated, independent living in adulthood
  
  o Hope to serve up to 500 individuals in this group in year 1, depending on the funding approved by the General Assembly
Essential Supports for Employment and Independent Living

- Adults age 21 and older with ID or DD
- Without HCBS, “at risk” of institutionalization (have a lesser level of need)
- Helping adults plan for and achieve employment and independent living goals, experience community life
- Assisting young adults to transition from school into integrated, competitive employment
- Hope to serve up to 1,000 individuals in this group in year 1, depending on the funding approved by the General Assembly
Employment and Community First—benefits

• Comprehensive Supports for Employment and Community Living

  o For adults age 21 and older with I/DD who need more support to help them achieve employment and community living goals
  o Meet nursing facility level of care and require specialized supports related to I/DD (more significant needs)
  o More intensive level of services/supports
  o Help adults plan and achieve employment and community living goals, become as independent as possible, participate fully in community life
  o Hope to serve up to 200 individuals in this group in year 1, depending on the funding approved by the General Assembly
• 14 employment services and supports
• Designed in consultation with experts from the federal Office on Disability Employment Policy
• Create a “pathway” to employment, even for individuals with significant disabilities
• Outcome or value-based reimbursement and other strategies to align incentives toward employment
• Wrap around services to support community integration
• No facility based services
• Many new services, based on stakeholder input, that will empower individuals and families toward independence and integration
• Supports, including 24 hour residential services (when appropriate), up to the same level as available under the current Statewide waiver (for people with ID), but benefits are targeted based on need
What, exactly, are the services that will be available?
ECF CHOICES Services*

14 different Employment Services/Supports
1. Exploration
2. Discovery
3. Situational Observation and Assessment
4. Job Dev Plan
5. Self Employment Plan
6. Job Dev Start Up
7. Self-Employment Start Up
8. Job Coaching for Individual Integrated Employment
9. Job Coaching for Self-Employment
10. Co-Worker Supports
11. Supported Employment – Small Group
12. Career Advancement
13. Benefits Counseling
14. Integrated Employment Path Services (Pre-Vocational)

Plus employment wrap-around services like:
• Independent Living Skills Training
• Community Integration Support Services
• Community Transportation

• Respite
• Personal Assistance
• Supportive Home Care (SHC)
• Family Caregiver Stipend (in lieu of SHC)
• Community Living Supports
• Community Living Supports-Family Model
• Assistive Technology, Adaptive Equipment and Supplies
• Minor Home Modifications
• Specialized Consultation and Training
• Adult Dental Services

And self-advocacy supports
• Individual Education and Training
• Family Caregiver Education and Training
• Family-to-Family Support
• Peer-to-Peer Person-Centered Planning, Self-Direction, Employment, and Community Support and Navigation
• Community Support Development, Organization and Navigation
• Conservatorship and Alternatives to Conservatorship Counseling and Assistance
• Health Insurance Counseling/Forms Assistance (TDCI)

* Not all services are available in every benefit package.
**Family Supports**
- $15,000, not counting the cost of minor home modifications; consistent with CHOICES 3

**Essential Supports for Employment and Independent Living**
- $30,000
- Exception for emergency needs up to $6,000 per year (hard cap of $36,000); consistent with Self-Determination Waiver

**Comprehensive Supports for Employment and Community Living**
- $45,000 for low to moderate need
- $60,000 for high need
- Exception
  - Up to applicable average cost of NF + specialized services for DD with exceptional medical/behavioral needs
  - Up to average cost of private ICF/IID for ID with exceptional medical/behavioral needs
- Level of need, including exceptional medical/behavioral needs, to be determined through use of the Supports Intensity Scale (designed specifically for people with I/DD), administered by an objective entity
What else do I need to know?

• The new program will be different from the current waivers because it will be operated by TennCare health plans (“Managed Care Organizations” or “MCOs”).
  o Managed Care helps us achieve one of the things stakeholders recommended: making sure your LTSS are coordinated with other services, like medical and behavioral services.
  o It also helps us align incentives (like payment for services) in ways that help people achieve their goals.

• Instead of an Independent Support Coordinator or Case Manager, people receiving services will have a “Support Coordinator” who works with you to develop your Person-Centered Support Plan that will include:
  o Individually identified employment, community living, and health and wellness goals
  o Physical and behavioral health services and LTSS you need
  o Natural and social supports
  o Your choices and preferences with respect to services, settings and delivery options

• DIDD will help people who aren’t Medicaid eligible apply for and enroll in the new program, and will help with quality oversight and critical incident management.
When will it be implemented?

• CMS approval received February 2016
• Next step is approval by the General Assembly of funding to provide these new services
• Implementation activities are underway in anticipation of a planned July 1, 2016 go-live date