The Last Frontier:

Designing & Implementing MLTSS Programs for Individuals with Intellectual & Developmental Disabilities

Agenda

- **Landscape and vision**
  - —**Patti Killingsworth**, Assistant Commissioner, Chief of LTSS, Bureau of TennCare
- **Strategy and approach**
  - —**Michelle Morse Jernigan**, Deputy Chief, TennCare LTSS Quality & Compliance
- **Partnering with the State I/DD Agency**
  - —**Laura Vegas**, Director of Employment and Community First CHOICES and Select Community, BlueCare and former Assistant Commissioner of Policy and Innovation, Tennessee Department of Intellectual and Developmental Disabilities
- **The MCO Role and Perspective**
  - —**Rachel Turner**, Director of LTSS, Amerigroup
- **Employment, Incentives, & Culture Change**
  - —**Lisa A. Mills**, PhD, Medicaid and Employment Systems Change Consultant

Employment and Community First CHOICES

Landscape and Vision

Service delivery system in Tennessee

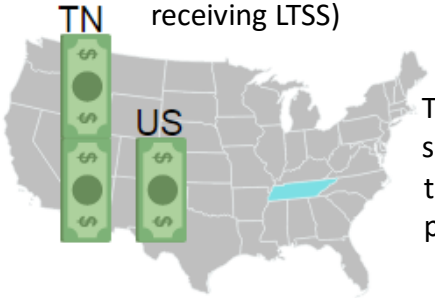
- TennCare managed care demonstration began in 1994
- Operates under the authority of an 1115 demonstration
- *Entire* Medicaid population (1.4 million) in managed care since 1994 (including individuals with I/DD)
- Three health plans (MCOs) operating statewide
- Physical/behavioral health integrated beginning in 2007
- Managed LTSS began with the CHOICES program in 2010
  - Older adults and adults with physical disabilities *only*
  - LTSS (3 Section 1915(c) waivers and ICF/IID services) for individuals with I/DD have been carved out
    (people are carved in for physical and behavioral health services)
  - New MLTSS program for individuals with I/DD began July 1, 2016: *Employment and Community First CHOICES*

Opportunities to improve delivery of I/DD services

Cost:

3% of TennCare members (includes 75% of people with I/DD receiving LTSS)

Account for **50%** of total program costs



Tennessee spends nearly **2x** the national average per person for this population

CHOICES Program

$1.2 billion

Serves ~ 30,000 people who are elderly or have physical disabilities

ID Services*

$936 million

Serves ~9,000 people who have intellectual disabilities

*Includes HCBS Waivers and ICFs/IID

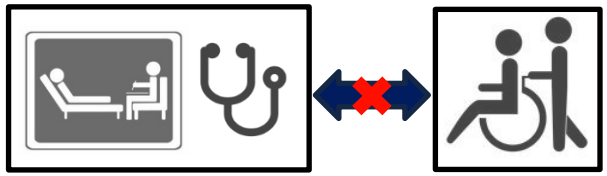
That's **$40,000** per person

VS

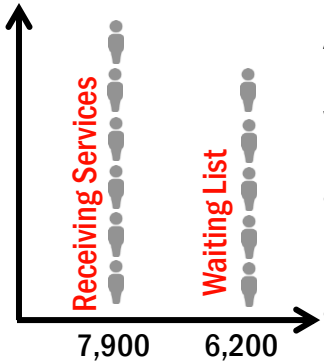
$106,000 per person

Fragmentation:

Little coordination between physical and behavioral health services and long term services and supports (LTSS)



Increased Demand for Services:



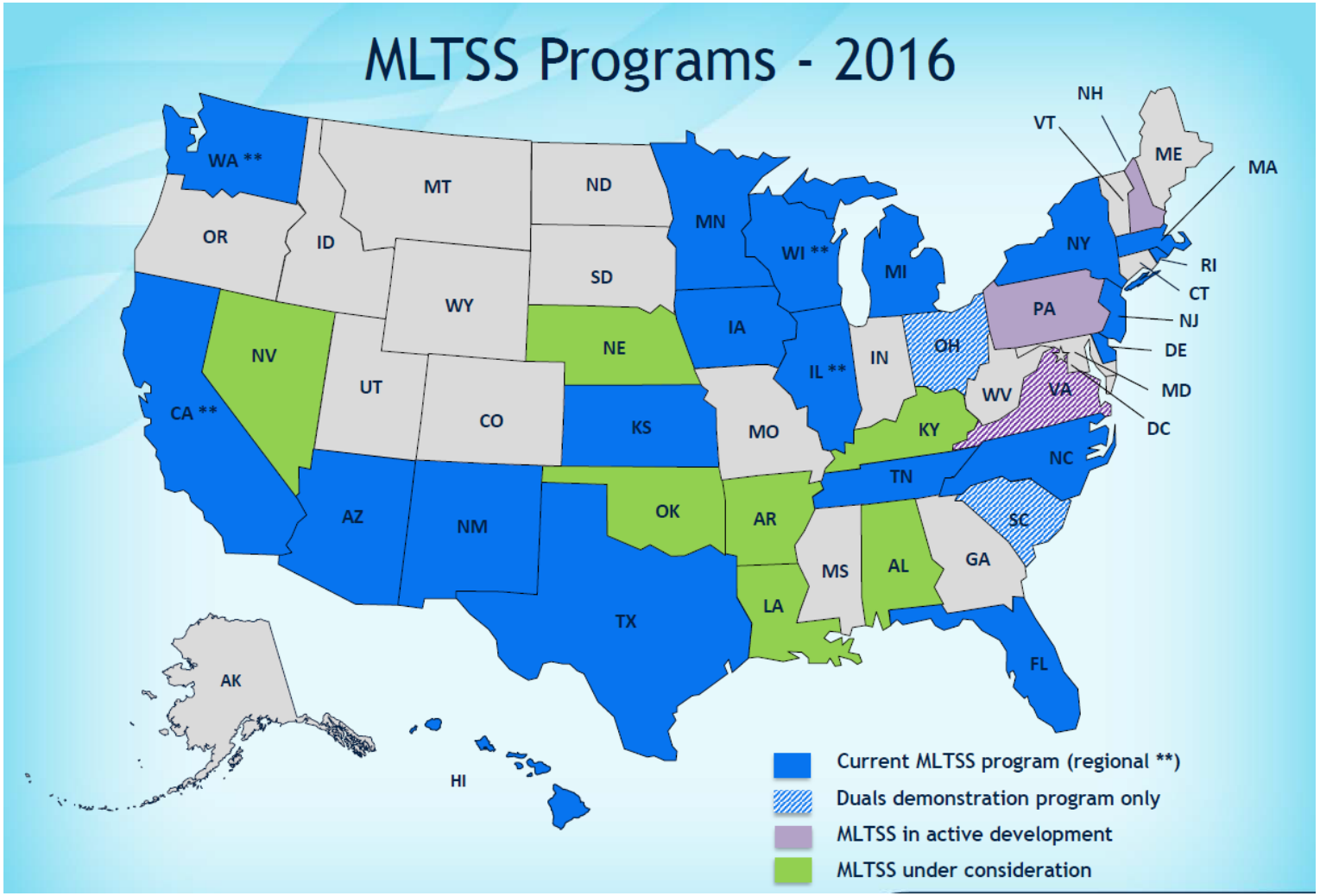
Almost as many people on the waiting list to receive Home and Community Based Services (HCBS) as those actually receiving services

Some people with developmental disabilities aren't receiving HCBS

Insufficient Employment Opportunities:

Significant gap between people with ID who want to work and those who are actually working

National landscape



Source: NASUAD Survey, CMS Data

National landscape

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: TruvenHealth—*modified*

National landscape

Americans with Disabilities Act

—Olmstead Ruling

—DOJ Actions

Federal HCBS Settings Rule

Vision

Create a new MLTSS 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
- Operate in compliance with the HCBS settings rule and support system-wide transformation efforts
- Build health plan and system capacity for person-centered practices
- Build health plan/provider capacity to serve people with I/DD

Build system capacity to serve people with I/DD

Initiatives to Reduce Inappropriate Use of Psychotropics

- Partnership with I/DD agency and UCED to create toolkit and training for physicians, people with I/DD, and families
  - IDDToolKit.org
  - *Appropriate Use of Psychotropic Medications for People with IDD: Helping Individuals Get the Best Behavioral Health Care*
- New pharmacy prior authorization requirements for psychotropic medications

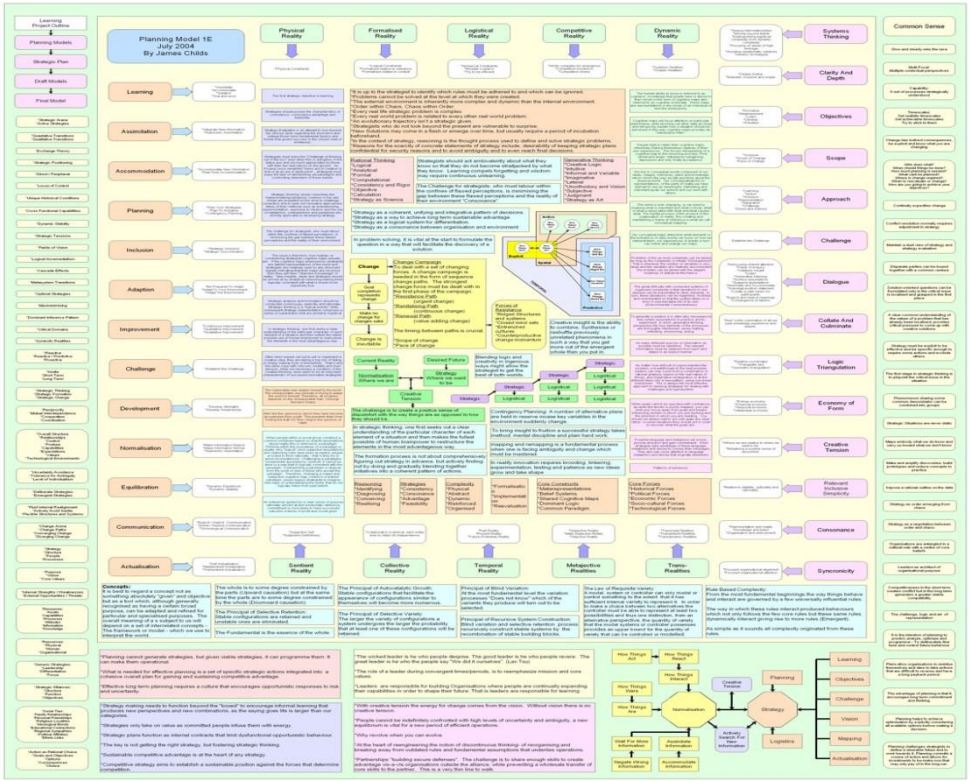
Behavioral Health Crisis Prevention, Intervention and Stabilization Services

- Implemented in March 2016
- Delivered under managed care program
- Focus on crisis prevention, in-home stabilization, sustained community living and building a person-centered "system of support" ("SOS")
- Reimbursement aligned to support improvement and independence
- Technology platform tracks outcome measures to establish a value-based purchasing component (incentive or shared savings) for reimbursement

I/DD Health Homes

- Begin with I/DD-specific behavioral health home in 2016
  - Leverage technology platform and telehealth to ensure timely access to psychiatrists and behavioral health providers with expertise serving individuals with I/DD
- Implement comprehensive I/DD health home in 2017
  - Interdisciplinary approach to care coordination/delivery across physical, behavioral health, pharmacy, dental and LTSS
  - Education, training and support for community (including LTSS) providers

Employment and Community First CHOICES



Strategy and Approach

First Priority: Stakeholder engagement

- Commenced in December 2013
  - Meetings with advocacy and provider groups
- January-February 2014
  - Regional community meetings with consumers, family members, providers
  - Online survey tool
- February-March 2014
  - Written comments and other follow-up recommendations
- March 26, 2014 - *Stakeholder Input Summary* issued
- May 30, 2015 - *Concept Paper* posted for public comment
- June 2014
  - Regional community meetings with consumers, family members, providers
  - Online survey tool
  - Consumer/family-"friendly" summaries of the Concept Paper disseminated and posted online
- July 18, 2014 - Stakeholder Input Summary on Concept Paper issued
- June 23, 2015 – 1115 Waiver amendment

First Priority: Stakeholder engagement

- **Key opportunities to build relationships and credibility**
  - **State I/DD Department**
  - **Provider Associations**
    - Tennessee Network of Community Organizations (TNCO)
    - Tennessee Provider Coalition
  - **Advocacy Groups**
    - The Arc Tennessee
    - Tennessee Council on Developmental Disabilities
    - Tennessee Disability Coalition
    - Disability Rights Tennessee
  - ***Most importantly*, people with I/DD and their families**

First Priority: Stakeholder engagement

Key messages and "themes" from public comment that shaped the 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 to help them transition into employment and independent living
- People want better coordination between long term services and supports and other physical and behavioral health services needs
- People want to have consistent, well trained, quality direct support staff

Employment and Community First CHOICES

- **3 benefit groups** (designed based on *services individuals and families say they need most*) helps provide services more cost effectively in order to serve more people over time:
  - **Essential Family Supports** – supports for families caring for a person (primarily children under age 21) living at home with their families to help them plan and prepare for transition to adulthood
  - **Essential Supports for Employment and Independent Living** – targeted to young adults aging out of school to support transition into integrated, competitive employment and independent community living
  - **Comprehensive Supports for Employment and Community Living** – for people who need more support to help them achieve employment and community living goals and experience community life
- Benefit limits and expenditure caps help to ensure efficiency

Employment and Community First CHOICES

- Array of 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
- Residential services available when needed
- Consumer direction options, using a modified budget authority model

Employment and Community First CHOICES

- **Family Caregiving Supports**
  - Respite
  - Supportive Home Care
  - Family Caregiver Stipend
- **Family Empowerment Supports**
  - Community Support, Development, Organization and Navigation
  - Family Caregiver Education and Training
  - Family-to-Family Support
  - Health Insurance Counseling and Forms Assistance
- **Self-Advocacy Supports**
  - Individual Education and Training
  - Peer-to-Peer Support and Navigation for Person-Centered Planning, Self-Direction, Integrated Employment/Self-Employment and Independent Community Living
  - Conservatorship and Alternatives to Conservatorship Counseling and Assistance (counseling component required to preserve rights, support decision-making)

Person-Centered Support Plan

- What we like about [person]
- What is important to [person]
- How best to support (i.e., important for) [person]
- Personal Focus
  - Decision Making and Rights
  - Employment
  - Education
  - Relationships and Community Integration
  - Communication
  - HCBS Settings Compliance
  - Personal Funds Management
- Health Supports
- Action Plan – Vision for My Life
- Services and Supports (Unpaid and Paid)
- Attachments

Putting it all together…

Implementation Planning Meetings

- Semi-monthly meetings with MCOs
  - State I/DD Department participated monthly
- Advocacy and provider organizations
- Consumers and families:
  - Face-to-face and webinars

And those (very important) internal partners…

- Weekly information systems workgroups
- Provider Services and Eligibility

Interagency Technical Advisory Group

- TennCare
- TN Council on Developmental Disabilities
- Vocational Rehabilitation
- State I/DD
- Department of Education

Employment and Community First CHOICES

Partnering with the State I/DD Agency

Partnering to Support all Tennesseans with IDD

TennCare and the TN Department of Intellectual and Developmental Disabilities (DIDD) were at the table together from the beginning of the Employment and Community First CHOICES concept.

Shared Vision

- Promote employment
- Employment First!
- Real lives in real communities
- Provide services to more people
- Provide services to Tennesseans with DD
- Person Centered services and organizations

Shared Vision

DIDD
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

TennCare

DIDD and TennCare invite you to talk more about proposed changes in Tennessee's Home and Community Based Services.

Your Voice Matters

Gathering Stakeholder Input

- Statewide Stakeholder Input Meetings
- Written announcements of meetings were issued jointly
- Meetings facilitated by TennCare and small group work was facilitated by both TennCare and DIDD

Waiver Amendment

- Both TennCare and DIDD gathered formal input and comments re: Concept Paper
- Written response to public comments
- Development of “Amendment 27” in collaboration
- Share Amendment 27 statewide

Building on the Strengths of DIDD

- Experienced in providing LTSS for people with ID
- CoP “Becoming a Person Centered Organization”
- CoP “Supporting Families”
- Protection From Harm System
- Quality Management System
- Intake and Enrollment System

From Vision to Reality

- Subgroups
  - Person Centered Planning
  - Quality Assurance
  - Event and Incident Management
  - Intake and Enrollment
- Subgroup Composition
  - TennCare
  - DIDD
  - MCO

Employment and Community First CHOICES

The MCO Role and Perspective

Building on experience of Managed Care in TN

- MCOs expertise in providing LTSS for Tennesseans – aging and disabled
- Established provider network
- BlueCare Tennessee's program, Select Community – nursing care management
- Resources available to respond to needed change very quickly

Primary Functions of Managed Care Organizations

- Blue Care and Amerigroup support implementation and program oversight
- Functions of the Managed Care Organization
  - Pre-enrollment screening and intake
  - Person-Centered Support Coordination across Physical, Behavioral Health, and Long-Term Services and Supports
  - Development and oversight of the Employment and Community First CHOICES provider network
  - Implementing an Employment and Community Integration focused model
  - Quality Oversight
  - Convening member only and stakeholder advisory committees

Structure and Key Roles of MCO teams

- Employment & Community First CHOICES is managed under the leadership of the Long-Term Services & Supports team
- Blue Care and Amerigroup utilize support from national Employment and Person Centered Planning Experts
- Key health plan roles for implementing Employment & Community First CHOICES
  - Support Coordination Team
  - Employment Specialist
  - Member Advocates
  - LTSS Behavior Supports Director
  - Housing Specialist
  - Provider Network Specialists

MCO Pre-Implementation activities

- MCOs focused efforts on garnering the respect and support of the I/DD advocacy community and stakeholders across the state.
  - Partner with TennCare and the Department of Intellectual and Developmental Disabilities on statewide presentations and training
- Extensive Training for MCO leadership teams on Person-Centered Planning and Employment
- Recruitment of Employment & Community First CHOICES staff
- Comprehensive Training for Support Coordination

Network Development

Identifying and training providers who were prepared to dedicate resources and embrace the vision for Employment and Community First CHOICES was critical to success in program implementation.

- Blue Care and Amerigroup partnered to recruit and train a joint network of providers
- Provider Network Specialists trained to be programmatic Subject Matter Experts
- Preferred Contracting Criteria
  - Provider recruitment focused on partnering with providers with proven track records of success in supporting individuals in obtaining competitive, integrated employment
  - HCBS Setting Rules Compliance
- Training, Training, and more Training

Employment and Community First CHOICES

Employment, Incentives and Culture Change

Words and Intentions Matter

- ***What does a MLTSS program look like that is designed to ensure Employment First?***
  - A contract between the state Medicaid agency and managed care organizations that:
    - Speaks extensively to the importance of employment outcomes for managed care enrollees;
    - Defines many expectations managed care organizations must meet to ensure employment outcomes for managed care enrollees

Beyond Words and Intentions

- ***What does a MLTSS program look like that is designed to ensure Employment First?***
  - Prioritized groups for enrollment include those need/want support to keep or obtain competitive integrated employment (CIE)
  - Asked at point of entry:
    - Do you have a competitive integrated job that you need support to keep?
    - Do you want to get a competitive integrated job?

Beyond Words and Intentions

- ***What does a MLTSS program look like that is designed to ensure Employment First?***
  - Comprehensive assessment and person-centered plan that explores employment early in process and in significant depth
  - Support Coordination staff who are:
    - Recruited based on experience, attitude with regard to employment
    - Trained/supported in facilitating employment conversations that lead to identification of goals and next steps
  - MCO Employment Specialists on staff

Beyond Words and Intentions

- ***What does a MLTSS program look like that is designed to ensure Employment First?***
  - All eligible groups (including youth as young as 14 have access to employment services
  - No one is presumed ineligible or incapable of CIE
  - There are more covered services in the employment category than any other category

Employment Services

14 different Employment Services/Supports: Meet Each Person Where S/he is At

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

LIST IS NOT A CONTINUUM; GOAL IS EMPLOYMENT AS QUICKLY AS POSSIBLE; USE SPECIFIC SERVICES TO MAINTAIN MOMENTUM.

Beyond Words and Intentions

- ***What does a MLTSS program look like that is designed to ensure Employment First?***
  - The path to CIE is easier than the path to not working
  - There are incentives for choosing work and working as many hours as you can.

Incentivizing Employment in Setting Service Caps

- *"When any combination of non-residential habilitation services, which does not include at least one employment service, are authorized for an ECF member who is not working in Individualized Integrated Employment or Self-Employment, the maximum combined authorization shall be limited to twenty (20) hours per week."*
- *"When any combination of non-residential habilitation services, which includes at least one employment service, are authorized for an ECF member who is not working in Individualized Integrated Employment or Self-Employment, the maximum combined authorization shall be limited to thirty (30) hours per week."*
- *"When any combination of non-residential habilitation services are authorized for an ECF member who is working in Individualized Integrated Employment and/or Self-Employment, the maximum combined authorization shall be limited to forty (40) hours per week. The only exception to this policy shall be for individuals working thirty (30) or more hours per week in Individualized Integrated Employment and/or Self-Employment; for these individuals, the maximum combined authorization shall be limited to fifty (50) hours per week. The member's hours spent working without paid supports in Individualized Integrated Employment and Self-Employment shall be included in the limit."*

Beyond Words and Intentions

- ***What does a MLTSS program look like that is designed to ensure Employment First?***
  - Preferred provider criteria focused on experience/performance in area of employment
  - Provider staff delivering employment services have reasonable but rigorous training requirements
    - Job Developer (ACRE Basic; APSE CESP)
    - Job Coach (Competency-Based Course)
    - Supervisor of Job Developers and Job Coaches (ACRE Professional; CRC)
    - Additional training if providing self-employment services

Incentivizing High Quality Providers that Produce Outcomes

- Outcome-based reimbursement for up-front services leading to employment

- Tiered outcome-based reimbursement for Job Development based on person's "acuity" level

SE-IES: Job Development or Self-Employment Start-Up

- **Outcome payments – three amounts based on disability tier**
  - Tier A assumes average of 80 hours of service (not including Job Coaching)
  - Tier B assumes average of 60 hours of service (not including Job Coaching)
  - Tier C assumes average of 40 hours of service (not including Job Coaching)
- **Outcome payment paid in three phases:**
  - Two weeks successful employment or self-employment (60% paid)
  - Six weeks successful employment or self-employment (25% paid)
  - Ten weeks successful employment or self-employment (15% paid)

Incentivizing High Quality Providers that Produce Outcomes

- Tiered fee-for-service reimbursement for Job Coaching based on:
  - Person's "acuity" level;
  - Length of time person has held job; and
  - Amount of support required as percentage of hours worked

  Payment is higher per hour if fading achieved is greater, and vice versa.

- Sophisticated reimbursement model made simple through service authorization worksheet that auto-calculates and auto-assigns the correct rate and billing code

Reimbursement Model

Months on job	% of hours	Tier A	% of hours	Tier B	% of hours	Tier C
1 - 6 months		$7 ($28)		$6.50 ($26)		$6 ($24)
7 - 12 months	90-100%	$5.25 ($21)	80-100%	$5.25 ($21)	60-100%	$5.25 ($21)
	80-89%	$6 ($24)	60-79%	$5.75 ($23)	40-59%	$5.50 ($22)
	< 80%	$7 ($28)	< 60%	$6.50 ($26)	< 40%	$6 ($24)
13 - 18 months	75-100%	$5.25 ($21)	60-100%	$5.25 ($21)	50-100%	$5.25 ($21)
	60-74%	$6 ($24)	40-59%	$5.75 ($23)	30-49%	$5.50 ($22)
	< 60%	$7 ($28)	< 40%	$6.50 ($26)	< 30%	$6 ($24)
19 - 24 months	65-100%	$5.25 ($21)	50-100%	$5.25 ($21)	40-100%	$5.25 ($21)
	40-64%	$6 ($24)	30-49%	$5.75 ($23)	20-39%	$5.50 ($22)
	< 40%	$7 ($28)	< 30%	$6.50 ($26)	< 20%	$6 ($24)
25 + months		$5.25 ($21)		$5.25 ($21)		$5.25 ($21)
Stabilization & Monitoring	~ 1/wk	$130/month	~ 1/wk	$130/month	~ 1/wk	$130/month

Culture Change

- The goal of service delivery is to promote the **independence** of persons with developmental disabilities. The purpose of publicly funded supports is to strengthen the individual's capacity for **self-sufficiency** and to lead to a **lesser reliance on paid supports**. (Original Source: Oklahoma DDSD)

- Services that are not needed will not be authorized.

- Fading is expected in every service that is not time-limited.

With A Focus on Fading Comes Risk

Bob Perske: Dignity of Risk (1972)

"While we have worked overtime in past years to find clever ways of building the avoidance of risk into the lives of people with intellectual and developmental disabilities, now we must work equally hard to help find ***the proper amount of normal risk*** *for every person we support."*

Why?

Our focus on eliminating risk creates a barrier to social inclusion and a barrier to an interesting and productive life.

Every opportunity contains risks – and a life without risk is a life without opportunities, without quality, without change.

We must recognize that life and risk are inseparable.

Culture Change

Revising approach to Critical Incident Management (CIM):

- Not every reportable event is necessarily a critical incident
- *"Consistent with expectations set forth in the HCBS settings rule, person-centered planning in ECF CHOICES is intended to identify and mitigate risk of harm, while not placing unnecessary restrictions on the freedom and choices of persons supported, nor preventing opportunities for persons supported to achieve increased independence and autonomy as they participate fully in community life. Staff who provide HCBS in ECF CHOICES are accountable for ensuring the supports are provided in accordance with each individual's person centered support plan (PCSP), including implementation of strategies identified to help mitigate risk, but should not be held responsible if, in spite of appropriate supports and implementation of appropriate and* reasonable risk mitigation strategies, an untoward event occurs."
- Creating a learning culture – replacing the "blame culture"

Culture Change

Revising approach to Quality Monitoring of Providers:

- Quality is not compliance
  - Compliance is meeting minimum standards to be in provider network
  - Quality is demonstrating best practices
- Creating a perfect method for measuring things that are not important is not the goal…get comfortable with GRAY.
- Domains, indicators and process reflect and reinforce the values of ECF

Questions?