



# **Katie Beckett Program Update**

## **A Joint Report to the Tennessee General Assembly**

January 31, 2020

## Overview and Context

Public Chapter No. 494, passed by the Tennessee General Assembly during the 2019 legislative session, directs TennCare to submit a demonstration amendment to CMS to establish a new distinct Katie Beckett program for children under age 18 with disabilities and/or complex medical needs who are not Medicaid eligible because of their parents' income or assets. The new law also directs TennCare and the Department of Intellectual and Developmental Disabilities (DIDD) to issue an annual joint report to the Insurance Committee of the Tennessee House of Representatives and the Health and Welfare Committee of the Tennessee Senate on the status of the Katie Beckett program, including:

- (1) Total spent on program funding, including state and federal funds;
- (2) The amount of administrative costs to operate the program;
- (3) The costs of Part A and Part B, individually;
- (4) The number of children served through the program;
- (5) The services provided by and through the program; and
- (6) The income range of the parents of children participating in the program.

While these data elements are not applicable until the program has been approved by the Centers for Medicare and Medicaid Services (CMS) and implemented, the purpose of this initial joint report is to provide an update on TennCare and DIDD's collaborative efforts to design and prepare for implementation of the new program upon its approval by CMS.

## Stakeholder Engagement

DIDD and TennCare share a commitment to ongoing stakeholder involvement and outreach in all phases of the Katie Beckett program. We want to ensure that families of children with complex medical needs and disabilities have an important role in helping to inform the design of the new program, and in continuing to improve the program once it is implemented.

This commitment began before the bill was signed into law, when the two agencies collaborated to gather input from parents, advocates, medical professionals, community services providers and others interested in the program. The intent of this phase was to share information, address questions and concerns, and gather input to inform the design of the new Katie Beckett program. In-person stakeholder meetings were held in all three regions during May and July, and an online survey form was posted on both the TennCare and DIDD websites.

TennCare and DIDD also responded to a request from family leaders—primarily those who led the legislative advocacy effort—for an afterhours call in order to provide more in-depth perspective and feedback regarding the program's design. Written recommendations were also received from the Children's Hospital Alliance of Tennessee<sup>1</sup> with whom TennCare has a strong working partnership.

With many families wanting to know how they could stay informed about Katie Beckett program updates, DIDD, who will facilitate intake for both Parts A and B of the program, formed an interest list. As of January 13, 2020, this list currently contains 362 persons interested in the program upon approval and implementation. DIDD has provided updates to persons on this list about webinars and comment

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<sup>1</sup> Member hospitals include Monroe Carell Jr. Children's Hospital at Vanderbilt, East Tennessee Children's Hospital, Children's Hospital at Erlanger, Le Bonheur Children's Hospital, and Niswonger Children's Hospital.

opportunities and will notify all persons on the list if and when the program is approved and ready to start accepting applications.

TennCare and DIDD continue to present about the Katie Beckett program upon request, and have done so recently in Nashville, Chattanooga, Lebanon, and Knoxville among other locations. We have also developed informational materials and a communications strategy to ensure broad outreach on how to apply for the program once it receives CMS approval and an implementation date is formally announced.

The agencies are also committed to ongoing collaboration with stakeholders post-implementation through the formation of a Katie Beckett Advisory Group consisting of families and other stakeholder representatives.

### **Waiver Design and Submission**

All input gathered was analyzed and used in crafting the proposed waiver amendment. TennCare and DIDD worked closely to ensure that Amendment 40 reflects the voice and perspective of families and other stakeholders in the program's design. This included concerns expressed by families who have children with complex medical needs and disabilities that currently qualify for TennCare (sometimes as result of difficult personal sacrifices these parents have made), but that may not qualify at some point in the future (for example, if the family's income should increase). In response to these concerns, as part of Amendment 40, TennCare proposed to apply the Katie Beckett *eligibility mechanism* (the waiving of the deeming of parents' income and assets to the child) to a child under age 18 who is currently Medicaid-eligible but has been determined to no longer qualify for TennCare in any other eligibility category, and who would qualify for enrollment into Part A, but for the lack of availability of a program slot for that child. These children would be enrolled in a new demonstration "Katie Beckett Continued Eligibility Group."

Children whose Medicaid eligibility is continued by enrollment in the Katie Beckett Continued Eligibility Group will be accounted for in separate reporting to CMS and the General Assembly, but will not technically be "enrolled" in Part A. They will not be counted against the Part A enrollment target; nor will their expenditures be counted against the newly appropriated funding for Parts A and B.<sup>2</sup> Accordingly, they will not have access to the wraparound HCBS that are available to children enrolled in Part A. It is only through transition to the new Part A program (in accordance with the prioritization criteria established by the state) that the child could access the additional wraparound benefits available to children enrolled in that program component.

As required by CMS, the draft amendment was released for a 30-day public comment period in August 2019. During that period, TennCare held three official public comment sessions in Knoxville, Jackson and Nashville, and collected public comment via email and mail. To assist families and other stakeholders in understanding the proposal, TennCare and DIDD collaborated on a webinar on the evening of August 29, 2019 to discuss the proposal and answer questions. After the public comment period ended, the program was refined based on feedback and submitted to CMS.

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<sup>2</sup> This is because, as existing Medicaid enrollees, their expenditures are part of the existing base budget. TennCare will carefully monitor the volume and expenditures of children enrolled in the Katie Beckett Continued Eligibility Group to determine any significant impact on enrollment and/or utilization trend, such that a separate appropriation would be needed and requested for this group in the future.

Amendment 40 was submitted to CMS on September 20, 2019.<sup>3</sup> Since that time, TennCare has had ongoing conversations with CMS and received and responded to CMS questions. While approval is still pending, these conversations indicate that approval is likely to come. Based on these indications, TennCare and DIDD have begun implementing the required systems and process changes that will be necessary in order to operationalize the program as designed. The point of doing so now (before having the actual approval from CMS in hand) is to reduce the amount of time that will pass from the date of approval to the date of implementation. The details of this operational readiness are discussed in greater detail below.

### **Medical (Level of Care) Eligibility and Prioritization**

In gathering input for the program’s design, one of the areas that families are most concerned about is program eligibility—who will qualify (for both Parts A and B) and how children will be prioritized for enrollment in Part A. Multiple people expressed the desire to engage pediatric experts in complex care as part of the decision-making process.

In response to this input, TennCare convened an ad hoc Katie Beckett Technical Advisory Group (TAG) jointly led with DIDD to provide guidance regarding the development of medical (or level of care) eligibility criteria for enrollment into both Parts A and B of the new program and prioritization for enrollment into Part A. This group consisted of people with strong personal and/or extensive professional experience regarding children with complex medical needs and/or disabilities. Specifically, the TAG consisted of complex care pediatric experts, representatives from advocacy groups, and parents of children with complex medical needs. A listing of these experts and a brief biographical sketch of their experience is attached hereto as Exhibit A.

TennCare accepted the recommendation of the Tennessee Disability Coalition to use Wisconsin’s level of care eligibility criteria for children as the starting point for these discussions. TennCare and DIDD used a structure of in-person meetings and “take-home assignments” with the TAG to finalize a *Level of Care Guide* and prioritization approach – subject to a formal administrative rulemaking process and further input as the program evolves in order to best serve these children and their families. We are deeply grateful for the level of time and commitment shared by these experts.

### **Operational Readiness**

#### **TennCare**

While awaiting CMS approval of the Waiver Amendment, TennCare has been working collaboratively with DIDD, contractors and external stakeholders to prepare for program implementation as soon as possible, once CMS approval of Amendment 40 is received.

In addition to finalizing level of care and prioritization criteria, TennCare, along with DIDD and other stakeholders, has been working to develop an integrated eligibility determination system with capability to fully manage the Katie Beckett Program. Typically, TennCare would wait until federal approval is received before investing significant information technology (IT) resources in preparation for a new program. However, given the complexity of the proposed Katie Beckett program (multiple program

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<sup>3</sup> Available at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/tn/tn-tenncare-ii-pa8.pdf>

components, multiple new financial eligibility categories, completely new medical (level of care) eligibility and prioritization criteria for children, and premium requirements), this would have likely delayed implementation for at least a full year following the date the state receives CMS approval. In the interest of preparing to serve these children as soon as possible and based upon extensive conversations with CMS, all of which indicate that the state will ultimately receive approval for the program, TennCare has cautiously proceeded as if the program will be approved as requested. Absent significant changes requested by CMS or delays in system design or implementation, the system is expected to be completed and operational this summer. While TennCare did not request administrative funding as part of the Katie Beckett legislation, to date, TennCare has incurred \$212,776.53 in vendor costs related to system design changes. The total estimated cost of the system build for the Katie Beckett program is \$23.8 million, which is eligible for enhanced, i.e., 90/10 administrative funding from the federal government for new eligibility and enrollment systems (\$2.38 million state). Operational processes that will be supported by the new system have also been developed, including intake, level of care determinations, prioritization and enrollment. Processes are also in place to carefully track projected and actual program expenditures and to manage enrollment in order to ensure that the program is managed within the funding appropriated by the General Assembly.

TennCare is working diligently to update necessary contracts in order to implement the new Katie Beckett Program. Specifically, TennCare is amending its current TennCare *SelectCommunity* contract to include responsibility for managing Part A benefits, including care management functions. This MCO has a long history of managing and coordinating care for children with complex medical needs and disabilities. Additionally, TennCare is leveraging its current fiscal employer agent contract to assist with the administration of consumer-directed benefits in both Parts A and B of the program and its current functional assessment contract to perform objective level of care assessments for enrollment into Part A. TennCare is also working closely with DIDD to finalize an interagency agreement that will clarify program requirements and ensure consistency between Parts A and B of the program. Once the contract amendments are finalized, TennCare is preparing a thorough readiness process to ensure all contractors are prepared to implement the program in accordance with the approved waiver and contract requirements. The readiness process will include, at a high level, review of key desk deliverables (policies, procedures, etc.), onsite review of critical processes and operating functions, systems testing, and other verification and validation activities including (but not limited to) milestone deliverables for network adequacy. TennCare has also begun work to promulgate emergency rules which will be submitted to the Secretary of State upon CMS approval of proposed Amendment 40. While TennCare generally prefers not to utilize emergency rules (even when permitted under the law), this is one of those unique instances in which filing an emergency rule will expedite the availability of benefits to these children and their families and comply with the intent of the General Assembly.

## **DIDD**

DIDD's focus on operationalizing the Katie Beckett program started immediately upon passage of the law. This focus included not only its collaborative work with TennCare on designing the program and the continued work to put processes and systems in place, but also work inside the department to ensure rapid and smooth implementation. This work began with an assessment of personnel, IT systems and processes, and policies.

DIDD has recently conducted additional outreach to persons on the current Employment and Community First CHOICES referral list in order to verify eligibility status and provide the most up-to-date information regarding persons with intellectual and/or developmental disabilities seeking Medicaid-funded services.

This information assists both DIDD and TennCare in understanding who is already on the Employment and Community First CHOICES referral list that may be more appropriate for the Katie Beckett program and providing notification to those persons about the new program prior to implementation.

The Katie Beckett law included additional authorized positions for DIDD to assume intake and case management duties for the program. DIDD has formally defined the job roles and specifications for the director, coordinator and case management positions for the Katie Beckett program. To date, DIDD has hired three regional Katie Beckett directors, representing the three grand divisions of the state, who will oversee the operational aspects of the program. The new regional Katie Beckett directors are actively participating on a weekly basis with TennCare regarding the design elements of the program.

DOHR has approved the requested 78 Katie Beckett case management positions, as authorized by the Katie Beckett law, and the regional Katie Beckett directors and DIDD Human Resources have begun the interview process to fill the positions as indicated, allowing appropriate time for training and orientation prior to the Katie Beckett program kickoff.

DIDD Operations and STS staff are actively involved with TennCare and their IT contractor, on a weekly basis to design the programmatic aspects of the Katie Beckett program, including specific intake, enrollment and case management functions, as well as a centralized IT platform which will support both operational processes and data management for the program.

The Katie Beckett program will generally follow established Employment and Community First CHOICES program timelines and documentation requirements for intake, enrollment and ongoing case management functions for Katie Beckett Part B. DIDD has drafted the needed Internal Operating Guidelines for these areas. Finalization of these documents is based on specific contractual language, which TennCare is currently developing in partnership with DIDD and the Managed Care Organization, *TennCareSelect*.

DIDD Operations and Office of Business Services (OBS) have worked to incorporate future Katie Beckett service categories, rates, and codes and implement specific reimbursement methods for Part B-approved Katie Beckett services. OBS has nearly finalized the creation of DIDD-specific service codes and max amounts for entry into the TITAN system, which will be used to reimburse traditional contracted providers of service. TennCare and DIDD continue to work to identify a specific vendor who will reimburse nontraditional services including Health Savings Account (HSA), premium assistance for private insurance costs, and non-traditional therapy services.

DIDD plans to utilize its current provider network for the Katie Beckett Program. It is in the process of creating provider amendments for current contracted providers who wish to expand services to the Katie Beckett population. DIDD expects these amendments to be ready for consideration by spring2020. Where needed, DIDD will also develop new provider opportunities for the provision of Katie Beckett supports and services.

Through December 2019, DIDD has currently spent \$88,584.04 in administrative expenditures on the Katie Beckett program. These expenditures are associated with the payroll for the three regional Katie Beckett directors and the purchase of laptop computers for the soon-to-be-hired Katie Beckett case managers.

# **Appendix A**

## ***Katie Beckett Technical Advisory Group***

## **Katie Beckett Technical Advisory Group Members**

### **Family Experts**

1. Jennifer Aprea
2. Teri Fought
3. Jessica S. Fox
4. Tori Goddard
5. Rondi Kauffmann (also a physician)

### **Clinical Experts:**

1. Dr. Jana Dreyzehner, MD  
*Child and Adolescent Psychiatrist, Founder and CEO of Life Connect Health LLC*
2. Dr. Jessica Duis, MD, MS  
*Assistant Professor of Pediatrics & Medical Genetics at Vanderbilt University Medical Center*
3. David E. Hall, MD  
*Professor of Clinical Pediatrics at Vanderbilt and Director of the Program for Children with Medically Complex Needs at Monroe Carell Jr Children's Hospital at Vanderbilt*
4. Dr. Beth Ann Malow, MD (also a family expert)  
*Burry Chair in Cognitive Childhood Development and Professor of Neurology and Pediatrics at Vanderbilt University Medical Center*
5. Dr. Arie Nettles  
*Associate Professor of Clinical Pediatrics; Director of the Office of Inclusion and Health Equity at the Vanderbilt University Medical Center*

### **Stakeholders**

1. Mary Nell Bryan (Children's Hospital Alliance of Tennessee)
  2. Carrie Hobbs Guiden (The Arc Tennessee)
  3. Brian Keller (Disability Rights Tennessee)
  4. Lauren J. Percy (Tennessee Council on Developmental Disabilities)
  5. Janet Shouse (Vanderbilt Kennedy Center; also, a family expert))
  6. Carol Westlake (Tennessee Disability Coalition)
  7. Wanda Willis (Tennessee Council on Developmental Disabilities)
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### **State Representatives:**

1. Jordan Allen (DIDD)
2. Timothy ("Bo") Hickman (DIDD)
3. Cara Kumari (DIDD)
4. Karen Gonzales (TennCare)
5. Patti Killingsworth (TennCare)
6. Krista J. Krueger (TennCare)
7. Kristeena (Ashby) Wilson (TennCare)



## Katie Beckett Technical Advisory Group Members Brief Bios

### ***Family Experts:***

**Jennifer Aprea** lives with her family in Arrington and has two children who are 9 and 7 years old. Her youngest, Ryan, was born at 25 weeks and is profoundly deaf, visually impaired, intellectually/developmentally delayed, and was recently diagnosed with Autism. She currently works as the Family Engagement Project Coordinator at The Arc Tennessee. Before her son was born, she taught elementary school for 12 years but went into "early retirement" from teaching after he spent 7 months in the NICU and came home needing 24/7 care.

**Terri Fought** [bio not available]

**Jessica Fox** is a full-time working mother of three children. She and her husband, Sean, live in Johnson City, Tennessee. She is in her 17th year of her career as a Registered Nurse, providing direct patient care. Jessica's middle child, Claire, is a bright, loving 5-year-old little girl. Claire was born with Cri Du Chat Syndrome (a chromosome deficiency), resulting in numerous medical complexities. Jessica has become an advocate for her daughter and other disabled and medically complex children in the state. She will be able to provide valuable insight to the group from a personal and professional perspective.

**Tori Goddard** is mom to Zoey Jones- a medically fragile child with a severe congenital heart defect that can't be corrected. After navigating Zoey's numerous hospital stays and surgeries spanning 22 months, Tori discovered a passion for helping other families navigate the healthcare system. Tori has served on several special needs non-profits, most recently as the Vice President of the Pediatric Congenital Heart Association's Advocacy committee, and the Family Delegate for the TN Health Department completing the LEND program at Vanderbilt University in 2019. She excels in grant writing and fund raising/building awareness and advocated for the Katie Beckett Bill passed in Tennessee in 2019. In addition to her board positions, Tori and Zoey have been vocal advocates for children with special health care needs- both in Washington FC and the State of Tennessee. Tori has a BS in Health Promotion and Education from the University of Georgia and moved back to Nashville to start her career in 2005. Zoey was born in 2012 and became the catalyst for Tori's passion to help all special need families.

**Dr. Rondi M. Kauffmann, MD, MPH, FACS** is a surgical oncologist at Vanderbilt University Medical Center. She is board-certified in both general surgery and complex surgical oncology and has been on faculty at Vanderbilt for 4 ½ years. She is mom to a 21-month-old, medically complex child with Spinal Muscular Atrophy Type 1, and has been deeply involved in advocacy efforts surrounding the Katie Beckett program for Tennessee.

### ***Clinical Experts:***

**Dr. Jana Dreyzehner, MD** has focused her child psychiatry career of more than 25 years primarily on understanding and providing for the care of medically underserved and special populations including persons with IDD and persons who are deaf. She has a strong interest in systems of care integrating

behavioral health in primary care improving access to and quality of specialized care. She pioneered telepsychiatry services for the deaf in Appalachia in the late 1990s and developed a consultative team model that later served as a model for development of specialized behavioral health and crisis prevention services. She has served as the Behavioral Health Medical Director for Anthem in TN and during that time, worked with TennCare leaders to support development of crisis stabilization and prevention services for persons with IDD and challenging behaviors. She gained direct care experience with these services working as the Chief Medical Officer for the implementation provider of the TennCare Systems of Support benefit before founding a new company, Life Connect Health, focused on provision of ECF Specialized Consultation and Training, specialized psychiatric and behavioral health services for organizations serving individuals in ECF Group 7 and 8, and development of a specialized IDD Health Home all leveraging Telehealth to be accessible statewide even in rural areas. In addition, Life Connect Health provides the bridge needed between institutional care and community based residential services, supporting both the individuals and their support teams before, during and after the transition. She is also the proud aunt of a special Olympics bowling champion in California. Her nephew, Donnie, who has had challenges with IDD and expressive communication, also works at Taco Bell and has bowled a 300 game.

**Dr. Jessica Duis, MD** is an Assistant Professor of Pediatrics & Medical Genetics at Vanderbilt University Medical Center. She completed her medical training in pediatrics and medical genetics and genomic medicine at Johns Hopkins University School of Medicine in Baltimore, MD. She completed postdoctoral training in epigenetic and imprinting disorders. Her particular expertise is in the management of rare disorders, particularly Prader-Willi and Angelman syndromes, for which she has developed Centers of Excellence at VUMC. She is working on clinical trials, including design of outcome measures in these communities.

**Dr. David Hall, MD** is the Professor of Clinical Pediatrics at Vanderbilt and Director of the Program for Children with Medically Complex Needs at Monroe Carell Jr Children's Hospital at Vanderbilt. This program is designed to assist families of children with multisystem chronic disease who have frequent hospital admissions and see multiple subspecialists. Care provided to enrolled children have led to a decrease of 72 % in days in the hospital, 44% in admissions, 58 % in readmissions after hospital discharge, and 52% in Emergency Department visits within 6 months of enrollment.

**Dr. Beth Malow, MD** is Burry Chair in Cognitive Childhood Development and Professor of Neurology and Pediatrics at Vanderbilt University Medical Center. She is the parent of two adult children on the autism spectrum. She conducts research in the medical aspects of developmental disabilities including novel provider-training aspects, such as Project ECHO. She has worked on the IDD Toolkit and related projects to enhance provider and patient/family knowledge of developmental disabilities in Tennessee.

**Dr. Arie L. Nettles, PhD, NCSP, HSP**, is an Associate Professor of Clinical Pediatrics; Director of the Office of Inclusion and Health Equity (OIHE) at the Vanderbilt University Medical Center (VUMC); and Chair, Statewide Planning and Policy Council (SPPC), TN Department of Intellectual and Developmental Disabilities. She is a licensed psychologist; nationally certified school psychologist; and nationally registered health service provider. Her clinical practice includes school age children to young adults with developmental disabilities, autism, and cleft-craniofacial. Nettles serves as child advocate to the SPPC.



## **Advocacy Representatives:**

**Mary Nell Bryan** has worked as an advocate for non-profit organizations, primarily for health care non-profits, since 1991. She began her advocacy work at a lobbying firm. Later, she served as Director of Communications and subsequently as Director of Government Relations for a TennCare MCO. Following that, Mary Nell served as Director of Government Relations at what was then Nashville's largest law firm. In 1998, Mary Nell established a private consulting practice, representing the now-defunct TennCare MCO association, and working as an advocate and consultant for myriad groups, including health care providers and health care advocacy organizations, mental health organizations, an anti-tobacco coalition, and March of Dimes. Since 2004, Mary Nell has served as President of the Children's Hospital Alliance of Tennessee.

**Carrie Hobbs Guiden** is Executive Director of The Arc Tennessee and has over twenty-five years of experience working with people with intellectual and developmental disabilities (I/DD) and their families. Her areas of work include public policy and systems change, employment, positive behavior supports, person-centered practices, secondary transition and decision-making supports for people with I/DD. Carrie's educational background includes a B.A. in Sociology from Indiana University, an M.S. in Special Education from IUPUI, and a Graduate Certificate in Non-Profit Management from Indiana University Northwest.

**Brian Keller** is the public policy and voting attorney at Disability Rights Tennessee. He focuses on following legislation and regulation through the process and educating policy makers on the impact proposed legislation would have on Tennesseans with disabilities. He also works with state and county election officials to ensure the election process is accessible for all voters. Brian graduated from Belmont University College of Law in 2016 where he served as president of the health law society. A native of Fayetteville, AR, Brian lives in Nashville with his wife and puppy.

**Lauren Percy** has worked as the Tennessee Council's Director of Public Policy since Fall 2016. In her tenure at the Council, she has both led and participated policy groups regarding employment, Supported Decision Making, youth transition, housing, and transportation. Lauren also currently serves as a mentor for the People First Chapter in Williamson County. Before joining the Council, she worked at the Division of TennCare in the Long-Term Services and Supports Division. Prior to moving to Tennessee, Lauren worked as a senior policy analyst for the National Governors Association in Washington, D.C. for six years. While there, Lauren helped produce the landmark publication, *A Better Bottom Line: Employing People with Disabilities*. Lauren is an honors graduate with a Master's Degree in Public Policy from George Washington University and a Bachelor's Degree from the University of California, Davis.

**Janet Shouse** is the program coordinator at the Vanderbilt Kennedy Center for the IDD Toolkit, [www.iddtoolkit.org](http://www.iddtoolkit.org), an online resource for medical providers to better serve adults with intellectual and developmental disabilities. She is also the parent of a young adult with autism, who has very limited communication skills and has intermittent, but intense, behavioral challenges. Although her son was diagnosed at age 2, her family struggled for 19 years to secure appropriate services and supports for him. Her son did not qualify for TennCare until he was 18, and thus despite being on the DIDD waiver waiting list since he was 8, he was not accepted into the Statewide Waiver until he was 19. Finding an agency willing to support his needs took two additional years. Janet also is connected to hundreds of families of children with disabilities across the state through her work with Autism Tennessee, TennesseeWorks, The Arc Tennessee and the IDD Toolkit.

**Carol Westlake** is a nationally recognized leader in the disability community and a lifelong advocate for vulnerable people. She is the founding executive director of the Tennessee Disability Coalition. The Coalition led the effort to establish a new “Katie Beckett” program this year. Carol’s background and training are in special education, disability, and public policy. Her doctoral training was funded as an early intervention leadership trainee, giving her a strong background in services and supports for children with disabilities. Carol regularly serves on state boards and commissions that affect people with disabilities, especially those that promote access to health care, long-term supports and services, and economic self-sufficiency. She has helped to establish a number of disability advocacy programs and agencies in Tennessee.

**Wanda Willis** is the Executive Director of the Tennessee Council on Developmental Disabilities. The Council is funded under the Developmental Disabilities Act and creates structural change within the service system that will have a long-term impact. The Council is a state agency established to improve disability policies and practice, educate policymakers and the public, and facilitate community collaboration to create lasting, positive change for Tennesseans with disabilities and their families. It is also the only state agency specifically tasked with looking at how all the pieces of our disability system work together. Ms. Willis began her career in 1971 as a Special Education Teacher prior to coming to Tennessee, where she held several positions in the Division of Mental Retardation Services, including Director of Planning for the Division of Mental Retardation Services. Ms. Willis has a master’s degree in Special Education from the University of South Carolina and a bachelor’s degree from the University of North Carolina.

### ***State Representatives:***

#### **DIDD**

**Jordan Allen** is the Deputy Commissioner of Program Operations for DIDD. He has career experience spanning nearly 25 years, within multiple state service delivery systems, supporting persons with intellectual and development disabilities as well as persons with behavioral health diagnosis. These experiences include direct supports, development and implementation of quality assurance and improvement strategies across multiple service systems, executive leadership within the private sector, and senior and executive leadership within State Government. Deputy Commissioner Allen has been a champion of community integration strategies, vocational training, integrated employment supports and enabling technology for persons with disabilities.

**Timothy “Bo” Hickman** is DIDD’s Director of Intake and Case Management and has served the Department in multiple capacities, crossing the working aspects of virtually every unit within DIDD, for twenty-two years. During that time, he has excelled in the areas of quality assurance, system design, and customer focused government. Prior to his current role as a statewide director, he served in additional roles of Regional Monitor, Intake Coordinator and as the Intake and Case Management Director for the East Tennessee Regional Office. Prior to working for DIDD, Bo worked with both the Community Mental Health system and within the DIDD Provider Network. He is a graduate of East Tennessee State University and the Tennessee Government Executive Institute.

**Cara Kumari** is the Assistant Commissioner of Communications and External Affairs for DIDD. In this role, she has oversight of all internal and external communications, including media requests, DIDD web properties, social media, video production, special events, family, legislative and stakeholder outreach, and the department's planning and policy councils. She joined DIDD in 2013 after a decade in television news, where she served as the state government reporter for WSMV-TV in Nashville and television stations in Kansas and Arkansas.

## TennCare

**Karen Gonzales** currently serves as the Assistant Deputy of Clinical Operations for TennCare Long Term Services and Supports. Her work involves the programmatic development, implementation, and ongoing service delivery of Medicaid programs designed to serve the elderly as well as individuals with physical, intellectual, and/or developmental disabilities. Prior to her state service, she worked as a certified pediatric nurse at Vanderbilt Children's Hospital. In her 27- year nursing career, she has been both a clinical consultant and hands on caregiver for individuals and families across the age continuum. She has also worked as a foster care social worker, specializing in the coordination of services for medically complex children. She is an honors graduate of Wheaton College and Rush University. Karen is also the parent of a teenage son with autism and a rare neurological disorder, who inspires her daily to advocate for individuals and families with special needs.

**Krista Krueger** is the Director of Policy, Contracts, Compliance and Katie Beckett at TennCare, Long-Term Services and Supports and has worked with TennCare for just under a year. Krista has primarily worked on contract, contract amendments, and policy issues while supporting LTSS, but she is excited to begin her work in expanding her role to the Katie Beckett Program. Prior to working with TennCare, Krista worked with the Department of Children's Services as an Attorney 3 in Davidson County, Tennessee. She graduated from Austin Peay with a BS in Political Science and then served in the US Army. Later, she graduated from the University of the District of Columbia, David A. Clarke School of Law with her Juris Doctorate and became licensed to practice law in the State of Tennessee in 2013. While working in private practice, she received her Master's in Business Administration with a concentration in Healthcare administration from Strayer University.

**Patti Killingsworth** is an Assistant Commissioner for TennCare and the Chief of Long-Term Services & Supports (LTSS). She has worked in Medicaid programs for over two decades, advocating on behalf of people with disabilities and their families, and leading system redesign initiatives in multiple states. She is also the parent of a young man who had lifelong significant physical disabilities and medical needs and for a time had health insurance only by virtue of another state's Medicaid program, and whose memory continues to fuel her passion for this work. Her commitment is to changing systems to better meet the needs of individuals and family members, promoting the development and expansion of HCBS, and ensuring that the voice and perspective of people who need LTSS, their family members, and other key stakeholders is brought to bear in policy and program decision-making processes.

**Kristeena (Ashby) Wilson** is the Assistant Deputy Chief of TennCare LTSS Operations. Kristeena is responsible for oversight of medical eligibility through enrollment for all TennCare LTSS programs as well as Appeals and Business Operations, including management of the eligibility systems required for PAE and PASRR submissions. She is considered a PASRR national expert. She is a Registered Nurse with over 25 years' experience working with adults with Intellectual and physical disabilities as well as the geriatric population. Her experience ranges from Primary Care physician office, to both medical and psychiatric inpatient care, hospital nursing care and Community Living Supports for persons in 1915(c) waivers.