



Person-Centered IDD Program Integration

Objectives

- Share Information about IDD Program Integration
- Discuss the Approach and New System Structure
- Talk About Timeline and Stakeholder Input

IDD Integration Goals

- Create a single, seamless person-centered system of service delivery for people with I/DD
- Leverage DIDD's expertise and commitment and ensure best practices across IDD programs and services
- Leverage person-centered planning and a technology-first approach to support independence, employment and development of natural supports for people with I/DD
- Use value-based reimbursement to drive delivery system reform, reward providers for delivering high value outcomes
- Align systems and requirements to reduce duplicative processes and administrative burden for providers
- Better utilize limited staffing resources
- Utilize increased efficiencies across IDD program budgets to serve more people off the waiting list
- Take advantage of increased revenue opportunity, which will help to prevent cuts that would otherwise likely be necessary

Current Situation

- In 2019, DIDD and TennCare developed a joint goal for each agency's four-year strategic plan focused on developing a model partnership, eliminating the waitlist for services, addressing workforce challenges, increasing independence and aligning requirements to create a single person-centered system for people with IDD
- Currently there are five separate Medicaid-funded programs for persons with I/DD
 - Three 1915(c) HCBS Waivers
 - Employment and Community First CHOICES Program
 - Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
- >5000 persons with I/DD are currently waiting for HCBS
- COVID-19 emergency has resulted in significant state and Medicaid budget challenges which eliminated 2000 *new* ECF slots and resulted in the need for further reductions

IDD Program Integration

- DIDD and TennCare plan to align all Medicaid programs and services for individuals with I/DD—under the direct operational leadership, management, and oversight of DIDD. This will include Intermediate Care Facility Services for Individuals with Intellectual Disabilities (ICF/IID), the Section 1915(c) home- and community-based services (HCBS) waivers, and Employment and Community First CHOICES.
- This will create a single, seamless, person-centered system of service delivery for people with I/DD
- By leveraging managed care partnerships with all programs the state will yield an estimated \$34 million increase in revenues, which will help fill budget gaps

Why?

- Opportunity to expand the use of a technology-first approach now proven to provide highly successful support options that maximize integration and reduce unnecessary and undesired dependence
- Harness the expertise of DIDD employees and leverage the collective resources and experience across all IDD programs to promote the most innovative and effective person-centered program concepts.
- Align requirements for critical incident management, quality assurance and improvement, direct support workforce training and qualifications, and provider qualifications and enrollment/credentialing process
- Utilize limited funds and limited staffing resources to serve more people

Approach

- Value-based reimbursement approach aligned with system values and outcomes
- Will be designed to support personal empowerment through the development of natural support networks and feature innovative service packages aimed at personal achievement, integration and competitive, integrated employment
- Evidenced by increase in working-age adults in competitive, integrated employment, and the fading of traditional and direct support arrangements based on needs and preferences

New System Structure

- All long-term services and supports (LTSS) for person with I/DD will be under the direct leadership, management and oversight of DIDD and administered through the managed care delivery system
- DIDD will contract with TennCare and also jointly manage contracts with each of the three MCOs currently supporting the HCBS I/DD population
- DIDD will help to support and streamline MCOs' network development and management, seeking to help drive program quality and outcomes, while minimizing provider administrative burden

New System Structure Responsibilities

DIDD

- Day-to-day management of all programs/services for persons with I/DD
- Directly oversee MCO contracts for IDD benefits (in partnership/consultation with TennCare)
- Reportable Event Management
- Quality Assurance and Improvement
- Other areas of day-to-day oversight

TennCare

- Medicaid administrative authority across all Medicaid programs/services
- Directly oversee MCO contracts for other integrated benefits (in partnership/consultation with DIDD)—
 - Physical and behavioral health
 - Pharmacy
 - Dental

Benefits

- The array of services and supports currently offered will largely still be available, but we will leverage flexibilities such as enabling technology, telehealth, integration, training and consultation and will focus on supporting people to develop independence and natural supports.
- Coordination of children's and adult services for persons with I/DD within DIDD will lay the foundation at a young age for employment and independence, including early engagement and development of a natural support network while providing for a seamless transition from one program to another where applicable.
- Will yield an immediate 5.5% net increase in state revenues (\$34.4 million state) and avoid benefit or provider reimbursement cuts that would otherwise have been necessary as part of reduction plan

Timeline and Process

- TennCare will maintain existing 1915(c) waivers with modifications as needed
- TennCare will submit an 1115 waiver request for concurrent 1115 demonstration authority to bring 1915(c) waivers and ICF/IID benefit under the managed care program
- Goal is to have full integration by July 1, 2021

Stakeholder Input

- Stakeholder input is a vital part of the design and implementation of a single, unified system
- Starting in July, DIDD and TennCare will seek feedback from all stakeholders on 1915c waiver modifications and program design for a single, seamless system
- All changes will be posted for public comment prior to submission to CMS

Stakeholder Input Questions?

- What are the most important values that must be part of a new aligned system for people with I/DD?
- After reading the concept paper, what are you most concerned about...
 - As it relates to people who receive services and their families?
 - As it relates to providers of these services?
 - As it relates to managed care?
- Do you have any recommendations on how to address those concerns?
- Do you have any other recommendations to share?

Thank You!

Questions?