



Tennessee's Journey: LTSS of the Future

Topics

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**National Forces
of Change**

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**Tennessee's Journey to a LTSS
of the Future**

- Our Goals
- Our Approach: Driving Creativity, Improvements, and Innovation
- Our Journey: Where we were to where we will be
- Tennessee's Modular Solution

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**What's Next? Potential Future
Innovations to Continue
Transformation**

- Telehealth
- Nudging and Predictive Analytics
- Care Coordination

Meet the Speakers

Cathryn Van Namen

- Person Centered Design Expert
- 17 years of Organizational Change Management, Workforce Strategy, and Training Excellence



Dallas Dowel

- Assistant Deputy of Business Operations, Long Term Services and Supports, TennCare, State of Tennessee
- 7+ years of LTSS policy and systems experience



Sri Yegnasubramanian

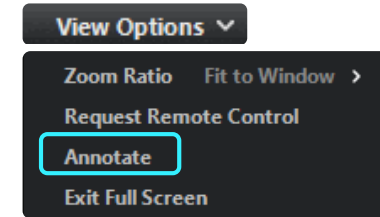
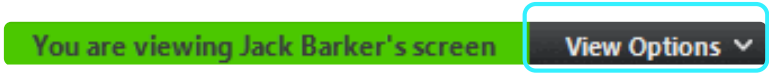
- System Integration and Medicaid SME
- 10 years of Health Care Tech and Public Sector experience

Zoom Tutorial

How to "stamp" on Zoom

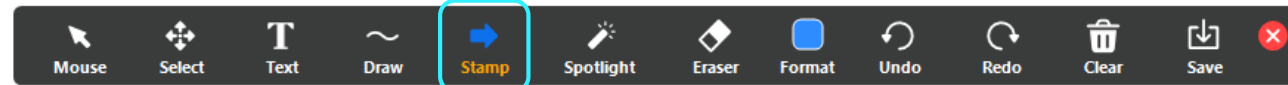
Step 1:

Select "View Options" on top of screen and select "Annotate"



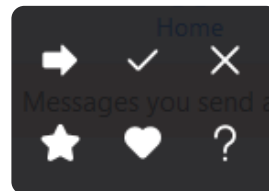
Step 2:

Select "Stamp" from toolbar



Step 3:

Select which stamp you'd like to use

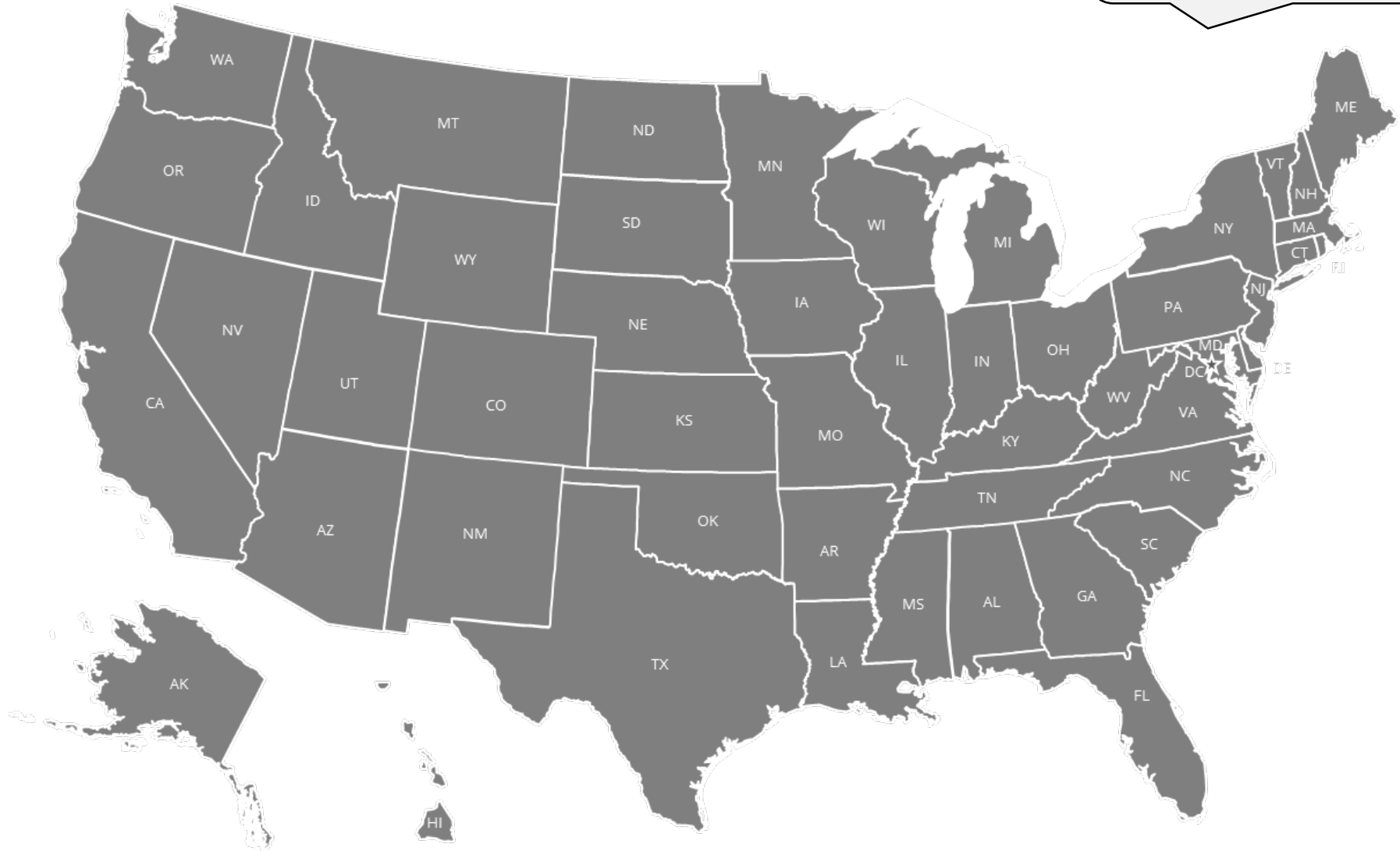


Step 4:

Vote!

Where Do You Live?

Say Hello!
Use Annotate and insert a heart





National Forces of Change

National Forces of Change

The way we approach providing long term care is undergoing change nationwide



Surge in Demand

The country's **population is aging** and with this comes greater demand for long term support services. The number of seniors needing LTSS is expected to rise from 6.3 million in 2015 to an estimated 15 million by 2050



Enhanced Reporting

There has been an **increase in reporting requirements from CMS** and the fed on a number of variables such as enrollment numbers, transition trends, enrollment capacities, etc,



MCO Accountability

A rise in interest to leverage Managed Care Organizations for service delivery pushes states to think about program administration changes but also **oversight and transparency activities**



Person-Centered Programming

Each person has **unique** needs of different levels and types, from intellectual and development disabilities to chronic long-term physical conditions. These need to be met with the services and plans that **provide the best support for that person** and can be monitored appropriately end to end.



Health Crisis

As nursing facilities have become **hotspots for COVID outbreaks**, the demand for home and community-based services (HCBS) may increase. Social distancing measures require the LTSS ecosystem to adapt to **new operational processes**, like working with clients virtually.



Tennessee's Journey to the LTSS of the Future

Tennessee's Goals for their LTSS of the Future



Enhanced user experience

Use human-centered design methodology to give staff a superior user experience



Focus on workload

Help managers and workers prioritize the most important tasks



Reduction in duplicative manual actions

Enable staff to focus on tasks requiring higher level of cognition by automating manual actions



Use of production proven enterprise assets

Design features like notices, reports, and document management on production-proven infrastructure



Access to data (no silos)

Exchange data in real time to avoid siloed data and manual lookups



Data integrity and quality

Create a system of checks, balances, and validation for data accuracy and consistency



Modern technology

Use a modern technology stack that leverages a cloud-based infrastructure to allow system to be flexible and scalable

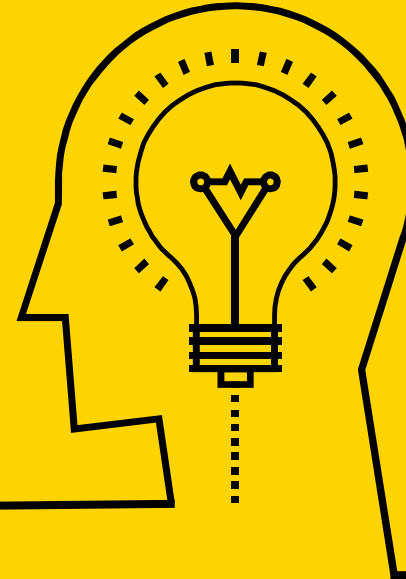


Security and compliance

Be fully compliant with industry-standard security practices, including enhanced user access and authentication

Sound Familiar?

Which of the below goals does your state or agency share?



Improve Data Quality

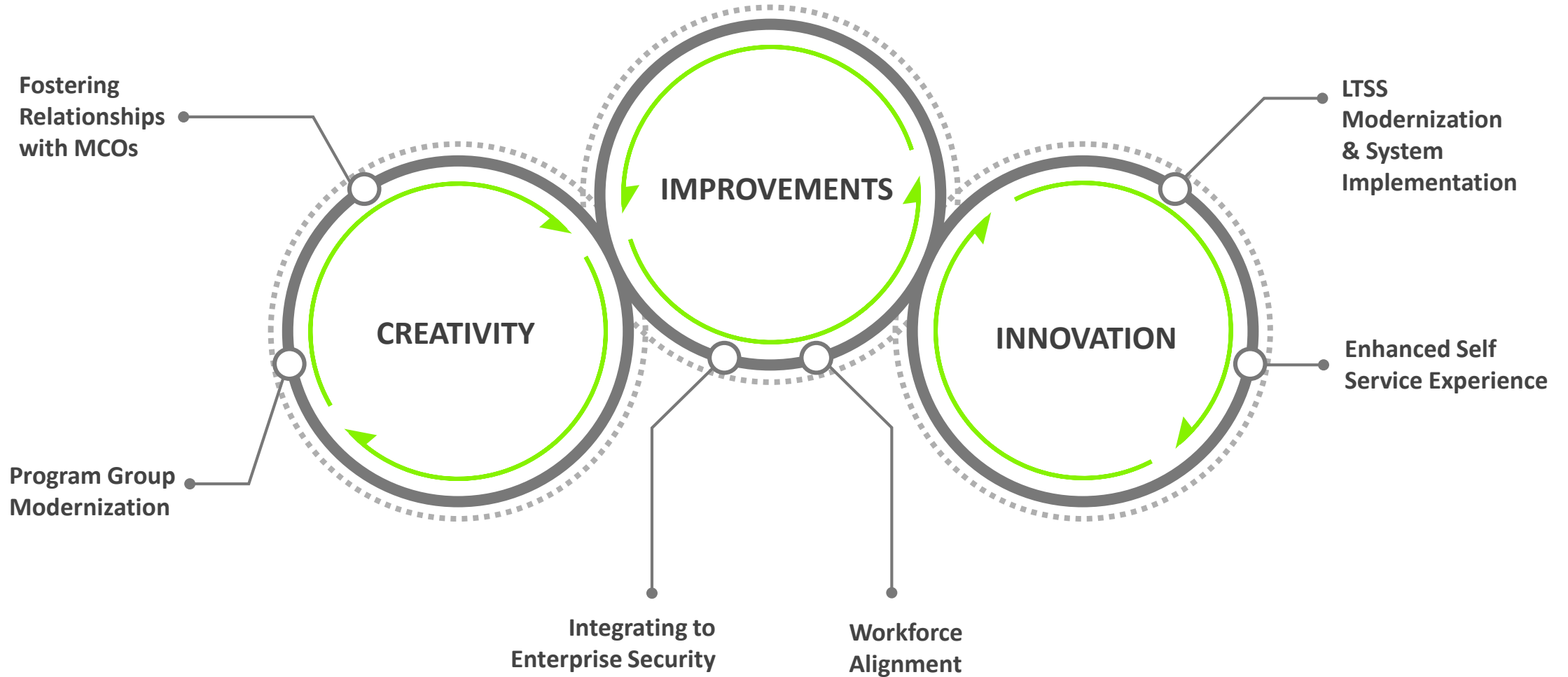
Reduce Manual Tasks

Simplify Data Sharing & Integration

Expand Programs

Enhance User Experience

Driving Creativity, Improvements, and Innovation



Changing Where We Were...

Capture Pre-admission
Evaluation Details
in System 1

Manually Enter
Enrollments in System 2

Manually Share/Retrieve
LOC/Medicaid
Information with System 3

Manage Appeals
in System 4

Katie Beckett Population
managed in System 5

Manual reporting, noticing,
& no data visualization

Varied experiences
for our members by
program and service

Manually track Enrollment
Capacities and Waitlists

Limited Dashboards and
transparency of Workload

No Self Service
Portal for Applicant/Members



Changing Where We Were...

Single System to execute all major LTSS business functions

System automation to streamline workflows and speed up tasks

Interfaces to sync Medicaid and Member Information seamlessly

Manage Appeals in System 4

Katie Beckett Population managed in System 5



Changing Where We Were...

Manual reporting, noticing,
& no data visualization

Dynamic and filterable
Tableau Reports, automated
Waitlists and Noticing



Changing Where We Were...



Real time dashboards
showing workload
and upcoming activities

Changing Where We Were...



Varied experiences
for our members by
program and service

Common experience
for empowered members

Changing Where We Were...to Where We'll Be

Single System to execute all major LTSS business functions

System automation to streamline workflows and speed up tasks

Interfaces to sync Medicaid and Member Information seamlessly



Dynamic and filterable Tableau Reports, automated Waitlists and Noticing

Real time dashboards showing workload and upcoming activities

Common experience for empowered members



APPLICATIONS OR ASSESSMENTS can come from an integrated self-service portal or directly through our new application management system

A SINGLE SYSTEM can handle all LTSS enrollment capacity, assessment, adjudication, and enrollment functions

INFORMATION is automatically shared between relevant systems without worker intervention, including Level of Care (LOC), Medicaid, enrollment, and MCO data

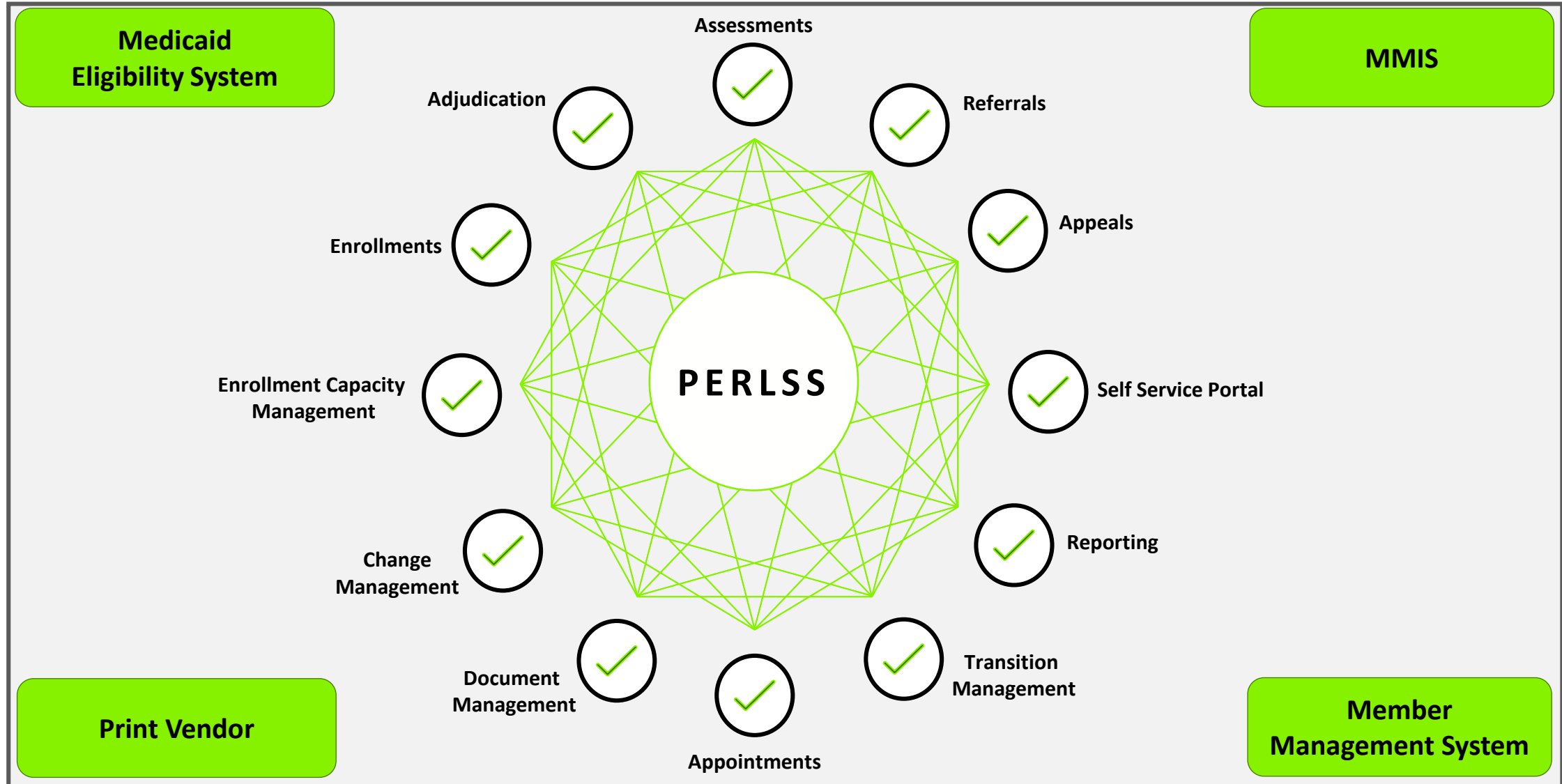
NOTICES (available electronically or by mail) are automatically generated, bundled, and sent

APPEALS can be both filed and worked within the same system

ALL TRANSACTIONS are audited and managed securely, and member information is handed off to MCOs for a common provider and care coordination experience

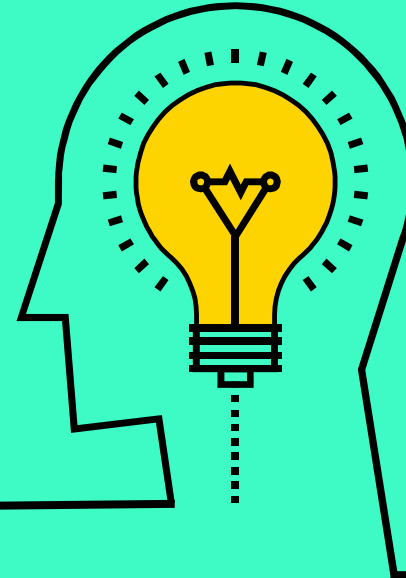
A faster, simpler, and more accurate method of benefit allocation and maintenance

Tennessee's Integrated and Modular Approach to LTSS



Energizer

Would you rather be a great cook or have a chef?



Great Cook

A large, empty rectangular box with a dashed black border, intended for writing a response to the 'Great Cook' option.

Have a Chef

A large, empty rectangular box with a dashed black border, intended for writing a response to the 'Have a Chef' option.



**What's Next?
Potential Future
Innovations to
Continue
Transformation**

LTSS OF THE FUTURE

Telehealth

BENEFITS

CONVENIENCE

ACCESSIBILITY
& SAFETY

TIMELINESS

ACCURACY

Problem Statement

It can be challenging to meet with an individual living in a remote location or with someone with limited transportation/mobility. This challenge is further exacerbated during times of crisis, like the current COVID-19 pandemic.

Resolution

Individuals can leverage virtual chats and video conferencing to get quick answers, schedule virtual assessment visits, and get timely updates – all from a safe, secure and integrated platform that can be leveraged by LTSS staff for simplified case management.

LTSS OF THE FUTURE

Nudging and Predictive Analytics

BENEFITS

PRECISION ENGAGEMENT

PROACTIVE CARE

IMPROVED OUTCOMES

REDUCED COST

Problem Statement

As many states and federal incentives work to move LTSS populations from facilities back into their communities, agencies may need support determining which individuals may be best suited for transition

Resolution

Based on historical transitions and monitored trends, identify the variables that are common among individuals who have successfully transitioned from facilities to HCBS. Use this data to integrate nudging principles into LTSS systems and processes.

Care Coordination Tools



BENEFITS

SINGULAR EXPERIENCE

CENTRALIZED PLATFORM

NORMALIZED INFORMATION

UNIFIED STANDARDS

Problem Statement

Providers often have disparate applications and standards for care coordination, making it difficult for LTSS agencies to get a complete picture of individuals' quality of care and completeness of care

Resolution

A centralized platform that pulls normalized inputs from all partners to create a 360-degree view of care provided to an individual and empowers agencies to improve their oversight and their confidence in care coordination



Q&A