



Public Partnerships, LLCTM

Consumer Direction in a Managed Care Environment

National Home and Community Based Services Conference

September 28, 2010



TENNCARE



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Agenda

- TennCare and CHOICES Overview
- Consumer Direction in CHOICES
- Consumer Direction Stakeholders
- Consumer Direction Timeline
- Education and Outreach
- Lessons Learned
- Future for Consumer Direction
- Questions

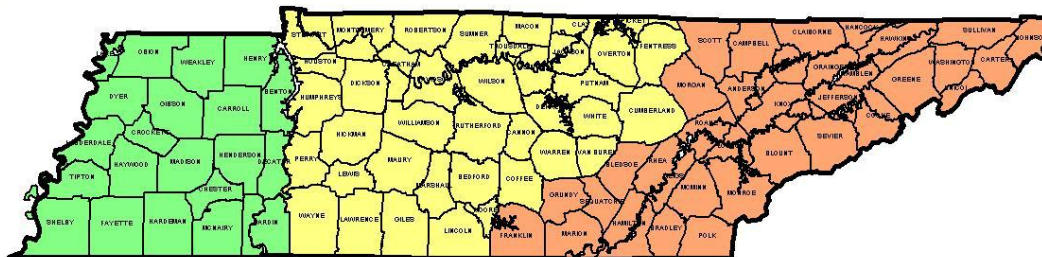
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TennCare Overview

- Tennessee's Single State Medicaid Agency
- Tennessee's Medicaid Program
 - Operates as a demonstration program under an 1115 waiver
 - Uses managed care to cover persons otherwise not eligible for Medicaid
 - Oldest Medicaid managed care program in the country
 - Only Medicaid program to enroll the *entire* Medicaid population in managed care
 - Medical, behavioral and now long-term care services are administered by two "At-Risk" Managed Care Organizations (MCOs) located in each region of the state





TennCare Overview

- Tennessee's Medicaid Program cont.
 - TennCare Select manages care statewide for certain special populations via an ASO arrangement (e.g., children receiving SSI, children in State custody, persons enrolled in MR waiver programs)
 - Prescription drugs administered by a statewide Pharmacy Benefits Manager
 - Dental Services for children under 21 administered by a statewide Dental Benefits Manager
 - Prior to CHOICES, all LTC services were carved out of managed care, resulting in fragmentation, misaligned incentives, and inefficient use of limited resources





CHOICES Overview

- In 2008, the State of Tennessee unanimously passed the Long-Term Care Community Choices Act, fundamentally restructuring the LTC system in Tennessee.
- Key Objectives of the CHOICES program:
 1. Decrease fragmentation and improve coordination of care.
 2. Increase options and choices for those who need LTC and their families.
 3. Expand access to HCBS so more Tennesseans who need LTC can receive care in their homes and communities.
 4. Rebalance LTC funding, allowing the state to serve more people using existing LTC funds.



CHOICES Overview

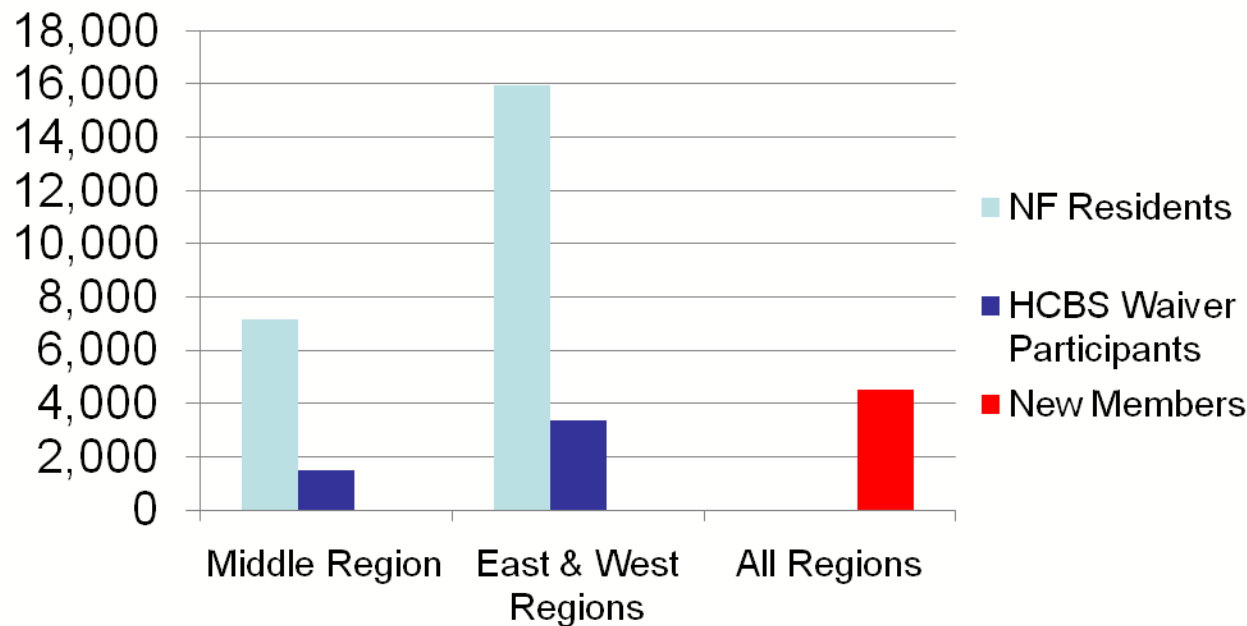


- Integrates Nursing Facility services and HCBS for the elderly and adults with physical disabilities into the existing managed care delivery system
 - New TennCare recipients select an MCO at the time the TennCare application is completed (or if not, are randomly assigned upon determination of eligibility)
 - TennCare members do not change MCOs when LTC services are needed
- Fully blended capitation payment for all acute, behavioral and LTC services



CHOICES Overview

- Comprehensive Care Coordination provided by MCOs
- Single Point of Entry for persons not already enrolled in TennCare through the Area Agencies on Aging and Disability; MCOs assist current members
- Implemented in Tennessee's Middle region 3/1 and East and West regions 8/1
 - Existing TennCare recipients remained with their currently selected MCO which became responsible for LTC services upon CHOICES implementation





CHOICES Overview

- CHOICES LTC participants are categorized according to the setting in which care is delivered.
 - Group 1 category consists of individuals receiving Nursing Facility (NF) care
 - Group 2 category consists of the elderly and adults with physical disabilities who meet NF level of care criteria and who need and are receiving HCBS as an alternative to NF care
 - Must be able to safely meet needs in the community
 - Cost of home care cannot exceed cost of NF services
 - Subject to enrollment target

Benefit	Group 1	Group 2
Nursing facility care	X	Short-term
C-B residential alternatives		X
Personal care visits		X
Attendant care		X
Homemaker services		X
Home-delivered meals		X
PERS		X
Adult day care		X
In-home respite care		X
In-patient respite care		X
Assistive technology		X
Minor home mods		X
Pest Control		X

Consumer Direction in CHOICES



- Several HCBS services are available to consumer direct
 - One service (companion care) is only available to individuals in consumer direction
- MCO care coordinators required to present consumer direction as an option to all members who require services eligible for consumer direction and to have members sign a Consumer Direction Participation Form documenting their decision

Consumer Directed Services

Personal Care Visits

Attendant Care

Homemaker Services

In-home Respite

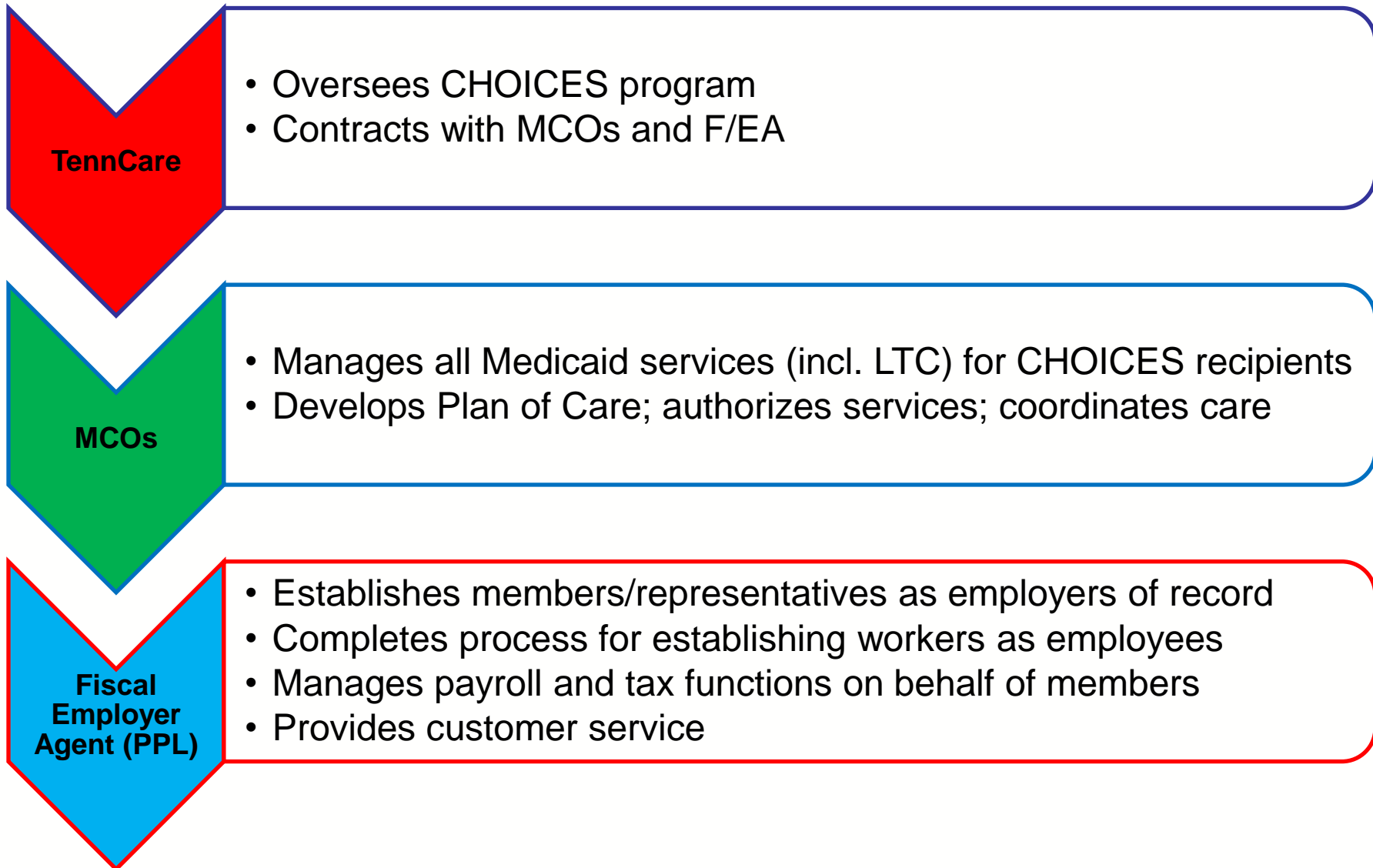
Companion Care

Consumer Direction in CHOICES

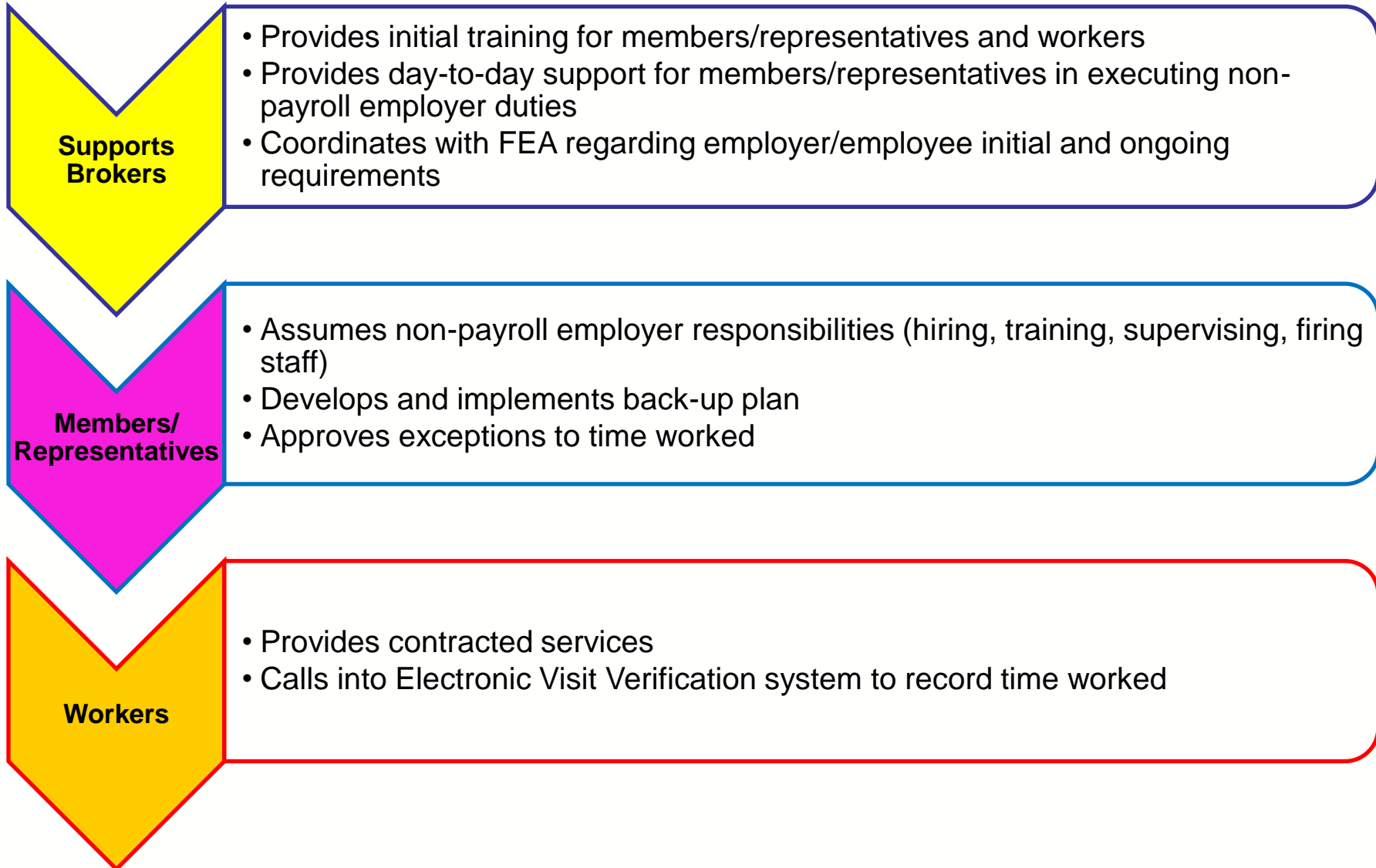


- CHOICES consumer direction model provides members (or qualified representative) with employer authority
 - MCO authorizes a fixed amount of services based on need
 - Member/rep, using PPL as his/her fiscal/employer agent, is the employer of record
 - Member/rep sets the reimbursement rates for the worker from list of available rates set by the State and signs a Service Agreement with each qualified worker
- Members may also “self-direct” certain health care tasks as part of consumer directed services (limited to administration of oral, topical and inhaled meds)
- Model may increase in flexibility and consumer control as program matures
- TennCare contracted with a single statewide fiscal employer agent to perform fiscal intermediary and supports brokerage functions to those in CHOICES choosing consumer direction
- For the short-term, TennCare leveraged existing contractor relationships for fiscal/employer agent and supports broker services
 - Competitive bid process within a year of CHOICES implementation

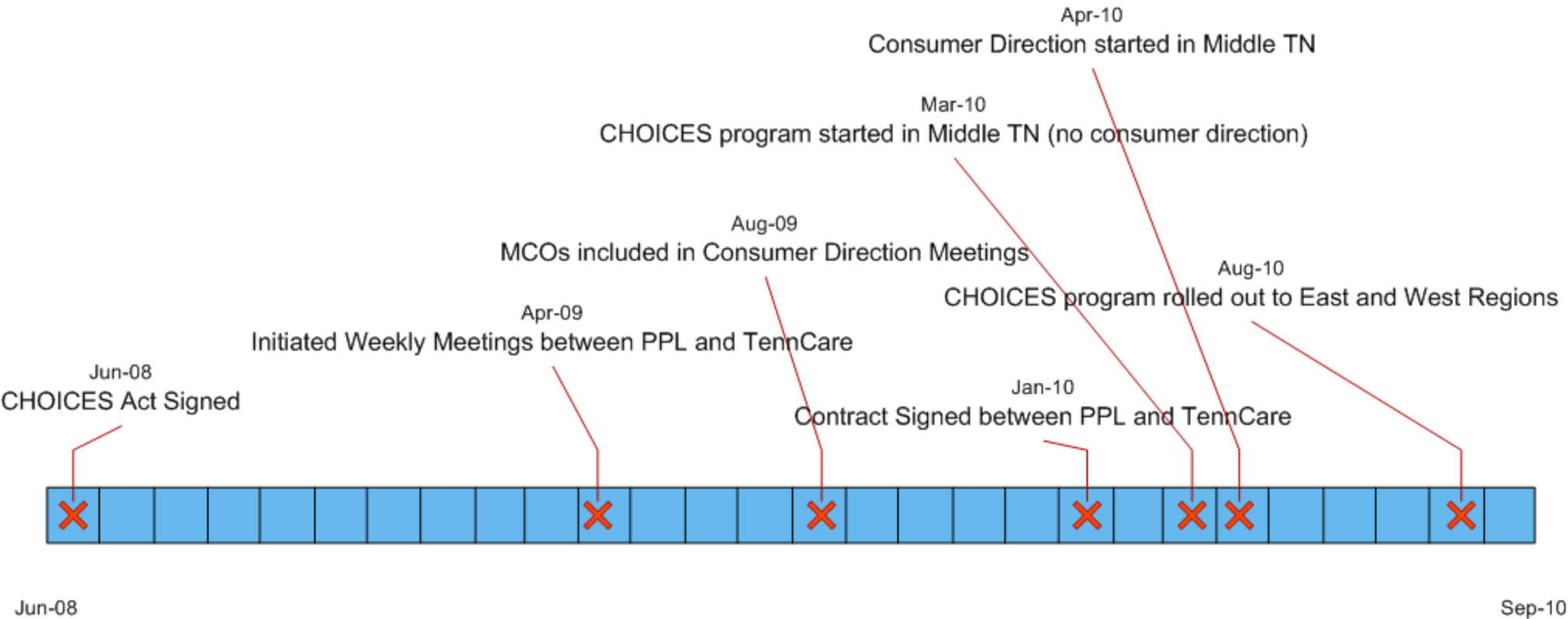
Consumer Direction Stakeholders



Consumer Direction Stakeholders

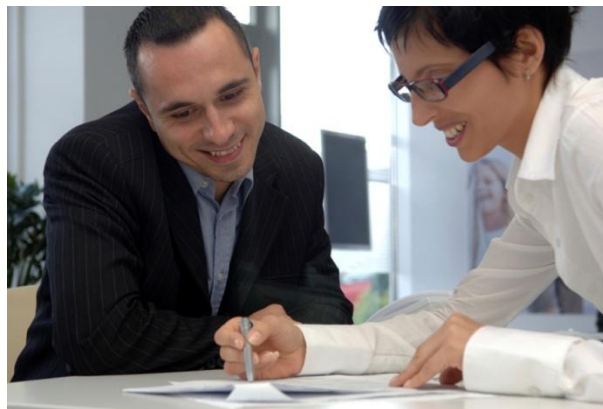


Consumer Direction Timeline



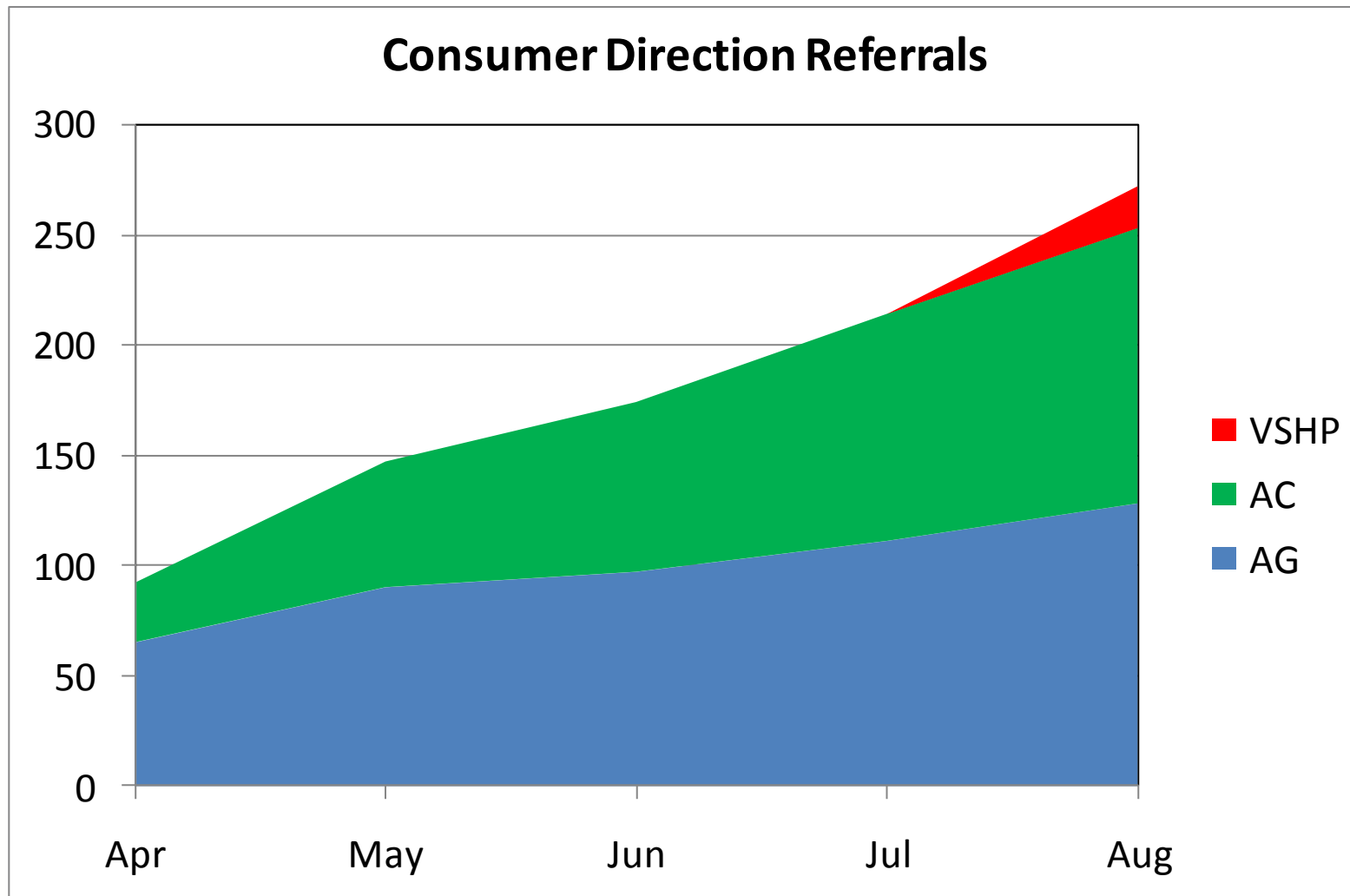
Education and Outreach

- Consumer direction is a new concept to many of the stakeholders
- Consumer Direction included in “Welcome” notices, member handbook and education materials; separate Consumer Direction handbook
- PPL provides overview of consumer direction to
 - Area Agencies on Aging and Disability (single point of entry for CHOICES)
 - MCO care coordinators
 - Members/Representatives
 - Workers
- Developed detailed referral instructions for MCO care coordinators



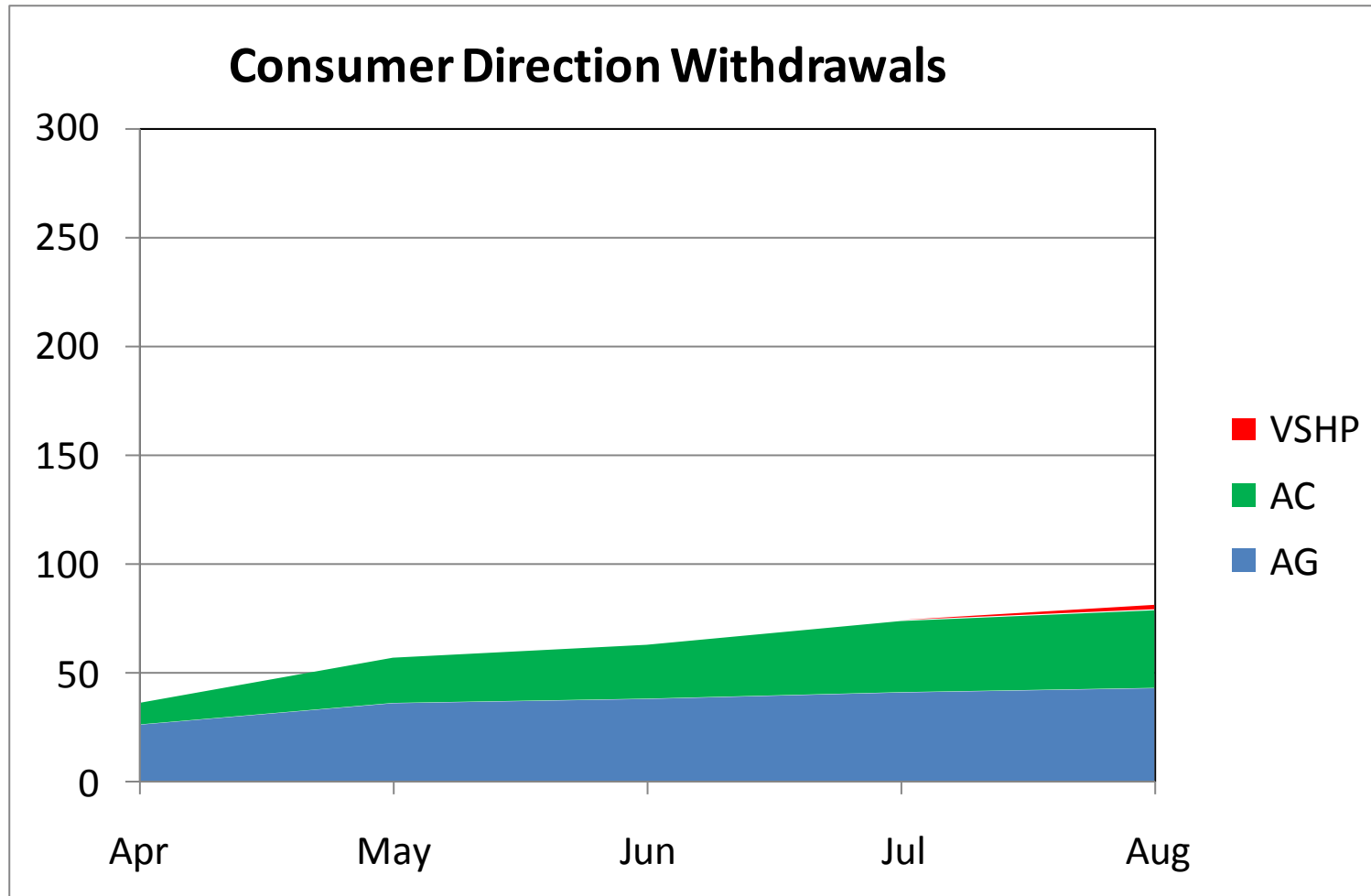
Lessons Learned

- Outreach efforts were important and successful



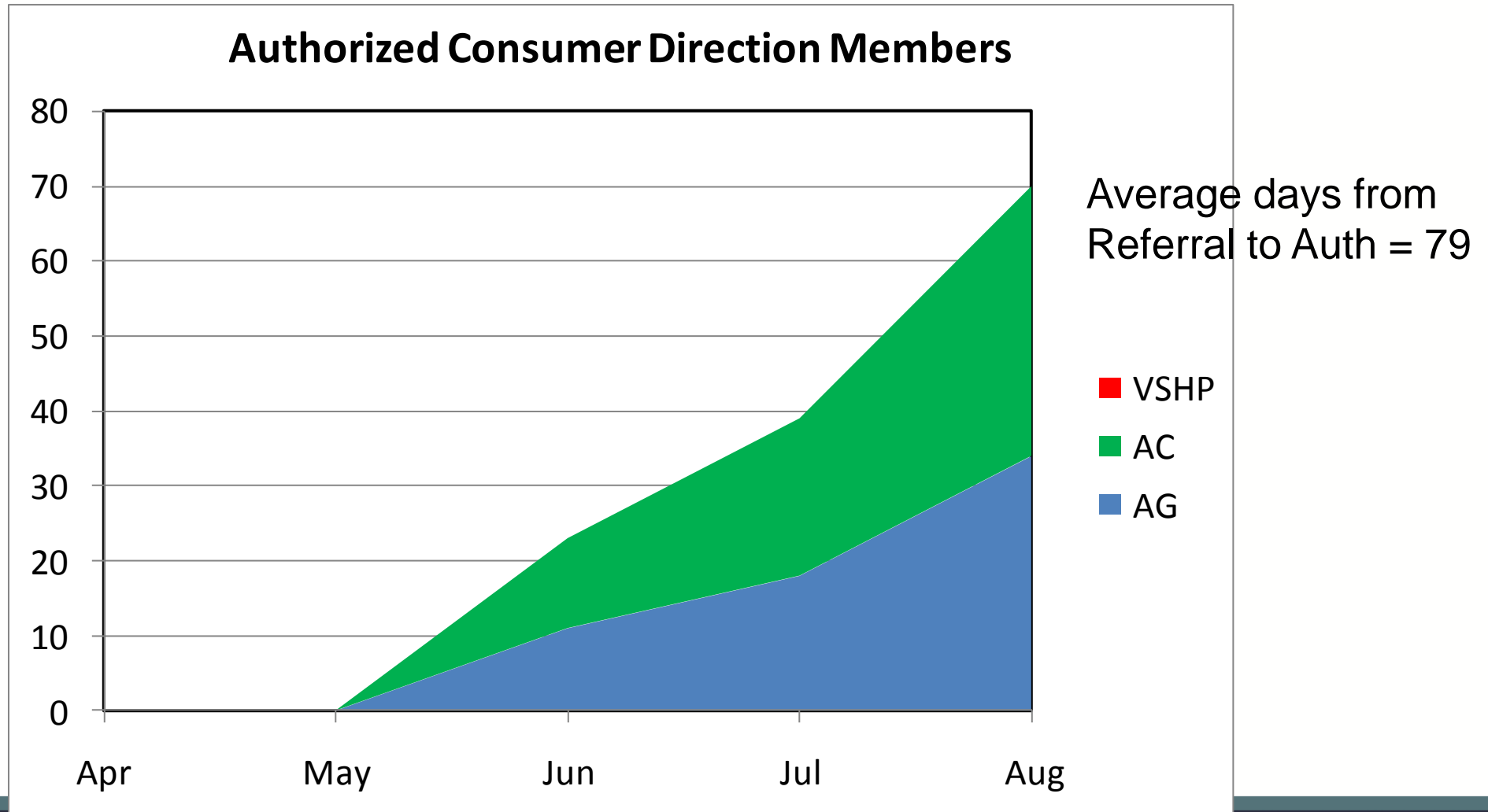
Lessons Learned

- Education of stakeholders needs to be continuous



Lessons Learned

- Extensive training requirements increased the average days from referral to authorization





Lessons Learned

- Complex data transfers between different stakeholders requires significant planning, time and effort
- Electronic visit verification system can work for consumer direction but requires extra effort, time and cost
 - Scheduled services
 - Scheduled workers
 - Use of additional system
- Subcontractors need to staff-up for large increases in enrollment
- A consumer direction program within such an extensive health reform initiative would not succeed without the support of the sponsoring agency

Future for Consumer Direction

- PPL expects that the number of days between referral and authorization will increase to an average of about 85 days in September and then decrease progressively each month
 - Referrals from April will all be authorized by September
 - Subcontractors will be experienced in enrollment routine
- Predictive modeling suggests that by the end of January 2011, 600 members will have been referred for consumer direction



Questions?

