



TennCare
CHOICES
in Long Term Care

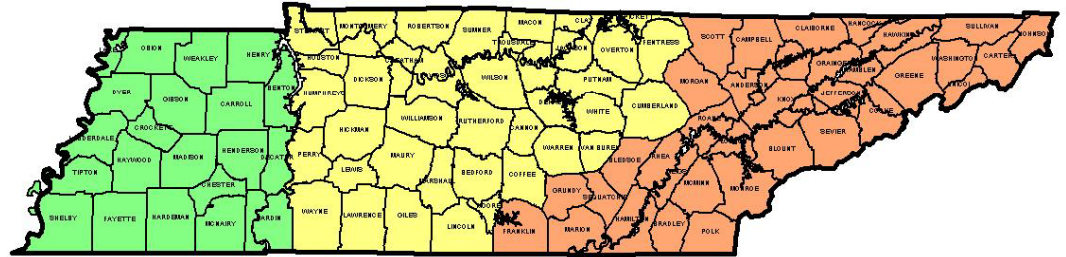
**Training Strategies and Lessons
Learned in Implementing Tennessee's
Medicaid Managed Long-Term Services
and Supports Program**



TennCare Overview

Tennessee's Medicaid Agency

Tennessee's Medicaid Program



- Managed care demonstration implemented in 1994
- Operates under the authority of an 1115 waiver
- *Entire* Medicaid population (1.2 million) is in managed care
- Competitive procurement returned MCOs to full risk for integrated physical and behavioral health services in Middle TN in 2007, West TN in 2008, and East TN in 2009
- LTSS (NF and HCBS for the elderly and adults with physical disabilities) integrated in 2010 via 1115 waiver and MCO contract amendments
- Physical and behavioral health and LTSS administered by two “At-Risk” Managed Care Organizations (MCOs) located in each region of the state (*mandatory* enrollment in managed care, including MLTSS); ID (MR) services remain carved out
- MLTSS program is called “CHOICES”



Overview

- **Comprehensive Care Coordination** provided by MCOs
 - Each member has an assigned Care Coordinator—nurses and social workers
 - Comprehensive ongoing needs assessment & person-centered care planning
 - Coordination of physical, behavioral, functional and social support needs
 - Management of chronic conditions and care transitions
 - On the ground and face-to-face with minimum contact requirements
 - Detailed contract requirements and protocols
- **Consumer direction** provides members (or qualified representative) with employer authority
 - TennCare contracted with a single statewide fiscal employer agent to perform fiscal intermediary and supports brokerage functions
- **Electronic Visit Verification System** helps ensure fiscal accountability and provides immediate notification/resolution of potential gaps in care



Setting the Stage

- Began as a legislative initiative – *The Long Term Care Community Choices Act of 2008*
- Extensive stakeholder engagement
- Concept paper
- Presentation during initial meeting with CMS
- Kick-off “training” for:
 - MCOs
 - IT Staff/MMIS vendor
 - Medical Care Advisory Committee
 - Executive and Senior staff
 - LTSS staff



Defining Expectations

- Detailed contract amendments developed in partnership with contracted MCOs
<http://www.tn.gov/tenncare/forms/middletnmco.pdf>
- Stakeholders engaged in defining key program design elements
 - Care Coordination (2.9.6, pp. 97-145))
 - Consumer Direction (2.9.7. pp. 146-164)
 - Quality (2.15, pp. 233-241; 2.25 , pp. 316-321; 2.30 , pp. 339-361; see also Quality Strategy @ <http://www.tn.gov/tenncare/forms/qualitystrategy2011.pdf>
- Protocols used to further define expectations



Training the Trainers

- Comprehensive training for MCOs on:
 - Care Coordination requirements, processes and protocols (including needs assessment, risk assessment/planning, person-centered plan development, individual cost neutrality, level of care reevaluations, transitions, etc.)
 - Consumer Direction (including FEA)
- Training for AAADs/MCOs on:
Intake/enrollment processes & requirements



Contractor Training Requirements

- TennCare/MCOs collaborated in NF and HCBS provider trainings across the State
- MCO contracts specify detailed training requirements for:
 - Care Coordinators (2.9.6.11.18 and 2.9.6.11.19, pp. 140-141)
 - Providers, including EVV (2.18.6 and 2.18.7.2., pp. 264-266)
 - FEA, including EVV (2.9.7.3.11, pp. 150-151)
- FEA contract specifies detailed training requirements for:
 - MCOs
 - Support Brokers
 - Members (See also 2.9.7.7 of MCO CRA, pp. 160-161.)
 - Workers (See also 2.9.7.7 of MCO CRA pp. 161-162.)



Readiness Review included:

- TennCare review/approval of all training materials
- Videotaped assessment/review of CHOICES care coordinator intake, assessment and care planning processes
- TennCare participation in MCO Care Coordinator Training
- Care Coordinator ride alongs



Specialized Training

- Medical appeals training for:
 - Internal staff
 - Contracted medical review staff
 - MCOs
- TPAES (LTSS eligibility/enrollment *system*) training for:
 - Department of Human Services (performs financial eligibility determinations)
 - MCOs (facilitates LTSS enrollment for existing members)
 - AAADs (facilitates eligibility/enrollment for non-Medicaid applicants)
 - Nursing Facilities



Other State Agency Training

- DHS training for:
 - Eligibility staff
 - AAADs on facilitated Medicaid enrollment
 - MCOs
- Program/benefits training for:
 - TBI
 - Office of Inspector General
 - TennCare program integrity/audit staff
 - MCO program integrity staff



Member Education/Training:

- One-on-one, face-to-face
- AAADs, MCO Care Coordinators, FEA Support Brokers
- Standardized materials developed by TennCare
 - CHOICES Education materials, including Estate Recovery
 - Freedom of Choice education/form
 - Patient liability education/form
 - Risk Agreement
 - Member handbook
 - Consumer Direction education/form
 - Consumer Direction Self-Assessment tool
 - Representative Agreement
 - Service Agreement
 - Consumer Direction handbook



Key Learnings/Advice to States:

- Stakeholder engagement is key.
- Engagement in program design lays a solid foundation to build on.
- It's never too early to get started.
- There are more people to inform/educate than you think.
- You can't say it too many times.
- Don't assume what people already know.
- Training is never finished; it is ongoing.
- You will need a cadre of capable, informed presenters.
- Leverage technology whenever possible – web-based training, webinars, etc.



Questions?