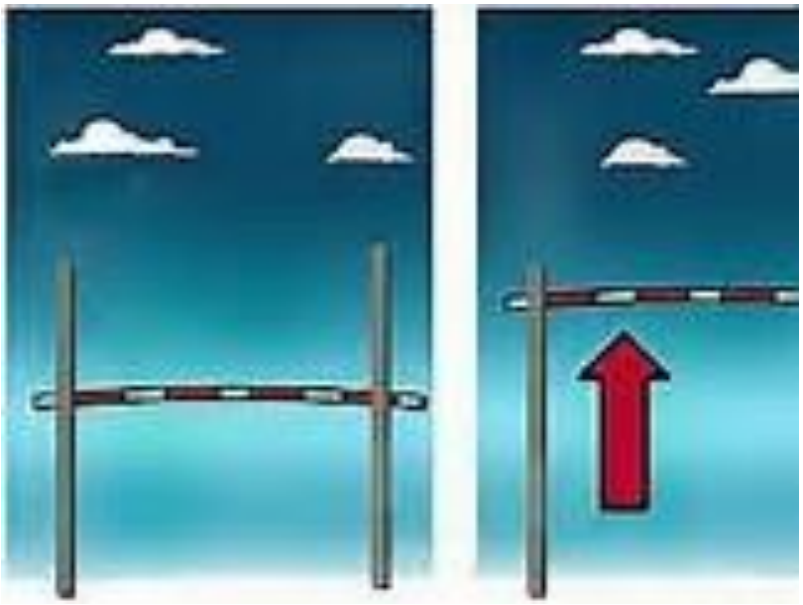
TN Division of TennCare

Raising the Bar:

Setting Expectations for the Future of Medicaid MLTSS



Patti Killingsworth

Assistant Commissioner/Chief of LTSS

September 11, 2017

Service Delivery System in Tennessee

- TennCare managed care demonstration began in 1994
- Operates under the authority of an 1115 demonstration
- *Entire* Medicaid population (1.4 million) in managed care since 1994 (including individuals with I/DD)
- Three health plans (MCOs) operating statewide
- Physical/behavioral health integrated beginning in 2007
- Managed LTSS began with the CHOICES program in 2010
  - Older adults and adults with physical disabilities *only*
  - 3 Section 1915(c) waivers and ICF/IID services for individuals with I/DD carved out; operated by Department of Intellectual and Developmental Disabilities (DIDD) (people carved in for physical and behavioral health services)
  - New MLTSS program for individuals with I/DD began July 2016: *Employment and Community First CHOICES*

TN

The Growth of MLTSS

So what?

Source: NASUAD.org

The "Promise" of MLTSS

Better Experience	Coordination of services; integration with primary, acute, and behavioral
Better Outcomes	Health, function, quality of life
Flexibility	Ability to tailor unique services/supports
Predictable, Managed Costs	Budget stability and trend management
Alignment of financial incentives	Pay for quality and value
Expanded access to HCBS	The potential to provide services to more people and for increased flexibility in service provision—if done "right"
System Balancing	Increase use of community services and decrease inappropriate use of institutional services

Source: TruvenHealth—*modified*

The "Promise" of MLTSS

We must not promise what we ought not, lest we be called on to perform what we cannot.

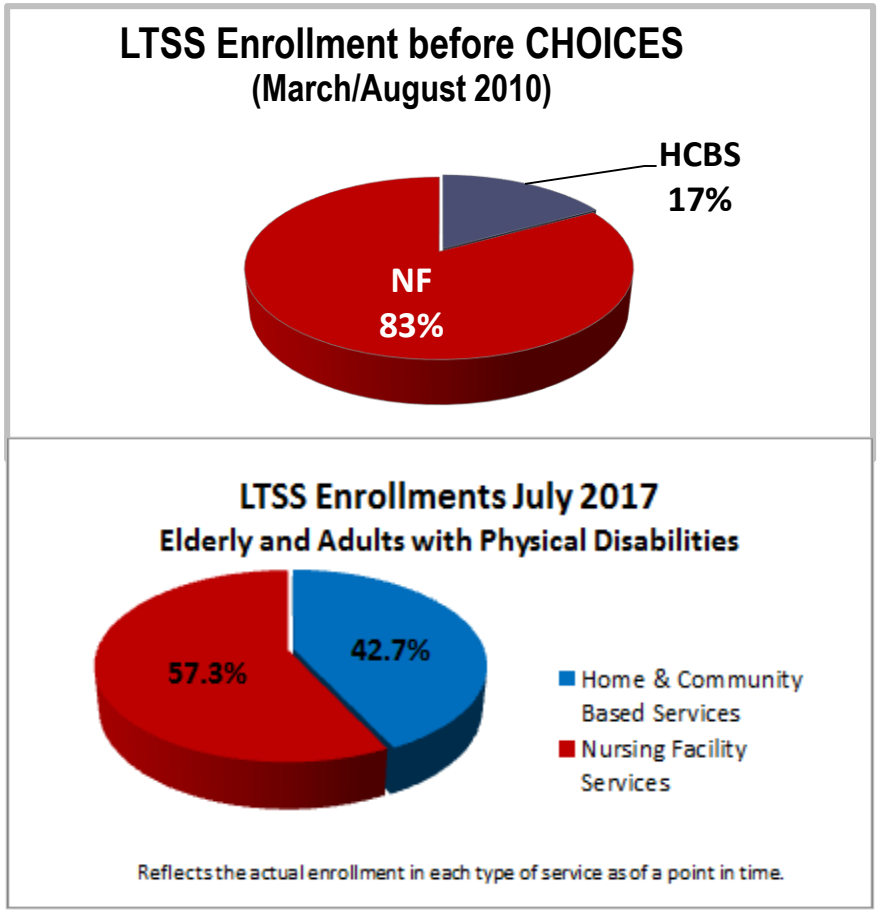
—Abraham Lincoln

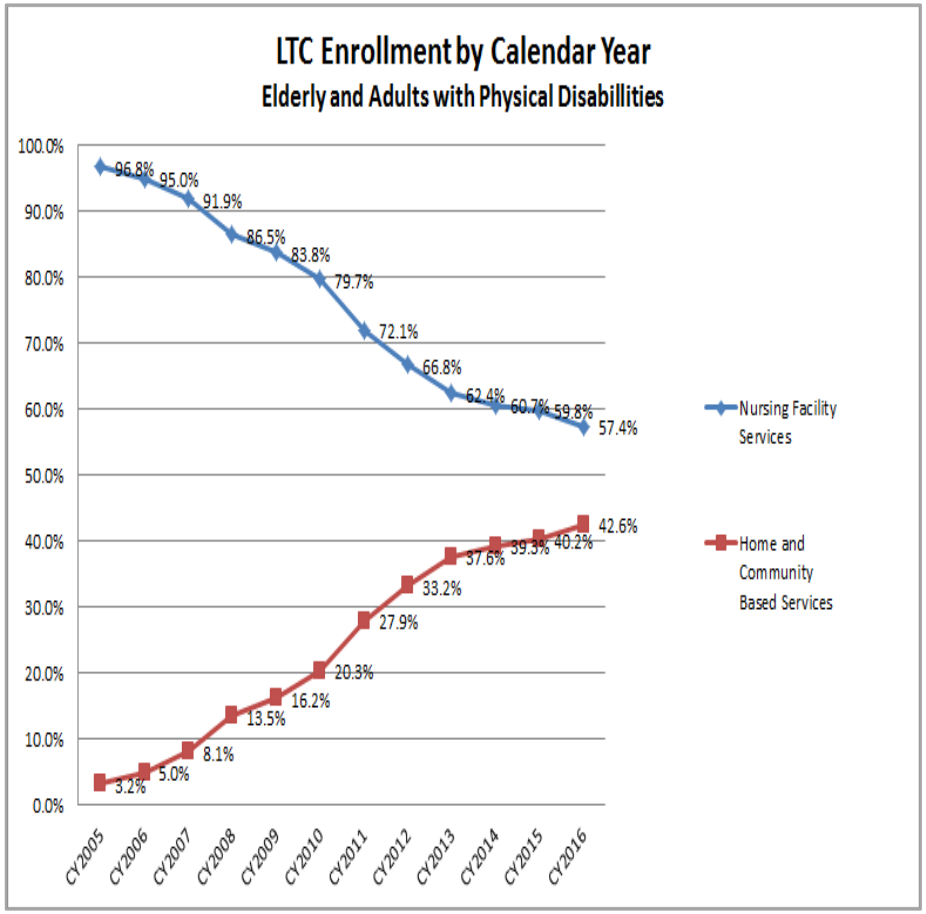
Some Key Questions

- Can we demonstrate the value of MLTSS?
  - For states
  - Most importantly, for beneficiaries
- Are we *"measuring what we value"* or *"valuing what we can measure?"*
- Can health plans be *truly* "person-centered?
- Can they move beyond a medical (clinical) model?
- Are we really *coordinating* services **and** supports (SDH)?
- Is *real* "integration" possible?
- Can we serve the most complex populations?
- Is the model replicable and customizable?
- What capacities do health plans need to develop?
- How do states *partner* to make that happen?

Keeping the "Promise" of MLTSS

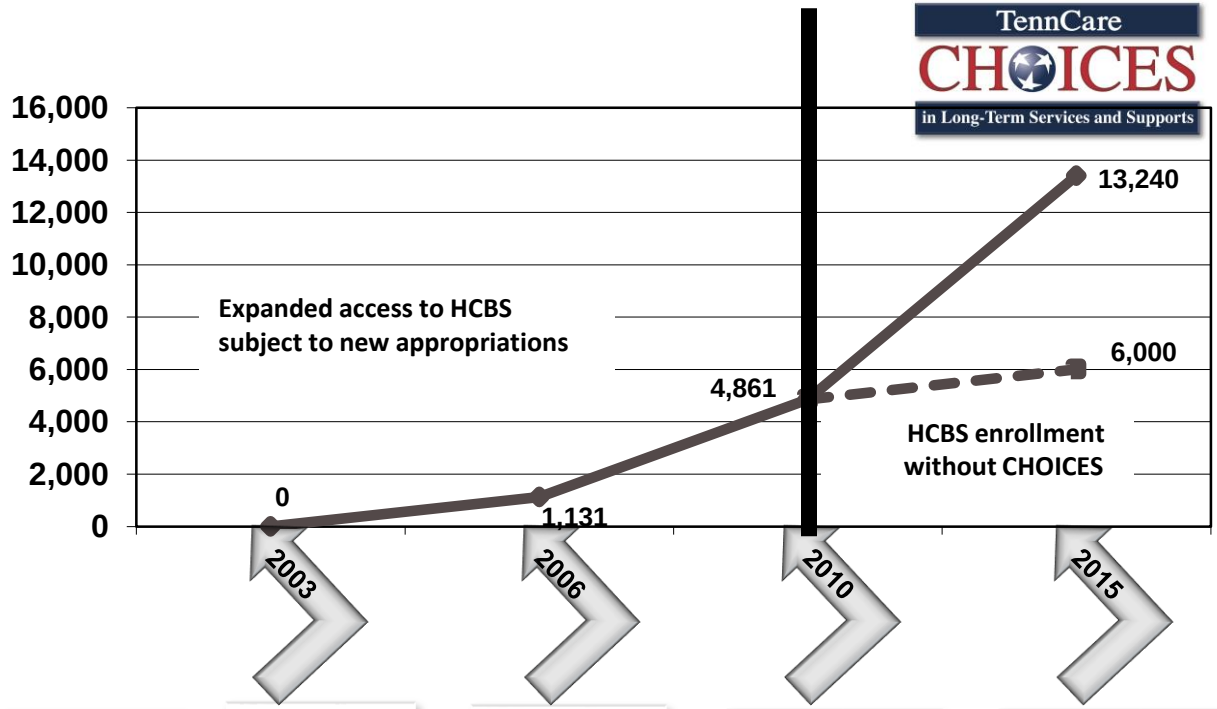
The value of MLTSS for states





Keeping the "Promise" of MLTSS

Access to HCBS before and after



- **Global budget approach:**
  - Limited LTSS funding spent based on needs and preferences of those who need care
  - More cost-effective HCBS serves more people with existing LTSS funds
  - Critical as population ages and demand for LTSS increases

HCBS waiting list eliminated in CHOICES

Beyond Compliance

What states need/expect from health plans in MLTSS

- **Partnerships** – with the State, other MCOs, providers, advocates and CBOs, families, beneficiaries
- **Innovation** (thought leadership)
- **Investments** – in building the capacity of physical and behavioral health providers to serve complex populations, LTSS providers/workforce, technology, health plan expertise (employment, housing, behavior supports, dental)
- A *different* approach to network development, provider services
- A *different* approach to care coordination
- **Results** (outcomes, including personal outcomes/quality of life)
- **Cultural transformation**: Person-centered *organizations*

Beyond Compliance: Cultural Transformation

"Here's where it gets a little challenging."

Beyond Contracting

How states partner with health plans in MLTSS

- **Clear, well-defined expectations**; ongoing review/revision
- **Aligned incentives**
- **Communication and collaboration** – b/t state and health plan, health pan and providers, stakeholders, etc.
- **Training and technical assistance**
- **Investments** – in building the capacity of the health plan to serve complex populations, manage LTSS; LTSS providers/ workforce, technology, state expertise (employment, housing)
- **Readiness review**
- **Accountability**
- **Performance measurement/feedback**