



# **WAIT LIST REDUCTION IN TENNESSEE**

TESTIMONY TO KY INTERIM JOINT  
COMMITTEE ON FAMILIES AND CHILDREN



The **Department of Intellectual and Developmental Disabilities** (DIDD) became a standalone agency in **2011**.

Provides support to approximately **25,000 children and adults** with disabilities in TN.

DIDD provides support in a variety of Programs:

- Tennessee Early Intervention System
- Katie Beckett Program
- Home and Community Based Services
- Family Support Program
- Seating and Positioning Clinics
- MAPs Program

# HCBS WAIVERS IN TENNESSEE

- First Medicaid HCBS Waivers (1915(c) waivers) established in 1986 as alternatives to institutional care.
  - Statewide Waiver: HCBS waiver with an individualized cost cap based on average annual care in ICF/IID
  - Comprehensive Aggregate Capped (CAC) Waiver: established as a result of federal lawsuits for people transitioning out of developmental centers, those at risk of institutionalization, those with very high support needs prior to 2015.
  - Self-Determination Waiver: waiver designed to support people in the family home (\$30,000 cap with \$6,000 in emergency funds)

# HCBS WAIVERS IN TENNESSEE

- Statewide Waiver and CAC Waiver built upon assumption of 24/7 onsite support which skyrocketed individual costs.
- Because of funding, enrollments limited to those in crisis situations, generally fewer than 300 annually.
- Waivers only supported people with intellectual disabilities and not developmental disabilities
- Enrollment in 1915(c) waivers at approximately 8,000 in June 2016

# THE GROWTH OF THE WAIT LIST

- Because of high individualized costs and limited appropriations, the waiting list doubled between 2003 and 2012:
  - 3,163 in December 2003
  - 7,274 in December 2012
- When DIDD and TennCare (State Medicaid Agency) closed the 1915(c)waivers to most new enrollment June 30, 2016 the wait list was **5,783**
- **July 1, 2016** was the start date for a new MLTSS program for both those with ID and DD: **Employment and Community First CHOICES**

# EMPLOYMENT AND COMMUNITY FIRST CHOICES (ECF CHOICES)

- Program for people with intellectual and developmental disabilities with a focus on employment as the first and preferred option
- Administered by the state's three managed care organizations with DIDD and TennCare oversight
- Contains 5 different benefit groups (Groups 4-8) with different cost caps and service limits to better maximize resources

# WAIT LIST REDUCTION

- ECF CHOICES started in FY2017 with appropriations for 1,700 slots (WL was at 5,783)
- Program expanded another 1,000 slots in FY2018
- In 2019—DIDD and TennCare developed joint strategic goal to eliminate the waiting list by 2023
- The wait list elimination approach not only included increased appropriations but also cost-containment and wait list management to maximize available resources

# WAIT LIST REDUCTION: APPROPRIATIONS

- Using available funding from the American Rescue Plan (ARP) and supported on a recurring basis from the Governor and General Assembly, ECF CHOICES expanded by another 2,000 slots.
- DIDD and the 3 MCOs conducted an exhaustive wait list outreach effort in 2022 to determine service needs and offer enrollment
- While many people wanted services and were enrolled in ECF, others did not want services or were no longer eligible (moved out of state, etc.)
- DIDD and TennCare met its goal to eliminate the Waiting List by the end of 2022



# WAIT LIST REDUCTION: MAXIMIZING RESOURCES & EXPANDING OPTIONS

**Enabling Technology:** Supports a person's independence goals while reducing unnecessary staff supports.

- Remote supports
  - Remote job coaching
  - Sensors and other tools to support those with limited mobility control their environment (*ring doorbell, automatic med dispensers, bed sensors, door controls*)
  - Phone applications for independent travel
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- Use of Enabling Technology can reduce costs while drastically improving a person's quality of life
  - Limited staff resources can be dedicated to those who need in person support

# WAIT LIST REDUCTION: MAXIMIZING RESOURCES & EXPANDING OPTIONS

DIDD developed the MAPs program in 2022 to help empower and enable people to establish community networks and living skills to support and sustain independence and reduce the need for intensive long term services and supports.

The **Medicaid Alternative Pathways** (MAPs) to Independence Program is for people who want to:

- Develop independent living skills
- Create networks with people, places, and activities in their community
- Create travel routes and get around the community more independently
- Get a job and grow professionally
- Use enabling technology to increase independence in all areas of life

# WAIT LIST REDUCTION: MAXIMIZING RESOURCES & EXPANDING OPTIONS

## Katie Beckett Program Part B: Medicaid Diversion Program

- Tennessee's Katie Beckett Program provides support to children under 18 with significant disabilities and/or complex medical needs who don't qualify for Medicaid because of the family's income and assets.
- Rather than provide full Medicaid services, Part B provides \$10,000 annually of flexible assistance to meet a child and family's individual needs
- Most popular service is the Healthcare Reimbursement Account (HRA) which works similar to a Flexible Spending Account and can be used to pay for qualified medical expenses, including co-pays and medications
- 2,700 children enrolled, and DIDD has received funding to enroll an additional 1,300 children

# WAIT LIST REDUCTION: MAXIMIZING RESOURCES & EXPANDING OPTIONS

Introducing a **Flexible Support Rate** in established 1915(c) Waivers

- Current residential rates are tied to staffing ratios, which discourages providers from increasing a person's independence
- New rate will allow for people to decide what times of the day and/or week they want direct support and which times they want to use alternative tools (Enabling Technology, natural supports, etc.) in the home or community
- Cost difference between current residential rate and flex rate will be shared between state and providers. The state will reinvest its share into enhancing HCBS

# FINAL THOUGHTS

- There will always be people with intellectual and developmental disabilities seeking services and with limited appropriations, wait lists will likely continue to exist in TN and other states
- DIDD aims to balance those appropriations requests with thoughtful program design aimed at increasing independence, offering a variety of program options and targeted incentives that reward self-sufficiency, gainful employment, use of tools like enabling technology and aggressive development of natural support networks aimed to reduce the reliance of people on Medicaid-funded supports.



# THANK YOU!

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