



®

Body and Soul:

**Leading Change in
Behavioral Health Integration
for Individuals with I/DD**

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 (people carved in for physical and behavioral health services)
 - New MLTSS program for individuals with I/DD implemented July 2016: *Employment and Community First CHOICES*

Members with I/DD in Tennessee

- 70% of TennCare LTSS members with I/DD are dual eligible
- 3% of TennCare members (roughly 38,400) account for 50% of program costs
- Of that 3%, nearly 7,000 are people with I/DD receiving LTSS
- More than 75% of all people with I/DD receiving LTSS are in the top 3% of the most expensive people served in TennCare (consuming 50% of program expenditures)
- Behavioral health services for members with I/DD primarily crisis driven; little linkage with community mental health providers
- Significant impact on community services/community tenure
- High E/D, inpatient, psychotropic utilization
- *Significant* opportunities to improve coordination of physical/behavioral health/LTSS needs (quality and cost efficiency)

Building system capacity

- Partnership with I/DD agency and UCED to create toolkit and training for physicians/prescribers and individuals/families
 - IDDToolKit.org
 - *Appropriate Use of Psychotropic Medications for People with IDD: Helping Individuals Get the Best Behavioral Health Care*
 - 8 web-based modules totaling 90 minutes, including *Non-pharmacologic Treatments for Challenging Behavior*
 - 1 ½ hours **free** CME credits
 - Completed by 740 professionals in first 20 months; 50% indicated they would change something in their practice as a result of the training
 - Parallel track for families, DSPs and other caregivers
- New prior authorization requirements for psychotropic medications for members with I/DD
 - Psychiatric diagnosis, completion of training, or required documentation
 - Limited authorization period (90 days) for new prescriptions to evaluate efficacy, with documentation required for renewal
 - Pharmacy edits and documentation for polypharmacy

Building “*Systems of Support*” (“SOS”)

- **Behavioral Health Crisis Prevention, Intervention and Stabilization Services**
 - Designed in collaboration with and delivered by contracted MCOs (joint RFI/provider selection process)
 - More than behavioral health *services*
 - ***A model of service delivery*** that is intended to *build the capacity of the system* to better support individuals with I/DD who experience challenging behavior—creating more effective *Systems of Support*
 - Assist the person in achieving greater independence, community participation and improved quality of life, and a higher degree of stability and community tenure

Building “*Systems of Support*” (“SOS”)

- **Behavioral Health Crisis Prevention, Intervention and Stabilization Services**
 - Person-centered **assessment**
 - Development of person-centered **Crisis Prevention and Intervention Plan (CPIP)**
 - **Training** for paid and unpaid caregivers to equip them to provide positive behavior supports; identify, address, and prevent potential crisis
 - Development of **community linkages and cross-system supports** based on the individualized needs of each member and the member’s CPIP
 - **24/7 crisis intervention/stabilization response**

Building “*Systems of Support*” (“SOS”)

- **Behavioral Health Crisis Prevention, Intervention and Stabilization Services**
 - Referral to **therapeutic respite or inpatient services**, only when necessary
 - Engagement/coordination with therapeutic respite or inpatient provider to plan and prepare for transition back to community living arrangement as soon as appropriate
 - Coordination w/ person/family, residential provider, Support Coordinator
 - Training for paid and unpaid caregivers on any adjustments to the CPIP prior to transition
 - Working with the PCP or Psychiatrist (or other prescriber) to reconcile psychotropic and other medications upon discharge
 - Data collection, analysis, and reporting

Building “*Systems of Support*” (“SOS”)

- Monthly case rate aligned to support improvement and independence
- Technology platform tracks outcome measures to establish additional VBP components
 - Decrease crisis events requiring out-of-home placement
 - Decrease ER visits
 - Decrease inappropriate inpatient psychiatric hospitalizations (utilization and cost)
 - Decrease behavioral respite utilization
 - Decrease use of psychotropic medications (except to treat diagnosed MH conditions)
 - Decrease intensity/cost of HCBS (more cost-effective services/integrated settings)
 - Increase sustained community living (community tenure)
 - Increase integrated employment
- Additional measures tracked for program management

Building “*Systems of Support*” (“SOS”)

- Implemented 2016
- In addition to dramatic case-specific outcomes, early successes* include:
 - 91% hospital diversion w/ notification during crisis
 - 89% hospital diversion w/ notification after crisis
 - Substantial reductions in utilization of psychotropic medications
 - 76% decrease in members receiving 1-2 PRN (37 to 9)
 - 100% decrease in members receiving 3-6 PRN (4 to 0)
 - 100% decrease in members receiving 7-9 PRN (1 member)
 - 100% decrease in members receiving 10 or more PRN (1 member)
 - Nearly twofold increase in integrated employment (12 to 21%)
 - Increased participation in community activities
 - Increased engagement in meaningful relationships (friends/family contacts)

*Data collected through technology platform; not yet validated

Continuing to build...what's on the horizon

- Certified Peer Support Specialists/Peer Support Centers with I/DD training/designation
- Peer network to support SOS Champions/Co-Champions
- Targeted benefits (integrating LTSS and BH) for children and adults with the most challenging behavior support needs
- Increasing capacity for trauma informed care, including intensive trauma work specialists
- Building a learning community and national SMEs, leveraging teleconsultation
- I/DD health homes/behavioral health homes