

## **Disability and Aging Inventory Contents**

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### 1915(c) Home and Community Based Services (HCBS) Waiver Programs



#### **Strong Evidence**

| Program/Intervention Name       | Description/Additional Infor  | rmation  |  |
|---------------------------------|---|--|--|
| 1915(c) Home and Community      | Tennessee's 1915(c) Home and  | Tennessee's 1915(c) Home and Community-Based Services (HCBS) Waiver Programs are Medicaid waivers approved   |  |
| Based Services (HCBS) Waiver    | by the federal government to p  | by the federal government to provide HCBS to individuals with intellectual or developmental disabilities. In |  |
| <u>Programs</u>                 | particular, the waivers allow Tennessee to develop home and community-based services to meet the needs of   |  |  |
| ☑ Program                       | people who prefer to get long-term care services and supports in their home or community, rather than in an |  |  |
| ☐ Intervention within Program:  | institutional setting.  |  |  |
| Delivery Setting                |   | Target Population  |  |
| Home, Workplace, Other Communit | y Setting   | Adults, Persons with Disability  |  |

| Logic Model   | Outputs   | Outcome(s)  |
|---|---|---|
| If we deliver home and community-based  | 1. Number of individuals served   | 1. Percent of waiver recipients whose emerging  |
| services to meet the needs of people with intellectual or developmental disabilities (IDD)                                    | 2. Number of participants receiving employment services                                     | health problems are being addressed (via survey sample)   |
| who prefer to receive long-term care services and supports in their homes or communities, rather                              | 3. Number of participants receiving residential services                                    | 2. Percent of people receiving residential services who report being able to control personal funds                       |
| than in an institutional setting, then we will maximize the quality of life, functional independence, health and wellbeing of | 4. Percent of requests for services completed within 14 days                                |   |
| individuals who receive these services, while also promoting more cost-effective forms of care.                               | 5. Number of statewide contractors who receive funding to support implementation of waivers | 3. Percent of people receiving residential services who report being able to decide who has a key/access to their bedroom |

| Evidence              |                          | Causal Evidence                    |
|-----------------------|--------------------------|------------------------------------|
| Clearinghouse         | Entry Name & Link        | Evidence Rating                    |
| What Works for Health | Service-enriched housing | Some evidence from several studies |



### **Assessment and Stabilization Teams**



#### **Outcomes**

| Program/Intervention Name             | Description/Additional I   | nformation  |
|---------------------------------------|--|---|
| Assessment and Stabilization Teams    | The Tennessee START Assessment & Stabilization Teams (TN START) is a statewide mental health service for   |   |
| ⊠ Program                             | individuals with intellectual  | and developmental disabilities who have complex behavioral or mental health |
| ☐ Intervention within Program:        | needs (MH-IDD). The START model is a comprehensive model of service supports for community-based crisis prevention and intervention that optimizes independence, treatment, and community living for individuals |   |
|                                       | with IDD and behavioral health needs. TN START provides prevention and stabilization through 24/7 in-person  |   |
|                                       | crisis response, ongoing cross-systems crisis stabilization planning, training and education, consultation and   |   |
|                                       | systemic analysis, and formalized partnerships with other systemic entities.   |   |
| Delivery Setting                      |  | Target Population   |
| Home, School, Other Community Setting |  | Children, Adolescents/Young Adults, Adults, Persons with Disability         |

| Logic Model  | Outputs   | Outcome(s)                                       |
|--|---|--|
| If we provide community-based crisis prevention    | 1. Number of enrolled and active cases          | 1. Percent of Emergency Crisis Response Services |
| and intervention including 24/7 in-person crisis   |   | being resolved and maintained in a Community     |
| response, ongoing cross-systems crisis             |   | Setting  |
| stabilization planning, training and education,    | 2. Number of Emergency Crisis Response Services |  |
| and establishing formalized partnerships, then     | provided for those enrolled                     |  |
| we will increase stabilization of individuals with | 3. Number of Systemic Education, Training and   |  |
| MH-IDD in a community setting and decrease the     | Consultation events provided                    |  |
| need for higher levels of intervention and, in     | 4. Number of Signed Partnership Agreements,     |  |
| doing so, increase long-term stabilization,        | disaggregated by type                           |  |
| independence, treatment, and community living      |   |  |
| for these individuals.                             |   |  |
|  |   | Pack to ton                                      |



# **Employment First**



life.

#### **Strong Evidence**

| Program/Intervention Name          | Description/Additional Info  | rmation   |  |
|------------------------------------|--|---|--|
| Employment First                   | Employment First, means that e   | Employment First, means that employment in the general workforce should be the first and preferred option for |  |
| ☑ Program                          | individuals with disabilities receiving assistance from publicly funded systems. Supported Employment Services, in |   |  |
| ☐ Intervention within Program:     | support of the Employment First philosophy, are aimed at helping people decide to work, determine the best career  |   |  |
|                                    | path for them, obtain and maintain their chosen job, and ultimately advance in their career.                       |   |  |
| <b>Delivery Setting</b>            |  | Target Population   |  |
| Organizations/Businesses/Local Gov | vernments, Home, Workplace,  | Children, Adolescents/Young Adults, Adults, Persons with Disability   |  |
| Other Community Setting            |  |   |  |

| Logic Model  | Outputs  | Outcome(s) |
|--|--|------------|
| If we help individuals with intellectual and         | 1. Number of people supported who receive pre- |            |
| developmental disabilities receiving assistance      | employment services                            |            |
| from publicly funded systems to decide to work,      | 2. Number of provider agencies delivering pre- |            |
| determine the best career path for them, obtain      | employment services                            |            |
| and maintain their chosen job, and ultimately        | employment services                            |            |
| advance in their careers, then more Tennesseans      |  |            |
| with disabilities will become employed and, as a     |  |            |
| result, will gain greater economic self-sufficiency, |  |            |
| have greater opportunities to use their skills, and  |  |            |
| achieve more active participation in community       |  |            |

| Evidence              |                           | Causal Evidence                            |
|-----------------------|---------------------------|--|
| Clearinghouse         | Entry Name & Link         | Evidence Rating                            |
| What Works for Health | Adult Vocational Training | Scientifically supported (several studies) |



# **Enabling Technology**



#### Outputs

| Program/Intervention Name          | Description/Additional Infor   | mation   |
|------------------------------------|--|--|
| Enabling Technology                | Enabling Technology is a person-centered approach that provides access to equipment and/or methodologies that  |  |
| ☑ Program                          | help people with intellectual and developmental disabilities increase their independence, achieve personal     |  |
| ☐ Intervention within Program:     | development, and enhance their self-determination in their homes, communities, and/or workplaces. The Enabling |  |
|                                    | Technology Program is available to any person enrolled in the 1915(c) waivers, Employment and Community First  |  |
|                                    | (ECF) CHOICES, or CHOICES long-term services and supports programs.  |  |
| Delivery Setting                   |  | Target Population  |
| Organizations/Businesses/Local Gov | ernments, Home, Residential  | Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults, Families, |
| Facility, Other Community Setting  |  | Persons with Disability  |

| Logic Model                                       | Outputs  | Outcome(s) |
|---|--|------------|
| If we provide person-centered enabling            | 1. Number of persons using Enabling Technology         |            |
| technology solutions, such as remote support      | provided by the program at home, at work, and in       |            |
| technology systems, environmental controls,       | the community  |            |
| mobile smart devices, two-way audio/video         | 2. Number of persons receiving indirect (remote)       |            |
| technology, automated medication dispensers,      | support at home, at work, and in the community         |            |
| and software applications, to persons with        | 3. Number of providers supporting people with          |            |
| intellectual and developmental disabilities, then | Enabling Technology at home, at work, and in the       |            |
| they will have new tools and skills to achieve    | community  |            |
| greater independence and quality of life at home, | 4. Number of providers with Technology 1 <sup>st</sup> |            |
| at work, and in their communities, and ultimately | training and accreditation                             |            |
| reduce their need for traditional long-term       | 5. Number of Independent Support Coordination          |            |
| services and supports.                            | (ISC) agencies with Technology 1st training and        |            |
|   | accreditation  |            |



## **Family Support Program**



#### Outcomes

| Program/Intervention Name      | Description/Additional Information  |  |
|--------------------------------|---|--|
| Family Support Program         | The Family Support Program offers individuals with severe disabilities and their families who do not receive any  |  |
| ☑ Program                      | other comprehensive services the opportunity to remain together and to choose supports that increase their quality  |  |
| ☐ Intervention within Program: | of life and well-being, regardless of age and income. The program is used for a wide range of costs and services related to disability, including respite care, equipment/supplies, nursing, counseling, housing costs, personal assistance, health-related needs, equipment, and more. |  |
| Delivery Setting               | Target Population   |  |
| Home, Other Community Setting  | Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults, Families,  |  |
|                                | Persons with Disability   |  |

| Logic Model  | Outputs   | Outcome(s)   |
|--|---|--|
| If we support families that include individuals      | 1. The number of people actively receiving Family | 1. Percent of families that report that the Family |
| with severe disabilities not supported by other      | Support funding.                                  | Support Program always makes their life easier     |
| residential programs funded by state or federal      |   | (Survey Results)                                   |
| funds by allowing families the flexibility to select | 2. Number of people receiving respite             | 2. Percent of families that report that they have  |
| the services that offer the most support to their    |   | additional needs not met by the Family Support     |
| unique situation, then we will offer families the    |   | Program (Survey Results)                           |
| opportunity to remain together and to choose         | 3. Number of people receiving personal            |  |
| supports that increase their quality of life and     | assistance  |  |
| well-being regardless of age and income.             | 4. Number of people receiving health related      |  |
|  | services  |  |
|  | 5. The number of recipients waiting on services   |  |



## **Harold Jordan Center**



#### Outcomes

| Program/Intervention Name   | Description/Additional Infor  | mation   |
|---|---|--|
| Harold Jordan Center  | The Harold Jordan Center (HJC)  | provides unique, individualized clinical treatment to stabilize and treat a behaviorally |
| ☑ Program   | complex population in order to  | improve quality of life and provide steppingstones for community re-integration. The     |
| ☐ Intervention within Program:                                      | HJC utilizes therapeutic and beh  | navioral interventions, a supportive environment, vocational training/employment         |
|   | education, skills development, a  | and optimal health/psychiatric diagnostic assessment to enable individuals to            |
|   | manage their illness through the lowest possible amount of medication. The HJC currently operates two programs: a |  |
|   | four-bed court ordered forensic program, and an Intermediate Care Facilities for Individuals with Intellectual    |  |
|   | Disabilities (ICF/IID) program for people with intellectual disabilities who also have a significant co-occurring |  |
|   | behavioral/mental health diagnosis.   |  |
| Delivery Setting  | Target Population   |  |
| Correctional Facility, Court, Hospital/Treatment Center, Inpatient, |   | Adults, Persons with Disability, Justice-involved  |
| Outdoor Spaces, Residential Facility,                               | Other Community Setting   |  |

| Logic Model                                       | Outputs   | Outcome(s)                                   |
|---|---|--|
| If we provide unique, individualized clinical     | 1. Number of individuals served                   | 1. Total number of Forensic Assessment Unit  |
| treatment to stabilize and treat individuals with | 2. Number of Forensic Assessment Unit             | residents served                             |
| behaviorally complex issues, including            | admissions found competent and returned to jail   |  |
| therapeutic and behavioral interventions, a       | 3. Number of Forensic Assessment Unit             | 2. Total number of emergency restraint usage |
| supportive environment, and vocational            | admissions found not competent and discharged     |  |
| training/employment education, then we will       | to the community                                  |  |
| maximize their quality of life, functional        | 4. Number of Intermediate Care Facility residents |  |
| independence, and health/well-being by            | 5. Number of Intermediate Care Facility residents |  |
| stabilizing them for a successful community re-   | discharged to the community                       |  |
| integration.                                      |   |  |



### **Intermediate Care Facility (ICF) Homes**



#### **Outcomes**

| Program/Intervention Name            | Description/Additional Information   |   |  |
|--------------------------------------|--|---|--|
| Intermediate Care Facility (ICF)     | Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) at community-based homes provide |   |  |
| <u>Homes</u>                         | 24-hour supports to maintain th  | 24-hour supports to maintain the physical, intellectual, social and emotional capabilities of people supported. The |  |
| ☑ Program                            | homes meet all applicable federal and state code requirements for ICF/IID programs, are wheelchair accessible, and     |   |  |
| ☐ Intervention within Program:       | have the added safety measure of fire sprinkler systems.   |   |  |
| Delivery Setting                     | Target Population  |   |  |
| Residential Facility, Other Communit | y Setting  | Adults, Persons with Disability   |  |

| Logic Model                                      | Outputs  | Outcome(s)   |
|--|--|--|
| If we deliver person-centered medical,           | 1. Capacity of licensed State ICF/IID homes        | 1. Utilization of State ICF/IID supports           |
| therapeutic and habilitative services and        | 2. Number of persons receiving State ICF/IID       |  |
| supports to individuals with significant         | services   |  |
| intellectual, developmental and physical         | 3. Overall Quality Improvement Internal Audit      | 2. Number of homes transitioned from ICF/IID       |
| challenges within four-person community homes,   | Scores for State ICF/IID                           | services to Residential Habilitation to support TN |
| then we will better meet their personal, social, |  | Strong Family Homes program                        |
| physical and environmental needs outside of      | 4. Diversity of persons in services (gender, race, |  |
| traditional large congregate long term care      | ethnicity)   |  |
| settings such as nursing homes or other          |  | •  |
| institutional settings.                          |  |  |



### Medicaid Alternative Pathways to Independence (MAPs)



#### Outputs

| Program/Intervention Name        | Description/Additional Information   |   |
|----------------------------------|--|---|
| Medicaid Alternative Pathways to | Medicaid Alternative Pathways  | to Independence (MAPs) is a program that helps people with intellectual and         |
| Independence (MAPs)              | developmental disabilities learn   | n new skills, become employed, live independently, learn about their neighborhoods, |
| ☑ Program                        | and find hobbies that interest tl  | hem. The services in this program help people identify community interests and      |
| ☐ Intervention within Program:   | resources, build a Virtual Community Resource Map, establish meaningful community networks, and develop            |   |
|                                  | independent living skills through supports such as technology-enhanced home living skills, community               |   |
|                                  | transportation, peer mentoring, and employment services. Eligibility for MAPs begins with high school students who |   |
|                                  | are in their last three years of exiting the HS setting and extends through adulthood.                             |   |
| Delivery Setting                 |  | Target Population   |
| Home, Workplace, Other Community | y Setting  | Adolescents/Young Adults, Adults, Persons with Disability                           |

| Logic Model   | Outputs   | Outcome(s)  |
|---|---|-------------|
| If we support transition-age people with              | 1. Numbers of persons receiving MAPs services   |             |
| intellectual and developmental disabilities to        | 2. Number of persons using a Virtual Community  |             |
| identify their goals and interests, create a virtual  | Resource Map (VCRM)                             |             |
| community resource map, acquire new skills and        | 3. Number of persons receiving SMART Travel     |             |
| tools, and harness the power of Enabling              | Training  |             |
| Technology, then they will reduce their need for      | 4. Number of providers delivering MAPs services |             |
| traditional long-term services and supports (LTSS)    |   |             |
| and they will achieve greater independence and        |   |             |
| quality of life in accordance with their aspirations. |   |             |
|   | -   | Back to tor |



## **Seating & Positioning Clinics**



#### Outputs

| Program/Intervention Name      | Description/Additional Information   |   |  |
|--------------------------------|--|---|--|
| Seating & Positioning Clinics  | The Seating and Positioning Clir   | The Seating and Positioning Clinics—located in Greeneville, Nashville, and Arlington—serve children and adults with |  |
| ☑ Program                      | seating and positioning needs b  | by creating custom therapeutic equipment and modifying existing seating systems. At                                 |  |
| ☐ Intervention within Program: | the clinics, occupational therapists, physical therapists, and equipment fabricators work closely with individuals to support them in a safe and comfortable way, promoting optimal body alignment, so they can relax, learn new skills, and be more actively engaged in their day. Mobile clinics in East and West TN ensure rural access and service delivery. |   |  |
| Delivery Setting               |  | Target Population   |  |
| Home, Mobile, Outpatient       |  | Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults, Persons with                                   |  |
|                                |  | Disability  |  |

| Logic Model                                      | Outputs                                     | Outcome(s) |
|--|---|------------|
| If we offer custom seating solutions and         | 1. Number of active cases/persons supported |            |
| therapeutic equipment to children and adults     | 2. Number of clinic appointments            |            |
| with complex seating and positioning needs       | 3. Number of mobile clinic hub locations    |            |
| through clinical evaluation with                 |   |            |
| occupational/physical therapists and on-site     |   |            |
| medical equipment fabrication, then persons      |   |            |
| supported by the clinic will see improved health |   |            |
| outcomes, mobility, and quality of life.         |   |            |
|  |   | B. L       |



### **Tennessee Believes**



#### **Logic Model**

| Program/Intervention Name          | Description/Additional Information   |   |
|------------------------------------|--|---|
| <u>Tennessee Believes</u>          | Tennessee Believes provides grants to higher education institutions to increase the number of inclusive programs   |   |
| ☑ Program                          | that serve students with intelled  | tual and developmental disabilities. Grants are awarded to two- or four-year colleges |
| ☐ Intervention within Program:     | and universities in the state that are committed to launching new programs or enhancing existing programs. These   |   |
|                                    | grants are intended to support the strategic planning and partnerships that will lead to the inclusion of students |   |
|                                    | with intellectual and developmental disabilities in classrooms and campus life.                                    |   |
| Delivery Setting Target Population |  | Target Population   |
| School, Workplace, Other Communit  | ace, Other Community Setting  Adolescents/Young Adults, Adults, Persons with Disability                            |   |

| Logic Model                                      | Outputs | Outcome(s) |
|--|---------|------------|
| If we provide grants to higher education         |         |            |
| institutions to create more inclusive            |         |            |
| programming, such as developing programming      |         |            |
| that's focused on employment, independent        |         |            |
| living, and community inclusion, then students   |         |            |
| with disabilities will be able to participate in |         |            |
| higher education and achieve graduation,         |         |            |
| employment, and independence.                    |         |            |



### Tennessee Early Intervention System (TEIS)



#### **Strong Evidence**

| Program/Intervention Name      | Description/Additional Information  |  |  |
|--------------------------------|---|--|--|
| Tennessee Early Intervention   | The Tennessee Early Intervention  | The Tennessee Early Intervention System (TEIS) is a voluntary program that provides services to infants and young    |  |
| System (TEIS)                  | children who have disabilities o  | children who have disabilities or other developmental delays. TEIS helps families with children with disabilities or |  |
| ☑ Program                      | developmental delays connect t  | developmental delays connect to the support and services they need. At the point of eligibility, an Individualized   |  |
| ☐ Intervention within Program: | Family Service Plan (IFSP) team meeting will be held to determine the services and support that will help the child |  |  |
|                                | reach their optimal development, should the family decide to receive services.                                      |  |  |
| Delivery Setting               |   | Target Population  |  |
| Home, Other Community Setting  |   | Infancy/Early Childhood, Persons with Disability   |  |

| Logic Model   | Outputs  | Outcome(s)  |
|---|--|---|
| If we provide services to infants and young         | 1. Number of individuals who participated in the   | 1. Percent of IFSP goals with progress rated as     |
| children who have disabilities or other             | Tennessee Chapter of the American Academy of       | expected or above at 6-month and annual IFSP        |
| developmental delays, as well as supports to        | Pediatrics' (TNAAP's) Screening Tools and Referral | team meetings                                       |
| their families, including developing Individualized | Training (START) Training                          |   |
| Family Service Plans (IFSPs), then we will help     | 2. Number of cumulative training hours provided    | 2. Percent of TEIS families reporting annually that |
| more children make progress around the goals        | to contracted developmental therapy providers      | early intervention helped them help their child     |
| identified in their IFSPs and, more broadly,        |  | develop and learn                                   |
| support the positive development and quality of     | 3. Number of children served through TEIS          |   |
| life of children and families in the program.       | 4. Percent of planned services delivered timely    |   |
|   | (sample)   |   |
|   | 5. Number of IFSP meetings completed               |   |

| Evidence                           |                            | Causal Evidence              |  |
|------------------------------------|----------------------------|------------------------------|--|
| Clearinghouse                      | Entry Name & Link          | Evidence Rating              |  |
| Prenatal to 3 Policy Impact Center | Early Intervention Service | Effective (multiple studies) |  |



### Katie Beckett Program (Part B)



#### **Outcomes**

| Program/Intervention Name      | Description/Additional Information  |  |  |
|--------------------------------|---|--|--|
| Katie Beckett Program (Part B) | The Katie Beckett Program provides supports and services for children with disabilities and complex medical needs   |  |  |
| ☑ Program                      | under age 18 who do not qualify for Medicaid due to their parents' income or assets. Part B is for children in  |  |  |
| ☐ Intervention within Program: | Tennessee who have disabilities and complex medical needs who live at home and do not qualify for care in a medical institution but are at risk of requiring institutional-level care. Children who qualify for Part A can also receive |  |  |
|                                | Part B if there is no slot available in A.  |  |  |
| Delivery Setting               | Target Population   |  |  |
| Home, Other Community Setting  | Infancy/Early Childhood, Children, Adolescents/Young Adults, Persons with   |  |  |
|                                | Disability  |  |  |

| Logic Model   | Outputs  | Outcome(s)  |
|---|--|---|
| If we assist children with disabilities and complex | 1. Number of children enrolled in Katie Beckett  | 1. Percent of families who were satisfied with    |
| medical needs under age 18 who do not qualify       | Part B   | overall KB HRA, based on satisfaction survey data |
| for Medicaid and live at home but who are at risk   | 2. Number of children aged out of Katie Beckett  | 2. Amount of cost covered by HRA                  |
| of requiring institutional-level care, including    | 3. Number of children utilizing Healthcare       |   |
| reimbursements for eligible medical expenses        | Reimbursement Account                            |   |
| and other costs not covered by insurance for        | 4. Number of children utilizing Health Insurance |   |
| needed services, then we will help young people     | Premium Reimbursement                            |   |
| stay in their homes and their communities and       |  |   |
| support those young people to live the life they    |  |   |
| choose.   |  |   |