



Welcome to our Virtual Costume Party!



Hosted by ValueOptions of Tennessee and Volunteer State Health Plan



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Introductions



Amanda Sachs, Facilitator
ValueOptions



Melissa Isbell, Hostess
ValueOptions of Tennessee



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What Does That Mean?

VSHP?

BCBST?

TennCare?

BlueCare?

TennCare Select?

SelectCommunity?



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TennCare – Tennessee’s Medicaid Waiver Program.

BCBST – Blue Cross Blue Shield of Tennessee.

VSHP – Volunteer State Health Plan, a government services division of BCBST.

BlueCare – An at-risk TennCare network administered by VSHP.

TennCare Select – A special populations TennCare network administered by VSHP.

SelectCommunity – Implemented in June, this is the new TennCare Select program for certain persons with Intellectual Disabilities (ID). Members have Nurse Care Managers to assist them with getting their physical and behavioral health needs met.



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Presenters



Frederick Palmer, MD
Director, UT Boling Center for
Developmental Disabilities



Kelly Askins, MD
Medical Director
ValueOptions of TN

Panelists



Jeri Fitzpatrick, MD
Assistant Professor of
Psychiatry
Division of Psychiatry
Vanderbilt Medical School



Clarence Davis, MD
Medical Director
Volunteer State Health Plan

Panelists



Berry Shelton, Manager
Special Populations CM
Volunteer State Health Plan



Dr. Ron Wigley, PhD.
Manager of Behavioral Services
Volunteer State Health Plan

Panelists



Barbara Smith, MD
Medical Director
Volunteer Sate Health Plan



Jamie Patterson, Manager,
Business Development
Volunteer State Health Plan

Panelists



Andrea D. Willis MD, MPH, FAAP
Medical Director, Volunteer State
Health Plan



Clifton R. Tennison Jr., MD
Vice President & Chief Clinical Officer
Helen Ross McNabb Center

Panelists



Matthew C Palmgren, PharmD
Director, Government Pharmacy Programs
Blue Cross Blue Shield of Tennessee

Purpose

This handbook is a resource to help providers **quickly access resources and information** which may facilitate efficient treatment and integration into this new program that links medical care (through VSHP) with the overall programs (funded federally) provided by Tennessee. It is strongly recognized that **PCPs may not have extensive information about the ID population**, who often are medically complex, have communication deficits, may have behavior variances, and often have **low incidence or rare diagnoses** (e. g. Lennox-Gastaut seizures, Fragile X, or Down syndrome). The **PCP is encouraged to consult and interact with clinicians in these or other programs** (R.N. nurse case manager for VSHP, therapists and clinicians working with DIDS, and through HCBS waiver). In addition, this handbook provides resources to assist practitioners in remaining up to date with current best practices.



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Principles of Health Care for Adults with ID

Tyler and Baker, 2009

1. Adults with ID have unmet health needs
2. Adults with certain syndromes have additional health care needs
3. Understanding the cause of the patient's ID may help with health care planning and with medical/behavioral diagnosis
4. Physical and mental health problems often coexist and contribute to each other
5. Behavior problems may be due to underlying medical conditions
6. Healthcare providers tend to underestimate patients' decision-making capacity
7. Some conditions occur more frequently in adults with ID
8. All adults with ID need a primary care physician



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Outline

A. Introduction

Definition of Intellectual Disability

B. Overview of Program

1. Overview of VSHP and DIDS roles in the SelectCommunity Care model
2. Community System under DIDS
 - a. Waiver/ICFMR
 - b. Waiver Clinical Supports
 - c. ISC/CM role,
3. Medical Home Concept
4. Roles
 - a. Primary care provider
 - b. Guardian/family roles
 - c. Nurse care manager's role VSHP
 - d. Circle of support to include guardian/conservator
5. Communication and collaboration



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Outline, continued

C. Care of people with intellectual disabilities

1. General considerations
2. Office Strategies
3. Specific areas of medical care
 - a. Acute Care
 - b. Chronic care
 - c. Preventive care
 - d. Developmental Disability/Diagnosis Specific care
 - e. Risk and complications



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Outline, continued

D. Special Issues

1. Treating Adults with Childhood Onset Developmental Disabilities
 - a. PKU
 - b. Spina bifida
 - c. Down's syndrome
2. End of Life Care and Issues
3. Treatment of Pain
4. Oral Health
5. Adults with Cerebral Palsy
6. Spasticity Treatment
7. Cancer
8. Hydration Issues
9. Fall Prevention
10. PRN Medications
11. Lifestyle and Health Issues
12. Weight Issues
13. People Who are Deaf/Blind



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Outline, continued

(special issues, continued)

14. Transitions

15. Sleep problems

16. Incontinence

17. Functional or Health Decline

18. Dementia, especially in Down Syndrome

19. Adult Congenital Heart Disease

20. Adults with Intracranial shunts

21. Skin Problems



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Outline, continued

(special issues, continued)

E. Common medical problem areas for people with intellectual disabilities

- 1. Nutrition, gastrointestinal and feeding problems**
 - a. Nutritional needs**
- 2. Gastrointestinal Diseases**
- b. Dysphagia: recognition, evaluation, and treatment,**
- c. Gastroesophageal Reflux Disease (GERD)**
- d. Tube feeding (GT, JT) Issues**
 - 3. Constipation and bowel obstruction**
 - 4. Seizure disorders**
 - 5. Aspiration and pneumonia**
 - 6. Neuromuscular disorders**
 - 7. Musculoskeletal problems**
 - 8. Sensory impairment**
 - 9. Genetic Syndromes**
 - 10. *Behavior and Psychiatric Issues***



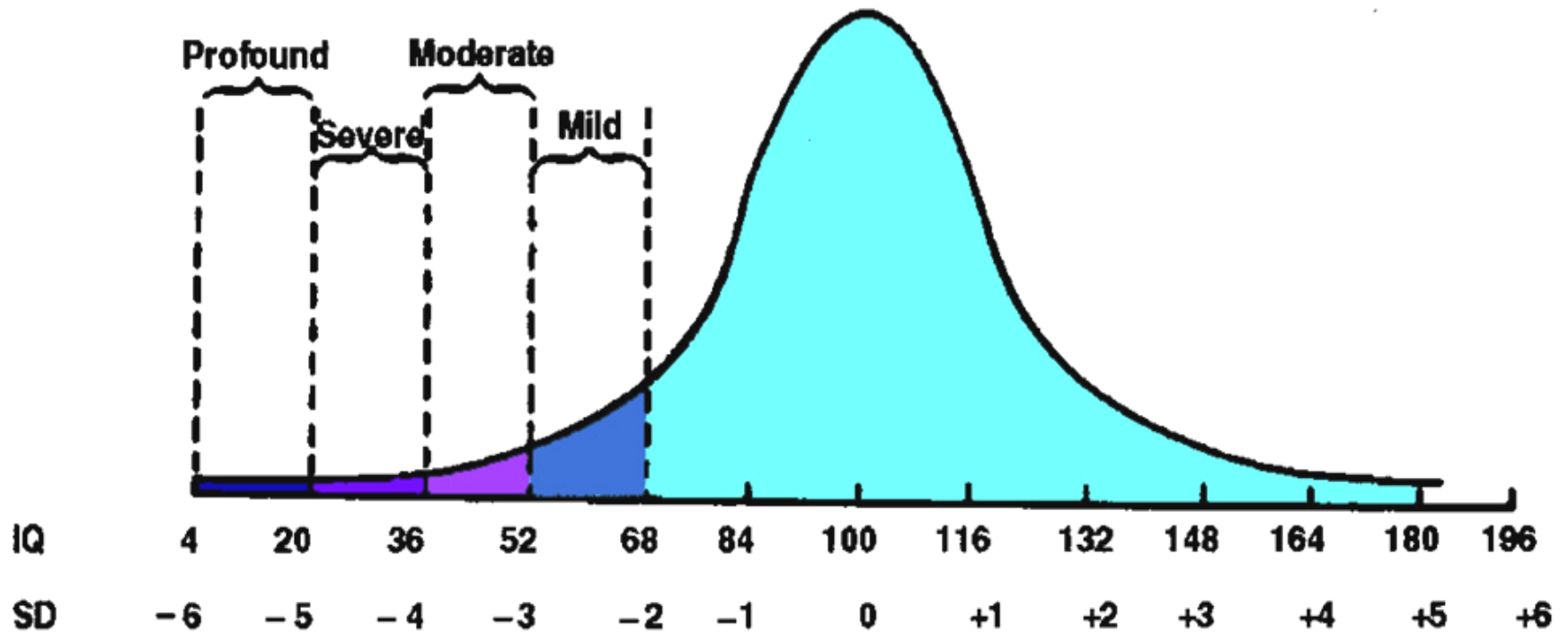
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Distribution of IQ

Level of ID	Percentage of Total
Mild	89%
Moderate	7%
Severe	3%
Profound	1%

Degree of retardation



Ten Hotspots Related to Behavior

1. Threatening suicide
2. Threatening to harm others
3. Poor impulse control/ running away
4. Refusal/ noncompliance
5. Self injurious behavior (SIB)
6. Aggression/ Property destruction
7. Suspected Hallucinations
8. Anxiety
9. Mood symptoms
10. Overutilization of 911 services



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The Eleventh **Hotspot**

11. Accusations Of Abuse



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Seven Rules of Thumb

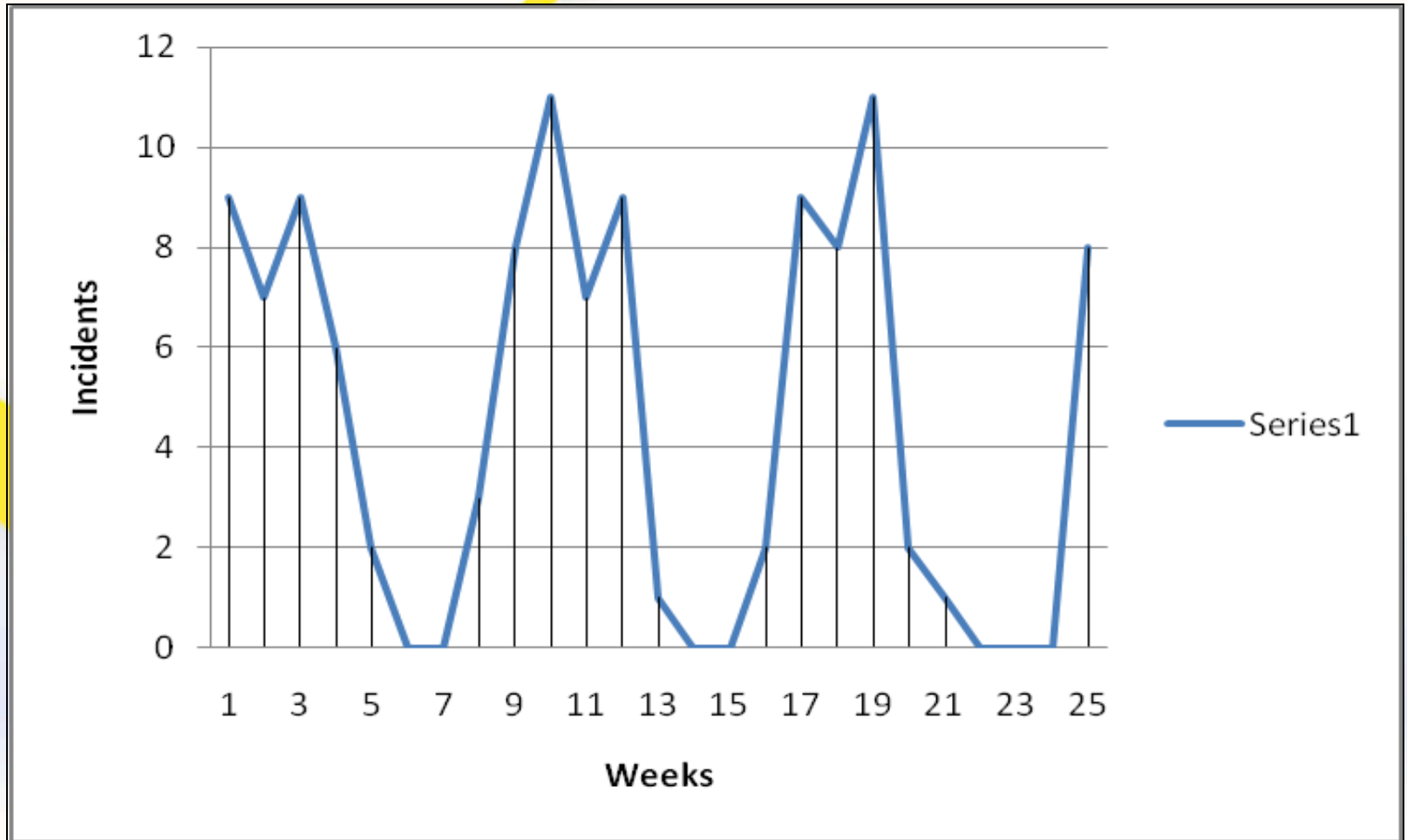
1. Gather as much information as possible.
2. Make the best diagnosis possible with the information available.
3. Use as few medications as possible.
4. Be willing to review the diagnosis.
5. Don't mess with success.
6. Mess with success.
7. Don't mess up people's holidays.



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Clinical Vignettes



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providers



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EFFECTIVE 07/01/01 - 12/31/08

- [Amended and Restated Contractor Risk Agreement Between The State of Tennessee and Volunteer State Health Plan, Inc. d.b.a. BlueCare](#)

EFFECTIVE 01/01/09

- [Amended and Restated Contractor Risk Agreement - East MCO Contract](#)

EFFECTIVE 11/01/08

- [Amended and Restated Contractor Risk Agreement - West MCO Contract](#)

- [Abortion, Sterilization, Hysterectomy](#)

- [Abortion Checklist](#)
- [Sterilization Checklist](#)
- [Hysterectomy Checklist](#)

- [Behavioral Health](#)
- [Best Practice Network \(BPN\) Eligibility No Prior TennCare Coverage](#)
- [Best Practice Network \(BPN\) Eligibility Prior TennCare Coverage](#)

High Tech Imaging Services

As of November 1, 2008, prior authorization may be required for CT, CTA, MRI, MRA, MR Spectroscopy, PET Scans, and Nuclear Cardiology imaging services for BlueCare members in the West Grand Region. These prior authorization requirements will also apply to members in the East Grand Region on January 1, 2009.

[more >](#)

SelectCommunity

This is the new TennCare Select program for certain persons with Intellectual Disabilities. Members have Nurse Care Managers to assist them with getting their physical and behavioral health needs met. Please click on the link for additional information.

[more >](#)





EXPLORE INFO

- [DEPRESSION, BIPOLAR & SCHIZOPHRENIA](#)
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- [FEARS & STRESSORS](#)
- [HEALTH & WELLNESS](#)
- [MONEY & LEGAL](#)
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- [SUBSTANCE ABUSE](#)
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- [WORK LIFE](#)

[Home](#) > Search Results[FIND SERVICES](#)[HELP WITH LIFE EVENT](#)[ASSESS CONCERNS](#)

Search Results

Please find below the most relevant items of interest to meet your request

Your search for - autism - yielded (53) hits

 ARTICLES

(37) F

[Developmental Disorders: Autism and Asperger's Syndrome](#)

Autism is a disorder that affects a child's ability to develop socially. Children with Asperger's syndrome will display many of the same symptoms as children with autism. But, they have normal or even high intelligence.

[Autism: Frequently Asked Questions](#)

Detailed answers to questions about the signs, causes and treatment of autism.

[Childhood Disintegrative Disorder: Organizations and Resources](#)



EXPLORE INFO

 DEPRESSION, BIPOLAR & SCHIZOPHRENIA

 FAMILY, RELATIONSHIPS & EDUCATION

 FEARS & STRESSORS

 HEALTH & WELLNESS

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[Home](#) > [Search Results](#) > Parenting a Child With Autism

FIND SERVICES

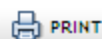
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Parenting a Child With Autism

REVIEWED APR 19, 2010



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EMAIL



PDF

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 READ NEWS

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 VIEW VIDE

 LISTEN TO

 SEE RELAT

SUMMARY

- Make time for pleasurable activities and play.
- Consult a behavioral specialist.
- Pursue local parent-support groups.

It is not uncommon for a parent to feel overwhelmed when raising a child with autism. Parents of a child with autism need to take periodic breaks to prevent becoming overstressed. Arranging for respite care can be difficult, but it's important. Ideally, a close family member can help by caring for the child for a few hours while the parents go out. If family or

EXPLORE INFO



 DEPRESSION, BIPOLAR & SCHIZOPHRENIA


 FAMILY, RELATIONSHIPS & EDUCATION



 FEARS & STRESSORS



 HEALTH & WELLNESS



 ASTHMA AND ALLERGIES



 CANCER


 CHILDREN'S HEALTH



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HELP WITH LIFE EVENT



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Baby Steps: Learn the Signs. Act Early

POSTED SEP 30, 2009



PRINT



Early recognition of developmental disabilities such as autism is key for parents and providers. CDC realized the impact on families and invested in a campaign to help parents measure their children's progress by monitoring how they play, learn, speak and act.

LAUNCH CONTENT



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Questions?



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Volunteer State Health Plan

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