Appendix A. IDD System Redesign Advisory Committee Recommendations

Day Habilitation and Employment Services

Identify Employment and/or Meaningful Day Goals

Background

There is currently no standardization in person-centered service planning across programs and employment and meaningful day activity goals are not consistently addressed in assessment tools across programs.

Recommendations

- Ensure person-centered service planning addresses individualized employment and other meaningful day activity goals.
  - Include self-advocates in the discovery process to assist individuals in identifying their meaningful day (peer to peer model).
  - Review and develop recommendations to ensure that assessment and service planning questions are meaningful to individuals.
- Require case managers and service coordinators receive training on employment services (Services through TWC and waiver programs).
- Include employment service providers in service planning when an individual indicates their desire to work.
- Encourage TWC receive training regarding waiver program services.
• Explore HHSC regulatory staff reviewing for compliance to Department of Labor standards for all sheltered based employment services paying less than minimum wages.

**Increase Utilization of Employment Services**

**Background**

Despite the availability of Social Security Administrations (SSA) initiatives, work incentives and the Ticket to Work program, these employment services remain underutilized nationally and in Texas, particularly for individuals with IDD. In addition, Texas Medicaid waiver employment services of Employment Assistance and Supported Employment are grossly underutilized.

Collaboration and expanded partnerships are needed to promote understanding and use of SSA work Incentives, Vocational Rehabilitation services and Medicaid waiver Employment Assistance (EA) and Supported Employment (SE) services.

**Recommendations**

• Identify barriers to building a strong provider base of SE and EA providers.

• Develop a network of employment specialists.
  ‣ Similar to HUBs for behavior, medical, psychiatric supports and consultations, a network of employment specialists could be developed starting with 8 specialists (1 per HUB) and gradually increasing to 1 per LIDDA.

• Develop and facilitate regularly scheduled regional and/or local collaboration on employment issues, including state agencies that provide employment services (LIDDAs, TWC, HHSC).

• Train IDD LTSS providers, day habilitation providers and other interested parties how to become successful employment services providers in order to have a "pool" of providers for EA and SE services.
Educate providers, service coordinators, case managers, individuals, and families on work incentives and other resources to maintain benefits while working.

Require and allow billing in the IDD waivers for EA providers to be present with an individual when a SE staff is being trained to ensure the transition from EA to SE is successful.

Explore mechanisms for HHSC to support employment for individuals with IDD.

Identify barriers and develop solutions regarding transportation to and from work related activities.

**Improve Community Access through Home and Community Based Services Regulations**

**Background**

Currently, individuals with IDD receiving day habilitation services do not have full access to the greater community through their HCBS services. Service delivery design and reimbursement rates are barriers to individualized, integrated community participation, making person centered plans and implementation plans hard to fully implement. Individuals, regardless of where they live, who receive day habilitation services get the services primarily in facility settings with no or limited access to the community during day habilitation services.

**Recommendations**

- Pilot or phase in flexible community supports/CFC as a full or part time alternative or as a compliment to employment, volunteering or facility-based day services, including individuals receiving residential services.
- Develop and promote pooling of day services dollars to participate in shared interests in the community for up to three individuals to provide staff and transportation.
- Provide funds to incentivize or reward creative service models that increase flexibility and support individualized, person-centered, lifespan goals to assist the state to come into
compliance with HCBS requirements. (For instance: competitive/integrated employment, integrated retirement, community recreation, volunteering, or other activities identified as meaningful by the individual.)

- Incentivize day habilitation providers to become employment providers.
- Seek input from stakeholders in various settings with varying services to increase awareness of barriers to community inclusion.
- Allow for choice of meaningful day providers and day activities across settings.
- Allow for flexibility of transportation services to support community participation activities.
Input for FY2020-21 HHSC
Legislative Appropriations Request (LAR)

Individual/Organization:
IDD System Redesign Advisory Committee, Subcommittee on Employment and Day Habilitation Services

Contact Person: Ricky Broussard and Linda Levine (co chairs)

Phone number: (Please include area code)

Email Address:

1) Description of Initiative/Issue:

Community Integration (CI) and Community Integration Support (CIS) are critical components for state compliance with federal Home and Community Based Services (HCBS) regulations. The state has recognized that current day habilitation settings are not compliant with HCBS Settings Rules, and the draft interim plan expects that reform to day habilitation settings and the development of additional services will take effect by 2022. In order to streamline efforts in a cost effective and efficient manner, HHSC should simultaneously request funding for day habilitation changes (presumably to Individualized Skills and Socialization service) and the new Community Integration services. Most individuals with IDD in the CLASS waiver are receiving their attendant services in the home and have limited community integration. The new services of Community Integration and Community Integration Support should be available in all waivers to ensure all participants have the benefit of community integration.

What is the critical need that needs to be addressed?

Compliance with federal HCBS regulations, effective and efficient use of funds for compliance. Dual roll-out encourages movement of individuals to least restrictive settings and provides the state the time necessary to develop and promote the new service.

Is this Issue/Initiative?  __X__ New  _____ Expansion  _____ Restoration

Proposed Solution:
Fund CI and CIS services for all waivers so that Texas can transition effectively and fully into compliance with the HCBS settings rule.

**What do you recommend as a course of action?**

HHSC should request funding in all waivers for:
- Community Integration (CI)
- Community Integration Support (CIS)
- Funding should include expected increases in transportation costs and activity fees

2) **Description of Initiative/Issue:**

Federal Home and Community Based Services (HCBS) Settings Rules require states to ensure individuals receiving services are truly integrated in the community and have choice over their daily lives including their schedules. Texas must have a transition plan approved by 2019 and show full compliance by 2022.

**HHSC has recognized that day habilitation services in the HCS, TxHmL, and DBMD waivers will require significant programmatic changes and funding to meet federal standards. Individuals in the CLASS waiver are also mostly receiving services in the home.**

**What is the critical need that needs to be addressed?**

Texas needs to significantly improve services to individuals with disabilities to fully comply with HCBS settings and ensure that individuals with disabilities have access to the general community.

Without appropriate funding, compliance will be limited, and the number of day habilitation providers will dramatically decrease reducing choice and negatively impacting individuals in the program.

**Is this Issue/Initiative?**

- X New
- X Expansion
- ___ Restoration

**Proposed Solution:**

Fully implement a robust set of modifications to programs and services in order to comply with HCBS settings and person centered planning and service rules and guidelines from CMS.

HHSC should fully and appropriately fund reforms to day habilitation services (or fully fund services under reformed program under their suggested name “Individualized Skills and Socialization” (ISS) – or something less confusing due to many younger persons understanding of
ISS as ‘in-school suspension’).

What do you recommend as a course of action?

Provide adequate funding for an improved day habilitation service so it can transition into Individualized Skills and Socialization (ISS) service, as designed by this committee and HHSC. Funding should include additional transportation costs, additional staffing (reduced ratios), and additional supports for individuals with complex medical and behavioral needs.

Provide funding for Community integration and Community Integration Support in the CLASS waiver as well to ensure individuals with IDD are more integrated into their communities.

3) Description of Initiative/Issue:

Ensure day habilitation services are monitored to provide appropriate quality services. Fully implement a robust set of modifications to programs and services in order to comply with the Home and Community Based Services (HCBS) settings and person centered planning and services rules and guidelines from CMS.

What is the critical need that needs to be addressed?

Day habilitation programs in Texas currently are facility based and not directly regulated or inspected for accessibility or physical environment. No standard requirements are in place so that day hab programs can improve services.

Competition and transparency would drive day habilitation provider accountability improving the experience of individuals seeking day services.

Texas needs to significantly improve services to individuals with disabilities to fully comply with HCBS settings and ensure that individuals with disabilities have access to the general community.

Is this Issue/Initiative?  __X__New  __X__Expansion  ____Restoration

Proposed Solution:

HHSC should request funding to:
• Develop a registration process for day habilitation and pre-vocational programs funded with home and community based dollars
• set standard expectations for day habilitation and pre-vocational programs funded with home and community based dollars
• conduct regulatory site visits (at least annually)

What do you recommend as a course of action?

With diverse stakeholder input, create day hab standards and adequate resources that provide incentives for activities that provide integration into the community.

Increase funding for day habilitation so they transition into fully integrated day services.
  * Include annual onsite inspections (similar to residential reviews)
  * Create outcome-based measures that are tied to HCBS compliance and
  * Add day habilitation operations to the searchable QRS system, using a scoring system created with stakeholder input

Increase opportunities for quality, person centered day and pre-vocational services to implement HCBS settings and person centered approaches

4) Description of Initiative/Issue:

Competitive, Integrated Employment: Develop and/or expand individualized, person and community-centered approaches to competitive, integrated employment to include competitive wages and integrated settings.

What is the critical need that needs to be addressed?

• Individuals with IDD, compared to individuals with other disabilities and individuals without disabilities, experience a higher rate of unemployment. Many of those with IDD who do work are often in segregated settings and are paid sub minimum wages.

• SB 1226, The Employment First Bill, addresses this need for competitive, integrated employment for all Texans with disabilities and it is yet to be implemented. The HCBS CMS settings rule also addresses this in regard to integrated services being required.

• Service plan implementation lacks flexibility to support individual choices related to competitive, integrated employment and volunteer and community exploration related to community jobs, in part due to the lack of providers of employment assistance and
supported employment and transportation limitations. There needs to be a "pool" of trained service providers in order for consumers to access the services of employment assistance and supported employment. Although these services are offered, there is a serious lack of providers of these services, therefore those who want to work are unable to do so.

- Individuals with IDD who have higher support needs (such as behavioral supports) require staff who have a higher skill set which would require a higher pay rate.

- Many individuals with IDD and providers of services have no knowledge of how to access employment services through TWC or the waivers or how to develop and implement an employment plan including exploring local job opportunities, negotiating job responsibilities, and providing ongoing or occasional supported employment job coaching

Is this Issue/Initiative?  ____New  ___X__Expansion  ____Restoration

**Proposed Solution:**

*Implement the Employment First Bill (SB1226) which states that competitive, integrated employment is the priority and preferred outcome for people receiving public benefits which would:*

- Increase the number of individuals with IDD receiving employment assistance and supported employment services (VR, Medicaid waiver services of employment assistance and supported employment, state funded).

- Increase the percentage of waiver and other funds spent on competitive, integrated employment services relative to the percentage of dollars spent by all other day programs/services (documented as facility or community based) and segregated employment (such as sheltered employment or pre-vocational services).

- Add Career Planning as a Medicaid waiver service that would provide a person-centered, comprehensive employment planning and support service. This service would provide assistance for waiver program participants to obtain, maintain or advance in competitive employment or self-employment. It is a focused, time limited service engaging a participant in identifying a career direction and developing a plan for achieving competitive, integrated employment at or above
the state’s minimum wage. Include transportation between the participant's place of residence and the site where career planning is delivered as a component part of career planning services. The cost of this transportation is included in the rate paid to providers of career planning services and the state would include a statement to that effect in the service definition.

- Provide funds to establish an HHSC Employment First division which will provide consumers with information and training in regard to competitive, integrated employment and will provide recruitment of employment services providers as it relates to competitive integrated employment. This Employment First Division would be a centralized source of resources for employment related services and supports.

- Increase flexibility of services and supports to better provide choice regarding competitively paid, integrated community employment (full or part time) that promote self-sufficiency and non-paid volunteer work that will lead to employment that allows meaningful contribution to the needs of one's community based on an individual's interests and preferences.

- Provide funding for a network of trained employment specialists to be available to individuals in all the waivers to provide employment assistance and supported employment services.

- Provide an increased provider rate for those providing employment assistance and supported employment to those with a higher level of need and support such as for those with behavioral needs.

- Provide funding to promote awareness about how to obtain employment services and provide outreach and training to potential users and providers of employment services to include how to develop and implement an employment plan including exploring local job opportunities, negotiating job responsibilities, and providing ongoing or occasional supported employment job coaching.

- Provide the assistance needed for the day services providers to adhere to the Texas Employment First Policy

What do you recommend as a course of action?

- As part of the implementation of the Employment first legislation, SB1226, request funds to establish an HHSC Employment First division and staff dedicated to employment
services which will provide individuals with IDD with information and training in regard to competitive, integrated employment and will provide recruitment of employment services providers as it relates to competitive integrated employment. This Employment First Division would be a centralized source of resources for employment related services and supports.

- Request funds for Career Planning as a Medicaid waiver service that would provide a person-centered, comprehensive employment planning and support service. This service would provide assistance for waiver program participants to obtain, maintain or advance in competitive employment or self-employment. Request these funds to include transportation between the participant’s place of residence and the site where career planning is delivered as a component part of career planning services. The cost of this transportation to be included in the rate paid to providers of career planning services.

- Form a network of trained and qualified employment specialists to be available to individuals in all the waivers and request any funds if they are needed to do so.

- Request funds to establish a consistent rate structure across all waivers for employment assistance and supported employment that provides a higher reimbursement rate for individuals with higher support needs (such as behavioral supports).

- Request funds to promote awareness about how to obtain employment services and provide outreach and training to potential users and providers of employment services to include how to develop and implement an employment plan including exploring local job opportunities, negotiating job responsibilities, and providing ongoing or occasional supported employment job coaching.

- Request funds to create initiatives for employment assistance providers/counselors/specialists to be present in segregated work settings to establish ongoing relationships with the employees and assist them to transition to competitive, integrated employment.

- Request funds to provide day services providers with the training they need to comply with the Employment First policy to create a transition plan for all individuals participating in facility based segregated work environments that pay subminimum wages, to move to integrated day services and employment.

- Request funds to incentivize day hab providers, community rehabilitation providers, and other interested programs/parties providing services in segregated work settings to reallocate resources to competitive, integrated employment.
Description of Initiative/Issue:
Competitive, Integrated Employment: Collaborate and expand partnerships to promote understanding and use of Social Security Administration (SSA) work Incentives, Vocational Rehabilitation services and Medicaid waiver Employment Assistance and Supported Employment services.

What is the critical need that needs to be addressed?
Despite the availability of Social Security Administrations (SSA) initiatives, work incentives and the Ticket to Work program, these employment services remain underutilized nationally and in Texas, particularly for individuals with Intellectual and Developmental Disabilities (IDD).

Texas Medicaid waiver employment services of Employment Assistance and Supported Employment are grossly underutilized.

Is this Issue/Initiative?  ___New  ___X__Expansion  ____Restoration

Proposed Solution:
- Increase public awareness and provision of accurate information and assistance to individuals with IDD, families, legal representatives, supported decision makers, managed care companies, Local IDD Authorities (LIDDAs) and IDD providers regarding:
  - Plan for Achieving Self-Support
  - Impairment Related Work Expenses
  - Student Earned Income Exclusion
  - Ticket to Work
  - Employment services (employment assistance/supported employment) provided through Medicaid waivers
- Increase availability, accountability, and utilization of Medicaid waiver employment services.
- Provide SSA benefits counseling as a service in all waivers
- Establish an HHSC designated employment division and staff dedicated to employment services for individuals with IDD.

What do you recommend as a course of action?
- Request funds to promote competitive, integrated employment by developing and/or expanding existing educational campaigns and other initiatives to not only increase awareness of work incentives and provide accurate information, but to also assist with
applying for and implementing work incentives that allow individuals who receive SSI to exclude money, resources, and certain expenses from total earned income.

- Request funds, if needed, to provide a required Employment First and Employment Services training for all direct service agency providers of Employment Assistance and Supported employment and case managers, including how to collaborate with local businesses, training about VR services, such as Ticket to Work and other support services that can be accessed through any participating employment network or state VR services so that the providers can better assist individuals to pursue person centered competitive, integrated employment goals.

- Request funds, in conjunction with TWC, to provide training to IDD Medicaid waiver providers, day hab providers and other interested parties on how to become successful employment services providers in order to have a "pool" of providers for employment assistance and supported employment services.

- Request funds to establish an HHSC Employment First division which will provide consumers with information and training in regard to competitive, integrated employment and will provide recruitment of employment services providers as it relates to competitive integrated employment. This Employment First Division would be a centralized source of resources for employment related services and supports.

- Request funds to add the service of SSA benefits counseling to all waivers.

- Request funds for HHSC to expand and enhance local employer recruitment training efforts to increase the employer base for those with disabilities.

6) Description of Initiative/Issue:

Currently, direct care staff who are expected to provide supports that are more specialized or require additional skills (for instance employment assistance and supported employment for individuals with higher support needs) are not compensated for their expertise making it difficult to hire and retain qualified staff.

What is the critical need that needs to be addressed?

In order to attract and retain the best possible staff, there needs to be sufficient pay that matches the skills of the staff. Successful staff in this field require extensive training and experience. There needs to be incentives put in place to achieve desired goals and maintain best possible results for the individual.

Is this Issue/Initiative?  _X__ New  _____Expansion  _X___ Restoration
**Proposed Solution:**

Pay an increased rate for staff who need a higher skill set based on the individual’s level of need (such as behavioral supports, multiple disabilities, etc) and create a career ladder for direct care staff. The compensation rate should be comparable with others in these fields in the area.

**What do you recommend as a course of action?**

Establish a consistent rate structure across all waivers that provides a higher reimbursement rate for individuals with higher support needs.

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7) **Description of Initiative/Issue:**

Add funding to allow more flexibility for non-medical transportation in all waivers (possibly for CI, CIS, ISS services and for employment purposes) such as buses, taxis, ride shares, etc

**What is the critical need that needs to be addressed?**

Transportation services need additional funding and flexibility so that individuals can use shuttles, vanpool/or minimum bus, taxi’s, ride share (uber, lyft, etc). Individuals need the ability to get to and from ISS, employment, and CI services regardless of time of day, where the individuals lives, or day of the week.

**Is this Issue/Initiative?**

__x__ New  __x__ Expansion  ___ Restoration

**Proposed Solution:**

Increase funds and allow flexibility of use of funds so that individuals can access transportation that fits their needs

**What do you recommend as a course of action?**

Provide flexibility in transportation services and increase funding as needed so that individuals can use transportation funds for taxi’s, bus passes, ride shares, etc. This will allow individuals to access the greater community as individuals without disabilities do (regardless of time of day, weekday or weekend, rural or urban area)
Input for FY2020-21 HHSC
Legislative Appropriations Request (LAR)

Individual/Organization: IDD System Redesign Advisory Committee (SRAC) Legislative Appropriations Request Recommendations

Contact Person: Frank McCamant, System Adequacy Subcommittee Co-Chair

Phone number: 512-422-4704

Email Address: fmccamant@me.com

Description of Initiative/Issue:
Enhanced Training and Ongoing Skill Development for CDS and Non-CDS Attendants and CDS Employers

What is the critical need that needs to be addressed?
CDS and Non-CDS Attendants: While access to funds to offer competitive and appropriate wages and benefits is an important factor, it is only one of numerous factors that impact long standing challenges with attendant recruitment and retention in delivering LTSS to individuals with IDD and other disabilities. The ability to offer enhanced training and ongoing skill development, including habilitation training, are equally important and would contribute significantly to not only increasing attendant confidence and competence, but ensuring quality in service delivery as well.

CDS Employers: CDS employers need to receive information and hands-on opportunities to train new employees. This is especially important for young adults who are becoming their own CDS employer. Although they are their own guardian, a young person or new CDS employer may not have had an opportunity to interact as an employee or employer in the workplace. Extra training may be needed to enhance managerial skills, such as interviewing, hiring, training, addressing problems, or terminating employees.

Is this Issue/Initiative?  ___X___New  ____Expansion  ____Restoration

Proposed Solution:
Provide funds for:
- CDS employers and non-CDS LTSS providers of services to individuals with IDD and other disabilities to be able to offer attendants enhanced training, including habilitation, and
- CDS employers to have opportunities for enhancing managerial skills, as they relate to training, etc

What do you recommend as a course of action?
Request funds to support the ability of CDS employers and non-CDS providers to offer attendants enhanced training/ongoing skill development. The funds requested could either be made available through a ‘program’ similar to the current Attendant Compensation Rate Enhancement Program or via...
an add-on rate or program service for which evidence must be demonstrated and verified that the funds were used in accordance with their intended purpose.

Request funds for CDS employers to be able to learn and enhance managerial skills, such as interviewing, hiring, training, addressing problems, or terminating employees.

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Input for FY2020-21 HHSC Legislative Appropriations Request (LAR)

Individual/Organization: IDD System Redesign Advisory Committee (SRAC) Legislative Appropriations Request Recommendations

Contact Person: Frank McCamant, System Adequacy Subcommittee Co-Chair

Phone number: (Please include area code) 512-422-4704

Email Address: fmccamant@me.com

Description of Initiative/Issue:
Expanded behavioral health resources for people with intellectual and/or developmental disabilities.

What is the critical need that needs to be addressed?
There is a dearth of providers trained in serving the behavioral health needs of people with IDD. Even for people who have financial resources such as commercial insurance or access to comprehensive services through a Medicaid program, it is difficult or impossible to access qualified practitioners. The challenge is even greater for people who are uninsured on interest lists waiting to access comprehensive services. People with IDD and behavioral health issues need access to qualified health care practitioners AND specialized resources such as respite and resource centers, highly trained behavioral analysts, family education and supports, in-home assistance, etc. These resources need to be strategically placed across the state to meet the needs of the diverse population, including through the use of technologies like telehealth.

Is this Issue/Initiative?  ___New  XExpansion  ___Restoration

Proposed Solution:
Expand current programs and create new comprehensive programs. Programs, at a minimum, should include:

1. Evaluation and assessment to identify medical, psychiatric, and environmental factors
2. Coordination between the supports for the person including providers, family, specialized behavioral health supports
3. Crisis respite services that allow for alternatives to hospitalizations and also allow for planned respite for evaluation purposes

4. Training and consultation from highly trained clinical staff

5. Training for IDD providers

6. Training and consultation for behavioral health systems in the specialized needs of the IDD population

7. Availability of follow-up services to maintain progress

8. Development of cross-system crisis prevention and interventions to assure providers and families have options that limit the inappropriate use of police and emergency rooms for behavior interventions

What do you recommend as a course of action?

The development of comprehensive initiatives to meet the behavioral health needs of people with IDD, enhancing current programs where available and developing new programs when necessary. Program should be comprehensive in nature, from out-of-home options to in-home supports. Texas should support the development of a model program for meeting the behavioral health needs of people with IDD.

Implement a one-year presumptive LON 6 or 9 for individuals enrolling from other institutional settings or aging out from CCP skilled nursing, not limited to SSLCs as is the current policy.

Input for FY2020-21 HHSC
Legislative Appropriations Request (LAR)

Individual/Organization: IDD System Redesign Advisory Committee (SRAC) Legislative Appropriations Request Recommendations

Contact Person: Frank McCamant, System Adequacy Subcommittee Co-Chair

Phone number: (Please include area code) 512-422-4704

Email Address: fmccamant@me.com

Description of Initiative/Issue:
Housing.

What is the critical need that needs to be addressed?

Strategies to address the lack of affordable housing options and opportunities for individuals with IDD.

- Create Housing Transition Specialist to assist people with intellectual and developmental disabilities transition to the most appropriate housing for the individual.
Is this Issue/Initiative?  

|   | X New | Expansion | Restoration |

**Proposed Solution:**

Funding for Housing Transition Specialists to assist consumers and families, case managers, service coordinators and low-income individuals with intellectual and developmental disabilities transition and provide housing related services.

**What do you recommend as a course of action?**

Request appropriation and legislative approval to fund a Medicaid waiver benefit of Housing Transition Specialists.

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**Input for FY2020-21 HHSC Legislative Appropriations Request (LAR)**

**Individual/Organization:** IDD System Redesign Advisory Committee (SRAC) Legislative Appropriations Request Recommendations

**Contact Person:** Frank McCamant, System Adequacy Subcommittee Co-Chair

**Phone number:** (Please include area code) 512-422-4704

**Email Address:** fmccamant@me.com

**Description of Initiative/Issue:**

The recommendation in this request is to address long standing challenges with attendant recruitment and retention and assure quality of and continuity in care, including nursing coordination and oversight in the delivery of LTSS to individuals with IDD.

Although not inclusive of all strategies to address the aforementioned issues, providers of LTSS for individuals with IDD need access to sufficient funds to provide enhanced staffing ratios and/or professional support for direct support staff and be able to bill for nurse coordination and oversight such as when working with persons with high medical or behavioral challenges.

**What is the critical need that needs to be addressed?**

Provision of Enhanced Support: When staff do not feel supported or are not provided the tools and training necessary to execute their responsibilities, not only are the health and safety of individuals placed at risk, but job satisfaction is adversely affected. The ability to provide enhanced support (whether through additional direct support staff, on-site training, nurse coordination and oversight and coaching by certain professionals, such as in settings in which individuals with high medical or behavioral challenges reside) would contribute significantly to not only increasing attendant confidence and competence, but also in ensuring the health and safety of individuals being served while avoiding cost for hospital and other more expensive...
settings.

Is this Issue/Initiative?  

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**Proposed Solution:**

Provide initial and ongoing funds for LTSS providers of services to individuals with IDD to be able to provide enhanced staffing ratios, professional support for direct support staff such as when working with persons with high medical or behavioral challenges and billable nurse oversight and coordination (such as proposed by the High Medical Needs Workgroup and previously drafted in HCS rules amendments).

Make enhanced services and add-on rates for more complex services, service coordination, and monitoring available to individuals with complex needs entering from the interest lists as well as those transitioning from an institution to the community.

**What do you recommend as a course of action?**

Request funds for providers to be able to provide enhanced staffing ratios, on-site professional coaching and nurse coordination and oversight as needed. The funds requested could either be made available through a program similar to the current Attendant Compensation Rate Enhancement program or via a new add-on rate or high medical needs services rate for all IDD programs using attendant care or nursing and require evidence to demonstrate and verify that the funds were used in accordance with their intended purpose.

Because providers have been reluctant or unwilling to take on the liability of serving certain individuals due to medical or behavior acuity (high needs), ensure that payment is both justified and sufficient and that providers that overtly or covertly delay or deny services to certain high needs individuals face enforcement actions.

Assess and address the need for enhanced, high needs services regardless of one’s entry to the waiver.

Address barriers for individuals with high needs that result in difficulty accessing home and community-based programs and services.

- Require HCCSAs to show best efforts to the individual and the agency if they are unable to meet a need.
- Sustain behavior, medical, psychiatric health, and other recent efforts such as crisis respite and include focus on preventing crisis and supporting families and providers of individuals who are at risk of placement in more restrictive settings.
- Additional effort to provide payments for high medical needs should be implemented across programs for the most medically involved individuals at risk of hospitalization. In HCS, a high medical level of need (similar to LON 9 for behavior supports) should be developed, especially considering that some of individuals also require and benefit from community based residential supports. This cost-effective expansion of high medical needs initiatives can prevent a more restrictive, more expensive setting at a higher level of care.
• LON 9 should be modified to address the need for 1:1 staff beyond aggressive behavior supports and supervision to include any behavior that is life threatening or puts a person at risk of medical or physical harm and requires the same level of supervision and intervention based on the individual’s needs.

• Implement a one-year presumptive LON 6 or 9 for individuals enrolling from other institutional settings or aging out from CCP skilled nursing, not limited to SSLCs as is the current policy.

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**Input for FY2020-21 HHSC Legislative Appropriations Request (LAR)**

Individual/Organization: IDD System Redesign Advisory Committee (SRAC) Legislative Appropriations Request Recommendations

Contact Person: Frank McCamant, System Adequacy Subcommittee Co-Chair

Phone number: (Please include area code) 512-422-4704

Email Address: fmccamant@me.com

**Description of Initiative/Issue:**

HCBS Settings Rule: Residential Remediation Plan for Texas Home and Community-based Services (HCBS) State Transition Plan (STP)

**What is the critical need that needs to be addressed?**

Effective March 17, 2014, the Centers for Medicare & Medicaid Services (CMS) issued a rule under which states must provide home and community-based long-term services and supports in a manner that meets new requirements by March 17, 2022. The rule requires states to ensure that all settings in which home and community-based services (HCBS) are provided comply with the federal requirements that individuals are integrated in and have full access to their communities, including engagement in community life, integrated work environments, and control of personal resources. The rule also includes a number of requirements for increasing self-determination and person-centeredness in the planning for and delivery of HCBS. Each state that has HCBS is required to file statewide transition plan (STP) with CMS. The Texas STP includes timeframes and milestones for State actions, including assessment of the state’s current compliance and, at a high level, planned steps for remediation. Settings that are considered by CMS to presumably have the qualities of an institution have the effect of isolating individuals. If a state considers a setting presumed institutional to be integrated in the community the State should, per CMS strong encouragement, make an in-person site visit to observe the individuals’ life experience and to ensure that the setting supports the inclusion of individuals in the general community. The expectation for HCBS funded services is that people in the setting participate in community activities beyond those that involve only people with disabilities. Requests for review of a setting presumed institutional, known as “heightened scrutiny,” must be submitted to CMS for additional review and approval through their heightened scrutiny process,
Is this Issue/Initiative?  ____New  ___X_ Expansion  ____Restoration

Proposed Solution:
Assessment results indicated that individuals receiving HCBS need more resources in order to maximize their participation in the community and comply with CMS requirements. HHSC proposes to achieve this in part by creating two new services focused on community participation: community integration and community integration support. This proposal also outlines a new fee to support community participation and new options for non-medical transportation, as well as clarifying service and policy expectations of how existing services are delivered.

For purposes of this proposal, references to residential provider include HCS three- and four-person homes; HCS host home/companion care; and DBMD assisted living facilities and one- to three-person homes.

Community Integration
Community integration (CI) services are non-work related activities that are customized to individual desires to access and experience community participation. CI is provided outside of the person’s residence and can be provided during the day, evening, or weekends to an individual or to a group of individuals. CI services are directly linked to the goals and outcomes identified in an individual’s person-centered plan, and assist the individual to:

• acquire, retain, or improve socialization and networking,
• independently use community resources, and
• participate in the community outside the place of residence.

Services emphasize development of personal interests, outcomes, and social networks for the waiver participant. Services help the individual learn about and participate in preferred meaningful routines, events, and organizations in the community, and are designed to result in increased ability to access the same community resources and activities used by individuals without disabilities with unpaid or natural supports.

Transportation to and from activities and settings is a component of CI and incorporated into the service rate. The rate also includes funds for staff participation in activities when supporting the individual. Requirements related to keeping receipts and tracking of purchases will be developed. Individuals may also use adaptive aids funds to pay for community activities. There will be a dollar limit on this component of adaptive aids; the amount of that limit has not been determined.

CI is available in the HCS, TxHmL, CLASS, and DBMD waivers. CI is available to individuals in these waivers regardless of where they live.

Community Integration Support
HHS recognizes the need to increase opportunities for integration in certain communities. Community integration support (CIS) is assistance provided to an individual to help the individual identify and locate community activities, events, and educational opportunities matching the individual’s interests as identified in the individual’s person-centered plan. The service also includes community engagement activities conducted without the individual present to address health and safety requirements, necessary supports, and education to community stakeholders responsible for the operation, oversight and planning of community activities, events and educational opportunities. CIS includes:
• Identifying community activities, events and educational opportunities based on an individual's identified interests as outlined in the individual's person-centered plan;
• Coordinating with CI staff to ensure community activities, events and educational opportunities are compatible with an individual’s identified preferences, skills, needs, and expectations. It may be necessary for the CIS staff to offer training and technical assistance to CI staff to ensure appropriate preparation and support for community activities; and
• Interaction, education, and support provided to community stakeholders responsible for operation oversight and planning of community activities, events and educational opportunities.

CIS is available in the HCS, TxHmL, CLASS, and DBMD waivers. CIS is available to individuals in these waivers regardless of where they live.

SERVICE AND POLICY CLARIFICATIONS

In addition to new or significantly modified service definitions, assessment results indicate a need to clarify expectations of how existing services are delivered. Some providers have already incorporated these items into regular practice; for others, the modified services may necessitate a change. These include:

• Residential Staff Scheduling
• Person-centered Service Delivery
• Choice of Staff
• Privacy
• Standardized Residential Lease
• Choice of Home
• Employment

What do you recommend as a course of action?

After receiving stakeholder input and submitting a final remediation plan to CMS as part of the STP, submit new funding requirements for approval in 86th Legislative Session in order to meet the CMS implementation timeline.

Input for FY2020-21 HHSC Legislative Appropriations Request (LAR)

Individual/Organization: IDD System Redesign Advisory Committee (SRAC) Legislative Appropriations Request Recommendations

Contact Person: Frank McCamant, System Adequacy Subcommittee Co-Chair

Phone number: (Please include area code) 512-422-4704

Email Address: fmccamant@me.com

Description of Initiative/Issue:
Timely Access to Waivers for Interest Lists and Promoting Independence and outreach to Medicaid beneficiaries eligible for Community First Choice.

What is the critical need that needs to be addressed?

Timely access to comprehensive waivers through both waiting list reduction and promoting independence.

Timely access to IDD waivers is limited. Waiting lists are long and do not move at a reasonable pace. Diversion and transitions are needed to prevent unnecessary institutionalization, including expanding diversion for all Medicaid waivers that do not currently have a diversion option.

Community First Choice (CFC) outreach was limited to individuals with IDD on waiting lists for IDD waivers and was conducted when CFC was initially implemented June 1, 2015.

Is this Issue/Initiative?  
____ New  ______ Expansion  ____ Restoration

Proposed Solution:

1. Fund waiting list reduction, promoting independence slots for diversion and transition improve CFC outreach to individuals with IDD.

2. Implement no waiting list for SSI recipients when expanding managed care to new LTSS populations.

3. Fund waiting list reduction at least by 10 percent per year of the biennium.

4. Fully fund all Promoting Independence related transition and diversion waivers at levels initially requested for 2016-2017:
   a. 400 HCS slots for residents of SSLCs;
   b. 100 HCS slots for residents of large and medium ICF/IID transitioning to the community. The request also included;
   c. 236 HCS slots for DFPS children aging out of foster care;
   d. 400 HCS crisis slots for persons at imminent risk of institutionalization;
   e. 120 HCS slots for the movement of individuals with IDD from Texas State Hospitals;
   f. 40 HCS slots for DFPS children transitioning from general residence operations facilities;
   g. 700 slots for individuals with IDD moving from nursing facilities;
   h. 600 HCS slots for individuals with IDD diverted from nursing facility placement; and
   i. 550 MDCP slots for children diverted from nursing facility placement.

5. Develop and implement CFC outreach strategies in collaboration with SRAC, including but not limited to expanding outreach to individuals on all IDD Medicaid waiver waiting lists and other Medicaid beneficiaries with IDD not on waiting lists.

What do you recommend as a course of action?
Submit waiver slot funding requirements for approval in 86th Legislative Session in order to reduce interest lists, fund Promoting Independence Medicaid waivers and improve CFC utilization.

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Input for FY2020-21 HHSC  
Legislative Appropriations Request (LAR)

System Adequacy Subcommittee LAR

Legislative Appropriations Request Recommendation [Capacity for Needs Assessment]

Description of Initiative/Issue:  
Capacity for accurately assessing needs and assigning an appropriate level of need and resources is critical to individuals and providers so that individuals can live and receive high quality services in the most integrated setting.

What is the critical need that needs to be addressed?  
IDD assessments must become more comprehensive and the payment level sufficient to achieve and maintain optimal health, quality of life, and community living.

Is this Issue/Initiative? [ ] New [X] Expansion [ ] Restoration

Proposed Solution: Same as course of action below

What do you recommend as a course of action?  
Note: These suggestions are for all IDD programs and, as appropriate, replication in other programs servicing additional disability and aging populations, not limited to IDD.

- Immediately change the grading/scoring of the ICAP so that an individual needing behavior supports is not required to already have a behavior management plan in place.
- Expand the IDD Assessment Pilot to include additional InterRAI modules based on the individual’s needs, including, but not limited to: intervenor supports, medical, behavioral, psychiatric and other needs. While the pilot focuses on individuals with IDD, it is a tool purported to be useful across-disability and aging populations.
- Create due process rights so individuals and their representatives, not just providers, have the right to appeal a level of need determination. Ensure that UR recognizes the influx of individuals with more significant needs in to waivers and that not everyone is a LON 5. LIDDAs, individuals, and families should have all relevant information related to a decision by Utilization Review not to accept the LIDDAs LON recommendation and the right to appeal to a higher authority.
- Provide, pay for group homes staffing for evening and weekend to increase community participation in residents’ preferred activities.
- Develop retirement options lacking for individuals with IDD who choose to retire based on stakeholder input (with significant input from self-advocates age 50+), and ensure that CFC and IDD service direct care staff and service coordinators are fully trained on person centered approaches to use in assessment and service planning with individuals they serve. This will help not only with identifying goals, preferences and needs of aging individuals with IDD, but also ensure that person centered approaches result in desired outcomes for individuals of all ages receiving services.

Input for FY2020-21 HHSC  
Legislative Appropriations Request (LAR)
Individual/Organization: IDD System Redesign Advisory Committee (SRAC) Legislative Appropriations Request Recommendations

Contact Person: Leah Rummel (Transition to Managed Care Subcommittee)

Phone number: (Please include area code) 512-496-3565

Email Address: leah_c_rummel@uhc.com

Description of Initiative/Issue:
Currently the system used by the state for billing and payment, service coordination and critical incident reporting is either outdated (Home and Community-based Services waiver CARE system) or paper-based (CLASS & DBMD). Therefore, substantial administrative time is spent by DADS, service coordinators, and providers in the exchange of information that should be seamlessly shared electronically. Systems currently operated in the fee-for-service program are also not interoperable with managed care organization systems creating barriers to the vision of a more streamlined acute and long-term care service delivery system.

What is the critical need that needs to be addressed?
Using outdated systems includes other repercussions as well including:
- Difficulty gathering and analyzing useful, trendable data related to quality
- Additional regulatory time spent on-site analyzing information
- Several providers are not using encrypted e-mails, communications are often by fax or mail between entities
- Time that could be used for service coordination and direct provision of services spent on transferring documentation
- Delays in processing and implementation of plans of care and Medicaid eligibility due to human error
- Sharing information and coordinating care between entities caring for persons with IDD could be greatly improved.
- Assuring systems are HIPPA compliant.

With the transition to managed care, MCOs would benefit from more seamless data sharing.

Is this Issue/Initiative?  ___X__ New  ____Expansion  ____Restoration

Proposed Solution:
The state must develop the capability to electronically maintain health and life records for all clients served in Long Term Services and Supports (LTSS) programs that are interoperable with related systems.
RATIONALE: Use of electronic life/electronic health records for LTSS programs will improve the quality of the programs, provide the state better data on the quality of programs, streamline communications and processes for eligibility and implementation of services, reduce administrative burdens of agency staff, service coordination staff, LTSS provider staff and managed care organization staff, and improve the quality of services delivered in the community.

Electronic Life Records/Electronic Health Record providers currently on the market include basic health and life records as well as additional modules that improve provider quality assurance through online staff training specific to individuals, critical incident reporting data trending, immediate notifications to nursing staff of potential errors by delegated staff.

Life records need to be available to consumers, MCOs and all parties involved and be on a shared platform.

What do you recommend as a course of action?

Contract with an experienced vendor to replace other client management systems with a unified platform for the use of electronic health/electronic life record technology. Any system must be capable of interoperability between entities (managed care organizations), service coordinators, and long-term care providers.

Require and fund the use of electronic documentation by long-term care service providers.

Input for FY2020-21 HHSC Legislative Appropriations Request (LAR)

Legislative Appropriations Request Recommendation

To: HHSC

Individual/Organization: IDD Systems Redesign Advisory Committee (SRAC)

Contact Person: Leah Rummel, IDD SRAC, Transition to Managed Care subcommittee chair

Phone number: (Please include area code) 512-263-0772

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**Description of Initiative/Issue:**

Expand physician and specialty capacity for persons with intellectual and developmental disabilities through adding funding of comprehensive care clinics and transition clinics.

**What is the critical need that needs to be addressed?**

Individuals with IDD, as a group, are living longer and need the opportunity to age well. In addition, children and adults with IDD often have difficulties finding a medical home that understands their unique needs. A few exceptional clinics have been developed in Texas to address these needs. Some examples of these types of clinics include “The Baylor Transition Clinic” [https://www.bcm.edu/healthcare/care-centers/transition-medicine](https://www.bcm.edu/healthcare/care-centers/transition-medicine) and the “Dell Children’s Comprehensive Clinic” [https://www.dellchildrens.net/services-and-programs/childrens-comprehensive-care-clinic/](https://www.dellchildrens.net/services-and-programs/childrens-comprehensive-care-clinic/). Both clinics look at children or adults with disabilities on a more comprehensive basis and have expertise in treating persons with multiple conditions. Based on information and testimony presented in the STAR Kids Advisory Committee, these types of clinics have very favorable outcomes and should be considered as models with best practices for persons with intellectual and developmental disabilities. There are limited existing funding sources that can address development and expansion of Comprehensive Care Clinics and Transition Clinics. These include funding through Network Access Improvement Program (NAIP) funding and 1115 funding, however this funding has been limited while the need continues to grow. Because of the documented need for expansion of these programs and the limitation of available funding, the proposal for an exceptional item request is being made.

**Is this Issue/Initiative?**

___New___ x  Expansion___ Restoration

**Proposed Solution:**

1. The IDD SRAC recommends the legislature fund Health Related Institutions (HRIs), public hospitals and other physician groups through-out Texas in a manner to assure access to persons with IDD and ensure the expertise to treat complex conditions for persons with multiple conditions. RATIONALE: The NAIP is designed to further the
state's goal of increasing the availability and effectiveness of primary care for Medicaid beneficiaries by incentivizing HRIs and public hospitals to provide quality, well-coordinated, and continuous care. Some areas in Texas are interested in developing these type of specialty clinics, only lacking adequate funding, and we recommend additional state funding be provided to fund startup of these type of clinics. In addition, we recommend the 1115 waiver projects through the Rural Health Programs to include expansion of the Comprehensive Care Clinics and Transition Clinics throughout Texas.

2. The funding (recommended in number 1), should include providing incentive payments for additional physician training to serve persons with IDD and the development of an enhanced payment for the additional time needed for certain complex cases.

3. The funding (recommended in number 1) should include development of a comprehensive continuing educational program for primary care and specialty physicians to better educate physicians to understand how to better treat their patients with IDD.

**What do you recommend as a course of action?**

1. Determine possible sites for comprehensive and transition clinics throughout based on areas where Texas has access to HRIs and RHPs who could utilize NAIP and 1115 funding and any additional state funding for start-up of these clinics.
2. Identify areas of state where access is limited for persons with IDD.
3. Determine amount of funding needed for a comprehensive education program.
4. Include funding recommendations as described above.