

Disability Services Action Plan



TEXAS
Health and Human
Services

August 31, 2020

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Executive Summary

People with physical, intellectual and developmental disabilities face unique challenges throughout their lives and may have a combination of complex medical, behavioral, physical and social needs. When health and community services are coordinated in a seamless continuum, people with disabilities can more easily live, work and participate fully in their communities.

In response to one of the initiatives in the 2020 Texas Health and Human Services (HHS) business plan, Blueprint for a Healthy Texas, HHS has developed an action plan to improve the system and delivery of services for Texans with physical, intellectual and developmental disabilities.

HHS staff hosted seven disability listening sessions across the state to gain insight from clients, providers and advocates about their experiences and challenges navigating HHS, as well as opportunities to improve.

Through the feedback received, and research and information from several other agency reports, HHS identified achievable opportunities to improve agency coordination to make it easier for individuals, families and providers to navigate the HHS system for disability services. In all, 27 recommendations across four initiatives were found to be achievable within one to five fiscal years. The initiatives include:

- training and support;
- communication;
- policy and rules; and
- system redesign;

Beginning in fiscal year 2021, phase two of the disability services action plan will undergo additional evaluation to determine when, over the next five years, implementation will occur. Each recommendation slated for implementation will have to meet the following criteria:

- have a variety of ongoing projects across the disability continuum and across disability communities;
- generally feasible; and
- balance internal resources, such as fiscal impact and staff bandwidth.

Additionally, feedback from the Promoting Independence Workgroup, attendees of the disability listening sessions and public comment will be taken into consideration when determining which recommendations to implement.

Status reports of each implemented project will be published on the HHS website.

The Chief Program and Services Officer established a disability services coordinator to oversee implementation of phase two the plan. The coordinator will focus on achieving long-term system improvements and initiatives serving the disability community through programming, services provided and support. In addition, the

coordinator will strengthen continued engagement with internal and external partners faced with new and on-going critical issues related to disability services.

Recommendations

Four main initiatives are proposed, each with specific achievable project recommendations for system improvement: Training and Support, Communication, Policy and Rules and System Redesign. The listing does not denote priority order.

Training and Support

Community

- Implement a linguistically and culturally appropriate family violence prevention training for people who are deaf, hard of hearing or DeafBlind.
- Increase awareness of substance use trainings and resources tailored for people who are deaf, hard of hearing or DeafBlind.
- Build upon existing training framework to inform external organizations about working with the deaf, hard of hearing or DeafBlind communities.
- Increase provider education and technical support across intellectual and developmental disabilities programs and services.
- Create a strategy to recruit and train formal caregivers who provide support to people with disabilities.
- Collaborate with external groups to produce long-term planning resources, across the life span, that include preparation for health emergencies and declared disasters.
- Create a crisis psychiatric program that allows psychiatrists to further develop their skills working with people who have an intellectual and developmental disability.

HHS Staff

- Provide access to trainings specific to guardianship, legal authorized representatives and supported decision-making agreements.
- Research the viability of expanding staff shuttle for state supported living centers.

Communication

Website

- Create communication campaigns to promote various program webpages.
- When applicable, add new client-facing program pages to "Services" section of the HHS website.
- When applicable, on printed materials, add short URLs that direct the public to the HHS program webpage.
- Along with other HHS initiatives, move the Promoting Independence Initiative, Money Follows the Person Demonstration and My Life Plan Initiative to the "Process Improvement" section, under "About HHS".

- Build and market a webpage specific to legal authorized representatives, guardianship, and supported decision-making. Consolidate or link information from other HHSC webpages.
- Develop a plan to elevate and ensure ongoing representation of the Autism community among other existing committees whose work impacts people with Autism Spectrum Disorder.

Community

- Establish regular communication channels by which stakeholders can share input with HHS about deaf, hard of hearing or DeafBlind programming.
- Consolidate Medicaid long-term services and supports waiver interest list contact information into one central number and email address.
- Partner with stakeholder groups that represent unique disability populations to create infographics on what program(s) and information to access or receive services.

Policy and Rules

- Explore policy and process enhancements to improve testing and training to become a certified interpreter.
- Rewrite certification rules for the Home and Community-based Services (HCS) and Texas Home Living (TxHmL) waiver programs to increase the health and safety of people enrolled in the programs and expand oversight and accountability of contracted providers.
- Determine and implement additional adaptive aids, such as transportation vouchers, to the HCS and TxHmL programs.

System Redesign

- Conduct usability testing on the HHS website from the client, provider, advocate and staff perspectives. Results from usability testing will inform additional recommendations on website improvements.
- Research ways to increase oversight and measure quality of life improvements in community-based programming.
- Analyze methodology for each of the waiver and non-waiver interest lists and determine if policy or process improvements could be implemented to reduce the interest list.
- Analyze data from the COVID-19 pandemic to determine the viability of continuing statewide teleservices as appropriate to improve services for people with disabilities.
- Consult with an approved industry-acclaimed agency or group to map the system-wide continuum of care for individuals accessing services to determine gaps and outcomes of No Wrong Door policies. Consultation results could lead to additional recommendations.
- Research the viability of instilling routine examinations of the maximum allowable payments and compare these rates across programs.

1. Blueprint for a Healthy Texas

In the 2020 inaugural business plan, Blueprint for a Healthy Texas, HHS outlines 12 key priorities and initiatives. Initiative 2—Disabilities: Increase Independence and Positive Outcomes for People with Disabilities—creates a path for continued system improvements for people with disabilities by incorporating feedback from clients, advocates and providers and instilling the motto of “Nothing about us, without us.”

In this initiative, HHS committed to develop, by August 31, 2020, a disability services action plan with recommendations on how the agency would:

- Evaluate challenges to timely, appropriate service delivery.
- Review internal agency and external factors affecting service delivery.
- Assess the current structure supporting disability services.

To inform the plan, HHS committed to several deliverables aimed at incorporating stakeholder voices, in particular, people with disabilities and their loved ones. The deliverables as completed include:

- Conduct a system improvement survey to obtain insight on disability services and experiences navigating the system.
- Establish quarterly workgroup meetings to support the development of action plan, providing ongoing feedback and ideas for program improvement.
- Hold six partner listening sessions in rotating locations around the state.
- Publish an inventory of programs and services for people with disabilities on HHS website.
- Share a draft plan with partners based on agency evaluation of listening sessions, survey results and internal review.
- Publish a final action plan, including recommendations and future initiatives.

HHS successfully met the deliverables despite the COVID-19 pandemic and associated public health emergency. The rest of this plan will lay out the steps taken through fiscal year 2020 to identify achievable recommendations HHS could implement in the coming years.

2. Existing System Improvement Projects

HHS has worked on or implemented numerous projects during fiscal year 2020 to support services for Texans with disabilities. These projects and system changes pave the way for improvements to service delivery. Specific reports, plans and projects informed the recommendations in this plan and will continue to play a role in future initiatives aimed at addressing the needs of people with disabilities across their lifespan.

Reports and Plans

The 86th Legislature directed HHS to research specific topics related to disability services and prepare for potential changes in services. HHS subject matter experts leading these reports were involved in the development of recommendations in the action plan to ensure there would be coordinated cross-agency improvements. Brief information about each report and plan is as follows:

Rider 13. Increase the use of self-directed services utilizing the Consumer Directed Services (CDS) option

Rider 13¹ requires HHS to educate STAR+PLUS home and community-based services consumers about the CDS option, with the goal of increasing the percentage of consumers who choose CDS.

Rider 20. Expansion of Community-based Services

Rider 20² requires HHS to submit a plan to achieve targeted reductions to waiver interest lists for community-based services, as appropriated by the Legislature. HHS must submit progress reports periodically throughout the biennium to update the Legislature on meeting the targets.

Rider 42. Medicaid Waiver Program Interest List Study

Rider 42³ requires HHS to conduct a study of interest lists for HCS, CLASS, DBMD, MDCP, TxHmL and STAR+PLUS HCBS waivers on the factors impacting the interest list, data on persons on the interest lists and research on approaches taken by other states to reduce or eliminate interest lists. The study must include proposed strategies HHS could implement to eliminate the interest list that results in the provision of person-centered services in the most integrated setting, as well as including cost estimates.

¹ Article II, Health and Human Services Commission, Rider 13. 2020-21 General Appropriations Act House Bill 1, 86th Legislature, Regular Session, 2019

² Article II, Health and Human Services Commission, Rider 20. 2020-21 General Appropriations Act House Bill 1, 86th Legislature, Regular Session, 2019

³ Article II, Health and Human Services Commission, Rider 42. 2020-21 General Appropriations Act House Bill 1, 86th Legislature, Regular Session, 2019

Rider 110. State Supported Living Centers Planning

Rider 110⁴ requires HHS to develop a plan to maximize resources at state supported living centers (SSLCs). The plan includes an evaluation of resources, services, support, and infrastructure needs for SSLC residents with intellectual or developmental disabilities and behavioral health needs in Texas. HHS is directed to consider the needs and preferences of SSLC residents and their representatives, the needs of the system and changing demographics.

Rider 157. Community Attendant Workforce Development Strategies

Rider 157⁵ requires HHS to develop strategies to recruit and retain community attendants and ensure adequate access to their services. Such strategies will include:

- Gathering data on attendants providing home and community-based services in both fee-for-service and managed care.
- Estimating the demand for community attendant services for the period from fiscal year 2022 to fiscal year 2031.
- Developing a state workforce strategic plan including recommendations for legislative action, strategies to increase the use of consumer-directed services and ideas for recruitment and retention of community attendants, including increasing wages.
- Developing enhanced network adequacy standards for Medicaid Managed Care Organizations to ensure sufficient access to community care attendants.

IDD Strategic Plan

The development of the Statewide IDD Strategic Plan is supported by HHS Executives. The plan will include short- and long-term goals, objectives, and strategies to address gaps in services and policies impacting people with IDD.

Program and Services Inventory

The annual business plan directed HHS to create and publish an inventory of programs and services for people with disabilities in preparation for the disability services action plan. HHS has a wide service array serving people with varied individual needs, even outside of having a disability. As such, HHS opted to create an inventory that lists and provides information on all program and services available.

The HHS Program and Services Inventory can be accessed and downloaded from the HHS Services & Providers A-Z Index webpage. HHS will continuously update the inventory to ensure new or missing services are included and contact information is current.

⁴ Article II, Health and Human Services Commission, Rider 110. 2020-21 General Appropriations Act House Bill 1, 86th Legislature, Regular Session, 2019

⁵ Article II, Health and Human Services Commission, Rider 157. 2020-21 General Appropriations Act House Bill 1, 86th Legislature, Regular Session, 2019

Additional improvements to the HHS Services & Providers A-Z Index, previously the A-Z Index webpage, were implemented while working on the inventory project. HHS reorganized the Index making it clear which pages were service- or program-specific rather than provider-specific. The links were further reorganized into the six service categories: aging, disability, financial, health, mental health & substance use, and safety. Additionally, HHS intentionally duplicated links to services, allowing service information to show up in multiple applicable service categories. For example, the link to the Aging and Disability Resource Centers webpage can now be found under the aging category and the disability category.

3. Disability Services Listening Sessions

HHS staff hosted disability listening sessions across the state, between October 2019 to January 2020, to gain insight from clients, providers and advocates about their experiences and challenges navigating HHS, as well as opportunities to improve. The inaugural business plan, Blueprint for a Healthy Texas, stated six sessions would be held; however, HHS held an additional disability listening session not previously scheduled. Locations included:

- Houston
- Dallas-Fort Worth
- Laredo
- El Paso
- Tyler
- Lubbock
- San Antonio

HHS provided as many accommodations as possible to ensure stakeholders could participate in the manner that best suited their needs and preferences.

More than 300 people attended the seven sessions, sharing more than 200 comments with HHS staff. The open, town hall format of the disability listening sessions provided attendees with the opportunity to discuss topics of their choosing, examples of issues and ideas for improvement. Additionally, attendees had the opportunity to comment multiple times. Participants' ability to provide feedback more than once led to in-depth examples and ideas for improvements.

Though the session format prompted organic feedback from the attendees and painted a clearer picture of regional or location-based issues, there were challenges when reviewing the qualitative data. For example, while more than 300 people attended, not everyone shared feedback through the available channels. Additionally, while there were more than 200 comments, there were around 550 mentions of specific topics. This is a direct result of a speaker identifying several topics within their comment. Despite limitations in evaluating the data from the disability listening sessions, HHS was able to use the information to help inform the recommendations found in this plan.

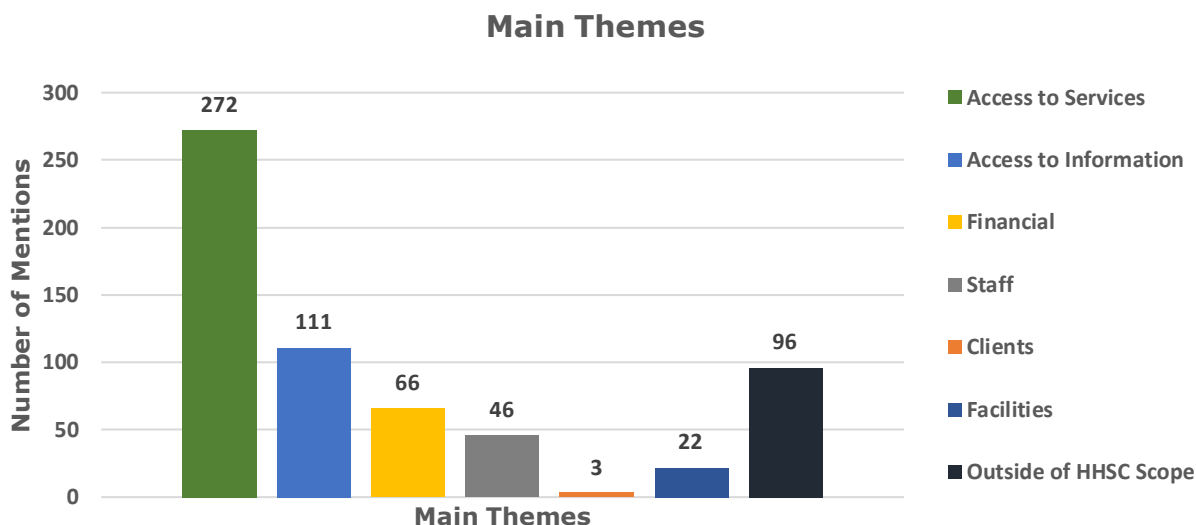
Main Themes

Several themes emerged from comments and feedback across the disability listening sessions, including:

- access to services
- access to information about HHSC services
- financial allocations for specific services
- staff training and retention
- facilities and institutions
- outside HHSC's authority and scope

Access to services theme was the most frequently mentioned issue (272). These comments included a wide array of services and support from deaf, hard of hearing or DeafBlind support to services in rural areas, to autism support. The access to information topic was the second highest theme (111). Outside of HHSC scope, financial, staff, facilities, and clients followed, respectively. See Chart 1.

Chart 1: Main Themes



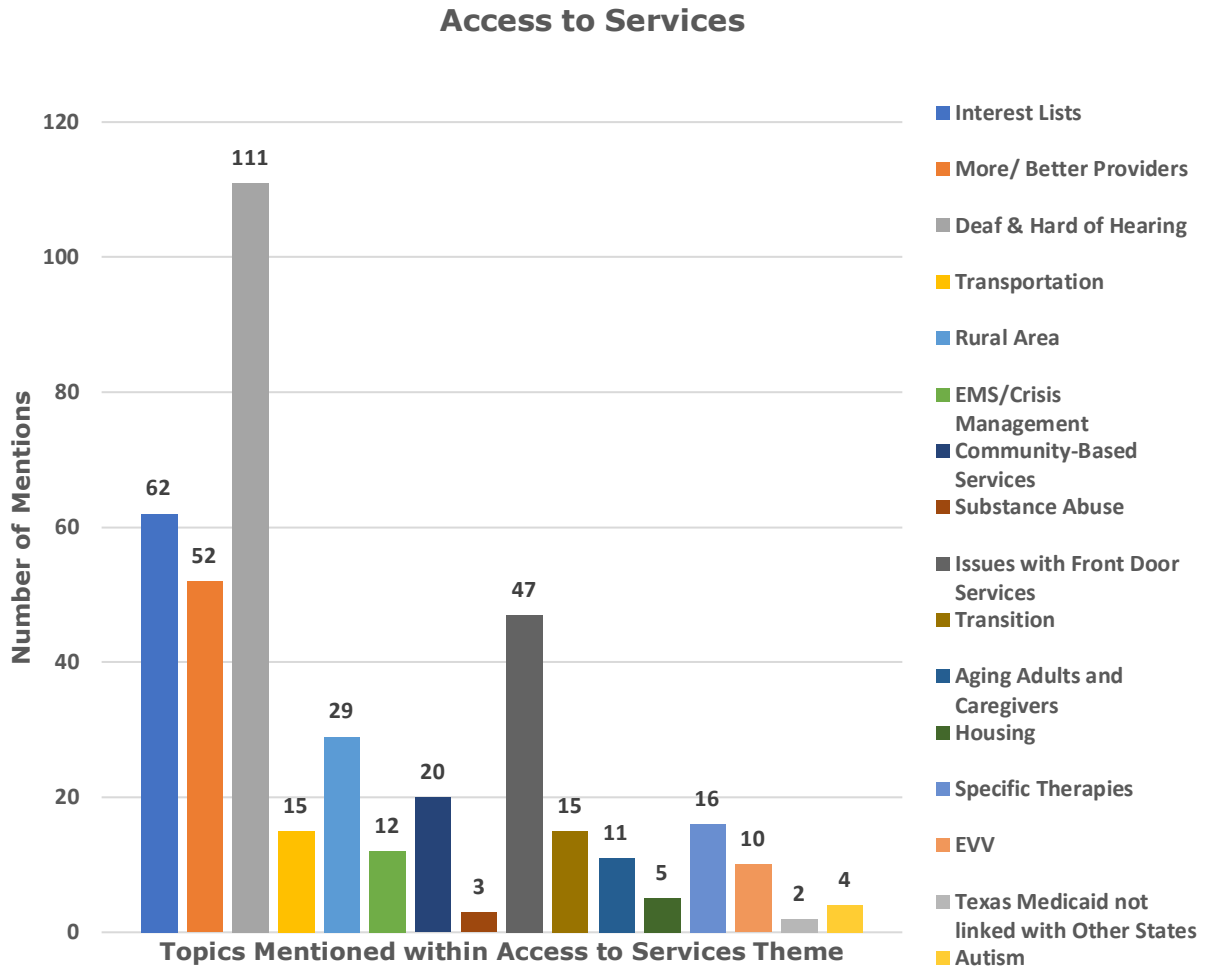
Access to Services

The access to services theme was mentioned the most; however, that theme is broad and requires more detail to identify opportunities to improve. When this theme is broken down, many areas of expressed need emerge including (e.g., Texas Medicaid not linking with other states thereby complicating travel plans for people with disabilities, various other transportation needs).

Chart 2 depicts the variety in topics mentioned by stakeholders within the theme of access to services. deaf, hard of hearing or DeafBlind (111) was mentioned the most, with interest lists (62), and having more or better providers (52) and front-door services (47) following closely.

There was also considerable feedback regarding rural area (29) and community-based services (20). HHS also heard feedback about specific therapies (16), transportation (15), transitions (15), aging adults and caregivers (11), electronic visit verification ((10), housing (5), autism (4), substance abuse (3), and Texas Medicaid not linked with other states (2).

Chart 2: Access to Services



Breaking down the two highest mentioned topics even further yields additional insight into specific attendee concerns shared with HHS. The sub-topics mentioned within deaf and hard of hearing included: services for people who are DeafBlind (32), the need for certified interpreters and increased or revised interpreter testing (28), adding a service support professional or co-navigator program (27), complications with video remote interpreting (11), and incorporating Mexican Sign Language (4). See Chart 3.

Chart 3: Deaf, Hard of Hearing or DeafBlind

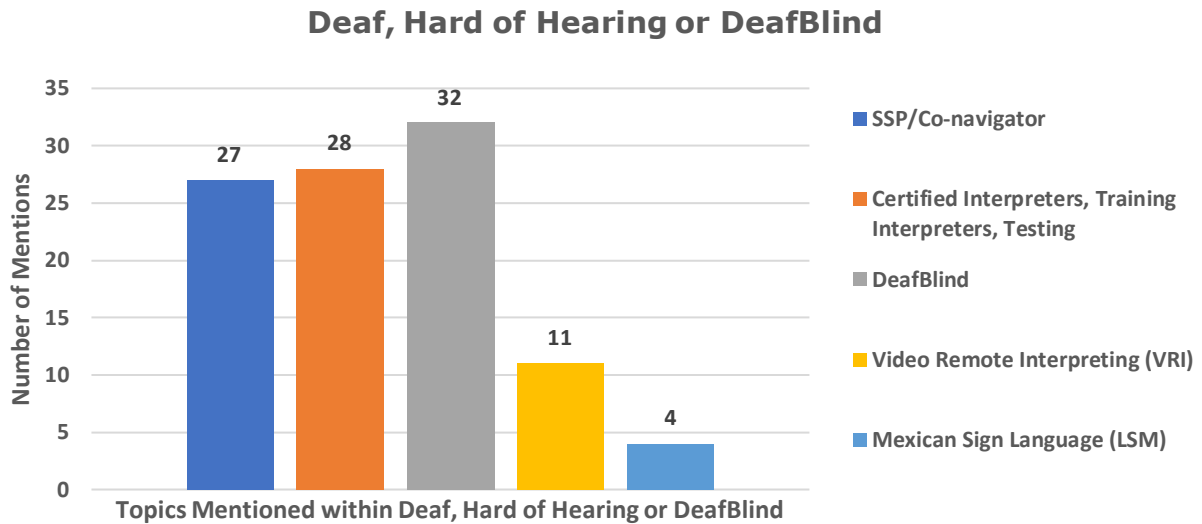
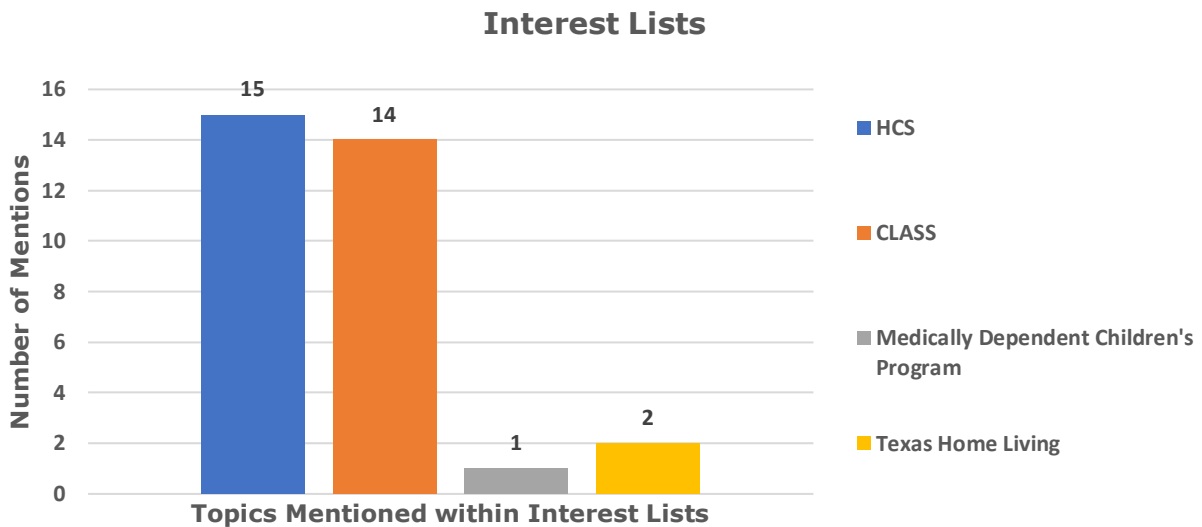


Chart 4 depicts which four programs were mentioned in the disability listening sessions across the state: HCS (15), CLASS (14), and TxHmL (2) and MDCP (1). It is important to note that HHS has multiple interest lists for Medicaid waivers and non-Medicaid waivers.

Chart 4: Interest Lists

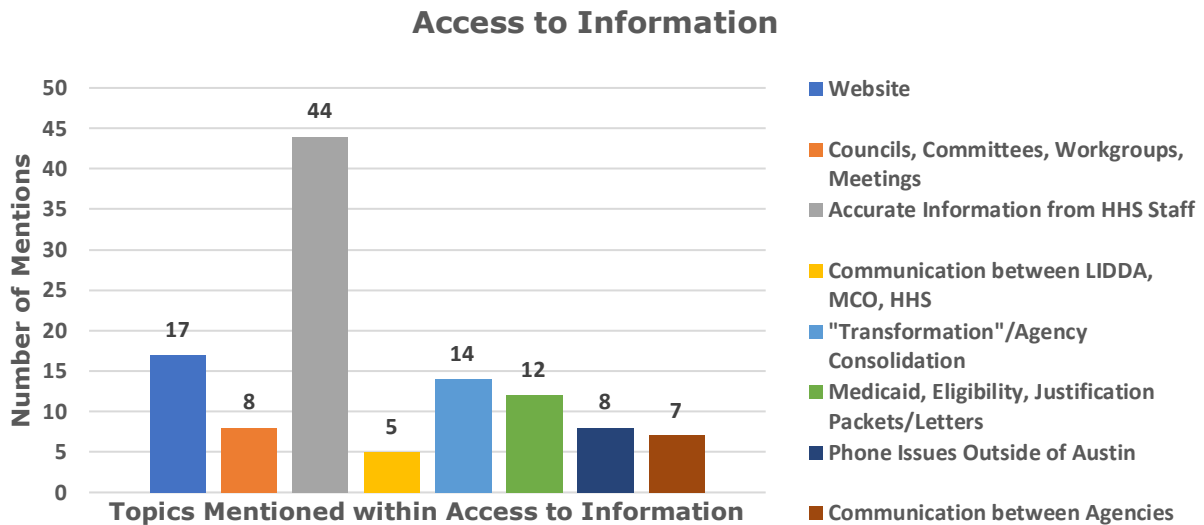


Access to Information

Access to information (111) was the second highest mentioned main theme. Much like access to services, there are several sub-topics that fall under the main theme and provide further insight. Chart 6 depicts the sub-topics mentioned. The highest sub-topic discussed within access to information was receiving accurate information from HHS staff (44).

The next highest sub-topic mentioned was related to the HHS website (17). The rest of the mentioned sub-topics, from greatest mentions to least, were: “Transformation” or agency consolidation issues (14); Medicaid, eligibility, justification packets or letters (12); phone issues outside of Austin or contacting regional offices (8); issues with accessible councils, committees, workgroups, and meetings (8); communication between state agencies (7); and communication between LIDDAs, MCOs, and HHS (5).

Chart 6: Access to Information



As discussed previously, data limitations prevent HHS from conducting quantitative analysis of the information the stakeholder feedback shared. However, HHS was able to collect useful qualitative data which demonstrated the needs and concerns that the disability community and stakeholders.

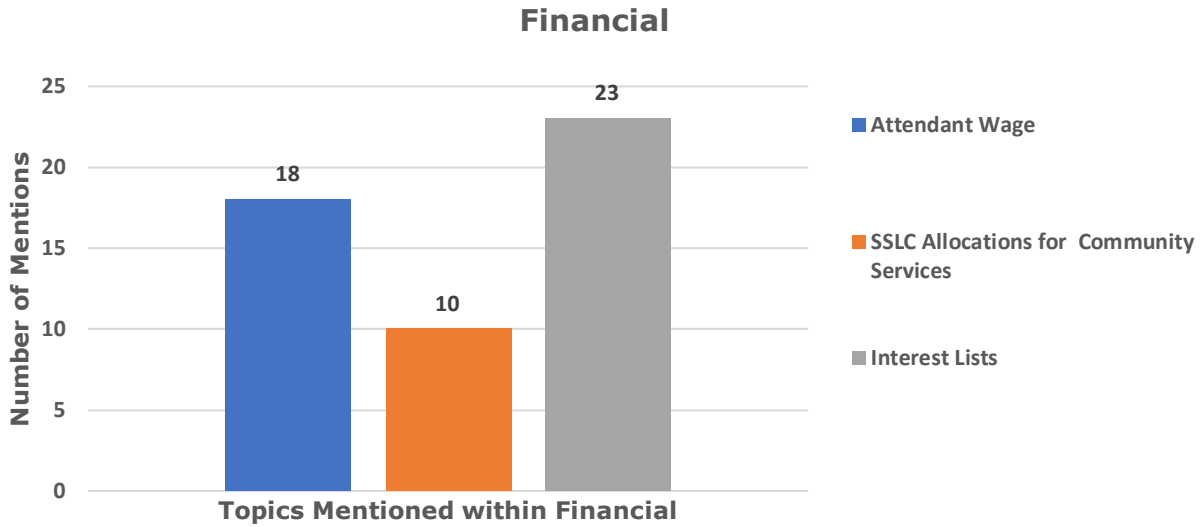
Outside of HHSC Scope

The third highest mentioned main theme was information shared or recommendations made that were issues outside of HHS scope to address. Some of the comments and personal stories mentioned issues affecting people and families served by HHS but the concerns were outside HHS’ ability to address without support from external partners, including other state agencies, local governments, and/or universities.

Financial

The financial (66) theme was the fourth highest theme raised by stakeholders. Unlike the access to services and information categories, the financial theme only had three sub-topics: releasing interest lists slots (23), increasing attendant wages (18), and redistributing SSLC allocations for community services (10). See Chart 7.

Chart 7: Financial

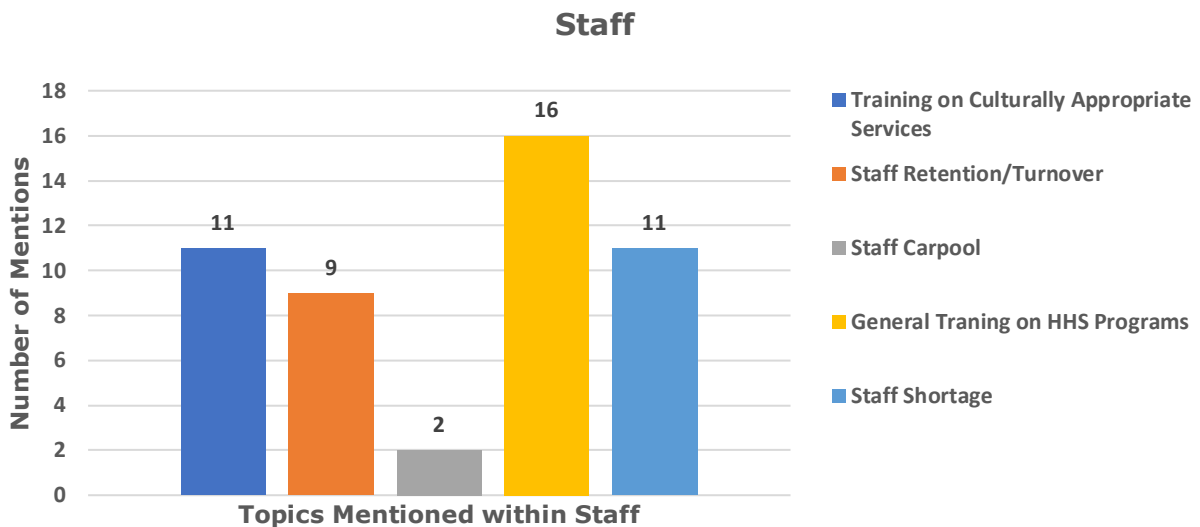


While HHS is working on existing projects discussed earlier, such as Rider 157 on attendant wages, HHS alone would not be able to make financial system improvements without the support and direction of the Legislature.

Staff

Staff (46) was one of the main themes as well. Chart 8 depicts the sub-topics mentioned within the staff theme, including: general training on HHS programs (16); staff shortage (11); training on culturally appropriate services (11); staff retention or turnover (9); and staff carpool for SSLCs (2).

Chart 8: Staff



Facilities and Clients

The two last themes brought up at the disability listening sessions are facilities and clients. Facility-related (22) comments included sub-topics such as the importance of having regional offices, closing SSLCs in favor of community-based services, keeping SSLCs open as individuals benefit from the service and maintaining SSLC buildings and facilities. The client (3) theme was about forensic clients admitted to SSLCs.

Location-Specific

In addition to the compiled data from the seven disability listening sessions, it is important to look at the data for each location separately to examine any regional differences that may arise. Table 1 shows the number of mentions for each main theme based on the location. While access to services was the theme mentioned most across all seven locations, there were differences in other themes based on whether the listening session was held in a rural or urban location. For example, all three comments in the client's theme came from the Lubbock session. The Dallas-Fort Worth session had the most comments regarding facilities. More location-specific data can be found in Appendix A.

Table 1. Location-Specific Main Themes

Location	Access to Services	Access to Information	Financial	Staff	Clients	Facilities	Outside of HHSC Scope
Dallas-Ft Worth	76	37	22	10	0	9	26
El Paso	56	27	10	5	0	5	23
Houston	37	28	17	5	0	2	15
Laredo	17	6	3	4	0	1	5
Lubbock	25	0	4	8	3	4	11
San Antonio	34	8	6	7	0	0	11
Tyler	27	5	4	7	0	1	5

4. Disability Services Action Plan Workgroup

HHS established an internal workgroup made up of subject matter experts across the agency supporting HHS programs and services, including program, financial, regulatory and ombudsman areas. Together, the workgroup discussed the data from the disability survey, feedback from the listening sessions and research from other informing reports and plans and projects previously discussed.

One of the exercises employed by the workgroup was to discuss every idea or solution provided by attendees during the listening sessions to see if the improvement could be implemented. Some ideas or issues presented already had been resolved, though not communicated widely. Other ideas or issues were determined to be out of scope for this workgroup and plan.

The workgroup identified 27 ideas for system improvement and appropriate for recommendations in the plan. The recommendations are anticipated to be achievable between fiscal years 2021 and 2025.

HHS shared the recommendations for feedback three different ways. The first was through the Promoting Independence Workgroup. HHS determined the Promoting Independence Workgroup to be the most appropriate existing stakeholder workgroup to support the development and implementation of the disability services action plan. HHS also re-engaged with attendees of the disability listening sessions to share additional feedback. Finally, the recommendations were posted on the HHS website for public comment.

The feedback received will be reviewed and taken into consideration during phase two of the plan, to begin in fiscal year 2021.

5. Recommendations

Four main initiatives are proposed, each with specific achievable project recommendations for system improvement: Training and Support, Communication, Policy and Rules and System Redesign. The listing does not denote priority order.

Training and Support

Community

- Implement a linguistically and culturally appropriate family violence prevention training for people who are deaf, hard of hearing or DeafBlind.
- Increase awareness of substance use trainings and resources tailored for people who are deaf or hard of hearing.
- Build upon existing training framework to inform external organizations about working with the deaf, hard of hearing or DeafBlind communities.
- Increase provider education and technical support across intellectual and developmental disabilities programs and services.
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- Collaborate with external groups to produce long-term planning resources, across the life span, that include preparation for health emergencies and declared disasters.
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HHS Staff

- Provide access to trainings specific to guardianship, legal authorized representatives and supported decision-making agreements.
- Research the viability of expanding staff shuttle for state supported living centers.

Communication

Website

- Create communication campaigns to promote various program webpages.
- When applicable, add new client-facing program pages to “Services” section of the HHS website.
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System Redesign

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- Analyze methodology for each of the waiver and non-waiver interest lists and determine if policy or process improvements could be implemented to reduce the interest list.
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- Research the viability of instilling routine examinations of the maximum allowable payments and compare these rates across programs.

6. Phase Two

Beginning in fiscal year 2021, HHS will implement phase two of the action plan, developing implementation plans and timelines for the recommendations in this plan. Each recommendation slated for implementation will have to meet the following criteria:

- have a variety of ongoing projects across the disability continuum and across disability communities;
- generally feasible; and
- balance internal resources, such as fiscal impact and staff bandwidth.

Additionally, feedback from the Promoting Independence Workgroup, attendees of the disability listening sessions and public comment will be taken into consideration when determining which recommendations to implement.

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7. Conclusion

People with physical, intellectual and developmental disabilities face unique challenges throughout their lives and may have a combination of complex medical, behavioral, physical and social supports. When health and community services are coordinated in a seamless continuum, people with disabilities can more easily live, work and participate fully in their communities. The disability services action plan serves as a road map to improve services and support for all people with a disability through improved coordination within HHS and collaboration with external partners.

List of Acronyms

Include a list of all acronyms that appear in the report. Add each new entry in its own row of this table.

Acronym	Full Name
CDS	Consumer Directed Services
CLASS	Community Living Assistance and Support Services
EVV	Electronic Visit Verification
HCBS	Home and Community-based Services
HCS	Homes and Community-Based Services
HHS	Health and Human Services
HHSC	Health and Human Services Commission
IDD	Intellectual and Developmental Disabilities
LIDDA	Local Intellectual and Developmental Disabilities Authority
MCO	Managed Care Organizations
MDCP	Medically Dependent Children Program
SSLC	State Supported Living Center
TxHmL	Texas Home Living

Appendix A. Location-Specific Data

Dallas-Fort Worth

Chart 9: Main Themes – Dallas-Fort Worth

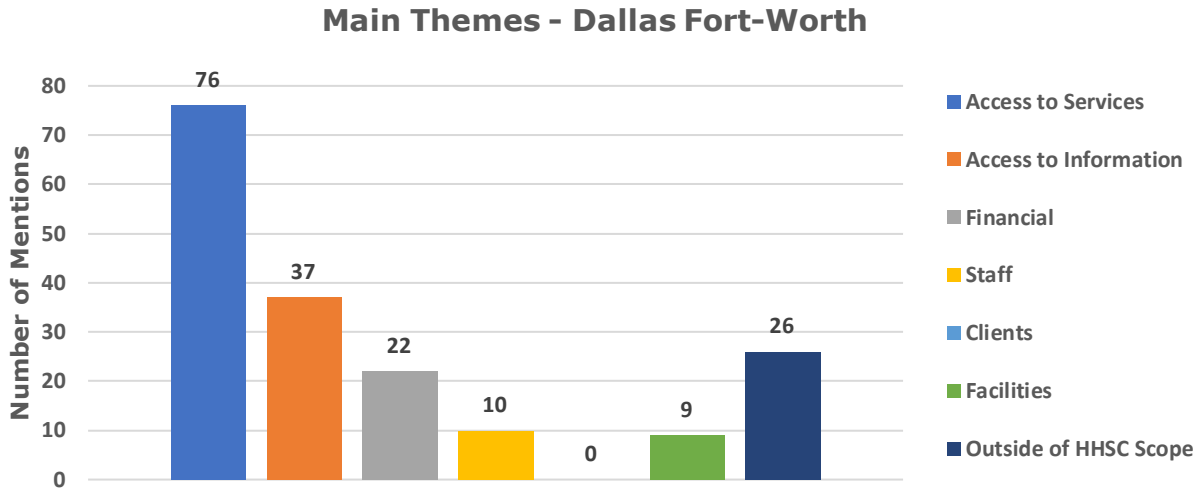
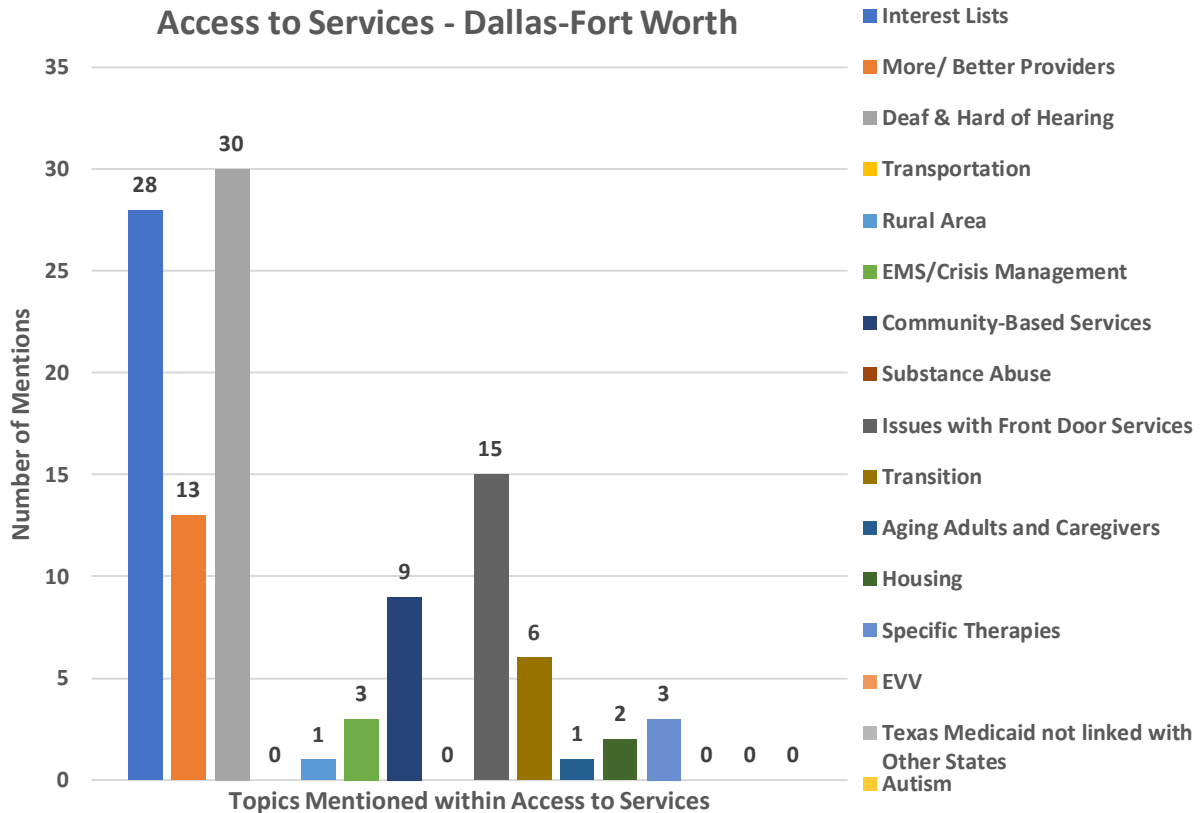


Chart 10: Access to Services – Dallas-Fort Worth



El Paso

Chart 11: Main Themes – El Paso

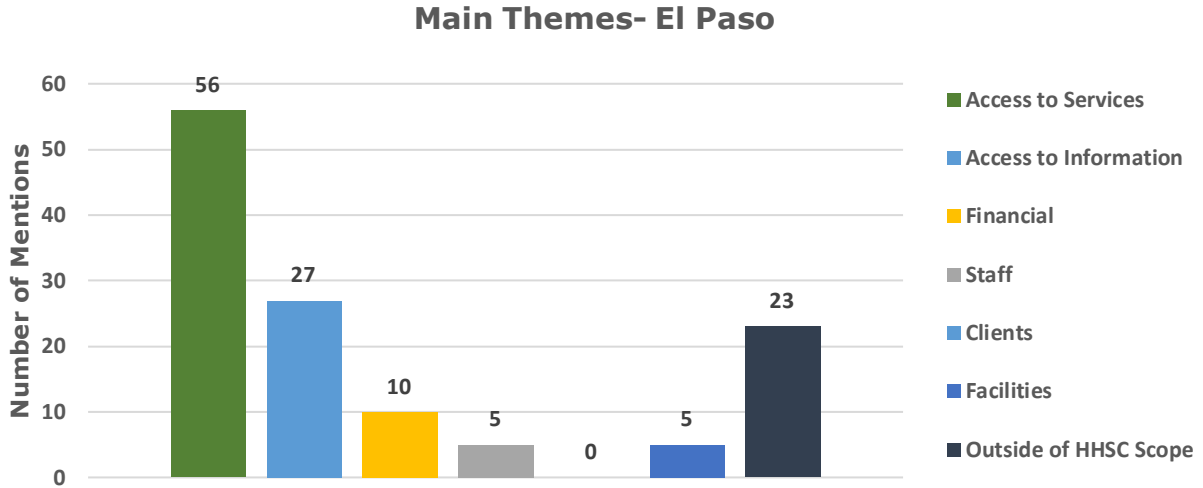
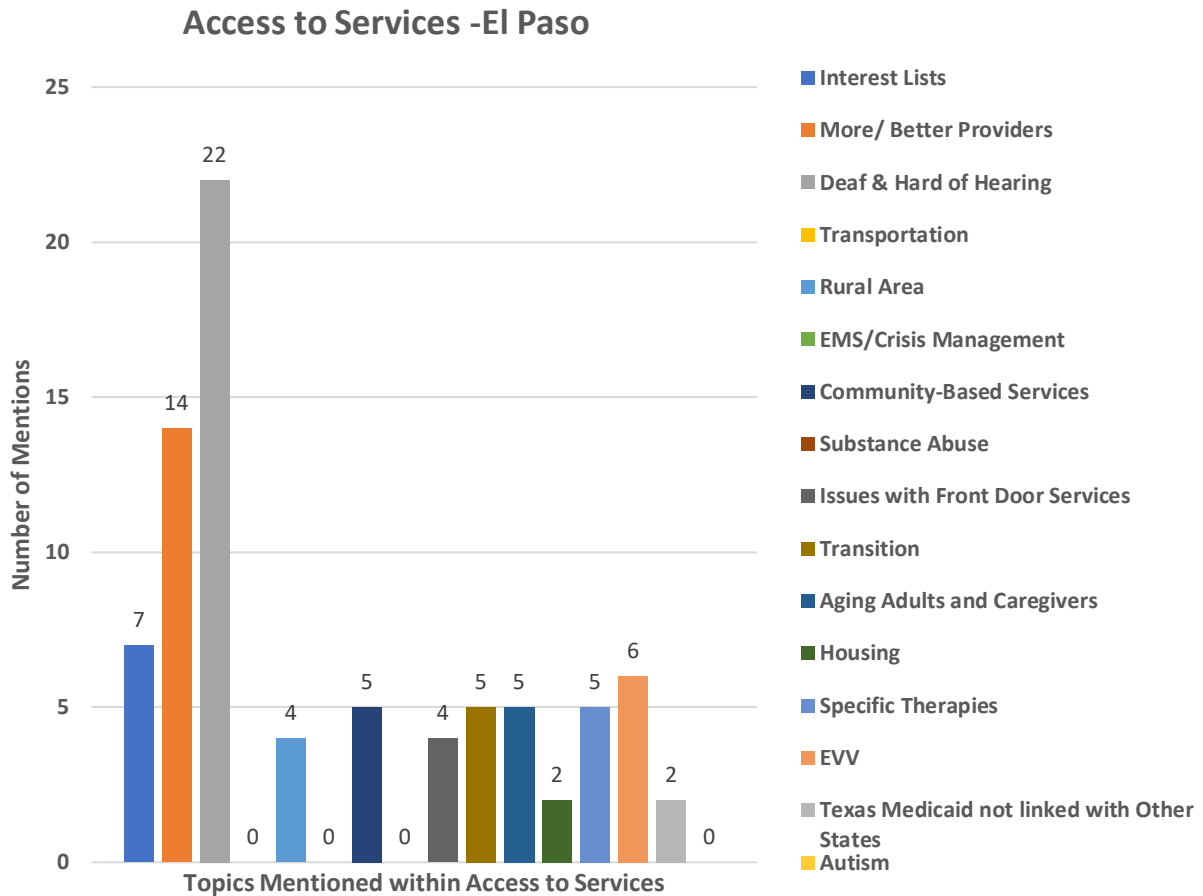


Chart 12: Access to Services – El Paso



Houston

Chart 13: Main Themes - Houston

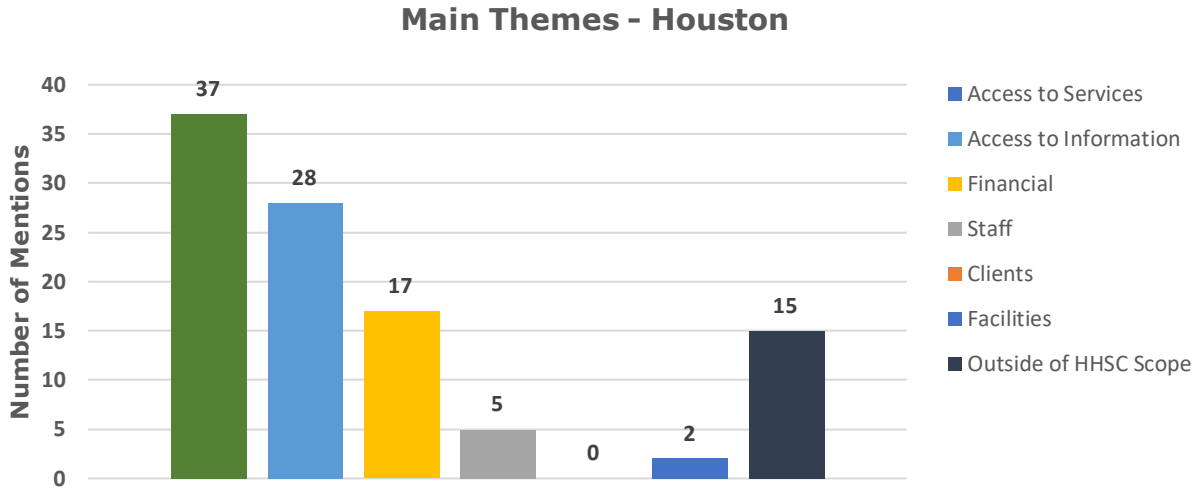
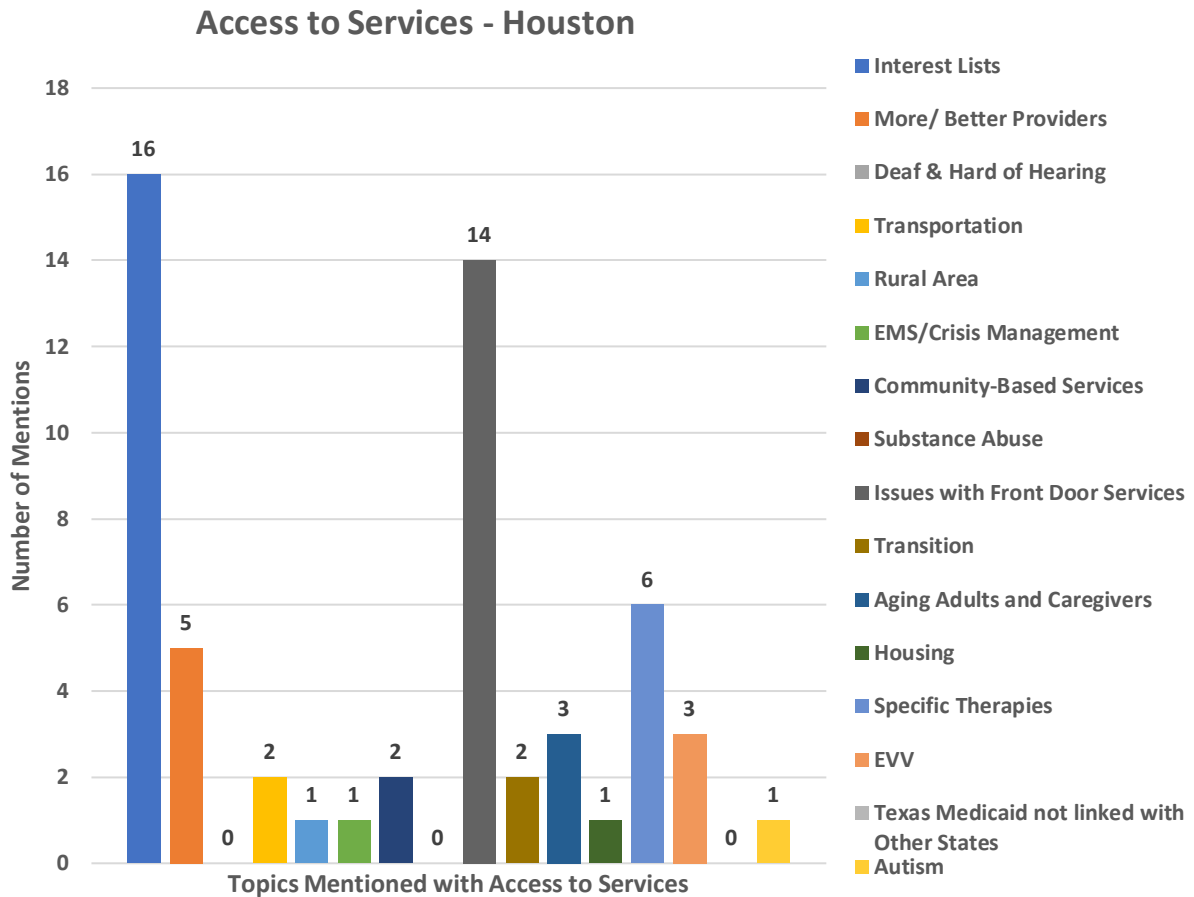


Chart 14: Access to Services – Houston



Laredo

Chart 15: Main Themes - Laredo

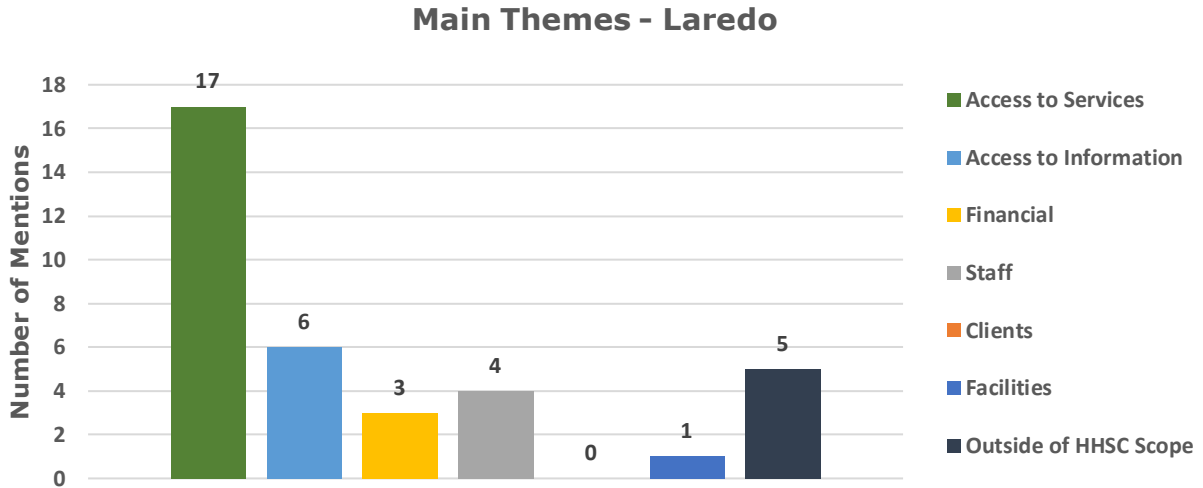
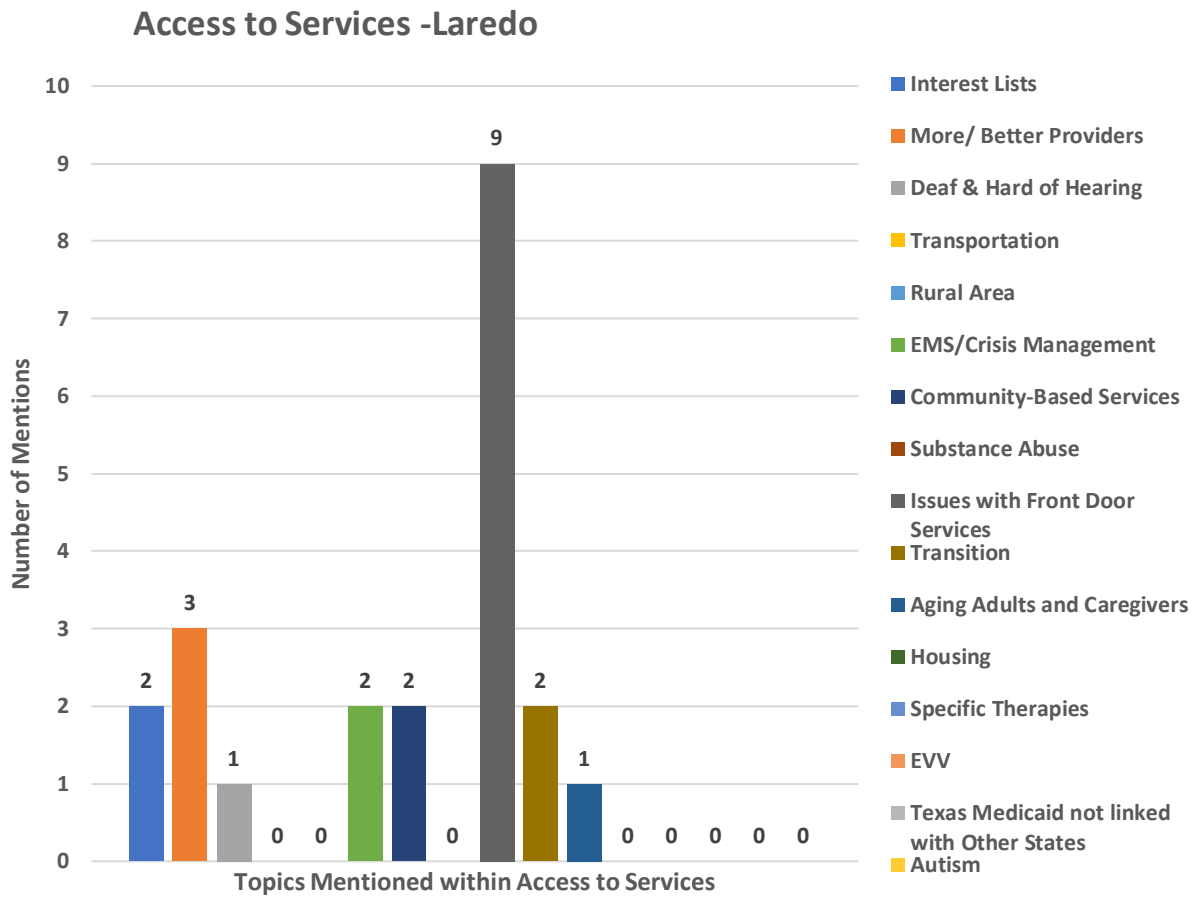


Chart 16: Access to Services – Laredo



Lubbock

Chart 17: Main Themes - Lubbock

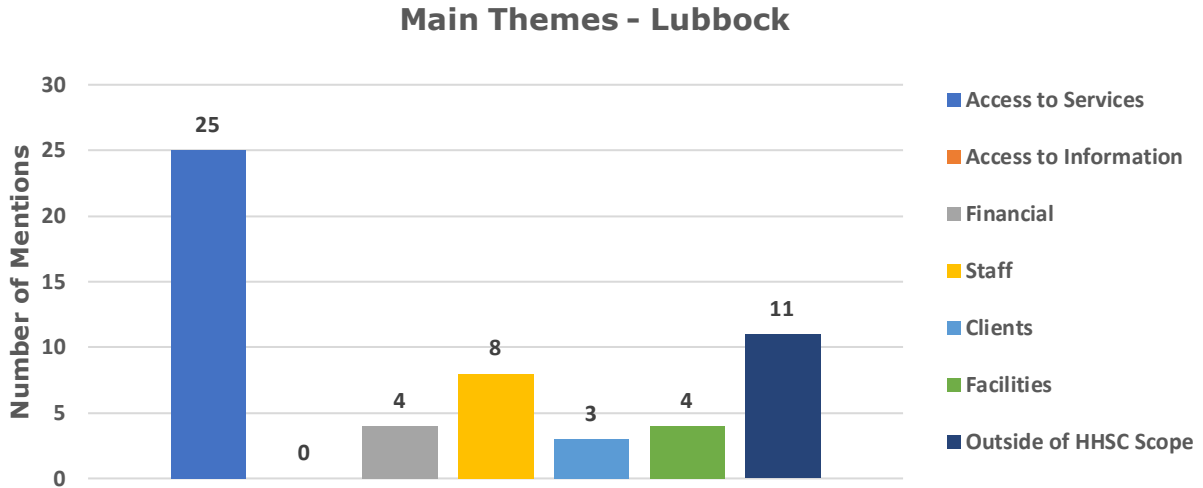
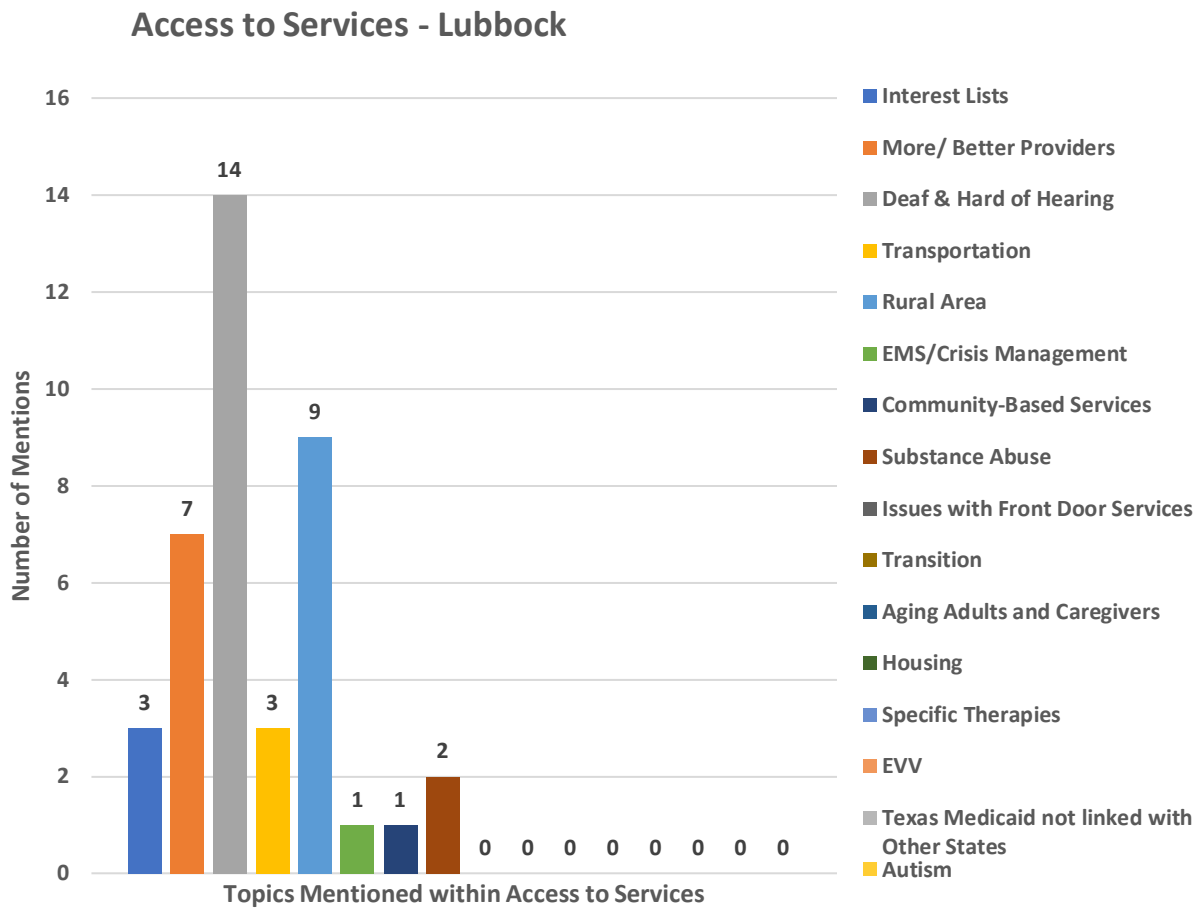


Chart 18: Access to Services – Lubbock



San Antonio

Chart 19: Main Themes – San Antonio

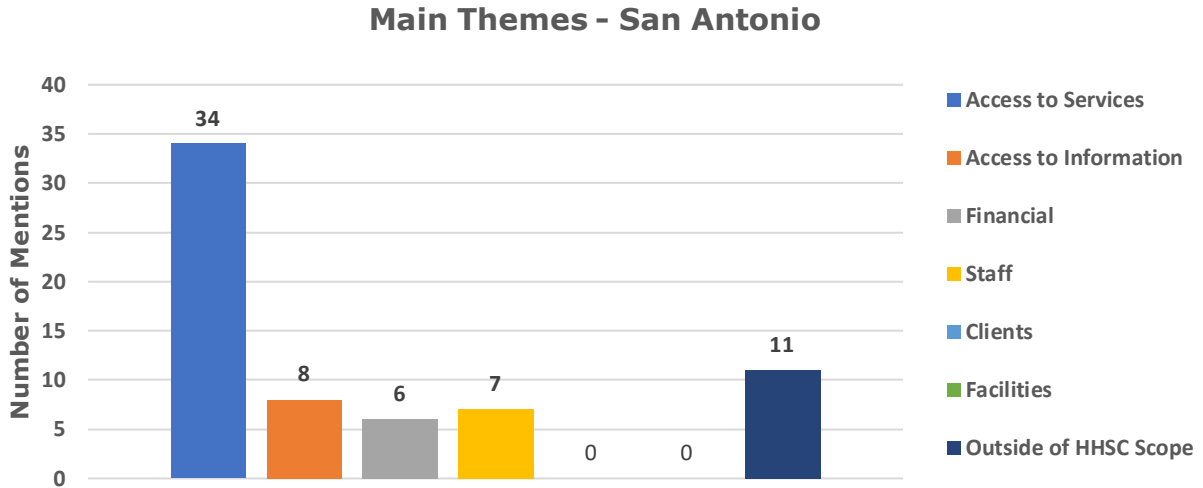
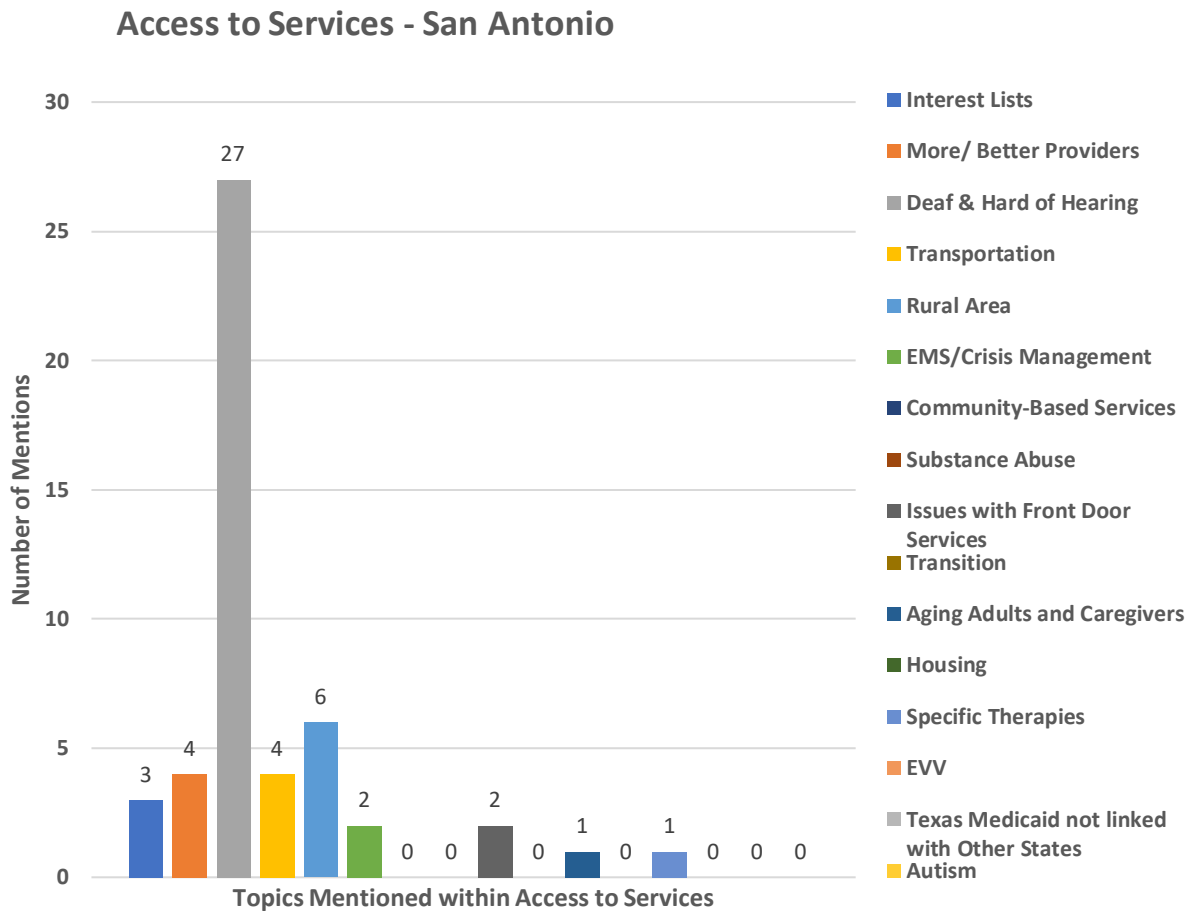


Chart 20: Access to Services – San Antonio



Tyler

Chart 21: Main Themes - Tyler

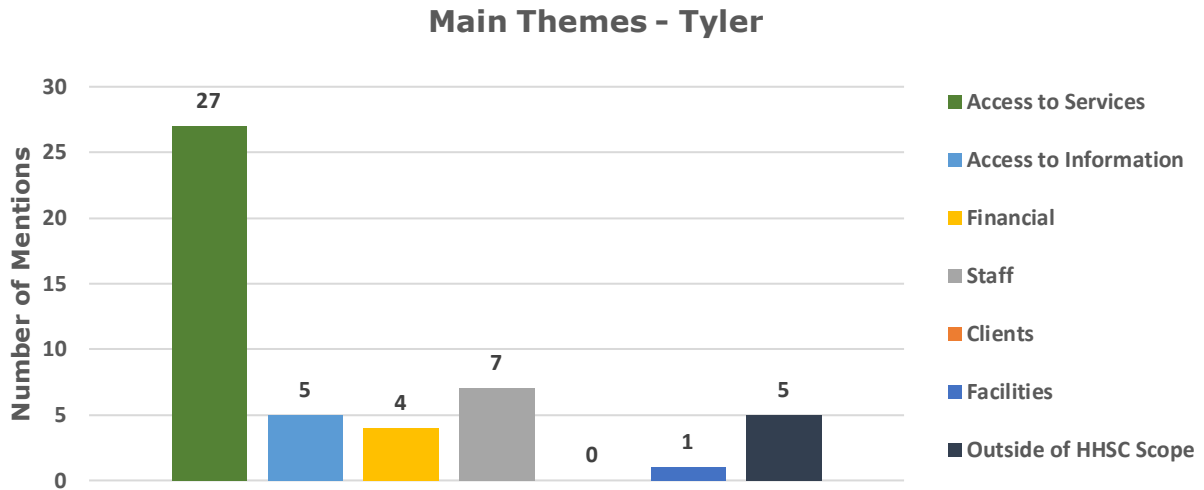


Chart 22: Access to Services – Tyler

