



**Implementation of Acute
Care Services and the
Long-term Services and
Supports System Redesign
for Individuals with an
Intellectual or
Developmental Disability**

As Required by
Texas Government Code,
Section 534.054

Health and Human Services

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Executive Summary

The report on the *Implementation of Acute Care Services and the Long-term Services and Supports (LTSS) System Redesign for Individuals with an Intellectual and Developmental Disability (IDD)* is submitted per Texas Government Code Section 534.054.

Government Code Chapter 534 directs the Health and Human Service Commission (HHSC) to design and implement an acute care and LTSS system for individuals with IDD to improve outcomes; improve access to quality, person-centered, efficient, and cost-effective services; and implement a capitated, managed care delivery system and the federal Community First Choice Option (CFC). Chapter 534 also created the IDD System Redesign Advisory Committee (IDD SRAC) to advise HHSC in the development and implementation of the system redesign.

HHSC transitioned some clients to a managed care model for acute care services.¹ On September 1, 2014, some adult Medicaid recipients with IDD transitioned to the STAR+PLUS managed care program. On November 1, 2016, children under 21 with disabilities, including IDD, were enrolled in the STAR Kids managed care program. Children and adults in IDD programs receive most LTSS in fee-for-service (FFS). Per Government Code Section 534.201, HHSC will transition the Texas Home Living (TxHmL) waiver program to managed care in 2020, and other IDD waivers and intermediate care facility for individuals with an intellectual disability or related condition (ICF/IID) services in 2021.

IDD SRAC collaborated with HHSC to improve quality of services, address challenges coordinating acute care and LTSS, and advise

¹ For preventive care, primary care, and other medical care provided for a condition having a relatively short duration, and behavioral health services.

HHSC on meeting new federal home and community based services (HCBS) regulations.

1. Introduction

Section 534.054 requires HHSC, in coordination with the IDD SRAC, to report annually to the Legislature on the implementation of the redesigned IDD system.

The report must include:

- an assessment of the system redesign implementation, including information regarding providing acute care services and LTSS to individuals with IDD under Medicaid;
- recommendations regarding implementation of and improvements to the system redesign, including recommendations regarding appropriate statutory changes to facilitate implementation; and
- an assessment of the effect of the system on:
 - ▶ access to LTSS;
 - ▶ quality of acute care services and LTSS;
 - ▶ meaningful outcomes for Medicaid recipients using person-centered planning, individualized budgeting, and self-determination, including a person's inclusion in the community;
 - ▶ integration of service coordination of acute care services and LTSS;
 - ▶ efficiency and use of funding;
 - ▶ placement of individuals in housing that is the least restrictive setting appropriate to an individual's needs;
 - ▶ employment assistance and customized, integrated, competitive employment options; and
 - ▶ number and types of fair hearing and appeals processes in accordance with applicable federal law.

2. Background

Section 534.051 directs HHSC to design and implement an acute care and LTSS system for individuals with IDD to:

- provide Medicaid services to more individuals in a cost-efficient manner;
- create the IDD SRAC to collaborate with HHSC on the system redesign;
- promote self-direction, high-quality care, person-centered planning, community inclusion, and independent, conflict-free service coordination;
- ensure local safety nets and community-based services to reduce inappropriate institutionalization;
- improve:
 - ▶ access to services and supports by making program and application information available;
 - ▶ assessment of needs and available supports; and
 - ▶ outcomes, including reducing unnecessary institutionalization; and
- implement the most cost-effective option for basic attendant and habilitation services under the STAR+PLUS Medicaid managed care program to maximize federal funding.

3. Implementation Activities

STAR+PLUS Transition

In September 2014, many eligible adults with IDD transitioned from Medicaid FFS to the STAR+PLUS managed care program for their acute care services. STAR+PLUS is specifically designed to meet the health care needs of adults with disabilities.

In fiscal year 2016, an average of 50,441 individuals were enrolled in an IDD waiver or community-based ICF/IID each month. Of these, 15,645 adults age 21 years or older qualified to enroll in STAR+PLUS for acute care services. Several hundred children in IDD programs volunteered into STAR+PLUS for acute care services, which was a managed care option for some children with disabilities prior to the implementation of the STAR Kids program.

Eligibility

Adults with IDD were eligible to transition to STAR+PLUS if they:

- participated in the Community Living Assistance and Support Services (CLASS), Home and Community-based Services (HCS), TxHmL, or Deaf Blind with Multiple Disabilities (DBMD) waiver programs;
- were in a community-based ICF/IID;
- were not served in a state supported living center (SSLC); and
- did not receive Medicare Part B and Medicaid benefits.²

² Also known as full dual eligibles. These individuals receive acute care services through Medicare.

Services

Adults with IDD who transitioned to STAR+PLUS now receive acute care services through one of five Medicaid managed care organizations (MCOs) contracted to operate the program. These adults continue to receive LTSS services through FFS.

STAR+PLUS members, adults who are 65 and older or have a disability, receive a full package of health care benefits along with LTSS (for those who are not receiving LTSS through an IDD program) and service coordination.

Community First Choice

In June 2015, the CFC option³ became available for Texans, expanding basic attendant and habilitation services to individuals with disabilities meeting an institutional level of care.

As of March 2017, HHSC estimated there were approximately 46,000 individuals receiving CFC in all delivery models, including waivers, managed care, and FFS.⁴ This is a significant increase over March 2016, when HHSC estimated approximately 23,000 individuals received CFC services in all delivery models. Of the 23,000 individuals receiving CFC during that period, approximately 12,000 individuals were enrolled in an IDD waiver.

Since the initial implementation of CFC, HHSC collaborated with stakeholders⁵ to create a uniform CFC assessment tool to serve

³ The Affordable Care Act added the CFC option to the Social Security Act, under Section 1915(k).

⁴ CFC numbers were reported by MCOs and include all institutional levels of care, and HCBS waivers and non-waivers.

⁵ HHSC sought input on the tool in multiple forums from advisory committees and held a town hall meeting to provide stakeholders with opportunities to provide feedback. A recording of the town hall meeting can be found at <https://texashhsc.swagit.com/play/06282017-723>.

multiple waivers and programs and achieve a streamlined and consistent assessment process. HHSC created the CFC Personal Assistance Services/Habilitation assessment form, which identifies the individual's need for personal assistance and habilitation services, the amount of services, and service delivery preferences.

HHSC continues to receive and review stakeholder feedback to improve the tool and plans to pilot the tool in the fall and winter of 2017-2018. To allow time to analyze the pilot results, HHSC anticipates releasing the final assessment tool and instructions in spring 2018.

Eligibility

Individuals may be eligible for CFC services if they:

- are eligible for Medicaid;
- meet an institutional level of care;⁶ and
- have functional needs that can be addressed by CFC services.

Services

LTSS providers, including home and community support services agencies and waiver providers, provide CFC services:

- Personal assistance services
- Habilitation services
- Emergency response services
- Support management

CFC is a way for individuals with IDD not currently receiving services in an IDD waiver to receive personal assistance and habilitation services. Eligible Medicaid beneficiaries will no longer have to wait to receive these services through the waiver programs, which have interest lists.

⁶ Meeting an institutional level of care means needing the level of care provided in a nursing facility, ICF/IID, or Institution for Mental Disease.

CFC services are provided in home and community-based settings. Services are not time- or age-limited and continue as long as eligible individuals need services and reside in their own homes or family home settings.

STAR Kids Transition

On November 1, 2016, approximately 165,000 eligible children and young adults under the age of 21 with disabilities⁷ transitioned to the STAR Kids managed care program. Of that total, approximately 6,000 were in an IDD waiver or community-based ICF/IID.

STAR Kids provides robust, person-centered service coordination for children with disabilities and their families, who can often face challenges navigating the complexities of the system. The programs' goals align with requirements in Section 534.051 and include:

- improve coordination of care;
- improve health outcomes of STAR Kids members;
- improve members' access to health care services;
- reduce administrative complexity of delivering Medicaid benefits; and
- reduce incidence of unnecessary institutionalizations and potentially preventable events by ensuring availability of appropriate services and care management.

Eligibility

Children and young adults under the age of 21 with disabilities are eligible to transition to STAR Kids if they:

- receive Supplemental Security Income (SSI);
- receive SSI and Medicare;

⁷ Children and adults in SSLCs were not enrolled in STAR Kids. Full dual eligible children were enrolled in STAR Kids.

- receive services through the Medically Dependent Children Program (MDCP) waiver;
- live in an ICF/IID or nursing facility;
- receive services through a Medicaid Buy-In program;
- receive services through the Youth Empowerment Services waiver; or
- receive services through the following waiver programs:
 - ▶ CLASS;
 - ▶ HCS;
 - ▶ TxHmL; or
 - ▶ DBMD.

Services

Children and young adults transitioned to STAR Kids now receive acute care services and some state plan services, such as private duty nursing, through one of 10 Medicaid MCOs contracted to operate the program. Children and young adults receiving IDD waiver or ICF/IID services continue to receive LTSS services through FFS.

All STAR Kids members, including members receiving IDD waiver services, can access service coordination through their MCO. STAR Kids has three levels of service coordination, each providing a different intensity of coordination depending on the member's needs. The STAR Kids contract requires MCOs to assign named service coordinators to all members receiving IDD waiver services or residing in an ICF/IID.

The STAR Kids program includes a new comprehensive, child-centered assessment instrument to assess functional and medical needs and help establish medical necessity for certain services.

IDD Managed Care Pilot Program

As permitted by Chapter 534, in January 2017, HHSC issued a request for proposals to identify MCOs or private services providers to develop and implement a pilot program to test managed care strategies based on capitation. HHSC received proposals and made preliminary selections of two MCOs in June 2017.

Due to concerns about cost-effectiveness and timeliness alongside HHSC's need to focus on planning the transition of TxHmL to managed care, HHSC ceased pilot implementation activities in September 2017.

Lessons learned and experience gained while developing the pilot will be extremely valuable in implementing the required transitions of the IDD waiver and ICF/IID programs to managed care.⁸ Stakeholder input will continue to be critical to making these transitions smooth and successful, and HHSC is committed to transparency and close coordination with all stakeholders as the system redesign moves forward.

LTSS Transition to Managed Care

The system redesign's last phase is to transition LTSS services for individuals with IDD into a managed care model. HHSC was directed to transition LTSS currently provided through FFS to managed care per the timelines below:

- On September 1, 2020, TxHmL must transition to a managed care model.⁹
- On September 1, 2021, the HCS, CLASS, and DBMD waivers as well as ICFs/IID must transition to a managed care model.¹⁰

⁸ For example, waiver amendment and contract language, readiness review elements, and technology changes outlined and developed for the pilot can be leveraged for the transitions of the IDD waiver and ICF/IID programs.

⁹ Texas Government Code, Section 534.201, as amended by H.B. 3295, 85th Legislature, Regular Session, 2017.

¹⁰ Texas Government Code, Section 534.202.

4. Effects on the System

Complaints, Appeals, and Fair Hearings

Complaints, appeals, and fair hearings data provide information about access to, and quality of, acute care services. Complaints are filed by contacting the MCO, the HHSC Office of the Ombudsman, or HHSC's Health Plan Management (HPM) team.

Managed Care Organizations

STAR+PLUS MCOs must develop, implement, and maintain a system for tracking, resolving, and reporting complaints regarding services, processes, procedures, and staff.

Table 1. Total Average Number of Adults with IDD Enrolled in STAR+PLUS and Number of Complaints by Fiscal Year

Fiscal Year	Total Average Number Enrolled	Number of Complaints
2015	14,958	98
2016	15,645	85

Complaints received in fiscal years 2015 and 2016 were about:

- Billing Issues
- Pharmacy: prescription drug prior authorization
- Accessibility/availability of services
- Transportation
- Quality of care or services
- Dental services
- Nursing facility services

MCOs reported the following fair hearings and appeals data for acute care services for members with IDD for fiscal years 2015 and 2016. Table 2, below, includes information about how many appeals the MCO upheld or overturned, and how many appeals the member withdrew.

Table 2. Number of Fair Hearing Appeals Upheld, Overturned, or Withdrawn by Member by Fiscal Year

Fiscal Year	Number Upheld by MCO	Number Overturned by MCO	Number Withdrawn by Member	Total
2015	34	22	3	59
2016	53	31	15	99

MCOs reported fair hearings held in fiscal years 2015 and 2016 were about:

- Denial of dental services
- Denial of durable medical equipment
- Denial of physical therapy services
- Denial of speech/hearing therapy services
- Denial of private duty nursing
- Outpatient wheelchair training

Office of the Ombudsman

The Office of the Ombudsman received eight complaints in fiscal year 2015 and eight complaints in fiscal year 2016 for STAR+PLUS members with IDD. Complaints received in fiscal year 2015 and 2016 were about:

- Access to providers
- Access to prescriptions
- Accessibility/availability of services
- Access to care coordination
- Explanation of benefits

- Continuity of treatment
- Access to appeals

Health Plan Management

The HPM unit tracks complaints received from members, legally authorized representatives (LARs) or family members, providers, and other interested entities. Individuals may contact HPM if unable to resolve a complaint, appeal, or hearing with their MCO. Individuals unsatisfied with HPM’s solution may appeal through a fair hearing, a private proceeding held before an impartial HHSC hearings officer.

HPM received a total of 47 complaints about STAR+PLUS MCOs for individuals with IDD for fiscal years 2015 and 2016. Table 2, below, provides information about total number of complaints and how many were substantiated or unsubstantiated by fiscal year. A substantiated complaint is one where HPM finds agency policy was violated or agency expectations were not met. Examples include paying an incorrect rate or a member not receiving benefits.

Table 3. Number of Complaints by Fiscal Year for STAR+PLUS

Fiscal Year	Number of Complaints	Substantiated	Unsubstantiated
2015	36	2	34
2016	11	2	9
Total	47	4	43

The most frequently received complaints in fiscal year 2015 were about disenrollment requests (11 complaints)¹¹ and access to care (9 complaints). The most frequently received complaints in fiscal year

¹¹ Meaning a member or family requested to be removed from managed care and go back to traditional Medicaid.

2016 were about network specialty care/provider access (8 complaints).

5. Initiatives to Improve Access and Outcomes

Person-Centered Planning

Federal rules for all Medicaid HCBS, including CFC, require person-centered service planning. Using a person-centered planning process, a service plan and objectives to meet outcomes are based on each individual's preferences, strengths, and clinical and support needs. Person-centeredness balances what is important to a person with what is important for the person. Person-centered service planning considers non-clinical concepts, such as self-determination, dignity, community inclusion, and the belief that every person has the potential for a great life and can meaningfully contribute to society.

To comply with the federal regulations, HHSC requires individuals who facilitate person-centered service plans for CFC and HCBS to complete comprehensive training within two years of hire.

Successes

- Over the past year, more than 750 service coordinators and case managers facilitating HCBS services have taken a two-day Person-Centered Thinking training¹² from state-employed certified trainers.
- In February 2017, HHSC launched a person-centered planning website¹³ for providers, planning teams, and individuals

¹² The Learning Community for Person-Centered Practices at <http://tlcpcp.com/>. Person-Centered Thinking is a course developed and owned by the Learning Community, and the Learning Community serves as the certification entity for trainers teaching the course.

¹³ <https://hhs.texas.gov/services/disability/person-centered-planning>

receiving services. The website includes an introductory course on person-centered planning, which over 2,400 people have successfully completed.

- HHSC is training a Certified Person-Centered Mentor Trainer through a Money Follows the Person (MFP) grant. If approved, the state can train and certify additional trainers to assist with training needs in the state.
- In October 2016, a Person-Centered Planning Form and Procedures workgroup made up of HHSC staff and external stakeholders was created to develop a service planning document to meet Centers for Medicare & Medicaid Services (CMS) requirements for individuals receiving services in IDD waiver and ICF/IID programs. The uniform use of Person-Centered Planning will increase access to community living and ensure individuals receive the services and supports important to and for them.

Challenges

- People receiving HCBS often do not know how to self-advocate for person-centered outcomes.
- Texas agencies mandated by CMS to provide person-centered practices must shift organizational paradigms for sustainability and compliance with CMS requirements.

IDD Assessment Tool Pilot

Texas Health and Safety Code, Section 533A.0335¹⁴ directs HHSC to develop and implement a comprehensive assessment instrument and resource allocation process to ensure individuals with IDD receive the type, intensity, and range of appropriate and available services to meet their functional needs. The IDD assessment tool pilot project

¹⁴ Legislation directed the Department of Aging and Disability Services (DADS) to develop the assessment tool. As of September 1, 2016, DADS community program staff are part of the Medical and Social Services Division of HHSC.

focused on individuals receiving services under IDD Medicaid waivers, community ICFs/IID, and SSLCs. Initial planning for the pilot activities included:

- research into nationally recognized comprehensive assessment instruments for individuals with IDD;
- completion of an external stakeholder survey;
- interviews with other states about assessment instruments; and
- solicitation of input from the IDD SRAC and its Assessment Subcommittee.

HHSC selected the International Resident Assessment Instrument Intellectual Disability (interRAI ID) Assessment to pilot with a sample population to determine appropriateness for use in Texas. The IDD assessment tool pilot project will test and evaluate the tool in three phases across Texas waiver programs:

- Phase 1: This phase began in spring 2017 and includes automating and piloting interRAI ID with a volunteer sample. Completion is expected in fall 2017.
- Phase 2: This phase will include evaluating and comparing the results of the interRAI with current assessments.¹⁵ Results will be presented to HHSC leadership for consideration when determining appropriateness of statewide implementation.
- Phase 3: At the discretion of HHSC leadership, this phase will include statewide implementation of interRAI and the development of a resource allocation process to ensure individuals with IDD receive the type, intensity, and range of appropriate and available needed services.

Integrated and Competitive Employment

Government Code Section 531.02448(a) identifies employment as the first and preferred option for working-age Texans with disabilities and

¹⁵ The Inventory for Client and Agency Planning (ICAP) or Scales of Independent Behavior–Revised.

promotes integrated and competitive employment where individuals with disabilities meet the same employment standards, responsibilities, and expectations as other working-age adults.

In 2013, the interagency Employment First Task Force was created to develop recommendations for policy, procedure, and rule changes necessary for HHSC, the Texas Education agency, and Texas Workforce Commission to jointly adopt and implement the Employment-First policy. Participating agencies adopted Employment First policies as a result of these efforts. The Task Force also prepared a report before each regular legislative session to summarize its findings and recommendations.

The Task Force's statutory authority expired September 1, 2017, and its last meeting was held June 29, 2017. However, the IDD SRAC Subcommittee on Day Habilitation and Employment Services will continue to focus on employment for individuals with IDD.

Home and Community-Based Services Settings Requirements

In March 2014, a new set of federal regulations became effective governing HCBS settings requirements and expectations for states' implementation of person-centered service planning. The regulations support individuals' rights to:

- privacy, dignity, and respect;
- community integration;
- competitive employment; and
- individual choice concerning daily activities, physical environment, and social interaction.

States initially had to comply by March 2019. However, CMS released new guidance in June 2017 and extended the deadline to March 2022.

States providing HCBS must submit a transition plan outlining steps they will take to comply with the regulations by 2022. The Texas

transition plan includes high-level timeframes and milestones for state actions, including assessment of the state's current compliance and planned steps for remediation. HHSC will submit a revised transition plan to CMS with more detail on remediation in 2018.

To assess the state's current level of compliance, HHSC¹⁶ developed provider self-assessment and face-to-face individual assessment tools for the settings impacted. HHSC posted a report summarizing the HCBS setting assessment results¹⁷ on its website on August 1, 2017. Reports on the findings of the STAR+PLUS and DBMD assessments will be posted as completed.

Behavioral Supports

HHSC provided specialized training for individuals with IDD and behavioral health needs, including using MFP funding and online training opportunities.

Trauma-Informed Care Training

Through a Money Follows the Person Demonstration project (MPFD), HHSC collaborated with The University of Texas Health Science Center in San Antonio and local intellectual developmental disability authorities (LIDDAs) to provide trauma-informed care training. The training was initially designed for individuals with mental illness, but was adapted for individuals with intellectual disabilities. Training was developed and provided in different ways, most often by LIDDAs designated as medical, behavioral, and psychiatric support teams.

¹⁶ Department of Aging and Disability Services (DADS) community program staff collaborated with HHSC to develop assessment tools. As of September 1, 2016, DADS community program staff are part of the Medical and Social Services Division of HHSC.

¹⁷ <https://hhs.texas.gov/services/health/medicaid-chip/about-medicaid-chip/homecommunity-based-services>

Support Teams

HHSC¹⁸ used MFPD project funding to establish eight LIDDA and community provider medical, behavioral, and psychiatric consultative support teams. These teams provide educational activities and materials, as well as technical assistance and consultative case reviews, to help community providers and LIDDAs provide adequate support to individuals with significant medical, behavioral, and psychiatric challenges transitioning from institutional settings.

From September 1, 2016 through May 31, 2017, there were:

- 1,106 educational opportunities that 3,453 LIDDA employees and contractors attended.
- 729 opportunities for technical assistance, benefitting 677 individuals.
- 514 peer review/case consultations in which 1,968 individuals participated.

Mental Health Wellness for Individuals with an IDD Training

In June 2016, HHSC¹⁹ rolled out the six-module Mental Health Wellness for Individuals with an IDD online training series. The training series gained national recognition through the National Association of State Directors Developmental Disabilities Services Community Services Reporter. Several states contacted Texas requesting to incorporate the training material. On average, about 500 users from across the country complete at least one module per week. HHSC is in

¹⁸ Legacy DADS received initially received the funding. As of September 1, 2016, DADS community program staff are part of the Medical and Social Services Division of HHSC.

¹⁹ Legacy DADS and Department of State Health Services (DSHS) collaborated to develop the online training series. As of September 1, 2016, DADS and DSHS community program staff are part of the Medical and Social Services Division of HHSC.

the planning stages of developing additional modules that would target physicians and other health care professionals.

Housing Initiatives

HHSC is implementing housing initiatives for individuals with IDD to increase housing options and improve the transition from institutions to the community.

Texas is one of eight states chosen to participate in a CMS Innovation Accelerator Program. This program promotes community integration for Medicaid beneficiaries through improved partnerships between state Medicaid and housing agencies. Texas will:

- identify new tools to provide affordable housing and tenancy support to Medicaid beneficiaries;
- expand partnerships with public and private housing agencies; and
- develop an action plan to expand community living opportunities for Medicaid beneficiaries.

Voluntary Closure of Large and Medium ICFs/IID

One MFPD goal is to increase HCBS and reduce institutionally-based services. MFPD offers incentives to large and medium ICF/IID to voluntarily close. Texas uses funds earned through enhanced Medicaid match (enhanced federal medical assistance percentage, or EFMAP) earned under MFPD to fund these incentives.

In 2017, two medium ICFs/IID closed using the MFPD voluntary closure process. As a result:

- 25 licensed and certified ICF/IID beds were inactivated;
- 2 facilities surrendered licenses to DADS; and
- 25 individuals transitioned to community services of their choice.

IDD System Redesign Advisory Committee

The IDD SRAC collaborates with HHSC on the IDD acute care and LTSS system redesign through recommendations and identifying areas for improvement. The advisory committee consists of 26 members representing communities of interest as identified in Section 534.053. The committee held its initial meeting in January 2014 to discuss the Legislature's intent and establish committee goals. Members continue to meet quarterly.

During fiscal year 2017, the IDD SRAC reevaluated its goals and focus areas and restructured its subcommittees to:

- continue the Day Habilitation and Employment Services and Transition to Managed Care subcommittees;
- create the Network Adequacy Subcommittee;²⁰
- remove the Quality, Housing, and Assessment subcommittees; and
- transition Quality Subcommittee efforts to the Transition to Managed Care Subcommittee.

Major IDD SRAC achievements during fiscal year 2017 include collaborating with HHSC on HCBS settings compliance and developing and submitting 14 recommendations on improvements for the system redesign to HHSC and the Legislature focused on:

- improving quality of services and supports;
- addressing barriers to transition IDD LTSS to managed care;
- increasing independence and community inclusion; and
- improving housing supports (see Appendix A).

IDD SRAC and HHSC are finalizing the implementation of the following recommendations:

²⁰ The new network adequacy subcommittee held its first meeting in August 2017 to define its mission statement and prioritize goals.

- create a pharmacy educational document to explain the managed care process to individuals, LARs, and providers for yearly prior authorization of pharmacy benefits;
- create a nonemergency medical transportation brochure on how to access nonemergency medical transportation;
- add acute care measures to monitor the quality of acute care services for individuals with IDD; and
- update the Health and Human Services webpage to increase accessibility for individuals with IDD to file a complaint and access information regarding the quality of acute care services.

6. Conclusion

HHSC made significant progress on the IDD system redesign during major agency transformations in September 2016 and 2017.

Milestones

- On September 1, 2014, acute care services for many individuals with IDD were carved in to managed care, and the STAR+PLUS program was expanded statewide.
- On June 1, 2015, the CFC option was implemented in Texas, entitling some individuals with IDD on a waiver interest list to receive services to help them remain in the community.
- On November 1, 2016, STAR Kids MCOs began delivering Medicaid services statewide to 163,662 members across 13 service areas, including children with IDD.

Next Steps

- Complete the IDD assessment tool pilot and determine appropriateness of implementation.
- Review IDD SRAC recommendations to determine feasibility, system impact, and cost-effectiveness.
- Collaborate with IDD SRAC to assess access to IDD services and supports and review outcomes related to transitioning acute care services to managed care and implementing CFC.
- Implement the transition of ICF/IID and IDD waiver programs and LTSS to managed care.

List of Acronyms

Acronym	Full Name
CFC	Community First Choice Option
CLASS	Community Living Assistance and Support Services
CMS	Centers for Medicare & Medicaid
DADS	Department of Aging and Disability Services
DBMD	Deaf Blind with Multiple Disabilities
DSHS	Department of State Health Services
FFS	Fee-for-service
HCBS	Home and Community Based Services
HCS	Home and Community-based Services
HHSC	Health and Human Services Commission
HPM	Health Plan Management
ICF/IID	Intermediate Care Facility for an Individual with an Intellectual Disability
IDD	Intellectual and Developmental Disabilities

IDD SRAC	Intellectual and Developmental Disabilities System Redesign Advisory Committee
interRAI ID	International Resident Assessment Instrument Intellectual Disability Assessment
LAR	Legally Authorized Representative
LIDDA	Local Intellectual and Developmental Disability Authority
LTSS	Long-Term Services and Supports
MCO	Managed Care Organization
MDCP	Medically Dependent Children Program
MFP	Money Follows the Person
MFPD	Money Follows the Person Demonstration
SSI	Social Security Income
SSLC	State Supported Living Center
TxHmL	Texas Home Living

Appendix A. IDD System Redesign Advisory Committee Recommendations²¹

Transition to Managed Care

Simplify Accessing Dental Services

Background

Each program that provides services to persons with IDD under Texas Medicaid has unique and different requirements for accessing dental through the Medicaid waiver for adults with IDD.

Table 4. Requirements for Accessing Dental Services by Waiver or Program

Waiver or ICF/IDD Program	Benefit limit	Unique Rules
HCS	\$2000	Specific dental limit. Built into initial and renewal plan of care based on need.
TxHml	\$1000	Specific dental limit. Built into initial and renewal plan of care based on need.
CLASS	\$10,000	Combined with adaptive aids. Approvals required and not built into initial or renewal plan of care.

²¹ The recommendations in this appendix were written by members of the advisory committee and were lightly edited for formatting and punctuation by HHSC.

Waiver or ICF/IDD Program	Benefit limit	Unique Rules
DBMD	\$2500	Combined with adaptive aids. Approvals required and not built into initial or renewal plan of care.
ICF/IID	Traditional Medicaid ²²	Discussed at the annual staffing and recommendations for 3 month, 6 month or annual dental care based on need. There are follow up meetings and appointments based on what was recommended in the staffing.
STAR+PLUS	\$5,000	Specific dental limit. Built into initial and renewal plan of care.

As reflected above, current HHSC rules apply different requirements to the IDD waivers and ICF/IIDs related to accessing dental. With the addition of anesthesia for some dental procedures now being covered under Medicaid managed care, coordinating and accessing dental services has become more complicated thus needing clarification and clear guidance from HHSC. This includes explaining how a dental value-added benefit impacts limits and processes in each of the programs. To streamline the requirements and to allow easy access to

²² See July 7, 2014, Information Letter 14-37 Re: Exceptions to Managed Care Expansion:
<https://www.dads.state.tx.us/providers/communications/2014/letters/IL2014-37.pdf>

dental services for this population, the SRAC has the following recommendations.

Recommendations

- For each HCBS waiver, include in the individual's yearly plan of care the amount of services needed for dental for the year.
- For CLASS, if the amount exceeds \$2,000 the request for services will be reviewed by HHSC Utilization Review (UR).
- As part of the development of the plan of care, HHSC will not ask for information on how much primary insurance will pay prior to services being rendered. However, once the claim has occurred, the dentist will include the amount paid by primary dental to assure there is no overpaid amount from Medicaid.
- If using an anesthesiologist, the anesthesiologist and/or the facility will be paid by acute Medicaid or Medicaid managed care. The health plan must allow for an out of network (OON) anesthesiologist and facility to allow access to dental services. Clear guidance is needed to describe facilities allowed to bill including the dental office, outpatient facilities, and inpatient facilities. Clear guidance is also needed when the dentist as part of the dentist's license applies anesthesiology services.
- For any prior authorizations needed for dental services reviewed by HHSC, HHSC will provide a response within three business days.
- If the dental procedure exceeds the approved amount in the initial budget for the individual, the excess amount will be reviewed and approved if determined medically necessary without requiring the individual receiving the services to return for another procedure under anesthesia.
- For TxHmL and HCS, HHSC should expand the approved list of covered Adaptive Aids to include dentures and implants with prior approval from HHSC.
- Some services deemed as cosmetic should be reviewed to determine medical necessity such as chipped teeth in a person who bites, has feeding challenges or other complications related to the needed cosmetic procedure.

- HHSC should align policies across HCBS programs to allow for ease in access to services.
- HHSC and the IDD SRAC shall work to build access to services for this population by working with dental schools across Texas and determining additional access through state supported living centers as an outpatient option.
- HHSC and IDD SRAC shall develop methods to address accessing services through sedation early for a child through such strategies as Practice without Pressure to save the Medicaid future dollars and result in better outcomes for the member.

Education on Accessing Pharmacy Benefits

Background

HHSC moved persons with IDD into managed care beginning September 2014 to access acute care benefits. When the acute care benefit was implemented in Medicaid managed care, part of the benefits included pharmacy benefits. Recent past utilization data was provided to Medicaid managed care plan for drugs accessed by persons with IDD in the wavier programs. The health plans honored previous prior authorizations to assure a smooth transition. As the program matured, health plans began a yearly process of reviewing drugs provided to persons with IDD and renewed their prior authorizations based on physician documentation. However, many persons with IDD utilize off label drugs and drugs that exceed the maximum dosage recommendations. Therefore once a year the drug utilized will be reviewed for medical necessity. Persons with IDD were not well educated on the process, what information to provide, the timeframe for this process and who to contact. The committee recommends a brochure be developed.

Recommendations

- The committee recommends an educational brochure be provided to persons with IDD to explain the process for yearly prior authorization of pharmacy benefits.
- The committee recommends an educational brochure be provided to persons with IDD to provide contact information for each Medicaid managed care plan.
- Brochure has been completed and sent to HHSC for distribution, waiting on distribution.

Education on Transportation Benefits

Background

HHSC has made changes to the nonemergency medical transportation benefit for persons with disabilities. There is very little information on how to access nonemergency medical transportation for persons on Medicaid. The SRAC received several inquiries from persons with disabilities on how to access nonemergency medical transportation, changes to the guidelines on nonemergency medical transportation and how to receive reimbursement when nonemergency medical transportation is provided through a private car.

HHSC set up regional managed care contracts with medical transportation providers to provide services to persons in Medicaid. As a result of this change further guidance for the program information was needed to ensure persons with disabilities can still access the nonemergency medical transportation benefit. Therefore, the IDD SRAC recommended the following.

Recommendations

- Provide a clear understandable brochure to persons with IDD on how to access nonemergency medical transportation.
- Finalize and distribute the brochure to the public (completed, awaiting distribution).
- In the brochure:

- ▶ provide information on how who to contact and their contact information;
- ▶ inform persons with disabilities on how to set up a ride,
- ▶ provide information on how to be reimbursed when using a personal car; and
- ▶ answer FAQs identified by the committee.

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.

Quality

Monitor Quality on Acute Benefits

Background

The IDD SRAC has been reviewing acute care quality indicators for persons with IDD to determine a set of measures appropriate for this population. The committee has reviewed the currently quality indicators utilized by Texas Medicaid managed care organizations to determine an appropriate subset of indicators to track for persons with IDD. In addition, the committee reviewed other states acute care quality indicators for persons with IDD. The committee reviewed New York State's acute care quality indicators and compared their measures with Texas. In addition, advocates reviewed the indicators and recommended a set of measures. The committee agreed to an initial set of indicators based on these three resources. The committee agreed that HHSC would run the measures against the reported encounter data received from Medicaid managed care health plans to determine if there are enough participants to produce a statistically viable sample and produce base data to begin reporting. The committee will continue to work with HHSC to identify good quality measures and monitor progress to ensure persons with IDD receive

needed acute benefits to ensure better health outcomes for this population.

Recommendations

- Recommendations for acute care quality measures have been recommended to HHSC to begin the process to review encounter data from Medicaid managed care organizations.
- Once the data has been gathered, the committee will review the results with HHSC to determine if the data is valid and can be used as base data for the future.
- The committee will continue to work with HHSC to refine the measures; review future measures and determine if LTSS measure should be developed.

Identify and Develop Health Initiatives

Background

Identify and develop health initiatives that address acute care health needs common to individuals with IDD. Individuals with IDD, as a group, are living longer and need the opportunity to age well; however, certain health conditions are common to individuals with IDD and could be reduced or managed if initiatives are developed to build capacity to maintain optimal health and avoid ER, hospital and institutional long term services and supports.

Recommendations

- Expand quality based outcome and process measures to include health care concerns impacting individuals with IDD such as obesity (due to medications), recovery based mental health services for individuals with IDD and co-occurring mental illness, early onset Alzheimer's/dementia, heart disease, health literacy for self-care and decision making.
- Analyze data and, if needed, expand data collection to include access, availability, experience, utilization, and the results of health care activities (outcomes) and patient perception of care

related to health issues common to individuals with IDD. This will require data that sorts by disability such as IDD.

Fully Fund Promoting Independence Initiatives for Children

Background

It is Texas policy that children belong in families. The Texas Legislature has funded waivers to support children moving from facilities and divert them from facility admission as part of its commitment to Olmstead and the Texas Promoting Independence Plan. The number of children and young adults growing up in nursing facilities has decreased in large part due to Medicaid-waivers which prevent institutionalization of children.

The Texas Legislature has historically funded HCS waiver services for:

Category	FY 2016-2017	FY 2018-2019
Individuals to move from large or medium ICF/IIDs	500	350
Children aging out of foster care	216	110
Prevention of institutionalization in SSLCs due to crisis	400	0
Children living in DFPS General Residential Operations (GROs)	25	0
Children and adults to move from state hospitals	120	0
Transitioning and diverting children and adults from admission to nursing	700 transition 600 diversion	150 transition 150 diversion

Category	FY 2016-2017	FY 2018-2019
facilities		
Interest list reduction for children and adults	3040	0

Recommendations

- Increase funding for Promoting Independence initiatives for children including waivers to support children to move from facilities and to divert children from admission.
- Increase waiver services funding to prevent institutionalization and to transition children currently in nursing homes and other institutional settings back into the community.

Timely Access to Comprehensive Waivers

Background

Timely access to IDD Medicaid-waivers is limited and interest lists are extremely long, in many cases over ten years. The 85th Legislature in 2017 funded new waivers slots at lowest level in over a decade. Diversion and transition slots are needed to prevent unnecessary institutionalization.

Recommendations

- Fully fund 10 percent interest list reduction per year and Promoting Independence slots for diversion and transition sufficient to meet the demand and ensure Texas Promoting Independence plan is effectively working.
- Fully fund all Promoting Independence related transition and diversion waivers for children and adults.
- As LTSS services are added into managed care over the next decade, eliminate the LTSS interest list for SSI recipients eligible for those programs.

- Implement no interest list policy for SSI recipients when expanding managed care to new LTSS populations.

Continue the “bridge to the appropriate waiver” policy. When an individual comes to the top of the interest list and is found to be ineligible based on disability or medical necessity, the individual’s name is moved to the appropriate waiver(s) interest list consistent with their disability or medical necessity criteria at the same date that the individual got on the waiver interest list for which they have been determined ineligible. MCOs, LIDDAs, service coordinators and case managers should inform individuals of the policy and assist with the process to get onto the appropriate interest list(s).

Strengthen Support for People with More Complex Needs, Including Behavior Supports

Background

Enhanced services, coordination, and monitoring are not available to individuals with complex needs across all IDD waivers. Behavior support professionals are in short supply, causing delayed assessment and services, which can lead to more restrictive, out of home placements. In addition, providers have been reluctant or unwilling to take on the liability of serving an individual due to medical or behavior acuity (high needs).

Recommendations

- Address barriers for individuals with high needs that result in difficulty accessing home and community based programs and services. For example, ensure that provider payments are both justified and sufficient.
- Establish clear expectations and ensure compliance for providers who delay or deny services to high needs individuals by providing technical assistance and resources for successful services, and by tracking delays and denials.
- Continue to expand the behavior, medical, and psychiatric HUBS to serve all waiver programs.

- Enhance capacity of crisis respite across all waiver programs.
- Access to protective supervision across all waiver programs.
- Create due process rights so individuals and their representatives, not just providers, have the right to appeal a level of need determination.
- Ensure that level of need (LON) 5 is not a targeted default assessment. Implement a one year presumption of LON 6 or LON 9 for individuals enrolling from all institutional settings or aging out from CCP skilled nursing, not solely SSLCs.
- Modify LON 9 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 physical harm and requires the same level of supervision and intervention.

Develop and Implement a Regional Partnership

Background

Funding is needed to develop and implement a regional partnership throughout Texas for LIDDA, MCOs, providers and persons with IDD to better coordinate care for persons with IDD, to develop local solutions, develop strong partnerships resulting in better health outcomes for persons with IDD.

Individuals with IDD may struggle to find services, receive coordinated care, understand benefits, develop a plan for the future, and have opportunities within the community including living in the least restrictive environment and working in an integrated setting. The IDD SRAC has recommended that Texas HHSC develop regional partnerships throughout the state of Texas. The goal is to have better outcomes for persons with IDD.

Recommendations

- Develop and implement a regional partnership throughout Texas for LIDDA, Medicaid MCOs, providers and persons with IDD to better coordinate care for persons with IDD, to develop local

solutions, develop strong partnerships resulting in better health outcomes for persons with IDD.

- Fund support for staffing, securing locations for meeting and meeting materials are need to assure that the regional partnerships are developed and continue to operate.

Improve the IDD Assessment Process

Background

Capacity for assessing needs and assigning an appropriate LON and resources is critical to individuals and providers so that individuals can live and receive high quality services in the most integrated setting.

IDD assessments must become more comprehensive and the payment level sufficient to achieve and maintain optimal health, quality of life, and community living. Group homes lack enough evening and weekend staff to increase community participation in residents' preferred activities, and retirement options are lacking for individuals with IDD.

Recommendations

- Determine the most appropriate assessment and resource allocation or improve and modify the ICAP. 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.

Housing

Create Housing Transition Specialist

Background

There is a lack of affordable housing options and no assistance for individuals with IDD to help them find the best housing solution. Assistance to find appropriate housing can be funded as a Medicaid

waiver benefit. 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.

Recommendations

- Create Housing Transition Specialist to assist people with IDD transition to the most integrated, appropriate housing for the individual.
- Request appropriation and legislative approval to fund a Medicaid waiver benefit of Housing Transition Specialists and assistance.
- Address barriers for individuals with high needs that results in difficulty accessing housing.