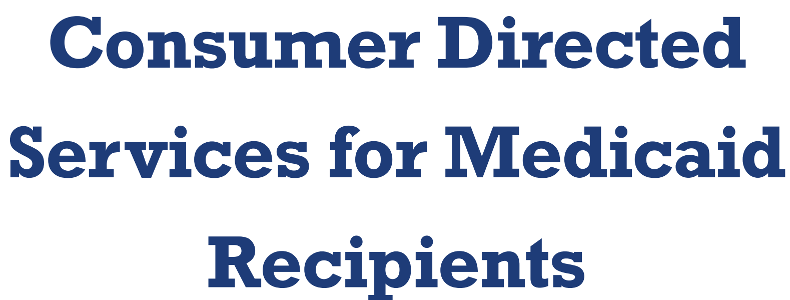

Consumer Directed Services for Medicaid Recipients

As Required by

House Bill 3295, 85th

Legislature, Regular Session

2017

Health and Human Services

Commission

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TEXAS
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1. Executive Summary

The *Consumer Directed Services for Medicaid Recipients* report is submitted in compliance with House Bill (H.B.) 3295, 85th Legislature, Regular Session, 2017. This report provides information on barriers to accessing the Consumer Directed Services (CDS) option, and recommendations for how to increase utilization of the CDS option among eligible Medicaid recipients.

Significant barriers to Medicaid recipients choosing the CDS option may include:

1. Lack of service coordinator and case manager understanding and support of the CDS option; and
2. Low rates and wages for attendants in the CDS option resulting from CDS not participating in Rate Enhancement and CDS rates not being adjusted to the increased average Rate Enhancement level.

Additionally, a potential barrier to Medicaid recipients choosing the CDS option in the future may be the implementation of 21st Century Cures Act Electronic Visit Verification (EVV) in CDS.

To increase the percentage of Medicaid recipients utilizing the CDS option, HHSC recommends:

1. Conducting statewide trainings and providing technical support to managed care organizations (MCOs), Local Intellectual and Developmental Disabilities Authorities (LIDDAs), and case management agencies on the CDS option, including best practices for service delivery through the CDS option;
2. Addressing low rates and wages for attendants, including attendant shortage, through offering the Rate Enhancement Program in the CDS option or adjusting the CDS rates to match the current average of the Rate Enhancement Program levels; and
3. Researching strategies for implementing EVV in self-directed service delivery options, and implementing those strategies as appropriate and feasible.

2. Introduction

Per H.B. 3295, the Health and Human Services Commission (HHSC) must identify and evaluate barriers preventing Medicaid recipients in the STAR+PLUS managed care program or a home and community-based waiver program from choosing the CDS option. The bill requires HHSC to develop recommendations for increasing the percentage of Medicaid recipients enrolled in those programs who choose the CDS option.

This report is submitted separately from, but in coordination with, the report on *Community Attendant Registry Feasibility* which is also required by H.B. 3295. This is a one-time report.

The barriers and recommendations included in this report were identified through the work of internal HHSC workgroups and external stakeholder feedback, including feedback from the Texas Council on Consumer Direction (TCCD).

3. Background

Consumer Directed Services

Individuals who receive long-term services and supports (LTSS) are given the opportunity to self-direct some or all of their program services. Self-direction, through HHSC's CDS option, supports a person's freedom of choice and promotes an individual's control over the delivery of their services. This includes choice of provider and the location and timing of service delivery, allowing greater flexibility for scheduling. The CDS option is an alternative to traditionally delivered and managed services through an agency delivery model. Individuals may choose to receive some of their services from an agency and self-direct other services at the same time.

An individual or their representative who chooses to self-direct develops a budget based on the authorized service plan, becomes the employer of their service providers, and manages the delivery of self-directed program services. This individual or their representative becomes the CDS employer. If the individual receiving services is a child or is not able to fulfill the responsibilities of being a CDS employer, the individual's Designated Representative (DR) may serve as the CDS employer on the individual's behalf. Benefits of the CDS option include the ability to hire non-traditional employees, such as eligible friends or family members, and the ability to provide benefits or bonuses for employees based on performance or tenure. CDS employers are responsible for hiring, training, supervising, firing and setting work schedules for their employees. They also manage daily operations, approve timesheets, and ensure services are delivered according to the individual's authorized service plan.

Financial management services agencies (FMSAs) contracted with HHSC for fee-for-service (FFS) programs, or MCOs for managed care programs, provide support to CDS employers. FMSAs meet face-to-face with CDS employers for an initial orientation, assist CDS employers with developing and revising the CDS budget, and provide ongoing training and assistance to help CDS employers successfully self-direct their services. FMSAs are responsible for verifying qualifications and monitoring the eligibility of employees selected by CDS employers, processing payroll, paying applicable federal and state taxes on behalf of CDS employers, and requesting reimbursement from HHSC or the MCO.

Texas Council on Consumer Direction

TCCD is a 17-member advisory committee established under the authority of Texas Government Code, §531.012. TCCD advises HHSC on the development, implementation, expansion and delivery of services through consumer direction. TCCD advises HHSC on LTSS programs that offer CDS, with the goal of enhancing individuals' ability to exercise control and authority over their service delivery, regardless of age or disability. TCCD first convened in September 2016 and is scheduled to be abolished July 1, 2020.

TCCD provides an annual report to HHSC and the Legislature summarizing its meetings, major activities, and outcomes for the year (see Appendix A).

4. Utilization of CDS

The CDS option is available in both Medicaid managed care and FFS programs that provide LTSS. The CDS option is available for some or all services in the following programs:

- Community First Choice (CFC)
- Community Living Assistance and Support Services (CLASS)
- Deaf Blind with Multiple Disabilities (DBMD)
- Home and Community-based Services (HCS)
- Medically Dependent Children Program (MDCP)
- Personal Care Services (PCS)
- Texas Home Living (TxHmL)
- STAR Health
- STAR Kids
- STAR Kids MDCP
- STAR+PLUS
- STAR+PLUS HCBS
- Dual Demonstration (Dual Demo)[1]
- Dual Demo HCBS

In fiscal year 2017, approximately 13,718 individuals participated in the CDS option across all available programs.[2]

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[1] The Texas Dual Eligibles Integrated Care Demonstration Project (Dual Demo), also called the Medicare-Medicaid Plan (MMP), is an innovative payment and service delivery model established to improve coordination of service for individuals eligible for both Medicare and Medicaid (dual eligible), enhance quality of care, and reduce costs for both the state and federal government. The Dual Demo is geographically limited to: Bexar, Dallas, El Paso, Harris, Hidalgo, and Tarrant counties.

[2] This an unduplicated count of the number of individuals receiving services through the CDS option.

Table 1. CDS Utilization in Fiscal Year 2017 by Program

	Program	FY 2017 Total Individuals Utilizing the CDS Option[3]	FY 2017 Total Individuals Receiving LTSS Services[4]	Annual Utilization Rate of CDS Services Among All Individuals who Utilized LTSS Services FY2017
Fee-for-Service	CLASS	2,928	5,761	**50.8%**
	DBMD	125	349	**35.8%**
	HCS	984	28,612	**3.4%**
	TxHmL	1,364	6,777	**20.1%**
Managed Care	STAR Health	149	1,244	**12.0%**
	STAR Kids	2,623	13,976	**18.8%**
	STAR Kids MDCP	3,052	6,567	**46.5%**
	STAR+PLUS	1,344	130,571	**1.0%**
	STAR+PLUS HCBS	1,821	65,187	**2.8%**
	Dual Demo	46	13,704	**0.3%**

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[3] The figures represented in this column are not an unduplicated count. Because individuals may leave or change programs throughout the year, the sum of these figures does not equal the total unduplicated number of individuals who participated in the CDS option in Fiscal Year 2017 that is referenced earlier in the report.

[4] The figures listed in this column do not include individuals who received program services in an institutional setting, such as a nursing facility.

Program	FY 2017 Total Individuals Utilizing the CDS Option[3]	FY 2017 Total Individuals Receiving LTSS Services[4]	Annual Utilization Rate of CDS Services Among All Individuals who Utilized LTSS Services FY2017
Dual Demo HCBS	64	4,902	**1.3%**

5. Barriers and Recommendations to Increase Utilization of the CDS Option Across Programs

The CDS option allows individuals to exercise choice and control over their services to achieve greater independence and become more fully integrated in their communities. While not all individuals receiving LTSS choose CDS, it is important that the CDS option is available for those who want to increase their control over and responsibilities related to their services.

Increasing utilization of the CDS option could allow more individuals to achieve their goals related to independence and community integration. This underscores the importance of identifying and addressing barriers to utilizing the CDS option that could play a role in preventing individuals from achieving these outcomes.

HHSC, in conjunction with TCCD, has identified two significant barriers to utilization of the CDS option: a need for increased understanding of the CDS option by MCO service coordinators, LIDDAs, and case managers; and low rates and wages offered to employees in the CDS option. HHSC has also identified the implementation of electronic visit verification (EVV) for CDS, required by the federal 21st Century Cures Act, as a potential future barrier.

Outreach and Education

HHSC has taken steps to increase awareness and understanding of the CDS option, and will continue such efforts, to increase utilization of the CDS option in all programs and services where it is available. HHSC offers training and technical support and informational materials, but recognizes that the need for additional training, education, and supports remains a barrier to increased utilization of the CDS option.

These efforts are supported by Rider 48 (formerly Rider 187), 85th Legislature, Regular Session, 2017, which directed HHSC to educate STAR+PLUS HCBS recipients about the CDS option.

Training and Technical Support

Individuals are presented with information about the CDS option through the local community staff working with the individual to facilitate their person-centered

service plan, they include: the service coordinator or case manager employed by an MCO, LIDDA, or case management agency, depending on the program. The state has not provided in-person training on the CDS option to case managers and service coordinators in over a year. HHSC regularly provides technical assistance to FMSAs, but contact with agencies or MCOs that employ service coordinators and case managers could be enhanced.

Informational Materials

HHSC and TCCD have identified four informational and training documents describing the CDS option that have not been updated since 2014 and 2016, respectively. For example, STAR Kids was implemented in 2016 and is not included in the materials.

In an effort to provide accurate, up-to-date information regarding the CDS option, HHSC created a video explaining the CDS option for potential CDS employers. The video can be viewed through the HHSC CDS website or YouTube channel.[5,6] HHSC has shared the video broadly and have requested that service coordinators and case managers show the video to individuals when discussing the CDS option.

Recommendations

To ensure that consistent and accurate education regarding the CDS option is provided to all program recipients, HHSC will provide training and technical support to MCOs (including service coordinators), LIDDAs, and case management agencies. HHSC is hosting a daylong training event in December 2018 for MCOs, LIDDAs, and case management agencies operating in the Central Texas region to provide information about the CDS option. This training is funded by a 2018 Money Follows the Person (MFP) project. HHSC plans to apply for a 2019 MFP project that would support continued outreach and education on the CDS option to MCOs, LIDDAs, and case management agencies. HHSC also plans to apply for MFP funds to host informational events around the state for potential CDS employers.

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[5] https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/consumer-directed-services-cds

[6] https://www.youtube.com/watch?v=I3w1iN8X2AY

In addition to providing information on how the CDS option functions, education and training efforts will highlight the benefits of the CDS option, including the philosophy of self-determination and self-direction. The CDS option also aligns with the goals of person-centered planning, increased independence, and community integration, all of which are tenants of federal and state priorities for Medicaid services provided to individuals with disabilities.

HHSC, in collaboration with the TCCD Training and Outreach subcommittee, will continue to review and update outdated information and training materials. HHSC anticipates that these materials will be printed and provided to service coordinators, case managers and LIDDAs in spring 2019 for dissemination to eligible program recipients.

The scope of outreach and education is contingent upon approval of MFP funds for the CDS option project.

Attendant Wages

CDS employers are often not able to pay wages as high as those offered to attendants by agency providers. This is a barrier to increased utilization of the CDS option. A potential solution would be to update the models for the CDS option rates to use more current data.

Rate Enhancement Program

CDS rates are adjusted when agency option rates change. However, attendant wages are lower in the CDS option than the average agency option wages. This rate difference is due to CDS not participating in Rate Enhancement.[7]

Rate Enhancement is an optional program that allows participating providers to receive additional funds from HHSC. These funds are intended to be passed directly to the attendant in the form of wages, benefits, bonuses, mileage reimbursement, or other forms of compensation. Participating providers must complete a report verifying they have appropriately spent the additional funds. If a participating provider does not meet their spending requirement, the additional funds are recouped from the provider.

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[7] Article II, Department of Human Services, Rider 37, House Bill 1, 76th Legislature, Regular Session, 1999. Rules are outlined in Title 1, Texas Administrative Code (TAC) §355.112.

Rate Enhancement in the Community Care programs was implemented in 1999.[8] Rate Enhancement was implemented in the Intellectual and Developmental Disabilities (IDD) programs (HCS, Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID), and TxHmL) in 2010. [9,10]

There are multiple participation levels in Rate Enhancement: 35 levels for the Community Care programs and 25 levels for the IDD programs. The additional funds are $0.05 per level. When a provider chooses to participate in Rate Enhancement they also choose the level at which they participate.

When CDS was implemented in 2001, it was not included in Rate Enhancement because of the added responsibilities that participation would create for CDS employers and FMSAs, including additional cost and accountability reporting requirements.

In order to allow CDS employers to access the additional funds, CDS rates were modeled on Rate Enhancement participation Level 4, which was the average Rate Enhancement participation level at the time the CDS option was implemented. Since then, additional funds have been appropriated for Rate Enhancement, resulting in added enhancement levels; and more provider agencies have begun to participate in the Rate Enhancement program and are choosing higher participation levels. The average Rate Enhancement participation level across all Rate Enhancement programs has increased dramatically since the implementation of CDS. However, the rate model for CDS has not been adjusted correspondingly. Table 3 shows how the average Rate Enhancement participation level in each participating program has increased, and shows the rate difference were the CDS rate model updated to reflect the current average Rate Enhancement participation.

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[8] Community Care programs include STAR+PLUS HCBS, CLASS, Day Activity and Health Services (DAHS), DBMD, PHC, and Residential Care (RC).

[9] IDD programs include HCS, TxHmL, and Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Condition (ICF/IID).

[10] Article II, Department of Human Services, Rider 37, House Bill 1, 76th Legislature, Regular Session, 1999. Rules are outlined in Title 1, Texas Administrative Code (TAC) §355.112.

Table 3. Average Enhancement Level when CDS was Implemented vs Current Average Enhancement Level

Program & Service				
CLASS[11] Habilitation	$13.05	25	$14.10	$1.05
CLASS Employment Assistance	$25.27	25	$26.32	$1.05
CLASS Supported Employment	$25.27	25	$26.32	$1.05
DBMD[12] Habilitation	$13.05	27	$14.20	$1.15
DBMD Employment Assistance	$32.30	27	$33.45	$1.15
DBMD Supported Employment	$32.30	27	$33.45	$1.15
PHC Priority	$10.67	25	$11.72	$1.05
PHC Priority	$10.67	25	$11.72	$1.05
HCS SHL / TxHmL CSS[13]	$22.01	17	$22.86	$0.85
HCS/TxHmL Respite	$17.86	17	$18.74	$0.88
HCS/TxHmL Employment Assistance	$32.10	17	$32.95	$0.85
HCS/TxHmL Supported Employment	$32.10	17	$32.95	$0.85
TxHmL Day Habilitation	$24.43	17	$26.26	$1.83

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[11] CLASS provides services to people with related conditions as an alternative to placement in an ICF/IID.

[12] DBMD provides services to people who are deaf-blind with multiple disabilities as an alternative to institutional placement, and focuses on increasing opportunities for individuals served to communicate and interact with their environment.

[13] The HCS SHL / TxHmL CSS CDS rates effective 9/1/2011 were calculated by allocating 60¢ cents of each $1.00 of indirect costs removed from the agency option rate to the CDSA rate. This results in the consumer portion of the CDS rate being 40¢ less than the agency option rate. The HCS SHL / TxHmL CSS rate was reduced effective 8/1/2017, however the rate reduction was not applied to the CDS rate. For this exercise, the HCS SHL / TxHmL CSS rate using the current average rate enhancement level was calculated as the Participant Level 17 HCS SHL / TxHmL CSS rate prior to the August 1, 2017, rate reduction minus 40¢.

This difference could lead attendants to choose to provide services only through the provider-agency option, rather than agreeing to work for a CDS employer. Individuals interested in the CDS option may be deterred from choosing CDS because they are not able to pay their attendants at a competitive wage, or they may have trouble finding or retaining employees due to low wages.

The data provided in Table 3 represents the rate enhancement adjustments for programs operating under the traditional fee-for-service Medicaid model. Medicaid managed care has a rate enhancement program, called the Attendant Compensation Enhancement Rate. However, the MCOs are not required to use the same structure of rate enhancement levels as HHSC. For example, some MCOs might offer 25-35 levels at 5¢ per level, while other MCOs might offer a different number of levels with different amounts per level.

Attendant Wages Across Service Delivery Models

Across all service delivery models, the demands of an attendant's job are much higher than those for employees who can earn similar wages in other workplaces, such as fast food restaurants, department stores or gas stations, to name a few, further limiting the pool of available attendants.

External stakeholders have expressed concerns about the lack of benefits, such as health insurance, available for attendants. They have also identified recruitment of attendants, including marketing attendant positions, as a challenge to maintaining the attendant workforce. To explore the feasibility of establishing an attendant registry to help address these challenges, HHSC has published a report on Community Attendant Recruitment and Retention Strategies (2018-19 General Appropriations Act, Senate Bill (S. B.) 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission, Rider 207). The report can be viewed on the HHSC website at https://hhs.texas.gov/laws-regulations/reports-and-presentations.

Recommendations

To address the disparity in rates for personal care services between the CDS option and the agency option, the CDS option could be added to the Rate Enhancement Program to allow CDS employers the ability to pay their attendants at higher wages. However, this would create additional reporting responsibilities for all CDS employers who choose to participate in Rate Enhancement and their FMSAs.

Another option would be to update the CDS rates to alight with the current average level for Rate Enhancement, which would increase the CDS rates and allow CDS employers to increase their attendant wages. These potential solutions would require legislative direction and appropriations.

Electronic Visit Verification

Federal EVV Requirements

Section 12006 of the 21st Century Cures Act (Cures Act) requires all states to implement EVV for Medicaid personal care and home health services. The Cures Act originally required that EVV be implemented for personal care services (PCS) and home health services by January 1, 2019. However, that deadline was delayed as of July 30, 2018 to require implementation of EVV by January 1, 2020. The Cures Act stipulates a reduction in federal medical assistance percentage (FMAP) funding for services that do not implement EVV as required. This payment reduction would begin January 1, 2020.[14]

To verify the provision of services, EVV electronically documents identification data, including provider agency, payer, and individual receiving services. EVV also documents visit data, which includes:

- Member receiving services;
- Attendant providing services;
- Location of service delivery;
- Date of service delivery; and
- Time the attendant begins and ends service delivery.

Per the federal legislation, EVV is required to be implemented in programs for Medicaid personal care services and home health services available across all service delivery options, including CDS. EVV is currently required for personal care services delivered through the agency option in the following programs: Dual Demonstration, STAR Health, STAR Kids, CLASS, Community Attendant Services (CAS), Family Care (FC), and Primary Home Care (PHC). EVV is currently optional for individuals in these programs who utilize the CDS option.

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[14] Reductions start at .25 percentage points and increase annually by .25 percentage points until the reduction reaches 1 percentage point of the federal match for the Medicaid service.

CDS employers in programs for which EVV is currently optional overwhelmingly do not choose to use EVV due to the logistical challenges it poses. Based on the extremely limited use of EVV in these programs, HHSC expects that EVV will present a significant barrier to CDS utilization when it becomes a requirement for individuals using CDS.

Preparation for the Cures Act

To comply with the federal requirements for EVV implementation by January 1, 2020, HHSC is engaging internal and external stakeholders through several efforts including the Cures Act Soft Launch, program analysis sessions, and development of a comprehensive training plan.

The Cures Act Soft Launch is an initiative whereby a small group of stakeholders from the programs required to use EVV by the Cures Act, including some CDS employers and their attendants, will use the current EVV system in parallel with their existing time keeping processes for approximately three months. HHSC will lead feedback sessions during this hands-on evaluation to gather input and recommendations from the users and determine if EVV system changes or program policy changes are required to implement EVV for the programs and services required by the Cures Act.

Additionally, HHSC is conducting ongoing program analysis sessions to gather feedback from subject matter experts and external stakeholders of affected programs on current program processes, and to identify potential barriers that must be addressed before implementation.

HHSC is also developing a comprehensive training plan to prepare new EVV users for the Cures Act implementation, including training activities for FMSAs and CDS employers. Training will include information about EVV policies as well as system training to ensure affected stakeholders are fully prepared to use EVV

HHSC preparation for the Cures Act began in June 2018 and will continue through implementation of January 1, 2020.

Challenges of Implementing EVV in the CDS Option

When an attendant provides services to an individual in their home or a community setting, the attendant must use one of three approved EVV time recording methods to clock in and out:

1. Using the individual’s home landline telephone to “clock in” using a toll-free number;
2. Using a small alternative device (alternative device) that is installed in the individual’s home to “clock in”; or
3. Utilizing a GPS EVV Mobile Application on the attendant’s phone or the CDS employer’s phone.

The Cures Act requires that the EVV device capture location to help ensure that services are being delivered appropriately, and to help reduce instances of fraud. The alternative device and landline telephone meet this requirement because they are both located in the individual’s home. The mobile application will meet this requirement by using GPS to record the employee’s location at the time they clock in and clock out. The GPS mobile application will not track or record the employee or CDS employer’s location during any other time.

EVV could place additional responsibility on CDS employers, who are often the Medicaid recipients receiving services, and potentially their FMSAs, to perform visit maintenance in the EVV system, which involves electronically correcting any errors or inaccuracies relating to the employee’s clock in and clock out times.

Currently, CDS employers can manually correct any errors on their attendants’ paper timesheets prior to approving the paper timesheet and submitting it to their FMSA. CDS employers can submit approved paper timesheets to their FMSAs through a variety of methods, including email, fax or sending a picture of the approved paper timesheet. When utilizing EVV in the future, CDS employers, or their Designated Representatives, will be required to electronically approve timesheets and correct any identified errors. For CDS employers who do not have access to the necessary technology, the costs associated with purchasing and maintaining an internet-enabled device (with a standard web browser) and internet access pose a significant barrier to participating in the CDS option.

The current alternative device presents an additional barrier. This device is not geo-located and therefore must remain in the individual’s home to ensure the device is associated with a specific service delivery location. The current design of the device and HHSC policy requiring that the device remain in the home do not support the circumstances of individuals receiving services out in the community, services that involve transportation, or the provision of services in multiple locations during one shift. This barrier is not specific to CDS and could affect individuals across all service delivery models. However, the CDS option is intended to offer greater

flexibility for individuals receiving services, and this barrier could hinder that flexibility.

The GPS EVV mobile application requires a smart phone, which some CDS employers may not possess or have access to. Other CDS employers may not have a landline telephone that can be used. While CDS employers can use the administrative funds available in their service budget toward purchasing and maintaining these items, the limited amount available is not enough to fully cover costs, which could include recurring costs such as those for cell phone coverage or internet access. Additionally, stakeholders have expressed privacy concerns related to location data with the GPS EVV mobile application option.

Recommendations Regarding EVV

To address these barriers, HHSC has taken the following steps:

- Consulted with other states;
- Consulted with stakeholder groups including the EVV CDS Workgroup, which includes several TCCD members;
- Incorporated feedback from CDS employers and FMSAs when planning soft launch activities; and
- Created a map illustrating where CDS employers are located across the state, by county, during fiscal year 2017 (see Appendix B). This map is intended to be used to help plan in-person trainings on EVV for CDS employers across the state in 2019.

HHSC recommends continuing to explore the following:

- Identifying additional options to address CDS employers' access to the internet, including identifying geographic areas where CDS employers could be more likely to face challenges in accessing cell phone coverage and internet.
- Identifying other alternative methods of clocking in and clocking out that support the receipt of services in the community and/or in multiple locations; and
- Identifying alternative methods for approving timesheets and performing visit maintenance electronically that do not require internet access.

Options to address the challenges for implementing EVV in CDS include increasing the CDS employer's budget through a rate increase; requiring EVV vendor(s) to

provide technological devices necessary for individual CDS employers to comply with EVV; and developing a statewide equipment rental program administered by the EVV vendor. All these options will require additional funding, which is not currently included in the HHSC budget.

6. Conclusion

HHSC is committed to increasing awareness and utilization of the CDS option among Texas Medicaid recipients. Approximately 13,718 Medicaid recipients chose the CDS option for delivery of at least one service in Fiscal Year 2017. HHSC has identified actions that could increase the utilization of the CDS option in Texas. These include:

- Conduct research on best practices for implementation of EVV, to create CDS-specific policies for the implementation of EVV in Texas;
- Consider increasing the attendant portion of the CDS rate to match the current rate enhancement average level;
- Conduct statewide trainings and provide technical support to MCOs, LIDDA and case management agencies on the CDS option, including best practices for delivery through the CDS option; and
- Update existing information and training materials.

HHSC will continue collecting CDS utilization data for all programs offering the option, including collecting annual utilization data from each MCO and establishing incremental benchmarks for improvement as required by Rider 48.

List of Acronyms

Acronym	Full Name
CAS	Community Attendant Services
CDS	Consumer-Directed Services
CFC	Community First Choice Option
CLASS	Community Living Assistance and Support Services
DBMD	Deaf Blind with Multiple Disabilities
Dual Demo	Texas Dual Eligibles Integrated Care Demonstration Project
EVV	Electronic Visit Verification
FC	Family Care
FFS	Fee-for-service
FMAP	Federal Medical Assistance Percentage
FMSA	Financial Management Services Agency
HCBS	Home and Community Based Services
HCS	Home and Community-based Services
HHSC	Health and Human Services Commission
IDD	Intellectual and Developmental Disabilities
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
MMP	Medicare-Medicaid Program
NCPDS	National Resource Center for Participant-Directed Services
PCS	Personal Care Services
PHC	Primary Home Care
TCCD	Texas Council on Consumer Direction
TxHmL	Texas Home Living

Appendix A. 2018 Annual Report from the Texas Council on Consumer Direction[15]

Executive Summary

The Texas Council on Consumer Direction (the Council), is a 17-member advisory committee established under the authority of Texas Government Code, Section 531.012. The Council advises the Health and Human Services Commission (HHSC) and develops recommendations to its Executive Commissioner on the development, implementation, expansion, and delivery of services through consumer direction, in all programs offering long-term services and supports (LTSS). These recommendations are made to enhance a consumer's ability to have freedom and exercise control and authority over the consumer's choices, regardless of age or disability.

The consumer directed services (CDS) option —when compared to agency-directed services—offers more freedom, choice and control over the supports and services to people who use LTSS and mental health services. Self-direction is a movement, philosophy, and a delivery model with about 13,718 Texans using the CDS option for services and supports through Medicaid managed care or home and community-based programs.

The Council first convened in September 2016 and has since met on a quarterly basis. Its goal is to make recommendations to:

- Expand the delivery of services through consumer direction to other programs serving persons with disabilities and elderly persons under Texas Government Code, Chapter 531, Subchapter B;
- Expand the array of services delivered through consumer direction;
- Increase the use of consumer direction models by consumers;
- Optimize consumer choice of Financial Management Services Agencies (FMSAs);

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[15] This report was authored by members of the Texas Council on Consumer Direction, and does not necessarily reflect the views and opinions of Texas HHSC. This report has been lightly edited by HHSC staff for formatting and grammar.

- Expand access to support advisors for consumers receiving long-term care services and supports through consumer direction;
- Monitor and analyze research for best practices in self-determination, consumer direction, and training;
- Provide guidance and support to consumer outreach efforts; and
- Increase informed choices, opportunities, and supports as a means to lead self-determined lives through the use of consumer direction models.

Much of the work of the Council is led by its three subcommittees. The three subcommittees are: Consumer Directed Services Processes and Expansion (CDSPE); Quality Assessment and Performance Improvement (QAPI); and Training and Outreach. The subcommittees develop systematic recommendations to the full Council for further discussion, review, and approval.

The report will cover meetings, major activities, and outcomes undertaken by the Council in 2017 and 2018. The information in this report is current as of August 2018.

Introduction

The Council has completed its second year of meetings beginning September 12, 2017. Meetings are held quarterly; however, when determined necessary by the council additional meetings can be scheduled. Subsequent meetings were held on December 5, 2017; February 27, 2018; April 13, 2018 and June 5, 2018. Meetings are scheduled for September 11, 2018 and December 4, 2018. See Appendix D for a record of members' attendance.

At the September 12, 2017 meeting, the Council adopted the process by which officers would be elected. The HHSC Electronic Visit Verification (EVV) Coordinator provided the council with updates on the progress of EVV and that they were waiting on additional clarification on CMS regarding the Cures Act. A CDS/EVV workgroup has been created. The Director of Policy and Program Development, Medicaid and CHIP Services Department, HHSC provided a Post Legislative Session and Special Session Update to the Council specifically about special session and how H.B.3295 and Rider 187 directly impact and relate to Consumer Direction. State agency representatives provided updates including utilization chart review. Amongst other topics reviewed and discussed were that of the abuse, neglect and exploitation rules project that was still underway. The Council received updates on the progress and timely reporting of actions by the Intellectual and Developmental

Disability (IDD) System Redesign Advisory Committee (SRAC). State agency representatives provided updates including, utilization chart review. In closing of the meeting subcommittee chairs provided updates and next steps on continuing objectives.

The December 05, 2017 meeting began with an update to the Council from HHSC EVV Contract Manager on EVV Update and Summary of EVV Workgroup Meeting. The update identified that three EVV Pilots will be underway and the Council responded by requesting action items for additional information on how the difference in federal and state standards would be handled, the use of GPS and how many consumers are participating in the GPS Pilot. The Council was briefed by HHSC staff on CDS Data Utilization Review, State Agency Representative provided updates on Home and Community Based Services (HCBS) Settings and how the scope was narrowed to individuals receiving residential services which precluded them from CDS. TCCD council members participating in the IDD SRAC shared that CDS continues to be represented at SRAC meetings and that CDS is shown to be growing in utilization of Employment Services. Subcommittees provided updates and list of next steps in fulfilling their objectives in the development, implementation, expansion, and delivery of services through consumer direction, in all programs offering long-term services and supports (LTSS).

The February 27, 2018 meeting began with the introduction of new members and the election of a new TCCD Chair. The Council reviewed the process of reviewing, customizing, and adopting new bylaws. An update on the IDD SRAC meetings was provided regarding Day Habilitation and Employment, Transition to Managed Care and System Adequacy. CDS Rates gave a presentation on CDS Rates, how they are calculated and why there is a difference between CDS rates and other programs. The Council requested a report from Rate Analysis regarding where rates would be if the rate enhancement model used to set the first CDS rates were updated.

State Agency Representatives provided updates on their respective agencies including a PowerPoint and handout titled "Adult Protective Services Update from Adult Protective Services." HHSC EVV Operations provided an update on EVV and the scheduling of an upcoming CDS EVV Workgroup meeting. EVV Demonstration with GPS was given by the CEO and Director of Operations of Data Logic software, titled "Vesta for Consumer Directed Services (CDS) & Financial Management Service Agencies (FMSA)." The Council discussed having an EVV subcommittee or holding an additional meeting before the next scheduled Council meeting. Subcommittee updates and next steps were given by subcommittee chairs.

On April 13, 2018 an additional meeting was held to address various topics that were time sensitive in nature, EVV being one of the many. An update on the SRAC was given by HHSC explaining the transition of LTSS provided through the Texas Home Living waiver to managed care, which is a statewide stakeholder process that uses the IDD SRAC as a hub. CDS Rates and the Legislative Appropriations Request was discussed and the Council agreed it would present a letter to Charles Smith, Executive Commissioner of HHSC, asking that he add to the Legislative Appropriations Request enough funds to raise CDS rates to the current average level of participation in the Attendant Compensation Rate Enhancement program. This letter was prepared and sent to the HHSC Executive Commissioner. In a follow-up telephone conference call, Rate Analysis staff advised that the information regarding the increase was provided to HHSC staff who were preparing the Legislative Appropriations Request.

Applied Self-Direction members referenced and provided the handout and PowerPoint titled "Electronic Visit Verification (EVV) Implementation in Self Direction." At the June 05, 2018 meeting the Council had extensive discussions regarding EVV and the Cures Act, and received public testimony regarding the same from several individuals and organizations including ADAPT of Texas. The Council voted to send a letter to the Executive Commissioner regarding its concerns about EVV. At this meeting, the Council was also updated on My Voice, My Choice: Testing Mental Health Self-Direction by Dena Stoner. The Council also heard a report on the investigation of abuse, neglect and exploitation in Consumer Direction.

Background

Consumer Directed Services in Texas began as a pilot for two attendant services programs as authorized by the 75th Texas Legislature in 1997. The pilot proved successful and S.B. 1586, 76th Legislature, Regular Session, 1999, authorized "the vendor fiscal intermediary" (VFI) option—the forerunner of the CDS option.

In 2001, the CDS option was implemented in two Medicaid waiver programs—Community Living Assistance and Support Services (CLASS) and Deaf Blind Multiple Disabilities (DBMD). Additional programs added the CDS option as follows:

- 2002 – Community Based Alternatives (CBA) and Primary Home Care (PHC),
- 2003 – STAR+PLUS,
- 2005 – Medically Dependent Children's Program (MDCP),
- 2007 – Personal Care Services (PCS), and

- 2008 – Home and Community based Services (HCS) and Texas Home Living (TxHmL).

A brief description of these services is located in Appendix A. In the years since, there has been growing acceptance and support of expanding consumer-direction options and promoting it as empowering for people with disabilities and people who are older who want to live in the community and have maximum choice and control. Also, given state agency interest and support for expanding consumer direction, it is evident there is a growing recognition that CDS is an effective means of helping people live as independently as possible in their communities—and not in costly institutions.

There are a number of reasons CDS can be a more desirable option than the provider agency option. Individuals who opt for CDS hire and train their own employees (including family, friends, or neighbors); decide how much to pay employees (within program rates); make schedules to meet their needs; and select a financial management services agency (FMSA) that will pay employees and taxes on their behalf. In contrast, in the provider agency option, the agency selects, schedules, and manages the people paid to help individuals as well as sets wages and benefits.

Key Elements

Mission and Vision

The Council as a whole has focused on learning, developing its mission and vision statements, agreeing on goals and assigning those goals to the appropriate subcommittee.

The Council's mission statement is:

> To enhance the lives of individuals self-directing services and increase utilization of consumer directed services by improving quality outreach and education, and establishing effective processes.

The vision statement adopted by the Council is:

> Consumer Directed Services in Texas is envisioned to be a highly-effective, person-centered delivery methodology that empowers individuals to realize their full potential and to live independent lives.

Subcommittees

Most of the Council's work is done through its subcommittees. There are currently three standing subcommittees. Issues are discussed by subcommittees and recommendations are brought back to the full council for discussion and possible adoption.

In the first year, the subcommittees concentrated on identifying goals and developing recommendations for achieving those goals. During the second year, the subcommittees have worked to achieve their goals and develop recommendations.

The Council's responsibilities are listed below along with the subcommittee to which each has been assigned:

CDS Processes and Expansion Subcommittee:

- Expand the delivery of services through consumer direction to other programs serving persons with disabilities and elderly persons under Texas Government Code, Chapter 531, Subchapter B.
- Expand the array of services delivered through consumer direction.
- Monitor and analyze research for best practices in self-determination, consumer direction, and training (also assigned to QA/PI Subcommittee).
- Increase informed choices, opportunities, and supports as a means to lead self-determined lives through the use of consumer direction models.

To achieve these goals, CDS Processes and Expansion has adopted this mission statement:

> Expanding the delivery of services through consumer direction to programs serving persons with disabilities and elderly persons and improving CDS processes to better address person-centered needs.

It established these goals:

Goal 1: By March 2020, identify and correct barriers regarding full budget authority and implement full budget authority in all CDS programs.

By CMS definition, Texas already offers full budget authority in all 1915(c) waivers. The subcommittee intends to explore possibilities and methods which would allow:

- Increased employer flexibility to:

    - Amend what money can be used for, and
    - Allow for increased flexibility in moving funds between pools of money.

- Increase employer authority by:
    - Allowing the purchase of goods in place of services, and
    - Conducting research into practices by other states.

Goal 2: By March 2020, add the CDS option to all LTSS through existing Medicaid waivers and managed care programs administered by HHS. By March 2020, identify barriers to the CDS option being offered through all public sector services administered or overseen by HHS.

Goal 3: By March 2020, identify barriers to uptake in the CDS option. Prioritize and correct processes, rules, policies and procedures that may serve as a barrier to uptake in the CDS option.

Training and Outreach Subcommittee:

- Increase the use of consumer direction models by consumers.
- Expand access to support advisors for consumers receiving LTSS through consumer direction.
- Provide guidance and support to consumer outreach efforts.

To achieve these goals, the Training and Outreach subcommittee adopted this mission statement:

> Promote and educate individuals about the self-directed philosophy and enhance skills of those involved in consumer directed services.

It established these goals:

Goal 1: Update training materials to enhance resources for those involved in the CDS option.

- Assign sub-groups (participant, employer, employee, family, case manager, MCO, FMSA) to committee members to catalog training materials and bring to the subcommittee for review.
- Identify gaps in training and choose sub-group to pursue first to revise or develop materials.
- Measure effectiveness of existing materials by Survey Monkey and gather ideas for means for training and use feedback to revise or design materials.
- Disperse materials for review and use feedback to finalize materials.

Goal 2: Identify training to improve people's knowledge about self-directing services.

- List means for current training and webinars on self-directed services for identified sub-groups.
- Review feedback from past trainings offered for identified sub-group, assessing what training modalities are helpful and gathering ideas for new options.
- Schedule three trainings or distribution methods of enhanced materials.

Goal 3: Review and revise outreach materials and increase outreach activities to develop awareness of the CDS option.

- Identify existing activities that have occurred the past three years and their effectiveness (evaluations, attendance, etc.) and review material utilized (i.e., brochure, video).
- Identify gaps in outreach activities and materials and suggest new or revision of new activities and materials and share outreach ideas with council for feedback.
- Identify and plan for three outreach events or disbursements of material based on council feedback.
- Evaluate outreach activities conducted.

The Training and Outreach subcommittee began the year by gathering and indexing training and outreach materials for subgroups utilizing or involved with the self-directed option. The committee quickly focused on outreach and training materials for participants, family members and case managers. The CDS video was developed and released, which is a great tool for explaining the option to a wide audience. The committee has made the recommendation that the video be used by case managers to explain the option at assessment and annually thereafter. Additionally, the committee has recommended that the state encourage MCOs, FMSAs and LIDDAs to have the link to the video on websites.

The Service Coordinator training manual was reviewed and suggestions made for updates and revisions submitted to state personnel. This manual is used by MCO service coordinators as a training tool for the consumer directed option.

Outcomes for the year included:

- Gathered outreach and training materials from different sub-groups for review

- Reviewed and revised transcript for Outreach video for Consumer Directed Services.
- Identified Spanish and Vietnamese as languages in which to produce video.
- Outlined plan for distribution of video to case managers, FMSAs and other groups
- Revised Service Coordinator Manual for STAR+PLUS and submitted comments to state
- Initiated review of the Consumer Directed Services Brochure
- Outlined training topics for employers for potential training video.

Lastly, review of the Consumer Directed Services option brochure and Consumer Handbook has begun. The committee will give the state feedback for needed revisions and work closely with state personnel to produce a finished product.

Quality Assessment & Performance Improvement Subcommittee:

- Optimize consumer choice of FMSA.
- Monitor and analyze research for best practices in self-determination, consumer direction, and training.

The Quality Assessment & Performance Improvement subcommittee adopted the following mission statement:

> The Quality Assessment & Performance Improvement subcommittee exists to ensure individuals are empowered and rights are protected by identifying best practices and establishing clear, quality performance guidelines that will truly impact service delivery in the CDS option.

The Quality Assessment and Performance Improvement subcommittee established these goals:

Goal 1: By 2020, develop a handbook to be followed by all FMSAs, focusing on systems that will be beneficial to the overall quality of CDS, to include but not limited to: quality assessment and performance improvement, nursing guidelines, and best practices.

Goal 2: By 2020, develop a system to assess FMSA quality and develop quality rating so that individuals can make an informed choice utilizing a standard satisfaction survey.

Goal 3: By 2020, develop a requirement for program monitoring for all MCO-run FMSA programs with practical data to ensure quality measures are met.

Associated Costs

The costs related to the Texas Council on Consumer Direction, including the cost of HHSC staff time spent supporting the Council's activities, is budgeted at $69,099 for 2018. An annual cost of $69,099 has been budgeted for year 2019 and a cost of $65,380 has been budgeted for year 2020. In 2016, the expended cost was $65,813 and the estimated cost for 2017 was $69,099. Federal funding and state general revenue match for Medicaid are used to support the council's activities.

Conclusion

Consumer direction plays an important role in expanding the opportunities for persons receiving LTSS to remain active and integrated within their communities. The Council can play an important role in preserving and expanding these opportunities.

The challenges that lie ahead include:

- Attracting qualified attendants to positions that require substantial work but offer low reimbursement.
- Concerted efforts by all those in the field to educate new service coordinators and others on the CDS service delivery option in STAR Kids and managed care programs.
- Providing new or updated outreach and training materials that effectively meet educational needs.

List of Acronyms

Acronym	Full Name
CAS	Community Attendant Services
CBA	Community Based Alternatives
CDS	Consumer Directed Services

Acronym	Full Name
CDSPE	Consumer Directed Services Processes and Expansion
CDW	Consumer Direction Workgroup
CLASS	Community Living Assistance and Support Services
CMPAS	Consumer Managed Personal Attendant Services
DBMD	Deaf Blind with Multiple Disabilities
FMSA	Financial Management Services Agency
HCS	Home and Community-based Services
LAR	Legally Authorized Representative
LIDDA	Local Intellectual and Developmental Disability Authority
MDCP	Medically Dependent Children Program
PCS	Personal Care Services
QAPI	Quality Assessment and Performance Improvement
SDC	Self-Directed Care
TxHmL	Texas Home Living

Services Available Through the CDS Option

Program	Services Available Through the CDS Option
Community First Choice Personal Assistance Services/Habilitation (CFC PAS/HAB)	Personal Assistance Services (PAS), Habilitation (HAB)

Program	Services Available Through the CDS Option
Community Living Assistance and Support Services (CLASS)	In-home and out-of-home respite services, transportation (habilitation), nursing, physical therapy, occupational therapy, speech, hearing and language services, cognitive rehabilitation therapy, employment assistance, supported employment, Community First Choice Personal Assistance Services/Habilitation (CFC PAS/HAB)
Comprehensive Children's Program	Personal care services (PCS), Community First Choice Personal Assistance Services/Habilitation (CFC PAS/HAB)
Consumer Managed Personal Assistance Services (CMPAS)	Personal Assistance Services
Deaf Blind with Multiple Disabilities (DBMD)	Respite services, transportation (residential habilitation), intervener, supported employment, employment assistance, Community First Choice Personal Assistance Services/Habilitation (CFC PAS/HAB)
Home and Community Based Services (HCS)	Respite, transportation (supported home living), nursing, cognitive rehabilitation therapy, supported employment, employment assistance, Community First Choice Personal Assistance Services/Habilitation (CFC PAS/HAB)
Primary Home Care (PHC); Family Care (FC); Community Attendant Services (CAS)	Personal Assistance Services (PAS)
STAR Kids	Personal Care Services (PCS), Community First Choice Personal Assistance Services/Habilitation (CFC PAS/HAB)
STAR Kids Medically Dependent Children Program (MDCP)	Respite services and flexible family support services delivered by an attendant or a nurse, employment services, supported employment
STAR+PLUS	Personal assistance services, Community First Choice Personal Assistance Services/Habilitation (CFC PAS/HAB)

Program	Services Available Through the CDS Option
STAR+PLUS Home and Community Based Services (HCBS)	Personal assistance services, including protective supervision, respite services, skilled nursing, physical therapy, occupational therapy, speech language therapy, cognitive rehabilitation therapy, employment assistance, supported employment, Community First Choice Personal Assistance Services/Habilitation (CFC PAS/HAB)
Texas Home Living (TxHmL)	All services, Community First Choice Personal Assistance Services/Habilitation (CFC PAS/HAB)

List of Appointed Members

Name	From City/Town	Membership Type	Term Ends July 1st	Subcommittee & Position
Diego Astolfo	Southlake	Advocate	2019	QAPI, Chair
Helen Baker	San Antonio	FMSA	2019	QAPI; Vice-Chair of Council
Mika Bradford	Keller	Advocate	2020	QAPI; Chair of Council
Ricky Broussard	Texas City	Consumer	2020	Training and Outreach
Heidi Davis	Richardson	FMSA	2020	Training and Outreach, Chair
Len Davis	Aubrey	FMSA	2019	QAPI
Roger DeLeon	Pflugerville	Provider	2020	Training and Outreach, Vice-Chair
Diane Felder, M.D.	Cypress	Provider	2019	Training and Outreach
Greg Hansch	Austin	Advocate	2019	CDSPE
Del Hodge	Sugarland	Family Member	2020	CDSPE
Linda Levine	Bee Cave	Advocate	2019	CDSPE, Co-Chair

Name	From City/Town	Membership Type	Term Ends July 1st	Subcommittee & Position
Stephanie Martinez	Round Rock	Service Representative, Personal Care Attendant	2020	CDSPE, Co-Chair
Dean Pye	Abilene	LIDDA	2020	QAPI, Vice-Chair
Randell Resneder	Wolfforth	Consumer	2019	CDSPE, Honorary Co-Chair
Keisia Sobers-Butler	Spring	Provider	2020	Training and Outreach
Misty Sullivan	League City	Advocate	2020	CDSPE
Nell Walder	Houston	Advocate	2020	Training and Outreach

List of State Agency Representatives

Name	Category Type	Agency	Subcommittee
Sallie Allen	Presiding Officer, HHSC Liaison	HHSC	all
Kari Brock	Expert, Consumer Directed Services Policy	HHSC	all
Paula Brunson	Expert, State Employment Services	TWC	CDSPE
Rayne Cacho	CDS Staff Operations	HHSC	all
Suzanna Carter	Coordinator	HHSC	n/a
Peter Dean	Expert, State Unemployment Services	TWC	n/a
Rachel Neely	Expert, Consumer Direction/Intellectual and Developmental Disabilities Policy	HHSC	all
Michael Roberts	Expert, Adult Protective Services	DFPS	n/a
Sylvia Salvato	Expert, Managed Care Programs	HHSC	all

Dena Stoner	Expert in Mental Health	HHSC	n/a

Attendance Record

Name	Meeting Dates														
	9/12/2017			12/05/2017			2/27/2018			4/13/2018			6/05/2018		
	Yes	**No**	**Phone**	**Yes**	**No**	**Phone**	**Yes**	**No**	**Phone**	**Yes**	**No**	**Phone**	**Yes**	**No**	**Phone**
Diego Astolfo	X			X					X			X	X		
Helen Baker	X			X			X			X			X		
Mika Bradford *Appointed 2/2018*							X			X			X		
Ricky Broussard			X	X			X					X	X		
~~Leslie Curtis~~ *Appointed 2/2018, Resigned 6/2018*								x			x			x	
Heidi Davis	X			X			X					X	X		
Len Davis *Appointed 5/2018*													X		
Roger DeLeon	X			X			X			X			X		
Diane Felder, M.D.	X			X			X				X		X		
Greg Hansch	X			X			X				X		X		
Del Hodge	X			X				X			X			X	
~~Deana Jaggers~~ *Resigned 3/2018*	X			X			X								

Name	Meeting Dates														
	9/12/2017			**12/05/2017**			**2/27/2018**			**4/13/2018**			**6/05/2018**		
	Yes	**No**	**Phone**	**Yes**	**No**	**Phone**	**Yes**	**No**	**Phone**	**Yes**	**No**	**Phone**	**Yes**	**No**	**Phone**
Linda Levine	X			X			X				X		X		
Stephanie Martinez *Appointed 2/2018*							x				X		X		
Dean Pye	X			X			X					X	X		
Randell Resneder *Appointed 2/2018*							X			X			X		
Keisia Sobers-Butler	X			X					X			X		X	
Misty Sullivan	X			X			X				X		X		
~~James Van Winkle~~ *Resigned 12/2017*		x			x										
Nell Walder	X			X			X					X			X

Appendix B. CDS Utilization Map