



**Implementation of Acute
Care Services and 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

September 2018



TEXAS
Health and Human
Services

Table of Contents

1. Executive Summary	1
2. Introduction	2
3. Background	3
4. Implementation Activities	5
STAR+PLUS Transition	5
STAR Kids Transition	6
STAR Health Transition	8
Community First Choice	9
Transition of LTSS to Managed Care	11
5. Effects on the System	15
Complaints, Appeals, and Fair Hearings	15
6. Initiatives to Improve Access and Outcomes	19
Home and Community-Based Services Settings Requirements	19
Person-Centered Planning	19
IDD Assessment Tool Pilot	21
7. Promoting Independence and Preventing Institutionalization	23
Integrated and Competitive Employment	23
Behavioral Supports	23
Money Follows the Person Demonstration	25
Housing Initiatives	27
IDD System Redesign Advisory Committee	28
8. Challenges and Areas for Further Consideration	30
STAR+PLUS	30
STAR Kids	30
CFC	32
Transition of IDD LTSS to managed care	32
IDD Assessment Pilot	33
Person-Centered Practices	33
9. Conclusion	34
Milestones	34
Next Steps	34
List of Acronyms	35
Appendix A. IDD SRAC Legislative Appropriation Request Recommendations for State Fiscal Year 2020-21	A-1

Transition to Managed Care Subcommittee A-1
Day Habilitation and Employment Services Subcommittee A-5
System Adequacy Subcommittee.....A-15

Appendix B. IDD System Redesign Advisory Committee Recommendations

..... **B-1**
Transition to Managed Care Subcommittee B-1
Day Habilitation and Employment Services SubcommitteeB-11
System Adequacy Subcommittee.....B-14

Appendix C. July 19, 2018 Letter from the IDD SRACC-Error! Bookmark not defined.

1. Executive Summary

The annual 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 in compliance with Texas Government Code Section 534.054.

Chapter 534 directs the Health and Human Services 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.

For acute care services only, HHSC has transitioned eligible clients of Medicaid IDD waiver programs and intermediate care facilities for individuals with intellectual disabilities (ICF/IID) from Medicaid fee-for-service (FFS) to the following programs, which use a managed care delivery system based on capitation: STAR+PLUS, STAR Kids, and STAR Health. CFC services have also been implemented as of June 1, 2015.

Per Texas Government Code, Section 534.201, HHSC is making plans to transition LTSS offered through IDD waivers and ICF/IID services to managed care.

IDD SRAC collaborated with HHSC to identify and address challenges related to the coordination of acute care and LTSS, identify barriers and impacts of future LTSS transitions to managed care for all involved stakeholders, and inform the development of the statewide implementation plan for the 2014 federal home and community based services (HCBS) settings regulations, with which the state must comply by 2022.

2. Introduction

Texas Government Code, 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 the provision of 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.

The elements listed above are discussed to the extent possible. However, full assessment of the effect on the system cannot be completed until after the system redesign is implemented.

3. Background

Texas Government Code, Section 534.051 directs HHSC to design and implement an acute care and LTSS system for individuals with IDD to support the following goals:

1. Provide Medicaid services to more individuals in a cost-efficient manner by providing the type and amount of services most appropriate to the individuals' needs;
2. Improve individuals' access to services and supports by ensuring that the individuals receive information about all available programs and services, including employment and least restrictive housing assistance, and how to apply for the programs and services;
3. Improve the assessment of individuals' needs and available supports, including the assessment of individuals' functional needs;
4. Promote person-centered planning, self-direction, self-determination, community inclusion, and customized, integrated, competitive employment;
5. Promote individualized budgeting based on an assessment of individuals' needs and person-centered planning;
6. Promote integrated service coordination of acute care services and LTSS;
7. Improve acute care and LTSS outcomes, including reducing unnecessary institutionalization and potentially preventable events;
8. Promote high-quality care;
9. Provide fair hearing and appeals processes in accordance with applicable federal law;
10. Ensure the availability of a local safety net provider and local safety net services;
11. Promote independent service coordination and independent ombudsmen services; and
12. Ensure that individuals with the most significant needs are appropriately served in the community and that processes are in place to prevent inappropriate institutionalization of individuals.¹

¹ <https://statutes.capitol.texas.gov/Docs/GV/htm/GV.534.htm#534.051>

Texas Government Code, Section 534.201 directs HHSC to transition ICF/IID services and services provided through the following IDD waiver programs to managed care: TxHmL, Home and Community-based Services (HCS), Community Living Assistance and Support Services (CLASS) and Deaf Blind with Multiple Disabilities (DBMD). Statute requires TxHmL to transition to managed care in 2020, and the other IDD waivers and ICF/IID services to transition in 2021.²

The IDD waiver programs and ICFs/IID provide LTSS for individuals with IDD in home and community-based settings. TxHmL provides selected essential services and supports to people with IDD living in their family homes or their own homes. HCS provides individualized services and supports for people with IDD who live with their family, in their own home or in other community settings, such as small group homes. CLASS provides services to people with related conditions as an alternative to placement in an ICF/IID.³ 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.

In fiscal year 2017, HCS had the highest total average monthly enrollment of the four waivers, with 26,781 individuals enrolled in HCS of out 39,391 individuals enrolled in all four waiver programs. TxHmL had the next highest enrollment, with 6,716 individuals enrolled on average each month in fiscal year 2017.

Each of the IDD waiver programs has an interest list for individuals interested in receiving services. Individuals may be on multiple interest lists at any given time, and eligibility for waiver services is not assessed at the time that individuals are added to the interest list.

² <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/resources/ltss-waivers.pdf>

³ A related condition is a disability, other than an intellectual disability, that originated before age 22 and that affects a person's ability to function in daily life.

4. Implementation Activities

STAR+PLUS Transition

STAR+PLUS is a Texas Medicaid managed care program specifically designed to meet the health care needs of adults who are 65 and older or have a disability. STAR+PLUS members receive a full package of health care benefits, along with LTSS (for those who are not receiving LTSS through an IDD waiver program) and service coordination. In September 2014, many adults with IDD transitioned from Medicaid FFS to the STAR+PLUS managed care program for their acute care services.

In fiscal year 2017, an average of 527,331 individuals were enrolled in STAR+PLUS each month. Of that total, approximately 16,545 individuals were also enrolled in an IDD waiver or ICF/IID each month.

Eligibility

Adults with IDD were eligible to transition to STAR+PLUS for their regular health care benefits if they:

- Participated in the CLASS, HCS, TxHmL or DBMD waiver programs; or
- Were in a community-based ICF/IID and not a state supported living center (SSLC); and
- Did not receive Medicare Part B and Medicaid benefits. These individuals are also known as dual eligible, and receive their acute care services through Medicare.

Services

Adults with IDD who transitioned to STAR+PLUS 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 Re-procurement

To ensure that MCOs are prepared and able to meet the specific needs of individuals with IDD for whom they provide services, IDD stakeholders, including the IDD SRAC, informed the addition of an IDD LTSS section in the STAR+PLUS request for proposal (RFP). Vendors are expected to begin operations under the re-procurement on June 1, 2020.

STAR Kids Transition

STAR Kids is the Texas Medicaid managed care program for children and adults ages 20 and younger who have disabilities. STAR Kids members receive a full package of health care benefits, along with LTSS (for those who are not receiving LTSS through an IDD waiver program). In alignment with the requirements in Texas Government Code, Section 534.051 STAR Kids provides person-centered service coordination for children with disabilities and their families in order to support their needs related to health and independent living.⁴

In fiscal year 2017, an average of 136,033 eligible children and young adults were enrolled in STAR Kids each month. Of that total, an average of 4,759 eligible children and young adults were enrolled in an IDD waiver or community-based ICF/IID each month. Full dual eligible children were enrolled in STAR Kids, but children in SSLCs were not.

Eligibility

Children and adults ages 20 and younger with disabilities were eligible to transition to STAR Kids if they:

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

⁴ <https://hhs.texas.gov/services/health/medicaid-chip/programs/star-kids>

- 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 who transitioned to STAR Kids receive acute care services and some Medicaid state plan comprehensive care program services, such as private duty nursing and personal care services, 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, including CFC, through FFS.

STAR Kids Pre-implementation Descriptive Report

To assist HHSC in assessing implementation of STAR Kids, the Institute for Child Health Policy at the University of Florida — the external quality review organization (EQRO) for Texas Medicaid — is conducting a multi-year focus study. The study aims to identify utilization and quality-of-care measures appropriate to the STAR Kids population and to compare findings on selected survey and administrative measures for STAR Kids members before and after program implementation. The study will include an analysis of how administrative and survey measures perform between the pre- and post-implementation studies, feasibility of reporting measures at the STAR Kids MCO level, and findings on potential new measures. Sources of potential new measures include, but are not limited to, the STAR Kids Screening and Assessment Instrument and Individual Service Plan forms, the National Core Indicators Child and Family Survey, and the National Survey of Children's Health Medical Home and Family-Centered Care composites.

The Pre-implementation Descriptive Report used administrative and survey data to provide baseline levels of utilization, access and satisfaction measures for Medicaid beneficiaries with disabilities who were eligible for STAR Kids prior to program implementation.

The baseline data indicates that STAR Kids-eligible members across four different service groups vary considerably with regard to demographics, health status and

health service needs. Service groups include members enrolled in MDCP, members in IDD waivers, FFS SSI, and STAR+PLUS SSI.⁵ In particular, members in IDD waivers were more likely to be older, with the highest proportion of adolescents among all service groups.⁶ Members enrolled in IDD waivers were also more likely to need treatment or counseling for an emotional, behavioral or developmental condition.

The post-implementation study will be completed by fall 2019 and will compare pre-implementation survey and administrative measure results with post-implementation survey and administrative measure results. Results will be stratified by service group.

STAR Health Transition

STAR Health is the Medicaid managed care program for children in Department of Family and Protective Services (DFPS) conservatorship, called foster care, and children who are transitioning out of foster care.⁷

STAR Health is a statewide program that began April 1, 2008. It provides medical and behavioral health services, including physical care, dental and vision care, and psychological and therapy services. STAR Health also provides LTSS, including CFC, Personal Care Services (PCS) and MDCP for those who qualify. Superior Health Plan is the single MCO serving all children in STAR Health.

During fiscal year 2017, an average of 32,091 children and young adults were enrolled in STAR Health each month. Of that total, approximately 141 were enrolled in an IDD waiver or community-based ICF/IID each month.

⁵ Prior to the implementation of STAR Kids in November, 2016, children were able to opt in to the STAR+PLUS managed care program.

⁶ <https://hhs.texas.gov/sites/default/files/documents/about-hhs/process-improvement/quality-efficiency-improvement/STAR-Kids-Pre-Implementation-Report-052617.pdf>

⁷ http://www.dfps.state.tx.us/Child_Protection/Medical_Services/guide-star.asp#services

Community First Choice

In June 2015, the CFC option became available for Texans, expanding basic attendant and habilitation services to individuals with disabilities meeting the criteria for an institutional level of care. The Affordable Care Act added the CFC option to the Social Security Act, under Section 1915(k). 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.

Eligibility

Individuals may be eligible for CFC services if they:

- Are eligible for Medicaid;
- Meet an institutional level of care;⁸ and
- Have functional needs that can be addressed by CFC services.

Services

CFC services are provided by LTSS providers, including home and community support services agencies and service provider agencies for the IDD waiver programs. CFC services include:

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

Assessment

Since the initial implementation of CFC, HHSC collaborated with stakeholders to develop a revised uniform CFC assessment tool to serve multiple waivers and programs and achieve a streamlined and consistent assessment process. HHSC has developed a draft CFC Personal Assistance Services/Habilitation assessment form,

⁸ Meeting an institutional level of care means needing the level of care provided in a nursing facility, ICF/IID, or Institution for Mental Disease.

which identifies the individual's need for personal assistance and habilitation services, the amount of services and service delivery preferences. HHSC obtained stakeholder feedback to improve the tool and researched how other states have implemented CFC to better inform the draft tool. HHSC is evaluating next steps related to the revised assessment tool in light of other projects and potential changes impacting the IDD system of service delivery.

CFC for Non-Waiver Recipients

CFC provides an opportunity for individuals with IDD not currently receiving services in an IDD waiver to receive personal assistance and habilitation services. Eligible Medicaid beneficiaries no longer have to wait to receive these services through the waiver programs, which have interest lists. In fiscal year 2017, HCS had the longest interest list with 90,525 individuals out of 223,876 individuals on all four IDD waiver interest lists.

Individuals may be on multiple interest lists at any given time, meaning that there is duplication across interest lists, and eligibility for waiver services is not assessed at the time that individuals are added to the interest list.

In fiscal year 2017, 4,906 children and young adults below age 21 received CFC services provided through FFS.

Based on information submitted by MCOs, HHSC estimates that there were approximately 5,177 individuals with IDD in STAR+PLUS, 484 in STAR Kids and 67 in STAR Health who were not in an IDD waiver who were receiving CFC services in fiscal year 2017.⁹

CFC for Waiver Recipients

Many people in waivers received a CFC service in fiscal year 2017. As outlined in Table 1, an average of 39,391 individuals with IDD were enrolled in IDD waiver programs each month during fiscal year 2017, with nearly three-quarters of the individuals served enrolled in HCS.

⁹ HHSC is working with STAR Kids MCOs and STAR+PLUS MCOs to ensure that the information collected accurately describes the number of individuals with IDD who were not in an IDD waiver who were receiving CFC services in fiscal year 2017.

In the same fiscal year, 12,457 individuals enrolled in a waiver program received CFC on average each month.

CFC services were utilized at the highest rate by individuals in CLASS, with approximately 5,198 individuals in CLASS receiving CFC services each month out of the total 12,457 individuals each month across all four waiver programs.

Table 1. Average Monthly Enrollment in IDD Waivers, CFC Services Provided to Individuals Enrolled in an IDD Waiver and Amounts Paid for CFC Services in Fiscal Year 2017

Waiver Program	Average Monthly Total Individuals Enrolled in IDD Waivers	Average Monthly Total Individuals Receiving CFC in IDD Waivers	Total Average Paid Monthly for CFC Services
CLASS	5,549	5,198	\$15,892,634
DBMD	345	217	\$596,092
HCS	26,781	3,181	\$7,248,281
TxHmL	6,716	3,861	\$5,976,153
All	39,391	12,457¹⁰	\$29,713,160

Transition of LTSS to Managed Care

The system redesign’s last phase will be to transition LTSS for individuals with IDD into a managed care model. Statute directs HHSC to transition LTSS currently provided through FFS to managed care per the timelines below:

¹⁰ This amount represents the total average monthly number of individuals served. Numbers may include duplicated counts for individuals who transitioned between or among waiver programs in fiscal year 2017.

- The LTSS transition begins with TxHmL moving to a managed care model on September 1, 2020.¹¹
- LTSS services provided in the HCS, CLASS, DBMD programs and ICFs/IID are scheduled to transition to managed care September 1, 2021.¹²

TxHmL Enrollment in Fiscal Year 2017

TxHmL is the first of the IDD waiver programs scheduled to transition to managed care under state statute. In fiscal year 2017, approximately 7,035 individuals were enrolled in TxHmL. As outlined in Table 2, the majority of recipients enrolled in TxHmL were adults over age 21.

In fiscal year 2017, approximately 2,627 individuals receiving TxHmL services were enrolled in STAR+PLUS each month. In the same year, approximately 1,250 children and young adults receiving TxHmL services were enrolled in STAR Kids each month. Sixteen children and young adults receiving TxHmL services were enrolled in STAR Health each month.

Table 2. Average Number of Individuals Enrolled in TxHmL in Fiscal Year 2017

	Age 20 and Younger	Age 21 and Older	Total Enrollment
Dual Eligible	20	1,959	1,979
Medicaid Only	1,849	3,207	5,056
Unduplicated Total	1,869	5,166	7,035

Statewide Stakeholder Input

In March 2018, IDD SRAC adopted a statewide stakeholder input process for the IDD managed care carve-in. This streamlines the process for HHSC and IDD SRAC to receive and evaluate input and recommendations from stakeholders across Texas

¹¹ Texas Government Code, Section 534.201.

¹² Texas Government Code, Section 534.202.

by linking IDD SRAC meetings to current HHSC advisory committees and workgroups that are focused on programs, policies and/or individuals that may be impacted by the IDD transition to managed care.

Section 534.201 allows HHSC to decide whether to transition some or all TxHmL services to managed care. HHSC is considering carving all or a portion of TxHmL services into existing managed care programs STAR+PLUS, STAR Kids and STAR Health.

To inform this decision, HHSC works closely with stakeholders. IDD SRAC subcommittees reviewed and discussed each TxHmL service between March and July 2018. During the full committee meeting in July 2018, the IDD SRAC voted to recommend delaying the carve-in activities until certain criteria are met. These recommendations are outlined in a letter (see Appendix C: July 19, 2018 Letter from the IDD SRAC).

IDD Carve-in Evaluations

HHSC contracted with two vendors, Deloitte and The University of Texas Health Science Center at Houston, School of Public Health (UT Health), in May 2018 to conduct evaluations to inform the IDD LTSS transitions to managed care. Deloitte and UT Health are coordinating to ensure a cohesive evaluation. Individually, the organizations are analyzing the following:

- Deloitte is conducting an analysis of cost-effectiveness for the transition of IDD LTSS to managed care.
- UT Health is conducting a national review and comparison of other states' managed care delivery models for individuals with IDD; analysis of past IDD transitions to managed care in Texas, including STAR Health, STAR Kids and STAR+PLUS programs; analysis of impacts of the transition to managed care for individuals and providers; analysis of the experience of CFC in managed care, including in the STAR+PLUS program; and analysis of service coordination provided for individuals with IDD.

Evaluation reports will be finalized by the end of 2018 to inform the transition of IDD LTSS to managed care.

IT modernization

As a result of the state's planned transition of IDD LTSS to managed care and requirements from the Centers for Medicare & Medicaid (CMS) for a more flexible and dynamic Medicaid Management Information System (MMIS) framework, HHSC has been updating and modernizing the Texas MMIS systems. The current system of record for HCS and TxHmL is over 30 years old and very outdated, and the systems for CLASS and DBMD are not automated. Migrating to new systems will standardize functionality for IDD programs and increase ease of communication with systems used by MCOs.

5. Effects on the System

Complaints, Appeals, and Fair Hearings

Complaints, appeals and state fair hearings data provide information about access to and quality of acute care services following the transition of acute care services to managed care. Complaints are filed by contacting the MCO, the HHSC Office of the Ombudsman or HHSC's Managed Care Compliance and Operation (MCCO) team.

Managed Care Organizations

STAR+PLUS, STAR Kids and STAR Health MCOs must develop, implement and maintain a system for receiving, tracking, responding to, reviewing, reporting and resolving complaints regarding services, processes, procedures and staff.

Individuals enrolled in STAR+PLUS, STAR Kids and STAR Health, or their legally authorized representative (LAR), may file a complaint with their MCO if they are dissatisfied with a matter other than an action taken by the MCO.¹³ Individuals in STAR+PLUS, STAR Kids and STAR Health, or their LAR, may file an appeal with their MCO if they are dissatisfied with an action taken by the MCO.

Matters for complaint may include the quality of services provided, aspects of interpersonal relationships including behavior of a provider, or failure to respect the member's rights. This also includes the member's right to dispute an extension of time (if allowed by law) proposed by the MCO to make an authorization decision. Complaint has the same meaning as grievance, as provided by 42 C.F.R. §438.400(b).

¹³ An action is defined as: a denial or limited authorization of a requested Medicaid service medical necessity, appropriateness, setting, or effectiveness of a covered benefit; a reduction, suspension or termination of a previously authorized service; a denial of payment for service; a failure to provide services in a timely manner as determined by the state; a failure of an MCO to act within required time frames; for a resident of a rural area with only one MCO, the denial of a Medicaid Member's request to obtain services outside of the Network; or the denial of a Member's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other Member financial liabilities. An adverse determination is one type of action.

Table 3. Average Number of Individuals in an IDD Waiver or ICF/IID Receiving Services in STAR+PLUS, STAR Kids and STAR Health and Complaints Received by MCOs from these Members in Fiscal Year 2017 regarding Acute Care

Managed Care Program	Average Number of Individuals Receiving Services who were in an IDD Waiver or ICF/IID	Number of Complaints Received by Members in an IDD Waiver or ICF/IID
STAR+PLUS	16,547	61
STAR Kids	5,879	44
STAR Health	281	0
Total	22,707	105

Complaints from members in an IDD waiver in fiscal year 2017 related to:

- Billing issues
- Quality of care or services
- Quality of service practitioner
- Accessibility/availability of services
- Claims processing
- Prior authorization
- Utilization Review (UR)/Utilization Management (UM) - Therapy (physical therapy, occupational therapy)

STAR+PLUS, STAR Kids and STAR Health MCOs have also been required to develop, implement and maintain a system for tracking, resolving and reporting appeals processes.

Table 4. Number of Appeals Upheld, Overturned or Withdrawn for Recipients in an IDD Waiver or ICF/IID Enrolled in STAR+PLUS, STAR Kids and STAR Health in Fiscal Year 2017

Program	Total Number of Appeals Filed	Number of Appeals Upheld by MCO¹⁴	Number of Appeals Overturned by MCO¹⁵	Number of Appeals Withdrawn by Member
STAR+PLUS	209	121	71	17
STAR Kids	129	81	43	5
STAR Health	0	0	0	0
Total	338	202	114	22

Only after exhausting the internal MCO appeals process may STAR+PLUS, STAR Kids and STAR Health members, or their LAR, request a state fair hearing by HHSC.

Fair hearings in fiscal year 2017 for members enrolled in an IDD waiver related to reduction or denial of the following services and supports:

- Durable medical equipment
- Therapy services (speech, physical and occupational)
- Nursing
- Pharmacy

Office of the Ombudsman

The Office of the Ombudsman received 15 complaints in fiscal year 2017 for STAR+PLUS, STAR Kids and STAR Health members with IDD. Complaints received related to:

¹⁴ Indicates that the MCO investigated and reviewed, and ruled in favor of the action taken by the MCO.

¹⁵ Indicates that the MCO investigated and reviewed, and overturned the action taken by the MCO.

- Access to care coordination
- Access to long term care services
- Authorization process/denial
- Access to durable medical equipment (DME)
- Availability of services - therapy

Managed Care Compliance & Operations

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

In fiscal year 2017, MCCO received a total of four complaints from STAR+PLUS, STAR Kids and STAR Health members with IDD, but agency staff were unable to substantiate any of the complaints.¹⁶ This number represents a significant decrease in complaints received from previous years. For example, in fiscal years 2015 and 2016, MCCO received 47 complaints from STAR+PLUS alone over both years.

Types of complaints received in fiscal year 2017 included:

- Benefit issues
- Access to care
- Denial of claim

¹⁶ It is possible that MCCO received additional complaints from individuals with IDD that are not reflected in this amount, due to not having identified IDD status.

6. Initiatives to Improve Access and Outcomes

Home and Community-Based Services Settings Requirements

In March 2014, a new set of federal regulations became effective governing HCBS settings and laying out 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 must be in compliance with these rules by March 2022.

After completing internal and external assessments of the services most directly impacted by the HCBS rule, HHSC convened a workgroup of external stakeholders with an interest in IDD service delivery, including members of the SRAC, to develop a plan for bringing IDD services into compliance. This plan will also inform the remediation activities for managed care services and will be summarized in the transition plan submitted for CMS approval.

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 the CMS with more detail on remediation of day habilitation in the IDD waivers and residential settings in the IDD waivers and STAR+PLUS in fall 2018.

Person-Centered Planning

Federal rules for all Medicaid HCBS, including CFC, require person-centered service planning, also referred to as person-centered planning (PCP). Using a PCP process,

a service plan and objectives are developed based on each individual's preferences, strengths, and clinical and support needs. Person-centeredness balances what is important for the person's health and safety with what is important to the person for their wellbeing and quality of life. 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 training within two years of hire. The state and its partners, including local intellectual and developmental disability authorities (LIDDAs), the University of Texas Center for Disability Studies and The Learning Community for Person-Centered Practices (TLCPCP), have been working to build the infrastructure to successfully comply by training more trainers and revising or creating new programmatic forms and processes to support consistent, high-quality person-centered service planning.

Training

- Since 2014, 19 Texas trainers have become Certified Person-Centered Thinking (PCT) Trainers by TLCPCP. These trainers include state employees and employees of LIDDAs, Councils of Governments, and provider agencies. Four new state staff will be certified by December 2018.
 - ▶ The Money Follows the Person (MFP) demonstration grant funded the training of two HHSC staff in PCT Coaching Training and two HHSC staff and one private provider staff to become PCT Mentor Trainers by December 2018.
- In the past three years, more than 1,500 service coordinators and case managers from LIDDAs, MCOs and private providers have completed a two-day face-to-face PCT Training. This training continues to be offered upon request of LIDDAs and other regional partners.
- Overviews of person-centered practices have been provided to various groups, including potential providers and current providers for the Consumer Directed Services (CDS) option for financial management, CLASS, and DBMD services.
- As of April 3, 2018, 3,499 people had successfully completed the online PCP Training that launched in February 2017. The free training is accessible online at: <https://hhs.texas.gov/services/disability/person-centered->

planning/person-centered-planning-waiver-program-providers/person-centered-planning-pcp-training-providers.

- PCT training has been expanding to other state staff, such as social work and case management staff and Child Protective Services (CPS).
- PCT training is being offered at nursing facilities across the state by the state's Quality Monitoring Program and the person-centered planning staff.¹⁷
- Online Person Centered Practices training for staff supporting Holocaust survivors became available in summer 2018.¹⁸

Other Initiatives

- 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, in order to meet CMS requirements for individuals receiving services in HCBS waivers. The workgroup continues to meet regularly and plans to complete a draft document to share with HHSC leadership in 2018.
- A Person-Centered Planning website was launched in February 2017 to provide resources and information for service providers and stakeholders.¹⁹
- Efforts are underway for certified PCT trainers to partner with CPS adoption workers to assist children who receive Medicaid waiver services to create person-centered adoption plans. These plans will incorporate person-centered principles, such as fostering a positive reputation for the child, instead of focusing solely on health and safety needs.

IDD Assessment Tool Pilot

Texas Health and Safety Code, Section 533A.0335 directs HHSC to develop and implement a comprehensive assessment instrument and resource allocation process

¹⁷ <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/nf/qmp/17D0332-HHSC-MSS-QMP-Nursing-handbill-web.pdf>

¹⁸ <https://hhs.texas.gov/doing-business-hhs/provider-portals/resources/providing-services-holocaust-survivors>

¹⁹ <https://hhs.texas.gov/services/disability/person-centered-planning/person-centered-planning-waiver-program-providers>

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

- Phase 1: This phase began in spring 2017 and included automating and piloting interRAI with a volunteer sample. Phase 1 was completed on August 31, 2017.
- Phase 2: This phase will include evaluating and comparing results of the interRAI with current assessments. Phase 2 of the pilot began February 14, 2018 and is expected to be completed by December 2018. The results will inform the determination of the appropriateness of statewide implementation.
- Phase 3: Contingent on outcomes from Phase 2, 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.

7. Promoting Independence and Preventing Institutionalization

Integrated and Competitive Employment

Texas Government Code, Section 531.02448(a) identifies employment as the first and preferred option for working-age Texans with disabilities.²⁰ The statute promotes integrated and competitive employment where individuals with disabilities meet the same employment standards, responsibilities and expectations as other working-age adults.

S.B. 2027, 85th Texas Legislature, Regular Session, 2017, requires HHSC in conjunction with the Texas Workforce Commission (TWC), to conduct a study on occupational training programs available in Texas for individuals with an intellectual disability.²¹ HHSC must report the results of the study to the governor, lieutenant governor, speaker of the house and the appropriate standing committees of the house and senate.

A workgroup comprised of HHSC staff and stakeholders was created to collaborate on a statewide survey. The survey assesses the availability of occupational training resources by region. Both qualitative and quantitative data was collected. The survey closed May 31, 2018, and the legislative report is due December 1, 2018.

Behavioral Supports

HHSC has worked on specialized training for providers who work with individuals with IDD and behavioral health needs, including crisis intervention and respite services and transition support. As outlined in the Money Follows the Person section of this report (pp.27-28), other related behavioral supports include enhanced community coordination and training in mental health and working with individuals with IDD.

²⁰ <https://statutes.capitol.texas.gov/Docs/GV/htm/GV.531.htm>

²¹ <https://capitol.texas.gov/tlodocs/85R/billtext/pdf/SB02027F.pdf#navpanes=0>

Crisis Intervention and Crisis Respite Services

In 2015, the 84th Legislature allocated \$18.6 million over the 2016-17 biennium for LIDDAs to provide crisis intervention and crisis respite support to individuals with IDD who have behavioral health or mental health support needs. Currently, all 39 LIDDAs statewide provide crisis intervention and crisis respite services to support individuals to maintain independent lives in the community, and to avoid unnecessary institutionalization.

From September 1, 2016, through August 31, 2017:

- 1,311 individuals with IDD in crisis were referred by a mobile crisis outreach team (MCOT) for crisis respite services. Of these, 920 individuals were reunified to their home/community setting following the crisis event.
- 3,730 individuals with IDD in crisis were referred for crisis respite services not provided by an MCOT. Of these, 3,033 individuals were reunified to their home/community setting following a crisis event.
- 107 individuals with IDD referred to crisis respite did not transition back to their home/community setting within 14 calendar days.
- 8,881 caregivers and paid providers were provided training and consultation by a crisis intervention specialist.

Transition Support Teams

Transition support teams provide support to individuals transitioning from institutional settings who may have significant medical, behavioral and/or psychiatric support needs. The support teams provide educational activities and materials, technical assistance, and consultative case reviews to aid community providers and LIDDAs to better assist individuals with IDD who need support. Transition support teams receive funding through the Money Follows the Person Demonstration (MFPD) Project.

From September 1, 2016, through August 31, 2017, the teams provided:

- 1,287 educational opportunities and 4,426 LIDDA employees and contractors attended.
- 805 opportunities for technical assistance and 399 non-LIDDA HCS and TxHmL employees/contractors attended.

- 696 peer review/case consultations and 471 non-LIDDA HCS and TxHmL employees/contractors attended.

Money Follows the Person Demonstration (MFPD)

MFPD is a federal demonstration project designed to increase the use of home and community-based services and to reduce the use of institutional-based services.²² Federal authorization for MFPD ended September 30, 2016. To increase the sustainability of systems changes made as a result of MFPD, CMS awarded states supplemental funding through September 30, 2020.

The following is a summary of the MFPD-funded projects in Texas designed to promote independence for individuals with IDD.

Employment Services

Texas Government Code, Section 531.02447(b) requires HHSC, TWC and the Texas Education Agency to adopt and implement an Employment First policy, which states that earning a living wage through competitive employment is the priority and preferred outcome for working-age individuals with disabilities.²³

As Texas continues to adopt the Employment First principles and practices, there is a need for outreach and education with employers throughout the state. With MFPD funding, HHSC hired an employment recruitment coordinator to generate additional opportunities for integrated, competitive employment for individuals with disabilities. The employment recruitment coordinator works throughout the state with potential employers and civic organizations to promote employment for persons with developmental disabilities and to encourage those businesses to adopt principles supporting Employment First principles and goals. The coordinator participates in job fairs throughout the state, and also follows up with employers to identify their specific needs, and connects employers with LIDDAs and providers.

²² hhs.texas.gov/doing-business-hhs/provider-portals/resources/promoting-independence/money-follows-person-demonstration-project

²³

<https://statutes.capitol.texas.gov/StatutesByDate.aspx?code=GV&level=SE&value=531.02447&date=4/8/2015>

HHSC has partnered with TWC to provide information and training on Employment First principles to TWC regional staff, including training for vocational rehabilitation services counselors who work with individuals with disabilities receiving both TWC and HHSC services. This initiative also provides training and technical assistance on TWC employment services for HHSC providers.

Enhanced Community Coordination/Transition Support Teams

Eight LIDDAs and community provider consultative support teams provide educational activities and materials, as well as technical assistance and consultative case reviews. As described earlier in this report, the teams help community providers and LIDDAs deliver adequate support to individuals with significant medical, behavioral, and psychiatric challenges transitioning from institutional settings or who are at risk of admission to an institution. Designated funds are also available for community coordination to enhance an individual's natural support and promote successful community integration, as well as follow-up for up to one year after the individual relocates to the community.

From September 1, 2017, through May 31, 2018, there were:

- 918 people who received enhanced community coordination;
- 432 peer review/consultations with 3,737 professionals in attendance/participating;
- 883 educational opportunities with 4,722 participants; and
- 53 opportunities for technical assistance and 1,064 people attended

Transition Specialists in the State Supported Living Centers

Transition specialists employed at the SSLCs provide training to SSLC staff, residents, LARs and family members about the community relocation process and planning. They also serve as a resource for personal support teams to help identify services and supports for individuals in the community, to identify obstacles to community transition, and to develop strategies to mitigate barriers. From September 2017 through March 2018, SSLC transition coordinators received, on average, 15 referrals per month and transitioned, on average, eight individuals per month.

Mental Health Wellness for Individuals with IDD

In December 2017, the State of Texas contracted with University of Texas Health Science Center at San Antonio (UTHSCSA) to develop web-based training modules to educate health care practitioners on best practices in treating individuals with IDD and behavioral health needs. On average, 300 modules are completed per week by users across the country. Topics include trauma-informed care, the importance of interdisciplinary team work, and communicating with people with IDD and co-occurring behavioral health needs. Continuing Nursing Education and Continuing Medical Education credits are offered to physicians and nurses who complete the courses.

The project also includes expanding the existing Mental Health Wellness for Individuals with Intellectual and Developmental Disabilities (MHW-IDD) website to include continuing education credits for licensed professional counselors, licensed marriage and family therapists, licensed social workers, peer support specialists and licensed psychology professionals.²⁴

Housing Initiatives

From August 2017 through June 2018, Texas participated in a CMS-sponsored Innovation Accelerator Program (IAP) to promote community integration for Medicaid beneficiaries through improved partnerships between state Medicaid and housing agencies. Although the Texas IAP focused on individuals with behavioral health needs, it provided information valuable to expanding community opportunities for all individuals with disabilities. The process included development of a Medicaid crosswalk to identify current Medicaid services that support people with disabilities in housing, and a housing gaps analysis to identify key resources for expanding housing opportunities in Texas. The IAP also resulted in an improved partnership with the Texas State Affordable Housing Corporation, which has the potential to create additional housing for Medicaid beneficiaries in the future.

The work of the IAP will be carried forward to a Housing and Health Institute, a technical assistance project sponsored by the National Academy for State Health Policy (NASHP). Texas is one of five states chosen to participate in this technical

²⁴ www.mhwidd.com

assistance project, and will use this opportunity to further explore mechanisms for expanding community integration for all individuals with disabilities receiving Medicaid.

The Section 811 Project Rental Assistance Program provides project-based rental assistance for extremely low-income individuals with disabilities linked with long-term services. HHSC continues to find ways to strengthen the program infrastructure so that persons leaving intermediate care facilities (ICFs) and nursing facilities can access this community housing resource.

IDD System Redesign Advisory Committee

The IDD SRAC collaborates with HHSC on the IDD acute care and LTSS system redesign by identifying and making recommendations on areas for improvement. The advisory committee consists of 26 members representing communities of interest as identified in Texas Government Code, Section 534.053.

IDD SRAC subcommittees include:

- Transition to Managed Care
- Day Habilitation and Employment Services
- System Adequacy

IDD SRAC meets quarterly and subcommittees meet bi-monthly. In fiscal year 2018, IDD SRAC scheduled one additional full meeting and six additional subcommittee meetings to collaborate with HHSC and inform the next steps for the transition of IDD LTSS in TxHmL to managed care. In addition, the IDD SRAC Day Habilitation and Employment Services and System Adequacy subcommittees' members participated in a rigorous series of workgroup meetings to develop the day habilitation and housing statewide implementation plan for the federal HCBS settings regulations.

During fiscal year 2018, IDD SRAC developed 16 recommendations for HHSC's Legislative Appropriations Recommendations (See Appendix A) and 15 recommendations for improvements for the IDD system redesign to HHSC and the Legislature focused on:

- Improving quality and continuity of services and supports;
- Addressing barriers to transition IDD LTSS to managed care;

- Increasing independence and community inclusion; and
- Addressing barriers to system adequacy including rates, interest list allocation, and network adequacy (See Appendix A and B).

8. Challenges and Areas for Further Consideration

HHSC and stakeholders have identified a number of areas where the current system of services and supports for people with IDD could be improved. Many of these challenges and considerations are being prioritized by IDD SRAC subcommittees for the upcoming year. Some of them may require direction from agency or the Legislature, funding, or staff resources.

STAR+PLUS

Currently, individuals with IDD in STAR+PLUS can file complaints with their MCO, Medicaid and CHIP Services, and/or the Office of the Ombudsman. Stakeholders have conveyed that this can be confusing for individuals with disabilities. To address this challenge, the IDD SRAC Transition to Managed Care subcommittee has worked to develop a webpage for individuals with IDD that explains the processes for filing complaints related to managed care. Additionally, a workgroup of staff from across HHSC is assessing current processes and identifying opportunities for improvement and to remove barriers for clients. The efforts of this workgroup will be informed by findings of the August 2018 report on *Rider 61: Evaluation of Medicaid and CHIP Managed Care*.²⁵ The workgroup will also incorporate the efforts of the IDD SRAC subcommittee.

Exploration is needed to identify quality metrics to measure outcomes of health initiatives that address acute care health needs common to individuals with IDD.

Additionally, to enhance and promote the provision of quality, person-centered care for individuals with IDD, it is recommended that training opportunities be increased for providers unfamiliar with this population.

STAR Kids

Individuals with IDD enrolled in STAR Kids utilize the same complaint processes as those in STAR+PLUS. Further examination of these processes to make them more

²⁵ <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2018/sb1-rider61-evaluation-medicaid-chip-august-2018.pdf>

accessible would benefit this population of individuals with IDD, in addition to those in STAR+PLUS.

Lessons learned from the STAR Kids transition planning and implementation will be used to inform the transition of IDD LTSS to managed care. This is one of the goals of the study being conducted by UT Health, which will conclude in December 2018. Additionally, a workgroup is examining ways to improve and optimize the STAR Kids Screening and Assessment Instrument (SK-SAI) which identifies service needs of STAR Kids managed care members, including individuals with IDD.

The STAR Kids Pre-implementation Report identifies areas that warrant continued or improved quality monitoring for STAR Kids members. The report identified areas such as access to generalist and specialist care, specialized services, and prescription medicine; access to care coordination; rates of developmental screening and well-care visits; reducing concurrent prescription of multiple antipsychotics; and PPEs.²⁶

The pre-implementation findings, published in May 2017, are indicative of the care STAR Kids eligible members received in FFS or STAR+PLUS. Based on information collected about the demographics, health status and health needs of children and adults enrolled in STAR Kids, the EQRO makes the following recommendations for HHSC and STAR Kids MCOs:

- Tailor outreach, quality monitoring, and improvement programs to the demographics, health status and health service needs of each service group.
- Consider expanding provider education programs to improve experiences with and effectiveness of care, in areas including cultural competency and compliance with recommended antipsychotic prescribing practices.
- Consider further studies to assess reasons for deficiencies in care coordination in the STAR Kids population.
- Consider further studies to understand reasons for low rates of developmental screening in this population.
- Conduct root cause analyses to determine reasons for low rates of treatment for alcohol and other drug dependence among adolescents.

²⁶ <https://hhs.texas.gov/sites/default/files/documents/about-hhs/process-improvement/quality-efficiency-improvement/STAR-Kids-Pre-Implementation-Report-052617.pdf>

- Develop and implement performance improvement projects to reduce potentially preventable events in this population – in particular, potentially preventable emergency department visits (PPVs) in all service groups, and all types of potentially preventable events (PPEs) among members in MDCP.

The pre-implementation report was shared with the STAR Kids MCOs and findings from the pre-implementation survey were presented to the MCOs at the 2016 Quality Forum. All STAR Kids MCOs are working to decrease PPVs for upper respiratory tract infection for their 2018 performance improvement projects. Additionally, HHSC has asked the EQRO to develop an issue brief on the developmental screening measure across programs.

CFC

Many individuals waiting for IDD waiver services may be eligible for or receiving CFC services. To ensure that everyone entitled to receive CFC services is able to access them, improved data is needed to track CFC services when they are authorized and provided for individuals with IDD who are receiving managed care services and are not enrolled in an IDD waiver.

HHSC is considering a number of options to increase the accessibility and utilization of CFC services, including:

- Developing an outreach plan to target and assess individuals with IDD currently on an IDD waiver interest list;
- Developing a new assessment for CFC; and
- Introducing habilitation training for providers who have not previously provided services for individuals with IDD.

Transition of IDD LTSS to Managed Care

The studies currently being conducted by UT Health and Deloitte on the effects of transitioning services to managed care will not be completed until after key decisions would need to be made for the TxHmL transition to managed care under the current statutory deadline of 2020. This means that these decisions would be made without consideration of the following:

- Lessons learned in other states that have implemented a managed care system for individuals with IDD;

- Impacts of the transition to managed care for all involved stakeholders; and
- Cost-effectiveness of potential models for carving in services to managed care.

The Legislature has the opportunity to consider recommendations, evaluation results, and the transition timeline during the 2019 legislative session.

IDD Assessment Pilot

The timing of the implementation of the carve-ins of LTSS services to managed care impacts the IDD assessment pilot. The implementation date for Phase 3 of the pilot, statewide implementation of the new assessment, has not yet been determined. The timeline for this phase could be affected by the concurrent timeline for transitioning services to managed care.

Person-Centered Practices

HHSC has identified a need for strategic planning on how to fully implement person-centered practices in order to comply with CMS requirements. HHSC has various staff implementing person-centered practices for different groups of individuals served. A comprehensive strategic vision would enhance coordination and ensure consistent and high-quality PCP.

Additionally, it would be beneficial to offer training for individuals receiving HCBS services to ensure they understand their benefits and the person-centered planning process, in order to achieve more person-centered outcomes. Lack of understanding in this area presents a barrier to ensuring that individuals receive high-quality, person-centered care.

9. Conclusion

HHSC has made significant progress on the IDD system redesign, but there are still outstanding tasks required by statute. There also remain opportunities for systemic improvement, as outlined in the previous section and appendices of this report, and as consistently expressed by members of the IDD SRAC and other stakeholders. HHSC is committed to continuing to work with stakeholders, legislative partners, and CMS to improve programs and services for Texans with IDD.

Milestones

- HHSC transitioned acute care services in STAR+PLUS, STAR Kids and STAR Health to managed care for approximately 19,204 individuals with IDD.
- The CFC option was implemented in Texas to increase access to services for individuals with IDD, particularly those currently on interest lists for IDD waiver programs.
- HHSC increased and enhanced community support services in order to promote independence and prevent institutionalization of individuals with IDD.
- HHSC contracted for evaluations to inform managed care transitions of LTSS.

Next Steps

- Review the results of the IDD LTSS transition to managed care independent evaluations being conducted by UT Health and Deloitte to inform future planning.
- Collaborate with the IDD SRAC to examine the accessibility of 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, including necessary IT systems changes.
- Complete final phases of the IDD assessment tool pilot and determine appropriateness of the interRAI ID for statewide implementation.

List of Acronyms

Acronym	Full Name
CDS	Consumer-Directed Services
CFC	Community First Choice Option
CLASS	Community Living Assistance and Support Services
CMS	Centers for Medicare & Medicaid
CPS	Child Protective Services
DADS	Department of Aging and Disability Services
DBMD	Deaf Blind with Multiple Disabilities
DME	Durable Medical Equipment
DSHS	Department of State Health Services
ECC	Enhanced Community Coordination
EQRO	External Quality Review Organization
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
IAP	Innovation Accelerator Program
ICF	Intermediate Care Facility
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
MCCO	Managed Care Compliance and Operation
MCO	Managed Care Organization
MCOT	Mobile Crisis Outreach Team
MDCP	Medically Dependent Children Program
MFP	Money Follows the Person
MFPD	Money Follows the Person Demonstration

MHW-IDD	Mental Health Wellness for Individuals with Intellectual and Developmental Disabilities
MMIS	Medicaid Management Information System
PCS	Personal Care Services
PCP	Person-Centered Planning
PCT	Person-Centered Thinking
PPE	Potentially Preventable Event
PPV	Potentially Preventable Emergency Department Visit
SAS	Service Authorization System
SSAS	Single Service Authorization System
SSI	Supplemental Security Income
SSLC	State Supported Living Center
TWC	Texas Workforce Commission
TxHmL	Texas Home Living
UM	Utilization Management
UR	Utilization Review
UTHSCSA	University of Texas Health Science Center at San Antonio

Appendix A. IDD SRAC Legislative Appropriations Request Recommendations for State Fiscal Year 2020- 21²⁷

Transition to Managed Care Subcommittee

Contact Person: Leah Rummel, Co-chair

Topic: Records and Data Systems

Overview

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

Rationale for Recommendation

Using outdated systems includes other repercussions, as well, including:

- Difficulty gathering and analyzing useful, trend-able data related to quality
- Additional regulatory time spent on-site analyzing information
- Several providers are not using encrypted e-mails, communications are often by fax or mail between entities
- Time that could be used for service coordination and direct provision of services spent on transferring documentation

²⁷ The recommendations in this appendix were written by members of the advisory committee and were lightly edited for formatting and punctuation by HHSC.

- Delays in processing and implementation of plans of care and Medicaid eligibility due to human error
- Sharing information and coordinating care between entities caring for persons with IDD could be greatly improved
- Assuring systems are HIPPA compliant

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

Proposed Solution

The state must develop the capability to electronically maintain health and life records for all clients served in long-term services and supports (LTSS) programs that are interoperable with related systems.

Rationale: Use of electronic life/electronic health records for LTSS programs will improve the quality of the programs, provide the state better data on the quality of programs, streamline communications and processes for eligibility and implementation of services, reduce administrative burdens of agency staff, service coordination staff, LTSS provider staff and MCO staff, and improve the quality of services delivered in the community.

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

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

Recommended Course of Action

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

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

Topic: Expanding Physician Capacity

Overview

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

Rationale for Recommendation

Individuals with intellectual and developmental disabilities (IDD), as a group, are living longer and need the opportunity to age well. In addition, children and adults with IDD often have difficulties finding a medical home that understands their unique needs. A few exceptional clinics have been developed in Texas to address these needs. Some examples of these types of clinics include The Baylor Transition Clinic²⁸ and the Dell Children's Comprehensive Clinic.²⁹ Both clinics look at children or adults with disabilities on a more comprehensive basis and have expertise in treating persons with multiple conditions. Based on information and testimony presented in the STAR Kids Advisory Committee, these types of clinics have very favorable outcomes and should be considered as models with best practices for persons with intellectual and developmental disabilities. There are limited existing funding sources that can address development and expansion of Comprehensive Care Clinics and Transition Clinics. These include funding through Network Access Improvement Program (NAIP) funding and 1115 waiver funding; however, this funding has been limited while the need continues to grow. Because of the documented need for expansion of these programs and the limitation of available funding, the proposal for an exceptional item request is being made.

Proposed Solution

The IDD SRAC recommends the legislature fund Health Related Institutions (HRIs), public hospitals and other physician groups through-out Texas in a manner to

²⁸ <https://www.bcm.edu/healthcare/care-centers/transition-medicine>

²⁹ <https://www.dellchildrens.net/services-and-programs/childrens-comprehensive-care-clinic/>

assure access to persons with IDD and ensure the expertise to treat complex conditions for persons with multiple conditions.

Rationale: The NAIP is designed to further the state's goal of increasing the availability and effectiveness of primary care for Medicaid beneficiaries by incentivizing HRIs and public hospitals to provide quality, well-coordinated and continuous care. Some areas in Texas are interested in developing these types of specialty clinics, only lacking adequate funding, and we recommend additional state funding be provided to fund startup of these type of clinics. In addition, we recommend the 1115 waiver projects through the Rural Health Programs (RHPs) to include expansion of the Comprehensive Care Clinics and Transition Clinics throughout Texas.

- The recommended funding should include providing incentive payments for additional physician training to serve persons with IDD and the development of an enhanced payment for the additional time needed for certain complex cases.
- The recommended funding should include development of a comprehensive continuing educational program for primary care and specialty physicians to better educate physicians to understand how to better treat their patients with IDD.

Recommended Course of Action

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

Day Habilitation and Employment Services Subcommittee

Contact Person: Ricky Broussard and Linda Levine, Co-chairs

Topic: Community Integration and Community Integration Supports

Overview

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

Rationale for Recommendation

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

Proposed Solution

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

Recommended Course of Action

HHSC should request funding in all waivers for:

- Community Integration
- Community Integration Support
- Funding should include expected increases in transportation costs and activity fees

Topic: HCBS Settings Rules

Overview

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

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

Rationale for Recommendation

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

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

Proposed Solution

Fully implement a robust set of modifications to programs and services in order to comply with HCBS settings and person centered planning and service rules and guidelines from the Centers for Medicare & Medicaid Services (CMS).

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

Recommended Course of Action

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

Provide funding for CI and CIS in the CLASS waiver as well to ensure individuals with IDD are more integrated into their communities.

Topic: Day Habilitation Services

Overview

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

Rationale for Recommendation

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

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

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

Proposed Solution

HHSC should request funding to:

- Develop a registration process for day habilitation and pre-vocational programs funded with home and community based dollars

- Set standard expectations for day habilitation and pre-vocational programs funded with home and community based dollars
- Conduct regulatory site visits (at least annually)

Recommended Course of Action

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

Increase funding for day habilitation so they transition into fully integrated day services, including:

- Conducting annual onsite inspections (similar to residential reviews)
- Creating outcome-based measures that are tied to HCBS compliance and
- Adding day habilitation operations to the searchable QRS system, using a scoring system created with stakeholder input

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

Topic: Competitive, Integrated Employment

Overview

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

Rationale for Recommendation

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

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

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

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

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

Proposed Solution

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

- Increase the number of individuals with IDD receiving employment assistance and supported employment services (vocational rehabilitation (VR), Medicaid waiver services of employment assistance and supported employment, state funded).
- Increase the percentage of waiver and other funds spent on competitive, integrated employment services relative to the percentage of dollars spent by all other day programs/services (documented as facility or community based) and segregated employment (such as sheltered employment or pre-vocational services).
- Add Career Planning as a Medicaid waiver service that would provide a person-centered, comprehensive employment planning and support service. This service would provide assistance for waiver program participants to obtain, maintain or advance in competitive employment or self-employment. It is a focused, time limited service engaging a participant in identifying a career direction and developing a plan for achieving

competitive, integrated employment at or above the state's minimum wage. Include transportation between the participant's place of residence and the site where career planning is delivered as a component part of career planning services. The cost of this transportation is included in the rate paid to providers of career planning services and the state would include a statement to that effect in the service definition.

- Provide funds to establish an HHSC Employment First division which will provide consumers with information and training in regard to competitive, integrated employment and will provide recruitment of employment services providers as it relates to competitive integrated employment. This Employment First Division would be a centralized source of resources for employment related services and supports.
- Increase flexibility of services and supports to better provide choice regarding competitively paid, integrated community employment (full or part time) that promote self- sufficiency and non-paid volunteer work that will lead to employment that allows meaningful contribution to the needs of one's community based on an individual's interests and preferences.
- Provide funding for a network of trained employment specialists to be available to individuals in all the waivers to provide employment assistance and supported employment services.
- Provide an increased provider rate for those providing employment assistance and supported employment to those with a higher level of need and support such as for those with behavioral needs.
- Provide funding to promote awareness about how to obtain employment services and provide outreach and training to potential users and providers of employment services to include how to develop and implement an employment plan including exploring local job opportunities, negotiating job responsibilities, and providing ongoing or occasional supported employment job coaching.
- Provide the assistance needed for the day services providers to adhere to the Texas Employment First Policy.

Recommended Course of Action

- As part of the implementation of the Employment first legislation, SB1226, request funds to establish an HHSC Employment First division and staff dedicated to employment services which will provide individuals with IDD with information and training in regard to competitive, integrated

employment and will provide recruitment of employment services providers as it relates to competitive integrated employment. This Employment First Division would be a centralized source of resources for employment related services and supports.

- Request funds for Career Planning as a Medicaid waiver service that would provide a person-centered, comprehensive employment planning and support service. This service would provide assistance for waiver program participants to obtain, maintain or advance in competitive employment or self-employment. Request these funds to include transportation between the participant's place of residence and the site where career planning is delivered as a component part of career planning services. The cost of this transportation to be included in the rate paid to providers of career planning services.
- Form a network of trained and qualified employment specialists to be available to individuals in all the waivers and request any funds if they are needed to do so.
- Request funds to establish a consistent rate structure across all waivers for employment assistance and supported employment that provides a higher reimbursement rate for individuals with higher support needs (such as behavioral supports).
- Request funds to promote awareness about how to obtain employment services and provide outreach and training to potential users and providers of employment services to include how to develop and implement an employment plan including exploring local job opportunities, negotiating job responsibilities, and providing ongoing or occasional supported employment job coaching.
- Request funds to create initiatives for employment assistance providers/counselors/specialists to be present in segregated work settings to establish ongoing relationships with the employees and assist them to transition to competitive, integrated employment.
- Request funds to provide day services providers with the training they need to comply with the Employment First policy to create a transition plan for all individuals participating in facility based segregated work environments that pay subminimum wages, to move to integrated day services and employment
- Request funds to incentivize day habilitation providers, community rehabilitation providers, and other interested programs/parties providing services in segregated work settings to reallocate resources to competitive, integrated employment.

Topic: Competitive, Integrated Employment

Overview

Collaborate and expand partnerships to promote understanding and use of Social Security Administration (SSA) work incentives, VR services and Medicaid waiver Employment Assistance and Supported Employment services.

Rationale for Recommendation

Despite the availability of SSA initiatives, work incentives and the Ticket to Work program, these employment services remain underutilized nationally and in Texas, particularly for individuals with intellectual and developmental disabilities.

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

Proposed Solution

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

Recommended Course of Action

- Request funds to promote competitive, integrated employment by developing and/or expanding existing educational campaigns and other initiatives to not only increase awareness of work incentives and provide accurate information, but to also assist with applying for and implementing work incentives that allow individuals who receive SSI to exclude money, resources, and certain expenses from total earned income.
- Request funds, if needed, to provide a required Employment First and Employment Services training for all direct service agency providers of Employment Assistance and Supported employment and case managers, including how to collaborate with local businesses, training about VR services, such as Ticket to Work and other support services that can be accessed through any participating employment network or state VR services so that the providers can better assist individuals to pursue person-centered competitive, integrated employment goals.
- Request funds, in conjunction with TWC, to provide training to IDD Medicaid waiver providers, day habilitation providers and other interested parties on how to become successful employment services providers in order to have a "pool" of providers for employment assistance and supported employment services.
- Request funds to establish an HHSC Employment First division which will provide consumers with information and training in regard to competitive, integrated employment and will provide recruitment of employment services providers as it relates to competitive integrated employment. This Employment First Division would be a centralized source of resources for employment related services and supports.
- Request funds to add the service of SSA benefits counseling to all waivers.
- Request funds for HHSC to expand and enhance local employer recruitment training efforts to increase the employer base for those with disabilities.

Topic: Pay Rates for Direct Care Staff

Overview

Currently, direct care staff who are expected to provide supports that are more specialized or require additional skills (for instance, employment assistance and

supported employment for individuals with higher support needs) are not compensated for their expertise, making it difficult to hire and retain qualified staff.

Rationale for Recommendation

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

Proposed Solution

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

Recommended Course of Action

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

Topic: Transportation Services

Overview

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

Rationale for Recommendation

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

Proposed Solution

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

Recommended Course of Action

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

System Adequacy Subcommittee

Contact Person: Frank McCamant, Co-chair

Topic: Training and Skill Development in CDS Option

Overview

Enhanced Training and Ongoing Skill Development for Consumer-Directed Services (CDS) and Non-CDS Attendants and CDS Employers

Rationale for Recommendation

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

CDS Employers: CDS employers need to receive information and hands-on opportunities to train new employees. This is especially important for young adults who are becoming their own CDS employer. Although they are their own guardian, a young person or new CDS employer may not have had an opportunity to interact

as an employee or employer in the workplace. Extra training may be needed to enhance managerial skills, such as interviewing, hiring, training, addressing problems or terminating employees.

Proposed Solution

Provide funds for:

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

Recommended Course of Action

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

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

Topic: Behavioral Health Resources

Overview

Expanded behavioral health resources for people with intellectual and/or developmental disabilities.

Rationale for Recommendation

There is a dearth of providers trained in serving the behavioral health needs of people with IDD. Even for people who have financial resources such as commercial

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

Proposed Solution

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

- Evaluation and assessment to identify medical, psychiatric, and environmental factors;
- Coordination between the supports for the person including providers, family, specialized behavioral health supports;
- Crisis respite services that allow for alternatives to hospitalizations and also allow for planned respite for evaluation purposes;
- Training and consultation from highly trained clinical staff
- Training for IDD providers;
- Training and consultation for behavioral health systems in the specialized needs of the IDD population;
- Availability of follow-up services to maintain progress; and
- Development of cross-system crisis prevention and interventions to assure providers and families have options that limit the inappropriate use of police and emergency rooms for behavior interventions.

Recommended Course of Action

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

Implement a one-year presumptive level of need (LON) 6 or 9 for individuals enrolling from other institutional settings or aging out from Comprehensive Care Program (CCP) skilled nursing, not limited to state supported living centers (SSLCs) as is the current policy.

Topic: Housing

Rationale for Recommendation

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

- Create Housing Transition Specialist to assist people with intellectual and developmental disabilities transition to the most appropriate housing for the individual.

Proposed Solution

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

Recommended Course of Action

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

Topic: Enhanced Staffing Needs

Overview

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

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

Rationale for Recommendation

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

Proposed Solution

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

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

Recommended Course of Action

Request funds for providers to be able to provide enhanced staffing ratios, on-site professional coaching and nurse coordination and oversight as needed. The funds requested could either be made available through a program similar to the current Attendant Compensation Rate Enhancement program or via a new add-on rate or high medical needs services rate for all IDD programs using attendant care or

nursing and require evidence to demonstrate and verify that the funds were used in accordance with their intended purpose.

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

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

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

- Require home and community support services agencies (HCSSAs) to show best efforts to the individual and the agency if they are unable to meet a need.
- Sustain behavior, medical, psychiatric health, and other recent efforts such as crisis respite and include focus on preventing crisis and supporting families and providers of individuals who are at risk of placement in more restrictive settings.
- Additional effort to provide payments for high medical needs should be implemented across programs for the most medically involved individuals at risk of hospitalization. In HCS, a high medical level of need (similar to LON 9 for behavior supports) should be developed, especially considering that some of individuals also require and benefit from community based residential supports. This cost-effective expansion of high medical needs initiatives can prevent a more restrictive, more expensive setting at a higher level of care.
- LON 9 should be modified to address the need for 1:1 staff beyond aggressive behavior supports and supervision to include any behavior that is life threatening or puts a person at risk of medical or physical harm and requires the same level of supervision and intervention based on the individual's needs.
- Implement a one-year presumptive LON 6 or 9 for individuals enrolling from other institutional settings or aging out from CCP skilled nursing, not limited to SSLCs as is the current policy.

Topic: HCBS Settings Rules

Overview

HCBS Settings Rule: Residential Remediation Plan for Texas (HCBS) State Transition Plan (STP)

Rationale for Recommendation

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

Proposed Solution

Assessment results indicated that individuals receiving HCBS need more resources in order to maximize their participation in the community and comply with CMS requirements. HHSC proposes to achieve this in part by creating two new services focused on community participation: CI and CIS. This proposal also outlines a new

fee to support community participation and new options for non-medical transportation, as well as clarifying service and policy expectations of how existing services are delivered.

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

Community Integration

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

- Acquire, retain, or improve socialization and networking,
- Independently use community resources, and
- Participate in the community outside the place of residence.

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

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

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

Community Integration Support

HHS recognizes the need to increase opportunities for integration in certain communities. CIS is assistance provided to an individual to help the individual identify and locate community activities, events, and educational opportunities matching the individual's interests as identified in the individual's person-centered plan. The service also includes community engagement activities conducted without the individual present to address health and safety requirements, necessary supports, and education to community stakeholders responsible for the operation, oversight and planning of community activities, events and educational opportunities. CIS includes:

- Identifying community activities, events and educational opportunities based on an individual's identified interests as outlined in the individual's person-centered plan;
- Coordinating with CI staff to ensure community activities, events and educational opportunities are compatible with an individual's identified preferences, skills, needs, and expectations. It may be necessary for the CIS staff to offer training and technical assistance to CI staff to ensure appropriate preparation and support for community activities; and
- Interaction, education, and support provided to community stakeholders responsible for operation oversight and planning of community activities, events and educational opportunities.

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

Service and Policy Clarifications

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

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

Recommended Course of Action

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

Topic: Access to IDD Waivers

Overview

Timely access to waivers for Interest Lists and promoting independence and outreach to Medicaid beneficiaries eligible for Community First Choice (CFC)

Rationale for Recommendation

Timely access to waivers for interest lists and Promoting Independence and outreach to Medicaid beneficiaries eligible for CFC.

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

CFC outreach was limited to individuals with IDD on interest lists for IDD waivers and was conducted when CFC was initially implemented June 1, 2015.

Proposed Solution

- Fund waiting list reduction, promoting independence slots for diversion and transition improve CFC outreach to individuals with IDD.
- Implement no waiting list for SSI recipients when expanding managed care to new LTSS populations.
- Fund waiting list reduction at least by 10 percent per year of the biennium.
- Fully fund all Promoting Independence related transition and diversion waivers at levels initially requested for 2016-2017:
 - ▶ 400 HCS slots for residents of SSLCs;
 - ▶ 100 HCS slots for residents of large and medium ICF/IID transitioning to the community. The request also included;

- ▶ 236 HCS slots for Department of Family and Protective Services (DFPS) children aging out of foster care;
 - ▶ 400 HCS crisis slots for persons at imminent risk of institutionalization;
 - ▶ 120 HCS slots for the movement of individuals with IDD from Texas State Hospitals;
 - ▶ 40 HCS slots for DFPS children transitioning from general residence operations facilities;
 - ▶ 700 slots for individuals with IDD moving from nursing facilities;
 - ▶ 600 HCS slots for individuals with IDD diverted from nursing facility placement; and
 - ▶ 550 MDCP slots for children diverted from nursing facility placement.
- Develop and implement CFC outreach strategies in collaboration with IDD SRAC, including but not limited to expanding outreach to individuals on all IDD Medicaid waiver waiting lists and other Medicaid beneficiaries with IDD not on waiting lists.

Recommended Course of Action

Submit waiver slot funding requirements for approval in 86th Legislative Session in order to reduce interest lists, fund Promoting Independence Medicaid waivers and improve CFC utilization.

Topic: Improving IDD Assessments

Overview

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

Rationale for Recommendation

IDD assessments must become more comprehensive and the payment level sufficient to achieve and maintain optimal health, quality of life, and community living.

Proposed Solution

Same as course of action below

Recommended Course of Action

Note: These suggestions are for all IDD programs and, as appropriate, replication in other programs servicing additional disability and aging populations, not limited to IDD.

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

Appendix B. IDD System Redesign Advisory Committee Recommendations³⁰

Transition to Managed Care Subcommittee

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 1. 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.

³⁰ 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 ³¹	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 services. 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 dental services for this population, the SRAC has the following recommendations.

³¹ 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>

Recommendations

1. For each HCBS waiver, include in the individual's yearly plan of care the amount of services needed for dental for the year.
2. For CLASS, if the amount exceeds \$2,000, the request for services will be reviewed by HHSC Utilization Review (UR).
3. 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.
4. 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.
5. For any prior authorizations needed for dental services reviewed by HHSC, HHSC will provide a response within three business days.
6. 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.
7. For TxHmL and HCS, HHSC should expand the approved list of covered Adaptive Aids to include dentures and implants with prior approval from HHSC.
8. 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 procedures.
9. HHSC should align policies across HCBS programs to allow for ease in access to services.
10. HHSC and the IDD SRAC shall work to build access to services for this population by working with dental schools across Texas.
11. 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 Medicaid future dollars or NAIP funds and result in better outcomes for the member.

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

1. Provide a clear understandable brochure to persons with IDD on how to access nonemergency medical transportation.
2. Finalize and distribute the brochure to the public (completed, awaiting distribution).
3. In the brochure:
 - a. Provide information on how who to contact and their contact information;
 - b. Inform persons with disabilities on how to set up a ride;
 - c. Provide information on how to be reimbursed when using a personal car; and
 - d. Answer FAQs identified by the committee.

Monitor Quality on Acute and LTSS Benefits

Background

At this time, HHSC is not able to review and analyze quality metrics specific to the total population of individuals with IDD in the STAR Health, STAR Kids and STAR+PLUS programs. We strongly recommend HHSC and the MCOs work together

to create a flag within relevant data systems to allow for tracking of quality and other metrics specific to individuals with IDD.

People with IDD are supported through a variety of managed care and non-managed care programs. Without a code, risk group, or other flag identifying an individual as a person with IDD in the data systems, data for individuals with IDD cannot be disaggregated from totals. At this time, individuals with IDD are unable to be disaggregated from total populations within STAR Health, STAR Kids, and STAR+PLUS acute care services and from STAR+PLUS HCBS LTSS services. HHSC, in collaboration with the MCOs, is able to pull metrics specific to a single sub-set of individuals with IDD, those who are currently supported through an IDD waiver. The other populations of people with IDD supported in managed care, including those not currently supported on an IDD waiver and those currently receiving STAR+PLUS HCBS Waiver services are not flagged.

2016-17 General Appropriations Act, S.B. 1, 85th Legislature, Regular Session, 2017, Article II, Health and Human Services Commission, Rider 51 (formerly Rider 194) directs HHSC to develop community integration measures for STAR+PLUS and STAR Kids programs.

At present, this rider specifically applies to STAR+PLUS Home and Community-based Services (HCBS) and to the STAR Kids Medically Dependent Children Program (MDCP).

It is anticipated that the scope of this project will likely expand if more programs, such as IDD Medicaid waivers and Intermediate Care Facilities for individuals with IDD, are carved into managed care.

The Rider 51 – Community Integration Measures project is designed to gather data to assess the STAR+PLUS HCBS and STAR Kids MDCP program compliance with federal Home and Community-based Services (HCBS) rules concerning community integration in areas such as: community participation, community presence, well-being, and recovery. HHSC is working with stakeholders to identify measures and establish methods of data collection. With stakeholder agreement, HHSC will collect data for measure reporting and publish final data on these measure on the HHSC website annually.

This process is currently conceptualized in two phases:

- Phase I will utilize currently available data streams and data elements from data sources available to the state as of January 2019.
- Phase II will expand upon Phase I measures to include measures derived from data elements that will become available after January 2019.
- These phases are somewhat distinct and yet the analysis is being conducted somewhat in tandem, to the extent that is possible.

Progress to Date

- The state put forth two sets of draft measures to stakeholders based on currently available data. Stakeholders have not been satisfied with these measures and recommend the state utilize results of National Core Indicators surveys.
- The state believes the use of the National Core Indicator surveys to be within scope and is continuing to research this possibility.
- A new set of measures went out to stakeholders for review in mid-May, to be followed up by a face-to-face meeting in July. Stakeholders were pleased to see that the new set of measures included National Core Indicator survey results, but recommend further refinement. The draft measures rely on National Core Indicators – Aging and Disabilities (NCI-AD); stakeholders recommend the additional use of National Core Indicators-Adults with IDD.

Recommendations

1. Establish IDD population tracking codes within managed care.
2. Continue to seek and monitor IDD data on acute care and LTSS quality measures using encounter data from Medicaid managed care organizations and National Core Indicators to obtain participant experience. In addition to NCI-AD, measures should include sufficient NCI IDD measures.
3. 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 baseline data for the future.
4. The committee will continue to work with HHSC to refine the measures; and determine LTSS measures that should be added and used to identify and address opportunities for improvement.

Identify and Develop Health Initiative

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.

According to a November 2017 Policy Data Brief titled Health and Healthcare Access among Adults with Autism Spectrum Disorder (ASD) and Intellectual Disability (ID) by the Lurie Institute for Disability Policy, adults with ASD and ID reported poorer general health than the general adult population of the United States. About 29% or 2,390 surveyed using National Core Indicators (NCI) with individuals who receive state developmental disability services reported at least one chronic health condition such as diabetes, hypertension or high cholesterol. More than half of the respondents to their survey reported at least one diagnosis of mental illness/psychiatric condition (anxiety disorders, mood disorders, schizophrenia, etc.). Among those, three out of five took medication to treat those conditions and 24% who reported taking medications have no diagnosis on file. Most had access to primary care doctors, annual health exams, dental care and vision care. However, access to different types of preventive health screenings were uneven. Among women ages 21 to 65, 70% had a mammogram within the past 2 years, while 18% never had one. Among adults (men and women) ages 50 and above, 27% had never received a colon cancer screening.³²

Recommendations

1. 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.

³² <http://lurie.brandeis.edu/pdfs/policy-briefs/OlderYouthSSI2.pdf>

2. Improve access to preventive health services and access to timely and accurate psychiatric diagnoses and appropriate treatments.
3. To encourage health and wellness that may result in reduction of obesity rates, which are not always due to low physical activity levels, develop and implement easily understandable, targeted health promotion policies and practices that focus on nutrition, healthy lifestyle and diet.
4. 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 including use of NCI health and wellness data for individuals with ASD, ID and other developmental disabilities.

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

1. 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.
2. 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

At this time, much of the IDD service delivery system relies on an individual's assigned Level of Need (LON) to determine resource allocation for the individual, including staffing ratios in certain services. Many individuals with IDD in Texas are assessed for their LON using the Inventory for Client and Agency Planning Resources (ICAP).

Like any tool, the ICAP has strengths and weaknesses. After years of experience with the ICAP, stakeholders identify strengths as its relative speed and ease of administration. The ICAP can be performed by non-clinical staff, allowing for Local IDD Authority case managers who are familiar with clients and experienced with person-centered planning to administer the tool. Weaknesses include the ICAP's focus on recent behavior to the exclusion of past history and traumatic events. The striations within the tool are limited to only four generally available LONs (five including the highest, LON 9, which is rarely assigned). The four commonly assigned LONs are too broad to account for the tremendous variations in abilities and needs from person to person and to capture differences in a single individual's needs in different settings (e.g. an individual may have much higher needs when in a crowded, unpredictable community setting such as a shopping mall than in a familiar, controlled setting such as a day habilitation site).

In recognition of these and other challenges, Senate Bill 7 (2013) directed DADS/HHSC to develop and implement a comprehensive, functional assessment instrument for individuals with IDD to ensure each individual receives the type, intensity, and range of services appropriate and available. In April 2015, legacy DADS determined it would pilot the International Resident Assessment Instrument (interRAI) Intellectual Disability assessment.

Over the summer of 2017, HHSC used an outside vendor to conduct assessments using the InterRAI ID assessment on voluntary pilot participants. Participants were selected from among individuals receiving services through HCS, TxHmL, CLASS, DBMD, ICF-IIDs, and SSLCs. HHSC sought a sample of no fewer than 1,368 individuals aged 18 or older and drew from rural and urban areas, specifically Lakes Regional, MHMR Tarrant, Metrocare Services, and LifePath Systems' Local IDD Authority Service Areas, along with Denton and Mexia SSLCs.

Recognizing the anticipated timeline for completion of the InterRAI Pilot is 2022, with an indefinite period of time needed after completion of the pilot to develop a resource allocation algorithm if HHSC chooses to implement the InterRAI, the IDD SRAC strongly recommends HHSC work on dual tracks, to improve and modify use of the ICAP at present, while also preparing for the future where the InterRAI may be in place.

Recommendations

As the State moves forward with statutorily directed changes to the assessment process, the IDD SRAC recommends a focus on:

1. Person-centered, individualized assessments
2. Assessment tools and resource algorithms that account for high support needs, whether physical, medical, or behavioral
3. Flexibility in service planning and resource allocation, including for, but not limited to, individuals transitioning to community settings from institutional settings who may need higher levels of support during periods of transition
4. Acknowledgment of the important role an individual's natural supports can play and a willingness to provide justified family support services, including respite, at the level necessary to support an individual to remain at home

Additionally, the SRAC recommends HHSC take the following actions to address immediate issues with the current assessment process:

1. Modify ICAP scoring requirements to allow for assignment of LON 9 to individuals without a behavior management plan in place if other evidence justifies assignment of LON 9 for a period of 12 months.
2. Automatically assign at least an LON 6 for a period of at least 12 months to all individuals transitioning from institutional settings (already in place for individuals transitioning from SSLCs, but not in place for individuals transitioning from Nursing Facilities and other settings) and aging out from CCP skilled nursing.
3. Investigate adjustments to the ICAP and other assessment tools to better account for high support needs, including physical, behavioral, and medical needs that enable the assignment of an appropriate LON, including LON 9.
4. Review adequacy and accuracy of current assessment processes for CLASS and DBMD.

Day Habilitation and Employment Services Subcommittee

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. In addition, the external assessment conducted by HHSC in compliance with the federal HCBS regulation indicated that exploring and obtaining employment is an interest of a significant number of individuals receiving HCS services.

Recommendations

5. Require a person-centered plan for all individuals that addresses individualized employment and other meaningful day activity goals.
 - a. Include self-advocates in the discovery process to assist individuals in identifying their meaningful day (peer to peer model).
 - b. Review and develop recommendations to ensure that assessment and service planning questions are meaningful to individuals.
 - c. The service planning discovery tool currently in development should include a specific module on employment.
6. Require case managers, service coordinators and all waiver providers (DSAs-direct service agencies) to receive training in the principles of Employment First, employment services and the transition of services from TWC to the LTSS/waivers.
7. Include employment service providers in service planning when an individual indicates their desire to work.
8. Require all TWC Vocational Rehab counselors to receive training regarding Employment first principles, waiver employment program services and the process to transition employment services from TWC to long term services and supports/waivers.

9. Explore HHSC regulatory staff reviewing for compliance to Department of Labor standards for all sheltered based employment services paying less than minimum wages.
10. Explore additional strategies to increase competitive integrated employment as per the Texas Employment First policy including utilization of transitioning from the use of 14c waiver certificates.
11. Increase additional strategies that lead to skill development to increase competitive employment.

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

1. Require all waiver providers of LTSS services to have a strong provider base of Supported Employment and Employment Assistance providers.
2. Develop a network of employment specialists.
 - a. Similar to HUBs for behavior, medical, psychiatric supports and consultations.
3. Develop and facilitate regularly scheduled regional and/or local collaboration on employment issues, including state agencies that provide employment services (LIDDAs, TWC and HHSC).
4. Provide training for all IDD LTSS providers and day habilitation providers to become successful employment services providers (as the Employment Service Providers - ESPs in TWC) in order to have a "pool" of providers for EA and SE services.

- a. Encourage LIDDAs and other Employment Services waiver providers to become ESPs for TWC to assist in a smooth transition from VR services to waiver services.
 - b. Allow ESPs contract open enrollment to be available year round.
 - c. Examine the current state contracts for training providers of EA and SE to reduce the overall time required for them to qualify as a credentialed provider.
5. Educate providers, service coordinators, case managers, individuals, and families on work incentives and other resources to maintain benefits while working.
 6. Increase the number of certified social security benefits counselors by providing the necessary training in SS benefits. Currently there are less than 30 state certified benefits counselors in Texas.
 7. 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.
 8. Explore mechanisms for HHSC to support employment for individuals with IDD.
 9. 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

1. Pilot or phase in an hourly community integration service available to individuals regardless of their residential arrangement.
2. 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.
3. 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.)
4. Incentivize waiver providers (DSAs-direct service providers) and day habilitation providers to become employment providers. (such as ESPs in TWC)
5. Seek input from stakeholders in various settings with varying services to increase awareness of barriers to community inclusion.
6. Fully implement the ISS service proposed by the IDD SRAC supported workgroups to allow for choice of meaningful day providers and day activities across settings in order to comply with the federal HCBS regulations.
7. Allow for flexibility of transportation services to support community participation activities.

System Adequacy Subcommittee

Access to Services

Background

Timely access to IDD Medicaid-waivers is limited and interest lists are extremely long, in many cases over ten years. In 2017 the 85th Legislature funded new waivers slots at lowest level in over a decade. [See chart below.]

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	325
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 facilities	700 transition 600 diversion	150 transition 150 diversion

Recommendations

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

3. 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.
4. Fully fund all Promoting Independence related transition and diversion waivers for children and adults.
5. As LTSS services are added into managed care over the next decade, eliminate the LTSS interest list for SSI recipients eligible for those programs.
6. Implement no interest list policy for SSI recipients when expanding managed care to new LTSS populations.
7. 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

1. 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.
2. 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.

3. Continue to expand the behavior, medical, and psychiatric HUBS to serve all waiver programs.
4. For new HCS waiver enrollments, accept the initial proposed LON from the LIDDA for the first 12 months unless the LON is appealed due to not sufficiently reflecting the individuals' higher LON.
5. Enhance capacity of crisis respite across all waiver programs.
6. Access to protective supervision across all waiver programs.
7. Create due process rights so individuals and their representatives, not just providers, have the right to appeal a level of need determination.
8. 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.
9. Modify LON 9 to address the need for 1:1 staff beyond aggressive behavior supports and supervision to include any behavior, or medical or physical need, that is life threatening or puts a person at risk of physical harm and requires the same high level of supervision and intervention.

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 Navigator to assist consumers and families, case managers, service coordinators and low income individuals with intellectual and developmental disabilities transition and provide housing related services.

The Housing Navigator will educate a potential housing applicant on community living options, property availability, and the application process. The Housing Navigator assists prospective to apply for housing. The Housing Navigator maintains relationship with landlords and property managers, will assist with application process and monitoring of application process ensuring all documents are submitted to prospective landlord. The Housing Navigator works as a member of comprehensive service team to communicate changes in housing application progression and to insure awareness and coordination necessary for supports and services and will assist with creative problem solving to resolve landlord/tenant issues, referral to other community resources as need is identified. The Housing Navigator assists prospective and placed applicants to understand lease and tenant

responsibilities, training for how to be a good neighbor, and to insure the tenant understands how and when to communicate with a landlord.

Recommendations

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

Navigation Across the Entire IDD Service System

Background

Individuals with IDD in Texas migrate across multiple services and service delivery systems over the course of their lifetimes depending on their age, availability of services and changing needs and preferences. There is no strategic plan nor sufficient data to best evaluate when and why these migrations occur. The SRAC recommends reviewing the broader IDD system, across community and institutional services, in order to anticipate, plan and implement a more flexible and sensible system of supports and services whether in managed care or fee for service.

Recommendations

System reform must assist individuals with IDD to live full, healthy and participatory lives in the community. The system must be designed to support and implement person-centered practices, consumer choice and consumer direction. Individuals with IDD and families should receive the assistance they need to effectively support and advocate on behalf of individuals with disabilities. The system must be accessible, easily understood and transparent for individuals, including information about rights and obligations as well as steps to access needed services.

The Health and Human Services Commission shall coordinate and consult with the SRAC to identify and obtain data needed to fully evaluate migration/transition of individuals with IDD across systems, including the reasons and number of

transitions, and provide recommendations on the delivery of services to facilitate timely access to the services most appropriate to individual needs, including:

1. Coordinating services and service migrations/transition in a manner that provides accessibility to comprehensive services without gaps in service delivery and prevents unnecessary institutionalization;
2. Implementing a transition and referral process to prevent breaks in services when an individual is moving between or leaving a Medicaid medical assistance waiver program or moving between service delivery systems due to a change in the individual's disability status or needs, aging out of a current delivery system, moving between geographic areas within the state or transitioning from an institution to the community;
3. Fully assessing an individual with IDD at the time the individual applies for assistance to determine all appropriate services for the Individual under the Medicaid medical assistance program, including both waiver and non-waiver services;
4. Improving procedures for obtaining authorization for IDD Medicaid waiver services and other non-waiver services under the Medicaid medical assistance program, including procedures for appealing denials of service that take into account physical, intellectual, behavioral and sensory barriers;
5. Continuing use of waivers under Section 1915(c) of the federal Social Security Act (42 U.S.C. Section 1396n(c)) most appropriate to the IDD population to provide the state with the flexibility to provide services outside the scope, amount, or duration of non-waiver services available under the Medicaid state plan medical assistance program;
6. Developing policies that ensure that a child receiving services subject to this section has access to the most appropriate, comprehensive waiver services for adults when the child ages and loses eligibility for services for children;
7. Ensuring that the Medicaid medical assistance waiver programs serve the wellbeing of children and adults with IDD and support families;
8. Establishing the family support necessary to maintain an individual's living arrangement with a family for children and, if desired, for adults with IDD;
9. Ensuring that eligibility requirements, assessments for service needs, and other components of service delivery are designed to be fair and equitable for all families, including families with parents who work outside the home;
10. Providing for a broad array of community service options and a reasonable choice of service providers, consistent with home and community based

service settings requirements, including consumer directed services options and training for self-advocates to direct their own services when desired.

11. Evaluating the quality and effectiveness of services for individuals with IDD; including individuals with high support needs, and including whether there was access to crisis services that prevented or could have prevented the need to migrate to a more restrictive setting or a different Medicaid waiver.

Improve the Medicaid Managed Care Problem Resolution Process

Background

Since the transition of the acute care services for certain eligible individuals with IDD to managed care on September 1, 2014, there has been lack of clarity regarding how and to which entity individuals, their legally authorized representatives or the providers of their long term services and supports are to obtain resolutions to problems encountered; i.e. MCOs, HHSC's Managed Care Compliance and Operations (MCCO) unit, formerly known as Health Plan Management, or HHSC Ombudsman office. While HHSC has made movement to standardize the appeals process and to encourage appeals be reviewed by a managed care organization for resolution before escalating to a state fair hearing, the process is cumbersome and time consuming to a final determination.

One of the primary issues lies with appeals coming in through multiple entry points. Whether a complaint comes through an MCO or through MCCO or the HHSC Ombudsman, multiple points of entry impacts clear visibility for tracking and trending of systemic issues. Additionally, complaints are not tracked by specific subpopulations within Medicaid, which impacts the ability of either an MCO or HHSC to identify and remedy systemic problems related to specific programs or to objectively consider root cause for issues affected by regulatory, statute, or program policy and that may benefit from review and revision.

Though efforts to obtain resolution to the issue have been ongoing (both via the IDD SRAC and the 2015 Executive Commissioner's Commitment to Improving Member and Provider Experience in Medicaid Managed Care initiative), as evidenced in the 2017 Implementation of Acute Care Services and the Long Term Services and Supports System Redesign for Individuals with Intellectual or Developmental Disability Report (statutorily required to be submitted to the Legislature on an annual basis) and reports from stakeholders, to date the aforementioned concerns remain. [The report indicated that over a two year period (FYs 2015 and 2016),

very few complaints were filed by either providers, persons with IDD or the Legally Authorized Representative (43 filed with HHSC; 113 filed with the MCOs). In fact, the MCCO expressed concern about the low statistics.]

Current Activities

In 2017, the IDD SRAC worked with HHSC to redesign the HHSC website page to make it easier for an individual to understand how to file a complaint. This work has not been fully implemented and the site has not been updated with the recommended changes. In 2018 Interim Legislative hearings, HHSC stated agency staff are working to improve the complaint process to allow HHSC to use complaint data to identify risks, increase program transparency and inform areas for improvement. The improvement initiatives HHSC offers do not holistically examine root cause for administrative and systemic concerns with the complaint or problem resolution process. Improvements are needed to simplify the appeal process and to make it more understandable for those served by Medicaid programs.

Recommendations

1. Require MCOs to educate providers on the Complaint Resolution Process annually.
2. Require managed care to share Appeal information with members, involved others, or their Legally Authorized Representative in writing and verbally and to assist them to file an appeal.
3. Although HHSC states changes are underway to the process, HHSC should re-issue the current process for submitting a complaint to those who receive HHSC communications, encouraging persons to share with others as appropriate. [Many stakeholders still do not subscribe to the communications or even know they can. Many also still have no access to a computer, and many do not feel comfortable asking the MCO how to submit a complaint or even filing one for fear of some form of retaliation. The last time HHSC disseminated the process was in 2015.]
4. HHSC should review federal and state statutes including regulation by TDI to more clearly align with federal and state regulators in definition and action. This includes HHSC more clearly defining an inquiry and a complaint, and providing clear policy and direction on how each may be clearly identified and resolved. To support HHSC's recent proclamation before the House Human Services Committee and the joint hearing of the House Appropriations Article II subcommittee and General Investigating and Ethics Committee that there

is 'no wrong door,' HHSC should clearly align agency departments so that a complaint coming into HHSC enters in a streamlined and coordinated single point of entry. No less than quarterly, HHSC should examine complaints for root causality and develop action(s) and/or policy change to resolve recidivism.

5. The current HHSC webpage should be updated to more clearly reflect specific or classification of complaints and to whom a complaint is filed, which includes a clear but simple explanation for a defined complaint and the entity to which a complaint may be reported. It would be beneficial if the page also included a button or tab that clicked to a form/section that collected a complaint and when entered into the system could be sent directly to the correct entity without a member, provider or other person being responsible for choosing the entity to which the complaint is submitted. This offers persons who access the HHSC complaint email box the option to either send their complaint via email or use a form similar to the Ombudsman on-line form.
6. A standardized point of entry for filing a complaint regardless of the entity to which a person files a complaint (the MCO, MCCO unit or Ombudsman office), the information collected (in particular about the person and general nature of the complaint) should be uniform across the entities. In other words, to assist in identifying trends across complaints and populations, each entity should collect data on the general nature of the complaint, the type services one is receiving, etc. *[HHSC recently stated that when the LAR of an individual calls to register a complaint, it is noted during the intake that the individual is with STAR Kids. The same practice should apply when a complaint is filed by a person with IDD who, at this time, is only receiving their acute care services through STAR+PLUS or on behalf of a person with IDD.]*
7. The complaint resolution process must clearly outline the process and date for expected resolution. Today for a complaint filed with an MCO, the entity receives an acknowledgement letter within 5 days of receipt with an expectation that any MCO complaint is resolved within 30 days. To accomplish this, HHSC should review current internal processes and the managed care contract to reflect a more streamlined and consistent resolution process no matter the point of entry.
8. When a determination is reported back to the person who filed the complaint, clear explanation to validate or substantiate an appeal decision should

accompany the determination as well as what recourse a person has if they disagree.

9. Consideration should be given to moving the complaint investigation function to an independent and conflict-free entity.

Increase Community First Choice Utilization and Improve Coordination

Background

As an early step in the IDD System Redesign, on June 1, 2015, Texas became one of the first states in the nation to implement Community First Choice (CFC). CFC was implemented as a Medicaid State Plan benefit, available for children and adults with Medicaid who meet an institutional level of care and have a functional need for services. The main services available in the CFC service array are personal assistance services (PAS), which involves assistance with tasks of daily living, such as bathing, dressing, and eating; and habilitation (HAB), which involves assisting a person to learn, develop and maintain skills for everyday life activities.

CFC in Texas was designed and implemented as a cost-effective alternative to institutional care. CFC's limited service array was meant to provide services and supports for thousands of Medicaid-eligible children and adults, many of whom are on IDD Interest Lists awaiting a more comprehensive package of services. CFC services could prove enough to meet the needs of some individuals on interest lists, thus improving the individual's quality of life and maintaining the person in the community, relieving family pressure, and possibly even eliminating the need for a person to remain on the interest list. For individuals with more intense needs, CFC could provide a lifeline, keeping the person out of institutional care, while the individual awaited a more robust service.

Unfortunately, the full promise of CFC has not been realized. The uptake rate for CFC (the number of people offered the service who accept) has remained lower than anticipated (according to "CFC Closures FY17" report, presented by HHSC to System Adequacy subcommittee at June 26, 2018 meeting). Stakeholders, including LIDDAs, who serve as the front door to CFC services for individuals with IDD, and MCOs, who are responsible for overseeing the delivery of CFC services for many populations, report challenges related to outreach, coordination and data collection. Notably, LIDDAs found through their outreach efforts that many people offered CFC were not interested because the services offered did not meet the

individual's needs. Individuals and families noted that the in-home assistance and habilitation available through CFC would be more beneficial when coupled with transportation and respite.

The 84th Texas Legislature (2015) responded to the low uptake rate and stakeholders' call for a package of services more responsive to the needs of individuals with IDD by appropriating approximately \$30 million to add respite and transportation services to the CFC service array. Due to complications, these funds were never utilized for their intended purpose and the CFC service array remains unchanged.

Stakeholders note other significant difficulties with CFC implementation, including a lack of CFC direct service providers due to Medicaid reimbursement rates that do not cover the cost of service delivery. LIDDAs report that individuals struggle to find a provider willing to provide services at current rates, even when providers in the area are contracted with MCOs to do so. State or MCO action to address network inadequacy is thwarted by a lack of statewide CFC utilization data. At this time, HHSC is not able to run reports or examine data related to the number of individuals who have been authorized for CFC services compared to the number of individuals who actually received a CFC service.

At this time, CFC remains a service with great promise and the state should invest the effort and resources necessary to increase utilization and improve coordination.

Recommendations

1. Increase awareness of CFC through a concerted, statewide outreach effort.
 - a. HHSC should create a brochure and website content that describes CFC in a meaningful, accessible way, to include eligibility requirements for the benefit and information on whom to contact to request services.
 - b. MCOs should ensure their members are aware of CFC and are routinely screened for eligibility and interest in the benefit.
2. Enhance the CFC service array.
 - a. HHSC should work with the Legislature, as appropriate, to revisit the possibility of adding transportation and respite services to the CFC service array.
3. Set sustainable CFC rates that allow for hiring and retention of direct service workers with experience in habilitation.

- a. HHSC should ensure rates for CFC services across all programs, including rates paid by MCOs, are sustainable and set to attract and retain direct service workers with experience in habilitation. Rates set for direct service workers who support individuals with IDD must take into account the lifelong needs of individuals with IDD and the distinct skills and abilities required to teach individuals to perform tasks independently.
4. Use data-driven decision-making to commit to continuous improvement in CFC.
 - a. HHSC should work in concert with the MCOs to allow for identification and tracking of CFC utilization data for specific populations (i.e. individuals with IDD).
 - b. Once gathered and reviewed, utilization data should be used to address network inadequacy.
5. HHSC should work with MCOs and Local IDD Authorities to identify and address issues related to eligibility determination and the authorization processes that may slow down or impede enrollment and that ultimately may negatively affect the ability of an individual to timely access necessary Medicaid benefits and services.

Lessons Learned & Root Causes from STAR Kids Carve-in

Background

On November 1, 2016, the Texas Health and Human Services Commission implemented STAR Kids, a Medicaid Managed Care delivery model for children and young adults under the age of 21 who qualify for Supplemental Security Income due to disability, are on a Home and Community-Based Services (HCBS) waiver, or receive Medicaid under Medicaid Buy-In for Children. The inclusion of children's acute care Medicaid services as well as the Medically Dependent Children Program (MDCP) waiver services into Managed Care, has not been without issues. Families of children with medically complex conditions and providers report issues that prevent children from receiving timely access to medically necessary services. The following are some of the lessons learned post implementation.

Recommendations

Phased or Staggered Roll Out

When STAR Kids was implemented November 1, 2016 all children who received SSI, children on 1915 (c) Medicaid waivers including the MDCP waiver and IDD waivers, as well as children with disabilities whose parents bought into Medicaid were included in the initial roll out. Recommendations were made by the STAR Kids Advisory Committee and other entities to delay the inclusion of children with medically complex conditions and children served by 1915(c) waivers for one year to allow the program to become fully operational for the approximately 150,000 other children who are not in Medicaid waivers and for all aspects of the new program to be tested prior to the inclusion of the most medically fragile children.

This recommendation was not accepted. Instead, some processes were put into place to alleviate concerns and to provide continuity of care of medically fragile children. This included:

- 12-month extension of MDCP Service Plans that expired August 2016 to April 2017;
- Extension of continuity of care for 12 months and a guarantee from the health plans that no referrals will be needed to see an in-network or out of network provider;
- Extension of prior authorization for long term services and supports for 6 months;
- Delaying the assessing of children on Medicaid waivers to the end of the required assessment period so as not to disrupt a child's care or prior authorizations that were in place; and
- An agreement with the Texas Department of Insurance that allowed health plans to include out of area physicians and providers in member directories.

While the proposed protections were welcome, they did not allow the new program time to become fully operational prior to the inclusion of the more vulnerable population. Medically complex children including children on a 1915(c) waiver and children receiving private duty nursing services could have benefitted from a later carve-in.

Redefine Service Delivery Areas

The current system of dividing the state into distinct service delivery areas has not worked well for children who are medically complex and who frequently cross service delivery areas to access specialists and specialty hospitals. Even with the ability of children to receive out of network services, the administrative delays in

approving out of network services has made getting care difficult for families. HHSC successfully came to an agreement with the Texas Department of Insurance that allowed health plans to include out of area physicians and providers in member directories, but the issue remains that children have increased difficulty in getting prior authorization from their health plans to see specialists and other providers outside of their service delivery area. Major metropolitan cities like Dallas and Fort Worth where families typically receive medical care in both cities, are in two separate service delivery areas.

Newly Developed Screening and Assessment Instrument Must be Piloted and Evaluated

The STAR Kids Screening and Assessment Instrument was not sufficiently tested prior to its implementation. The use of the instrument has resulted in a significant increase in the denial of MDCP waiver services for children who have previously met medical necessity. In addition, it is unclear whether the new tool or the referral triggers are triggering CFC assessments for all populations including children with IDD or mental health conditions.

The assessment was never piloted. It was tested on a very limited number of children prior to the roll out of STAR Kids and statewide implementation of the tool. The small fraction of children who were assessed using the new tool prior to the roll out were children on the MDCP waiver. Other children, including children with IDD and children with mental health conditions, were not included in the limited testing of the tool.

Prior Authorizations Must be Consistent Across Plans

The Policy Council for Children and Families expressed to HHSC, on two separate occasions, their concern about the lack of certainty and clarity in the prior authorization processes in STAR Kids as well as burdensome requests for information from Managed Care Organizations. Prior to the roll out of STAR Kids, policies and prior authorization processes were set by the state. Now families are working with multiple MCOs who each have their own set of authorization requirements and review processes, some of which are onerous to providers and families and which cause delays in authorization for needed services. The Policy Council for Children and Families offered the following recommendations:

- Standardize documentation requirements for prior authorizations across MCOs so that an individual requiring medically necessary services may

access those services without discrimination or inconsistencies between MCOs.

- Decrease undue administrative burdens to providers, physicians and families in the prior authorization process, such as requiring the referring physician to submit the prior authorization request on behalf of the rendering provider, including copies of the last PCP or subspecialty visit notes, the ASQ or PED, copies of audiology testing, copies of all clinical notes for a 2-week period, etc.
- Publicly make available the prior authorization processes and documentation required for services and remove uncertainty in the process for families.

Medical Necessity Determinations Default to Treating Physician

Families and physicians in STAR Kids have voiced their concern about medical necessity determinations being made by the Managed Care Organizations that are contrary to the determinations made by the child's physician. Children are experiencing a reduction in authorizations for private duty nursing, the MDCP waiver, therapies and other procedures. HHSC has a definition of medical necessity, and when there is a dispute the determination and standard of medical necessity should default to the child's treating physician.

Obtaining Durable Medical Equipment and Supplies Must be Consistent and Efficient

Some MCOs in STAR Kids utilize a preferred vendor for their member's durable medical equipment and medical supply needs. While HHSC has provided clarification that children in STAR Kids must be able to opt out of a preferred provider arrangement if it does not meet their needs, DME providers are having trouble operating under the new Medicaid Managed Care system due to:

- An increase of up to 25% in administrative costs and burdens for providers in submitting prior authorization and submitting claims;
- A significant decrease of between 12 to 14% for equipment and supplies including enteral formulas; and
- Prior authorization processes that are not consistent across MCOs. There are 10 MCOs in STAR Kids each with their own prior authorization process.

Access to Pediatric Therapy: Improve Rates, Eligibility, and Delivery

Families are experiencing a difficult time accessing Medicaid funded therapy services for their children due to cuts to provider reimbursement rates. These cuts affect children in STAR Kids and children receiving services from Early Childhood Intervention. Therapists have taken up to a 28-30% pay cut in reimbursement due to the rate changes and with further cuts to therapy assistants on 12/1/17, agencies continue to report a loss of therapists who are leaving the profession or pediatric therapy services. This again results in loss of care and increased waiting lists. Because of reimbursement cuts, agencies are closing their doors.

Although a partial restoration of approximately 25% of the December 2016 cuts is planned for 2019, it may be too little too late. By 2019, access to therapy services after 3 years of reduced funding may look much different than recent access to those same services. The full impact of the deep cuts is yet to be seen. Even though each MCO has the latitude to set their own rates, all MCOs have adopted the state plan fee-for-service rate reduction on top of cuts already made to provider contracts.

Second, due to the inconsistent application of eligibility, arduous authorization processes, and burdensome prior authorization documentation requirements, children continue to be subject to long delays for therapy assessments and therapy services. Some families are faced with changing their MCO to access timely therapy services.

Finally, families of children receiving services under STAR Kids are seeing an increase in therapy denials based on the child's limited or slow progress. Children who once received therapy two times per week to prevent the worsening of a condition or the development of additional health problems are receiving notices from MCOs decreasing their therapy to one time a month or one time every three months. This reduction is not in the best interest of children whose doctors have determined that because of the nature of their chronic conditions, therapy is medically necessary. It is important that the policy of the state support a child's continued level of functioning and prevent a condition from worsening. Authorization of therapies for children on STAR Kids should not be approved solely based on the child's demonstration of progress toward goals and the correction of a condition.

Strengthen Provider Protections — Timely Payments, Reasonable Rates, and Significant Traditional Providers

Families and providers have reported significant delays in claims payments to providers, leading some providers to dissolve contracts with MCOs and a smaller network of providers for families to choose from. This is true in both rural and urban areas of the state, but particularly troubling in rural areas where there are fewer providers. Providers have also voiced their concern about delays in payments due to minor administrative errors that did not affect the amount billed, but that substantially delayed the payment due to forced resubmittals.

Families and providers have also reported significant reductions in payment rates. Providers must receive rates that are sufficient and that do not create an access to care issue. Examples of rate reductions that have created access to care issues were cited earlier under DME and therapy.

When STAR Kids rolled out in November 2016, HHSC required MCOs in contract to offer contracts for a period of three years to Significant Traditional Providers. These providers include durable medical equipment providers, home health agencies, therapy providers, waiver providers and other providers who had a history of paid Medicaid claims. This protection will expire in October 2019. Recommendations have been put forth to extend the Significant Traditional Provider protections indefinitely.

Reduce Administrative Burdens

Physicians, therapists, home health agencies, DME companies and others all have reported an increase of up to 25% in their administrative costs due to paperwork requirements of the Managed Care Organizations. Providers are leaving STAR Kids due to increased paperwork.

Improve Transparency for Members

Members do not have the information they need to monitor their child's care, including access to their SK SAI, Prior Authorization Submittals, Prior Authorization Approvals, Prior Authorization Denials and Claims. Families of children in STAR Kids have reported that they have not received their Individual Service Plan outlining services needed to meet their child and the family's goals. In addition, others who have requested a copy of their STAR Kids Screening and Assessment Instrument have not received them. HHSC is preparing a contract change that will require MCOs to allow members the ability to see their SK SAI prior to its submission to the state for MDCP waiver eligibility determination. This is critical because some families have been denied medical necessity to the waiver based on critical medical

information that was not correctly captured by the assessor. HHSC is also going to require that prior authorization requests and prior authorization determinations be placed on the member portal. Claims data is another important item that should be made available to families through the member portal. Any new document added to the portal should trigger an alert to the member that a document has been added for their review.

Develop New Alternative Models of Care for Children with Highest Level of Medical Complexity

The STAR Kids Advisory Committee is developing recommendations about a new model of service delivery for children with medically complex conditions. There is widespread perception by parents, providers and health plans alike that the current system has not worked as envisioned for a subset of medically complex STAR Kids members. The proposed model would pay providers a higher fee for long physician visits, delegate service coordination to dedicated pediatric practices and create a process that removes some of the administratively burdensome and redundant letters of medical necessity and prior authorization.

Provide Service Coordination at the Provider and Community Level

HHSC allows STAR Kids MCOs to contract out Service Coordination to external groups such as pediatric practices, community organizations, parent groups, etc. To date, it appears that MCOs have not chosen this option and are instead providing service coordination in house. The Policy Council for Children and Families, as well as other groups, continues to encourage service coordination at the provider and community level rather than the payer level.

Improve Eligibility for the Medically Dependent Children Program

The number of denials based on the new STAR Kids Screening and Assessment Instrument is significantly higher than the denials for the previous four fiscal years. The Policy Council for Children and Families made the following recommendations to HHSC in January 2017:

- Offer children who have lost eligibility for Medicaid due to their loss of MDCP eligibility, access to another 1915(c) waiver such as CLASS or HCS. Not only have children lost eligibility for waiver services, some have lost access to their critical health care and long-term services and supports such as Personal Care Services. Without these services children are at risk of

unnecessary institutionalization in Intermediate Care Facilities and Nursing Facilities at a higher cost to the children, their families and Texas Medicaid.

- Place the names of all the children who have lost MDCP eligibility on the HCS and CLASS waiting lists using the same date the children's names were originally added to the MDCP list.
- Place the names of children who have lost MDCP eligibility back at the top of the MDCP waiver waiting list. Many of the children waiting up to five years to get into services and should not have to start over.
- Examine the MN tool being used to determine nursing facility eligibility for children in MDCP with the MN assessment being used to determine nursing facility eligibility the approximately 60,000 children and adults in Texas nursing facilities adults in the STAR Plus waiver. Ensure that a higher level of MN is not being required for admission to MDCP than is being required for the STAR Plus waiver or for children and adults being admitted to nursing facilities. If a more accurate assessment process is going to be used to determine MN for MDCP then, the same process should be applied to all individuals in nursing facilities and adults in the STAR Plus waiver. The use of a different, more stringent tool for MDCP eligibility and not for individuals in the facilities which are being waived from is discriminatory and is institutionally biased.

Improve the Tracking and Trending of Data

The STAR Kids Advisory Committee has had difficulty getting timely access to data to make improvement recommendations. Any new product roll-out should be accompanied by the active and timely collection and examination of data. It is imperative that data be provided on a regular basis instead of waiting for nine months or more for the data to be finalized.

Fund Slots to Reduce the Medically Dependent Children Program Interest List

With the change in service delivery model for MDCP to the STAR Kids Medicaid Managed Care model, Texas has not changed the number of appropriated "slots" for the waiver. As such, entry to the waiver and access to waiver services is still managed by an interest list. Unlike STAR+PLUS waiver, children and young adults who have SSI and meet MDCP eligibility criteria may not access waiver services until they come to the top of the interest list. MDCP services, which can help prevent institutionalization, include: respite, minor home modifications, adaptive

aids, flexible family supports, financial management, transition assistance services, supported employment and employment assistance. The MDCP waiver provides a cost-effective alternative to the institutionalization of children. The individual cost of services is capped at less than 50% of what is paid to a nursing facility.

Texas has an opportunity to significantly reduce the MDCP interest list by allowing all children and young adults who receive SSI and meet waiver eligibility to automatically receive services with no wait. Texas has determined that it is in the best interest of the state to provide STAR+PLUS waiver services with no wait to individuals over 21 who meet eligibility for nursing facility level of care and should do the same for children under the age of 21 in STAR Kids.

Appendix C. July 19, 2018 Letter from the IDD SRAC

July 19, 2018

Cecile Young
Acting Executive Commissioner
Texas Health and Human Services Commission
4900 North Lamar
Austin, TX 78756

Re: Intellectual and Developmental Disability (IDD) System Redesign Advisory Committee recommendations concerning the Transition of IDD Waivers and Community-based ICF/IID Program into Medicaid Managed Care

Dear Commissioner Young,

The IDD System Redesign Advisory Committee (IDD-SRAC), created as part of SB7 by the 83rd Legislature, is charged with advising HHSC on the implementation of acute care and long-term services and supports for Texans with IDD. Consistent with this charge, IDD-SRAC strongly recommends that HHSC not move forward with the transition of long term services and supports (LTSS) for any IDD Medicaid-waivers and the ICF/IDD program at this time, including the potential transition of all or a portion of Texas Home Living (TxHmL) on September 1, 2020, and delay any transition of IDD LTSS to a managed care model until statutory requirements have been met and necessary systems changes accomplished.

Rationale:

1. HHSC did not implement an IDD Pilot to test models using capitation for providing services to people with 100 under Medicaid managed care. The legislation required the IDD-SRAC to review Pilot results, analyze outcomes and provide recommendations for future models. IDD-SRAC considered this pilot program crucial for understanding the challenges to the overall support system and stakeholders. For reasons unknown, IDD-SRAC was not consulted in the decision to eliminate the pilot program.
2. In place of the IDD Pilot, and to meet other statutorily required evaluations and assessments, HHSC contracted with two organizations (Deloitte and UTHealth) to do an extensive analysis of the impact of moving LTSS into managed care. However, results from these analyses are not anticipated until December 2018, right before the next legislative session. IDD-SRAC believes it is extremely important for the results of these analyses to be completed and reviewed by HHSC, the legislature, and IDD-SRAC prior to any related transition.

3. In order to meet legislatively-mandated timelines (SB7, 83rd Legislature; HB3295, 8th Legislature), HHSC is having to move forward without the valuable information referenced in item 2 above. As a result, IDD-SRAC is very concerned that HHSC does not have the information needed to proceed with implementation in an effective manner.
4. HHSC should evaluate lessons learned from the STAR Kids IDD acute care carve-in and use those learnings to improve the system prior to carving in additional IDD waivers into Medicaid managed care. These include the timing of program carve-ins, impact on individuals currently enrolled in a community-based ICF/IDD or IDD waiver who may be determined to no longer meet criteria, network access, prior authorization requirements, as well as other improvement identified by IDD-SRAC, Policy Council on Children and Families, and the STAR Kids Advisory Committee.

IDD-SRAC further recommends that before any transition of IDD services into managed care, HHSC must assess any future managed care models, initiate necessary systemic reforms, and implement and assess other systems changes and statutory requirements critical to the success of the system redesign as presented below. In reviewing the actions below, it is important to know that the IDD-SRAC reviewed and considered a reasonable completion timeline (see attached) and determined that transitioning all of a portion of Texas Home Living Waiver services must be delayed by at least three (3) years and transitioning all or a portion of the remaining IDD Waivers and ICF/IID must be delayed by at least seven (7) years. The recommended delay assumes that implementation of any transition of Texas Home Living Waiver services into managed care will serve as a pilot for transitioning all or a portion of the remaining IDD Waiver and ICF/IID services to managed care, allowing the time necessary to implement, evaluate, and make necessary adjustments prior to implementing any transition of the remaining IDD waivers (HSC, CLASS and DBMD) and the ICF/IID program.

1. Review, and disseminate the results of the Deloitte and UT Health studies.
2. Conduct a comprehensive evaluation on the impact of transitioning the IDD waivers and the community-based ICF/IID program into a Medicaid managed care model. The evaluation should focus on the needs of the individual and the impact on the providers' health plans including costs, operations and outcomes. The evaluation should also recommend transition options, outline system reforms needed for the current IDD system, and evaluate key metrics including:
 - a. Average monthly cost per person for acute care and LTSS;
 - b. Utilization of non-residential settings and non-provider-owned housing (community integration and prevention of institutionalization);
 - c. Average total Medicaid cost, by level of need, in various residential settings;
 - d. Percentage of individuals employed in meaningful, integrated settings;

- e. Impact on behavioral, medical, life-activity and other personal outcomes; and
 - f. Overall client satisfaction.
3. Expand capacity in the community-based system for people with IDD, such as an adequate provider network, employment, community integration, and transportation.
 4. Transition IDD provider system reporting and billing through use of a HIPPA compliant system.
 5. Implement, test, and validate the new IDD assessment tool. HHSC should determine the resource allocation method for any new assessment tool and test the new allocation method before any decisions are finalized.
 6. Implement electronic eligibility and systems management for CLASS and DBMD.
 7. Implement the federal Electronic Visit Verification (EVV) requirements (aka: 21st Century Cures Act)
 8. Finalize any changes and budget appropriations needed to fully comply with the new HCBS settings requirements by the 2022 deadline.
 9. Adhere to the Protective Provision in SB7, grandfathering protections which allow individuals enrolled in the Medicaid waiver programs at the time of the transition to continue receiving services through fee-for-service Medicaid (Sec 534.202(g)). During the business design process, HHSC should take into consideration the total number of enrollees needed for a sustainable IDD Medicaid managed care program as a result of these protections.
 10. If HHSC proceeds with transitioning individuals receiving community-based ICF/IID or IDD waiver services to managed care, expertise will be needed to move forward effectively. IDD-SRAC recommends developing an implementation plan centered on the individual and building systems based on the individual's needs. The implementation plan shall include timeframes, all changes required for successful implementation, and recommendations for oversight. Analysis should start with the individual and include:
 - a. Provider accessibility and ease of use;
 - b. A LTSS benefit structure focused on need, preferences, and person-centered approaches;
 - c. Financial investment and actuarially sound decisions on appropriate capitation rates;
 - d. Regulatory oversight, including data that is publicly available, identifying the IDD population and appropriate performance measures;
 - e. Innovations to increase flexibility, independent living, employment, housing and transportation, and other individualized meaningful engagement opportunities in the general community;
 - f. Checks and balances to ensure individuals receive all necessary services, including those recommended by their primary care physicians and specialists;

- g. Reporting mechanisms that track the quality of life, health, and wellness outcomes of individuals with IDD that are specific to outcomes that are important to and for individuals with IDD.

Regardless of whether Texas continues with the current fee-for-service Medicaid waiver system or moves either partially or totally to a managed care system, the system as it currently stands is under-resourced. Success will depend not only on the diligent efforts of the HHSC, providers, and health plans, but fundamentally on the appropriation of adequate resources.

Thank you for reviewing and considering these recommendations. The IDD system Redesign Advisory Committee appreciates its strong relationship with HHSC and will continue to review, provide feedback and recommendations on issues important to people with IDD.

Sincerely,

A handwritten signature in black ink that reads "Clay Boatright". The signature is written in a cursive, flowing style.

Clay Boatright
Chairman
IDD System Redesign Advisory Committee

cc: IDD SRAC members