

System Redesign for Individuals with Intellectual and Developmental Disabilities

**As Required by
Senate Bill 7
83rd Texas Legislature, Regular Session, 2013**

**Health and Human Services Commission
December 2014**

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Executive Summary

Senate Bill (S.B.) 7, 83rd Texas Legislature, Regular Session, 2013, builds on previous legislative efforts to improve quality and outcomes in the Texas Medicaid program with an emphasis on improving the long-term services and supports (LTSS) system for individuals with intellectual and developmental disabilities (IDD). LTSS is one of the top cost drivers in the Texas Medicaid program. Projections indicate that by 2040, Texas will likely experience a 70 percent increase in total population and with it, an increase in the number of individuals with IDD. According to recent estimates, more than 452,000 Texans have IDD and of those, approximately 125,000 have a disability significant enough to be included in the legislatively defined Department of Aging and Disability Services (DADS) IDD priority population. To prepare for the increased need for LTSS, S.B. 7 redesigns the Medicaid LTSS system for these individuals as well as for low-income seniors and individuals with physical disabilities.

The bill also established the Intellectual and Developmental Disability System Redesign Advisory Committee to work in consultation with HHSC and DADS to implement the S.B. 7 provisions affecting individuals with IDD.

The system redesign to date has focused on the delivery of acute care Medicaid benefits through the STAR+PLUS Medicaid managed care program (STAR+PLUS) to certain individuals who have IDD, and monitoring the provision of those benefits. As of November 2014, approximately 13,725 individuals who live in a community-based ICF-IID or who receive services through an IDD 1915(c) waiver have enrolled in STAR+PLUS for acute care services.

To prepare stakeholders for this transition, HHSC conducted a series of information sessions and webinars and provided educational information via a dedicated Medicaid Managed Care Initiatives website on the HHSC web page.

In the fall of 2013, HHSC created an IDD Managed Care Improvement Workgroup to discuss the MCO and LTSS providers' responsibilities, identify stakeholders' educational needs, review training materials and make suggestions to promote a smooth transition for individuals with IDD into STAR+PLUS. The workgroup has provided valuable review and feedback on a number of operational issues and will continue to meet as needed over the course of the system redesign activities. This group was also instrumental in assisting in educating individuals and their families, which resulted in a higher choice rate.

S.B. 7 directs HHSC to implement the most cost-effective option for the delivery of basic attendant and habilitation services for individuals with disabilities to maximize federal funding. Currently, habilitation services are only available in certain LTSS waiver programs, and most of these programs have lengthy interest lists. Community First Choice (CFC) is a federal option that allows states to provide home and community-based attendant services and supports to Medicaid recipients with disabilities. In October 2014, HHSC submitted the required State Plan Amendment (SPA) describing Texas' plans for implementation of the benefit to the federal Centers for Medicare and Medicaid Services (CMS). HHSC intends to implement CFC by March 1, 2015.

S.B. 7 directs DADS to develop and implement a comprehensive assessment instrument and a resource allocation process for individuals with IDD, as needed, to ensure that each individual with IDD receives the type, intensity and range of services that are both appropriate and available, based on the functional needs of that individual. Concerns have been expressed about the current assessment, the Inventory for Client and Agency Planning (ICAP). The ICAP focuses on deficits and does not directly assess strengths, resulting in inferences being made to determine supports needed. The new assessment process should more effectively consider individuals' needs and available supports and ensure individuals receive the precise scope, amount and duration of services they require without receiving services they do not need.

DADS staff completed an initial analysis of nationally recognized comprehensive assessment instruments for individuals with IDD and, through an online survey, solicited stakeholder input on elements that should be included within a comprehensive assessment.

S.B. 7 directs HHSC to adopt rules allowing for additional housing supports for individuals with disabilities, including individuals with IDD. HHSC and DADS continue to work with partner agencies to increase options for community-based housing that permit individuals to select the most integrated and least restrictive setting appropriate to the individual's needs and preferences.

S.B. 7 directs HHSC and DADS to develop and implement pilot programs by September 1, 2016, to test one or more service delivery models involving a managed care strategy based on capitation to deliver Medicaid LTSS to individuals with IDD. Among other things, the pilots must be designed to increase access to LTSS; improve quality of acute care services and LTSS; and promote efficiency and the best use of funding. HHSC is developing a request for information (RFI) to be released in 2015.

Subject to the availability of federal funding, S.B. 7 directs DADS to develop and implement specialized training for providers, family members, caregivers, and first responders providing direct services and supports to individuals with IDD and behavioral health needs that are at risk of institutionalization. A number of projects relating to behavioral health intervention have been approved for funding through HHSC's Medicaid 1115 demonstration waiver and are in various stages of implementation.

Other than noting base budget and exceptional item funding requests for the next biennium, this report does not include any specific recommendations for the Legislature. The current statute clearly defines the next steps in the redesign process and HHSC and DADS will move forward with implementation of the projects described in this report.

Introduction

Background

Senate Bill (S.B.) 7, 83rd Texas Legislature, Regular Session, 2013, builds on previous legislative efforts to improve quality and outcomes in the Texas Medicaid program with an emphasis on improving the long-term services and supports (LTSS) system for individuals with intellectual and developmental disabilities (IDD). LTSS is one of the top cost drivers in the Texas Medicaid program. Projections indicate that by 2040, Texas will likely experience a 70 percent increase in total population and with it, an increase in the number of individuals with IDD. According to recent estimates, more than 452,000 Texans have IDD and of those, approximately 125,000 have a disability significant enough to be included in the legislatively defined Department of Aging and Disability Services (DADS) IDD priority population. To prepare for the increased need for LTSS, S.B. 7 redesigns the Medicaid LTSS system for these individuals as well as for low-income seniors and individuals with physical disabilities.

The bill directs the Health and Human Services Commission (HHSC) to report annually to the legislature on implementation of the Medicaid acute care services and LTSS delivery system for individuals with IDD. Implementation began in September 2013, and the full redesign will roll out gradually through 2020.

The delivery system components addressed in S.B. 7 include:

- Requiring all individuals with disabilities who are eligible for Medicaid acute care services to receive those services in a coordinated manner through a managed care plan;
- Providing basic attendant and habilitation services to eligible individuals with disabilities who are currently waiting for services;
- Implementing a new functional assessment instrument that will more accurately assess the needs of individuals with IDD;
- Establishing behavioral supports to help individuals with IDD avoid institutionalization;
- Establishing a long-term plan for piloting and delivering services for individuals with IDD through managed care; and
- Allowing for the development of additional housing supports for individuals with disabilities.

The bill also established the Intellectual and Developmental Disability System Redesign Advisory Committee to work in consultation with HHSC and DADS to implement the S.B. 7 provisions affecting individuals with IDD. The advisory committee consists of 26 committee members representing various communities of interest (see table below). Executive leadership at HHSC and DADS selected members from among 105 applicants. The committee met initially in January 2014 to discuss the legislature's intent and establish committee goals and conducted three subsequent meetings as of October 2014. The advisory committees also established four subcommittees in the areas of housing, assessment, transition to managed care and quality.

Intellectual and Developmental Disability System Redesign Advisory Committee

Mr. Mickey Atkins	Austin	Long-term services and supports provider, Medicaid non-managed care
Mr. Clay Boatright, Chairman	Plano	Family member of an individual with IDD who receives Medicaid waiver or ICF services
Ms. Lynne Brooks	San Antonio	Long-term services and supports provider, Medicaid non-managed care
Mr. Ricky Broussard	Alvin	Individual with IDD and recipient of services under the Medicaid waiver programs
Ms. Kay C. Carlson	Houston	Family member of an individual with IDD who receives Medicaid waiver or ICF services
Mr. John P. Delaney	Terrell	Representative of community mental health and intellectual disability centers
Ms. Susan Garnett	Fort Worth	Representative of community mental health and intellectual disability centers
Ms. Debbie Gill	Dallas	Family member of an individual with IDD who receives Medicaid waiver or ICF services
Ms. Jillana Holt-Reuter	San Marcos	Advocate of individuals with IDD who receive Medicaid waiver or ICF services
Ms. Katy Hull	Henderson	Individual with IDD and recipient of services under the Medicaid waiver programs
Mr. Anthony V. Jalomo	San Antonio	Family member of an individual with IDD who receives Medicaid waiver or ICF services
Mr. Gerard Jimenez	Austin	Family member of an individual with IDD who receives Medicaid waiver or ICF services
Ms. Jean Langendorf	Austin	Advocate of individuals with IDD who receive Medicaid waiver or ICF services
Ms. Linda Levine	Bee Cave	Family member of an individual with IDD
Ms. Amy Litzinger	Austin	Individual with IDD and recipient of services under the Medicaid waiver programs
Ms. Janet Marino	McKinney	Representative of managed care organizations that contract with the state to provide IDD services
Mr. Frank McCamant	Austin	Advocate of individuals with IDD who receive Medicaid waiver or ICF services
Ms. Susan Murphree	Austin	Advocate of individuals with IDD who receive Medicaid waiver or ICF services
Ms. Susan Payne	College Station	Family member of an individual with IDD who receives Medicaid waiver or ICF services
Ms. Mary Stepney Quinby	Rosenberg	Advocate of individuals with IDD who receive Medicaid waiver or ICF services
Ms. Leah Rummel	Austin	Representative of managed care organizations that contract with the state to provide IDD services
Ms. Carole Smith	Austin	Long-term services and supports provider, Medicaid managed care
Mr. David Southern	Granbury	Private ICF-IDD provider
Dr. Carl Tapia	Houston	Pediatrician with Texas Children's Health Plan
Ms. Cheri Wood	Tyler	Family member of an individual with IDD who

		receives Medicaid waiver or ICF services
Ms. Ivy Zwicker	San Antonio	Private ICF-IDD provider

Implementation Activities

Delivery of Acute Care Medicaid Services through Managed Care

The system redesign to date has focused on the delivery of acute care Medicaid benefits through the STAR+PLUS Medicaid managed care program (STAR+PLUS) to certain individuals who have IDD, and monitoring the provision of those benefits. Individuals enrolled in STAR+PLUS have a service coordinator employed by the managed care organization (MCO) to assist in the appropriate and timely provision of acute care services.

As a result of S.B. 7 and the expansion of STAR+PLUS, individuals with IDD served in the following programs were enrolled in STAR+PLUS, effective September 1, 2014:

- Community-based ICF-IID; and
- IDD 1915(c) waiver programs operated by DADS:
 - Community Living Assistance and Support Services (CLASS);
 - Deaf Blind with Multiple Disabilities (DBMD);
 - Home and Community-based Services (HCS);
 - Texas Home Living (TxHmL).

Individuals served in State Supported Living Centers (SSLC) and individuals who receive Medicare Part B benefits in addition to Medicaid (known as full dual eligibles), were excluded from this carve-in. Children and young adults age 20 and younger enrolled in these programs who do not receive Medicare Part B benefits can elect to enroll in STAR+PLUS or remain in traditional Medicaid.

Current Status

As of November 2014 approximately 13,725 individuals who live in a community-based ICF-IID or who receive services through an IDD 1915(c) waiver have enrolled in STAR+PLUS for acute care services. A choice of MCO was received for approximately 63 percent of the individuals projected to be enrolled in the Medicaid Rural Service Area (MRSA) and approximately 52 percent in the non-MRSA. This is approximately double the choice rate from previous expansions.

Some individuals did not receive an enrollment packet because their Medicaid eligibility had lapsed or because their address in the State's eligibility system was not accurate. Individuals eligible for enrollment into STAR+PLUS as of July 16, 2014 who did not receive an enrollment packet will be allowed to select a MCO until December 12, 2014 and their enrollment into STAR+PLUS will be effective January 1, 2015.

Educational Efforts for Managed Care Transition

To prepare stakeholders for this transition, HHSC conducted a series of information sessions and webinars and provided educational information via a dedicated Medicaid Managed Care Initiatives page on the HHSC website. HHSC's educational efforts focused on the following target audiences:

- Individuals with IDD and their families;
- Health and human services enterprise staff;
- Medicaid MCOs;
- Providers; and
- HHSC's contracted Medicaid Enrollment Broker.

Appendix A includes additional information about stakeholder outreach and education activities for the targeted populations listed above.

In the fall of 2013, HHSC created an IDD Managed Care Improvement Workgroup to discuss the MCO and LTSS providers' responsibilities, identify stakeholders' educational needs, review training materials and make suggestions to promote a smooth transition for individuals with IDD into STAR+PLUS. The workgroup is comprised of representatives from advocacy agencies, LTSS provider agencies, local authorities and other agencies that provide service coordination/case management, MCOs, the Medicaid Enrollment Broker, DADS and HHSC employees. The workgroup has provided valuable review and feedback on a number of operational issues and will continue to meet as needed over the course of the system redesign activities. This group was also instrumental in assisting in educating individuals and their families, which resulted in a higher choice rate.

Other opportunities for stakeholder involvement include the bi-monthly DADS IDD System Improvement Workgroup meetings, quarterly Promoting Independence Advisory Committee meetings and quarterly IDD System Redesign Advisory Committee meetings.

Community First Choice (CFC)

S.B. 7 directs HHSC to implement the most cost-effective option for the delivery of basic attendant and habilitation services for individuals with disabilities to maximize federal funding. Currently, habilitation services are only available in certain LTSS waiver programs, and most of these programs have lengthy interest lists. Community First Choice (CFC) is a federal option that allows states to provide home and community-based attendant services and supports to Medicaid recipients with disabilities.

The implementation of CFC in Texas will expand the availability of basic attendant and habilitation services to individuals with physical and intellectual disabilities who meet an institutional level of care. CFC provides a six percent increase in federal funding for CFC services, which will include personal assistance services, habilitation, emergency response services, and support consultation.

CFC services will be available to individuals on the interest lists for LTSS waiver services and individuals not on an interest list who meet the eligibility requirements. Individuals already

receiving these services through an LTSS waiver will continue doing so from their existing providers and the state will draw the enhanced federal funding.

Current Status

In October 2014 HHSC submitted the required State Plan Amendment (SPA) describing Texas' plans for implementation of the benefit to the federal Centers for Medicare & Medicaid Services (CMS). HHSC intends to implement CFC by March 1, 2015. HHSC and DADS anticipate questions and communications with CMS over the next few months regarding approval of the SPA.

Federal regulations related to CFC require participating states to designate a Development and Implementation Council and HHSC has designated the Promoting Independence Advisory Committee (PIAC) as this entity. Since October 2013 HHSC has presented information on a quarterly basis to PIAC to inform stakeholders of the agency's plan to implement this benefit and has had numerous meetings with PIAC regarding draft rules and the SPA. HHSC will continue to consult and collaborate with PIAC as the state continues developing and implementing the CFC benefit. Additional stakeholder communication activities include presentations to the IDD System Redesign Advisory Committee and a public meeting held in September 2014 to obtain comments on the draft rules and SPA.

Funding for CFC is included in the DADS and HHSC base budgets for fiscal year 2016-17. During the upcoming legislative session, lawmakers may hear from stakeholders supportive of expanding CFC to include some permissible services, such as transportation.

IDD Comprehensive Assessment

S.B. 7 directs DADS to develop and implement a comprehensive assessment instrument and a resource allocation process for individuals with IDD, as needed, to ensure each individual with IDD receives the type, intensity and range of services that are both appropriate and available, based on the functional needs of that individual. Concerns have been expressed about the current assessment, the Inventory for Client and Agency Planning (ICAP). The ICAP focuses on deficits and does not directly assess strengths, resulting in inferences being made to determine supports needed. Additionally, while the ICAP collects information about community supports, it does not collect information about the availability of natural supports (e.g., unpaid caregivers, such as family members, friends and neighbors). Another concern noted with the ICAP is the associated resource allocation does not adequately tie resources to an individual's identified need.

A new assessment process should more effectively consider individuals' needs and available supports and ensure individuals receive the precise scope, amount and duration of services they require without receiving services they do not need.

Current Status

DADS staff completed an initial analysis of nationally recognized comprehensive assessment instruments for individuals with IDD and, through an online survey, solicited stakeholder input on elements that should be included within a comprehensive assessment. Staff also interviewed individuals with health and human services agencies in several states about their assessment

instrument(s), how the instrument is tied to resource allocation, and the state's experience in piloting and implementing a new assessment process. Information from the agency's review of other states' assessment instruments and survey results were shared with the PIAC and the IDD System Redesign Advisory Committee.

In August 2014, DADS posted a "Request for Information" (RFI) to solicit information from vendors about assessment instruments or inter-related groups of assessment instruments for populations including individuals with IDD.

DADS will solicit input from the IDD System Redesign Advisory Committee on the selection of an assessment instrument and design of a pilot (to test the assessment instrument in one or more service areas of the state). Implementation of the pilot is expected to begin by January 2015 and pilot activities will conclude by August 2015. Pilot results will be analyzed following the completion of the pilot and this analysis will inform future assessment rollout activities. Funds to support continuation of this project are included in the DADS fiscal year 2016-17 base budget request to the legislature.

Flexible Low-Cost Housing

S. B. 7 directs HHSC to adopt rules allowing for additional housing supports for individuals with disabilities, including individuals with IDD. These additional housing supports include community housing options that comprise a continuum of integration that permits individuals to select the most integrated and least restrictive setting appropriate to the individual's needs and preferences:

- Provider-owned and non-provider owned residential settings;
- Assistance with living more independently; and
- Rental properties with onsite supports.

S.B. 7 directs DADS, the Texas Department of Housing and Community Affairs (TDHCA), the Department of Agriculture (TDA), the Texas State Affordable Housing Corporation (TSAHC) and the IDD System Redesign Advisory Committee to coordinate with public housing entities to expand opportunities for accessible, affordable, and integrated housing to meet the complex needs of individuals with disabilities.

Current Status

HHSC and DADS continue to work with partner agencies to increase options for community-based housing that permit individuals to select the most integrated and least restrictive setting appropriate to the individual's needs and preferences.

One example of this cross-agency collaboration involves a federal grant the state was awarded to expand affordable rental units with in-home services and on-site supports. In 2013 the state received a \$12 million dollar grant from the federal Housing and Urban Development (HUD) Section 811 Project Rental Assistance (PRA) Demonstration to support the development of a major housing initiative that will benefit the following:

- Individuals with IDD and other disabilities who are exiting institutions and eligible for Medicaid waiver services;

- Individuals with mental illness who are eligible for services through the Department of State Health Services; and
- Youth with disabilities aging out of foster care.

The Texas health and human services system will provide service coordination and supportive services to eligible participants and TDHCA will manage the funds and the wait list for the rental properties. TDHCA has held a number of meetings across the state to solicit stakeholder input on the program design and development and continues to seek stakeholder input.

In addition to the 811 PRA Demonstration, DADS is providing technical assistance to the Community for Permanent Supported Housing (CPSH), an organization that establishes partnerships among businesses, social organizations and government agencies to create safe, cost-effective housing options for adults with IDD. CPSH recently partnered with the Dallas Housing Authority (DHA) on the development of a housing pilot for individuals with IDD. Under this pilot, individuals will be eligible to apply for units in a neighborhood home (a private home in the community with individual bedrooms rented out to tenants) and receive a rental subsidy from DHA. Individuals already receiving DADS waiver services will continue to receive those services in their own home or family home setting.

The S.B. 7 IDD System Redesign Advisory Committee's housing subcommittee met in October 2014 to review current housing initiatives for individuals with IDD, including information from TDHCA and determine next steps, including exploration of the possible use of TDHCA bond funds to support housing alternatives and technological innovations to support increased options for independent living. The subcommittee plans to meet with representatives of TDA and TSAHC in the future.

IDD Pilots

S. B. 7 directs HHSC and DADS to develop and implement pilot programs with private service providers by September 1, 2016. The pilot programs are intended to test one or more service delivery models involving a managed care strategy based on capitation to deliver Medicaid LTSS to individuals with IDD. Among other things, the pilots must be designed to increase access to LTSS; improve quality of acute care services and LTSS; and promote efficiency and the best use of funding. Pilot providers will coordinate services offered through community-based ICFs-IID and Medicaid waiver programs, and integrate LTSS with acute care services. Client participation in the pilot program will be voluntary.

Current Status

HHSC is developing an RFI to be released in 2015. Consistent with other S.B. 7 implementation efforts, HHSC and DADS will seek broad stakeholder input, including from the IDD Redesign Advisory Committee and in the regions where the pilots will be implemented, in developing the managed care approach to LTSS for individuals with IDD. Funding for continuation of this project is included in the DADS base budget for fiscal year 2016-17.

Behavioral Supports for Individuals with Intellectual and Developmental Disabilities

Subject to the availability of federal funding, S.B. 7 directs DADS to develop and implement specialized training for providers, family members, caregivers, and first responders providing direct services and supports to individuals with IDD and behavioral health needs that are at risk of institutionalization. In addition, S.B. 7 directs DADS to establish one or more behavioral health intervention teams to provide services and supports to those same persons.

Many individuals with physical disabilities and/or IDD and individuals who are aging have co-occurring behavioral health needs. In fact, nearly two-thirds of the SSLC population has a dual diagnosis (mental illness or substance abuse co-occurring with IDD), as do almost 90 percent of individuals admitted to SSLCs in the past two years. In addition, nearly one-fourth of individuals across all DADS waiver programs have a dual diagnosis. The percentage of individuals with co-occurring behavioral health needs in certain waiver programs is even higher, such as in the Home and Community-Based Services (HCS) waiver, with 36 percent of HCS enrollees having a dual diagnosis. The additional challenge of a behavioral health diagnosis can further limit these individuals' ability to become fully integrated in the community.

Current Status

A number of projects relating to behavioral health intervention have been approved for funding through HHSC's Medicaid 1115 demonstration waiver and are in various stages of implementation. Currently, 16 local authorities have behavioral health intervention projects that include establishing crisis intervention teams. Additional projects include elements of crisis support, including crisis respite, specialized training and expansion of services. *Appendix B* provides a list of these projects, project descriptions and implementation status.

In spite of these efforts, some service delivery gaps remain that will not be addressed through the projects outlined in *Appendix B*. Initiatives to address these gaps include:

Money Follows the Person (MFP) proposal

Texas is awaiting approval from CMS for funds to support the design of eight medical, psychiatric and behavioral support teams to provide the following support services to the 39 local authorities and service providers across all 254 Texas counties:

- Quarterly webinars, videos and other educational activities focused on increasing the expertise of IDD local authorities and providers in supporting targeted individuals;
- Technical assistance pertaining to specific disorders and diseases, with examples of best practices for individuals with significant challenges; and
- Case-specific support to service planning teams needing assistance to provide effective care for an individual. Assistance may include addressing any unique regional and cultural issues and challenges, and reporting to DADS about any gaps in medical, psychiatric and behavioral resources.

Legislative Appropriation Requests (LAR)

For the next biennium, DADS fiscal year 2016-17 Legislative Appropriations Request (LAR) includes an exceptional item to support:

- Behavioral intervention and crisis respite programs at local authorities for individuals with IDD in the community who have complex behavioral and/or psychiatric needs and are experiencing a crisis.
- Eight regional medical, behavioral, and psychiatric support teams that will provide clinical technical assistance through the IDDLAs.

This exceptional item would require \$31.7 million in General Revenue funds over the biennium (\$36.3 million All Funds).

In addition to the DADS LAR exceptional item to enhance community IDD services for individuals with complex medical and/or behavioral health needs, the DADS LAR includes an exceptional item to fund 400 HCS waiver slots for individuals on the HCS interest list who are at imminent risk of institutionalization as a result of an emergency or crisis. This exceptional item would require \$11.7 million in General Revenue funds over the biennium (\$27.3 million All Funds).

Conclusion

As of November 2014, HHSC has completed the first phase of the IDD system redesign by enrolling more than 13,000 individuals with IDD served in the Community Living Assistance & Support Services, Deaf Blind with Multiple Disabilities, Home & Community-based Services, or Texas Home Living waivers or in a community-based ICF-IID into the STAR+PLUS managed care program. The STAR+PLUS MCOs are responsible for the delivery of appropriate and timely acute care services and work collaboratively with the providers of LTSS to coordinate acute care and LTSS. Other than noting base budget and exceptional item funding requests for the next biennium, this report does not include any specific recommendations for the legislature. The current statute clearly defines the next steps in the redesign process and HHSC and DADS will move forward with implementation of the projects described in this report.

Appendix A: Acute Care Carve-in Education and Training Activities:

- Individuals and their families – From November 2013 through April 2014, HHSC conducted 21 information sessions throughout the state, specifically for individuals who receive Medicaid and their family members. These sessions provided information regarding Medicaid managed care, the STAR+PLUS expansion, and initiatives that affect services delivered in STAR+PLUS. HHSC also developed two videos specifically for individuals who have IDD and their families. One video described who would be enrolling into STAR+PLUS and the second described the enrollment process. At the request of self-advocates, parent/family groups and providers, additional presentations were conducted for individuals and their families. The importance of an individual or their representative selecting an MCO was emphasized during the presentations and in the videos. The enrollment broker provided more than 60 educational/enrollment sessions for individuals and their family members statewide, starting approximately 90 days prior to the September 1, 2014 effective date.
- Providers – HHSC also conducted 21 information sessions throughout the state specifically for providers who serve Medicaid recipients, from November 2013 through April 2014. The information sessions were developed for both acute care providers and providers of long-term supports and services. HHSC offered information regarding Medicaid managed care, the STAR+PLUS expansion, and initiatives that affect services delivered in STAR+PLUS. During the summer of 2014, three webinars and 12 IDD provider trainings were conducted throughout the state to provide information on STAR+PLUS enrollment, managed care processes and the relationship between managed care acute care services and LTSS. Information letters were generated by DADS with HHSC's input to provide detailed information to DADS IDD providers about specific issues. Additional presentations were conducted for provider groups upon request.
- HHSC staff—HHSC Enterprise staff received multiple training opportunities to learn about individuals who have IDD, the managed care service delivery system, existing DADS long term services and supports programs and the implementation of the IDD carve-in. Two general information sessions were open to all enterprise employees, and additional sessions were conducted specifically for staff in the HHSC Rate Analysis Division, DADS Long-term Care Ombudsman's office, Medicaid Managed Care Helpline, DADS Consumer Rights and Services, the DADS Guardianship Program, and the Department of Assistive and Rehabilitative Services. Internal staff newsletters also included relevant information. These training efforts also included staff from the Medicaid claims administrator contract (Texas Medicaid & Healthcare Partnership) and the Area Agencies on Aging.
- Medicaid Managed Care Organizations (MCOs)—DADS conducted training to teach MCOs about intellectual and developmental disabilities and to introduce them to DADS long term services and supports for this population. HHSC conducted weekly transition calls with the MCOs throughout the implementation period to answer questions and resolve issues. HHSC staff continues to have weekly calls with the MCOs post-implementation.

- Enrollment Broker— The enrollment broker (MAXIMUS) contracts with HHSC to coordinate enrollments into managed care and transfers between MCOs. DADS conducted training to teach the enrollment broker staff about intellectual and developmental disabilities and to introduce them to DADS long-term services and supports for this population. Weekly meetings were held to support eligibility and enrollment activities, including the development of introductory letters, the contents of the enrollment packets, and reminder letters.

Appendix B - Local Intellectual and Developmental Disability Authority Delivery System Reform Incentive Payment Projects Related to Behavioral Intervention and Crisis Respite for Individuals with intellectual disabilities.

Local IDD Authority / Project Description	Behavioral Intervention Team (BIT) Projects	Crisis Respite Projects	Combined BIT / Respite Projects	Total Projects
Austin Travis County Integral Care	1			1
Develop a community-based, crisis response team specializing in immediate care, intervention and stabilization for individuals with a co-occurring developmental disability and mental illness (DD/MI) diagnoses	1			1
Bluebonnet Trails Community Services (Round Rock)	2			2
Provide "Assertive Community Treatment" (ACT) services for individuals with IDD residing in Bastrop, Caldwell, Fayette, and Lee counties at points of crisis and during life transitions.	1			1
Provide ACT for individuals with IDD at the point of crisis and during life transitions for individuals in Burnet and Williamson counties. Services include crisis response, assessment, behavior plans and management.	1			1
Dallas Metrocare Services			1	1
The Behavioral Day Program will provide short-term behavior intervention and urgent safety net services for individuals with IDD and mental health needs.			1	1
Emergence Health Network (El Paso)			1	1
Develop a crisis stabilization unit as an alternative to inappropriate systems of care. The intention of this project is to provide a resolution to the cyclical pattern of long term support and acute crisis intervention for individuals with IDD and severe and persistent mental illness (SPMI).			1	1
Heart of Texas Region MHMR Center (Waco)	1			1
This project will develop a team of professionals to identify and intervene with children or individuals with developmental disabilities with	1			1

Local IDD Authority / Project Description	Behavioral Intervention Team (BIT) Projects	Crisis Respite Projects	Combined BIT / Respite Projects	Total Projects
challenging behaviors.				
Helen Farabee Centers (Wichita Falls)			1	1
The goal of the project is to create a crisis respite unit to serve individuals with IDD throughout the Center's service region.			1	1
Hill Country MHDD Centers (Kerrville)		1	1	2
Develop a crisis center for individuals dually diagnosed with mental illness and intellectual and IDD who are in a behavioral health crisis.		1		1
Hill Country MHDD Centers will develop a crisis response team specifically designed to address behavioral crises for individuals with dual diagnosis of IDD and mental illness by utilizing interventions such as Cognitive Adaptation Therapy for the individual to reduce the recurrence of the crisis in the future.			1	1
Lakes Regional MHMR Center (Terrell)	1		2	3
Develop a behavioral health crisis stabilization service for dually diagnosed individuals as an alternative to hospitalization which will include a crisis respite facility, and wraparound services to serve Ellis and Navarro counties.			1	1
Develop a behavioral health crisis stabilization service for dually diagnosed individuals with IDD, autism spectrum disorders (ASD) and behavioral health needs as an alternative to hospitalization, including a crisis respite facility, and wraparound services to serve Kaufman County and surrounding counties.			1	1
House a day treatment center for children/ adults with ASD and related behavioral health needs or IDD. Additionally, a community-based Behavioral Support Outreach Team will provide community-based services to families and individuals not requiring site-based treatment.	1			1
Behavioral Health Center of Nueces County (Corpus Christi)	1			1
Provide a dual diagnosis clinic to provide outpatient crisis prevention and support staff development using National Association of Dual Diagnosis direct support certification and clinical competency standards for individuals with a dual	1			1

Local IDD Authority / Project Description	Behavioral Intervention Team (BIT) Projects	Crisis Respite Projects	Combined BIT / Respite Projects	Total Projects
diagnosis of IDD and mental health (MH).				
MHMR of Tarrant County (Fort Worth)			1	1
Implement the Systemic Therapeutic Assessment, Respite, and Treatment model in order to provide behavioral health crisis prevention and intervention services for individuals with IDD and/or ASD with co-occurring behavioral and/or medical needs. Services will include a 24 hour/7 days a week crisis response capability; a therapeutic emergency respite facility to provide short term planned and emergency respite services; psychological/behavioral support services, and intensive service coordination.			1	1
MHMR Services for the Concho Valley (San Angelo)		1		1
Implement an IDD Behavioral Health Crisis Response System to provide community-based crisis intervention services to individuals with IDD and mental illness in order to prevent hospitalization and inappropriate utilization of local hospital emergency departments.		1		1
MHMR Authority of Harris County (Houston)			1	1
Develop wrap-around and in-home services for high risk consumers with IDD and ASD and their families to avoid utilization of intensive, costlier services.			1	1
Spindletop Center (Beaumont)			1	1
Provide early intervention and intensive wraparound services and supports for individuals with IDD who are in behavioral crisis by developing a mobile Community Behavioral Crisis clinical team, with a Clinical Out-of-home Respite component to reduce the use of less clinically appropriate care, such as local hospital emergency departments, for the targeted population in Jefferson, Orange, Hardin, and Chambers counties.			1	1
Texana Center (Rosenberg)	1			1
Create a crisis behavioral health care team to intervene to keep individuals with dual diagnoses and in crisis out of SSLCs, emergency rooms, state mental health hospitals or jail.	1			1

Local IDD Authority / Project Description	Behavioral Intervention Team (BIT) Projects	Crisis Respite Projects	Combined BIT / Respite Projects	Total Projects
The Gulf Coast Center (Galveston)		1		1
Provide short-term emergency respite for individuals with IDD/ASD who experience a behavioral crisis that requires intervention from law enforcement, the Mobile Crisis Outreach Team, or the local hospital emergency departments.		1		1
Tri-County Services (Conroe)	1			1
IDD ACT program to provide crisis evaluation and diversion screenings	1			1
Total Projects	8	3	9	20

Reference Page/Parentetical Documentation

¹ Data from U.S. Census, 2010. Staff calculations from Table QT-P1, <http://factfinder2.census.gov>; Texas Council for Developmental Disabilities, 2010 Annual Report, www.txddc.state.tx.us/resources/publications/annual_reports/10annualreport/arpt10.pdf. The DADS IDD priority population includes individuals with an intellectual disability as defined by Health and Safety Code §591.003; individuals with a pervasive developmental disorder (e.g., autism), as defined in the Diagnostic and Statistical Manual; individuals diagnosed with a related condition who are enrolling in the ICF program, Home and Community-based Services waiver program or the Texas Home Living waiver program; nursing facility residents eligible for specialized services for an intellectual disability pursuant to the Social Security Act §1919(e)(7); and children eligible for Early Childhood Intervention services through the Texas Department of Assistive and Rehabilitative Services.

² This web page is available online at <http://www.hhsc.state.tx.us/medicaid/managed-care/mmc/starplus-expansion/adding-basic-health-services.shtml>.