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Texas Medicaid Waivers

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Objectives

- Quick review of Medicaid
- Waiver overview
- Texas 1915(b) waivers
- Texas 1115 waivers
- Texas 1915(c) waivers

What is Medicaid?

- Medicaid is a joint federal and state program that provides medical coverage to eligible persons.
- Federal laws and regulations:
 - Require coverage of certain populations and services.
 - Provide flexibility for states to cover additional populations and services.



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What is Medicaid? Cont..

- Medicaid is an entitlement program, meaning:
 - Guaranteed coverage for eligible services to eligible persons.
 - Open-ended funding based on the actual costs to provide eligible services to eligible persons.
- At the federal level, Medicaid is administered by the Centers for Medicare and Medicaid Services (CMS) within the U.S. Department of Health and Human Services.



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What is a Waiver?

- A waiver enables states to receive federal Medicaid matching funds without complying with certain requirements set forth in the §1902 of the Social Security Act (SSA).
- Must be approved by CMS.
- States typically seek waivers to:
 - Provide different kinds of services.
 - Provide Medicaid to new groups.
 - Target certain services to certain groups.
 - Test new service delivery and management models.



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What is a Waiver? Cont..

- Under a waiver, a state may:
 - Limit a waiver service to specific geographic areas §1902(a)(1).
 - Limit comparability of services, such as offering an array of community-based services to those who would otherwise require institutionalization §1902(a)(10)(B).
 - Apply institutional income and resource (eligibility) rules for medically needy who would otherwise qualify for waiver services 300% federal poverty level (FPL) §1902(a)(10)(C)(i)(III).
 - Freedom of choice.



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Waiver Types

- 1115 Demonstration waivers
- 1915(b) waivers
- 1915(c) waivers



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1115 Demonstration Waivers



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- Texas Healthcare Transformation and Quality Improvement Program (THTQIP)
- Healthy Texas Women (HTW)

1115 Demonstration Waivers cont..

- Allow states to cover new populations, expand services, allow cost sharing, family planning, and pharmacy coverage.
- Must be budget neutral.
- Allows states to operate programs that test policy innovations likely to further the objectives of the Medicaid program.



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THTQIP

Since 2011, THTQIP has enabled the State to expand its use of Medicaid managed care to achieve program savings, while also preserving locally funded supplemental payments to hospitals.

The goals of THTQIP are to:

- Expand risk-based managed care statewide;
 - Support the development and maintenance of a coordinated care delivery system;
 - Improve outcomes while containing cost growth; and
 - Transition to quality-based payment systems across managed care and providers.
- Approved through Sept. 30, 2030.



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Medicaid Managed Care

- The 1115 waiver is the federal authority that Texas uses to deliver Medicaid managed care.
- The following programs are under the 1115 authority:
 - STAR - acute care services primarily to low-income families, children, and pregnant women.
 - Children's dental program - dental care to most children under the age of 21.



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Medicaid Managed Care cont..

- STAR+PLUS - acute and long-term service and supports primarily to older adults and adults with disabilities.
 - Includes STAR+PLUS HCBS.
- STAR Kids - acute and long-term services and supports to children with disabilities.
 - Includes the Medically Dependent Children Program (MDCP), which is operated as a 1915(c)/1115 combination.



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Healthy Texas Women (HTW)

- HTW offers women's health and family planning services at no cost to eligible women.
- HTW helps women access care and plan their families, whether they seek to achieve, postpone, or prevent pregnancy.
- Beginning September 1, 2020, HHSC introduced HTW Plus, an enhanced postpartum services package for HTW clients.
 - HTW Plus services are provided to women enrolled in HTW whose pregnancies ended within the 12 months preceding their enrollment.



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1915(b) Delivery System Waivers



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- Community First Choice (CFC)
- Specialized Add on Services (PASRR)
- Non-Emergency Medical Transportation (NEMT)

1915(b) Waivers

- Section 1915(b) waivers allow states to operate programs that impact the delivery system of some or all of the individuals eligible for Medicaid in a state.
 - (b)(1) Freedom of Choice - restricts Medicaid enrollees from receiving services within the managed care network.
 - (b)(2) Enrollment Broker - utilizes a "central broker".
 - (b)(3) Non-Medicaid Services Waiver - uses cost savings to provide additional services to beneficiaries.



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1915(b)(4) Waivers cont..

- A 1915(b)(4) waiver allows selective contracting and can waive:
 - Comparability of service,
 - Freedom of choice, and
 - Statewideness.
- 1915 (b) (4) waivers in Texas
 - Community First Choice (CFC)
 - Specialized Add on Services (PASRR)
 - Non-Emergency Medical Transportation (NEMT)



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Home and Community Based Services (HCBS) Waivers



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- Community Living Assistance and Support Services (CLASS)
- Deaf Blind with Multiple Disabilities (DBMD)
- Home and Community-based Services (HCS)
- Medically Dependent Children Program (MDCP)
- Texas Home Living (TxHmL)
- Youth Empowerment Services
- STAR+PLUS Home and Community Based Services (HCBS)

1915(c) Waivers

- Section 1915(c) waivers allow states to provide long-term care to individuals in home and community settings as an alternative to institutions.
- A waiver is initially approved for 3 years and renewed every 5 years thereafter.
- Programs can provide medical and non-medical services.

A note about Community First Choice:

While HCBS requirements apply to CFC, the services are state plan services and not part of a waiver.



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Institutional Level of Care

- Individuals in a 1915(c) waiver must require an institutional level of care (LOC).
- Types of LOC:
 - Intermediate care facility for individuals with intellectual disabilities or related conditions (ICF/IID)
 - Nursing facility
 - Inpatient facility
- To “meet” level of care, an individual must be determined by HHSC to require services to an extent that they would have to reside in one of the institutional settings listed above were it not for their waiver services.



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Texas 1915(c) Waivers

ICF/IID

CLASS	DBMD	TxHmL	HCS
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Nursing Facility Care

MDCP	STAR+PLUS HCBS*
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Inpatient Facility

YES

* STAR+PLUS HCBS is operated under an 1115 waiver authority but complies with 1915(c) requirements.



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Interest Lists

Why they exist

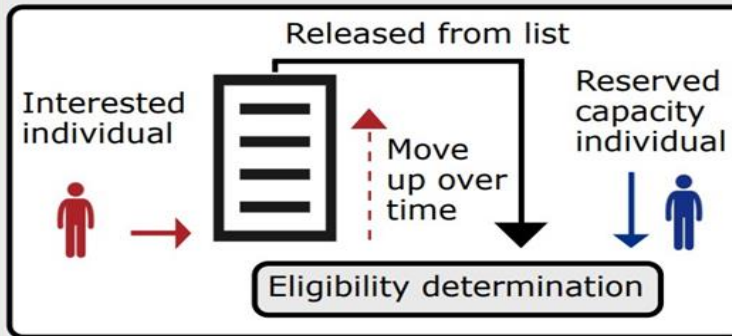
Unlike regular Medicaid, states are allowed to set caps on the number of people served under a waiver and establish interest lists when demand exceeds the waiver's approved capacity.



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Process Snapshot

Interest List Process



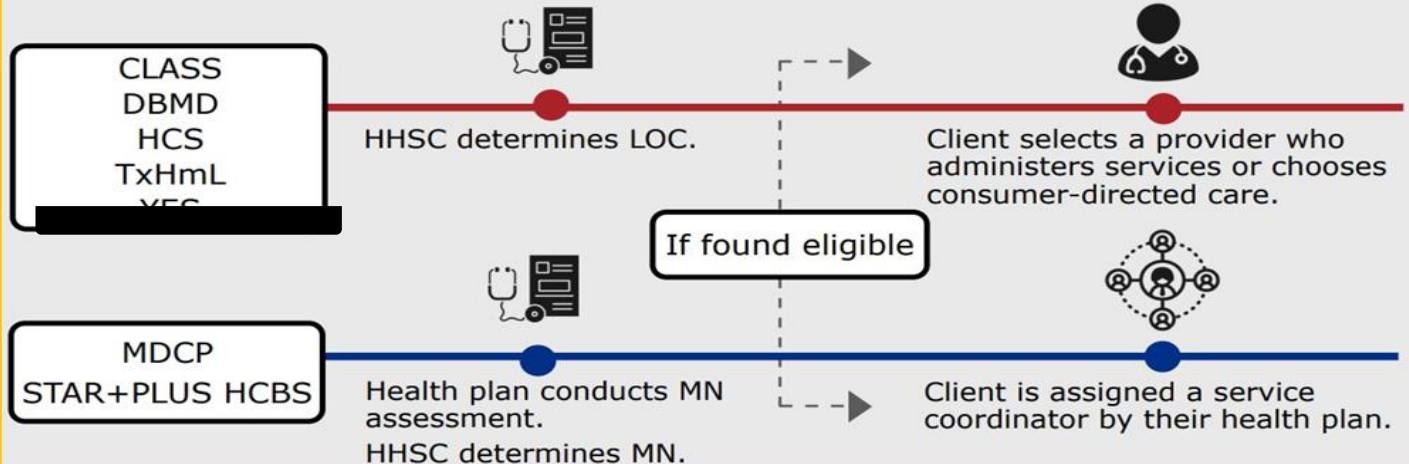
When a program slot opens, the individual at the top of the list is released.

As individuals are released, others move up the interest list.

After an individual is released, they go through the eligibility determination process.

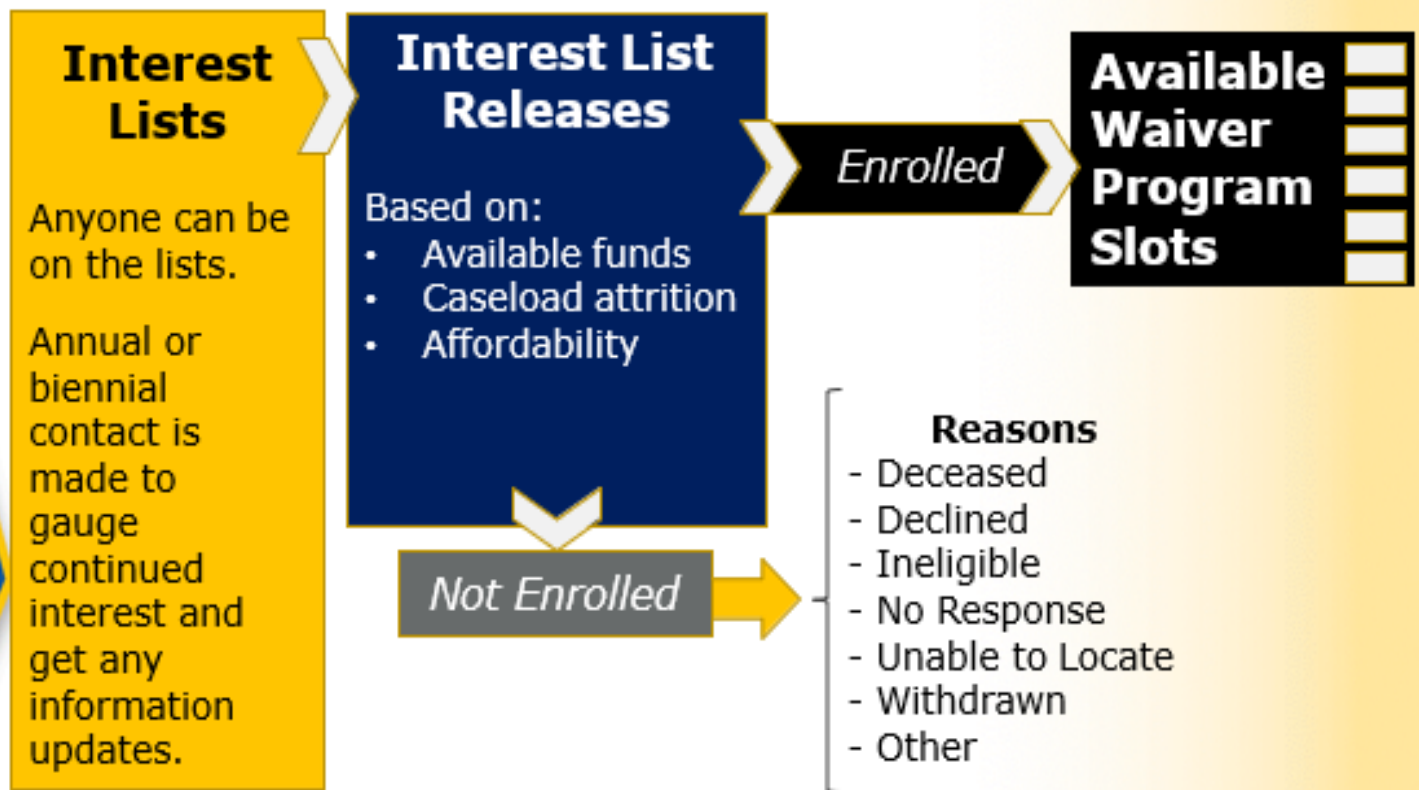
Eligibility Determination

Eligibility determination is based on household income and level of care (LOC) or medical necessity (MN). The criteria for LOC or MN an individual must meet varies by program.



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Maintaining the Lists and Releases



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Planned Interest List Improvements



HHSC is revising the current Interest List Questionnaire to comply with HB 3720.



HHSC will implement a system to allow individuals or their legally authorized representative (LAR) to add an interest list request and update information in an online portal.



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Service Delivery Options

- In certain waiver programs, individuals (including family, LAR, etc.) may select how they would like some services delivered:
 - Agency Option - Standard service delivery through an agency
 - Service Responsibility Option - Individual manages day-to-day activities and the provider agency manages business activities
 - Consumer Directed Services (CDS) - Individual manages both day-to-day and business activities
- Individuals who select the CDS option receive financial management services and may receive support consultation.



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1915(c) Waivers for Individuals with IDD

Local Intellectual and Developmental Disability Authorities (LIDDAs)

- LIDDAs conduct the following activities that help individuals access certain Medicaid waivers:
 - Provide information about services and supports
 - Help individuals identify community-based services and supports
 - Place individuals on Medicaid waiver interest lists
 - Conduct psychological testing to determine eligibility
 - Provide service coordination to individuals enrolled in HCS and TxHmL



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Home and Community-based Services (HCS)

- Provides individualized services to people of all ages who qualify for an ICF-IID level of care.
- HCS waiver services are provided by a comprehensive program provider, and service coordination is provided by the LIDDA.
- Services are available statewide and must be within the program annual cost limit.



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HCS

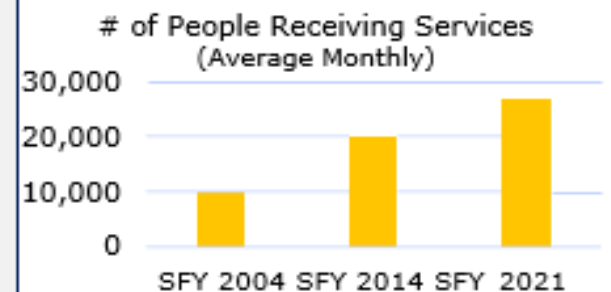
Year started: 1985

Additional Waiver Information

- Serves all ages
- Must meet specific Level of Care criteria for the program (see Appendix)
- May live in their own home, their family home, or a residence with other individuals with similar needs that is operated by a program provider

Enrollment Data

Total Enrolled: 29,665



Interest List Data

List Count	108,838
Receiving Other Services*	50%
Uptake Rate	52%



**Average Years on List:
7.4 years**

Enrollment and interest list data as of March 31, 2022. # of People Receiving Services = Average # of individuals per month receiving at least one service during that state fiscal year (SFY).

*Services include other HCBS services (another waiver), state plan Medicaid benefits, or general revenue-funded LTSS.



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HCS Services

- Adaptive aids
- Audiology services
- Behavioral support services
- Cognitive rehabilitation therapy*
- Individualized Skills and Socialization
- Dental
- Dietary services
- Minor home modifications
- Pre-enrollment minor home modifications
- Occupational therapy
- Physical therapy
- Transition assistance services

All individuals in HCS are able to receive CFC services if they have a need.

* Services available through the CDS option



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HCS Services cont..

- Nursing services*
- Residential assistance
 - Host home/companion care
 - Supervised living
 - Residential support
- Respite*
- In-Home Respite*
- Speech/language pathology
- Social work services
- Supported employment*
- Employment assistance*
- Supported home living (Transportation)*
- Support Consultation*
- Financial Management Services (FMS)*

* Services available through the CDS option



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Texas Home Living (TxHmL)

- Provides selected services and supports up to \$17,000 per year for individuals who qualify for ICF/IID level of care.
- TxHmL waiver services are provided by a TxHmL program provider or through the consumer directed services option, and service coordination is provided by the LIDDA.
- Services are available statewide and must be within the program annual cost limit.



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TxHmL

Year started: 2004

Additional Waiver Information

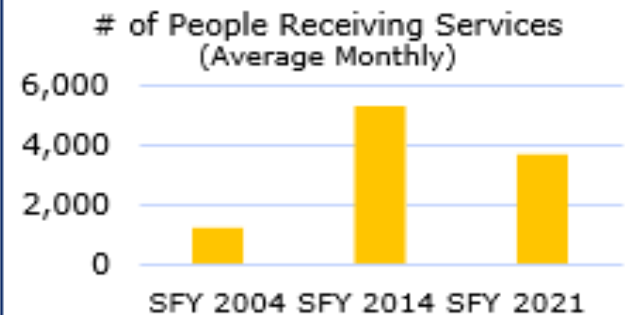
- Serves all ages
- Must meet specific Level of Care criteria for the program (see Appendix)
- Must live in their own home or their family home



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Enrollment Data

Total Enrolled: 3,965



Interest List Data

List Count	96,893
Receiving Other Services*	49%
Uptake Rate	19%



**Average Years on List:
6.6 years**

Enrollment and interest list data as of March 31, 2022. # of People Receiving Services = Average # of individuals per month receiving at least one service during that state fiscal year (SFY).

*Services include other HCBS services (another waiver), state plan Medicaid benefits, or general revenue-funded LTSS.

TxHmL Services

- Community support (Transportation)
- Individualized Skills and Socialization
- Respite
- In-home respite
- Supported employment
- Employment assistance
- Adaptive aids
- Audiology
- Behavioral support
- Dental
- Dietary services
- Minor home modifications
- Nursing services
- Occupational, physical, and speech therapy
- Support Consultation
- Financial Management Services (FMS)

All individuals in TxHmL are able to receive CFC services if they have a need.

All services in TxHmL can be provided under the CDS option



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Community Living Assistance and Support Services (CLASS)

- Provides home and community-based services to clients who have a diagnosis of a related condition qualifying them for placement in an ICF-IID.
- Provides case management and direct services through two separate agencies.
- Services are available statewide and must be within the program annual cost limit.



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CLASS

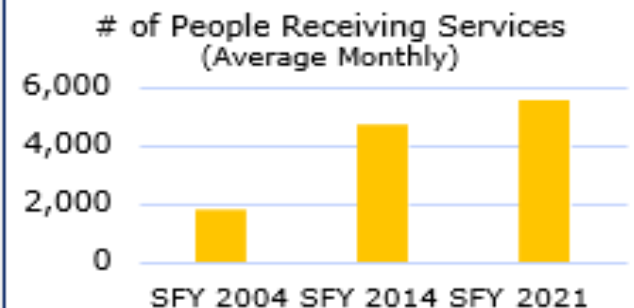
Year started: 1991

Additional Waiver Information

- Serves all ages
- Must have a related condition as the primary diagnosis and moderate to extreme deficits in adaptive behavior
- Must have substantial functional limitations in areas like self-care, language and capacity for independent living
- May live in their own home or their family home

Enrollment Data

Total Enrolled: 6,021



Interest List Data

List Count	78,259
Receiving Other Services*	52%
Uptake Rate	30%



**Average Years on List:
7.3 years**

Enrollment and interest list data as of March 31, 2022. # of People Receiving Services = Average # of individuals per month receiving at least one service during that state fiscal year (SFY).

*Services include other HCBS services (another waiver), state plan Medicaid benefits, or general revenue-funded LTSS.



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CLASS Services

- Adaptive aids
- Behavioral support services
- Case management
- Cognitive rehabilitation therapy*
- Continued family services
- Dental
- Minor home modifications
- Nursing services*
- Occupational, speech, and physical therapies*
- Prevocational services
- Respite services*
- Specialized therapies
- Support family services
- Supported employment*
- Employment assistance*
- Transition assistance services (TAS)

All individuals in CLASS are able to receive CFC services if they have a need.

* Services available through the CDS option



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Deaf Blind with Multiple Disabilities (DBMD)

- Provides home and community-based services as an alternative to residing in an ICF-IID to individuals of all ages who are deafblind, or have a condition that will result in deafblindness, and who have an additional disability.
- Provides case management and direct services through a single agency.
- Services are available statewide and must be within the program annual cost limit.



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DBMD

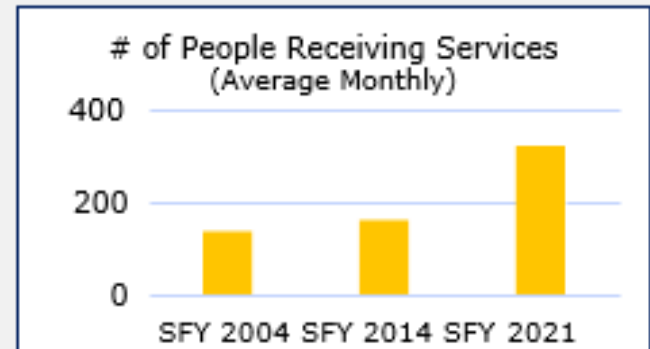
Year started: 1995

Additional Waiver Information

- Serves all ages
- Must have a diagnosis of deafblindness (or have a related condition that will result in deafblindness) and have one other disability that results in impairment to independent functioning
- Must have substantial functional limitations in areas like self-care, language and capacity for independent living
- May live in their own home, their family home, or a residence with other individuals with similar needs that is operated by a program provider

Enrollment Data

Total Enrolled: 313



Interest List Data

List Count	1,239
Receiving Other Services*	51%
Uptake Rate	8%



Average Years on List:
2.5 years



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DBMD Services

- Adaptive aids
- Audiology services
- Behavioral support services
- Case management
- Chore services
- Community First Choice personal assistance services/ habilitation*
- Individualized Skills and Socialization
- Dental
- Dietary services
- Intervener*
- Minor home modifications
- Occupational therapy

All individuals in DBMD are able to receive CFC services if they have a need.

* Services available through the CDS option



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DBMD Services cont..

- Orientation and mobility
- Physical therapy
- Transportation-residential habilitation*
- Respite*
- Speech, language, and hearing therapy
- Supported employment*
- Employment assistance*
- Transition assistance services (TAS)
- Assisted Living (licensed up to six beds)



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1915(c) or 1915(c)-like Waivers for Individuals with Medical Needs

STAR+PLUS HCBS

- Provides home and community-based services to individuals ages 65 and older and 21 and older with disabilities.
- Individuals must meet a nursing facility level of care.
- STAR+PLUS HCBS is provided under the authority of the 1115 THTQIP waiver but must comply with the HCBS requirements of a 1915(c) waiver.



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STAR+PLUS HCBS Services

- Adaptive Aids and Medical Supplies
- Adult Foster Care
- Cognitive Rehab. Therapy*
- Dental Services
- Emergency Response Services
- Employment Assistance*
- Financial Management Services
- Home Delivered Meals
- Minor Home Modifications
- Nursing*
- Occupational Therapy*
- Personal Assistance Services*
- Physical Therapy*
- Respite*
- Speech, Hearing, and Language Therapy*
- Support Consultation*
- Supported Employment*
- Transition Assistance Services
- Assisted Living

Individuals eligible for SSI receive CFC, including personal assistance services, if they have a need.

* Services available through the CDS option



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Medically Dependent Children Program (MDCP)

- Provides home and community-based services to individuals 20 years old and younger who meet the criteria for the nursing facility or inpatient facility level of care.
- Services are available statewide and must be within the program annual cost limit.
- Services are delivered as part of STAR Kids and STAR Health*, making MDCP the only 1915(c) waiver in managed care.

*STAR Health is the Texas Medicaid program serving children and young adults who are in state conservatorship.



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MDCP Services

- Respite*
- Supported Employment*
- Financial Management Services
- Adaptive Aids*
- Employment Assistance*
- Flexible Family Support Services*
- Minor Home Modifications*
- Transition Assistance Services

All individuals in MDCP are able to receive CFC services if they have a need.

* Services available through the CDS option



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Thank you!
