2024 IDD System Redesign Advisory Committee Priority Recommendations

Executive Summary

People with intellectual developmental disabilities (IDD) rely on a system of community-based services to live successfully in their homes. The 88th Legislature did not fund the supports necessary to maintain this system, and the result is a system in crisis. People with IDD are in danger of losing the supports that protect their health and safety and the opportunity to continue to live a quality of life in their communities.

Since 2014, recommendations developed by the Intellectual Developmental Disability System Redesign Advisory Committee (IDD SRAC) for each statutorily required annual report have remained essentially the same with only minor revisions and additions. As a result, and given the number of recommendations presented in each report, the committee decided to use a different approach in developing its recommendations for the *Implementation of Acute Care Services and Long-Term Services and Supports (LTSS) System Redesign for Individuals with an Intellectual or Developmental Disability 2024 Annual Report.*

The approach used was to maintain the recommendations included in the 2023 Annual Report, yet prioritize, those recommendations deemed critical to address the workforce crisis for IDD direct care workers (DCWs), support the stability of the IDD community-based services system, and ensure Texas has a comprehensive, effectively working Promoting Independence Plan that prevents unnecessary institutionalization. While the Committee supports the Legislature's consideration of all recommendations in the 2023 Annual Report (see Appendix A: IDD SRAC 2023 Recommendations), members of the IDD SRAC request the Legislature's review and consideration of the four priority areas and related recommendations presented below which were developed and prioritized by the IDD SRAC's three subcommittees: *System Adequacy*, *Collaboration with Managed Care (formerly Transition to Managed Care)*, *and Meaningful Skills Development and Employment Services*.

The *Subcommittees* identified four priority areas requiring legislative actions to address the workforce crisis for IDD DCWs, support the stability of the IDD community-based services system, and prevent unnecessary institutionalization:

Priority 1: Address the direct care attendant and nursing workforce crisis that is placing the health and safety of persons served at risk and increasing risks for institutionalization.

Priority 2: Provide a comprehensive service array to meet a person's needs, thereby preventing crisis that may result in institutionalization.

Priority 3: Provide comprehensive and timely assessments of a person's level of need in order to receive necessary and critical services, thereby preventing crisis that result in institutionalization.

Priority 4: Increase access to waiver slots and existing benefits.

Details for each priority area, by IDD SRAC Subcommittee, are as follows:

Priority 1: Address the direct care attendant and nursing workforce crisis that is placing the health and safety of persons served at risk and increasing risks for institutionalization

SA Recommendation 1: Provide emergency funding to address the workforce crisis by funding attendant and DCW wages to be competitive market wages (at least $15 per hour) across all community-based settings which include group homes, host homes, family homes and individuals' own homes.

Strategies:

A. Fund strategies to address both the workforce crisis and increased access to waivers as the top priorities in HHSC's FY 2026-2027 Legislative Appropriations Request.

B. Require HHSC to periodically educate lawmakers on the crisis, particularly with regard to group home closures and other limitations resulting in reduced access to community services, and immediately seek emergency funding from the Texas Legislative Budget Board as part of a legislative special session to address the crisis and its adverse impact on health, stability, and lives of persons with IDD.

C. Fund attendant and DCW wages to be competitive market wages commensurate with current labor market demand to increase and equalize the median or average wage rate of attendants and DCWs to at least $15/hour across all Medicaid programs and service settings who use direct care workers/attendants.

D. Fund re-evaluation and implementation of the wage floor for nurses, DCWs and attendants in all community-based programs, including the community-based ICF/IID program, to match the compensation of nurses and DCWs working in the SSLCs and state hospitals. Consider local competitive market for wages across all Medicaid programs and service settings.

E. Require HHSC to explore options for providers to be able to offer modest benefits to their employees including benefits that offer economic stability like health and dental insurance as well as benefits that protect employee's mental

health and offer some opportunities for self-improvement. Providers are no longer able to provide these benefits without additional assistance in the form of increased rates, the availability of pooled insurance strategies, or other support to ensure a qualified workforce is in place to assist Texans with disabilities.

F. Establish sustainable Community First Choice (CFC) rates that allow for hiring and retention of DCWs with skills and abilities in teaching habilitation. Set rates for CFC services across all programs, including rates paid by MCOs, to attract and retain DCWs. Rates for DCWs who support persons with IDD must take into account the lifelong needs of persons with IDD and the distinct skills and abilities required to teach persons to perform tasks independently.

SA Recommendation 2: Ensure the health and safety of persons with complex medical and behavioral needs through the implementation of strategies to hire and train qualified DCWs, and to enhance staffing ratios and wages to retain qualified staff.

Strategies:

A. Establish enhanced rates in IDD waiver programs to address provider capacity to meet needs of individuals with complex needs.

B. Fund Level of Need (LON) 9 for both medical and behavioral needs in all waivers. Currently, LON 9 exists in HCS waiver for behavioral needs only.

C. Establish enhanced staffing ratios when justified by complex medical or high behavioral needs and when necessary to maintain health and safety of the person to remain in the community.

D. Establish enhanced staffing ratios and enhanced wages for DCWs and other staff serving individuals with high medical and/ or behavioral needs across IDD programs to meet needs of the most medically involved individuals at risk of institutionalization or hospitalization. Reimbursement of staff and program must support varying levels of need, including CFC services.

E. Require HHSC to develop training related to physical, medical, and environmental triggers for behavior. Training should include: training of IDD providers; training and on-site consultation from highly trained clinical staff; and training and consultation for behavioral health systems in the specialized needs of the IDD population.

F. Establish rates that support a higher wage paid to DCWs who perform delegated nursing tasks.

SA Recommendation 3: Expand billable services for providers delivering critical services such as nursing and behavior supports. Implement flexibilities, incentives, add-on rates and other process improvement initiatives to retain staff.

Strategies:

A. Establish add-on rates for more complex services, service coordination, and monitoring for individuals with complex needs enrolling in waivers from the interest lists as well as those transitioning from an institution to the community.

B. Establish rates for nurse supervision, oversight and coordination.

C. Require HHSC to ensure that providers statewide have adequate flexibility and funding that allows for billable critical services such as nursing, DCWs, attendants, and supervision of non-licensed staff based on a comprehensive assessment tool that captures all needs.

D. Fund an increase in the amount provided through the Attendant Compensation Rate Enhancement (ACRE) program for all services in which ACRE is available by at least 20 cents per each level.

E. Establish parity in wages across all waivers for like services.

F. Establish Enhanced Incentive Payments for the completion of Reporting Data Elements and meeting Predetermined Outcomes/ Quality Metrics with the condition that it captures data elements to allow for the implementation of future Alternative Payment Models (i.e., Bundled Payments).

CMC Recommendation 4: Ensure times worked are recorded accurately and timely paid, and systems align with billing and claims matching for agencies, managed care organizations (MCOs), and individuals using consumer-directed service (CDS) option so they are able to retain their workforce.

Strategies:

A. Fund upgrades to the Electronic Visit Verification (EVV) proprietary systems need to be upgraded to include timekeeping for non-EVV services and a way to track total number of hours per week per employee. In the current model, attendants are being asked to switch back and forth between two timekeeping systems throughout a shift, when performing services such as transportation and Supported Employment. Each timekeeping system rounds differently when calculating hours and pay. Because of this, an employee cannot accurately know how many hours they have worked or how much they are being paid, and they lose time while swapping between systems. This negatively affects

recruitment and retention, and causes undue stress to the employers, possibly leading to unnecessary reduction in self- determination and discouraging use of EF practices.

B. Require HHSC policies for all Financial Management Services Agencies (FMSAs) to perform visit maintenance to identify any pending visits that are approved, but not paid within a three-month period. The EVV system is complex and can often suspend a visit that is beyond the current payroll period. Require the FMSA to monitor the system to ensure all visits approved by the CDS employer are paid. Require HHSC to apply sanctions for non-compliance.

C. Require HHSC processes for easy access for CDS employees to account for their total hours worked and approved in each pay period. Currently, CDS employees cannot look at their work history for the current pay period on EVV. Once employees sign out, they cannot access the information for that EVV session. There is no way to look back at hours worked during the week. The only way to keep up with the hours is for the employee to ask the CDS employer to look up their work hours.

D. Establish a non-EVV option as a part of the EVV service menu. This would reduce the episodes of non-compliance with visit maintenance standards and noncompliance with signing in and out.

E. Establish and EVV option that allows employees, who work switch between EVV and non-EVV tasks during a work shift, to sign in and sign out once for the shift, rather than signing in/out between tasks. The option should allow the employee to select which services the employee performed throughout the day and allocate the hours to the correct service at the end of the day, the week, or the pay period.

F. Establish an EVV option that prompts if the visit is overnight at the beginning of the shift (sign-in) rather than at the end of the shift (sign-out). Explore how other EVV systems document overnight visits.

MSDES Recommendation 5: Adequately address wages for direct support professionals delivering Individualized Skills and Socialization and employment services. Establish higher rates for providers delivering services to persons with higher support needs (medical and behavioral).

Strategies:

A. Establish an employment services rate structure so there is parity with TWC supported employment wages that allows the provider to deliver the service. Review the current payment model and consider revisions to the rate structure to ensure that providers can deliver the service.

B. Establish a billable service in the IDD waivers that allows for Employment Assistance providers to be present with an individual when a Supported Employment staff is being trained to ensure that the transition from Employment Assistance to Supported Employment is successful.

C. Establish a higher Employment Assistance and Supported Employment reimbursement rate, in all waivers, for participants who have higher support needs, such as medical and/or behavioral supports, and who require staff to have a higher skill set of training.

D. Establish a transportation benefit to allow flexibility to include the use of taxis, bus passes, and ride shares. Allow this benefit to be billable through Employment Assistance and Supported Employment services when it is employment related transportation.

Priority 2: Provide a comprehensive service array to meet a person's needs, thereby preventing crisis that may result in institutionalization.

SA Recommendation 1: Ensure access to services at the time services are needed in order to prevent crisis, to include enhanced medical services for children and adults, Medicaid waivers, Community First Choice, crisis respite, and intermediate care settings for jail and emergency room diversion.

Strategies:

A. Require HHSC to streamline access to General Revenue (GR) and other additional funds for those who exceed the cost cap for Medicaid waivers, including in managed care, all waivers, and any pilot. Modify eligibility for GR funds to remove the institutional bias and use language consistent with maintaining services in the most integrated setting.

B. Establish flexibility within the waivers that allows for use of GR to individuals with either high behavioral or high medical needs.

C. Establish and ensure access to crisis respite and long-term stabilization options as a measure to prevent hospitalization and/or institutionalization across all waiver programs and in non-waiver services for all persons with IDD.

D. Require HHSC to develop cross-system crisis prevention and interventions to ensure that providers and families have options that limit the inappropriate use of police and emergency rooms for behavior interventions.

E. Establish immediate access for eligible MDCP recipients who receive Medicaid and are enrolled in STAR Kids or STAR Health managed care programs through

a no-interest list policy. If additional LTSS services are carved into managed care over the next decade, ensure access for recipients with SSI who qualify for IDD waivers through a no-interest list policy.

SA Recommendation 2: Expand service array in all waivers to include enhanced behavior services, enhanced medical services, and overnight supervision for persons with complex needs.

Strategies:

A. Establish and fund high needs services, such as enhanced behavioral supports, enhanced medical supports and enhanced case management, that support advanced direct service professional training, credentialing, supervision and compensation when supporting persons with high medical, behavioral, physical, or psychiatric needs.

B. Establish and fund enhanced rates and training in CFC services, provided through all waivers and non-waiver CFC services for persons with more complex needs. Evaluate a rate structure equivalent to that of Residential and Individualized Skills and Socialization rates based on LON in the HCS Medicaid waiver program. Support a higher rate for persons with higher acuity needs. Ensure rate enhancement is included for CFC services provided in all waivers and non-waiver CFC services, and in all service models (CDS and Agency options).

C. Fund development of small community-based, short-term, therapeutic, emergency out-of-home options for persons in crisis until they reach stabilization and a plan for support is implemented for their return to the home.

D. Fund the enhanced medical and behavioral health LTSS benefits that were developed for the IDD Pilot but not implemented. These benefits will provide consistent services between waiver programs and provide additional support to the individuals, and their caregivers, in a waiver program. Benefits include: Enhanced Behavioral/Family Caregiver Coaching Services; Enhanced Behavioral Extended Substance Use Disorder Services; Enhanced Behavioral Peer Supports; Enhanced Behavioral Therapeutic In Home Respite; Enhanced Behavioral Therapeutic Out of Home Respite; Enhanced Medical Services; and Host Homes.

E. Fund and require HHSC to fully implement a comprehensive and effective policy with stakeholder input to address the medical and care needs for medically fragile individuals in the STAR+PLUS HCBS Waiver program. Implementation should include a process for ongoing evaluation of the recent July 2024 medically fragile group policy, funding and eligibility with adjustments as needed. The policy must include process for the individual to

be informed of the medically fragile group benefit and right to request assessment for inclusion in the medically fragile group.

F. Fund overnight supports and/or protective supervision across all HCBS waivers. For example, the CLASS program provides direct care supports to persons with complex physical needs who require medical and/or personal care assistance during overnight hours to ensure health and safety.

SA Recommendation 3: Implement flexibilities in billing guidelines, allowable wavier cost caps, and choice of the most appropriate waiver and other system improvement initiatives to ensure that people receive the right services at the right time to prevent crises.

Strategies:

A. Fund the development of a separate billing rate for HCS that allows for respite, direct care supports, and transportation without lowering the daily rate for the host home/companion care benefit, to support people with high behavioral and medical needs, to avert burnout or disruption, and to promote stability and continuity of community living arrangement.

B. Fund flexibility to exceed the annual cost cap in IDD waiver programs, MDCP and STAR+PLUS HCBS to meet the rising cost of services when indicated by the individual's need determined by the nursing, behavioral and functional assessments.

C. Fund flexibility for HHSC to raise allowable waiver cost caps based on 'the most integrated setting', health and safety, and availability of community living arrangements in which the person's health and safety can be protected at that time, including but not limited to TxHmL, HCS, CLASS and DBMD waivers.

D. Fund a nursing facility diversion target group in the MDCP program, serving children with medical fragility who are at imminent risk of nursing facility admission.

E. Require HHSC to continue to provide oversight and structure to the Technical Support Teams through its Money Follows the Person (MFP) unit.

F. Fund flexibility for HHSC to provide choice of the most appropriate waiver when a person in a SSLC or other institutional setting, is transitioning to the community. Choice would include all waivers (CLASS, DBMD, HCS, STAR+PLUS HCBS, TxHmL and MDCP) for which a person qualifies.

CMC Recommendation 4: Improve use and flexibility of consumer directed services to promote independence and self-determination.

Strategies:

A. Increase funding within CDS to support the ability of CDS employers and non-CDS providers to offer attendants enhanced training and ongoing skill development. Establish polices for the funds to be accessed through a "program" similar to the current Attendant Compensation Rate Enhancement Program, via an add-on rate, or as a program service for which evidence must be demonstrated and verified that the funds were used in accordance with their intended purpose.

B. Increase funding within CDS to train employers to develop and enhance managerial skills, such as interviewing, hiring, training, supervising, conflict resolution, and terminating employees.

C. Require HHSC to develop processes that ensure that all FMSAs have the capacity to pay individuals hired by the CDS employer to provide services to the CDS individual, and also, to pay CDS employees who are professional providers with tax ID numbers who are working as CDS employees for CDS employers. Require HHSC to assess readiness and capability prior to implementation.

D. Support funds to address wage discrepancies among the waivers. CDS employees will see the wage discrepancies among the waivers and will opt out of working for people with lower wage waivers.

CMC Recommendation 5: Develop flexible policies and practices to improve access, availability and service delivery that promotes health, independence, employment and community living.

Strategies:

A. Fund development of HHSC policy and require the use of flexibilities for current benefits to improve access, availability, and delivery of services to people who are underserved. This would promote opportunity for increased service delivery efficiencies and effectiveness to promote independence, employment, and community living.

B. Fund development of HHSC policy and Medicaid benefit that promotes remote monitoring and supports to include the monitoring of a person in his or her residence by staff using one or more of the following systems: live video feed, live audio feed, motion sensing system, radio frequency identification, web-based monitoring system, or other device approved by the commission. The system shall include devices to engage in live two-way communication with the

individual being monitored as described in the individual service plan. Each type of remote monitoring must be agreed to by the person based on informed consent. Telehealth already exists in Texas. This is not telehealth.

C. Fund the development of flexible person-centered HHSC policies that allow DCWs to provide services, when appropriate, via telehealth and tele-monitoring to support a person's self-determination and well-being.

CMC Recommendation 6: Strengthen and expand regional collaboration among entities serving persons with IDD to improve health and community living.

Strategies:

A. Fund the development of regional partnerships to include LIDDAs, Medicaid MCOs (STAR+PLUS and STARKIDS), Texas Education Agency (TEA), TWC, comprehensive providers, diverse representations of persons with IDD, and families.

B. Require HHSC to establish roles or positions to develop, manage and operationalize regional partnerships. These positions must be filled by someone with communication skills, including professional staff and persons with lived experience.

C. Fund development and implementation of Regional Collaboratives in all MCO service delivery areas referencing a unified framework for development.

D. Fund increases in regional and statewide resources and personnel to develop and implement inclusive competitive and integrated employment programs for students.

MSDES Recommendation 7: Expand the service array in waivers to include essential supports for employment: transportation, benefits counseling, development of the Individual Employment Plan, peer support and prevocational services.

Strategies:

A. Fund the development of a Peer Support Model benefit, including self-advocates in the discovery process and assisting individuals to identify meaningful day activities. Below are some examples that should be considered:
   1. People Planning Together - Learning Community
   2. Opportunities for individual and group learning
   3. Exploring how to support families and friends to understand the value and

possibilities of employment.

B. Fund the expansion of the Employment Assistance service definition to include providing a person-centered, comprehensive employment plan with support services needed. This could be similar to the Individual Employment Plan (IEP) used by TWC. This service would provide assistance for waiver program participants to obtain or advance in competitive employment or self-employment. It is a focused, 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. Although currently it is a time limited service, it should be more person centered with the option of limitations being waived on a case-by-case basis for individuals who are actively engaged in seeking employment.

C. Fund the expansion of career planning services to include transportation between the participant's place of residence and the site where career planning is delivered. 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.

D. Fund and establish a centralized source of resources for employment related services and supports including information regarding continued Medicaid/ SSI/SSDI eligibility. Offer information on competitive, integrated employment and develop and expand existing educational campaigns and other initiatives to increase awareness of work incentives for participants.

E. Fund the addition of Social Security benefits counseling as a service in all HHSC waiver programs to promote competitive, integrated employment by increasing awareness of work incentives, providing accurate information, and also, assisting with, applying for and implementing work incentives that allow individuals who work to continue their Medicaid eligibility. The Social Security benefits counseling will be provided by certified social security benefits counselors or those who are Work Incentive Practitioner-Credentialed. This will ensure participants understand that their Medicaid waiver pilot benefits will be preserved after obtaining employment.

F. Fund Social Security benefits training and FTEs to increase the number of certified social security benefits counselors. Currently there are less than 30 state certified benefits counselors in Texas. Develop and implement effective training which outlines benefits and services offered through waiver programs. Training should include effective strategies for accessing Social Security, VA, Railroad, TWC (Texas Workforce Solutions-Vocational Rehabilitation Services Specialized Services and Stakeholder Relations) services and competitive employment while maintaining eligibility for current waiver services.

G. Require HHSC to develop policies for a transportation plan for individuals enrolled in state waiver programs that is included in service planning supports for employment, and ensures a seamless transition from Texas Workforce Commission, or waiver Employment Assistance services to successful integrated competitive employment services in the community.

H. Fund strategies to ensure parity in wages among staff providing similar services to similar populations; doing so would adequately address wages for direct support professionals in order to recruit and retain a workforce to allow for meaningful implementation of the HCBS Settings Rule regulations across all programs.

MSDES Recommendation 8: Develop regional collaboratives to promote competitive integrated employment through data collection and analysis, resource development, and seamless transition of employment services.

Strategies:

Fund the development and implementation of regularly scheduled regional and/or local collaboration on employment issues, including state agencies that provide employment services (DSAs, TWC, TEA, and HHSC) which will develop (1) a joint plan for identification of federal and state funding and resources to promote competitive integrated employment, (2) a joint phase-out plan that transitions individuals with disabilities out of subminimum wage and segregated work environments, (3) annual goals for increasing the numbers of persons with disabilities employed in competitive integrated employment, and (4) a requirement for each agency to develop a system for collecting and aggregating data that follows Workforce Innovation and Opportunity Act requirements and is reported to the HHSC EF designated staff annually. This recommendation is included in Develop and Implement a Regional Partnership recommendations of the Collaboration with Managed Care Subcommittee.

Priority 3: Provide comprehensive and timely assessments of a person's level of need in order to receive necessary and critical services, thereby preventing crisis that result in institutionalization

SA Recommendation 1: Develop and implement higher level of services for persons with the most complex needs (all waivers, managed care and any future pilot funded by the legislature), for persons transitioning from institutional settings, and for persons requiring one-on-one staff supervision.

Strategies:

A. Fund the development and implementation of a high medical Level of Need (LON) (similar to LON 9 for behavior supports in in CLASS, DBMD, HCS, and TxHmL and to be available at enrollment and annually).

B. Fund the addition of higher level of services with higher total cost allowance for persons with the most complex needs in Medicaid, including in managed

care, all waivers, and any future pilot funded by the legislature. The increased level should include enhanced rates for DCWs.

C. Fund the development and implementation of a one-year presumption of LON 6 or LON 9 for persons enrolling from all institutional settings or aging out from the Medicaid CCP skilled nursing. (Currently, a presumptive LON 6 or LON 9 is limited to SSLC transitions). Maintain, at a minimum, the LON of a person transitioning from another waiver or other IDD program for one year.

D. Fund the development and modification of LON 9 in HCS 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.

CMC Recommendation 2: Ensure assessment processes are flexible, and capture an individual's needs and support the needs of the IDD population.

Strategies:

A. Require HHSC to establish policies that ensure that assessment processes are flexible and can be readily modified to capture an individual's needs and goals for the person as they change.

B. Require HHSC to annually re-evaluate adequacy and use of the InterRAI-ID and ICAP tools and resource algorithm with the IDD SRAC.

MSDES Recommendation 3: Ensure employment assessments capture individual needs and are performed by certified Employment Service Providers.

Strategies:

A. Require HHSC to review and develop recommendations to ensure that assessment and service planning questions are meaningful to individuals. Ensure that the assessment is implemented for all program participants accessing Medicaid services.
1. To ensure that the Employment First Discovery tool[1] continues to include a specific module on employment along with modules on assisting people to develop activities which represent their personal preferences for meaningful activities for leisure, volunteerism, health and wellness, spirituality and other activities which augment employment. The tool should be evaluated

[1] Additional information about the tool and discovery process, including the January, 2024 webinar: https://www.hhs.texas.gov/services/disability/employment-people-disabilities/employment-first/employment-first-training-opportunities

periodically for effectiveness.
2. Transportation is critical for accessing meaningful day activities and should be available to implement the person-centered plan.

B. Require HHSC to provide training on the following principles of Employment First: waiver employment program services; steps to become an ESP/CSP with TWC; the development and implementation of an Employment Plan; work incentives and other resources to maintain benefits while employed; and the process to have a seamless transition of employment services from TWC/VR to the individuals LTSS waiver employment services. This training will be required for TWC/ VR staff, LTSS providers, case managers, service coordinators, Individualized Skills and Socialization Services providers, MCOs, and Direct Service Agencies (DSAs) in the CLASS waiver. CDS employers should have the option to include on boarding supported employment employees within their budget

Priority 4: Increase access to waiver slots and existing benefits

SA Recommendation 1: Reduce the waiver interest lists by fully funding slots for all persons currently on the interest list by August 31, 2035, and by minimally funding a 10 percent reduction per year. Manage the interest lists moving forward by setting policy to limit wait times to no more than five years to plan for future needs.

Table 1: CLASS, DBMD, MDCP, & STAR+PLUS HCBS Appropriated Slots by Biennium

HCBS Program	Purpose	FY 2014-15	FY 2016-17	FY 2018-19	FY 2020-21	FY 2022-23	FY 2024-25
CLASS Interest List Reduction	Statewide interest list reduction	712	752	0	240	381	213
DBMD Interest List Reduction	Statewide interest list reduction	100	50	0	8	6	8
MDCP Interest List Reduction	Statewide interest list reduction	120	104	0	60	42	161
STAR+PLUS HCBS Interest List Reduction	Statewide interest list reduction	490	0	0	0	107	0
Total	**N/A**	**1,422**	**906**	**0**	**308**	**536**	**382**

Table 2: 2024 Interest List Counts, by Years on List

Years on List	CLASS Count	CLASS %	DBMD Count	DBMD %	HCS Count	HCS %	MDCP Count	MDCP %	STAR+ Count	STAR+ %	TxHmL Count	TxHmL %
0-1	6,089	6.9%	529	26.2%	8,178	6.7%	2,733	46.3%	2,599	99.1%	8,169	7.3%
1-2	5,653	6.4%	356	17.6%	7,549	6.1%	3,042	51.5%	24	0.9%	7,511	6.7%
2-3	5,063	5.7%	255	12.6%	6,570	5.3%	132	2.2%	N/A	N/A	6,588	5.9%
3-4	3,763	4.2%	262	13.0%	5,974	4.9%	N/A	N/A	N/A	N/A	6,007	5.4%
4-5	5,950	6.7%	267	13.2%	8,289	6.7%	N/A	N/A	N/A	N/A	8,456	7.6%
5-6	5,833	6.6%	170	8.4%	8,272	6.7%	N/A	N/A	N/A	N/A	8,427	7.6%
6-7	6,179	7.0%	124	6.1%	8,311	6.8%	1	0.0%	N/A	N/A	8,544	7.7%
7-8	5,820	6.6%	55	2.7%	8,661	7.0%	N/A	N/A	N/A	N/A	8,846	7.9%
8-9	5,331	6.0%	N/A	N/A	8,042	6.5%	N/A	N/A	N/A	N/A	8,035	7.2%
9-10	4,536	5.1%	N/A	N/A	6,838	5.6%	N/A	N/A	N/A	N/A	6,706	6.0%
10-11	4,776	5.4%	N/A	N/A	6,665	5.4%	N/A	N/A	N/A	N/A	6,840	6.1%
11-12	4,869	5.5%	N/A	N/A	7,611	6.2%	N/A	N/A	N/A	N/A	7,714	6.9%
12-13	5,732	6.5%	N/A	N/A	7,489	6.1%	N/A	N/A	N/A	N/A	7,449	6.7%
13-14	6,739	7.6%	N/A	N/A	7,943	6.5%	N/A	N/A	N/A	N/A	7,770	7.0%
14-15	6,105	6.9%	N/A	N/A	7,508	6.1%	N/A	N/A	N/A	N/A	4,233	3.8%
15-16	5,450	6.2%	N/A	N/A	5,903	4.8%	N/A	N/A	N/A	N/A	N/A	N/A
16-17	667	0.8%	N/A	N/A	3,169	2.6%	N/A	N/A	N/A	N/A	N/A	N/A
Totals	**88,555**	**100%**	**2,018**	**100%**	**122,972**	**100%**	**5,908**	**100%**	**2,623**	**100%**	**111,295**	**100%**

NOTE: Senate Bill 1, 87th Legislature, Regular Session, 2021 (Article II, HHSC, Rider 19) requires HHSC to post interest list counts (individuals) by years on list. https://www.hhs.texas.gov/about/records-statistics/interest-list-reduction

Strategies:

A. Fully fund interest list reduction to serve all individuals currently on the interest lists no later than August 31, 2035.
B. At a minimum, fully fund 10 percent interest list reduction per year (20 percent per biennium).

C. Fund strategies to ensure that no individual is on an interest list for more than five years and also, take into account population growth and increased needs.

SA Recommendation 2: Ensure sufficient waiver slots for the Promoting Independence Plan as related to transition and diversion waivers for children and adults.

Table 3: HCS Targeted Group Appropriated Slots by Biennium

HCBS Program	Purpose	FY 2014-15	FY 2016-17	FY 2018-19	FY 2020-21	FY 2022-23	FY 2024-25
Crisis Diversion	To prevent institutionalization/crisis	300	400	0	0	0	0
Nursing Facility Diversion	For persons with IDD diverted from nursing facility admission	150	600	150	0	0	0
Nursing Facility Transition	For persons with IDD moving from nursing facilities	360	700	150	0	0	0
Child Protective Services Aging Out	For children aging out of foster care	192	216	110	0	0	0
Nursing Facility Transition for Children	For children moving from nursing facilities	0	20	0	0	0	0
Large or medium ICF/IIDs	For persons moving out of an ICF/IID, including an SSLC	400	500	325	0	0	0
DFPS General Residential Operation (GROs)	For children moving out of a DFPS GRO	25	25	0	0	0	0
State Hospital (MDU)	For persons moving out of state hospitals	0	120	0	0	0	0
HCS Interest List Reduction	Statewide interest list reduction	1,324	2,134	0	1,320	542	1,144
TxHmL Interest List Reduction	Statewide interest list reduction	3,000	0	0	0	471	305
Total	**N/A**	**5,451**	**4,295**	**735**	**1,320**	**1,013**	**1,449**

NOTES:
Crisis Diversion was known as SSLC Diversion in FY14-15 and FY16-17.
FY14-15 HHSC (Prior to Transformation DADS used resource allocations to designate 150 slots for the purpose of diverting admission to nursing facilities.
None specified in appropriations, but HHSC historically provides about 20 slots per biennium to help transition children from nursing facilities.

Table 4: HCS Attrition Slot Utilization for the 2020-2021, 2022-2023, and 2024-2025 Bienniums

Attrition Target Group	Purpose	FY 2020-21 Released	FY 2020-21 Enrolled	FY 2022-23 Released	FY 2022-23 Enrolled	FY 2022-23 Pending	FY 2024-25 Released	FY 2024-25 Enrolled	FY 2024-25 Pending
Crisis Diversion	To prevent institutionalization /crisis	770	647	904	751	35	270	76	178
Nursing Facility Diversion	For persons with IDD diverted from nursing facility admission	265	220	232	187	3	47	17	30
Nursing Facility Transition	For persons with IDD moving from nursing facilities	346	172	261	119	13	67	19	38
Nursing Facility Transition for Children	For children (age 21 or younger) moving from nursing facilities	13	13	19	15	1	4	0	4
Child Protective Services Aging Out of care	For children aging out of foster care	190	173	176	146	9	52	17	35
Large or Medium ICFs-IID	For persons moving out of an ICF-IID, including SSLC	125	109	373	230	19	66	10	46
Total	**N/A**	**1,709**	**1,334**	**1,965**	**1,448**	**80**	**506**	**139**	**331**

NOTES: Slots for persons transitioning from State Hospitals (MDU) or (DFPS) General Residential Operation may receive a Crisis Diversion slot, but there is no dedicated attrition slot type for these populations.

Table data is for September 1, 2019, through April 30, 2024, tracked in HHSC monthly slot reports. HHSC continues to track issued slots across fiscal years. Attrition slots require input from HHSC Budget to determine if resources are available and to what capacity for the specified point in time. May 2024 data will not be available until mid-June.

FY22-23 Pending Column: HHSC still has these slots pending from the previous biennium (FY22-23). These slots are in the process of enrollment, that HHSC continues to monitor.

Strategies:

A. Fully fund sufficient slots for the Promoting Independence Plan as related to transition and diversion waivers for children and adults, ensuring that the Texas Promoting Independence Plan is comprehensive, effectively working, and timely in meeting demands.
    1. Fully utilize flexibilities to access Medicaid benefits through HHSC pending an application decision for SSI, if the SSI decision has been pending 3 months or longer (MEPD Policy D-2300).
    2. Ensure individuals, eligibility workers and other stakeholders are fully informed of options for accessing Medicaid benefits through waiver enrollment.

CMC Recommendation 3: Streamline and provide access to dental benefits and educate all stakeholders on the benefits and processes to promote dental health.

A. For TxHmL and HCS, fund the expansion of the approved list of covered Adaptive Aids to include dentures and implants with prior approval from HHSC and reflect the benefit change in all waiver renewals. More guidance is needed concerning use of implants and dentures to individuals.

B. Evaluate and fund strategies to align dental practices across waiver programs and to improve access to dental services. HHSC should explore other options such as centralizing the dental process for all IDD waivers and ICF/IID programs to simplify and standardize dental services and benefits.

C. Fund flexibility for the utilization of dental benefits across two service plan years.

D. Evaluate and fund efficiencies in the service planning and authorization processes for dental services. For those dental individual plans of care (IPCs) requiring Utilization Review (UR) that exceed the budget year, dental provider and care coordinators should be educated on development of structured treatment plans. The maximum trigger for utilization review should exclude costs of anesthesia when determining overall costs. They should ensure strong and clear communication between the client's service planning team, direct services agency (DSA), and the client's treating dentist. This communication must ensure that all members of the client's service planning team, especially the treating dentist, understand the correct process for developing the client's dental treatment proposal and staying within the CLASS or DBMD fee schedules. Improved communication can be achieved by sending a reminder update based on the April 2019 Information Letter describing HHSC's guidance for developing dental treatment proposals.

MSDES Recommendation 4: Ensure adequate funding of existing services supporting and leading to competitive employment: Community First Choice habilitation, on-site Individualized Skills and Socialization, and community inclusion activities for off-site Individualized Skills and Socialization.

A. Fund the expansion of the Employment Assistance service definition to include providing a person-centered, comprehensive employment plan with support services needed. This could be similar to the Individual Employment Plan (IEP) used by TWC. This service would provide assistance for waiver program participants to obtain 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.

B. Require HHSC to establish, implement and monitor policies to maximize the use of Community First Choice habilitation, and Individualized Skills and Socialization Services to support prevocational and vocational activities and goals for integrated and competitive employment across all waiver programs.

C. Establish and fund an Individualized Skills and Socialization service rate that enables providers to offer full participation by all participants in their communities. Fund compensation for the cost of providing the service to waiver and non-waiver participants. Funding of this rate should include individuals receiving in-home Individualized Skills and Socialization services.

D. Fund within the Individualized Skills and Socialization rate the cost of individuals' participation in off-site community activities

E. Require HHSC to evaluate and ensure that Individualized Skills and Socialization funding and regulatory structure do not create barriers to participants in the HCBS programs from maintaining and creating relationships and participating in activities with their friends in other programs.

F. Establish and fund an Individualized Skills and Socialization service rate that ensures an adequate number of contracted providers to meet the need of program participants.