

Department Name:	DATE:
Health and Human Services Commission-Medicaid/CHIP Services Dept. and Department of Aging and Disability Services--SSLC Division	February 2017
Legislation/Rider Update:	

84th Legislature, Appropriations for 2016-17 Biennium

Promoting Independence (\$22.5M GR / \$53.1M AF)

- 500 Home and Community-based Services (HCS) waiver slots for large and medium Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Condition (ICFs/IID)
 - People in large ICFs/IID – As of February 28, 2017, 67 HCS offers have been released and 18 people have been enrolled.
 - People in small/medium ICFs/IID – As of February 28, 2017, 80 HCS offers have been released and 40 people have been enrolled.
 - Residents of state supported living centers – As of February 28, 2017, 204 HCS offers have been released and 158 people have been enrolled.
- 680 HCS waiver slots for adults transitioning from nursing facilities – As of February 28, 2017, 1,363 HCS offers have been released and 302 people have been enrolled.
- 20 HCS waiver slots for people 21 and younger who reside in nursing facilities – As of February 28, 2017, 18 HCS offers have been released and 12 people have been enrolled.
- 400 HCS waiver slots for people at risk of ICF/IID institutionalization – As of February 28, 2017, 346 HCS offers have been released and 283 people have been enrolled.
- 600 HCS waiver slots for adults at risk of nursing facility institutionalization – As of February 28, 2017, 350 HCS offers have been released and 214 people have been enrolled.
- 216 HCS waiver slots for children aging out of the Department of Family and Protective Services (DFPS) foster care – As of February 28, 2017, 202 HCS offers have been released and 147 people have been enrolled.
- 25 HCS waiver slots for children transitioning from DFPS General Residential Operation – As of February 28, 2017, 28 HCS offers have been released and 19 people have been enrolled.
- 120 HCS waiver slots for people moving out of state hospitals – As of February 28, 2017, 138 HCS offers have been released and 108 people have been enrolled.

Riders

- Rider 34 (previously Rider 29) services under a 1915(c) waiver:
 - Children 21 years and younger, and residing in nursing facilities, may by-pass the HCS interest list to receive HCS.
 - Between September 1, 2009, and February 28, 2017, 89 people received an HCS offer through this rider.
- Rider 35 (previously Rider 30)
 - Services under HCS waiver program:

- As of February 28, 2017, there has been one instance where two people referred for HCS services from community ICFs/IID was determined ineligible for HCS services.

Special Provisions

- General Revenue (GR) funds pursuant to the 2016-17 General Appropriations Act (Article II, Special Provisions, Section 42. Waiver Program Cost Limits, House Bill 1, 84th Legislature, Regular Session, 2015)
 - Section 42. b. Use of General Revenue Funds for Services
 - Home and Community-based Services:
 - Six individuals are receiving waiver services above the individual waiver cost limit with the difference being funded by GR.
 - Two individuals receive GR funds due to settlement agreements;
 - One individual receives GR funds due to a court judgement and permanent injunction against DADS and HHSC that was entered in this case requiring HHSC/DADS to provide 24 hour nursing; and
 - Three individuals receive GR funds in compliance with Special Provision, Section 42.
 - HHSC did not request any clinical assessments be completed under Special Provisions, Section 42.
 - STAR+PLUS Home and Community Based Services program.
 - Twenty-eight individuals are receiving waiver services above the individual waiver cost limit with the difference being funded by GR. All 28 individuals receive GR funds in compliance with Special Provision, Section 42.
 - HHSC requested three clinical assessments be completed under Special Provisions, Section 42.

HHSC continues to conduct Utilization Management and Utilization Review of GR cases unless otherwise specified through court order or settlement agreement.

Promoting Independence Plan Directives:

If directed and/or funded by the Legislature, HHSC will work with DADS, the Department of State Health Services (DSHS), and the Department of Assistive and Rehabilitative Services (DARS) to reduce community-based interest lists (IL).

Interest List Releases Summary Fiscal Years 2016 - 2017	CLASS	DBMD	HCS	MDCP	TxHmL	Total
Number of individuals on IL – August 1, 2015	54,083	221	73,004	20,540	50,680	198,528

Total Released/Removed from IL ¹	3,612	493	2,500	7,201	2,007	15,813
<i>Enrolled</i>	704	88	1,531	1,027	825	4,175
<i>Denied/Declined/Withdrawn</i>	2,138	222	601	5,738	1,178	9,877
<i>In the Pipeline</i>	767	185	368	423	4	1,747
Current IL – November 30, 2016	58,047	206	81,678	19,561	60,911	220,403 ²

Relocation Contractor Services

Statewide Service Areas

Relocation services are available statewide:

- *Region 1 (Lubbock)*
- *Region 2 (Abilene)*
- *Region 3 (Dallas)*
- *Region 4 (Tyler and Longview)*
- *Region 5 (Beaumont)*
- *Region 6 (Houston)*
- *Region 7 (Austin)*
- *Region 8 (San Antonio)*
- *Regions 9 and 10 (Midland and El Paso)*
- *Region 11 (Rio Grande Valley)*

Contracts

HHSC has nine contracts with the following entities for relocation services effective September 1, 2016:

- *Lifetime Independence for Everyone, Inc. (LIFE/RUN) – Regions 1 and 2*
- *North Central Texas Council of Governments (NCTCOG) – Region 3*
- *ARCIL, Inc. – Region 4*
- *ARCIL, Inc. – Region 5*
- *Houston Center for Independent Living (HCIL) – Region 6*
- *ARCIL, Inc. – Region 7*
- *The Center on Independent Living, Inc. (COIL) – Region 8*
- *Lifetime Independence for Everyone, Inc. (LIFE/RUN) – Regions 9 and 10*

¹ Released/Removed counts include individuals already in the pipeline as of August 31, 2015, excluding MFP.

² The total of Current IL counts in the above table is a duplicated count. The unduplicated count across all four Interest Lists is: **132,371**.

- *Coastal Bend Center for Independent Living – Region 11*

Relocation Activity

Relocation assistance contractors reported a total of 582 relocation assessments conducted and a total of 357 transitions completed during December 2016 through February 2017. The transitions completed may include transition to life in the community (TLC) assistance, transition assistance services or neither. Figure 1 demonstrates assessments completed per contractor. Figure 2 demonstrates transitions completed per contractor.

Figure 1
Assessments Completed by Relocation Contractors
(Total = 582)

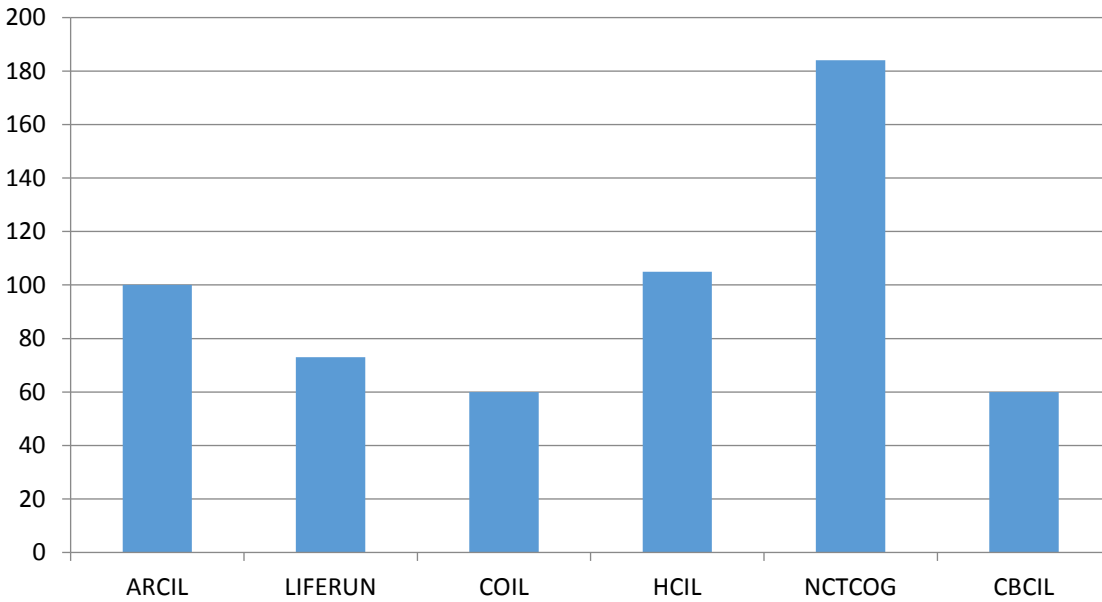
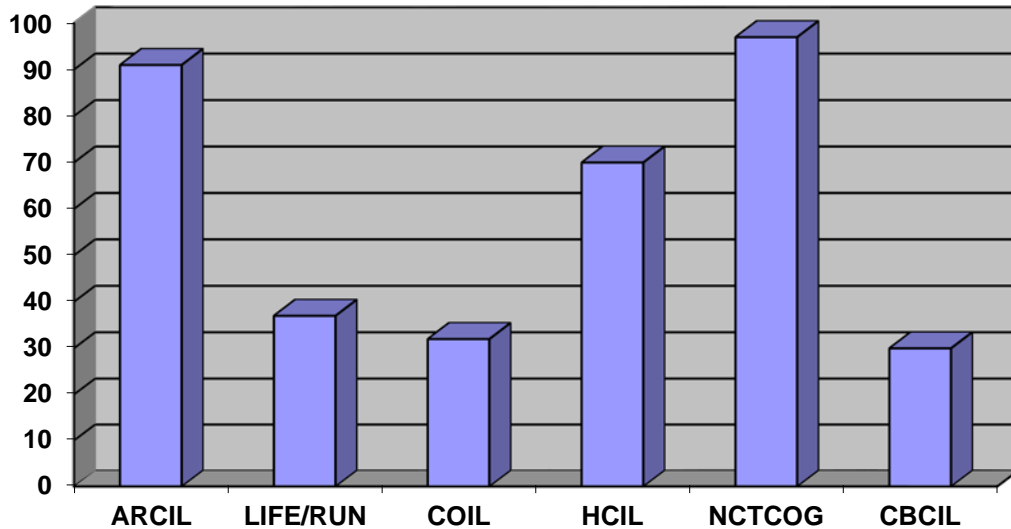
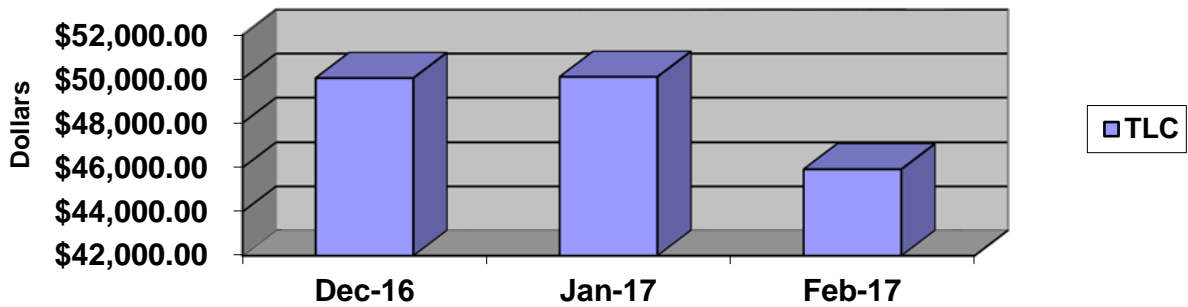


Figure 2
Transitions Completed by Relocation Contractors,
(Total = 357)



Based on claims data, a total of \$146,059.90 was billed for TLC grants. Figure 3 demonstrates costs billed for TLC by month.

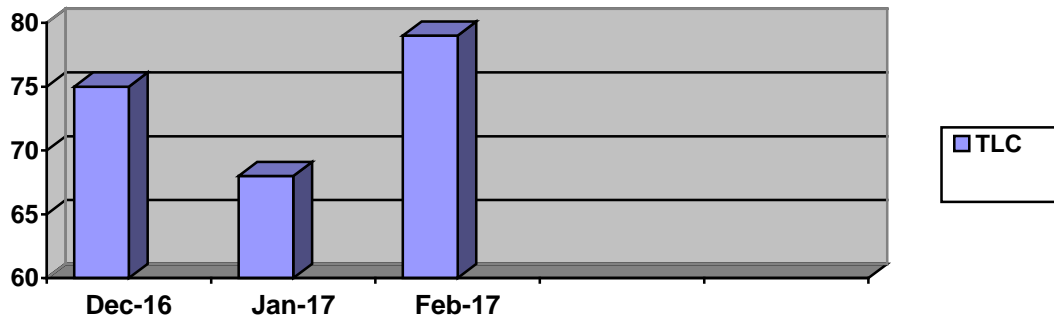
Figure 3
TLC Costs Billed



Total = \$146,059.90

Costs billed were for 222 TLC individuals. Figure 4 demonstrates TLC individuals whose costs were billed by month.

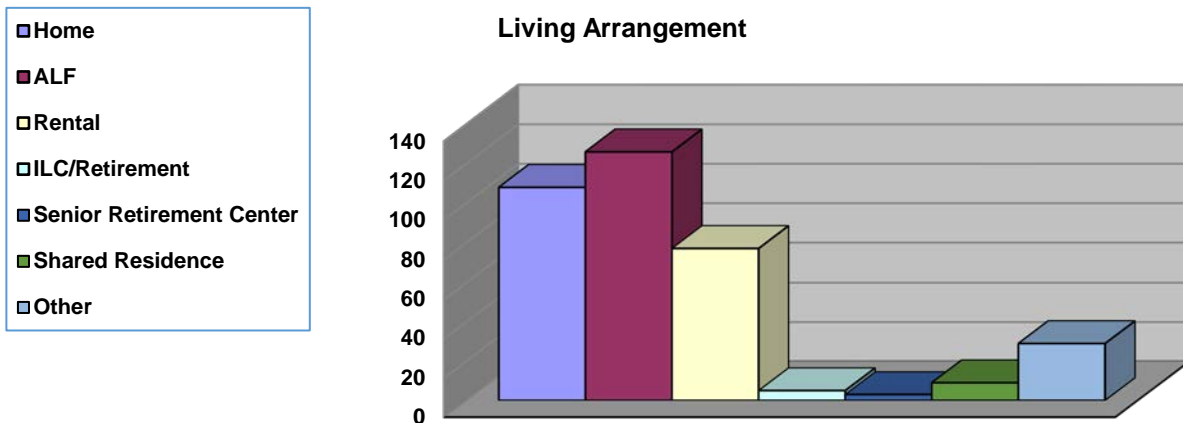
**Figure 4
TLC Consumers**



Total = 222

Data from the relocation contractors indicate 108 people transitioned back into their own or family home, 126 into assisted living facilities (ALF), 77 into rentals, 5 into an independent living center (ILC), 3 into senior retirement center, 9 into shared residence and 29 into other. Figure 5 demonstrates living arrangements for TLC individuals who transitioned.

**Figure 5
Living Arrangement – For Those Who Transitioned
December 2016 through February 2017 (Total = 357)**



There were 33 applications submitted for public housing.

Topics of Interest (ongoing issues/projects)

Programs of All-Inclusive Care for the Elderly (PACE) - Expansion Request for Proposal

The 2012-13 General Appropriations Act (Article II, Department of Aging and Disability Services, Rider 48, Senate Bill 1, 83rd Legislature, Regular Session, 2013) allocated the Department of Aging and Disability Services (DADS) funding to establish up to three additional PACE sites in Texas. DADS staff developed a request for proposal (RFP) in collaboration with staff at Health and Human Services Commission (HHSC) in 2014 but the RFP was closed in April 2016 due to vendors concerns with the proposed PACE reimbursement rates for the 2016-2017 biennium. HHSC is developing new rate methodology rules for release in November 2016. On September 13, 2016 a new RFP was posted to the Electronic State Business Daily website to solicit bids for up to three additional PACE sites in Texas.

On February 8, 2017, an action memo identifying the three selectees and requesting permission to proceed with the PACE application process was signed by Executive Commissioner Smith.

On February 10, 2017 each of the three selectees were notified of their selection. The Three selectees will now begin the Centers for Medicare and Medicaid Services PACE application process. The PACE staff has begun meeting with each of the selectees to initiate the CMS application process.

Texas Lifespan Respite Care Program

Funding Sources:

- Legislative Appropriation for 2016-17 Biennium
- 2014 Lifespan Respite Care Program: Developing a Sustainable System of Respite Care, Administration for Community Living
- Texas Lifespan Respite Care Program: Increasing Integration and Sustainability, Administration for Community Living

Funding: The total state general revenue funding is \$1,000,000 for the 2016-17 biennium (\$500,000 per fiscal year). The total federal funding is \$468,619 funded in fiscal year 2017.

Key objectives:

1. Coordinating support services for multiple groups or people who need support services, including people with a physical, intellectual or developmental disability and people who are aging.
2. Connecting caregivers with respite service providers.
3. Maintaining and providing information regarding available respite services.
4. Conducting public awareness activities regarding available respite services.

HHSC is coordinating with Aging and Disability Resource Centers (ADRCs) to develop and implement outreach materials informing caregivers of respite services and encouraging them to use respite care. The grants include an outreach component to engage agencies and programs supporting individuals with a dementia-related diagnosis. Additional grant funded components are: emergency and direct service respite projects, innovative respite model pilot projects, community-based training for volunteer non-profit community and faith-based respite providers. The ADRCs are actively planning and holding public awareness, outreach, and educational activities about the benefits and availability of respite services.

State Supported Living Centers:

Department of Justice Settlement Agreement: Efforts are ongoing to ensure all required activities are addressed. The eleventh round of compliance visits were completed in March 2017. Round twelve compliance visits will begin in April 2017. The most recent compliance report for each facility is posted at <http://www.dads.state.tx.us/monitors/reports/index.html>.

State Supported Living Center (SSLC) Census Management: Data relevant to movement of people to and from each of the centers is evaluated on an ongoing basis. Overall census at the centers continues to decline as noted in the table below:

SSLC	Sept 2012	Sept 2013	Sept 2014	Sept 2015	Sept 2016	Mar 2017
Abilene	413	386	356	321	291	228
Austin	326	288	266	191	184	180
Brenham	297	288	283	279	265	265
Corpus Christi	258	242	224	221	220	210
Denton	493	484	460	458	453	446
El Paso	124	116	110	106	107	99
Lubbock	211	209	203	201	194	186
Lufkin	361	342	322	308	294	299
Mexia	366	331	288	256	256	248
Richmond	350	339	335	330	327	317
Rio Grande	70	62	67	71	59	58
San Angelo	231	210	208	214	217	216
San Antonio	274	250	240	229	229	227
All Facilities	3774	3547	3362	3186	3096	3039

Community Transition Specialist positions at the SSLCs: In December 2011, DADS received notice from CMS that 100 percent Money Follows the Person Demonstration (MFPD) administrative funding project had been approved. The request was for 26 positions (24

community transition specialists, 1 community transition specialist coordinator and 1 administrative assistant). Due to a decrease in MFPD funding, effective January 1, 2017, 15 positions (13 community transition specialists, 1 community transition specialist coordinator and 1 administrative assistant) have been approved. The transition specialists' duties are to provide education and support to help people make successful transitions from an SSLC into a community setting. They serve as a resource to the residents, legally authorized representatives, families and interdisciplinary teams (IDTs). They assist not only with education but facilitation of the transition process.

The transition specialists continue to:

- Conduct training for SSLC staff, residents, legally authorized representatives, and family members regarding community transition processes, transition planning and other information relevant to successful community transition.
- Attend annual planning meetings and preparation meetings for the individual support plan to support a thorough discussion of living options.
- Serve as a resource to the IDT regarding the transition process.
- Work with local authorities and community-based service providers to help develop effective information sharing about community resources useful to individuals, legally authorized representatives, families and facility staff.
- Help coordinate facility-sponsored, community awareness educational opportunities including: provider fairs, community tours, in-service training, etc.
- Consult with the facility Qualified Intellectual Disabilities Professional (QIDP) regarding the IDT's identification of needed supports and services for people referred for community transition including identification and planning to address obstacles to transition.
- Research options to meet the identified needed supports and services for a person in the preferred geographic area.
- Help with scheduling interviews, tours of homes and day programs/work sites.
- Help with the scheduling of in-services of community provider staff before overnight or extended visits.
- Prepare for the 14-day community transition planning meeting following a referral to the community by reviewing assessments and other relevant documentation.
- Assist the QIDP or APC department staff with meeting preparation, structure, and documentation as needed of the 14 day community transition planning meeting.
- Help with the completion of transition plans and monitoring following transition as needed.

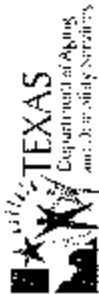
Referrals for Community Transition

SSLC	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017
Abilene	15	13	13	10	10	10	10	9	7	6	8
Austin	5	5	6	6	7	7	7	7	8	8	9
Brenham	6	4	3	5	5	4	3	3	4	4	6
Corpus Christi	16	16	18	18	24	34	36	40	41	41	43
Denton	13	13	19	20	22	23	24	26	24	24	22
El Paso	13	13	11	12	10	11	12	11	9	5	5
Lubbock	12	11	10	8	7	6	5	7	9	9	9
Lufkin	21	18	19	18	17	15	12	12	9	13	11
Mexia	16	18	15	15	17	16	18	21	27	28	32
Richmond	9	10	16	15	16	14	21	19	22	18	17
Rio Grand	6	8	5	4	2	3	5	4	4	4	3
San Angelo	12	12	13	11	11	13	10	10	12	13	13
San Antonio	6	6	8	7	8	10	10	11	10	12	13
Total All Facilities	150	147	156	149	156	166	173	180	186	185	191



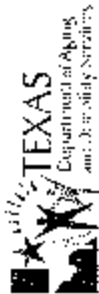
Community Transitions
FY2008- FY2017 (As Of 3/31/2017)

SSLC	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017
ABSSLC	7	14	20	11	18	33	26	24	18	1
AUSSLC	5	19	15	14	16	25	15	32	1	0
BSSLC	19	13	39	28	12	16	13	12	13	2
CCSSLC	25	27	25	13	9	15	16	6	3	3
DSSLC	10	16	16	8	12	20	26	13	9	3
EPSSLC	4	3	4	3	7	10	8	7	4	7
LBSSLC	19	22	11	5	10	10	10	9	8	5
LPSSLC	5	8	11	20	16	22	21	22	14	3
MSSLC	32	67	100	51	41	52	68	57	18	16
RSSLC	38	29	52	24	30	22	18	14	6	13
RGSC	2	4	2	2	7	13	5	7	10	5
SGSSLC	30	24	27	19	25	28	22	18	14	8
SASSLC	10	6	8	6	4	21	13	12	8	1
Totals	206	252	330	204	207	287	261	233	126	67
Average	17.17	21.00	27.50	17.00	17.25	23.92	21.75	19.42	10.50	9.57



**State Supported Living Centers
School Age Admissions (Under Age 22)
FY2006 through FY2017 (As of 1/31/2017)**

Fiscal Year	Total School Age Admissions	Total Non-Offender Admissions	Total Non-Offender Age 0-17	Total Non-Offender Age 18-21	Total Alleged Offender Admissions	Total Alleged Offender Age 0-17	Total Alleged Offender Age 18-21	Percent Alleged Offender Admissions
FY2005	0	0	0	0	0	0	0	0%
FY2006	125	90	65	47	35	32	3	28.00%
FY2007	151	117	66	39	46	43	1	33.77%
FY2008	149	94	57	42	55	46	9	36.91%
FY2009	85	40	25	15	45	40	5	52.94%
FY2010	90	51	21	17	49	39	10	51.11%
FY2011	64	37	20	17	37	26	1	57.81%
FY2012	66	25	9	16	41	32	9	52.27%
FY2013	76	30	13	14	46	34	12	50.00%
FY2014	88	47	25	22	41	37	4	46.39%
FY2015	75	45	17	28	30	26	4	40.00%
FY2016	72	45	20	25	27	25	2	37.50%
FY2017	18	13	6	5	5	5	0	27.78%
13 Year Total	1055	604	329	285	455	391	64	42.97%



**State Supported Living Centers
School Age Admissions (Under Age 22)
FY2006 through FY2017 (As of 1/31/2017)**

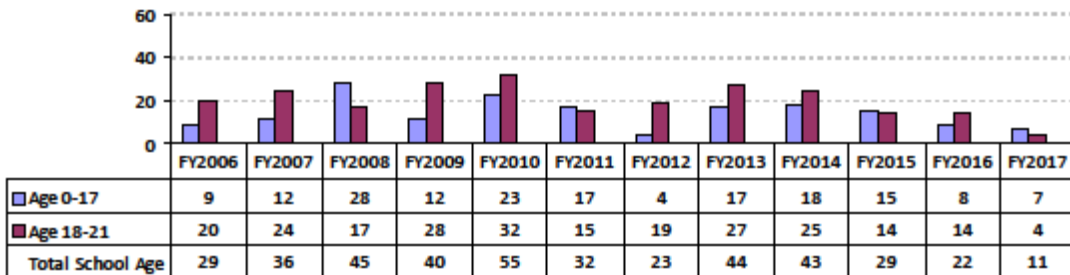
Fiscal Year	Total School Age Admissions	Total Non-Offender Admissions	Total Non-Offender Age 0-17	Total Non-Offender Age 18-21	Total Alleged Offender Admissions	Total Alleged Offender Age 0-17	Total Alleged Offender Age 18-21	Percent Alleged Offender Admissions
FY2005	0	0	0	0	0	0	0	0.00%
FY2006	125	90	65	45	35	32	3	28.00%
FY2007	151	117	68	39	48	43	1	23.84%
FY2008	149	94	57	42	55	48	9	36.91%
FY2009	85	40	25	15	45	40	5	52.94%
FY2010	90	51	21	17	49	39	10	51.11%
FY2011	74	37	20	17	37	36	1	57.81%
FY2012	66	25	9	16	41	32	9	52.12%
FY2013	76	30	13	14	46	34	12	50.53%
FY2014	88	47	22	22	41	37	4	46.39%
FY2015	75	45	17	28	30	28	2	40.00%
FY2016	72	45	20	25	27	25	2	37.50%
FY2017	18	13	6	5	5	5	0	27.78%
13 Year Total	1053	604	329	285	455	397	58	42.97%



**School Age (Age 0-21) Community Transitions
FY2006 - FY2017 (As of 3/31/2017)**

Fiscal Year	Total Transitions	Total Age 0-17	Total Age 18-21	Total Age 0-21	Percent Age 0-21
FY2006	97	9	20	29	29.90%
FY2007	118	12	24	36	30.51%
FY2008	206	28	17	45	21.84%
FY2009	252	12	28	40	15.87%
FY2010	330	23	32	55	16.67%
FY2011	204	17	15	32	15.69%
FY2012	207	4	19	23	11.11%
FY2013	287	17	27	44	15.33%
FY2014	261	18	25	43	16.48%
FY2015	233	15	14	29	12.45%
FY2016	126	8	14	22	17.46%
FY2017	67	7	4	11	16.42%
12 Year Total	2388	170	239	409	17.13%

School Age Transitions By FY





**Total Transitions and Returns Within 365 Days
FY2006 - FY2017 (As Of 3/31/2017)**

Fiscal Year	Total Transitions	Returned Within 180 Days	Returned Within 181-365 Days	Total Returned Within	Percent Returned Within
FY2006	97	5	2	7	7%
FY2007	118	3	0	3	3%
FY2008	206	11	3	14	7%
FY2009	252	11	8	19	8%
FY2010	330	8	2	10	3%
FY2011	204	3	3	6	3%
FY2012	207	5	0	5	2%
FY2013	287	16	6	22	8%
FY2014	261	9	6	15	6%
FY2015	233	9	3	12	5%
FY2016	126	10	0	10	8%
FY2017	67	1	1	2	3%
Total	2388	91	34	125	5%

**Promoting Independence Advisory Committee
Department Activity Report
Department of Family and Protective Services (DFPS)
For the fiscal quarter ending February 28, 2017**

Legislation/Rider Update

Key bills summary from the 83rd Legislative Session

- **Senate Bill 7** Health and Human Services Commission (HHSC) staff have been holding regular meetings and workgroups on SB 7. DFPS is involved when one of the workgroups is focusing on an area of implementation that impacts children in DFPS conservatorship.

The bill requires that the system for delivering acute and long-term care to individuals with intellectual disabilities (IID) be redesigned and implemented using managed care. The bill allows for pilot programs and requires the transition of the waiver programs into managed care. The bill also requires HHSC, including the functions of the Department of Aging and Disability Services (DADS), to develop and implement specific systems related to IID services and payment systems. There are several implementation dates within the bill that run from 2013 to 2020. DFPS is working throughout the system change process with DADS and HHSC to ensure that DFPS' concerns about possible impacts on the abuse, neglect, and exploitation investigations are addressed.

- **Senate Bill 1226** DFPS is involved in the Employment First Task Force to promote competitive employment for individuals with disabilities who receive public benefits. DFPS is represented on the task force and information has been disseminated to the task force describing Child Protective Services (CPS) for youth with disabilities. Duties of the task force include making policy and program recommendations and the submission of a report. The task force has released a new website hosted by HHSC: hhs.texas.gov/services/disability/employment/employment-first.

Key bills summary from the 84th Legislative Session

- **Senate Bill 507** allows a parent, school board member or staff member at a public school to request that any self-contained special education classroom have a video camera installed to videotape the activities in the classroom, purportedly to protect the safety of the children in the classroom. The Texas Education Agency adopted a new rule, §103.1301 - Video Surveillance of Certain Special Education Settings, effective August 15, 2016. CPS will be notifying staff that there will be video surveillance to aid in investigations.
- **Senate Bill 1880/Senate Bill 760** ensure continued State of Texas compliance with the Centers for Medicare and Medicaid Service requirements for the health and welfare of

recipients of Home and Community-based Services (HCBS), particularly requirements related to abuse, neglect, and exploitation. The bills expand authority for the Adult Protective Services (APS) Provider Investigations program to investigate all HCBS providers whether the services are provided in a traditional or managed care delivery model. The bill also clarifies and addresses the gaps and inconsistencies that have resulted from the evolving service delivery changes and changes in contracting arrangements.

DFPS worked with HHSC, DADS and Department of State Health Services (DSHS) to implement the bills and will continue to work with those agencies and external stakeholders to improve investigation processes.

- **Senate Bill 1889** attempts to make it easier for families to receive mental health services for their child in DFPS conservatorship without having a finding of abuse or neglect, and to encourage joint managing conservatorship (JMC) in certain cases. The bill adds an exemption to the definition of "neglect" in the Family Code; prohibits DFPS from making a finding of abuse or neglect against a parent(s) in a case in which DFPS is named managing conservator of the child solely because the family is unable to obtain mental health services for the child; and requires DFPS to develop a process for removing from the registry names of families for which DFPS was made managing conservator of a child only because of the child's mental health needs. This bill requires biennial reporting to the legislature, and repeals Senate Bill 44 (83rd Legislature) language regarding a study and report. The report was completed and submitted to the legislature in October 2016. CPS published policy 2390 in December 2015 in order to explain the changes to JMC being offered to the parents who wish for CPS to take custody of their child solely to obtain mental health services. In FY16, 158 children who came into care met these criteria. In addition, dispositions in 125 were overturned and removed from the registry.

Promoting Independence Plan Directives

Requires legislative direction and/or appropriations. *If directed and/or funded by the Legislature, HHSC will work with DFPS to expand the Promoting Independence (PI) population to include children in DFPS conservatorship who have disabilities and are residing in select institutions licensed by DFPS.*

- **Senate Bill 49** relates to transitional living assistance for children who have disabilities who also reside in General Residential Operations (GRO). GROs are 24 hour residential facilities for children with intellectual and developmental disabilities that are in CPS custody. The bill codifies the current policy by adding GROs to the current definition in government code and requires that a child that lives in the GRO who has a disability would qualify for home and community based services through HHSC. The bill includes this population in the Promoting Independence plan, giving them timely access to HCBS waivers similar to children in State

Supported Living Centers, large Intermediate Care Facilities (ICF) for IID, and nursing facilities. This bill codifies current practice by HHSC to include this population.

- CPS and Every Child, Inc. staff continue to work together to find HCBS homes for the children in General Residential Operations who received HCBS waivers. HHSC allocated 25 HCS slots in General Residential Operations for children in DFPS conservatorship who have intellectual and developmental disabilities for FY 2016-2017. To date, all 25 HCS slots have been released for children with disabilities who are currently residing in DFPS licensed institutions.
- HHSC allocated 216 HCS slots for CPS youth aging out of care for FY 2016-2017. As of February 28, 2017 172 HCS slots have been released for youth aging out of care.

Requires legislative direction and/or appropriations. *If directed and/or funded by the Legislature, HHSC will work with DADS and DFPS to develop adequate behavioral services to support children (0-21 years of age) coming out of institutions and to help provide them with community options in order to support individual choice.*

Funding in Other Agency Budgets that Impact Children in DFPS Conservatorship:

Department of State Health Services (DSHS)

- Thirty beds in private residential treatment centers for children/youth that are at risk for parental relinquishment of custody to DFPS. There are 34 children currently placed.

Department of Aging and Disability Services (DADS)

- Additional HCBS capacity for 216 children aging-out of foster care.
- Additional HCBS capacity for 25 children with intellectual and developmental disabilities who are now receiving services in a DFPS residential facility

Topics of Interest (ongoing issues/projects)

- DFPS and DSHS have established a referral process for children to access the thirty Residential Treatment Center beds funded through DSHS. At this time, there are 27 children placed in Residential Treatment Center beds and 10 children on a waiting list for placement.
- DFPS and the Texas Department of Housing and Community Affairs (TDHCA) are collaborating on conducting a needs assessment and count on homeless and unstably-housed youth per requirements of HB 679.

- TDHCA along with DFPS, DADS, and DSHS have begun the launch of the 811 Project Rental Assistance (PRA) program. The Section 811 PRA program provides project-based rental assistance for extremely low-income persons with disabilities linked with long term services. The program is limited to individuals who are part of the Target Population and receiving services through one of the HHSC Agencies participating in the program. Each eligible household must have a qualified member of the Target Population that will be at least 18 years of age and under the age of 62 at the time of admission and receiving supplemental security income and Medicaid. All three target populations are eligible for community-based, long-term care services as provided through Medicaid waivers, Medicaid state plan options, or state funded services and have been referred to TDHCA through their service provider. The target population includes youth with disabilities exiting foster care, people with disabilities living in institutions, and people with serious mental illness. www.tdhca.state.tx.us/section-811-pra
- DFPS/CPS is encouraging students with intellectual disabilities to pursue post-secondary options after completing high school. www.thinkcollege.net

Changing Expectations. Increasing Opportunities.

- College programs for young people ages 18-22 with intellectual disabilities
- Increases student academic and career success through education and training
- Formal and informal classes
- Opportunities for peer support
- 7 Texas colleges participating
Austin Community College • University of Texas-Austin • West Texas A&M University • Texas A&M University • Houston Community College - Central and Northwest • Texas Tech University

CPS staff will include this information in Individualized Education Plan /Admission, Review, and Dismissal development, Transitional Living Services, Preparation for Adult Living inclusion, and Circles of Support.

Relevant Meeting Notices

- The next Governor's Committee on People with Disabilities meeting will be hosted by University of North Texas in Denton. The meeting will take place over two days—April 12 and 13, 2017—and will include a luncheon ceremony to honor the winners of the Barbara Jordan Media Awards.

Report compiled by CPEPC based on information submitted by CPS, APS, and CCL programs.

**Promoting Independence Advisory Committee
Department Activity Report**

Department Name:	Date:
Health and Human Services Commission, Medical and Social Services Division, Behavioral Health Services Section, Office of Mental Health Coordination, and the Health and Development Services Section**	March 30, 2017
Legislation/Rider Update:	
<p>HHSC Special Provisions for all Agencies, Sec. 52. of the 81st Legislative Session (Waiting List for Children’s Community Mental Health Services) Rider 65 of the 81st Legislative Session (Transitional and On-Going Community Mental Health Services)</p> <p>**S.B. 200, 84th Legislature, Regular Session, 2015 required the transfer of behavioral health programs at the Department of State Health Services to Health and Human Services Commission on September 1, 2016. As a result, all references to DSHS programs have been changed to HHSC.</p>	
2013-2014 Promoting Independence Plan Directives:	
<p>1. <i>Requires legislative direction and/or appropriations.</i></p> <p><i>If directed and/or funded by the Legislature, HHSC will work with the legacy Department of Aging and Disability Services (DADS), the legacy Department of State Health Services (DSHS), and the legacy Department of Assistive and Rehabilitative Services (DARS) to reduce community-based interest/waiting lists</i></p> <p>HHSC received exceptional item funding (Sec. 52) to reduce the waiting list for children needing community-based mental health services at community mental health centers. Both child and adult waiting lists will be reported.</p> <ul style="list-style-type: none"> o Number of adults waiting for community-based mental health services = <u>1,744 as of February 28, 2017.</u> o Number of children waiting for community-based mental health services = <u>152 as of February 28, 2017.</u> <p>During the 81st Legislative Session, legacy DSHS received initial exceptional item funding for Children with Special Health Care Needs (CSHCN) to reduce waiting lists. Legacy DSHS received additional funding during subsequent legislative sessions to reduce wait lists. CSHCN transferred to HHSC as of 9/1/2017. It is currently within the Medical and Social Services Division, Health Development and Independence Services, Health and Development Services Section.</p> <p style="text-align: center;">Number of CSHCN waiting for health care benefits:</p>	

As of February 28, 2017 there were 107 children on the CSHCN Services Program waiting list for health care benefits. During the second quarter of FY 2017, 196 clients were removed from the waiting list as of February 28, 2017 to receive health care benefits.

2. *Requires legislative direction and/or appropriations.*

If directed and/or funded by the Legislature, HHSC will work with legacy DSHS to implement a fully funded Assertive Community Treatment (ACT) service package as part of the Resiliency and Disease Management (RDM) program.

HHSC received exceptional item funding (Rider 65) in enhance the capacity of the community-based mental health service system by increasing the number of persons receiving intensive community-based mental health service packages at community mental health centers, including Assertive Community Treatment (ACT).

- Number of persons receiving ACT = 2,446 in February 2017 (including NorthSTAR).

3. *Requires legislative direction and/or appropriations*

If directed and/or funded by the Legislature, HHSC will work with legacy DSHS to provide services and supports for individuals leaving the state mental health facility (state hospital) system.

HHSC received exceptional item funding (Rider 65) to extend the post crisis/hospital benefit at community mental health centers from 30 to 90 days.

- Number of persons receiving service package 5 (crisis follow up) = 1,851 in February 2017 (including NorthSTAR).

Topics of Interest (ongoing issues/projects):

Reports attached

- Patients Admitted Three or More Times in 180 days
- Discharge Destination from State Hospitals
- Patients Hospitalized for Discharged After One Year
- Quarterly Discharges – Hospitalized Patients Discharged After One Year
- Adults and Children Readmitted to a State or Community Psychiatric Hospital Three or More Times in 180 Days

Follow-Up From Previous PIAC Request:

Youth Empowerment Services (YES) Waiver

The YES Waiver has served 2,248 participants as of March 8, 2017. The YES Waiver continues to grow its comprehensive waiver provider base and anticipates 20 additional providers will apply when the updated Open Enrollment provider application becomes available. The Local Mental Health Authority (LMHA) serves as the waiver administrator as well as the comprehensive waiver provider to afford additional choice across the state.

The YES Waiver has served 41 children in Department of Family and Protective Services Conservatorship.

Home and Community-Based Services—Adult Mental Health: 1915 (i) State Plan Amendment

Since the enrollment of the first person in October 2016, the Home and Community-Based Services—Adult Mental Health (HCBS-AMH) program now has 23 persons enrolled. Of the persons enrolled in the program 20 meet the long-term hospitalization (LTPH) criteria, two meet the emergency department criteria and one meets the jail diversion criteria.

Pursuant to Rider 61, 84th Legislature, Regular Session, 2015, HHSC formally submitted the amendment to the HCBS-AMH State Plan Amendment (SPA) to CMS on May 20, 2016 to incorporate emergency department (ED) and jail diversion (JD) criteria. CMS has reviewed the amendment and HHSC anticipates approval in FY2017. In the meantime, HHSC operates the ED and JD expansion using general revenue until CMS approval of the SPA amendment.

There has also been an increase in provider participation in the program. At this time, HHSC has executed 26 provider contracts. The providers participating in the program are currently operational in six service areas, including the Houston and Dallas/Fort Worth areas. As additional contracted providers become operational additional service areas are anticipated to become available and participant enrollment will increase.

Money Follows the Person Behavioral Health Pilot and Related Efforts

The Money Follows the Person Behavioral Health Pilot (Pilot) in Bexar, Atascosa, Wilson, Guadalupe, Williamson, Hays, and Travis Counties (San Antonio and Austin) helps individuals with co-occurring physical and mental health/substance abuse conditions leave nursing facilities and live independently in the community. Two pilot services, Cognitive Adaptation Training (CAT) and substance abuse counseling, are currently provided by the Center for Health Care Services (CHCS), San Antonio's local mental health authority (LMHA), the University of Texas Health Science Center at San Antonio (UTHSCSA), and Austin Travis County Integral Care (ATCIC). CAT is an evidence-based rehabilitative service that provides assistance to improve adaptive functioning by helping individuals establish daily routines, organize their homes, and hone their community living skills. Examples of increased independence include getting a paid job at competitive wages, driving to work, volunteering, getting a GED, teaching art classes, leading peer support groups, and working toward a college degree.

Significant updates since the last report include the following:

- The total number of people who have received at least one day of pilot services in the community since the start of the pilot in 2008 is 445. Of these, 256 have successfully completed one year of pilot services in the community. In addition, pilot participants have shown statistically significant improvements in functioning independently. Participants show increased functional status and quality of life across time, and gains achieved during the intervention persist for at least a year after the end of services.

- Pilot intake ceased on June 30th, 2016. Services for enrolled participants will continue through December 31, 2017. The pilot is currently serving 24 clients in the community and 13 in nursing facilities (pre-transition). Additional participants may be enrolled on a case-by-case basis if they can benefit from a shorter intervention period. SASH CAT & SUD services will wind down in tandem with the MFP demonstration. CHCS, in coordination with the participant's MCO, will develop a transition plan for each individual during the final two months of the intervention period. After transition, Medicaid eligible individuals may continue to receive psychosocial rehabilitation and targeted case management from CHCS based on their level of need. Additionally, service coordination, and acute and long term care may be provided by the Medicaid eligible individual's MCO, as medically necessary.
- The cognitive challenges faced by pilot participants are similar to those faced by some long term residents of state psychiatric facilities. HHSC has been working with CHCS to provide pilot services to individuals at the San Antonio State Hospital (SASH). This effort is funded with Mental Health Block Grant dollars. To date, 43 individuals have relocated from the state hospital into the community.
- UTHSCSA has continued to outreach LMHA staff and has provided training in Illness Management and Recovery (IMR) and CAT, funded under an MFP administrative grant award. To date, 6,999 supervisors and direct care staff members have been trained in the IMR psychosocial rehabilitative curriculum. In addition, 520 direct care staff members have received CAT certification. In addition, UTHSCSA continues planning activities related to developing a center of excellence to provide training and technical assistance to MCOs and their provider networks that would enable them to deliver evidence-based rehabilitative services.
- Staff continued planning activities for the implementation of the MFP Sustainability Plan. The plan's goals are to continue to support the transition of individuals from nursing facilities to community settings; to create a statewide technical assistance program for evidence-based practices such as Cognitive Adaptation Training (CAT); and to establish policies, processes and engage stakeholders to foster inclusion of mental health self-direction in the state's managed care system.
- HHSC continues to work with the UT School of Social Work's Addiction Research Institute (UTARI) to evaluate the pilot. UT School of Social Work's Addiction Research Institute (UTARI) received updated and corrected data from the Center for Health Care Services (CHCS) and UT's Health Science Center at San Antonio (UTHSCSA) on pilot participants, and completed its demographics report. This quarter, UTARI will continue its analysis on nursing facility utilization, healthcare utilization, predictors of return to the nursing facility, and cost benefit. In addition, UTARI began updating analyses of participant characteristics, functioning, and quality of life, and will continue this activity in 2017.
- HHSC staff will continue to use evaluation results to inform policy recommendations, facilitate programmatic improvement, and promote and disseminate effective practices relating to community transition for adult nursing facility residents with behavioral health conditions. In addition, HHSC staff will continue planning for the initiatives outlined in the MFP Sustainability Plan.

Mental Health Best Practices, Promising Practices and Evidence-based Practices
(formerly Mental Health Transformation Initiatives)

Mental Health Transformation initiatives were activities designed to bring the latest evidence based and promising practices into the public mental health system for the benefit of consumers and family members. The focus of these practices is to promote recovery and build resilience for the people we serve. MHT activities and initiatives have been integrated into programming within the Behavioral Health Services Section. Programming within HHSC is informed by the Behavioral Health Services Section's overall mission:

To improve health and well-being in Texas by providing leadership and services that promote hope, build resilience, and foster recovery.

Veteran Peer Services and Training (Office of Mental Health Coordination)

- In the second quarter of fiscal year 2017, certified Peer Service Coordinators, working in 37 communities served by the state's Local Mental Health Authorities (LMHAs), provided 1,552 peer services to incarcerated Veterans and provided 2,674 additional services to service members and veterans who were otherwise involved in the criminal justice system, including participants in veteran's treatment courts, and the probation/parole systems. In addition, 30,379 peer-to-peer services (peer groups, one-on-one peer guidance and referrals to veteran county service officers and mental health professionals) were provided.
- Additionally, 105 Texas Veterans Commission (TVC) certified trainers, employed or volunteering as Military Veteran Peer Network Peers at LMHAs, trained 1,116 individuals in peer-to-peer counseling skills.

Other Recovery Initiatives (Behavioral Health Services Section)

- HHSC contracts with Via Hope to provide mental health, family partner peer certification and training, expand the practice of recovery oriented person center planning and further peer integration into the behavioral health service array.
- During the second quarter of fiscal year 2017, Via Hope launched a year-long program called "People in Recovery" designed to support consumers, peer providers, and certified family partners in the community. In addition, the certified peer curriculum was revised. Anticipated trainings include: one certified peer specialist training, one family training, and four continuing education seminars on the topics of whole health, community re-entry, intentional peer support, and co-occurring challenges.
- In fiscal year 2016, the UT Center for Social Work Research, Institute for Excellence in Mental Health (TIEMH) added Bluebonnet MHMR Crisis Services to the research project with Austin State Hospital to research experiences of client's perception of recovery when working with peers evaluation of the early onset psychosis initiative, The goal of the evaluation is to document the impact of the Residential Treatment Center (RTC) project on children and families in Texas as well as an evaluation of peer support integration in the LMHAs and state hospitals. TIEMH reports are leading national research on peers and can be found at <http://sites.utexas.edu/mental-health-institute/publications/>
- The General Appropriations Act, 84th Legislature, Regular Session, 2015 (Article II, Department of State Health Services (DSHS), Rider 73) requires HHSC to implement a mental health peer support re-entry program. HHSC is required to partner with Local Mental Health Authorities

(LMHAs) and county sheriffs to establish a pilot program that uses Certified Peer Specialists (CPSs) to ensure inmates with a mental illness successfully transition from the county jail into clinically appropriate community-based care. Three LMHAS were awarded contracts based on a Needs and Capacity Assessment: MHMR of Tarrant County, Harris Center for MHMR and Tropical of Texas Behavioral Health. These LMHAS are continuing to develop strong processes for hiring/training peers, enrolling clients, and strengthening relationships/working in the jails. Specific training and technical assistance around the recruitment, hiring, and supervision of peers is provided by the state to ensure low attrition rates of CPS. In addition, HHSC is collaborating with the Hogg Foundation for a process evaluation.

- Currently 96 individuals are enrolled in the program. HHSC staff are working with providers to overcome barriers related to peer provider turn-over and recruitment, particularly in rural locations.
- The full implementation report can be found at: <https://hhs.texas.gov/sites/hhs/files/report-on-the-mental-health-peer-support-re-entry-program-for-fiscal-year-2016.pdf>

Centralized Training Infrastructure for Evidence-based Practices

The Centralized Training Infrastructure for Evidence Based Practices (CTI-EBP) is designed to aid in the development of a training infrastructure to support the delivery of mental health services in Texas for the adult and youth populations. The project was developed as a mechanism to ensure that providers contracted by the Behavioral Health Services Section and delivering mental health services did so using evidence-based practices. The infrastructure promotes and supports the utilization of evidence-based and promising practices to facilitate resiliency and recovery, and increase positive outcomes for individuals utilizing behavioral health services in the Texas mental health system. HHSC has contracted with the University of Texas Health Science Center, Department of Psychiatry to coordinate and implement this project.

The training infrastructure includes many evidence-based practices, including, but not limited to Illness Management & Recovery (IMR), Cognitive Adaptation Training (CAT), Cognitive Processing Training (CPT), Social Skills and Aggression Replacement, Nurturing Parent, Motivational Interviewing and Person Centered Recovery Planning. In the second quarter of fiscal year 2017, the following trainings and number of providers who completed online or face-to-face training modules within the infrastructure include:

Training	Number Complete
Permanent Supportive Housing (In Person)	17
Person Centered Recovery Planning (2 In Person Trainings)	38
ANSA & CANS Super User (In Person)	23

Motivational Interviewing – Advanced (In Person)	11
Co-Occurring Psychiatric and Substance Use Disorder (Online)	1,143
Individual Placement and Support – Supported Employment (Online)	148
Harm Reduction Training Webinars Part 1 & Part 2 (Online)	9
Mental Health Wellness for Individuals with Intellectual and Developmental Disabilities (MHW-IDD)	5
Online CBT (Enrolled)	78

The CTI-EBP is free to those with HHSC funded contracts and through partnerships with other state agencies. The CTI-EBP E-Commerce will be fully promoted in April 2017. Once E-Commerce is fully implemented, revenue will be generated by charging non-subsidized (non-HHSC contracted providers) for web-based training that offers continuing education units (CEUs).

HHSC continues to work with other community and enterprise partners to identify training gaps with an eye towards assisting in the development of a competent workforce (by offering appropriate training opportunities). The system continues to partner with Intellectual and Developmental Disabilities Services (formerly the Department of Aging and Disability). Mental Health Wellness Intellectual Developmental

Disabilities training modules have been released for fiscal year 2017 (September 1, 2016).

For more information regarding the training infrastructure, please use the following link: www.centralizedtraining.com.

Relevant Meeting Notices:

Note: Please note that due to grace periods in the submission of encounter data by funded community mental health centers to HHSC, the values listed in this report do not freeze until 37 days after the last day of FY2017 Quarter 2.

Also note that this report is completed and compiled in collaboration with DSHS State Hospital Section. Additionally, report information was completed by the HHSC Medical and Social Services Division (MSS), Behavioral Health Services Section: Office of Decision Support, Office of Program Services I, Office of Program Services II, and the Senior Policy Analyst and HHSC MSS, Health Development and Independence Services, Health and Development Services Section, Children with Special Health Care Needs (CSHCN) Services Program.

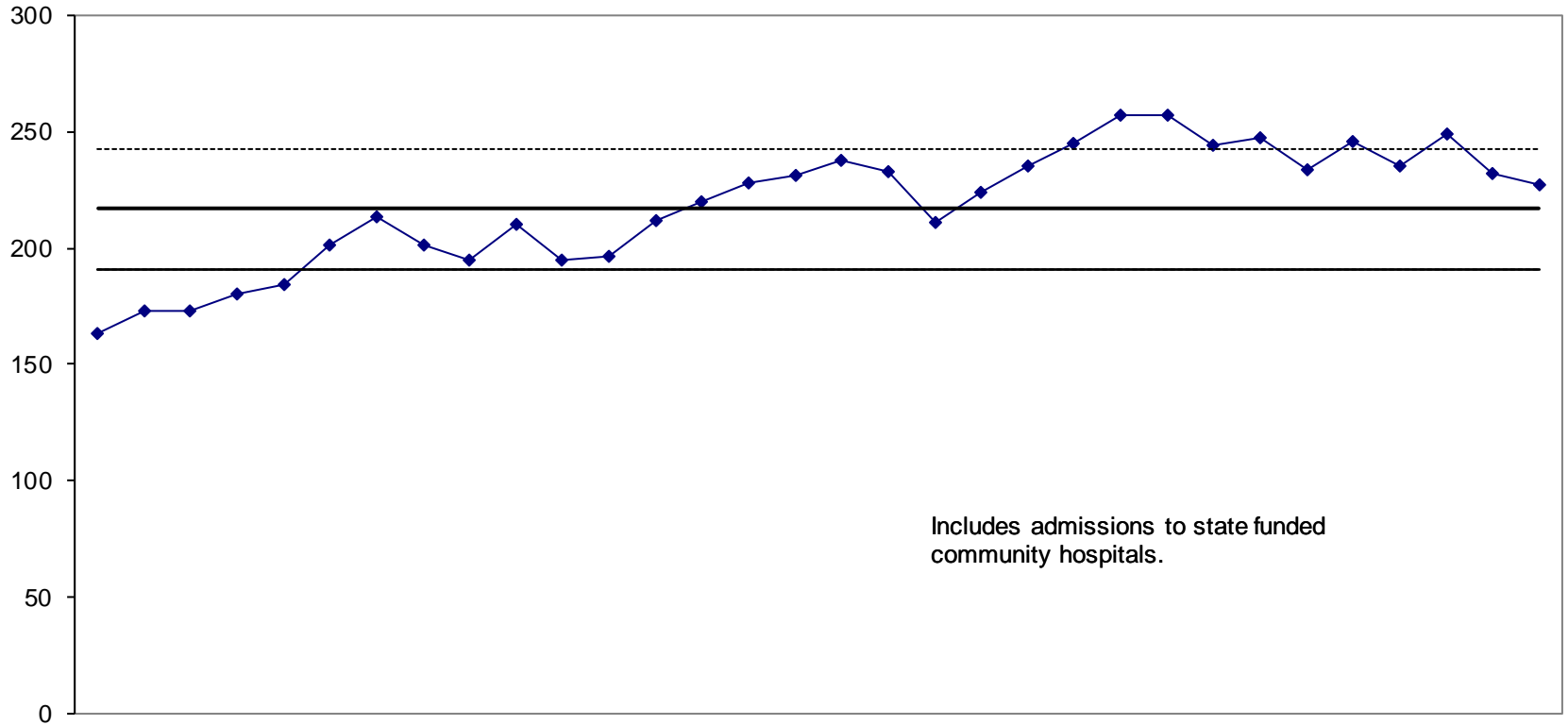
Report Completed By: Carissa Dougherty

Telephone/Contact Number: (512) 206-5347

Patients Hospitalized for More Than One Year

<i>Date</i>	<i>Total</i>	<i>Civil Total</i>	<i>Forensic Total</i>	<i>Voluntary Total</i>	<i>Need Continued Hospitalization</i>	<i>Accepted for Placement</i>	<i>Barrier to Placement</i>	<i>Court Involvement</i>
1/1/1998	627							
1/1/1999	468							
10/1/1999	427				316	45	9	57
2/24/2000	390				315	30	16	29
5/31/2000	374				286	37	23	28
8/31/2000	351				240	22	41	48
11/30/2000	380				241	19	55	65
2/28/2001	380				218	32	64	66
5/31/2001	398				263	10	63	62
8/31/2001	372				229	12	62	69
11/30/2001	350				245	15	27	63
2/28/2002	357				221	23	27	86
5/31/2002	372				220	16	31	105
8/31/2002	395				211	21	38	126
11/30/2002	386				206	13	36	131
2/28/2003	367				198	16	26	127
5/31/2003	383				213	14	29	127
8/31/2003	393				226	11	15	141
11/30/2003	376				221	10	18	127
2/29/2004	374				226	4	15	129
5/31/2004	369				228	7	19	115
8/31/2004	355				218	11	19	107
11/30/2004	363				209	10	21	123
2/28/2005	384				227	16	14	127
5/31/2005	373				209	15	27	122
8/31/2005	380				213	15	19	133
11/30/2005	400	231	162		364	13	19	4
2/28/2006	396	226	170		360	10	21	5
5/31/2006	417	229	188		374	9	29	5
8/31/2006	435	219	216		389	15	25	6
11/30/2006	446	212	234		416	6	17	7
2/28/2007	453	203	250		384	31	26	12
5/31/2007	449	205	244		391	29	19	10
8/31/2007	444	190	254		389	24	20	11
11/30/2007	473	200	273		422	9	28	14
2/29/2008	459	203	256		402	18	22	17
5/31/2008	469	208	261		422	13	16	18
8/31/2008	477	212	265		438	8	15	16

Persons Admitted Three or More Times in 180 days: July 2014 - February 2017

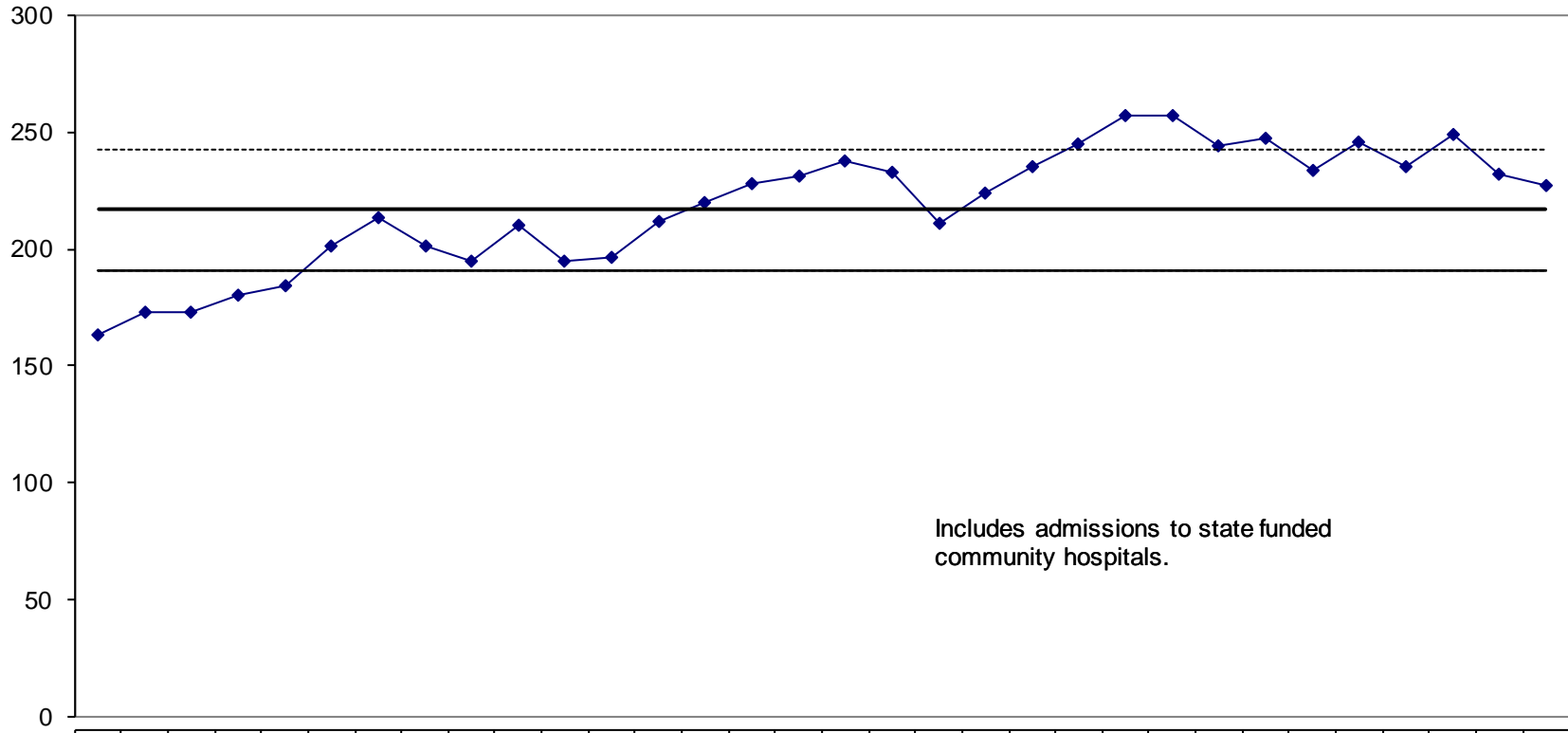


	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Persons	163	173	173	180	184	201	213	201	195	210	195	196	212	220	228	231	238	233	211	224	235	245	257	257	244	247	234	246	235	249	232	227
Average	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217
ucl	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243
lcl	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191

Discharges from State Hospitals - FY2017

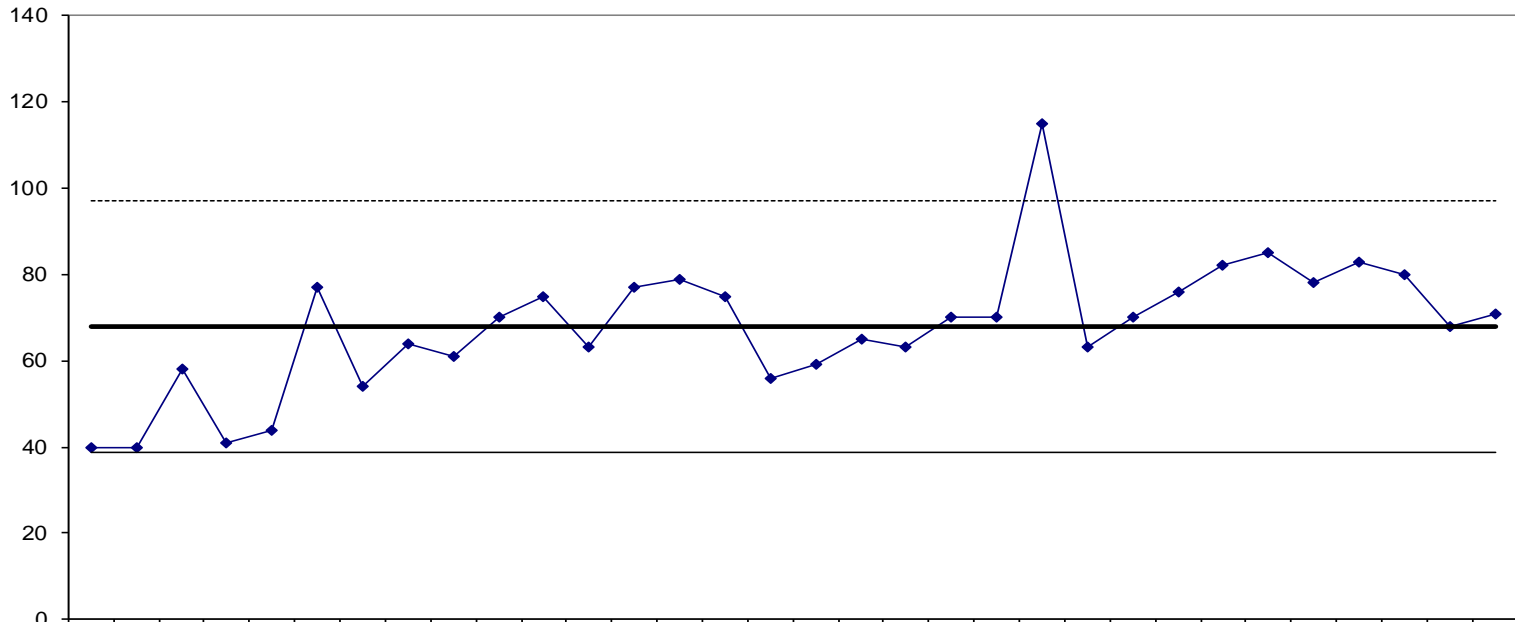
Placement	All Patients	Patients Discharged After Being Hospitalized for 365 Days	All Patients	Patients Discharged After Being Hospitalized for 365 Days
		Q1 – FY17		Q2 – FY17
No Entry*	1		3	
BHO Care	6		3	
Death	4	3	3	2
Domestic Abuse Shelter	2		0	
ICF/MR	3		2	
Jail or Other Correctional Facility	505	18	500	22
Medical/Inpatient Facility	2		5	1
MHA/MRA	115	4	125	4
Nursing Home	20	12	24	11
Other Agency Arranged (e.g. CPS)	17		13	
Other State Hospital	60	14	45	10
Out of State (MR Only)	0		1	
Personal Care/Group Home	120	4	128	10
Private Psychiatric Hospital	3		4	
Private Residence	973	8	908	6
Respite	46	1	38	1
State Supported Living Center	7	2	13	3
State-Funded Community Psychiatric Hospital			4	1
Substance Abuse Center	8	1	7	
Supportive Housing	14	1	8	
UD Involuntary	0		6	
UD Voluntary	1		1	
VA Care	1		1	
Total	1908	68	1842	71

Persons Admitted Three or More Times in 180 days: July 2014 - February 2017



	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
◆ Persons	163	173	173	180	184	201	213	201	195	210	195	196	212	220	228	231	238	233	211	224	235	245	257	257	244	247	234	246	235	249	232	227
— Average	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217
- - - - - ucl	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243	243
- - - - - lcl	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191	191

Quarterly Discharges Hospitalized Patients Discharged After 365 Days



	2009 Qtr3	2009 Qtr4	2010 Qtr1	2010 Qtr2	2010 Qtr3	2010 Qtr4	2011 Qtr1	2011 Qtr2	2011 Qtr3	2011 Qtr4	2012 Qtr1	2012 Qtr2	2012 Qtr3	2012 Qtr4	2013 Qtr1	2013 Qtr2	2013 Qtr3	2013 Qtr4	2014 Qtr1	2014 Qtr2	2014 Qtr3	2014 Qtr4	2015 Qtr1	2015 Qtr2	2015 Qtr3	2015 Qtr4	2016 Qtr1	2016 Qtr2	2016 Qtr3	2016 Qtr4	2017 Qtr1	2017 Qtr2
Discharges	40	40	58	41	44	77	54	64	61	70	75	63	77	79	75	56	59	65	63	70	70	115	63	70	76	82	85	78	83	80	68	71
Average	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68
UCL	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97
LCL	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39

Report to the Promoting Independence Advisory Committee

February 2017

Health and Human Services Commission

Medicaid and CHIP Services Department, Rate Analysis Department, Health Development and Independence Services and Office of Transformation

STAR Kids

S.B. 7, 83rd Legislature, Regular Session, 2013, directs the Health and Human Services Commission (HHSC) to establish a mandatory STAR Kids capitated managed care program tailored to provide Medicaid benefits to children with disabilities. All children and youth under the age of 21 who receive Supplemental Security Income (SSI) or SSI-related Medicaid will be required to receive Medicaid services through STAR Kids. Three key components of the STAR Kids model include robust service coordination, a person-centered planning approach and a comprehensive, multidisciplinary assessment. The legislation also directs HHSC to fully integrate services provided through the Medically Dependent Children's Program (MDCP) into STAR Kids. Those served through other 1915(c) home and community-based waiver programs will continue to receive long term services and supports through DADS, but will receive acute care benefits through STAR Kids. On November 1, 2016, STAR Kids MCOs began delivering services statewide to an estimated 163,662 members across 13 service areas.

Many safeguards have been put into place to ensure no gaps in services would occur. The continuity of care provisions include:

- Authorizations expiring in October or November 2016 were extended for 90 days.
- The health plans are required to continue to honor existing services authorizations. For LTSS (like PCS, PDN and MCDP services), for six (6) months, or until the health plan completes a new assessment and issues a new authorization. For acute care services (like physical therapy, occupational therapy, and speech therapy), for six (6) months, until the new authorization expires, or until the health plan completes a new assessment and issues a new authorization.
- The health plans are required to allow members to continue seeing existing providers, even if the provider is not in the health plan's network for the first six (6) months. All health plans have voluntarily extended this to allow members to continue to see current physicians and specialists for a full year. This requirement is not impacted by the SK-SAI; members can continue to see their current providers during this period, even if the providers are not in the health plan's network, even after the assessment is complete.

The STAR Kids Managed Care Advisory Committee met on March 1, 2017. The next committee meeting is scheduled for June 14, 2017. The committee is scheduled to continue to meet quarterly for the first year following implementation of STAR Kids.

Other HHSC Medicaid Initiatives

Dual Demonstration

Rider 51 of the General Appropriations Act, 83rd Legislature, Regular Session, 2013, directed HHSC to implement the Dual Demonstration, a fully integrated capitated managed care model for individuals enrolled in Medicare and Medicaid.

The Dual Demonstration was implemented on March 1, 2015, and it tests an innovative delivery model that combines health care services for people with both Medicaid and Medicare coverage into one plan. The program includes full-dual eligible adults (age 21 and above) who are required to receive their Medicaid benefits through the STAR+PLUS managed care program and live in one of the six designated counties: Bexar, Dallas, El Paso, Harris, Hidalgo, and Tarrant. In this model, one entity, the Medicare-Medicaid Plan (MMP) is responsible for coordinating the full array of Medicaid and Medicare services. This includes any benefits that were added to the STAR+PLUS service array on or after March 1, 2015, such as nursing facility and Community First Choice services. The goal of the program are to better coordinate Medicare and Medicaid services, improve quality and access to care and to promote independence in the community. The demonstration will continue until December 31, 2020 pending a two-year extension currently being added to the contract.

As of March 2017, Dual Demonstration enrollment is estimated at 44,454. HHSC plans to start monthly ongoing passive enrollment in August 2017.

HHSC has been selected by the Administration for Community Living as a recipient of an Alzheimer's Disease Supportive Services project three-year grant to begin September 1, 2016 and continue until August 31, 2019. The goal of the project known as Texas Takes on Dementia (TxTD) is to build, using evidence-based practices and programs, a dementia-capable, integrated system of care for individuals with Alzheimer's disease or related disorders (ARD) and their caregivers enrolled in the Dual Demonstration. Community partners will focus on working with MMPs serving Harris and Tarrant Counties to increase health plan use of effective tools for detection and attention to cognitive impairment. In addition, community partners will help provide evidence-based and evidence-informed support and education to health plan service coordinators in addressing support and referral needs of members with ARD and their caregivers.

TxTD steering committee members include partners from Baylor College of Medicine, Baylor Scott & White, Neighborhood Centers, Incorporated/Harris County, United Way of Tarrant County, Area Agency on Aging, Texas Department of State Health Services and the State of California's Cal MediConnect. The project is currently in the implementation phase of year-One Work plan to meet the following goals:

- Initiate staff training
- Explore opportunities to embed screening questions into existing tools
- Initiate screening and assessment practices to identify caregivers
- Create and initiate referral protocols
- Initiate caregiver support and training activities

For more information about the demonstration, including Frequently Asked Questions, please visit the [HHSC demonstration website](#).

Community First Choice

S.B. 7, 83rd Texas Legislature, Regular Session, 2013, directs HHSC to implement the most cost-effective option for the delivery of basic attendant and habilitation services for individuals with disabilities under the STAR+PLUS program, and to maximize federal funding. Prior to the passage of S.B. 7, habilitation services were only available in certain long-term services and supports (LTSS) waiver programs, and most of these programs have interest lists.

The CFC option in Texas was implemented on June 1, 2015, and it expands the availability of basic attendant and habilitation services to individuals with physical, mental health, intellectual, and developmental disabilities who meet an institutional level of care. The state receives a six percent increased federal match for CFC services, which is used in turn to fund services for individuals who today have no access to LTSS.

HHSC and the Department of Aging and Disability Services (DADS) have worked closely together monitoring implementation, addressing issues or concerns as they are identified, and ensuring coordination of services. This process will be further improved by the consolidation of staff through the Transformation process. HHSC continues to meet with stakeholder groups including providers, MCOs, Promoting Independence Advisory Committee as the CFC Development and Implementation Council, local intellectual and developmental disability authorities (LIDDAs), and Texas Council of Community Centers to gather feedback regarding CFC.

In July 2016, HHSC posted on its website the legislatively mandated [CFC report](#) required by S.B. 7. In September 2016, HHSC distributed the "Local Intellectual and Developmental Disability Authority and STAR Kids Managed Care Organization Procedures for Community First Choice" to stakeholders.

HHSC continues to work to review, develop and evaluate person-centered planning training proposals, curricula, and related materials, to ensure compliance with the federal regulations and quality and consistency across systems. A person-centered planning webpage with a mailbox, along with a set of minimum criteria, a list of approved trainings, an introductory web-based training developed by DADS and HHSC, and other resources will be deployed in the next several weeks. Alerts will go out to providers, stakeholders, and MCOs when the website goes live. A new committee, to include external stakeholders, will expand beyond the training focus to begin designing the ways in which person-centered planning will be implemented more systemically, including changes to forms, processes, and policies.

HHSC currently is engaging with stakeholders to improve the CFC PAS/HAB assessment. The goal is to serve multiple waivers/programs with one form and enable a more streamlined assessment process. As a result, this new assessment will improve consistency and manageability of the assessment. HHSC plans to accept comments on the forms from various advisory committees in April and May and will seek open public feedback at a town hall meeting in June, 2017. To ensure appropriate engagement with external stakeholders throughout this process, it is anticipated to have the new CFC PAS/HAB assessment and instructions implemented in late 2017.

Employment Initiatives

The Employment First Task Force (Task Force) is an interagency task force authorized by S.B. 1226, 83rd Legislature, Regular Session, 2013. The Task Force began meeting in April 2014, and is scheduled to dissolve in September 2017.

The Texas Education Agency (TEA), the Texas Workforce Commission (TWC), and HHSC have adopted the Employment First policy as prescribed in S.B. 1226. The Employment First policies of each agency may be found at the following links: [TEA Employment First policy](#), [TWC Employment First policy](#), and [HHSC Employment First policy](#). Task Force members completed their second biannual report in September, and it was sent to the Legislature in December 2016. Recommendations include the formation of an Employment First Division at HHSC, increased employment data collection, and improved benefits counseling. The next meeting of the Task Force will be held in January 2017.

In an effort to increase coordination and information sharing, state agency members of the Task Force continue to meet quarterly to discuss employment related projects and initiatives. Visit the [Employment First website](#) for more information on the Employment First Task Force and its members.

New Federal Home and Community-based Services Rules

In March 2014, the Center for Medicare and Medicaid Services released a final rule governing Home and Community-based Services (HCBS) setting requirements, including individuals' right to privacy, dignity, respect, community integration, access to competitive employment and optimization of individual choices concerning daily activities, physical environment and social interaction. The new rule also includes expectations governing how states implement person directed planning.

HHSC and DADS developed web-based provider (residential and non-residential) and service coordinator/case manager self-assessment tools and face-to-face participant (residential and non-residential) assessment tools. At this time the survey process is complete for both managed care and fee-for-service programs. Staff is currently analyzing the survey results in order to develop the required remediation plan.

The Health and Human Services (HHS) Fiscal Years 2018-2019 Legislative Appropriations Request (LAR) contains an exceptional item entitled, "Community Day Habilitation Programs - HCBS Requirement". The exceptional item was listed in Article XI under both the Senate and House versions of the budget.

All states are required to submit a transition plan (STP) outlining the steps required to come into compliance with the regulations. HHSC plans to update the STP in 2017 based on the results of the surveys and additional CMS guidance. In March 2017, CMS issued a letter to the governor of each state informing them that CMS will be granting additional time for states to come into compliance with the HCBS rules, and also that states will have an opportunity to provide additional input on the process. HHSC is currently awaiting further guidance.

HHSC Rate Analysis Department Update

Long-Term Services and Supports providers that are required to submit annual cost reports are currently in the process of receiving notification of adjustments to their 2015 Cost Reports. HHSC's Cost Report Review Unit (CRRU) will be verifying 100% of submitted cost reports for the second consecutive year. The review of all cost reports will help to ensure that accurate data will be used to calculate reimbursement rates in addition to determining Rate Enhancement (RE) requirements for providers who participate in the RE program.

Providers who have questions regarding the adjustments made to their cost reports can contact a Rate Analysis staff person at the following link: <https://www.hhsc.state.tx.us/rad/long-term-svcs/contacts.shtml>.

With the 85th legislative session in progress, HHSC Rate Analysis has been providing fiscal impacts for bills that seek to increase the minimum wage. Any rate changes that are a result of adopted bills and/or riders will require public hearings in order to gather testimony from stakeholders regarding proposed rates. For reference, any interested party can go to the following webpage for information on upcoming (and previously held) rate hearings <http://www.hhsc.state.tx.us/rad/rate-packets.shtml>. Rate information packets that contain proposed reimbursement rates can also be accessed at this link.

A public hearing for proposed amendments to the reimbursement methodology at Title 1 Texas Administrative Code §355.723 for the Home and Community-based Services and Texas Home Living programs will be held on April 6, 2017, at 9:00 a.m. in the Public Hearing Room at the John H. Winters building at 701 W. 51st Street, Austin, TX 78756. The proposed amendments were published in the March 17, 2017, issue of the Texas Register. See *42 TexReg 1203*. More information on the above-referenced public hearing including instructions on how to submit comments on the proposed rule amendments can be accessed at the following webpage: <https://hhs.texas.gov/event-types/public-hearing>.

Lastly, Rate Analysis staff are busy assisting Long-Term Services and Supports providers navigate the data submission process for their annual cost reports that are due by mid-April. All providers that are required to submit an annual cost report to HHSC must submit their cost report data through an online data collection system referred to as STAIRS (State of Texas Automated Information Reporting System).

For more information on HHSC Rate Analysis activities, please visit the Long-Term Services and Supports section webpage on the Rate Analysis website at <http://legacy-hhsc.hhsc.state.tx.us/rad/long-term-svcs/>.

Transformation Update

The first phase of the Health and Human Services structural changes occurred on Sept. 1, 2016. More than 120 programs and 4,100 staff positions transferred to HHSC, creating a new Medical and Social

Services division comprised of client programs from DADS, DARS and DSHS. DARS closed and its vocational rehabilitation-related programs moved to the Texas Workforce Commission. Additionally, the majority of administrative services programs (information technology, financial services, legal services, etc.) were consolidated at HHSC.

The second phase of the structural changes will occur on Sept. 1, 2017 when just over 100 HHS programs and more than 24,000 staff positions will transfer into HHSC, completing the consolidated Administrative Services Division, and forming two new divisions: State Operated Facilities and Regulatory Services.

State Operated Facilities Division will be comprised of the State Supported Living Center operations from DADS and State Hospital operations from DSHS.

Regulatory Services has programs coming from DADS, DSHS and DFPS. DADS will be closed effective Sept 1.

Legislation being considered during the 85th session of the Texas Legislature has the potential to alter some of the programs planned to become part of HHSC under the current law - specifically, the abuse and neglect portion of the DFPS Child Care Licensing unit as well as the Adult Protective Services Provider Investigation unit. Additionally, there are changes being considered related to the timing of the transfer of DSHS regulatory programs to TDLR and other entities.

The federal government also has approved the Sept. 1 transfer of the Women, Infants and Children (WIC) program from DSHS to HHSC's Medical and Social Services Division.

Meanwhile, some of the goals of the transformation are starting to take shape. A system-wide cross-division coordination network has been established and is now working toward becoming an engine for collaboration between HHS programs. The network takes a system-wide approach to finding and implementing ways to improve efficiency and effectiveness.

To keep up with the latest on the Sept. 1 transfers, visit the [HHS Transformation](#) section of the HHS website.

Person-Centered Planning Activities

HHSC continues to work to review and evaluate person-centered planning training proposals to ensure trainings meet the minimal requirements and compliance with the federal and state regulations. Workgroups to address the needed changes to rules, policies, procedures, handbooks, and forms occur to assure quality and consistency across systems was established. The next step is to include external stakeholders to the workgroups. The person-centered planning webpage was launched <https://hhs.texas.gov/services/disability/person-centered-planning>. The webpage lists approved trainings, the minimum criteria for those developing trainings <https://hhs.texas.gov/services/disability/person-centered-planning/planning-teams>, and an introductory web-based overview of person-centered planning developed by DADS and HHSC to help all understand what is required in a person-centered. Alerts went out to providers, stakeholders, and MCOs when the website went live. Registration for the required two day Person-Centered Thinking Classroom Training being offered by HHSC is found on the website and currently being offered

around the state to meet the June 2017

deadline <https://learningportal.dfps.state.tx.us/course/index.php?categoryid=7>

HEALTH DEVELOPMENT AND INDEPENDENCE SERVICES

Independent Living Services

House Bill (HB) 2463, 84th Legislature, Regular Session, 2015 directed the consolidation and outsourcing of the legacy DARS Independent Living (IL) programs and outsource the consolidated IL program to Centers for Independent Living (CILs) or other organizations by August 31, 2016. The outsourced program successfully transitioned to HHSC on September 1, 2016. The transition focused on ensuring access to services and the continuation of the IL mission to maximize the independence, well-being, and health of people with significant disabilities. HHSC provides ongoing training and technical assistance to the Centers as they continue to expand their ability to provide services and navigate the transition of services.

Early Childhood Intervention

The Early Childhood Intervention (ECI) Program submitted both the Texas Part C Federal Fiscal Year (FFY) 2015 Annual Performance Report (APR) and State Systemic Improvement Plan (SSIP) and is currently waiting on final approval from the Office of Special Education Programs (OSEP). The ECI IDEA Part C Application, posted to the Health and Human Services Commission (HHSC) website, uses the fiscal year 2016 allocation as the allocation for 2017. The application will be updated if there is a change in the allocation. Public comment will be taken until May 8, 2017.

Children's Autism Program

The Children's Autism Program has served 703 children as of the end of the second quarter of FY 2017, which exceeds the number served for all of FY 2016. Easter Seals East Texas has decided to terminate their contract for the Bryan area and have stopped providing services as of the end of March 2017. We are exploring options for a new contractor in that area. The remaining 20 contracts are in the process of being renewed for FY 2018-2019. The Texas Autism Council had its second meeting on March 21, 2017.

Comprehensive Rehabilitation Services Program

The Comprehensive Rehabilitation Services Program (CRS) has an open enrollment for Post-Rehabilitation Services (PARS). This is in an effort to enroll additional providers of brain injury services. The CRS program implemented new billing guidelines using a tiered-rate billing structure, which set multiple rates for the number of therapy hours provided, based on the consumer's need. This structure allows for a closer correlation between payment rates and provider costs. The program has also implemented a utilization review process in order to review and ensure efficacy of services being provided.

The Comprehensive Rehabilitation Services (CRS) program is funded by general revenue and dedicated state revenue (Comprehensive Rehabilitation Fund Account No. 107) coming from court costs assessed on misdemeanor and felony convictions. On March 8, 2017, the Texas Court of Criminal Appeals rendered a decision in *Salinas v. State* (No. PD-0170-16) which eliminates certain court costs currently allocated to the CRS program through Local Government Code § 133.102. As a result, the CRS program will have a significant funding shortfall for fiscal year 2017.

As of March 28, 2017, CRS has served a total of 609 consumers in fiscal year 2017. Of the 609 total served, 452 are currently receiving services. CRS continues to provide services as the program continues to assess the impact of the *Salinas* decision. For fiscal year 2017, there will be no additional wait list removals. The program currently has 125 consumers who are on the interest list and 128 consumers with an Individualized Written Rehabilitation Plan (IWRP) who are on the waiting list.