



Home and Community- based Services Waiver Slot Enrollment Plan Progress Report

As Required by

**2018-19 General Appropriations
Act, Senate Bill 1, 85th Legislature,
Regular Session, 2017 (Article II,
Health and Human Services
Commission, Rider 55)**

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Executive Summary

The second *Home and Community-based Services Waiver Slot Enrollment Plan Progress Report* is submitted in compliance with 2018-19 General Appropriations Act, Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission [HHSC], Rider 55). The report is as of May 1, 2018.

Rider 55 required three progress reports discussing the achievement of enrollment goals included in the *Home and Community-based Services Waiver Slot Enrollment Plan*¹ (Plan) submitted in fiscal year 2017. The first progress report was submitted March 1, 2018.

The Home and Community-based Services (HCS) program is a Medicaid waiver program providing community-based services and supports to people with intellectual and developmental disabilities (IDD). Services support community-based living as an alternative to institutional living and enhance quality of life, functional independence, as well as health and well-being.

HHSC is on target to enroll 735 individuals as directed by Rider 55:

- 325 HCS slots for persons moving out of large and medium Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF-IID)
- 110 HCS slots for children aging out of foster care
- 150 HCS slots for persons with IDD moving from nursing facilities
- 150 HCS slots for persons with IDD diverted from nursing facility admission

¹ https://hhs.texas.gov/sites/default/files//documents/laws-regulations/reports-presentations/2017/Home_and_Community-based_Services_Slot_Enrollment_Plan_FY18-19.pdf

1. Introduction

Rider 55 directed HHSC to submit a plan for waiver slot enrollment by September 1, 2017. The rider required the plan to include waiver slot enrollments appropriated for the HCS program for the Promoting Independence Initiative² and to meet federal Preadmission Screening and Resident Review (PASRR) requirements.³ The Plan reviewed the waiver enrollment process and identified actions necessary for HHSC to reach waiver enrollment targets for fiscal years 2018 and 2019.

Rider 55 also directs HHSC to submit progress reports on the Plan. Progress reports must be submitted March 1, 2018, September 1, 2018, and March 1, 2019, to the Governor, Legislative Budget Board, Senate Finance Committee, and House Appropriations Committee.

The progress reports must:

- Identify the number of persons enrolled in each type of slot and for each purpose identified in subsections (a) and (b)⁴
- Include planned enrollment for the remainder of the 2018-19 biennium
- Identify any issues with enrollment identified by the agency
- Discuss how the agency plans to address any issues to achieve the targets by the end of fiscal year 2019

² The Promoting Independence Initiative serves people moving out of large and medium ICF-IID and children aging out of foster care.

³ PASRR serves people with IDD moving from nursing facilities and people with IDD diverted from nursing facility admission.

⁴ Subsections (a) and (b) are related to the waiver slots for the Promoting Independence Initiative and federal PASRR appropriated in Rider 55.

2. Background

The HCS 1915(c) Medicaid waiver program was authorized in 1985 and offers services through contracted providers. The HCS program also offers a self-directed service model, called Consumer-Directed Services (CDS), for some services. Through CDS, people receiving HCS services can choose to play a greater role in determining the services they need and how services are delivered.

HCS services help people live in a community-based setting instead of in an institution. People enrolled in the program live in residential settings, such as their home, their families' home, a host home or companion care setting, or a three-to-four-person group home setting.

Eligibility

To be eligible for HCS, an individual must be a Texas resident not living in an institution:

- With a primary diagnosis of an intellectual disability, or an intelligence quotient of 75 or below and a related condition
- Eligible for Level of Care I or VIII
- Not enrolled in any other Medicaid waiver program
- With a monthly income within 300 percent of the Supplemental Security Income limit
- With an Individual Plan of Care (IPC) for which the IPC cost does not exceed whichever of the two costs is greater:
 - ▶ 200 percent of the annual ICF-IID reimbursement rate paid to a small ICF-IID for the recipient's level of need; or
 - ▶ 200 percent of the estimated annualized per capita cost for ICF-IID services.

Benefits

HCS provides the following services through contracted providers:

- Residential
- Day habilitation
- Dental
- Behavioral support

- Social work
- Occupational, physical, or speech/language pathology therapy
- Dietary
- Audiology
- Minor home modification
- Adaptive aids
- Transition assistance
- Acute care prescription drugs
- Attendant⁵

People receiving HCS services may exercise the CDS option for the following additional program services:

- Transportation as an activity of supported home living
- Respite
- Nursing
- Employment assistance
- Supported employment
- Cognitive rehabilitation therapy

⁵ For people receiving HCS services who live in their own homes or a family home setting, attendant services are received through Community First Choice.

3. Enrollment

Enrollment Process

HHSC offers an HCS program slot to people interested in services when funding is available or a slot becomes vacant through natural attrition.⁶ The steps involved are discussed below and may take several months to complete after a slot is released.

When a slot becomes available, HHSC notifies the local intellectual and developmental disability authority (LIDDA).⁷ The LIDDA notifies the interested person about the available slot, and the individual has up to 30 days to accept the offered slot.

If the person accepts the offered slot, the LIDDA completes assessments and gathers information to help determine eligibility. The person must apply for Medicaid if they are not enrolled in Medicaid at the time the slot is offered. Medicaid eligibility can usually be established within 45 days if the person has a confirmed disability determination. If the person does not have a confirmed determination of disability, it may take up to 90 days to establish a disability and Medicaid eligibility.

The person is enrolled in the waiver program when all HCS eligibility criteria are met.

Enrollment Data

Table 1 below shows the enrollment of the appropriated HCS slots for the 2018-19 biennium as of May 2018 and planned enrollment of the appropriated HCS program

⁶ The term *attrition* refers to HCS slots in which an individual was enrolled until their permanent discharge from the program. Example of why an individual would be discharged is if they move into a different program or institutional setting.

⁷ LIDDAs manage the interest list and handle enrollment for the HCS program.

slots for the remainder of the 2018-19 biennium to meet direction in Rider 55.⁸ The table does not represent the total number of people enrolled in HCS. Enrollments and anticipated enrollments remain consistent with the Plan.

⁸ The Legislature assumes an equal rollout of slots for fiscal years 2018 and 2019. To achieve this, HHSC releases slots for the first nine months of each fiscal year to allow LIDDAs time to complete the enrollments before the end of each fiscal year.

Table 1. Planned Home and Community-based Services Slot Enrollment, Remainder of 2018-19 Biennium

Type of Slot	Purpose	Fiscal Year (FY) 2018 Current Enrollment	FY 2018 Planned Enrollment	FY 2019 Planned Enrollment	Total Enrollment for Biennium
Promoting Independence Initiative	For persons moving out of large and medium ICFs-IID	79	163	162	325
Promoting Independence Initiative	For children aging out of foster care	40	55	55	110
Compliance with Federal PASRR Requirements	For persons with IDD moving from nursing facilities	114	75	75	150
Compliance with Federal PASRR Requirements	For persons with IDD diverted from nursing facility admission	136	75	75	150
Total		369	368	367	735

4. Enrollment Issues

Historically, the Legislature appropriates a finite number of HCS slots for a given biennium. Any slot released, but not enrolled, during the given biennium must be carried over into the next biennium and subtracted from the next biennium's appropriation.

HHSC worked diligently with LIDDAs to resolve the majority of enrollments for the 2016-17 biennium. However, as Table 2 shows, some carry-over of slots occurred related to compliance with federal PASRR requirements, and carry-over slots had to be subtracted from the 2018-19 appropriation.

These carry-over slots resulted when LIDDAs could not complete all enrollment activities before the end of the 2016-17 biennium for people with complex needs moving or being diverted from a nursing facility. Delays in enrollment may relate to finding an accessible provider home, or renovating an existing home to meet the individual's specific needs. Providers may also need to obtain adaptive equipment or support staff.

Table 2. Impact of Home and Community-based Services Appropriation Due to Carry-over

Purpose	FY 2018-19 Appropriation	FY 2016-17 Carry-over	Difference After Carry-over	Average Number of Days for Enrollment Completion ⁹
For persons moving out of large and medium ICFs-IID	325	36	289	91
For children aging out of foster care	110	5	105	136
For persons with IDD moving from nursing facilities	150	100	50	157

⁹ The average number of days for enrollment count was derived from the 2016-17 biennium enrollment data for same slot type.

For persons with IDD diverted from nursing facility admission	150	71	79	91
Total	735	212	523	n/a¹⁰

At this time, HHSC cannot predict if carry-over slots will be an issue at the end of the 2018-19 biennium. HHSC staff monitor every HCS enrollment and provide technical assistance to prevent delays where possible. In addition, HHSC is using attrition slots in addition to the 735 appropriated HCS slots to meet the needs of people with IDD in crisis situations and to comply with federal PASRR requirements (See Appendix A).

¹⁰ Because of complexities of enrollment for each Purpose, HHSC is unable to determine a meaningful total average.

5. Conclusion

Rider 55 directs HHSC to enroll 735 individuals in the HCS waiver program during the 2018-19 biennium for the Promoting Independence Initiative and for compliance with federal PASRR requirements. Appropriations assume equal rollout of HCS waiver slots throughout the 2018-19 biennium.

Appropriated HCS waiver program enrollments are currently on target. HHSC will continue using attrition slots in addition to appropriated slots to meet the needs of people with IDD in crisis situations and to comply with federal PASRR requirements. HHSC will monitor the progress of HCS waiver program enrollments on a monthly basis to address barriers and ensure enrollments are completed as intended.

Per Rider 55, HHSC will submit an additional progress report on March 1, 2019.

List of Acronyms

Acronym	Full Name
CDS	Consumer Directed Services
FY	Fiscal Year
HCS	Home and Community-based Services Program
HHSC	Health and Human Services Commission
ICF-IID	Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions
IDD	Intellectual and Developmental Disabilities
IPC	Individual Plan of Care
LIDDA	Local Intellectual and Developmental Disability Authority
PASRR	Preadmission Screening and Resident Review

Appendix A. Attrition Slot Utilization

Attrition slots are created when previously funded HCS slots are permanently discharged by an individual after enrollment. HHSC will use attrition slots in the 2018-19 biennium to prevent institutionalization and assist people with IDD in crisis, for which purposes specific HCS slots were not appropriated. HHSC staff meet regularly to review and distribute available attrition slots.

HHSC staff work closely to determine attrition capacity based on billing costs and legislative funding. Staff determined 400 attrition slots were available for distribution as of May 2018.

HHSC developed a prioritization schedule for using attrition slots. HHSC will use the prioritization schedule to allocate attrition slots to the identified target groups on the schedule. Each month, HHSC staff release the allocation for appropriated slots. Any requests for slots received above the monthly appropriation allocation or for targeted groups supported solely by attrition slots will be considered by an internal workgroup of HHSC staff.

Attrition slots were first allocated to complete enrollment for slots released during the 2016-17 biennium for HCS target groups that were not appropriated in the 2018-19 biennium. Approximately 13 slots in the following target groups as specified in the HCS waiver were covered using attrition slots:

- Eight slots to prevent institutionalization/crisis
- Two slots for persons moving out of state hospitals
- One slot for HCS interest list reduction
- Two slots for individuals age 21 or younger moving from a nursing facility

Table 3 below shows the released and enrolled (appropriated and attrition) HCS slots for the 2018-19 biennium as of May 2018.

Table 3. HCS Appropriated & Attrition Slot Utilization for the 2018-19 Biennium

Attrition Target Group	Purpose	2018-19 Appropriated Slots	FY 2018 Total Current Released	FY 2018 Appropriated Current Enrollment¹¹	FY 2018 Attrition Current Enrollment¹²	FY 2018 Total Current Enrollment
Crisis Diversion	To prevent institutionalization/crisis	0	154	0	92	92
Nursing Facility Diversion	For persons with IDD diverted from nursing facility admission	150	214	76	60	136
Nursing Facility Transition	For persons with IDD moving from nursing facilities	150	247	53	61	114
Child Protective Services Aging Out	For children aging out of foster care	110	74	39	1	40

¹¹ Appropriated slots can be released on demand, as long as allocation is available.

¹² Attrition slots require input from HHSC Budget to determine if resources are available and to what capacity for the specified point in time. Data counts in this column include carry-over from the 2016-17 biennium and additional slots made available through attrition where enrollment was completed during the reporting period.

Attrition Target Group	Purpose	2018-19 Appropriated Slots	FY 2018 Total Current Released	FY 2018 Appropriated Current Enrollment¹¹	FY 2018 Attrition Current Enrollment¹²	FY 2018 Total Current Enrollment
Nursing Facility Transition for Children	For children (age 21 or younger) moving from nursing facilities	0	8	0	4	4
Large, Medium and Small ICFs-IID	For persons moving out of an ICF-IID.	325	138	79	0	79
HCS Administrative	For persons whose HCS interest list record was corrected due to an error, which prevented them from receiving a slot when they should have.	0	18	0	6	6
Totals		735	853	247	224	471