



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

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**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 final *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 provides data through November 30, 2018.

Rider 55 requires three progress reports discussing the achievement of enrollment goals included in the *Home and Community-based Services Waiver Slot Enrollment Plan*<sup>1</sup> submitted in September 2017. The first and second progress reports were submitted March 1, 2018, and September 1, 2018, respectively.

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, and 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; and
- 150 HCS slots for persons with IDD diverted from nursing facility admission.

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<sup>1</sup> [https://hhs.texas.gov/sites/default/files//documents/laws-regulations/reports-presentations/2017/Home\\_and\\_Community-based\\_Services\\_Slot\\_Enrollment\\_Plan\\_FY18-19.pdf](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 Initiative (PI)<sup>2</sup> and to meet federal Preadmission Screening and Resident Review (PASRR) requirements.<sup>3</sup> 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 every six months 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)<sup>4</sup>;
- Include planned enrollment for the remainder of the 2018-19 biennium;
- Identify any issues with enrollment identified by the agency; and
- Discuss how the agency plans to address any issues to achieve the targets by the end of fiscal year 2019.

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

<sup>3</sup> PASRR serves people with IDD moving from nursing facilities and people with IDD diverted from nursing facility admission.

<sup>4</sup> 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 what 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 homes, their family's 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; and
- 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
- Attendant<sup>5</sup>

These additional program services may be provided through a contracted provider or through the CDS option:

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

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<sup>5</sup> 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.<sup>6</sup> 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).<sup>7</sup> 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 then Medicaid eligibility.

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

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<sup>6</sup> 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.

<sup>7</sup> LIDDAs manage the interest list and handle enrollment for the HCS program.

## Enrollment Data

Table 1 shows the enrollment and pending enrollment of the appropriated HCS slots for the 2018-19 biennium as of November 2018 and planned enrollment of the appropriated HCS program slots for the remainder of the 2018-19 biennium.<sup>8</sup> The table does not represent the total number of people enrolled in HCS.

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<sup>8</sup> 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, 2018-19 Biennium**

<b>Type of Slot</b>	<b>Purpose</b>	<b>Fiscal Year (FY) 2018-19 Current Appropriated Enrollment</b>	<b>Current Number of Appropriated Offers Pending Enrollment</b>	<b>FY 2018 Planned Enrollment</b>	<b>FY 2019 Planned Enrollment</b>	<b>Total Enrollment for Biennium</b>
Promoting Independence Initiative	For persons moving out of large and medium ICFs-IID	128	138	163	162	325
Promoting Independence Initiative	For children aging out of foster care	69	24	55	55	110
Compliance with Federal PASRR Requirements	For persons with IDD moving from nursing facilities	52	40	75	75	150
Compliance with Federal PASRR Requirements	For persons with IDD diverted from nursing facility admission	105	19	75	75	150
<b>Total</b>		<b>354</b>	<b>221</b>	<b>368</b>	<b>367</b>	<b>735</b>

## 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 enrollment issues 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**

<b>Purpose</b>	<b>FY 2018-19 Appropriation</b>	<b>FY 2016-17 Carry-over</b>	<b>Difference After Carry-over</b>
For persons moving out of large and medium ICFs/IID	325	36	289
For children aging out of foster care	110	5	105
For persons with IDD moving from nursing facilities	150	100	50
For persons with IDD diverted from nursing facility admission	150	71	79
<b>Total</b>	<b>735</b>	<b>212</b>	<b>523</b>

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.

As of November 2018, HHSC evaluated the enrollment take-up rate for the PI initiative for persons moving out of large and medium ICFs/IID and adjusted the release of additional slots to people residing in medium ICFs/IID to increase the number of slots enrolled in this group. HHSC also evaluated the state supported living center (SSLC) PI slot group, which is included in the initiative, and noted a significant decline in requests for community transition among individuals with legal guardians.

Individuals transitioning from an SSLC may have behavioral health/psychiatric needs requiring frequent monitoring by professional staff and enhanced levels of supervision by direct care staff. In addition, there are several individuals with medical needs requiring 24-hour nursing and frequent physician monitoring. Individuals with these complex needs require more time to transition from the

institutional setting to ensure the appropriate community services and supports will be provided. HHSC continues to monitor the disposition of each slot released and will adjust the release schedule as needed to meet the enrollment target.

For persons with IDD moving from nursing facilities and persons with IDD diverted from nursing facility admission, HHSC continues to monitor and provide technical assistance for each slot released until a final disposition is reached. If HHSC has released the allocation for the month, HHSC uses attrition slots to ensure individuals are moving out of facilities or being diverted from admission to facilities in a timely manner (see Appendix A). HHSC continues to monitor reports to ensure individuals interested in community placement are being provided the opportunity to transition.

To avoid over-enrollment in the program, HHSC considers the number of individuals who have completed enrollment and those who are in the process of enrollment. Additional slots will be released for the remainder of the fiscal year and it is anticipated enrollments remain consistent with the plan.

## 5. Conclusion

Rider 55 directed 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 biennium.

HHSC evaluated the enrollment take-up rate for persons moving out of large and medium ICFs/IID and adjusted the release of additional slots to people residing in medium ICFs/IID. HHSC is also closely monitoring the appropriation and the attrition slot usage for the slots related to persons with IDD moving from nursing facilities and for persons with IDD diverted from nursing facility admission.

Appropriated HCS waiver program enrollments are progressing and 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 continue to monitor the progress of HCS waiver program enrollments monthly to address barriers and ensure enrollments are completed as intended.

## **List of Acronyms**

<b>Acronym</b>	<b>Full Name</b>
<b>CDS</b>	Consumer Directed Services
<b>FY</b>	Fiscal Year
<b>HCS</b>	Home and Community-based Services Program
<b>HHSC</b>	Health and Human Services Commission
<b>ICF/IID</b>	Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions
<b>IDD</b>	Intellectual and Developmental Disabilities
<b>IPC</b>	Individual Plan of Care
<b>LIDDA</b>	Local Intellectual and Developmental Disability Authority
<b>PASRR</b>	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. For fiscal year 2018 and first quarter of fiscal year 2019, staff determined 400 attrition slots were available for distribution.

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; and
- Two slots for individuals age 21 or younger moving from a nursing facility.

Table 3, below, shows the current released, enrollment (appropriated and attrition) and pending enrollment of the HCS slots for the 2018-19 biennium as of November 2018.

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

<b>Attrition Target Group</b>	<b>Purpose</b>	<b>2018-19 Appropriated Slots</b>	<b>FY 2018-19 Total Current Released</b>	<b>FY 2018-19 Appropriated Current Enrollment<sup>9</sup></b>	<b>FY 2018-19 Attrition Current Enrollment<sup>10</sup></b>	<b>FY 2018-19 Total Current Enrollment</b>	<b>FY 2018-19 Total Pending Enrollment</b>
Crisis Diversion	To prevent institutionalization/crisis	0	317	0	230	230	74
Nursing Facility Diversion	For persons with IDD diverted from nursing facility admission	150	317	105	128	233	45
Nursing Facility Transition	For persons with IDD moving from nursing facilities	150	362	52	117	169	80
Child Protective Services Aging Out	For children aging out of foster care	110	128	69	12	81	34
Nursing Facility Transition for Children	For children (age 21 or younger) moving from nursing facilities	0	13	0	5	5	6
Large, Medium and Small ICFs-IID	For persons moving out of an ICF-IID.	325	327	128	0	128	138

<sup>9</sup> Appropriated slots can be released on demand, as long as allocation is available.

<sup>10</sup> 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.



<b>Attrition Target Group</b>	<b>Purpose</b>	<b>2018-19 Appropriated Slots</b>	<b>FY 2018-19 Total Current Released</b>	<b>FY 2018-19 Appropriated Current Enrollment<sup>9</sup></b>	<b>FY 2018-19 Attrition Current Enrollment<sup>10</sup></b>	<b>FY 2018-19 Total Current Enrollment</b>	<b>FY 2018-19 Total Pending Enrollment</b>
HCS Administrative	For persons who's HCS interest list record was corrected due to an error, which prevented them from receiving a slot when they should have.	0	25	0	18	18	3
<b>Totals</b>		<b>735</b>	<b>1,489</b>	<b>354</b>	<b>510</b>	<b>864</b>	<b>380</b>