

***Star+PLUS Managed Care***

**Eligibility:** Age 21 or older, Medicaid financial eligibility determined by HHSC, individuals must have a need for skilled nursing care and meet at least two of the nursing facility risk criteria.

**Services:** The Star+PLUS program is an 1115 waiver that provides both acute and long-term services and supports to individuals who have a physical disability or are elderly as an alternative to residing in a nursing facility. Long-term services include:

- Case management
- Adaptive aids
- Medical supplies
- Adult foster care
- Assisted living/residential care
- Emergency response
- Nursing Services
- Minor home modifications
- Occupational therapy
- Personal assistance (including consumer-directed personal assistance services)
- Home delivered meals
- Physical therapy
- Respite care
- Transition assistance services
- Speech language pathology

As the Star+PLUS program is a Managed Care Service, the following additional benefits and services are available to eligible participants:

- Prescription medication (no limits)
- Service Coordination (Acute and Long-Term Care)
- Adult well checks
- Disease Management
- Medical Home (Primary Care Physician)
- Acute care medical and behavioral health services, such as:
  - MH counseling by master's level therapists
  - psychiatry

- psychological services
- inpatient detoxification
- Value-added services (varies by MCO), such as:
  - partial hospitalization / extended day treatment
  - intensive outpatient treatment / day treatment
  - residential services
  - off-site services
  - health psychology interventions



## **Qualified Home and Community Based Program Services**

Brief descriptions of the programs that will be used in the MFP Demonstration program are identified below.

### Targeted Case Management (TCM)

- Comprehensive encounter (Type A): A face-to-face contact with an individual to provide service coordination.

The comprehensive encounter is limited to one billable encounter per individual per calendar month. DADS will not authorize payment for a comprehensive encounter that exceeds the cap of one encounter per individual per calendar month.

- b) Supportive encounter (Type B): A face-to-face, telephone, or telemedicine contact with an individual or with a collateral contact on the individual's behalf to provide service coordination.

A Local Authority (LA) is allowed up to three Type B encounters per calendar month for each Type A encounter that has occurred within the calendar month.

The Type B encounters are not limited to three per individual. Rather, the allowed Type B encounters may be delivered to any individual who needs a Type B encounter. These Type B encounters are allowable as long as the individual who received the Type B encounter also received a Type A encounter that same month.

Payment for an individual's Type B encounter is contingent on that individual having a Type A encounter within the same calendar month. Within the calendar month, the Type A encounter does not have to occur on a date before any of the Type B encounters occur.

### New subsection 3 to *Section 1.A Project Introduction* – CMS 100 Percent CMS Administrative Project Funding

The Centers for Medicare and Medicaid Services has provided Texas with 100 percent Administrative funds for the following projects:

#### ***Relocation Contractor Training***

The scope of services for Relocation Contractors includes requirements for coordination with other community organizations, better defines the identification and assessment process, continued focus on post-relocation follow-up activities, working with community partners and being involved with Demonstration activities. Relocation contractors will be required to target Medicaid eligible nursing facility residents with complex needs by definition of the Demonstration.

In the past, training provided to Relocation Contractors was limited to one or two key relocation contractor administrative staff. Texas is proposing extensive three day training for both relocation contractor administrative staff and their relocation specialists. The curriculum will include but not be limited to: guardianship; working more extensively with Mental Retardation Authorities and Mental

Health Authorities; transportation; housing navigation; MDS 3.0 Section Q referrals, working with families or other community supports.

In addition to specific training for Relocation Contractors, funds will be used to provide other types of training that benefit individuals/organizations in the relocation process. One such training is for Community Transition Teams (CTTs) on issues and activities associated with relocating from a nursing facility. DADS regional staff is responsible to organizing CTT meetings in each of the eleven service regions (statewide coverage) and attendance is open to any organization involved in relocating an individual from a nursing facility. Organizations represented in CTT meetings include relocation contractors, nursing facility social workers, both fee-for-service and managed care service coordinators, local ombudsmen, adult protective services staff, Area Agencies on Aging and local housing authority representation.

### ***Outreach and Technical Assistance***

Public Housing Authorities. These funds will be used to technical assistance to Public Housing Authorities (PHAs) in an effort to expand the stock of affordable, accessible, and integrated housing (units and vouchers), develop and print Demonstration brochures for each of the target populations, and increase our education and assistance to relocation contractors.

In an effort to expand the housing stock for prospective Demonstration participants, funds are requested to become an affiliate member of Texas National Association of Housing and Redevelopment Officials (TxNAHRO) and attend their annual conference as both a vendor and presenter. TxNAHRO membership is made up of key executives and staff from PHAs. Funding is also requested for travel expenses to make one-on-one visits to PHAs to discuss this same topic.

Housing Specialists. This pilot project will create four positions that will be contracted through Aging and Disability Resource Centers (ADRCs) in four different DADS service regions (two urban and two extra-urban/rural area of Texas). If successful, a new funding request will be submitted to CMS to expand the program statewide. Housing Specialists will focus their efforts on opportunities to increase the availability of affordable, accessible, and integrated housing options for individuals transitioning from an institutional setting to the community. Housing Specialists will attend PHA meetings, review and provide public comment on housing plans, assist Relocation Contractors in securing housing for Demonstration participants, and attend local meetings with organizations such as: PHAs; city/county housing planning departments; Community Transition Team; working with local developers/housing providers and support Aging and Disability Resource Centers (ADRCs).

Local Contract Agency. As a result of the new MDS 3.0, Section Q, funds were approved to implement a pilot project to establish ADRCs as statewide Local Contract Agencies (LCAs) for nursing facility residents who will be spending down their resources and would become eligible for the Demonstration. Nursing facility residents identified for referral by the new MDS 3.0 Section Q would be referred to one of the LCA who will provide them basic information about community options and opportunities for relocation back into the community. All Texas nursing facilities will be provided direction for which ADRC to contact.

The state has contracted this function with ADRCs to act as a statewide “virtual system navigator” and assist consumers by: (1) providing options counseling; (2) exploring community options; and (3) facilitating access to services, programs and resources that will assist in the individual’s relocation from nursing facility back into the community.

The counselors are responsible for providing preliminary identification of data needed to establish formalized tracking systems and communication networks. In addition, they would also provide information for the eventual development of a procedure manual and training information. This function is separate from our current relocation activity and will assist individuals who do not meet the criteria to be served by the relocation contractor.

### ***Workforce Development and Quality Management***

Business/Research Analyst. This position will develop a relocation database for use by relocation contractors. The database will be designed to transmit secure MDS Q data to relocation contractors and facilitate reporting and analysis of monthly reporting. This position will also manage, maintain, and enhance Demonstration reporting, prepare monthly, quarterly, and semi-annual reports to CMS and provide data to DADS sister agency, the Department of State Health Services (DSHS), regarding the Demonstration Behavioral Health Pilot. This position will free up approximately 25-35 percent of the Demonstration Project Director's work load which will be redirected to higher level policy and program management and PHA outreach activities.

Relocation Contractor Program Quality Management Specialist. With the expansion of relocation contract catchment areas and an increase in the number of anticipated nursing facility relocations, this position will be responsible for the day to day activities associated with management, oversight, and technical assistance to relocation contractors. This position will develop relocation contractor policy and procedure, training manuals, data systems, contract monitoring and program analysis for quality management and improvement of the program.

Behavior Health Pilot. DSHS will contract for functions which collectively total 3.4 FTEs. The functions will facilitate sustainability of effective aspects of the MFP Behavioral Health Pilot (BH Pilot), provide policy recommendations and programmatic improvement, administer the BH Pilot in expanded service areas, and promote / disseminate effective practices relating to community transition for adult nursing facility residents with behavioral health (mental health and / or substance abuse) conditions. Functions will include:

- analyzing qualitative and quantitative data on processes and outcomes in the MFP BH Pilot to guide process improvement and inform policy recommendations;
- identifying, documenting and codifying nursing facility relocation and community living challenges for people with behavioral health conditions;
- identifying, documenting and codifying effective community relocation and community support practices for this population in Texas and other states;
- identifying and developing the mechanisms to disseminate effective relocation and community support practices throughout the State (examples might include: written guidance, practice manuals, technical assistance sessions, etc.);
- developing written policy options for financing, procuring and administering demonstration behavioral health services in the Texas Medicaid system
- developing written policy options for integrating behavioral health; demonstration services into the Medicaid-funded long term care system and for effectively coordinating behavioral health services with long term care and acute care systems;
- identifying eligible individuals and conducting recruitment for the BH Pilot in order to increase total number of enrollees; and
- implementing and administering the BH Pilot in a different service area.

The FTE equivalents include functions for Quality Assurance and Programmatic Improvement (.75 FTE), Quantitative Data Collection (.25 FTE), a Behavioral Health Specialist (1.0 FTE), and Administration and Policy Specialists (1.4 FTEs)

Workforce Development Program Specialist. This position provides ongoing and future development efforts regarding the LTSS workforce. The Health and Human Services Commission along with the Department of Aging and Disability Services and undergone a year-long study assisted with a stakeholder advisory committee on issues pertaining to community-based direct service workers. There are many recommendations that require the ongoing support of a dedicated staff person. The Demonstration has been a vital part of this process and has funded a “realistic job preview video” from its rebalancing fund.

The position will be dedicated to the expansion and greater efficacy of the Consumer Directed Services for all of Texas’ 1915(c) Medicaid waivers and oversight and implementation of DADS and the Texas Health and Human Services Commission (HHSC) workforce initiatives, including but not limited to recruitment, retention and quality of the LTSS workforce.

MRA Program Specialist. This position is to facilitate communication with MRAs, providers and state supported living centers concerning individuals who are relocating into community programs from nine or more bed community based ICFs/MR facilities or from state supported living centers. The position has responsibility for:

- Tracking of the status of movement of individuals from facilities being voluntarily closed because of funding from Money follows the Person or being closed involuntarily because of regulatory actions.
- Tracking of the status of individuals referred for community placement from state supported living centers.
- Facilitating problem solving for individuals.
- Providing routine status information to DADS management staff.
- Providing quality assurance for enrollment and CMS reporting issues related to the Demonstration.
- Development of policy and procedure related to the voluntary close of community ICFs/MR.

### ***State Supported Living Center Community Living Specialists***

In order to comply with some of the provisions referenced in the Department of Justice (DoJ) Settlement Agreement (inserted below as T.1.a, T.1.b.1 and T.1.b.2) and supported by the United States Supreme Court’s *Olmstead* decision (June, 1999), the SSLCs must provide residents, legally appointed representatives (LARs)/actively involved family members, and facility staff with educational opportunities to become knowledgeable of community supports and services that can be used to assist with the relocation of residents from the SSLC to a community setting with services through Home and Community Services (HCS) 1915(c) Medicaid waiver. Three DoJ agreements are:

***T.1.a.*** *Subject to the limitations of court-ordered confinements for individuals determined incompetent to stand trial in a criminal court proceeding or unfit to proceed in a juvenile court proceeding, the State shall take action to encourage and assist individuals to move to the most integrated settings consistent with the determinations of professionals that community placement is appropriate, that the transfer is not opposed by the individual or the individual’s Legally Authorized Representative(LAR), that the transfer is consistent with the individual’s Personal Support Plan, and the placement can be reasonably accommodated, taking into account the statutory authority of the State, the resources available to the State, and the needs of others with developmental disabilities.*

*T.1.b.1) The Personal Support Team will identify in each individual's Personal Support Plan the protections, services, and supports that need to be provided to ensure safety and the provision of adequate habilitation in the most integrated appropriate setting based on the individual's needs. The Personal Support Team will identify the major obstacles to the individual's movement to the most integrated setting consistent with the individual's needs and preferences at least annually, and shall identify, and implement, strategies intended to overcome such obstacles.*

*T.1.b.2) The SSLC shall ensure the provision of adequate education about available community placements to individuals and their families or guardians to enable them to make informed choices.*

- To help accomplish these activities twenty four the Community Living Specialist's will be hired to conduct the following activities:
- working under the general supervision of the Assistant Commissioner of State Supported Living Centers;
- performing complex consultative work and resource identification in the geographic areas assigned to the twelve state supported living centers and Rio Grande State Center in coordination with the Demonstration;
- scheduling and conducting on-site training to SSLC staff, residents, LARs, and family members regarding community relocation processes, relocation planning, Community Living Option Information Process (CLOIP) discussions, etc.
- consulting with the facility Qualified MR Professionals (QMRPs) regarding the personal support team's identification of needed supports and services for individuals referred for alternate placement, identification of barriers to alternate placement, and initialization of programming to overcome the identified barriers.
- participating and serving as a resource to the personal support team members in planning meetings related to community placement referrals, CLOIP issues, relocation planning meetings, etc.
- working with the facility Admissions/Placement Department with the coordination of facility-sponsored, community awareness educational opportunities including: Provider Fairs, community tours, in-service training, etc.

In addition, the Community Living Specialist will:

- assist with monitoring and assessment of individuals in a SSLC as they relocate into a community setting;
- conduct on-site monitoring of the HCS and ICF/MR programs;
- compile a Resource Guide detailing community supports/services currently available in the geographic areas supported by the SSLCs and the Rio Grande State Center;
- assist with the placement of residents in successful community placements;
- monitor the activities of personal support teams' identification of needed supports and services for individuals referred for alternate placement, including the identification of barriers to alternate placement, and initialization of programming to overcome the identified barriers;
- participate in personal support team meetings related to community referrals, CLOIP issues, discharge planning meetings, placement return meetings, etc.; and
- work closely with the facility Directors of Admissions and Placement and QMRP Coordinators, along with State Office representatives.

Specific proposal details:

- Twenty-four facility community living specialists who will be housed within each SSLC and Rio Grande State Center.
- One state office community living specialist coordinator.
- The twenty-four community living specialists would be equivalent to a QMRP II and the state office community living specialist coordinator would be equivalent to a QMRP III.
- Reimbursement for mileage (as they will be unable to utilize facility transportation) and lodging for training/meetings at state office will also need to be considered into the final salary. Overnight travel will not be a usual occurrence as the position will be working in geographic areas defined by a state supported living center.

Risks vs. Benefits: Resources currently available at the SSLCs to perform the responsibilities outlined above are extremely limited. These positions would provide the facilities with additional outside resources that can be utilized to stress independence and choice for the resident and improve the community relocation processes at each of the facilities.

### ***In-House Evaluation/Program Quality and Effectiveness***

One systems analyst is currently working on the Demonstration and the relocation contractor program to design a prototype for data collection and reporting for this crucial function supporting the Demonstration. The systems analyst also develops routine reports that are capable of descriptive reporting about current activities.

This new funding request would provide the necessary resources to track trends and conduct an annual evaluation of the Demonstration by developing additional in-house capabilities to monitor, discover, describe and create intervention strategies to promote quality across Demonstration activities. This would be accomplished by adding a Research, Quality and Reporting Office (RQR Office) for the Demonstration. The RQR Office will be responsible for: collecting data about participants and the enabling processes and services of programs; performing in-house evaluation of programs; creating performance measure reports; performing research and analysis to assist with quality programs directed at enhancing program effectiveness and maintaining foundational support systems; reducing returns to institutions; and creating and managing reports for the Demonstration for State, Federal and external stakeholders. The proposal will not only benefit the Demonstration but all of the DADS community-based programs. In addition, these activities will help DADS meet additional CMS requirements regarding quality reporting. The roles for the RQR Office include:

- **Senior Quality Analyst** – This person will perform analysis on a variety of initiatives to create an in-house evaluation of the program each year. One anticipated initiative includes a comparison between Demonstration participants and others receiving similar services through an institution or other community programs across quality of life, time spent out of the hospital, decline in function, time before death, significant events involving life and safety and dollars spent. Anticipated challenges include access to all costs for Demonstration participants such as food stamps, affordable housing allowances, etc. A second identified initiative is the evaluation of acute care for individuals who return to facilities to help identify new services needed to keep them in the community and isolate potential risk factors around demographics such as ethnicity, gender, age, mental illness, substance abuse, setting (rural/urban), etc. This analyst will take findings from the Statistician and Performance Measure Analyst described below.
- **Research Statistician** – This person will be a statistician familiar with research design for program evaluation including data analysis techniques, and common software used for statistical

analysis, such as the Statistical Package for the Social Sciences or Statistical Analysis System. This person will have experience working with large datasets and can prepare numeric, graphic and written presentations to communicate results of the program evaluation. The Demonstration currently has some reporting capability but lacks the resources to design research questions and conduct surveys and perform statistical analysis to identify trends for alerts to providers that might reduce returns to institutions. Texas has staff working on *what* is happening in the Demonstration population but does not have the resources to determine *why*. Discovering the underlying trends and answering the why questions will provide the capability to identify the most meaningful areas to target for operational and policy changes to improve the chances of individuals remaining in the community.

- **Performance Analyst** – This person will organize and track performance metrics. Texas has done a significant amount of work on performance measures and performance management for the 1915 (c) waivers. This work and the new data sources being created specifically for the Demonstration provide the basis for performance reporting. Because Texas serves hundreds of thousands of individuals through a variety of waiver choices (currently thirteen waivers), each with potentially different performance metrics in the waiver, creating Demonstration performance metrics across these programs is challenging over time. In addition, the Texas Demonstration seeks to track new measures generated by the enhanced in-house program evaluation requested here.

### **Expected Outcomes**

Texas seeks in-house, in-depth analysis and evaluation of the Demonstration on an annual basis. Growth in the Demonstration provides opportunities for individuals but creates stress on support systems. Identifying those stress points early could define the state's ability to create and sustain a program that both improves quality of life for individuals and saves the state and CMS money over the long run. Striving for effectiveness and efficiency at the same time is the benchmark Texas seeks to achieve. These resources will enable the data driven analysis and evaluation that can inform good decision making.

### ***Office of the Long-Term Ombudsman Demonstration Activities***

Individuals seeking to move from a NF to the community face a number of decisions and are involved with several professionals to accomplish a successful relocation. The agencies and staff involved are usually not onsite every day, however designated ombudsman are onsite which makes them an immediate source for initiating a response. If problems occur in an individual's plan to relocate, such as unreturned phone calls, conflicting information, interference by facility staff and family, and other complaints, ombudsmen are immediately available for the individual to report a complaint and experience remedies on their behalf.

Though long-term care ombudsmen have historically supported the Money Follows the Person policy as created in September 2001, they have not been formally utilized in the process. With the Minimum Data Set (MDS) 3.0, Section Q implementation, ombudsmen face new demands to respond to inquiries about the relocation process and living options from individuals, providers, and other professionals. Additional funding for the long-term ombudsmen program will help to off-set the additional cost as Section Q implementation will generate new inquiries from individuals with all levels of need and income. An ombudsman is needed to provide an in-person response for some individuals that will reduce stress on the individual, improve accountability by NF staff, and provide all parties with an additional resource during relocation.

This project has two components. First, the Office of the State Long-term Care Ombudsman will hire a part-time contracted employee to train, monitor, and support the implementation of long-term care

ombudsman services for Section Q implementation. This position will provide comprehensive statewide training to local ombudsmen over three days. Funding will be used to reimburse ombudsmen for transportation, lodging, and meals, as well as the cost of the training facilities and required materials.

Second, reimbursement will be made to local long-term care ombudsman programs for services provided by a certified ombudsman relating to implementation to the MDS 3.0 Section Q requirements. Texas contracts with 28 local long-term care ombudsman programs, housed in area agencies on aging (AAAs). Local ombudsmen are trained and directed by the State Long-Term Care Ombudsman at DADS. Aging and Disability Resource Centers (ADRCs) and AAAs view the ombudsman as a resource for responding in-person to requests for help for individuals living in nursing facilities. Ombudsmen are needed to:

- provide counseling and education about the Demonstration process and explain rights to individuals, family members, and providers; and
- work to resolve complaints about the Demonstration process.

### **Example 1: Counseling and Education**

*An ombudsman makes a routine visit to individuals living in a NF. While in the dining room, an individual tells the ombudsman he wishes to move to his former home in the community. The ombudsman meets with the individual in a private location, seeks more information about his wishes, and inquires about his ability to pay for home-based services. Based on this information, the ombudsman provides educational materials about the local contact agency for relocation services and offers to assist the individual with calling the agency. With permission from the individual, the ombudsman informs facility staff about the request and asks for their assistance to help the individual return to a community setting.*

### **Example 2: Casework**

*A relocation specialist, operating in a local contact agency, contacts an ombudsman to report problems working with a NF administrator. The specialist describes a facility administrator interfering with efforts to relocate an individual to her own apartment, alleging the administrator contacted Adult Protective Services (APS) who assessed the individual and opposes the move. The ombudsman visits the individual in the NF, as well as other residents, to ensure the individual is not identified as a complainant. The ombudsman investigates by interviewing individuals involved, starting with the resident to obtain her permission to work on her behalf. Relevant records are reviewed and consultations made with the physician, relocation specialist, administrator and APS worker. The ombudsman verifies the relocation specialist's complaint and organizes a meeting with the individual and all parties involved. In the meeting, resident rights are discussed. The Demonstration process is described and available community supports are discussed. All parties recognize this as a resident rights issue and the administrator agrees to not further interfere with the process. For the next several weeks, the ombudsman monitors the situation through phone calls and in-person discussions with the individual. With sufficient evidence that this barrier was removed, the ombudsman closes the case and encourages the individual to contact the ombudsman if any problems arise.*

Ombudsmen maintain positive working relationships with NF staff that are keys to successful relocations. With these relationships, ombudsmen are uniquely qualified to negotiate among facility staff, relocation staff, family members and individuals when barriers are encountered. Because ombudsmen make a minimum of quarterly visits to all nursing facilities, and in many cases make monthly or more frequent visits, individuals have access to an advocate who will carry messages on the individual's behalf to all necessary parties and make every effort to resolve complaints to the satisfaction of the individual.

“Virtual system navigators” are located in specified ADRCs and also serve non-Medicaid individuals who want to move out of a NF. Though the non-Medicaid group of individuals is significantly smaller than Medicaid eligible individuals, their needs may require in-person contact to provide counseling and education about the Demonstration process, answer questions, and resolve problems associated with the relocation. Ombudsmen are in a position to receive referrals from virtual system navigators and respond with a visit to the individual in the facility. The 100 percent administrative funding will also be available to assist this NF population.

As specified in Section 712(d) of the Older Americans Act, ombudsmen must not disclose any identifying information about a resident of a NF without the individual’s consent. Furthermore, residents are protected by law from retaliation for voicing complaints, so the ombudsman ensures all identifying records are not disclosed outside of the Texas Long-term Care Ombudsman Program, unless the resident consents to such disclosure or by court order.

### **Expected Outcomes:**

The Texas Long-term Care Ombudsman Program has the capacity to provide support to all individuals in the Demonstration who are relocating from a NF to the community. Under this proposal, ombudsmen will:

- support approximately 560 individuals by providing counseling and education about the Demonstration process and other living options to individuals, family, and facility staff;
- help educate NF staff about the “person-centered planning” aspects of Section Q to help the NF move from a protectionist attitude to one supporting an individual’s desires about living in the community, and;
- work to resolve approximately 1,120 complaints associated with Section Q implementation.

### ***Department of State Health Services (DSHS) Behavioral Health Pilot***

Relocating individuals who have been institutionalized for an extended period and avoiding reinstitutionalization is very challenging. These challenges are compounded when the individual also has severe mental illness or a substance use disorder. Successful relocation requires a good working knowledge of how to use the resources available through the Demonstration process and partners; skill in delivering evidence-based mental health services critical to increasing independence and, engaged, supportive stakeholders.

The Behavioral Health Pilot is an established benchmark in the Texas Operational Protocol with specific enrollment targets. This project will assist in meeting and exceeding the benchmark. (Texas has increased this benchmark in the 2012 budget is submitted to CMS). DSHS will use a multifaceted approach to assist in relocating individuals with severe and persistent mental illness and / or substance use disorders from nursing facilities and other long term institutions to community living.

- Increase the knowledge base of Local Mental Health Authorities (LMHAs) and other DSHS providers regarding resources available through Texas’ Demonstration to assist them in reintegrating individuals into their communities and how to coordinate effectively with these resources. The State’s 38 LMHAs are the significant traditional community-based service delivery system for individuals with severe mental illness.
- Increase the skill level of LMHAs and other providers in delivering effective, evidence-based psychosocial rehabilitation services focused on increasing independent living and health management skills. Psychosocial rehabilitation is offered to individuals with the most intensive needs who are most at risk of becoming institutionalized or re-institutionalized. This approach

will include training in evidence-based practices and a certification program in psychosocial rehabilitative evidence-based practices. The focus will be on individuals leaving institutions and those at significant risk of institutionalization.

- Augment current outreach / education efforts by distributing a professionally produced video to stakeholders explaining and demonstrating how individuals with behavioral health disorders can benefit from the Demonstration Behavioral Health Pilot.

### **Behavioral Health Pilot Training**

The training will focus on the relocation process, long term services and supports available through DADS and the Texas Health and Human Services Commission (HHSC), and how to effectively coordinate with and use these resources. Training will include LMHA direct service and administrative staff and potentially other DSHS providers. Five regional one-day trainings will be provided to a total of 200 individuals.

### **Behavioral Health Pilot Psychosocial Rehabilitation training and certification**

Topics will include evidence-based rehabilitative practices such as Illness Management and Recovery (IMR) and Cognitive Adaptation Training (CAT), which has shown positive outcomes within the Behavioral Health Pilot population. The emphasis of CAT is on teaching individuals basic daily living skills and providing compensatory strategies to bypass cognitive deficits. IMR focuses on health self-management, recovery and more advanced coping skills. There will be ten regional trainings lasting 2 days each, provided by nationally recognized experts in these practices.

Training will include topics such as: the meaning and purpose of psychosocial rehabilitation, how to build skills to provide services effectively and creatively, recovery and person-centered services, the process of engagement and education on how to work with individuals who also have substance abuse issues. The national experts will also provide consultation to DSHS and the local providers for up to 6 months after the trainings to ensure effective implementation of the practices.

The experts will follow a “train-the-trainer” model. Each LMHA or provider organization will send four to six staff to the trainings, with at least two of these staff becoming “master” trainers at the local level. Master trainers will also provide clinical consultation to local direct service staff and others as needed to ensure quality, provide emotional support for staff, and increase motivation / morale.

Training will prepare local direct service providers for initial certification in evidence-based psychosocial rehabilitative practices. DSHS will contract with a state university or other entity to develop and maintain the certification process. The process may include online training, interactive testing, video review, shadowing, etc. To maintain certification providers, will be required to obtain annual continuing education.

### **Behavioral Health Pilot Outreach, Marketing, Education: Video Production**

DSHS will contract for production of a Demonstration Behavioral Health Pilot video. Content could include a description of how to enroll in Demonstration, an overview of the mental health and substance abuse services that are offered in the Behavioral Health Pilot and examples of individuals who gained and maintained independence with the help of these services. This video will be targeted towards potential individuals, family members, NF staff, policy makers, and other community partners. The purpose of the video is to increase interest and enrollment in the Behavioral Health Pilot, to educate potential individuals (as well as family and legal representatives) about what services are offered under the Demonstration and Pilot, to provide a description of “what to expect” about the relocation process from a NF into the community, and finally, to highlight several examples of how the Behavioral Health

Pilot works for actual individual participants. The video will be available via the Internet (DADS and DSHS websites) and will be distributed in DVD form to other state agencies and community partners.

### ***Customized Employment Project***

The Customized Employment Project (Employment Project) will provide short-term administrative funds to one Intermediate Care Facility for Persons with MR (ICF/ID) and two Medicaid 1915(c) waiver providers – Home and Community-Based Services (HCS) and Community Living Assistance and Support Services (CLASS) to provide individuals with intellectual and other developmental disabilities (IDD) more opportunity to move out of congregate settings and into employment at local places of businesses.

The Employment Project will be structured as a collaborative effort with DADS, Medicaid providers, individuals with intellectual and developmental disabilities who are receiving services from DADS and the Department of Assistive and Rehabilitative Services (DARS) as key stakeholders. (DARS is the Texas state agency responsible for vocal rehabilitation and employment training for individuals with disabilities.)

Three of DADS Medicaid providers serving forty or more individuals with intellectual and development disabilities will be selected to participate in this Employment Project. Each of the providers will operate different Medicaid programs (ICF/MR, CLASS and HCS). Smaller providers could apply as a group, or apply for a reduced amount of funds. The funds may be used by providers to improve their ability to set up policy and practices to provide quality customized employment services and meet the employment goals of the individuals it serves. Proposed examples of funds could be used are:

- hire or designate staff to provide general information about the Project to the community at-large;
- obtain training and technical assistance to implement the customized employment model;
- obtain training on social Security Administration work incentives and the basic components of a benefits plan;
- support staff person(s) for benefits and work incentives planning, supports, and services, a Community Rehabilitation Program (CRP; which are DARS contractors), and Employment Network (EN) for the Ticket to Work program.

Individuals served by the Medicaid providers, and their family members and advocates will receive training on employment and community support services. Benefits of the proposed project include that the individual:

- will earn more money by working than by relying solely on Social Security benefits;
- can maintain their Medicaid eligibility while working;
- can establish relationships at work;
- experiment with working with little or no risk to their system of supports or their personal safety; and
- will live a higher quality life by becoming more integrated into their community.

DADS will hire a full-time contractor position for a period of five years to support the Employment Project, implement of DADS' Supported Employment Training and Technical Assistance Plan (internal initiative that identifies a variety of activities) and conduct other activities designed to increase the employment rate among the individuals receiving DADS services.

DADS will also contract with an organization to provide the training and technical assistance described in this proposal to Medicaid providers, CRPs, and DADS and DARS staff. DADS, with input from DARS, will select the contractor through a formal bidding process; select the Medicaid providers to participate in the Project through an informal process (one that does not use a Request for Proposals); and contract with an entity to perform an evaluation of the Employment Project, including a cost-per-consumer analysis.

DARS will either designate staff to work directly with Medicaid providers to assist in obtaining CRP certification and a CRP contract with DARS, and to help the Medicaid providers to understand DARS' employment services for individuals with IDD. DARS will also:

- provide information and training about this project to Vocational Rehabilitation Counselors located in the three Project areas;
- identify CRPs to provide employment services to individuals in each of the targeted Medicaid programs; and
- explain the Ticket to Work program when appropriate.

By the end of the first year of participation, the Medicaid provider will create and begin implementing a plan to relocate individuals served from congregate day settings to competitive employment and initiate employment services for at least fifteen percent of the individuals currently receiving segregated day services. By the end of the second year of participation, the Medicaid provider will support at least fifty percent of the individuals currently receiving segregated day services in competitive employment.

The Employment Project will create a change in current business practices by creating processes to integrate individuals into a community work environment. For those individuals in the Employment Project currently residing in an institutional setting, working in a community setting will provide them with an opportunity to experience life outside the institution and help create a desire to relocate from the institution. The Employment Project will also result in increased quality of life for Demonstration participants and a Texas.

By the end of the first year, the Medicaid providers will aim to (1) create and begin implementation of a plan to transition individuals from congregate day settings to competitive employment and (2) initiate employment services for 15 percent of the individuals currently receiving segregated day services. By the end of the second year of the Employment Project, the each Medicaid provider will attempt to achieve a goal that fifty percent of the individuals will be competitively employed two.

### ***Texas Department of Housing and Community Affairs (TDHCA) Staff Positions***

Administrative funding will be used to hire two full-time equivalent positions (FTE), a Housing Program Specialist and a Housing Program Coordinator that will assist the Texas Department of Housing and Community Affairs (TDHCA) to increase affordable housing options for individuals with disabilities that currently reside in institutions and choose to relocate into the community. This will be accomplished by the positions focusing their efforts on administration of the Project Access program (Section 8 housing vouchers) and outreach, marketing, and technical assistance regarding TDHCA housing programs to expand the affordable, accessible, and integrated housing stock for Demonstration participants. The activities being proposed are mutually exclusive from the recent CMS-HUD 811 grant awarded to Texas and the position descriptions may change to incorporate the activities of the HUD Section 811 Project Rental Assistance program if this funding is awarded to TDHCA.

While Texas did receive 100 percent funding for Housing Navigators to generate interest and housing activity at the local level, these positions have a larger responsibility; the operations of the Texas' Public Housing Authority / State Housing Finance Agency (TDHCA). One of the FTE position will work primarily with the day to day activities associated with processing Project Access housing vouchers, recommending changes to the state housing plan, providing technical assistance agencies that help process the vouchers, and outreach activities. The other FTE position will provide housing program marketing and outreach to expand the number organizations that are interested in applying for various housing funds to benefit prospective Demonstration participants.

The FTEs will also focus on helping meet the MFP Demonstration housing benchmarks by providing opportunities for individuals with disabilities who wish to relocate out of institutions by increasing awareness of available housing programs and providing assistance to accessing housing funding.

### ***Promoting Independence Program Specialist***

The Demonstration has grown tremendously since first conceived in July 2006. This contracted staff specialist would assist in the management of the Demonstration; the MDS 3.0 grant; the HUD-CMS 811 housing grant, and; and all of the additional activities associated with the Promoting Independence Initiative (Initiative) and the Promoting Independence Advisory Committee (Committee).

The Initiative is Texas' response to the *Olmstead* decision (June 1999) which states that individuals with disabilities have the right under Title II, Americans with Disability Act, to live in the most integrated setting of their choice. The Initiative has been very successful in relocating individuals out of institutions and back into community settings. Since September 2001, over 27,000 individuals have relocated from NFs and 3,500 from ICs/MR. The Initiative coordinates all Olmstead activities across Texas' five health and human service agencies and TDHCA. This position will assist with activities associated with the Demonstration, the Initiative, and the Promoting Independence Advisory Committee. Some of the duties and responsibilities for this position will include:

- assisting with daily management of the Demonstration grant activities; preparation of the Operational Protocol;
- liaison with the Centers for Medicare and Medicaid Services (CMS) in all grant-related activities;
- preparation and submittal of all CMs and state required reports;
- convenion and monitoring internal and external workgroups;
- staff support to the Demonstration Grant Advisory Committee;
- support for all Promoting Independence Initiative activities;
- analysis of state/federal legislation and public policy;
- preparation of internal communications; and
- present information to internal/external stakeholders.