



2018 Revised Texas Promoting Independence Plan

**As Required by
S.B. 367, 77th Legislature
Regular Session, 2001 and
Executive Order RP-13**

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Executive Summary

The *2018 Revised Texas Promoting Independence Plan* is the ninth update to the original plan submitted in January 2001. Texas' plan is a direct response to the United States (U.S.) Supreme Court's *Olmstead* ruling, which requires states, within certain conditions, to provide individuals an opportunity to live in the most integrated setting to receive long-term services and supports (LTSS).¹ The plan and the subsequent Promoting Independence Initiative (Initiative) to implement the plan are far reaching in their scope and enactment efforts. The Initiative includes all LTSS and the state's efforts to improve the provision of community-based alternatives, ensuring these programs in Texas effectively foster independence and acceptance of people with disabilities, and provide opportunities for people to live productive lives in their home communities. The biennial revision of the plan provides documentation of progress, challenges, and recommendations for improvement.

Over nearly two decades, Texas has made significant contributions to the Initiative by expanding opportunities for greater service coordination and delivery of community-based services. The 2018 plan documents the continuation of the work established in the original 2001 plan to help Texas reach its ultimate goals of individual choice and self-determination for people with disabilities. Recent data suggest that rebalancing efforts have slowed. Relative to earlier years, there are fewer transitions from institutions and a relatively constant percentage of LTSS expenditures on community-based services compared to institutional services. These trends reflect the same budgetary challenges faced by many other states related to expanding community services while sustaining Medicaid entitlement programs and controlling health care costs.

The 2018 plan provides updates on policy modifications and ongoing initiatives grouped in the following eight categories: community-based services, children's initiatives, managed care initiatives, mental and behavioral health, relocation services, housing, employment, and workforce/provider stabilization. Key updates include:

¹ *Olmstead v. L.C. ex rel. Zimring*, 119 S.Ct. 2176, 2190 (1999).

- Continued commitment to reduce the interest list through the 2020-21 biennium legislative appropriations request (LAR);
- Emphasis in the 2020-21 biennium on requesting funding for additional waiver slots to allow a greater number of individuals to reside in the community rather than in an institutional setting, such as a nursing facility (NF), intermediate care facility for individuals with an intellectual disability or related condition (ICF/IID), or a state supported living center (SSLC);
- Continued emphasis on diversion by requesting additional Home and Community-based Services (HCS) program slots for the 2020-21 biennium, and implementing a contingency plan to use attrition slots to allow individuals with an intellectual or developmental disability at imminent risk of NF placement to enroll in HCS;
- Additional services, if funded, to support the community transition of individuals with complex medical needs and crisis supports for behavioral needs;
- Increased training for staff and family members to learn how to better support transitions of individuals with complex medical and behavioral health needs; and
- Expanded Section 811 Project Rental Assistance (PRA) housing options in Texas for individuals with disabilities who are moving from an institution to the community.

1. Introduction

The 2018 plan is the ninth revision of the plan originally submitted in January 2001,² which describes how Texas will provide community-based options within the LTSS system. This is in direct response to the Supreme Court *Olmstead* ruling, which requires states, within certain conditions,³ to provide individuals an opportunity to live in the most integrated setting to receive LTSS.⁴

In 2002, Governor Rick Perry issued Executive Order RP-13⁵ to reinforce and broaden the scope of the Initiative. The state's accomplishments in developing and providing community options for all Texans are significant. The LTSS system continues to evolve and is very different than it was in 2001. The Legislature significantly increased appropriations for the number of community waiver slots throughout the past decade. It also expanded community access through the State of Texas Access Reform+PLUS (STAR+PLUS), the Texas Medicaid managed care program for older adults or adults who have disabilities.

The plan serves several purposes. First, it provides the comprehensive working plan in response to *Olmstead*. Second, it meets the requirements of Executive Order RP-13 and Texas Government Code, Section 531.0244,⁶ which direct the Health and Human Services Commission (HHSC) to develop a plan to ensure appropriate care settings for individuals with disabilities. The provision of a system of services and

² As required by Governor George W. Bush's Executive Order GWB 99-2.

³ The Court held public entities must provide community-based services to persons with disabilities when (1) such services are appropriate; (2) the affected persons do not oppose community-based treatment; and (3) community-based services can be reasonably accommodated, taking into account the resources available to the public entity and the needs of others who are receiving disability services from the entity.

⁴ For more information about the *Olmstead* decision, go to:
http://www.ada.gov/olmstead/olmstead_about.htm.

⁵ Executive Order RP-13 follows Executive Order GWB 99-2 as the second community-based alternatives Executive Order. See Appendix A for Executive Order GWB 99-2 and Appendix B for Executive Order RP-13.

⁶ As enacted by S.B. 367, 77th Legislature, Regular Session, 2001.

supports is required to foster independence and productivity, including meaningful opportunities for an individual with a disability to live in the most appropriate care setting. The plan serves as an analysis of the availability, application, and efficacy of existing community-based supports for individuals with disabilities. HHSC is required to report on the plan's implementation status.

2. Background

To fully understand the purpose, comprehensive nature, and implications of the Initiative within the state, it is important to start with the history of the Initiative including relevant information related to *Olmstead* decision. *Olmstead* was filed in Georgia, on behalf of two individuals with mental and cognitive disabilities living in state operated institutions. They claimed a right to care in an integrated setting based on the guarantees under Title II of the Americans with Disabilities Act (ADA) of 1990.⁷

In 1999, the Supreme Court held in *Olmstead* that the unnecessary institutionalization of persons with disabilities constitutes unlawful discrimination under the ADA. The ruling required states to serve persons with disabilities in community settings, rather than in institutions, when:

- The state's treatment professionals have determined community placement is appropriate.
- The transfer from institutional care to a less restrictive setting is not opposed by the affected individual.
- The placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with disabilities.⁸

The U.S. Congress instructed the U.S. Attorney General to issue regulations implementing the ADA Title II discrimination proscriptions. One such regulation, known as the "integration regulation," requires a public entity to "administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities."⁹

Another ADA regulation requires states to "make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the public entity can demonstrate that making the modification would fundamentally alter the nature of the service,

⁷ 42 U.S.C. Section 12131 *et seq.*

⁸ *Olmstead v. L.C.*, 119 S.Ct. 2176, 2190

⁹ 28 CFR Section 35.130(d).

program or activity.¹⁰ Fundamental alteration of a program takes into account three factors:

- The cost of providing services to the individual in the most integrated setting appropriate;
- The resources available to the state; and
- How the provision of services affects the ability of the state to meet the needs of others with disabilities.¹¹

The Supreme Court suggested a state could establish compliance with Title II of the ADA if it demonstrates it has a: “comprehensive, effectively working plan for placing qualified persons with mental disabilities in less restrictive settings, and a waiting list that moves at a reasonable pace not controlled by the state’s endeavors to keep its institutions fully populated . . . In such circumstances, a court would have no warrant effectively to order a displacement of persons at the top of the community-based treatment waiting list by individuals lower down who commenced civil actions.”¹²

History of the Initiative

Following the *Olmstead* decision, HHSC embarked on the Initiative and appointed the Promoting Independence Advisory Board¹³. The Promoting Independence Advisory Board met during Fiscal Years 1999 and 2000 and assisted HHSC in crafting the state’s initial response to the decision.

Senate Bill (S.B.) 367, 77th Legislature, Regular Session, 2001, codified many of the provisions in the original plan and re-named the Promoting Independence Advisory Board the Interagency Task Force on Appropriate Care Settings for Persons with Disabilities. The Task Force was commonly referred to as the Promoting Independence Advisory Committee (PIAC).

¹⁰ 28 CFR Section 35.130(b)(7)(1998).

¹¹ *Olmstead v. L.C.*, 119 S.Ct. 2176, 2188 -2189.

¹² *Olmstead v. L.C.*, 119 S.Ct. 2176, 2189 - 2190.

¹³ As directed by Executive Order GWB 99-2

The original plan was developed in 2001 in consultation with multiple agencies within the HHS system at the time.¹⁴ It outlined systemic changes and improvements needed to support choice, independence and the opportunity to live in the most integrated setting. These included the following components:

- Flexible funding mechanisms for transitioning individuals from institutions to community-based services;
- Methods to conduct outreach and educate individuals residing in institutions about community living options;
- Requirements to offer informed choice of living options;
- Methods to provide transition assessment and support pre-and post-transition;
- Navigation for accessing information about community-based services;
- Expansion of community-based service opportunities;
- Comprehensive service coordination;
- Increased affordable and accessible housing dedicated to individuals exiting institutions; and
- A stable and well-trained workforce to service individuals living in the community.

The Initiative includes all LTSS delivered through the Medicaid managed care or fee-for-service delivery systems, and state efforts to enhance community-based services options. The goal of the Initiative is to ensure the LTSS system in Texas effectively fosters independence for all individuals with a disability and provides opportunities for individuals to have a quality life in the setting of their choice.

The plan articulates the following values which provide a framework for the delivery of LTSS and future system improvements:

- Individuals are well informed about their program options, including community-based programs, and allowed the opportunity to make choices among affordable services and supports.
- A family's desire to care for their children with disabilities at home is recognized and encouraged by the state.

¹⁴ Agencies included Texas Department of Mental Health and Mental Retardation, Texas Department of Human Services, Texas Department of Health, and Texas Department of Aging.

- Services and supports are built around a shared responsibility among families, state and local government, the private sector, and community-based organizations, including faith-based organizations.
- Programs are flexible, designed to encourage and facilitate integration into the community, and accommodate the needs of individuals.
- Programs foster hope, dignity, respect, and independence for the individual.

Recognizing the significant progress achieved over the last 15 years, the Initiative and the biennially revised plan maintain an emphasis on improving access and availability of community-based services, meeting statutory requirements, and compliance with the *Olmstead* decision. The plan is dedicated to building upon previous achievements, promoting individual self-determination, and improving availability of community-based options. The revised and regularly updated plan does not repeat information readily available on state agencies' websites, but rather builds upon the original plan and subsequent revisions. While much has been accomplished, efforts must continue to ensure individuals have appropriate community-based options when considering their LTSS. The biennial revision of the plan provides documentation of progress, challenges, and emerging recommendations for improvement.

Promoting Independence Workgroup

In accordance with Texas Government Code, Section 531.02441, the PIAC was sunsetted effective September 1, 2017. HHSC convened a Promoting Independence Workgroup (PIW) comprised of many of the same members of PIAC. PIAC's initial charge was to assist the Texas Health and Human Services (HHS) system with the development of a comprehensive, effective working plan to ensure appropriate care settings for persons with disabilities. The PIW provides similar assistance to HHSC including recommendations for the update of the 2018 report.¹⁵

Key Changes Over Time

Since 2001, Texas has made significant progress in transforming a previously institutional-based LTSS system to a community-based LTSS system, by:

¹⁵ See Appendix C for recommendations from the PIW.

- Shifting expenditures of LTSS from institutional costs to less costly services delivered within the community¹⁶; and
- Transitioning over 49,000 individuals from institutional settings to living in the community.

This progress has been achieved through appropriations by past legislatures and policies instituted by the HHS system. Texas continues to make significant contributions to the Initiative through expanding opportunities for improved service coordination and delivery of community-based services. Since the Initiative began in 2001, legislatively directed changes to the LTSS system include:

- Participating in the federal Money Follows the Person Rebalancing Demonstration Grant (MFPD) since 2008, earning approximately \$91 million in enhanced funding through fiscal year 2018 to support individuals who want to relocate from an institution to a community setting;
- Adding diversion opportunities for adults and children at imminent risk of institutionalization to community fee-for-service waiver programs, effective September 2008;
- Increasing appropriations since 2010 to transition individuals from institutions to fee-for-service waiver and community attendant services;
- Expanding managed care incrementally to statewide coverage by September 1, 2014, for individuals with physical disabilities or who are elderly, replacing the Community Based Alternatives (CBA) program and eliminating an interest list for individuals with Supplemental Security Income (SSI);
- Providing acute care services for most adults receiving waiver services for individuals with intellectual and development disabilities (IDD) through a managed care model as of September 1, 2014, which eliminated any limitation on the number of prescription drugs;
- Including nursing facilities in a managed care model in March of 2015;
- Implementing Community First Choice (CFC), effective June 1, 2015;
- Expanding statewide, in September 2015, the YES waiver, a comprehensive home and community-based services for children, ages 3 through 18, at risk of institutionalization or out-of-home placement due to their serious emotional disturbance.

¹⁶ <https://www.medicaid.gov/medicaid/ltss/downloads/balancing/mfp-field-reports-18.pdf>

- Expanding the population served by the YES waiver, effective July 2016, to include children and adolescents who are in conservatorship of the state; and.
- Implementing STAR Kids to provide acute care and some long term services to children through a managed care model in November 2016.

At the same time, the Legislature directed two large-scale reorganizations of the HHS system to streamline services to ensure they are provided in the most coordinated, responsive and cost-effective manner possible. House Bill (H.B.) 2292, 78th Legislature, Regular Session, 2003, consolidated functions of 12 health and human service agencies into five new agencies under the leadership of HHSC. The second legislatively-directed organizational change involved transformation of the HHS system by combining functions from several agencies into HHSC in two stages. In the first stage, effective September 1, 2016:

- Client services programs from The Department of Aging and Disability Services (DADS), Department of Assistive and Rehabilitative Services (DARS), and Department of State Health Services (DSHS) transferred to HHSC;
- Prevention and early intervention services transferred to Department of Family and Protective Services (DFPS) from HHSC and DSHS; and
- DARS closed and its vocational rehabilitation-related programs moved to the Texas Workforce Commission.

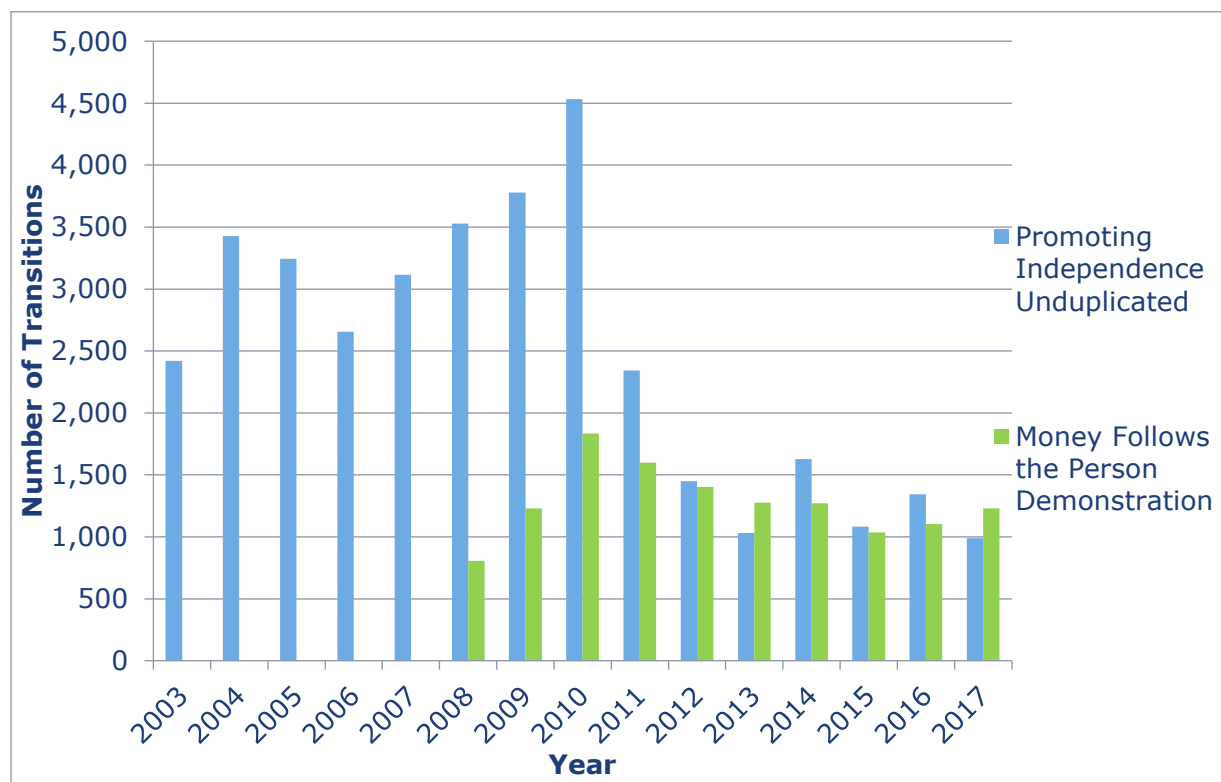
On September 1, 2017, DADS was abolished and facility and regulatory functions from DADS and DSHS transferred to HHSC.

Promoting Independence Trends

The data in this section provide snapshots over time of progress made in moving individuals from institutional care to community-based settings.

The Initiative and MFPD combined have had a significant impact in Texas. The 81st, 82nd, 83rd, and 84th Legislatures appropriated a significant amount of general revenue (GR) to the community-based programs to reduce waiver interest lists and support individuals in transitioning from institutional to community-based settings. As Figure 1 indicates, since its implementation in 2003, 35,571 people transitioned to the community under the Texas Promoting Independence Initiative. MFPD has helped over 12,000 individuals transition from institutional to community-based services. In recent years the number of transitions began to level off.

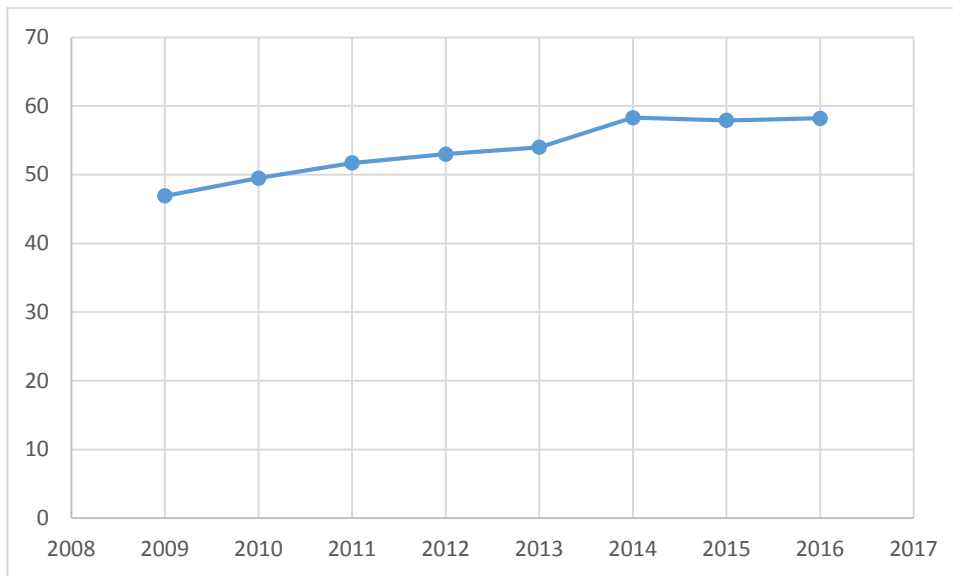
Figure 1. Texas Promoting Independence and Money Follows the Person



The percentage of Texas LTSS expenditures on community services initially increased over time. As shown in Figure 2, in 2014, community services accounted for 58.3 percent of expenditures, compared with 46.9 percent in 2009, when the MFPD project began collecting data.¹⁷ Since 2014 the percentage of LTSS expenditures on community services has remained relatively the same.

¹⁷ <https://www.medicaid.gov/medicaid/ltss/downloads/balancing/mfp-field-reports-18.pdf>, <https://www.medicaid.gov/medicaid/ltss/downloads/reports-and-evaluations/ltssexpenditures2016.pdf>

Figure 2. Texas Medicaid LTSS Community-based Expenditures by Federal Fiscal Year



2018 Promoting Independence Plan

The recommendations provided by the PIW focus on program funding and service system delivery changes designed to meet the intent of the Olmstead decision, the two Executive Orders, as well as S.B. 367 and S.B. 368, 77th Legislature, Regular Session, 2001.¹⁸

Following the basic tenets of the original 2001 plan, the PIW recommendations are organized into nine categories. The 2018 plan is organized in a similar fashion, and identifies policy and appropriation related proposals intended to further Initiative goals.

¹⁸ S.B. 368 modified Texas Government Code, Section 531.151, to require permanency planning for all children in institutional care and for whom DFPS has been appointed permanent managing conservator. This bill, among other things, also modified Texas Government Code, Section 531.157, to require a state agency which receives notice a child is residing in an institution to ensure the child is added to the interest list for community-based waiver programs.

3. Community-Based Services

Expansion of community-based services was central to the initial 2001 plan. The state continues to work toward increasing access to and strengthening the community-based service array. Each legislative session, HHSC brings forward several exceptional items focused on community-based LTSS, specifically funding for:

1. Reduction in community-based services interest lists;
2. Promoting independence (transitions from institutions to the community and diversion from institutions);
3. Services to support transitions of individuals with complex needs; and
4. Most recently, working to comply with federal rules related to requiring states to ensure all HCBS settings integrate individuals in and provide full access to community life, integrated work environments, and control of personal resources that go into effect in 2022.¹⁹

Funding for Reduction in Community-based Services Interest Lists

Texas has five 1915(c) Medicaid waiver programs and one Home and Community-Based Services (HCBS) program in the 1115 waiver, which serve people who have a physical, IDD or a related condition.²⁰ Community-based services and supports delivered via Medicaid waiver programs are in high demand and interest consistently outweighs available resources. Interest list numbers reflect individuals who have demonstrated interest in a waiver, but have not yet been assessed for financial or functional eligibility. Individuals may not be found eligible for the program after being assessed. Some service needs may be met through other programs, such as CFC or GR or Title XX funded services, until the individual's name reaches the top of the interest list.

¹⁹ <http://www.medicaid.gov/HCBS>

²⁰A related condition is a disability, other than an intellectual disability, that originated before age 22 and affects a person's ability to function in daily life.

Since the original plan, stakeholders' top priority has been full funding for community-based services so all interest lists are eliminated. Historically, the legislature funded a percentage reduction in the interest list. The 85th Legislature did not allocate funds to reduce the interest list for the 2018-19 biennium. During this biennium, enrollment from the interest list occurred when attrition allowed, contributing to interest list growth.

The interest list includes individuals requesting services in the following community-based programs:

- Community Living Assistance and Support Services (CLASS)
- Deaf-Blind with Multiple Disabilities (DBMD)
- HCS
- Medically Dependent Children Program (MDCP)
- Texas Home Living (TxHmL)
- STAR+PLUS HCBS

Because individuals can request to be on the lists for multiple programs, counts for enrolled or denied/declined may be counted more than once. Individuals are placed on a first come first served basis, however, placement on an interest list does not necessarily mean the individual is eligible for the program. Eligibility is only determined by a service coordinator or case manager once an individual's name comes to the top of the list. In May 2018, of the 263,406 people on the interest lists, 13,268 declined, withdrew or did not meet eligibility requirements; 1,662 enrolled in a waiver program; and another 20,575 were in the assessment, service planning, or provider selection process.²¹ In the 2018-19 biennium, the majority of the releases were for STAR+PLUS HCBS and MDCP.²² In May 2018, the number of individuals on the interest list who enrolled in a waiver was approximately half the number enrolled from the interest list in May 2016.²³

²¹ <https://hhs.texas.gov/about-hhs/records-statistics/interest-list-reduction>

²² Releases include those who enrolled, denied or declined, or are in the process of enrollment.

²³ <https://hhs.texas.gov/about-hhs/records-statistics/interest-list-reduction/interest-list-waiver-caseload-summary-archive>

As of May 2018, the interest list by program included:

- 67,038 for CLASS
- 416 for DBMD
- 93,284 for HCS
- 16,840 for MDCP
- 12,440 for STAR+PLUS
- 73,338 for TxHmL

It is important to look at the unduplicated counts on the interest list to understand the increase over time. In June 2016, 110,019 unduplicated individuals were on the HHS Medicaid community-based programs interest lists.²⁴ As of May 2018, the unduplicated count increased to 140,769, with 38,622 individuals added to the interest lists in the 2018-19 biennium to date.

Interest list wait times vary by waiver program. According to May 2018 data, the wait exceeded five years for nearly 60 percent of those interested in the HCS, CLASS and TxHmL programs.²⁵ Approximately 14 percent of individuals on the HCS interest list have been on the list for ten years or more. However, the wait time for the STAR+PLUS HCBS program is less than a year.

To continue to move forward with interest list reduction, HHSC requested appropriations for the 2020-21 biennium to reduce the interest list by funding 4,639 slots for community-based services.

If requests for funding for additional slots in community-based service programs are granted, it will provide more comprehensive and timely service and reduce the state's reliance on general revenue funded services. Increasing the number of slots will afford more individuals greater choice in the type of service they may access to remain successfully in the community.

²⁴ Unduplicated count is defined as the number of unique people on at least one of the six interest lists.

²⁵ <https://hhs.texas.gov/about-hhs/records-statistics/interest-list-reduction>

Transition to Community Services and Diversion Strategies (formerly Promoting Independence)

An integral component to the original 2001 plan was a flexible funding mechanism which would allow individuals to transition from an institution to the community without going on the interest list. Since 2001, the Initiative, MFPD, and legislative appropriations have been successful in shaping LTSS public policy by providing community living opportunities for over 49,000 individuals in nursing facilities, state supported living centers (SSLCs), and large and medium community ICFs/IID who have transitioned to the community, as well as services diverting the need for institutional care.

The state's approach to supporting individuals and families returning or remaining in their community as an alternative to institutional placement is implemented through two types of legislatively directed diversion categories for the HCS program; one specifically targets individuals at imminent risk of NF placement, and the second supports those at imminent risk of being placed in an SSLC. HHSC contracts with local intellectual and developmental disability authorities (LIDDAs) to support and assist individuals with access to HCS diversion slots for both categories, and provides ongoing support and choice to ensure individuals live in the most integrated setting possible.

For the 2018-19 biennium, HHSC received appropriations for fewer HCS transition and diversion slots than the 2,561 slots funded during the 2016-17 biennium.²⁶ The 2018-19 biennium funding also did not include transition support for children residing in General Residential Operations (GRO) Centers. Funding for the 2018-19 biennium included the following transition and diversion waiver slots:

- 325 for residents of SSLCs and large ICFs/IID;
- 110 for DFPS children aging out of foster care;
- 150 for individuals with IDD moving from NFs; and
- 150 for individuals with IDD diverted from NF placement.

²⁶ 2016-17 General Appropriations Act (Article II, Department of Aging and Disability Services, Rider 31, House Bill 1, 84th Legislature, Regular Session, 2015)

HHSC is on target to enroll the appropriated slots during the 2018-19 biennium.²⁷ HHSC also developed a contingency plan to prioritize attrition slots. Attrition slots are created when previously funded HCS slots are permanently released by an individual after enrollment. HHSC used attrition slots in the 2018-19 biennium to prevent institutionalization and assist people with IDD in crisis and medically fragile children. HHSC determined attrition capacity based on billing costs and legislative funding and developed a prioritization schedule to allocate attrition slots to identified target groups on the schedule. Each month, HHSC releases the allocation for appropriated slots.

The attrition prioritization plan allows HHSC to meet the demand for crisis diversion for SSLCs and NF and enroll more individuals in need of community-based services. However, attrition does not address interest list reduction or meet the demand for transitions from all institutions.

In keeping with the 2001 Promoting Independence plan's goal to support community alternatives to institutional care, HHSC's 2020-21 LAR includes an exceptional item request to restore funding for community transitions (formerly called Promoting Independence slots).²⁸

The exceptional item requests funding for:

- 500 HCS slots for individuals in crisis and/or at imminent risk of institutionalization;
- 500 HCS slots for residents of SSLCs and large-medium ICFs/IID;
- 236 HCS slots for DFPS children aging out of foster care;
- 40 HCS slots for DFPS children transitioning from GRO facilities;
- 500 slots for individuals with IDD moving from NFs;
- 500 HCS slots for individuals with IDD diverted from NF placement; and
- 200 HCS slots for individuals with IDD moving from state hospitals.

²⁷ <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2018/leg-presentations/waiver-slot-enrollment-report-september-2018.pdf>

²⁸ <https://hhs.texas.gov/sites/default/files/documents/about-hhs/budget-planning/lar/hhsc-legislative-appropriations-request-2020-2021.pdf>

The funding request represents an increase in the number of slots for children transitioning from GRO facilities and reinstates the number and types of reserved capacity slots historically funded over the biennium for community transitions from institutions.

Expanding Community-based Services to Meet Challenging Behavioral or Medical Needs

Many individuals in institutional settings who are seeking to transition out have complex medical, psychiatric, and behavioral health needs, creating challenges to living successfully in the most integrated community setting. Enhancements to the LTSS service array and delivery system will provide greater choice for these individuals.

Crisis Intervention and Crisis Respite Services

The 84th Legislature allocated \$18.6 million over the 2016-17 biennium for LIDDAs to provide crisis intervention and crisis respite support to individuals with intellectual and/or developmental disabilities who may have behavioral health or mental health support needs. Crisis intervention and crisis respite are designed to support individuals to maintain their independence in the community and to prevent unnecessary institutionalization. Currently, all 39 LIDDAs statewide are directed to provide crisis intervention and crisis respite services. The 85th Legislature subsequently allocated an additional \$6 million for the 2018-19 biennium (i.e., a total of \$24.6 million) to sustain crisis intervention and crisis respite service levels.

Crisis respite services can be provided in an individual's home or out of home. In-home crisis respite provides an enhanced level of therapeutic support to an individual who is demonstrating a crisis when it is deemed clinically appropriate for the individual to remain in his/her natural environment and it is anticipated the crisis can be stabilized within a 72-hour period. Out-of-home crisis respite provides therapeutic support in a safe environment with staff on-site providing 24-hour supervision to an individual who is demonstrating a crisis that cannot be stabilized in a less intensive setting. Out-of-home crisis respite is provided in a setting for which the state provides oversight (for example, an ICF/IID or HCS group home).

In fiscal year 2017, 396 individuals received a combined total of 116,879 hours of crisis respite. Through the first three quarters of fiscal year 2018 (September 1,

2017 through May 31, 2018), 403 individuals received 113,031 hours of crisis respite.

HHSC is seeking appropriations for the 2020-21 biennium to expand existing crisis intervention and respite services designed to identify individuals who are high risk and offer supports and services to both prevent and intervene in a crisis.

As part of a coordinated effort to increase crisis services and provide support in a timely manner, HHSC is seeking appropriations for the 2020-21 biennium to establish new IDD community outpatient mental health services at LIDDAs. Providing integrated physical and behavioral health services to people with IDD is expected to prevent crisis situations.

Enhanced Community Coordination and Transition Support Teams

Originally funded by MFPD, Enhanced Community Coordination (ECC) and Transition Support Teams (TST) augment the service and supports array for individuals who have both IDD and complex medical/behavioral health needs as they relocate from institutions to community settings. Services include:

- Eight medical, psychiatric, and behavioral support teams to provide training, technical assistance, and peer review support to LIDDAs and service providers across the state;
- Enhanced coordination, beyond targeted case management, to ensure the necessary medical and/or behavioral services for individuals with complex needs transitioning to the community are accessed, coordinated, and delivered in a person-centered manner;
- Pre- and post-transition monitoring; and
- Flexible spending support for one-time purchases needed to move to the community.

From September 1, 2017 through May 31, 2018, 1,836 people received ECC to transition or prepare to transition to the community. During that same period, the teams provided:

- 408 peer review/consultations;
- 706 educational opportunities, with 5,724 LIDDA staff attending; and
- 384 opportunities for technical assistance.

To provide support for community transitions of individuals with multiple challenges, HHSC is seeking appropriations for the 2020-21 biennium to maintain funding for ECC and TST once the MFPD funding expires.

Habilitative Specialized Add-on Services

The Centers for Medicare and Medicaid Services (CMS) approved a Medicaid state plan amendment, effective December 1, 2017, to expand the habilitative specialized services available to Medicaid recipients residing in a Medicaid-certified NF who are 21 years of age or older and who have been found through the Pre-admission Screening and Resident Review (PASRR) process to need such services. These services help prepare individuals for transition to the community. Specialized add-on services are provided by community-based providers, not the NF. Each allowable specialized add-on service includes transportation between the NF and the service site. Allowable specialized add-on services are behavioral support, employment assistance, supported employment, day habilitation, and independent living skills training.

A high medical needs support service is critical to supporting individuals with complex needs to live in the most integrated setting of choice. To facilitate transitions from institutions to the HCS program, HHSC is seeking funding for targeted nursing and attendants supports as high medical needs supports services in its 2020-21 LAR. The appropriation would fund the development of a high medical needs support service designed to increase one-to-one medical interventions, transfers, feedings or other activities of daily living and nursing tasks delegated by a registered nurse in the HCS program.

In addition, the funding would allow individuals in the HCS program who reach the dental services cap (\$2,000 per year) and who meet criteria for health and safety needs, to access adaptive aid funds (an HCS waiver service capped at \$10,000 per year). With this funding, individuals would receive additional dental care, preventing more serious medical conditions from developing due to poor oral health.

Day Habilitation

Day habilitation programs can play an important role supporting people with disabilities to be as independent as possible and increase meaningful involvement in their community. Effective March 2014, CMS issued new regulations requiring states to ensure that all HCBS settings integrate individuals in and provide full access to the community, including engagement in community life, integrated work environments, and control of personal resources. According to the federal regulation, state compliance is required by March 2022. Any state with HCBS must develop a statewide transition plan outlining its current compliance and plans for

compliance and submit it to CMS for approval. This plan must include results from assessments including internal reviews of current policy, interviews with individuals receiving services, and self-assessments of providers delivering services. Based on information obtained in part through these assessments, HHSC requested funding for fiscal year 2021 to support replacing the current day habilitation service with a new, more integrated service called Individualized Skills and Socialization (ISS).

Person-Centered Planning

Federal rules for all Medicaid HCBS, including CFC, require person-centered service planning, also referred to as person-centered planning (PCP). Using a PCP process, a service plan and objectives are developed based on each individual's preferences, strengths, and clinical and support needs. Person-centeredness balances what is important for the person's health and safety with what is important to the person for their wellbeing and quality of life. Person-centered service planning considers non-clinical concepts such as self-determination, dignity, community inclusion and the belief that every person has the potential for a great life and can meaningfully contribute to society.

To comply with the federal regulations, HHSC requires individuals who facilitate person-centered service plans for CFC and HCBS to complete training within two years of hire. The state and its partners, including LIDDAs, the University of Texas Center for Disability Studies and The Learning Community for Person-Centered Practices (TLCPCP), have been working to build the infrastructure to successfully comply by training more trainers and revising or creating new forms and processes to support consistent, high-quality person-centered service planning.

Training

- Since 2014, 19 Texas trainers have become Certified Person-Centered Thinking (PCT) Trainers by TLCPCP. These trainers include state employees and employees of LIDDAs, Councils of Governments, and provider agencies. Four new state staff will be certified by December 2018.
- The MFPD grant funded the training of two HHSC staff in PCT Coaching Training and two HHSC staff and one private provider staff to become PCT Mentor Trainers by December 2018.
- In the past three years, more than 1,500 service coordinators and case managers from LIDDAs, MCOs, and private providers have completed a two-

day face-to-face PCT Training. This training continues to be offered upon request of LIDDAs and other regional partners.

- Overviews of person-centered practices have been provided to various groups, including potential providers and current providers for the Consumer Directed Services (CDS) option for financial management, CLASS, and DBMD services.
- As of April 3, 2018, 3,499 people had successfully completed the online PCP Training that launched in February 2017. The free training is accessible online at: <https://hhs.texas.gov/services/disability/person-centered-planning/person-centered-planning-waiver-program-providers/person-centered-planning-pcp-training-providers>.
- PCT training has been expanding to other state staff, such as social work and case management staff and Child Protective Services (CPS).
- PCT training is being offered at nursing facilities across the state by the state's Quality Monitoring Program and the person-centered planning staff.²⁹
- Online Person Centered Practices training for staff supporting Holocaust survivors became available in summer 2018.³⁰

Other Initiatives

- In October 2016, a Person-Centered Planning Form and Procedures workgroup made up of HHSC staff and external stakeholders was created to develop a service planning document, in order to meet CMS requirements for individuals receiving services in HCBS waivers. The workgroup continues to meet regularly and plans to complete a draft document in 2018.
- A Person-Centered Planning website was launched in February 2017 to provide resources and information for service providers and stakeholders.³¹
- Efforts are underway for certified PCT trainers to partner with CPS adoption workers to assist children who receive Medicaid waiver services to create

²⁹ <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/nf/qmp/17D0332-HHSC-MSS-QMP-Nursing-handbill-web.pdf>

³⁰ <https://hhs.texas.gov/doing-business-hhs/provider-portals/resources/providing-services-holocaust-survivors>

³¹ <https://hhs.texas.gov/services/disability/person-centered-planning/person-centered-planning-waiver-program-providers>

person-centered adoption plans. These plans will incorporate person-centered principles, such as fostering a positive reputation for the child, instead of focusing solely on health and safety needs.

4. Children's Initiatives

Moving children out of institutions into the most integrated family setting possible continues to be a major focus of the Initiative, requiring on-going collaboration between DFPS and HHSC. Children's initiatives focus on transitioning children to family-based settings and enhancing community-based supports for children with behavior challenges. HHSC's 2020-21 LAR includes an exceptional item for funding for additional children to be moved into HCS from GRO facilities. HHSC is also seeking funding to maintain ECI services.

Transitioning Children to Family-Based Settings

Texas Government Code, Section 531.151, requires permanency planning for Texas children residing in an institution. Permanency planning refers to a philosophy and planning process that focuses on the outcome of family support by facilitating a permanent living arrangement with the primary feature of an enduring and nurturing parental relationship. In accordance with the statutory definition of "institution," permanency planning applies to individuals under 22 years of age residing in:

- Small, medium, and large community ICFs/IID;
- SSLCs;
- HCS residential settings (i.e., supervised living or residential support);
- NFs; and
- Institutions for individuals with an intellectual disability licensed by DFPS.

From 2002 through February 2018, the number of children in institutions serving more than four persons has been decreasing, including a 95 percent decrease in large ICFs/IID, a 71 percentage decrease in NFs, and a 61 percent decrease in all institutions serving more than four persons.³²

³² See the *HHSC Permanency Planning Report* –July 2018 at: <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2018/permanency-planning-family-based-alternatives-july-2018.pdf>

As of February 28, 2018, 1,129 children were living in all types of institutions, including HCS residential settings. Of the 1,129 children living in institutions:

- The majority (65 percent) were young adults, ages 18 to 21.
- More than half (56 percent) were in HCS.
- A relatively small number (6 percent) resided in an NF.
- The majority (96 percent) had a current permanency plan.³³

Increased resources have allowed families and legally authorized representatives to choose family-based care instead of institutional care for children. Resources critical to helping children move to, or remain in, family homes or family-based alternatives include:

- Reserved capacity in the HCS waiver program and continued funding of reserved capacity slots;
- HCS host home/companion care services; and
- Expansion of family-based alternatives through coordinated efforts by EveryChild, Inc. (HHSC's permanency plan contractor), and waiver program providers.

These opportunities have significantly improved the lives of individuals under age 22 and their families.

HHSC, DFPS, EveryChild, Inc., and LIDDA representatives collaborated to improve permanency planning and support children. HHSC released HCS slots appropriated by the 2018-19 General Appropriations Act, Senate Bill (S.B.) 1, 85th Legislature, Regular Session (Article II, HHSC, Rider 55), which included:

- 45 HCS slots for children aging out of DFPS foster care. Of those, HHSC approved enrollment of 25 children and an additional 16 children were in the process of enrollment as of February 28, 2018.
- Six HCS slots for children transitioning from an NF. Of those, HHSC approved enrollment of four children and an additional child was in the process of enrollment as of February 28, 2018.
- 87 HCS slots for crisis/diversion from institutionalization. Of those, HHSC approved enrollment of 54 individuals and an additional 31 individuals were

³³ See the *HHSC Permanency Planning Report –July 2018* at: <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2018/permanency-planning-family-based-alternatives-july-2018.pdf>

in the process of enrollment as of February 28, 2018. This category includes, but is not limited to, children.

DFPS coordinated with EveryChild, Inc. to find families for children in conservatorship residing in a DFPS GRO.³⁴ Legacy DADS allocated 25 HCS slots in GROs for children in DFPS conservatorship who have IDD in the 2014-15 biennium and another 25 in the 2016-17 biennium. Typically, all 25 of the GRO slots are filled and the need is greater than the number of slots. The 85th Legislature did not fund slots to transition children from GROs to HCS for the 2018-19 biennium. Advocates raised concerns that without funding more children would remain in GROs for longer periods of time. As described in the Community Services section of this report, HHSC is seeking funding for an increase from 25 to 40 HCS slots available to this population of children for the 2020-21 biennium.

Although progress continues, the July 2018 *Permanency Plan and Family-based Alternatives Report* noted challenges moving children from institutions to family or family-based settings including:

- Limitations in community capacity to serve children in non-institutional settings;
- Growth in waiver program interest lists; and
- The need for higher physical, medical, or behavioral supports for some children to live successfully in non-institutional settings.

Community-Based Supports for Children with Serious Behavioral Challenges

The 1915(c) YES waiver program provides comprehensive home and community-based services for children, ages 3 through 18, at risk of institutionalization or out-of-home placement due to their serious emotional disturbance. Children enrolled in YES are eligible for all Medicaid behavioral health services and the specific YES service array. YES services include community living supports, family supports, employment assistance, supported employment, supportive family-based alternatives, flexible funding for transition services, minor home modifications,

³⁴ GROs are a residential child-care operation that provides child care for 13 or more children or young adults. The care may include treatment services and/or programmatic services. These operations include formerly titled emergency shelters, operations providing basic child care, residential treatment centers, and halfway houses.

adaptive aids and supports, respite, specialized therapies, and paraprofessional services.

The 2014-2015 General Appropriations Act, S.B. 1, 83rd Legislature, Regular Session, 2013 (Article II, HHSC, Rider 90) directed statewide expansion of the YES waiver, making YES accessible to eligible children in every county. Beginning September 1, 2015, YES was expanded statewide. In addition, effective July 10, 2016, the population served in the YES waiver was expanded to include children and adolescents who are in conservatorship of the state. Enrollment in the YES waiver continues to increase. From serving 1,902 participants in the first quarter of fiscal year 2017, the YES waiver served 2,625 participants in fiscal year 2017 and is expected to have served 2,878 in fiscal year 2018. As of August 2018, the YES Waiver has served 177 children in DFPS conservatorship compared to 25 children in DFPS conservatorship served in the first quarter of fiscal year 2017.

Effective April 1, 2018, HHSC received CMS approval to operate the YES waiver for an additional five years.

The YES waiver continues to maintain an open enrollment to expand the network of comprehensive waiver providers. The local mental health authority (LMHA) serves as the waiver administrator and may be the comprehensive waiver provider to assure services are available across the state. In addition to the LMHAs, as of August 2018 there are six private providers serving as YES comprehensive waiver providers across the state.

5. Managed Care Initiatives

Long Term Services and Supports Medicaid Managed Care Expansion

HHSC contracts with MCOs and pays a monthly capitation for each member enrolled in an MCO. The MCO is responsible for the delivery of all medically-necessary covered Medicaid services in the same amount, duration, and scope as the traditional Medicaid benefit package authorized under the Medicaid State Plan and outlined in program handbooks.

STAR Kids

S.B. 7, 83rd Legislature, Regular Session, 2013, directed HHSC to establish a mandatory, capitated STAR Kids managed care program to provide Medicaid benefits to children and young adults with disabilities. S.B. 7 also required the STAR Kids program to incorporate the services provided under MDCP.

HHSC implemented STAR Kids on November 1, 2016. Texas contracts with 10 Medicaid MCOs to operate the STAR Kids program. The main goals and objectives of the STAR Kids program are to:

- Better coordinate care of recipients under the program;
- Improve the health outcomes of STAR Kids members;
- Improve members' access to health care services;
- Reduce the administrative complexity of delivering Medicaid benefits; and
- Reduce the incidence of unnecessary institutionalizations and potentially preventable events by ensuring the availability of appropriate services and care management.

STAR Kids provides medically necessary acute care services and LTSS to eligible children and young adults. As part of STAR Kids, each member has access to service coordination through their STAR Kids MCO. There are three levels of service coordination in STAR Kids that provide varying levels of coordination depending on the member's needs. As of February 2018, 162,098 children and young adults were receiving Medicaid services through the STAR Kids program.

Over the first two years of implementation, HHSC and stakeholders continued to identify and implement improvements to the STAR Kids program to ensure all its members receive appropriate medically and functionally necessary Medicaid services. Based on the STAR Kids pre-implementation report, completed using data collected prior to the implementation of STAR Kids, HHSC has begun to address MDCP program strengths and opportunities for improvement as appropriate.³⁵ The completion of a post-implementation report will also allow HHSC to identify opportunities for improvement and evaluate whether the STAR Kids program is improving the health outcomes of children in MDCP. The STAR Kids post-implementation study is expected to be completed by May 2019. The aims of the post-implementation study are to:

- Assess changes in utilization, quality, and experience of care among STAR Kids members by comparing the pre- and post-implementation findings;
- Provide baseline STAR Kids MCO profiles that present results on member characteristics (i.e., demographics and health status), services groups, utilization, satisfaction, and quality of care in the first year of implementation;
- Refine the measure set used to monitor the quality of care for STAR Kids; and
- Develop recommendations for targeting improvements to the delivery and quality of care for Star Kids members, and for the design of regular quality monitoring and improvement efforts.

IDD Carve-In

Texas Government Code Chapter 534 directs HHSC to design and implement an acute care and LTSS system for individuals with IDD to improve outcomes; improve access to quality, person-centered, efficient, and cost-effective services; and implement a capitated, managed care delivery system and the federal Community First Choice Option (CFC).

In September 2014, HHSC transitioned eligible adults enrolled in IDD waiver programs and ICFs/IID from acute care Medicaid fee-for-service to managed care. Now individuals of all ages in IDD waiver programs receive their acute care services

³⁵ <https://hhs.texas.gov/sites/default/files//documents/about-hhs/process-improvement/quality-efficiency-improvement/STAR-Kids-Pre-Implementation-Report-052617.pdf>

through the following managed care programs: STAR+PLUS, STAR Kids, and STAR Health.

The Medicaid IDD waiver programs currently provide LTSS for individuals with IDD in home and community-based settings in a fee-for-service model.

- TxHmL provides selected essential services and supports to people with IDD living in their family homes or their own homes.
- HCS provides individualized services and supports for people with IDD who live with their family, in their own home, or in other community settings, such as small group homes serving four or fewer people.
- CLASS provides services to people with related conditions as an alternative to placement in an ICF/IID.
- DBMD provides services to people who are deaf-blind with multiple disabilities as an alternative to institutional placement, and focuses on increasing opportunities for individuals served to communicate and interact with their environment.

The system redesign's last phase will be to transition LTSS for individuals with IDD into a managed care model. Statute directs HHSC to transition LTSS currently provided through FFS to managed care per the timelines below:

- The LTSS transition begins with TxHmL moving to a managed care model on September 1, 2020.³⁶
- LTSS services provided in the HCS, CLASS, DBMD programs and ICFs/IID are scheduled to transition to managed care September 1, 2021.³⁷

IDD SRAC

Government Code Chapter 534 also created the IDD System Redesign Advisory Committee (SRAC) to work in consultation with HHSC to implement the provisions affecting individuals with IDD. IDD SRAC collaborated with HHSC to identify and

³⁶ Texas Government Code, Section 534.201.

³⁷ Texas Government Code, Section 534.202.

address challenges related to the coordination of acute care and LTSS, and to identify barriers and impacts of upcoming LTSS transitions to managed care for all involved stakeholders.

IDD SRAC subcommittees include:

- Transition to Managed Care
- Day Habilitation and Employment Services
- System Adequacy

IDD SRAC meets quarterly and subcommittees meet bi-monthly. In fiscal year 2018, IDD SRAC scheduled one additional full meeting and six additional subcommittee meetings to collaborate with HHSC and inform the next steps for the transition of IDD LTSS in TxHmL to managed care. In addition, the IDD SRAC Day Habilitation and Employment Services and System Adequacy subcommittees' members participated in a rigorous series of workgroup meetings to develop the day habilitation and housing statewide implementation plan for the federal HCBS settings regulations.

During fiscal year 2018, IDD SRAC developed 16 Legislative Appropriations Recommendations and 15 recommendations for improvements for the IDD system redesign to HHSC and the Legislature.³⁸ Consistent with the recommendations from the PIW, the recommendations focused on:

- Improving quality and continuity of services and supports;
- Addressing barriers to transition IDD LTSS to managed care;
- Increasing independence and community inclusion; and
- Addressing barriers to system adequacy including rates, interest list allocation, and network adequacy.

IDD Carve-in Evaluations

HHSC contracted with two vendors, Deloitte and The University of Texas Health Science Center at Houston, School of Public Health (UT Health), in May 2018 to conduct evaluations to inform the IDD LTSS transition to managed care. Deloitte

³⁸<https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2018/sb7-acute-care-services-ltss-redesign-idd-sept-2018.pdf>

and UT Health are coordinating to ensure a cohesive evaluation. Deloitte is responsible for an analysis of cost-effectiveness for the transition of IDD LTSS to managed care.

UT Health is conducting:

- A national review and comparison of other states' managed care delivery models for individuals with IDD;
- An analysis of past IDD transitions to managed care in Texas, including STAR Health, STAR Kids, and STAR+PLUS programs; and
- An analysis of impacts of the transition to managed care for individuals and providers; an analysis of the experience of CFC in managed care in the STAR+PLUS program; and
- An analysis of service coordination provided for individuals with IDD.

Evaluation reports will be finalized prior to the 86th Legislature to inform the transition of IDD LTSS to managed care.

6. Mental and Behavioral Health

HHSC is undertaking activities designed to improve access to comprehensive behavioral health services within the home and community-based services array.

Mental Health Peer Re-Entry Program

The 2018-2019 General Appropriations Act, S.B. 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 74), allocated up to \$1,000,000 for mental health peer support re-entry program. The mental health peer re-entry program, designed with stakeholder feedback, provides peer supported “reach-in” services while program participants are still incarcerated. Program participants are then transitioned to community-based peer services and access to services from licensed mental health professionals, as well as continuing to receive peer support upon release. Program goals include:

- Decreasing hospitalization;
- Decreasing recidivism and criminal behavior;
- Decreasing symptomology of mental health and substance use issues; and
- Increasing life domain functioning such as residential stability, employment, and living skills.

Three LMHA providers were selected (Harris Center for Mental Health and Intellectual and Developmental Disabilities, Tarrant County MHMR, and Tropical Texas Behavioral Health) and services began in the fourth quarter of fiscal year 2016. HHSC expects this program to continue.

Clubhouses

The 85th Legislature appropriated \$1.7 million in GR to continue recovery-focused clubhouses across the state. The Clubhouse Model is an evidence-based, recovery-oriented program for adults diagnosed with a mental illness. Clubhouses are a cost-effective way to assist people with mental health challenges to stay out of hospitals while improving their ability to function successfully in the community through involvement in a peer-focused environment. Members are encouraged to participate in clubhouse operations, such as clerical duties, reception, food service,

transportation, and financial services. By participating in the tasks necessary to operate the clubhouse, members develop confidence and skills in independent living and return to employment. Members are also encouraged to participate in activities to promote outside employment, education, meaningful relationships, housing, and an overall improved quality of life. Contracts have been executed with four clubhouses across the state including Austin Clubhouse, Concho Valley Clubhouse in San Angelo, Magnificat Clubhouse in Houston, and San Antonio Clubhouse.

Peer Support Services as a Medicaid Benefit

Texas Government Code, Section 531.0999, as added by House Bill (H.B.) 1486, 85th Legislature, Regular Session, 2017, directed HHSC to create a Medicaid benefit for peer support services. The bill also directed HHSC to adopt rules establishing training requirements for peer specialists to enable the provision of services to persons with mental illness or persons with substance use conditions.

Persons with mental health or substance use conditions need support while in recovery. These conditions can impair an individual's ability to make effective decisions and receiving support from someone who has walked the road of recovery themselves can be invaluable.

Peer support is an evidence-based practice in which peers use their lived experiences recovering from mental health or substance use conditions, along with skills learned in formal training, to deliver strengths-based, person-centered services. Peer supports are provided in combination with other mental health and substance use services.

The federal Substance Abuse and Mental Health Services Administration recommends peer support services because they help people engage in the recovery process and reduce the likelihood of relapse. Research to date suggests peer support services may result in increased empowerment and hope, increased social functioning, more engagement in treatment, and an increased quality of life and life satisfaction. Because peer support services are designed and delivered by people who have been successful in the recovery process, peer support providers can embody a powerful message of hope and share a wealth of experiential knowledge. Peer support services extend the reach of treatment beyond the clinical setting into the everyday lives of those seeking to achieve or sustain recovery. Peer support services also show considerable promise in addressing the behavioral health workforce shortage by supporting people in their paths to recovery.

Pursuant to the bill, HHSC assembled a stakeholder workgroup to provide input on the development of Medicaid rules to define requirements for training, certification, scope of services, and supervision of certified peer specialists. HHSC anticipates rule adoption to occur by January 1, 2019. HHSC is preparing a Medicaid State Plan amendment which also has a January 1, 2019 effective date.

Mental Health Workforce and Training

The 2016-2017 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015, (Article IX, Section 10.04) created the Statewide Behavioral Health Coordinating Council (Coordinating Council). This council is comprised of state agencies receiving state funding for behavioral health services and was tasked with creating a five-year *Statewide Behavioral Health Strategic Plan* and expenditure proposal. The Coordinating Council identified the behavioral health workforce shortage as a gap in service. More than 80 percent of Texas counties are designated as Mental Health Professional Shortage Areas, which are defined as more than 30,000 residents per clinician. Many of the most experienced and skilled practitioners are approaching retirement, as more than one-third of Texas psychiatrists are over the age of 55. Texas higher education institutions have been unable to produce enough graduates to meet the predicted demand.³⁹ The *Statewide Behavioral Health Strategic Plan* addresses increasing the number of mental health professionals in an objective under Goal 2: Program and Service Delivery. Objective 2.4 aims to strengthen the behavioral health workforce by fiscal year 2021 with the following strategies:

- Expand opportunities to address behavioral health workforce shortages in rural and urban areas through such activities as residency programs, student loan forgiveness, paid internships, and collaborations with universities.
- Support and increase the competency of the workforce through joint training efforts, and continuing education in identified best, promising, and evidence-based practices.
- Enhance the recruitment and retention of a diverse workforce.

Since the beginning of fiscal year 2017, the Coordinating Council has worked on implementation of the *Statewide Behavioral Health Strategic Plan* by identifying

³⁹ The Mental Health Workforce Shortage in Texas: As Required by H.B. 1023, 83rd Legislature, Regular Session, 2014.

short term opportunities toward implementation. As an example of a short term opportunity, the participating agencies identified using The Centralized Training Infrastructure for Evidence Based Practices (CTI-EBP) as a centralized platform for communicating about trainings related to behavioral health.

Centralized Training Infrastructure for Evidence Based Practices

The CTI-EBP is designed to aid 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 providers contracted by HHSC and delivering mental health services did so using evidence-based practices. The infrastructure promotes and supports the use of evidence-based and promising practices to facilitate resiliency and recovery, and increase positive outcomes for individuals using behavioral health services in the Texas mental health system. HHSC contracted with the University of Texas Health Science Center, Department of Psychiatry, to coordinate and implement this project.

The training infrastructure includes evidence-based practices, including, but not limited to the following:

- Illness Management & Recovery
- Cognitive Adaptation Training (CAT)
- Cognitive Processing Training
- Social Skills and Aggression Replacement
- Nurturing Parent
- Motivational Interviewing
- Person Centered Recovery Planning

The CTI-EBP is free to those with HHSC funded contracts and through partnerships with other state agencies. As of December 1, 2016, the CTI-EBP E-Commerce charges non-subsidized (non-HHSC contracted providers) for web-based training offering continuing education units.

In June 2016, HHSC rolled out the six-module Mental Health Wellness for Individuals with an IDD (MHW-IDD) online training series for Direct Service Workers on the behavioral health needs of individuals with an IDD. Topics include:

- Trauma-informed care
- IDD and co-occurring MH needs
- Functional behavior assessment and behavior support

- Genetic syndromes associated with IDD
- Medical disorders associated with IDD, and
- Strategies and supports for direct support workers

The MHW-IDD training was developed to address a gap in workforce knowledge of behavioral health issues that affect individuals with IDD. It is available for free to the public and can be accessed at www.mhwidd.com. It is also offered on the CTI-EBP for HHSC contractors. The training series gained national recognition through the National Association of State Directors Developmental Disabilities Services Community Services Reporter. On average, about 500 users from across the country complete at least one module per week. In fiscal year 2018, HHSC developed additional modules for health care practitioners on best practices in treating individuals who have IDD and behavioral health needs. Topics include trauma-informed care, the importance of interdisciplinary team work, and communicating with people with IDD and co-occurring behavioral health needs. Continuing Nursing Education and Continuing Medical Education credits are offered to physicians and nurses who take the courses.

Home and Community-Based Services Adult Mental Health Program

The 83rd Legislature required DSHS to establish an HCBS program for adults with serious mental illness (SMI) and a history of extended inpatient psychiatric hospital stays. The Legislature further directed HHSC and Legacy DSHS MHSA Division to seek a Medicaid state plan amendment under §1915(i) of the Social Security Act. Texas received federal approval from CMS on October 13, 2015. In addition, the 84th Legislature, Regular Session, 2015, required DSHS to expand HCBS to divert populations with SMI from jails and emergency departments into community treatment programs. HHSC formally submitted the state plan amendment to expand the 1915(i) to CMS on May 20, 2016. CMS approved amendments to the Section 1915(i) State Plan Home and Community-Based Services—Adult Mental Health (HCBS-AMH) on December 18, 2017.

The HCBS-AMH program provides home and community-based services and supports to help individuals achieve stable tenure in their community of choice. HCBS-AMH services are provided in addition to traditional state plan benefits and include residential services, employment services, nursing, peer support, adaptive aids, minor home modifications, home delivered meals, non-medical transportation, psychosocial rehabilitation, substance use disorder services, and recovery

management. As of August 2018, the state has executed contracts and can provide or is currently providing services in the 17 listed Local Mental Health Authority/Local Behavioral Health Authority service areas.

- Access
- Andrews Center
- The Center for Health Care Services
- Emergence Health Network
- Gulf Coast Center
- Lakes Regional Community Center
- LifePath Systems
- MHMR Authority of Brazos Valley
- The Harris Center for Mental Health and IDD
- MHMR of Tarrant County
- North Texas Behavioral Health Authority
- Pecan Valley Centers
- Spindletop Center
- Texana Center
- Texoma Community Center
- Tri-County Services
- Tropical Texas Behavioral Health

Since the inception of the program, 140 individuals have participated in HCBS-AMH services. As of August 2018, 119 individuals were enrolled in HCBS-AMH, with 90 individuals meeting long-term hospitalization criteria, 14 meeting jail diversion criteria, and 15 meeting emergency room diversion criteria. From November 2017 to August 2018, program enrollment increased by 100 percent. Rapid increases in enrollment are anticipated to continue as newly contracted providers bolster program infrastructure and capacity.

Money Follows the Person Demonstration Behavioral Health Pilot

In 2008, Texas began a five-year Behavioral Health Pilot (BHP) under the federal MFPD grant from CMS. The BHP operated in several central Texas counties, including Bexar and Travis. It was designed to help adult Medicaid clients with SMI and substance use disorders leave nursing facilities. Participants in the pilot were MFPD eligible, met an NF level of care, and were transitioning into the STAR+PLUS HCBS waiver. The pilot enabled Texas to test the efficacy of new services and

techniques for this special population. The pilot served 454 individuals during its tenure.

Pilot participants ranged in age from 27 to 89 and had multiple health challenges, including chronic health conditions, physical disabilities, serious mental illness, and substance use disorders. Pilot services included community-based substance abuse treatment and Cognitive Adaptation Training (CAT), a rehabilitative service designed to help individuals establish daily routines, organize their environment, and build social skills. Services were provided up to six months before discharge (pre-transition) and up to one year after discharge. Services helped individuals acquire and improve their ability to engage in activities and instrumental activities of daily living, manage their medications, and social skills, which helped facilitate successful integration into the community. In addition, pilot participants received transition assistance, relocation assistance, and STAR+PLUS HCBS waiver services through their Medicaid MCO and other partners.

Outcomes for those who participated in the pilot include:

- 454 individuals have transitioned to the community;
- 70 percent successfully completed a year in the community and over 65 percent remained in the community at the conclusion of the study, per independent evaluation;
- Cost of living in the community under the BHP was 71 percent of the cost of living in an NF; and
- For dual-eligible MFPD participants, it takes only 5.3 months of community residence to recover initial costs. For Medicaid-only MFPD participants, it takes 4.5 additional months of community residence to recover initial costs.

Examples of increased independence include getting a paid job at competitive wages, driving to work, volunteering, getting a GED, teaching art classes, leading substance use peer support groups, and working toward a college degree.

To sustain the lessons learned from the MFPD BH pilot, the state will bring the evidence-based behavioral health practices piloted under MFPD to scale, systematically incorporating and sustaining them in STAR+PLUS, the statewide integrated managed care system primarily serving adults with disabilities. STAR+PLUS now includes mental health rehabilitation, substance use treatment, relocation assistance and NF care in its array of acute and LTSS services. Texas is using MFPD administrative funds to provide training and technical assistance in CAT

and other evidence-based techniques to STAR+PLUS MCOs and their networks through a sustainable, university-based Center of Excellence.

Money Follows the Person Demonstration Self-directed Services Pilot Program for Individuals with Mental Illness

As part of MFPD Behavioral Health sustainability, Texas is piloting evidence-based self-direction for people with mental illness. Self-directed service options provide individuals with the ability to manage a flexible budget to purchase Medicaid services and supports. Self-directed care options provide the most complete expression of “money following the person” by empowering individuals with tools designed to assist them in living the lives they choose in the communities they desire. Additionally, client choice promotes recovery and increases the likelihood that individuals will return to and remain in their communities.

Historically, in Texas, self-direction has been available to individuals receiving community-based personal attendant and HCBS waiver services, but not to individuals with a SMI who are receiving community-based mental health services and supports. A randomized trial of self-directed mental health services in a capitated behavioral health carve-out program, which formerly existed in the Dallas service delivery area, demonstrated promising outcomes. These included better functioning, higher satisfaction, and lower institutional costs with no greater expenditure of funds than in the traditional system of care. To create sustainable mental health self-directed care options in the statewide integrated Medicaid system for adults with disabilities (STAR+PLUS), Texas has developed and implemented a 2-year performance improvement project in one multi-county STAR+PLUS service delivery area (Travis SDA). MFPD administrative funds support planning, stakeholder involvement, and administration of the self-direction project and will enable the state to develop the structures, processes and policies needed to successfully bring mental health self-direction to scale in the statewide managed care system.

7. Relocation Services

Changes to Relocation Services

Relocation assistance includes outreach about community living, assessment of transition needs, and coordination of transition services. Housing assistance is provided if needed, as well as one-time funds to purchase household goods to assist in the transition from an institution to the community. Historically, Centers for Independent Living (CILs) and an Aging and Disability Resource Center provided relocation services for those transitioning from nursing facilities to the STAR+PLUS HCBS waiver. Since the NF carve-in to managed care in March 2015, MCOs, through their service coordination activities, have played an increasing role in assessment and relocation assistance for their members in nursing facilities who wish to return to the community.

Effective September 1, 2017, HHSC changed relocation activities from a service, funded with GR and contracted through HHSC, to a component of service coordination administered by STAR+ PLUS MCOs. To ensure service continuity during the transition, the MCOs contracted with the existing relocation providers. Relocation assistance provided by the MCO includes one-time funds to purchase necessary household items not otherwise funded by the HCBS waiver. MCOs and relocation specialists coordinate with LIDDA staff when individuals in nursing facilities who are Pre-admission Screening and Resident Review (PASRR) positive for IDD wish to transition to the community and need relocation support.

To build capacity of organizations that traditionally provided relocation services, HHSC applied to participate in the National Association of State Units on Aging and Disability's Business Acumen Learning Collaborative (BALC). In August 2017, Texas was one of five states selected to join the collaborative. The goal is to assist community-based relocation providers in enhancing business skills that enable them to be successful in working in a managed care environment. The Texas team, comprised of disability advocacy organizations, MCOs, community-based organizations and facilitated by HHSC, will continue through FY 2019 to improve the contracting process and to develop pricing for relocation activities that adequately reflects the level of effort required.

Comparison of performance indicators suggest the number of referrals, assessment conducted and transitions from nursing facilities to the community is on par with data from the previous two years. At the end of FY 2018, MCOs and relocation contractors reported completing 1,514 relocations from nursing facilities to home and community-based services compared to 1,504 by the end of FY 2017 and 1,311 by the end of FY 2016.

Ventilator Workgroup

Recent efforts in response to stakeholder input have focused on supporting members who are ventilator dependent transition to the community.

For several years, HHS convened a quarterly workgroup meeting with MCO staff, NF staff, advocates, an individual who is ventilator dependent, and staff who provide services to her in the community. One of the purposes of the workgroup was to track the number of individuals who are ventilator dependent residing in NFs, how many have requested to leave the facility, and how many live in the community.

According to HHSC data from June 2018, there were 111 ventilator-dependent members residing in NFs. Eight of the 111 members indicated a desire to return to the community.

The group identified barriers and potential solutions to relocating institutionalized ventilator-dependent members to the community. The workgroup prioritized several areas for additional effort including:

- More robust quarterly reporting by MCOs of the number of ventilator-dependent members residing in NFs;
- Educational material for informed decision making by the member or Legally Authorized Representative;
- Adequate community supports and services; and
- Continued identification of any unknown obstacles preventing community transitions.

MFPD Administrative grant funds were awarded in July 2018 and will be used to improve access and services for high acuity Medicaid recipients residing in Texas NFs who have a tracheostomy and who are ventilator-dependent. Under this proposal Medicaid NF residents with a tracheostomy or who are ventilator-dependent would undergo a comprehensive respiratory assessment to identify candidates for ventilator liberation. Medicaid NFs providing the care will be assessed

and provided recommendations to increase the number of residents who can be weaned from the ventilator and transition to the community, if desired by the individual. In alignment with the goals established by the PIAC and the ventilator workgroup, the report will help to identify any unknown obstacles that are preventing community transitions among this population.

8. Housing

As noted in the 2001 Plan, one of the barriers to successful relocation from an institutional setting is the lack of affordable, accessible, and integrated housing. Integrated housing is defined as normal, ordinary living arrangements typical of the general population. Integrated housing is achieved when individuals with disabilities have the choice of ordinary, typical housing units located among individuals who do not have disabilities or other special needs.

This section provides an update on accomplishments by HHSC in partnership with the Texas Department of Housing and Community Affairs (TDHCA) and local public housing authorities.

Multi-Agency Collaboration

Collaboration between state agencies is the foundation for continued efforts to address housing barriers for those who desire to live in the most integrated setting. The Housing and Health Services Coordination Council role "is to increase state efforts to offer Service Enriched Housing through increased coordination of housing and health services."⁴⁰ This council, created by S.B. 1878, 81st Legislature, Regular Session, 2009, is composed of 17 members: 8 members appointed by the Governor and 9 state agency representative members from HHSC, the Texas Department of Agriculture, Texas Veterans Commission and Texas State Affordable Housing Corporation.⁴¹ While the scope of the Housing and Health Services Coordination Council is broader than those leaving institutions, it offers forum for discussion and problem solving.

⁴⁰ See: <http://www.tdhca.state.tx.us/hhsc/>.

⁴¹ The HHSCC 2016-2017 *Biennial Plan* and the *Report of Findings and Recommendations of the Housing and Health Services Coordination Council* are available on the TDHCA website at: <http://www.tdhca.state.tx.us/hhsc/biennial-plans.htm>

Texas Department of Housing and Community Affairs Section 811 Project Rental Assistance Program

The Section 811 Project Rental Assistance (PRA) Program is a project-based, federally-funded program that allows state Housing Finance Agencies (such as TDHCA) and state Medicaid Agency partners (such as HHSC) to create rental assistance opportunities for persons with extremely low incomes who have a disability and are eligible to receive services and supports.

Section 811 PRA is administered by each state Housing Finance Agency. Properties elect to participate in the program. A project-based program requires a long-term obligation of an owner and many households will cycle in and out of eligible units over the lifetime of an agreement (usually 30 year agreements renewed for 1-5 years).

In contrast, the Section 8 program is administered by local Public Housing Authorities, and not the state Housing Finance Agency. While the Section 811 PRA Program is only available to individuals with certain disabilities, the Section 8 program is available to income-qualified households. Some Public Housing Authorities have set aside vouchers or created preferences for persons with disabilities or other groups.

Texas' Section 811 PRA serves the following target populations:

- Persons with disabilities exiting an institution (e.g., NF and ICF/IID), who are eligible to receive LTSS through a Medicaid waiver;
- persons with SMI who are eligible to receive services through HHSC; and
- Youth or young adults with disabilities exiting DFPS foster care.

The rental assistance covers the difference between the tenant payment (no more than 30 percent of the household's income) and the property's asking rent plus utilities. The program is a collaboration between TDHCA, HHSC, participating properties, and local disability service organizations. The Section 811 PRA creates the opportunity for persons with disabilities to live as independently as possible through the coordination of voluntary services and supports and subsidized, integrated rental housing. Individuals with disabilities, service providers, and state agency partners determined the target populations. As of August 2018, 72 households had moved into units and 946 were on a waitlist.

Based in part on Texas' efforts to create community-integrated housing options for persons with disabilities and TDHCA's ongoing collaboration with HHSC to jointly operate a housing voucher program (see Project Access, below), TDHCA was awarded funding from the Department of Housing and Urban Development (HUD) Fiscal Year 2012 Section 811 PRA Program Demonstration round to support approximately 350 units of affordable, accessible, and integrated housing.

Texas applied for and was approved by HUD for an additional \$12 million to support approximately 296 additional units under HUD's Fiscal Year 2013 Section 811 PRA Program round.

Due to complexities with 811 PRA, developers are not inclined to participate unless incentivized to do so. Therefore, starting in the 2015 Competitive Housing Tax Credit Application Cycle, Texas included in its *Housing Tax Credit Qualified Allocation Plan* (QAP) points for developers to participate in Section 811 PRA. Participation in the 811 PRA program has continued to be incentivized through points in the QAP and has expanded to include points under TDHCA's Multifamily Direct Loan Program.

PRA can be applied to new or existing multifamily developments owned by a nonprofit or private entity with at least five housing units if the developments received funding or are in the process of applying for funding through TDHCA's multifamily housing programs and/or any federal agency or any state or local government program.

Only properties located in the following Metropolitan Statistical Areas are eligible to participate in the program:

- Austin-Round Rock
- Brownsville-Harlingen
- Corpus Christi
- Dallas-Fort Worth-Arlington
- El Paso
- Houston-The Woodlands-Sugar Land
- McAllen-Edinburg-Mission
- San Antonio-New Braunfels

As of August 2018, TDHCA has executed Owner Participation Agreements for 826 units committed to the Section 811 PRA. TDHCA has executed HUD Rental Assistance Contracts with 27 properties, totaling 290 units. As units become

available in these properties, they are offered to qualified Section 811 PRA households. The Owner Participation Agreement has a term of 30 years and ensures participating properties and TDHCA work together to complete program requirements.

One staff member at TDHCA who assists in the administration of the 811 PRA Program is funded through the MFPD grant.

811 Mainstream Housing Choice Voucher Program

On September 4, 2018, HUD awarded \$98.5 million to 285 local public housing authorities across the country to provide permanent affordable housing to nearly 12,000 additional non-elderly persons with disabilities. This program helps to further the goals of the ADA by helping persons with disabilities live in the most integrated setting. The program also encourages partnerships with health and human service agencies with a demonstrated capacity to coordinate voluntary services and supports to enable individuals to live independently in the community. As shown in Table 1, Texas was awarded \$5 million and 710 new vouchers for multiple locations throughout the state.

Table 1. 2018 Mainstream Housing Vouchers Awarded to Texas

Public Housing Authority	City	Vouchers
Austin Housing Authority	Austin	89
Houston Housing Authority	Houston	99
San Antonio Housing Authority	San Antonio	79
Corpus Christi Housing Authority	Corpus Christi	45
Housing Authority of the City of Dallas	Dallas	55
Housing Authority of the City of Waco	Waco	35
Housing Authority of Texarkana	Texarkana	28
Housing Authority of McKinney	McKinney	28
Housing Authority of the City of Abilene	Abilene	50
Denton Housing Authority	Denton	40
Tarrant Co. Housing Assistance Office	Ft. Worth	50
El Paso Co. Housing Authority	Fabens	12
Arlington Housing Authority	Arlington	50

Public Housing Authority	City	Vouchers
Texas Department of Housing & Community Affairs	Austin	50
Total		710

Project Access Vouchers (Section 8 Housing Choice Vouchers)

Project Access (PA) was originally a pilot program developed by HUD and the U.S. Department of Health and Human Services operated within the Section 8 Housing Choice Voucher Program. The goal of the pilot program was to assist low-income, non-elderly persons with disabilities to transition out of institutions into the community by providing access to affordable housing and necessary supportive services.

TDHCA applied for the pilot program and received 35 Section 8 housing vouchers from HUD in 2001. After the expiration of the HUD pilot program in 2003, the TDHCA governing board elected to continue the program out of a portion of its own traditional Section 8 vouchers in recognition of housing need and expressed public interest. TDHCA has continued to operate the program since then with periodic increases in the number of PA vouchers. In 2013, the TDHCA governing board elected to increase the voucher to 140. The TDHCA staff member who administers the PA Program is funded in part through the MFPD grant. Through the support of MFPD funds, TDHCA was able to administratively absorb the increase in vouchers.

The program is designed to “recycle” vouchers. A voucher is recycled when local housing authorities are able to absorb the cost of a PA voucher originally issued by TDHCA. When this occurs, the TDHCA voucher funds are freed up to be made available to offer a voucher to another individual on the PA wait list. As of July 31, 2018, more than 1,388 households have used the voucher program.

TDHCA set a goal for the PA program to assist 145 households in 2018 and 145 households in 2019. Projections for 2018 and 2019 were reduced due to funding availability and higher rents impacting the program utilization.

Project Access Pilot Program

Since 2017, 18 of the 140 PA housing vouchers were reserved for persons exiting state psychiatric hospitals who are participating in a pilot program coordinated by TDHCA and HHSC. The PA Pilot Program uses Housing Choice Vouchers to help low-income people with disabilities transition from state-funded psychiatric hospital beds into the community by providing access to affordable housing. Eligible applicants must meet the disability criteria and either be a current resident of a state-funded psychiatric hospital or have been discharged from a state-funded psychiatric hospital within 60 days of the application date.

Since the program started, over 140 individuals have been referred and assisted with a PA voucher.⁴²

HOME Investment Partnerships Program Tenant-Based Rental Assistance

HOME Tenant-Based Rental Assistance (TBRA) is funded by the federal HOME Investment Partnerships Program focusing on serving rural and special needs populations.

If a TDHCA local TBRA administrator is operating in the area, individuals exiting an institution can use this program to obtain rental assistance while waiting for a PA voucher (contingent upon eligibility and funding). Eligible individuals receive the PA voucher when their name comes up on the PA waitlist. TDHCA was recently awarded nearly \$400,000 from HUD under the Section 811 Mainstream Housing Choice Voucher Program to provide 50 vouchers to PA households.

While participating in the TDHCA TBRA program, an individual will not lose their place on the wait list for a PA voucher.

TDHCA does not set aside HOME TBRA rental assistance funds for this transition activity. MCOs, relocation contractors or other entities providing relocation assistance to individuals leaving nursing facilities can work with a local TBRA administrator to implement this process. The TDHCA TBRA administrator can choose to use existing TBRA resources to provide temporary rental assistance

⁴² DSHS, Project Access Pilot Program (March 21, 2016).

(potentially for up to five years, contingent upon funding availability) to individuals moving from an NF to a community setting. The temporary rental assistance is made available until the individual's name comes up on the PA or a public housing authority wait list.

Since 2013 through August 2018, TDHCA's HOME TBRA program has assisted 31 households transition to the community using HOME TBRA funds while they waited to come up on the PA waiting list. Funding remains available to support this population. The average rental assistance amount provided under the TBRA Program to this population was \$5,292, and the average assistance term was about 9 months.

Amy Young Barrier Removal Program

The Amy Young Barrier Removal (AYBR) program is a TDHCA program funded by the Texas Housing Trust Fund (HTF). In 1991, the 72nd Legislature established HTF to provide loans, grants, or other comparable forms of assistance to individuals and families with low and very low incomes to finance, acquire, rehabilitate, and develop decent, safe, and sanitary housing.

Funding sources consist of appropriations or transfers made to the fund, unencumbered fund balances, and public or private gifts or grants. HTF provides greater funding flexibility and has fewer regulatory restrictions than federally-funded programs. As a result, AYBR funds can be more easily tailored to meet the unique needs of Texans with low-incomes who have disabilities.

The AYBR program supports people with disabilities needing housing modifications. Launched in 2010, the program is named in honor of the late Amy Young, an advocate for Texans with disabilities. The program provides one-time grants up to \$20,000 for people with disabilities who need home modifications to increase accessibility and eliminate hazardous conditions. Program beneficiaries must include a person with a disability (any age), must have a household income not exceeding 80 percent of the Area Median Family Income, and may be tenants or homeowners. Of the \$20,000 total grant, at least 75 percent must be applied toward barrier removal, with no more than 25 percent applied to correction of life-threatening hazards and unsafe conditions. Common modifications include: installing handrails and ramps; widening doors; adjusting countertops and cabinets to appropriate heights; installing buzzing or flashing devices; installing accessible showers, toilets, and sinks; and customizing other modifications based on the participants' unique needs. People who participate in the AYBR program can remain in their

communities, maintain existing social networks, and decrease dependence on institutional assistance.

AYBR administrators are Texas nonprofit organizations and local governments which process intake applications, verify eligibility, work with program beneficiaries to design modifications, and oversee construction.

For the 2018-19 biennium, TDHCA allocated \$3,399,062 for the AYBR program. To promote equitable funds distribution across the state, HTF applies a geographic allocation formula to the program funds. Per this formula, both rural and urban regions of the state have a predetermined amount reserved only for their region for the initial period of funding availability. After this period, any remaining funds are rolled into one pool for use by any AYBR administrator across the state. This reservation system model expedites program approvals through an encrypted, paperless, online system which makes funds available on a first-come, first-served basis.

Since 2010, the AYBR Program has assisted Texans with disabilities in over 952 households increase their independence through creative design and barrier removal. In fiscal year 2017 alone, HTF and AYBR program administrators modified 125 homes to become more accessible and safe.

Housing Navigators

Originally funded through MFPD, the Aging and Disability Resource Centers (ADRCs) have been providing housing navigator services since 2015. Housing navigators develop and maintain relationships with key stakeholders, including housing authorities, property owners, developers, state and local lawmakers, with the goal of increasing accessible, integrated, and affordable housing options.

In the 2020-2021 LAR, HHSC is seeking funding for the ADRCs to continue providing housing navigation services. Navigation outreach increases the likelihood proprietors will accept vouchers and provides important housing information for those who wish to transition from an institution to home and community-based services.

Training On Housing Issues

During fiscal year 2019, HHSC will conduct multiple one-day regional housing navigator summits around the state designed to encourage collaboration among

service providers and policy makers working in the arena of affordable housing for persons with disabilities. The purpose of the regional housing summits is to assist local communities in expanding the availability and accessibility of affordable housing, enhancing tenancy support services, and identifying innovative regional solutions to address existing gaps and barriers. Regional summits will involve representatives from multiple sectors:

- ADRCs;
- LMHAs and Local Behavioral Health Authorities;
- LIDDAs;
- MCOs;
- Relocation specialists;
- Federally Qualified Health Centers;
- Local Healthcare Districts;
- Homeless Continuums of Care;
- Homeless service providers;
- Veterans Administration;
- Non-profit housing providers;
- Public Housing Authorities;
- Local and County Municipalities; and
- Other organizations involved in the provision of tenancy support services.

Increasingly, individuals leaving institutions are being denied housing due to criminal history or credit history. When appropriate, a request for reasonable accommodations has been successful. In calendar year 2019, HHSC plans to seek MFPD funding to create a computer-based training module to help service coordinators and referral agents understand reasonable accommodation and when it may be appropriate to request one.

9. Employment

Money Follows the Person Employment First Training across Texas

HHSC and the Texas Workforce Commission Vocational Rehabilitation Division (TWC-VRD) received MFPD administrative funds to provide cross training on Vocational Rehabilitation and the LTSS system. The target audience included HCS and TxHmL service coordinators and providers; CLASS and DBMD providers and case managers; MCO service coordinators and providers for STAR+PLUS HCBS, STAR+PLUS, STAR Kids, MDCP; and Vocational Rehabilitation staff across the state. Training topics include:

- Texas' Employment First policy;
- HCBS Settings Final Rule;
- Social Security Administration disability benefits programs: how to make working work for an individual on Social Security benefits;
- Employment services and billing under HHSC waiver programs;
- Texas Workforce Solutions Vocational Rehabilitation Services overview and relationship to LTSS; and
- HHSC Employment Recruitment Coordinator statewide activities.

This training kicked off in July of 2018 and is scheduled to run through November 2018. The goal of the training is to increase the successful placement of individuals using LTSS into competitive, integrated employment. The training provides increased knowledge and understanding of funding systems for TWC-VRD and Texas HHSC long term supports and services. The structure of the training walks registrants through how the employment process works and how to seamlessly sequence employment related services throughout individuals' work life. A total of 39 training events are scheduled across the state with over 2,200 registrants.

Online Employment Services Training

The online Employment Services trainings provide an overview of waiver employment services and other key issues related to employment in Texas. The

trainings are a free resource for professional staff, direct service workers, family, other caregivers and people with IDD who receive LTSS. The free trainings are on the HHSC Employment First webpage. The data shows that the online training is being used on a daily basis across the state.

Money Follows the Person Employment Recruitment Coordinator Project

As one of several projects in Texas, MFPD is funding a project titled HHSC Employment Recruitment Coordinator (ERC) project. The project began in 2015 and is focused on education and relationship building with employers and businesses across the state. The goal of the project is to increase meaningful, integrated employment opportunities for individuals with disabilities.

The ERC project is a field-based approach to increase employer awareness around the state of why it is a good business decision to hire individuals with disabilities. The recruitment coordinator shares with employers the positive results for businesses of hiring individuals with disabilities, such as productivity, commitment, and reliability. While the ERC project does not focus on specific cases, staff work closely with partners at the Texas Workforce Commission, Texas Workforce Solutions Vocational Rehabilitation. The ERC project serves as a link between employers in communities across the state and employment assistance service providers to provide connections between the employers and the talent pool who have set employment as a goal. The ERC provides potential employer contacts to LIDDAs and providers once the initial groundwork and education has been conducted with a potential employer. The ERC staff also works closely with other HHSC and Texas Workforce Commission staff on mutual employment projects.

In the first three years of the project, ERC project reached to 5,500 people, per year. ERC completed each year:

- Average of 30 presentations civic and business organizations;
- Average of six large conference presentations;
- Average 40 direct one to one meetings with employers; and
- Four disability job fairs on average annually where ERC was one of the multi-agency team members for planning and staffing.

10. Workforce and Provider Stabilization

Direct support workers, typically referred to as attendants, provide the majority of services to consumers in a number of community-based programs. Texas faces serious challenges in meeting current and future needs for a stable and adequate attendant workforce. The demand for new attendants in Texas is expected to increase substantially over the next decade due to numerous factors, including the aging of the baby boomer generation, the aging of family caregivers, and the increasing prevalence of various disabilities. Meanwhile, retention of attendants has long been a challenge as high rates of job turnover exist throughout the state. Low compensation is a significant issue in Texas, which impacts the stability of the workforce and service quality.

Recruitment and Retention of Direct Service Workforce

The 2014-15 General Appropriations Act, 83rd Legislature, Regular Session, 2013 (Article II, Special Provisions Relating to All Health and Human Services Agencies, Section 61) provided funds for an increase in the base wage of community attendants from the federal minimum wage to \$7.50 per hour in fiscal year 2014 and \$7.86 per hour in fiscal year 2015.

The 84th Legislature appropriated \$38.1 million GR and \$88.9 million All Funds to increase the base wage for attendants by \$0.14 to \$8.00 an hour. This represented a 1.7 percent increase. Even though a significant appropriation was made to raise the minimum wage of attendants over the federal minimum wage, cost of living increases outpace the increase in attendant wages. Therefore, providers had difficulty hiring and retaining qualified attendants.

With base wages near minimum wage, prospective employees often can earn higher wages in the fast food and other industries that hire low-wage workers. Without an increase to the minimum hourly wage, providers will continue to experience high turnover among community attendants.

HHSC is seeking additional funds for the 2020-21 biennium to increase the base wage from \$8.00 to \$8.50 per hour.

The 2018-19 General Appropriations Act, S.B. 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 207) is an expansion from the previous session (2016-17 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015 (Article II, HHSC, Rider 89)). HHSC is required to submit a report annually, by August 31, to the Legislative Budget Board and the Governor on recruitment and retention strategies for community attendants that outlines actual expenditures, cost savings, and accomplishments implementing these strategies.

The August 2018 *Community Attendant Recruitment and Retention Strategies* report includes financial and non-financial strategy proposals that may potentially improve community attendant recruitment and retention in Texas.⁴³ The report provides data on employment and wages and strategies used by Medicaid agencies in other states. HHSC estimates that community attendant expenditures of at least \$7.9 billion on community attendant expenses during the 2020-21 biennium. HHSC outlined plans for further research to be conducted in the next fiscal year, including plans to revise questions on Medicaid cost reports to better capture data on attendant turnover and retention.

Money Follows the Person Demonstration Funded Direct Workforce Training

Increasingly, Texas is losing providers of direct services – direct service workers, physicians, licensed nurses and other professionals – who provide LTSS to all individuals regardless of disability or age. Serving individuals with complex needs, including co-occurring and multiple occurring needs, is becoming very challenging as the state competes with the private sector for contracts with specialists and providers who can serve these individuals. It is critical for LTSS provider agencies and managed care systems to have adequate numbers of direct service workers and other network providers in place to serve all individuals in a community-based setting.

In 2016, the state used MFPD rebalancing funds to develop a computer-based training for staff who provide community-based services to individuals with complex behavioral and/or medical needs. The training was offered in response to direct service worker survey results indicating the need for additional training on this

⁴³ <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2018/rider-207-community-recruitment-retention-strategies-aug-2018.pdf>

topic. In addition, MFPD funded five in-person workshops for providers on positive behavior outcomes.

In fiscal year 2018, the state used MFPD funds to:

- Hold six forums on trauma-informed care for direct service workers and professionals across the state;
- Develop a computer-based training on trauma informed care, leveraging information gathered from the training forums;
- Provide statewide training and resources on caring for an individual with Alzheimer's disease; and
- Develop a training video on the Consumer Directed Services (CDS) option.

In fiscal year 2019, HHSC plans to facilitate multiple trainings across the state on the CDS option.

11. Conclusion

The state has made significant progress offering Texans community-based alternatives to institutional placement due to increasing legislative appropriations over the past six legislative sessions. Even with support through funding and policy changes, a large number of individuals continue to remain in institutions or remain on an interest list for Medicaid waiver services.

HHSC and the HHS system remain committed to continued progress through collaborative relationships with stakeholders. Stakeholders, including individuals and families, service providers, and advocacy groups provide valuable input on the state's progress implementing the existing and previous plans and make recommendations to ensure community options for individuals with disabilities. HHSC will continue to seek stakeholder input on progress, challenges, and recommendations for improvement in future biennial revisions of the plan.

List of Acronyms

Acronym	Full Name
ADA	Americans with Disabilities Act of 1990
AYBR	Amy Young Barrier Removal
BHP	Behavioral health pilot
CAT	Cognitive Adaptation Training
CBA	Community Based Alternatives
CFC	Community First Choice
CIL	Center for independent living
CLASS	Community Living Assistance and Support Services
CMS	Centers for Medicare and Medicaid Services
COSP	Consumer operated service providers
CPS	Child Protective Services
CTI-EBP	Centralized training infrastructure for evidence based practices
DADS	Department of Aging and Disabilities Services
DARS	Department of Assistive and Rehabilitative Services
DBMD	Deaf Blind with Multiple Disabilities

Acronym	Full Name
DFPS	Department of Family and Protective Services
DSHS	Department of State Health Services
ECC	Enhanced Community Coordination
GR	General revenue
GRO	General residential operations
HCBS	Home and community based services
HCS	Home and Community-based Services program for individuals with an intellectual disability
HHS	Health and Human Services
HHSC	Health and Human Services Commission
H.B.	House Bill
HTF	Housing trust fund
HUD	Department of Housing and Urban Development
ICF/IID	Intermediate care facility for individuals with an intellectual disability or related condition
IDD	Intellectual or developmental disability
ILS	Independent living services
Initiative	Promoting Independence Initiative

Acronym	Full Name
ISS	Individualized Skills and Socialization
JMC	Joint managing conservatorship
LAR	Legislative appropriations request
LIDDA	Local intellectual and developmental disability authority
LMHA	Local mental health authority
LTSS	Long term services and supports
MCO	Managed care organization
MDCP	Medically Dependent Children Program
MFPD	Money Follows the Person Rebalancing Demonstration
MHSA	Mental Health and Substance Abuse
MHW-IDD	Mental Health Wellness for Individuals with Intellectual and Developmental Disabilities
NF	Nursing facility
PA	Project Access
PCSP	Parental Child Safety Placement
PIAC	Promoting Independence Advisory Committee
PIW	Promoting Independence Workgroup

Acronym	Full Name
PRA	Project Rental Assistance
QA	Quality assurance
RFP	Request for Proposals
S.B.	Senate Bill
SMI	Serious mental illness
SRAC	System Redesign Advisory Committee
SSLC	State supported living center
STAR+PLUS	State of Texas Access Reform+ PLUS
STAR+PLUS HCBS	State of Texas Access Reform+ PLUS Home and Community Based Services program
TBRA	Tenant-Based Rental Assistance
TDHCA	Texas Department of Housing and Community Affairs
TWC	Texas Workforce Commission
TxHmL	Texas Home Living program
U.S.	United States
YES	Youth Empowerment Services

Appendix A. Executive Order GWB 99-2

EXECUTIVE ORDER

THE STATE OF TEXAS
EXECUTIVE DEPARTMENT
OFFICE OF THE GOVERNOR
AUSTIN, TEXAS
EXECUTIVE ORDER
GWB 99-2

Relating to Community-Based Alternatives for People with Disabilities

WHEREAS, The State of Texas is committed to providing community-based alternatives for people with disabilities and recognizes that such services advance the best interests of all Texans; and

WHEREAS, Texas seeks to ensure that Texas' community-based programs effectively foster independence and acceptance of people with disabilities; and

WHEREAS, programs such as Community Based Alternatives and Home and Community Services provide the opportunity for people to live productive lives in their home communities; and

WHEREAS, as Governor, I have been a consistent advocate for increasing funds to expand community-based services for the elderly and people with disabilities and, working with the Legislature, have increased funding for such programs by more than \$1.7 billion, a 72 percent increase, since taking office; and

WHEREAS, the 76th Legislature has provided funding to allow an additional 15,000 Texans to live outside of institutional settings through our Medicaid waiver and non-waiver community services; and

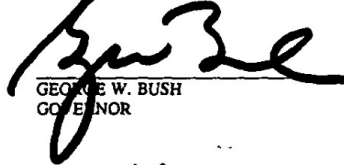
WHEREAS, Texas must build upon its success and undertake a broader review of our programs for people with disabilities and ensure services offered are in the most appropriate setting;


NOW, THEREFORE, I, GEORGE W. BUSH, GOVERNOR OF TEXAS, by virtue of the power vested in me, do hereby order the following directives:

1. The Texas Health and Human Services Commission (HHSC) shall conduct a comprehensive review of all services and support systems available to people with disabilities in Texas. This review shall analyze the availability, application, and efficacy of existing community-based alternatives for people with disabilities. The review shall focus on identifying affected populations, improving the flow of information about supports in the community, and removing barriers that impede opportunities for community placement. The review shall examine these issues in light of the recent United States Supreme Court decision in *Olmstead v. L.C.*
2. HHSC shall ensure the involvement of consumers, advocates, providers and relevant agency representatives in this review.
3. HHSC shall submit a comprehensive written report of its findings to the Governor, the Lieutenant Governor, the Speaker of the House, and the appropriate committees of the 77th Legislature no later than January 9, 2001. The report will include specific recommendations on how Texas can improve its community-based programs for people with disabilities by legislative or administrative action.
4. All affected agencies and other public entities shall cooperate fully with HHSC's research, analysis, and production of the report. This report should be made available electronically.

5. As opportunities for system improvements are identified, HHSC shall use its statutory authority to effect appropriate changes.

Given under my hand this the 20th day of
September, 1999.


GEORGE W. BUSH
GOVERNOR

ATTEST:

ELTON BOMER
Secretary of State



Filed in the Office of
Secretary of State
SEP 28 1999
Statutory Filings Division
Statutory Documents

Appendix B. Executive Order RP 13

Executive Order

BY THE
GOVERNOR OF THE STATE OF TEXAS

Executive Department
Austin, Texas
April 18, 2002

EXECUTIVE ORDER
RP 13

Relating to community-based alternatives for people with disabilities.

WHEREAS, The State of Texas is committed to providing community-based alternatives for people with disabilities and recognizes that such services and supports advance the best interests of all Texans; and

WHEREAS, it is imperative that consumers and their families have a choice from among the broadest range of supports to most effectively meet their needs in their homes, community settings, state facilities or other residential settings; and

WHEREAS, as Governor, I am committed to ensuring that people with disabilities have the opportunity to enjoy full lives of independence, productivity and self-determination; and

WHEREAS, working with the Texas Legislature last session as Governor, I signed legislation totaling \$101.5 million dollars in general revenue to expand community waiver services; and

WHEREAS, also last session, I signed legislation promoting independence for people with disabilities and directing agencies to redesign service delivery to better support people with disabilities; and

WHEREAS, programs such as Community Based Alternatives, Home and Community-based Services, and other community support programs provide opportunities for people to live productive lives in their home communities; and

WHEREAS, accessible, affordable and integrated housing is an integral component of independence for people with disabilities; and

WHEREAS, Texas recognizes the importance of keeping children in families, regardless of a child's disability, and support services allow families to care for their children in home environments;

NOW, THEREFORE, I, Rick Perry, Governor of Texas, by virtue of the power and authority vested in me by the Constitution and laws of the State of Texas, do hereby order the following:

Review of State Policy. The Texas Health and Human Services Commission ("HHSC") shall review and amend state policies that impede moving children and adults from institutions when the individual desires the move, when the state's treatment professionals determine that such

appropriate, and services are available.

The Health and Human Services Commission shall move forward with a pilot to develop and implement a system of family-based options to expand the continuum of care for families of children with disabilities.

Selected Essential Services Waiver. Dependent on its feasibility, HHSC shall direct the Texas Department of Mental Health and Mental Retardation to implement a selected essential services waiver, using existing general revenue, in order to provide community services for people who are waiting for the Home and Community-based Services waiver.

Submission of Plan. The Health and Human Services Commission shall submit the updated Texas Promoting Independence Plan to the Governor, the Lieutenant Governor, the Speaker of the House, and the appropriate legislative committees no later than December 1st each even numbered year, beginning with December 1, 2002.

All affected agencies and other public entities shall cooperate fully with the Health and Human Services Commission during the research, analysis, and production of this plan. The plan should be made available electronically.

This executive order complements GWB 99-2 and supersedes all previous executive orders on community-based alternatives for people with disabilities. This order shall remain in effect until modified, amended, rescinded, or superseded by me or by a succeeding Governor.



Given under my hand this the
18th day of April, 2002.

A handwritten signature in black ink that reads "Rick Perry".

RICK PERRY
Governor

ATTESTED BY:

A handwritten signature in black ink that reads "Gwyn Shea".

GWYN SHEA
Secretary of State

FILED IN THE OFFICE OF THE
SECRETARY OF STATE
2:00 P.M., O'CLOCK

APR 18 2002

Secretary of State

Appendix C. Recommendations from the Promoting Independence Workgroup

Recommendations from representatives of EveryChild, Inc., Texas Council for Developmental Disabilities, Coalition of Texans with Disabilities, The Arc of Texas, Disability Rights Texas, Texas Parent to Parent, Easterseals, Central Texas Coastal Bend Center for Independent Living, and Texas Association for Home Care and Hospice attend Promoting Independence Workgroup Meetings. Members of these groups contributed to the 39 workgroup recommendations.

Recommendations are organized by general topic and include:

- Promoting independence
- Expanding community services
- Children
- Behavioral health
- Employment and meaningful day
- Relocation services
- Housing
- Workforce stabilization
- Improved process and quality
- State supported living centers

Promoting Independence

Recommendation #1

Continue Texas' commitment to Olmstead and Texans with disabilities by reinstating the Promoting Independence Advisory Committee and providing the data necessary to provide meaningful input to HHSC.

Rationale: While Texas has achieved remarkable progress implementing the Texas Promoting Independence Plan and rebalancing the long-term service and supports (LTSS) system, significant challenges persist for those remaining in facilities and those at risk of institutionalization who wish to remain in the community. Legislative appropriations have consistently provided resources for expansion of home and community-based services; however, extensive interest lists remain for these programs. The Promoting Independence Advisory Committee (PIAC) advocated for a more comprehensive system of long term services and

supports (LTSS) responding to individual needs, regardless of age or diagnosis, and commends the Department of Aging and Disability Services (DADS) and HHSC for making policy changes supporting this goal, such as allowing children who qualify medically for nursing home care to access Home and Community-Based Services (HCS) nursing facility diversion slots. The Promoting Independence Advisory Committee was a key stakeholder committee that assisted HHSC to continue the work of the original Promoting Independence plan to help Texas reach its ultimate goals of individual choice and self-determination for people with disabilities. The success of the committee is evident by its many successfully adopted recommendations since 2001 and considerable expertise and analysis offered through stakeholder meetings and the Stakeholder reports. As new initiatives emerged, HHSC was able to utilize this group to serve in additional advisory capacities as required by innovative grant funding provided to Texas.

Expanding Community Services

Recommendation #2

Continue Texas' commitment to Olmstead and Texans with disabilities by funding individuals on the home and community-based services interest list at reasonable pace.

- Fund at least 20% of the HCS, TxHmL, MDCP, STAR+PLUS and CLASS interest lists, taking into account the uptake rate, over the next biennium
- Fully fund the DBMD interest list
- Provide funding for the appropriate waiver when an individual is found to be ineligible for their current waiver (for instance: MDCP to HCS)

Rationale: The current unduplicated interest list count is almost 138,000 and continues to increase at an alarming rate. Some individuals wait over 13 years for critical services—waiting over a decade for services is not a reasonable pace. The complete lack of funding for interest list reduction in the 2018/2019 biennium has already negatively impacted individuals and families with disabilities. Often, providing minimal support on the front end prevents more costly crisis situations. Private insurance does not cover long-term services and supports, such as, personal assistance servicers (attendant care), residential services, employment supports. This makes Medicaid waivers a lifeline for Texans with disabilities. The Arc of Texas receives calls regularly from families wanting to move to Texas but cannot

because Texas does not prioritize community services for individuals with disabilities.

Recommendation #3

Provide automatic access to adults and children who meet eligibility and are SSI recipients for those currently in a managed care model and when expanding managed care to the other long-term services and supports (mimic the STAR+PLUS Waiver model).

Rationale: When the STAR+PLUS waiver rolled out in Texas, adults who had SSI and qualified for the waiver received waiver services with no wait. This practice has significantly reduced the waiting list for the STAR + Plus waiver and has assisted individuals to stay in their homes and communities. When STAR Kids rolled out in November 2016, Texas had an opportunity to significantly reduce the MDCP interest list by allowing all children and young adults who receive SSI and meet waiver eligibility to automatically receive services with no wait. HHSC chose not to adopt the same policy for children in MDCP that it did for adults. Texas should provide automatic access to waiver level services to adults and children who meet waiver eligibility and who are SSI recipients for those currently enrolled in a managed care model and whenever a new waiver is carved into managed care.

Recommendation #4

Prevent the unnecessary institutionalization of individuals with disabilities through transition and crisis diversion waiver services, known as Promoting Independence initiatives, by adequately funding PI waivers.

- 500 HCS waivers for individuals to move from large or medium ICFs/IID
- 400 HCS waivers for individuals at imminent risk of institutionalization in an ICF, including SSLC
- 120 HCS waivers to assist individuals moving from state hospitals
- 216 HCS waivers for children aging out of DFPS foster care
- 600 HCS waivers for adults and children at imminent risk of admission to a nursing facility
- 700 HCS waivers for individuals to transition from nursing facilities
- 20 HCS waivers to assist children in moving from nursing facilities
- 35 HCS waivers for children living in DFPS licensed General Residential Operations

Rationale: Promoting Independence initiatives 1) allow individuals in institutions to access the critical services (habilitation, personal assistance services, residential support, etc.) needed to move from an institution into the community, and 2) prevent individuals at imminent risk of institutionalization. Aside from home and community-based services being the preferred choice of the majority of Texans with disabilities and their families, it is also the most cost effective and fiscally responsible option. When individuals are provided the appropriate home and community-based services, the state sees positive outcomes, such as decreased hospitalization, increased employment, and overall higher quality of life. However, the promoting independence waivers were underfunded in the 2018/2019 biennium, no waivers were funded to prevent SSLC diversion and no funding was provided for the lengthy waiver interest list, forcing more individuals into crisis and increasing the need for this funding.

Recommendation #5

Prevent the unnecessary institutionalization of individuals with disabilities by funding facility diversion waivers for the following groups of individuals who have historically been left out of the Promoting Independence request.

- MDCP waivers for children with developmental disabilities at imminent risk of nursing facility admission
- CLASS waivers for children and adults at imminent risk of institutionalization
- Star + Plus waivers for adults without SSI at imminent risk of institutionalization
- Ensure individuals get the services that best meet their needs by creating a bridge between waivers.
- Create a system and a publicly available policy for individuals who find they are not eligible for a waiver only after waiting years on an interest list. Some waivers include provisions requiring that when this happens, the individual be placed on the appropriate interest list based on the date they were added to the list for the program for which they were found not eligible. Include this language in all Texas HCBS waivers through waiver amendments.
- In addition to waiver language, there should be a policy and a public awareness campaign to ensure that all parties (individuals, families, providers, service coordinators, case managers and MCOs, HHSC staff) know and share this policy and facilitate the transition to the other waiver(s) interest list.
- For each population, study and provide data regarding when, why and how migrations between and among LTSS community and institutional programs

and services occur with the purpose of getting individuals to the appropriate supports and services and prevent unnecessary institutionalization.

- Increase awareness of and accountability for providing Community First Choice (CFC) services.

Rationale: An individual may be eligible for multiple 1915 (c) waivers that are designed to help promote independence, protect health and safety and prevent institutionalizations. However, getting to the most appropriate waiver and service package when needed can mean a 14 year wait. Some individuals have learned after years of waiting that they were not placed on the correct interest list and have no recourse except to go on another list and begin the long wait again.

In addition, individuals with IDD, physical disabilities, aging Texans and individual with mental illness transition from settings and programs over the course of time and as their needs change. Some end up in more restrictive settings. Not enough information is known about the movement across service systems and how to use the information to better plan for and implement services that prevent unnecessary or long term stays in institutional settings.

Individuals with disabilities and their families regularly report they were not made aware of CFC or supported to access the service. There should be more effort to promote this service and hold MCOs, providers, service coordinators and case managers accountable for facilitating awareness, enrollment and access to this service.

Recommendation #6

HHSC should fund, and continue to fund in future biennia, enhanced support including Enhanced Community Coordination for individuals with IDD, related conditions and mental health diagnosis transitioning out of institutions (SSLCs, ICFs, state hospitals and nursing facilities) and for individuals experiencing challenges in the community because of their complex/high support needs. This should cover physical, medical, behavioral and any other complex support need that puts the individual at risk of re-entering or entering an institution.

Rationale: Texas does not adequately support the transition of individuals out of institutions and has systemic issues obtaining the level of support needed or individuals with complex/high support needs. Additionally, there are not adequate crisis services or level of need adjustments that allow someone to receive enhanced support in a timely manner. It's been reported that a significant issue creating

barriers to transition out of SSLCs is the community's ability to serve complex/high support needs—specifically behavioral needs.

Recommendation #7

Complex Needs and Access to General Revenue funds.

- Using the work of the DADS High Medical Needs Workgroup and HHSC's draft rules, seek stable, ongoing funding for targeted individuals with high needs related to medical and physical conditions, seek high medical/physical needs funding.
- Develop an LON for high medical and physical support needs in HCS with stakeholder input in order to identify needs and seek additional future funding.

Engage stakeholders and HHSC staff to develop publicly available policies and practices standards for access to General Revenue funding for individuals whose needs justify exceeding the cost cap of their waiver to remain in and be healthy and safe in the community. In addition, stakeholders and HHSC should identify any future modification that would further improve access to GR funds to promote independence, health and safety and keep individuals in the community.

Rationale:

Complex Medical and Physical Support Needs: Building a high medical needs support system with enhancements to the limited number of individuals with high complex needs is critical. Much of the previous work by HHSC and DADS on high medical needs service definitions, rates, and rules can serve as the foundation for a funding request and moving the process forward. Funding should take into account additional savings from individuals who will be able to transition from SSLCs and other institutions based on these targeted enhancements. While funding was appropriated for the 2015-2016 biennium, it was not utilized to implement targeted modifications to the HCS program.

Assessment Tool: There is a high level of need in the HCS program for behavior supports and not for medical or physical support. Given the acuity of individuals who want to live in the community and could do so, the ability to provide equity between medical, physical and behavior supports is important and timely. Assessment tools and resource algorithms that account for high support needs, whether physical, medical, or behavioral should be appropriate and available.

Exceeding Cost Cap: General Revenue funding is available for qualified individuals to exceed the waiver cost cap for the waiver in which he or she is enrolled. There should be a clear, public process for policies and practices for access to this important option. While continuing the option is critical, when justified, HHSC and stakeholders should partner to establish, clarify or modify the policy and process and to identify funding sources to anticipate current and future needs.

Recommendation #8

HHSC should fund programs focused on moving individuals who use ventilators in nursing facilities to the community in a timely manner.

- Ensure the programs address individuals that have indicated they would like to transition to the community
- Direct STAR Plus MCOs to offer community-based services to people with vent assistance
- Provide training to MCOs and relocation specialists on relocating individuals who require ventilator care. Focus on those who serve areas in which facilities that provide ventilator care are located
- Create a “mentor” program, whereby individuals who utilize ventilators and/or their family members can provide advice and direction to transition teams

Rationale: Nursing home residents who require ventilator care face unique barriers in returning to the community. Although relocation specialists are asked to target nursing home residents with complex needs, they have not been provided training that’s specific to working with this population. Providing training to relocation specialists and MCOs is essential to ensuring individuals who require ventilator care can be moved to the community in a timely manner.

Establish metrics to determine the degree of success that relocation contractors and managed care service coordinators have placing individuals on ventilators in the community. The state needs to establish a public dashboard to ensure transparency and data sharing.

Recommendation #9

Add a Medicaid dental benefit for adults. Currently, there are little or no dental services for adults in Medicaid, resulting in poor oral health, poor nutrition and complications including heart disease, diabetes and hypertension. Severe dental pain is among the most common reasons for ER visits by adults in Medicaid and is a source for opioid prescriptions.

Rationale: Emergency rooms visits are costly to Medicaid, for patients who present with acute pain due to untreated dental problems and thus require opioids. These visits and costs could be converted into a more proactive approach, where regular dentistry would prevent rampant and painful decay.

Recommendation # 10

Restore funding for the In-Home and Family Support programs for individuals with physical disabilities, intellectual and developmental disabilities and individuals with a mental health diagnosis.

Rationale: In Home and Family Support (IHFS) provided flexible assistance to individuals with disabilities who need help with daily living activities. The program provided financial support to individuals enabling them to remain at home and prevent institutionalization. Around 6,000 Texans used this program to preserve their independence. The program was eliminated when it was not funded during the 85th Texas legislative session.

Children

Recommendation #11

Create set asides within the HCS, CLASS, and DBMD waivers for children who lose eligibility for MDCP waiver due to lack of medical necessity at their annual reassessment. Fund 50 set asides in CLASS, 50 in HCS and 5 in DBMD.

Rationale: Since the implementation of the STAR Kids program in November 2016, a significant number of children have lost MDCP eligibility upon reassessment. According to the MDCP denial data provided by HHSC for the number of denials based on the new STAR Kids Screening and Assessment Instrument is significantly higher than the denials for the previous four fiscal years.

Many of the children who have lost eligibility for Medicaid due to their loss of MDCP eligibility, continue to need the long-term services and supports offered in another 1915(c) waiver such as CLASS or HCS. Not only have children lost their waiver services, some have lost access to critical health care and long-term services and supports such as Personal Care Services. Without these services children are at risk of unnecessary institutionalization in Intermediate Care Facilities and Nursing Facilities at a high cost to the children, their families and the state.

Recommendation #12

Texas should include children with developmental disabilities living in Department of Family and Protective Services funded Residential Treatment Centers as a new priority population in the Texas Promoting Independence Plan.

- Require tracking of all children and youth with intellectual and developmental disabilities living in Residential Treatment Facilities for more than 12 months as part of the state's Promoting Independence initiative.
- Include children and youth with intellectual and developmental disabilities who are in the custody of the state and who have resided in a DFPS licensed Residential Treatment Facility for more than one year as a priority population in the Promoting Independence Plan.
- Provide these children the same expedited access to community waiver services as children residing in other long-term care facilities, such as SSLCs and ICFs/IID.
- Request and appropriate funding for 20 to 25 children living in RTCs for more than 12 months to receive the Home and Community-Based Services (HCS) waiver per biennium.

Investigate the possibility of DFPS paying the state match required for the federal waiver funds through a transfer of general revenue from DFPS to HHSC.

Rationale: Children and youth with intellectual and developmental disabilities in state conservatorship are living in DFPS licensed Residential Treatment Centers for long periods of time, some for years.

In 2012, children and youth with intellectual and development disabilities residing in DFPS licensed long-term care facilities known as General Residential Operations were added to the Texas Promoting Independence Plan as a priority population. It

was not well known then, that children with intellectual and developmental disabilities were also living in Residential Treatment Facilities. The facilities are designed to be short term psychiatric treatment facilities, not long term living arrangements. For these children to have the supports needed to successfully live with a family, they need access to the support of a long-term services and supports waiver. In addition, DFPS needs to identify and track these children to better understand and plan for their long-term needs. Access to long-term services and supports will cost the state less than services in a Residential Treatment Center and will lead to an improved quality of life for the children and the ability for children to live in families.

Recommendation #13

Fund HCS waiver services for 35 young children with intellectual and developmental disabilities living in DFPS licensed General Residential Operations as part of the state's Promoting Independence Plan.

Rationale: Historically the state has granted HCS waiver services to approximately 10 to 13 young children under the age of 16 per year who are living in DFPS licensed General Residential Operations as part of Texas' Promoting Independence Plan. Access to the waivers resulted in children being able to move to families. Not only did the census in the facilities decrease by 45% because of the funding, but children successfully achieved permanence at an overall cost savings to the state. Historical funding of waivers:

- FY 2013, 10 children
- FY 2014 and 2015, 25 children
- FY 2016 and 2017, 25 children

The LAR for FY 2018 and FY 2019 included HCS waiver funding for 40 young children living in GROs which did not get funded. With the loss this biennium of access to the HCS waiver for children under the age of 16, there was a concern that not only would children be unable to leave the facilities and move to families, but that more children would be admitted and the census in the facilities would increase as well as the length of stay for children. It appears from the data below that the number of children living in the facilities as well as the length of stay in the facilities has increased. In addition, five children were discharged home with no or inadequate services which places them at imminent risk of removal from family at a higher cost to the state.

Recommendation #14

Encourage nurse delegation in Personal Care Services through education initiatives, rate enhancements, and value-based arrangements.

- Provide an increased rate of pay for Unlicensed Assistive Personnel who are trained to perform delegated tasks.
- Promote and educate providers, parents and recipients on what is considered “safe and appropriate” delegated services.
- Increase funding to home health agencies and nurses to train and supervise Unlicensed Assistive Personnel who performing nurse delegated tasks.

Rationale: The Texas Medicaid system for children does not fully support nurse delegation. The rate paid to direct service providers through PCS is low which results in high turnover and reluctance on the part of nurses to delegate. Families are reluctant to use nurse delegation because of their children's medical fragility and because PCS attendants are hard to find and do not remain on the job long. A higher rate should be paid for nurse delegation in PCS and passed through to the worker who provides the care. Also, home health agencies and nurses need a rate and payment mechanism that supports the training and supervision of unlicensed assistive personnel and supervision. Training should be provided to families, providers and members on nurse delegation and what is safe and appropriate.

Effectively working nurse delegated attendant services will result in overall cost savings to the state and will increase access to services by children with medical complexities.

Recommendation #15

We strongly urge HHSC to request ECI program funding that accounts for projected caseload growth for 2020 and 2021 in its base budget request. Projections should be calculated based on the number of children actually served by contractors, and not based on a target number of children served because contractors are required to serve all children who present as eligible and do not receive reimbursement for children beyond their assigned target number. The calculation should also include projected increases to caseload based on population growth.

Additionally, HHSC should request an exceptional item to increase the base amount of funding ECI contractors receive per child served.

Rationale: During the years the state decreased ECI funding the required hours per child per month increased significantly and the program implemented rigorous requirements for evaluating eligibility and assessing changes in children's function for measuring program impact. The increase in required hours is not fully covered by insurance and family payments for low and middle-income families, particularly those with no insurance coverage. ECI contractors are responsible for administering a system meeting Federal requirements including reaching out to and serving all eligible children without regard for their family's ability to pay and provide all required services. The demonstrated effectiveness of ECI is achieved by intensive training for staff in developing multi-faceted service plans and teaching family members to incorporate therapeutic activities into their everyday activities. ECI financing is complex: ECI contractors maximize State funding by public and private insurance, families, and contributing local funds. By increasing the per child allotment of contracted entities will be able to better cover the actual cost of providing effective interventions to children.

Behavioral Health

Recommendation #16

Improve access to crisis services for individuals with disabilities by expanding and fully funding crisis intervention services for Texans with IDD, related conditions, physical disabilities and mental health diagnoses. Expanded crisis intervention services should provide:

- Immediate access to crisis services, both in-home and out-of-home,
- Expedited access to crisis respite services. This includes separate out of home respite settings for children and adults,
- Expanded access to programs such as the START program for children and adults with disabilities at risk of out of home placement in a facility,
- Provider training and consultation services on mental health services for individuals with IDD and complex support needs,
- Training for individuals, families and providers on how to access and coordinate crisis intervention services,

- Enhanced service coordination with evaluations for services (diversion waivers, housing, mental health services) that will help divert institutional admissions,
- Ensure regional behavioral health hubs and other crisis intervention teams around the state are trained to recognize and handle mental health crisis in individuals with intellectual disabilities.
- Increased crisis intervention to individuals and families, including follow-along services to help prevent future crisis and promote recovery and resilience
- Increased access to appropriate Level of Need determinations, including expedited LON increases, and add-on rates to ensure providers can effectively support complex medical and behavioral health needs of people with IDD in community waiver services
- Criminal justice intervention teams to prevent Texans with IDD, related conditions and mental health diagnosis from entering the justice system, and
- Services that help individuals and families manage and recover from instances of crisis.

Rationale: Individuals with disabilities who have experienced trauma or who have behavioral health needs experience barriers to receiving community-based support. After exhausting all available resources, individuals end up in emergency rooms and institutions, at a much higher cost to the state. Texas must adequately fund a system of community-based support to help Texans with IDD, related conditions, physical disabilities, and mental health diagnoses identify, manage and recover from crisis. It is contrary to Texas' efforts to support people in the community if emergency rooms and institutions are the only available option/choice for crisis services.

Recommendation #17

Improve access to trauma informed care and mental health supports and services for individuals with disabilities.

- Require trauma-informed care training throughout the IDD system.
- Develop contract requirements for MCOs that will ensure that appropriate mental health treatment is available to individuals with IDD.
- Develop training programs to build capacity in both the IDD workforce and the MH workforce to provide person-centered, trauma-informed support for individuals with IDD experiencing mental health conditions.

- Develop and administer provider training to improve mental health and wellness of individuals experiencing mental health conditions.
- Develop a cross-discipline unit in the consolidated HHSC to oversee initiatives to improve services to individuals with IDD and co-occurring mental health conditions.
- Begin collecting better data on prevalence, treatment, and recovery outcomes for this population.

Rationale: The mental health needs of children and adults with disabilities are often ignored, overlooked, or overshadowed by their disabilities. Consequently, instead of receiving appropriate mental health treatment and support, they typically receive a behavior management plan to control their behavior. Individuals with IDD experience mental illness at two to three times the rate of those without disabilities. Additionally, they experience abuse, neglect, isolation, institutionalization, bullying and other forms of trauma. All too often our mental health treatment plan is sedation to control behaviors. In the IDD services world, recovery from mental illness is not even considered a possibility. It is difficult to change values and cultures, but people with IDD deserve accurate mental health assessments, diagnosis, and treatment. Additionally, they should have access to quality crisis services, including crisis respite, when needed. They should have the opportunity to recover from their mental illness.

Despite beginning to recognize the mental health needs of individuals with IDD, we need to change the way we talk about them. When an individual without IDD experiences behavior changes due to a mental health condition, we call it mental illness. However, when it's an individual with IDD, we call it "behavior challenges," "problem behaviors," "behavior interventions," "behavior management," etc.

We have taken small steps to change the paradigm of control and compliance to respect and support, but we have a long way to go. DSHS and DADS developed online training modules to provide information on the mental health needs of individuals with IDD and the impact of trauma. However, online webinars will not change the culture of how we support individuals with IDD and co-occurring mental health conditions.

We need to increase awareness, build workforce capacity, provide training and consultation, and demand quality mental health care for individuals with IDD. We need to require MCOs to ensure that their provider networks include mental health professionals who are willing to provide services to this population. Trauma-

informed care should be the starting point in all our IDD programs – both community and institutional.

The Hogg Foundation for Mental Health in partnership with the National Child Traumatic Stress Network has developed a train-the-trainer toolkit/curriculum entitled Road to Recovery: Supporting Children with IDD Who Have Experienced Trauma. This toolkit can be used as a starting place, but in no way gets us to the finish line.

Recommendation #18

The Health and Human Services Commission should develop a pilot for self-directed mental health services in the integrated managed care system. The pilot should be developed with the goal of maximizing consumer choice and personal responsibility for achieving recovery.

Rationale: Self-directed services (SDS), sometimes referred to as consumer-directed services, is an alternative approach to the traditional delivery of community services for individuals with mental health conditions. Mental health treatment has traditionally been grounded in a medical model that primarily considers an individual's illness and accompanying debilities with treatment designed to eliminate their symptoms. With this model, participants receive services based on a limited menu of treatment options, services and supports with limited choice and control over their treatment plan. Self-directed services shift attention from eliminating symptoms to a focus on goals that use an individual's strengths to achieve recovery.

The SDS model used in a Texas pilot is based on four core values:

- Participant control
- Participant responsibility
- Participant choice, and
- Avoidance of conflict of interest.

In a self-directed service delivery model, a person-centered planning process helps an individual identify recovery goals and the specific services and supports needed to accomplish those goals.

After the treatment plan is developed, participants develop a budget for the purchase of goods and services to meet their goals. A self-directed individualized budget is typically a pre-determined amount calculated based on an average cost of

care and the individual's assessed level of need. A portion of the individual's budget must be used on traditional treatment and services with a specified percentage available for non-traditional services identified in the recovery plan. This allows flexibility to purchase goods and services that the individual needs to reach their recovery goals (see example below). It also allows for consumers to select providers to whom they can therapeutically connect rather than having to settle for the provider to whom they are assigned. Purchased services and goods must be directly related to recovery plan goals. The individualized budget cannot exceed the amount that would have been spent in the traditional service delivery model.

Texas currently offers a consumer-directed service delivery model in all the physical disability/developmental disability waivers administered by the Department of Aging and Disability Services, as well as in Medicaid managed care programs that provide long term services and supports. Consumer-directed service delivery is available statewide in these programs. In the Texas mental health services system, the only self-directed service provision available is through a pilot implemented in 2005 in NorthStar, a carve-out managed care delivery system in seven north Texas counties. This will likely be going away with the termination of NorthStar. Although the pilot has achieved significant positive results, the state has not expanded self-direction in mental health services and has not tested the self-directed services option in the current integrated managed care system. This denies many individuals with serious mental illness access to treatment, goods, and services that can help them meet their recovery goals.

Recommendation #19

HHSC should include a rider in their LAR to create a Texas Statewide Intellectual and Developmental Disability (IDD) Strategic Plan. The rider should require all state agencies that receive money for services for individuals with IDD to participate in the coordinating council to ensure a comprehensive, collaborative plan is created. HHSC should mirror the process that they used to create the BH strategic plan.

Rationale: The Texas Statewide Behavioral Health Strategic Plan has played an integral role in advancing behavioral health policies and has helped Texas achieve significant progress to develop a coordinated statewide approach to providing appropriate and cost-effective behavioral health services to Texans. The current system of support for Texans with IDD does not have the same level of direction, coordination and prioritization that is needed to create long-term, systemic advancements that improve the quality of life and increase self-determination for Texans with IDD. Using the existing structure and identified gaps of the Texas

Statewide Behavioral Health Strategic Plan, in conjunction with the Behavioral Health Coordinating Council, the state would benefit greatly from developing a strategic plan that focuses on quality, cost-effective services for Texans with IDD.

There are many avenues that cross multiple state agencies in which someone with IDD can seek services in Texas. Those services include (but are not limited to):

- Home and Community-Based Services
- Medicaid Waivers (HCS, CLASS, TxHmL, DBMD, MDCP, STAR+PLUS and YES)
- Intermediate Care Facilities
- State Supported Living Centers
- Nursing Facilities
- RTC
- GRO
- State Hospitals
- Criminal and Juvenile Justice
- Managed Care
- Interest List
- Promoting Independence Initiatives
- Crisis Services
- Employment Services
- Foster Care
- Education

The wide array of services offered to individuals with IDD in Texas is complicated, disjointed and choppy. Texas would benefit from a purposeful look across the systems and services that support individuals with IDD.

Employment and Meaningful Day

Recommendation #20

HHSC should continue and expand the money follows the person (MFP) employment pilot. The pilot was conducted over a five-year period and provided funding to support employment providers with implementing systems change within their own agency, including Employment First policies and practices that improve competitive, integrated employment outcomes for individuals served. The organizations were required to produce changes within their systems to achieve successful competitive, integrated employment opportunities for people with IDD

and other disabilities. Use the evaluation and recommendations from the UT Texas Center on Disability Studies of the original pilot to improve and advance the initiative.

Rationale: Nearly 85% of adults with IDD are not employed even though a majority of people with IDD report wanting to work. Texas' community-based employment assistance and supported employment services through the 1915c Medicaid waivers are extremely underutilized compared to day habilitation services. Furthermore, Texas conducted interviews of individuals with IDD receiving both residential and nonresidential services through Texas' community-based Medicaid waivers and found individuals with IDD were not receiving the employment related assistance and support they wanted and needed to obtain competitive, integrated employment. This pilot will help providers implement employment first practices within their agency, understand how to utilize existing services to promote competitive, integrated employment outcomes for Texans with IDD, break the cycle of poverty for Texans with IDD, and help Texas comply with the Final HCBS Settings Rule.

Recommendation #21

Fund follow-along supported employment services for individuals who do not have a 1915c waiver.

Rationale: If an individual with IDD does not have a 1915c waiver, and they have exhausted their supported employment services through VR at TWC, there are not any services available to continue providing supported employment services—even if the individual still requires supported employment to maintain competitive, integrated employment. Additionally, if an individual has already closed their case with TWC, there are not any services available to provide long-term supported employment.

Recommendation #22

HHSC should prioritize funding of an hourly Community Integration (CI) and Community Integration Support (CIS) in the 2020/2021 LAR.

Provide funds to incentivize or reward creative service models that increase flexibility and support individualized, person- centered, lifespan goals to assist the state to come into compliance with HCBS requirements. (For instance:

competitive/integrated employment, integrated retirement, community recreation, volunteering, or other activities identified as meaningful by the individual.)

Incentivize waiver providers (DSAs-direct service providers) and day habilitation providers to become employment providers.

Fully implement the ISS service proposed by the IDD SRAC supported workgroups to allow for choice of meaningful day providers and day activities across settings in order to comply with the federal HCBS regulations.

Allow for flexibility of transportation services to support community participation activities.

Rationale: CI and CIS are required for compliance with the Home and Community-Based Services rules. Funding is necessary to effectively offer CI and CIS services, which would move people out of segregated environments and into the community where they can lead self-directed, meaningful day activities. Without the addition of these services, individuals with IDD will continue to languish in day habilitation services that do not meet their needs, advance their independent living skills or help them achieve competitive, integrated employment.

Currently, individuals with IDD receiving day habilitation services do not have full access to the greater community through their HCBS services. Service delivery design and reimbursement rates are barriers to individualized, integrated community participation, making person centered plans and implementation plans hard to fully implement.

Individuals, regardless of where they live, who receive day habilitation services get the services primarily in facility settings with no or limited access to the community during day habilitation services.

Recommendation #23

Reinstate the Employment First Taskforce to support the Employment First practices established by Texas law.

Rationale: Individuals with disabilities experience a high rate of unemployment. Many individuals with disabilities who work are often in segregated settings and are paid sub-minimum wages.

Recommendation #24

Promote Texans with disabilities entering the workforce through entrepreneurship by including “a person with a disability” under the definition of Section 2161.001(3) of the government code as an “economically disadvantaged person” for the purpose of becoming a certified (HUB) Historically Underutilized Business in Texas.

Rationale: People with disabilities have been historically discriminated against in the workplace, which contributes to gaping disparities in unemployment rates between them and their non-disabled peers. Those currently eligible for HUB classification include women, minorities and service-disabled veterans, but the state should consider adding persons with disabilities to this category. According to the Texas Comptroller of Public Accounts, statewide HUB utilization has decreased from 12.58 percent in fiscal year 2014 to 11.97 percent in fiscal year 2017.

By adding people with disabilities, the state will expand the supply of qualified HUBs, a benefit to the state and to the disability community. In addition, the overall economy will grow as individuals with disabilities enter higher tax brackets while concurrently reducing their dependence on government supports.

Recommendation #25

Establish training for individuals with disabilities and their families on work incentives and how income effects Medicaid and waiver eligibility. Ensure the material is accessible to all audiences including individuals with IDD, individuals with visual impairments, individuals with hearing impairments, etc.

Rationale: Despite the availability of Social Security Administration (SSA) initiatives, work incentives and the Ticket to Work program, employment services remain underutilized nationally and in Texas.

Supported employment through the Texas Workforce Commission and in Medicaid waivers are vastly underutilized. There is a significant disparity between the number of people who report a desire to work and the number employed.

Relocation Services

Recommendation #26

In the upcoming Legislative session, the Texas Legislature should initiate a review of the managed care model of providing Medicaid relocation services to determine whether resources for relocation are adequate and effectively providing the desired outcomes. The review should include determining the adequacy of funding established through managed care organizations to support relocation personnel and transition assistance services, as well as the solvency of a strong and high-performing consumer-centered long-term care system. HHSC staff should be directed to establish surveys of relocation contractors, consumers, and other stakeholders in the managed care process to identify barriers to consumer relocation or avoidance of institutionalization, as well as creative uses of partnerships and leveraged opportunities. HHSC should take steps as identified by surveys and through open and timely communications to implement appropriate measures that will achieve preferred person-centered transition services and supports.

Rationale: Historically in Texas, relocation from institutions to community is cost-effective and preferred by individuals with disabilities. Since September 1, 2017, assistance for individuals eligible for Medicaid to leave nursing facilities is provided through Texas' Medicaid Managed Care program with contracts held by organizations such as Centers for Independent Living. This is a change from previous years of service delivery under fee-for-service contracts between community-based organizations and the Health and Human Services Commission, a highly successful model recognized nationwide.

Housing

Recommendation #27

Funding to replicate the current Texas Department of State Health Services housing voucher program for individuals experiencing mental illness for persons with other disabilities.

Rationale: Lack of housing assistance is preventing many individuals with disabilities from successfully living in the community. Many individuals with disabilities have very low incomes that do not provide enough income to afford the

rental amounts of most apartments. There are a very limited number of housing vouchers available in most communities in Texas. The current Texas Department of State Health Services housing voucher program for individuals experiencing mental illness has been very effective at addressing the housing needs of those individuals. A similar housing voucher program for individuals with other disabilities could help address the lack of affordable housing options.

Recommendation #28

Create Housing Navigator to assist people with IDD transition to the most integrated, appropriate housing for the individual.

Request appropriation and legislative approval to fund a Medicaid waiver benefit of Housing Navigator and assistance.

Address barriers for individuals with high needs that results in difficulty accessing housing.

Rationale: There is a lack of affordable housing options and no assistance for individuals with IDD to help them find the best housing solution. Assistance to find appropriate housing can be funded as a Medicaid waiver benefit. Funding for Housing Navigator to assist consumers and families, case managers, service coordinators and low-income individuals with intellectual and developmental disabilities transition and provide housing related services.

The Housing Navigator will educate a potential housing applicant on community living options, property availability, and the application process. The Housing Navigator assists prospective to apply for housing. The Housing Navigator maintains relationship with landlords and property managers, will assist with application process and monitoring of application process ensuring all documents are submitted to prospective landlord. The Housing Navigator works as a member of comprehensive service team to communicate changes in housing application progression and to insure awareness and coordination necessary for supports and services and will assist with creative problem solving to resolve landlord/tenant issues, referral to other community resources as need is identified. The Housing Navigator assists prospective and placed applicants to understand lease and tenant responsibilities, training for how to be a good neighbor, and to ensure the tenant understands how and when to communicate with a landlord.

Workforce Stabilization

Recommendation #29

Restore rate cuts made during the 85th Legislative Session for Community First Choice (CFC) in the HCS and TxHmL waivers

Rationale: Individuals with IDD rely on an adequate long-term service and supports system to lead independent, self-directed lives in the community. CFC provides critical personal attendant and habilitation care to support individuals in the community. Since the rate cut, there have been major barriers for individuals with IDD to access personal attendant care.

Recommendation #30

HHSC should seek an increase in legislative appropriations to increase the base wage for entry-level direct-support workers to \$15.00 in home and community-based services programs.

Rationale: Providers of services to individuals with disabilities continue to experience significant challenges with attendant recruitment and retention due in large part to low wages. Additionally, the inability of providers to offer competitive wages and benefits results in high staff turnover, excessive overtime costs, and lack of continuity in the delivery of quality services and supports.

Improved Process and Quality

Recommendation #31

Implement a Medicaid eligibility policy that immediately ensures individuals with disabilities do not lose access to Medicaid.

Ensure providers receive 90-day retroactive Medicaid payments as allowed in Texas Medicaid.

Reinstate the Medicaid Eligibility Workgroup to examine current issues and develop solutions.

Rationale: Although legislation was passed during the 85th Legislative Session, Medicaid eligibility issues persist which causes undue hardships on families and individuals, the state and providers. An efficient process that ensures individuals do not wrongfully lose access to life saving Medicaid services does not exist.

Individuals will not be able to transition to the community or receive their Medicaid benefits unless the 90-day retroactive Medicaid billing and payments are effectively working.

Recommendation #32

HHSC should develop navigation tools to help families, individuals and providers understand the full system of supports available to individuals with disabilities, especially individuals experiencing crisis or are at risk of institutionalization.

Rationale: For the first time in decades, the Legislature did not allocate funding for interest reduction. Additionally, the Legislature made significant cuts to Promoting Independence waiver slots. This has forced individuals with IDD into crisis at a higher rate than in previous biennium. In response to the lack of funding, HHSC developed a process to help mitigate the lack of interest list and promoting independence waivers through an attrition process.

Individuals, families, LIDDAS and providers remain unaware of the new diversion process and uninformed on how to navigate the new diversion process. Individuals experiencing crisis and who are at risk of institutionalization are not provided the support and resources necessary to remain in the community. For the first time in decades, the number of institutional admissions has outpaced institutional transitions.

Additionally, CFC was implemented to help provide relief to individuals waiting for Medicaid services. Individuals and families are unaware and uninformed of how CFC may help to provide needed person attendant and habilitation services.

Recommendation #33

Develop capability to electronically maintain health and life records for all individuals served in Long Term Services and Supports (LTSS) programs that are interoperable with related systems.

Require that all electronic health records are non-proprietary documents that seamlessly follow the person if they change Medicaid Managed Care Organizations.

Rationale: The implementation of Electronic Health Records (EHR) for individuals who receive Medicaid funded long term services and supports can significantly improve the health and community integration outcomes of individuals with disabilities as well as improve system and service coordination. As the state transitions, more individuals to Medicaid Managed Care the need for electronic records and integrated communication is critical.

Currently the system used by the state for billing and payment, service coordination and critical incident reporting is either outdated (Home and Community-based Services waiver CARE system) or paper-based (CLASS). Therefore, substantial administrative time is spent by service coordinators and providers in the exchange of information that should be seamlessly shared electronically. Systems currently operated in the fee-for-service program are also not interoperable with managed care organization systems, creating barriers to the vision of a more streamlined acute and long-term care service delivery system.

With the transition to managed care, MCOs would benefit from more seamless data sharing. It was incredibly burdensome on waiver providers when individuals with IDD transitioned their acute care services to STAR+PLUS because of the amount of documentation MCOs requested on current medications and services. There was no streamlined way to share that information.

Recommendation #34

Make improvements to the long-term services and supports quality measures and data collection.

- Establish IDD population tracking codes within managed care that HHSC, MCOs and stakeholders can use to track LTSS quality measures.
- Continue to develop robust LTSS quality measures for all LTSS programs and populations, with stakeholder input.
- HHSC should provide and monitor IDD data on acute care and LTSS quality measures using encounter data from Medicaid managed care organizations and National Core Indicators to obtain participant experience. In addition to NCI-AD, measures should include sufficient NCI IDD measures.

Rationale: Currently, HHSC is not able to review and analyze quality metrics specific to the total population of individuals with IDD in the STAR Health, STAR Kids and STAR+PLUS programs. We strongly recommend HHSC and the MCOs work together to create a mechanism within relevant data systems to allow for tracking of quality and other metrics specific to individuals with IDD, not solely reliant on MCO self-reporting.

Recommendation #35

Make ombudsman programs independent of HHSC and add an ombudsman program for individuals in LTSS waiver services not included in managed care, including, but not limited to an independent managed care ombudsman, a new LTSS IID/ICF wavier ombudsman, and the State's long-term care ombudsman.

Rationale: Currently, as existing and new ombudsman programs work to assist individuals seeking or receiving services, these programs are embedded in HHSC. To increase autonomy and transparency, and better assist Texans with disabilities, Ombudsman services should be administratively and programmatically independent and outside of the agency. Also, while there is an ombudsman for SSLCs, it is important to create a separate ombudsman for individuals with IDD who are not in SSLCs. The reorganization of HHSCs complaints and inquiries system is more complicated and less user friendly now. It is hoped that, with an independent ombudsman, individuals get more help to make inquiries and complaints and get assistance or resolution of their concerns.

Recommendation # 36

Consistent with the System's Redesign Advisory Committee (SRAC), delay expanding LTSS managed care for individuals with IDD until issues identified as necessary by the committee are completed and can be used to evaluate and determine whether and to what degree to add IDD LTSS to the current or a difference managed care model.

Rationale: After significant review and consideration of whether all or part of the Texas Home Living Waiver should be incorporated into managed care, the SRAC recommended to HHSC a delay and further evaluation and review. This recommendation was supported by MCOs, providers and advocates and based on both the lack of readiness and the recent concerns with Star Kids and Star Health programs that also serve individuals with IDD.

Recommendation #37

Increase utilization of the consumer directed services (CDS) option.

- Expand the amount of services able to be self-directed in both fee for services and managed care programs.

Integrate the CDS option in all trainings that involve the provider option.

Rationale: Despite the positive outcomes associated with the CDS option, many individuals do not choose to self-direct services. Frequently individuals are either not informed of the option at all, or made to feel that it is too complicated. In addition, service coordinators, case managers, and MCO service coordinators are often unaware of the option and/or how it practically works. Although CDS is a service delivery option, many professionals still think that it is a separate program. Typically, service coordinators, case managers, and MCO service coordinators have a onetime separate training on CDS; CDS should be integrated into all trainings involving programs or services that can be self-directed.

Currently only the Texas Home Living Medicaid Waiver allows for all services to be self-directed. Expanding the amount of services that an individual can self-direct allows individuals more control over their lives and can simplify the processes for the employer.

State Supported Living Centers

Recommendation #38

Texas will evaluate and invest resources to ensure there is a robust system of community supports for individuals with disabilities, so they are not at risk of entering an institution. HHSC will examine the challenges faced by individuals with disabilities in the community, why individuals are entering institutions, where individuals are entering institutions, why transitions have been slow and provide a long-term plan to build up community supports and services.

Texas should create a new Promoting Independence category for individuals with IDD who are at risk of entering prison and/or a SSLC due to criminal justice issues.

These diversion waivers should be used as a mechanism to provide support for individuals prior to institutionalization.

Rationale: According to HHSC's draft SSLC long-range plan, there has been an uptick in the number of admissions to the SSLCs. The admissions have outpaced the transitions for the first time in decades. The plan lists three major reasons for admissions:

Involuntary admissions: individuals with intellectual disabilities experience adverse outcomes when they come into contact with the criminal justice system. They are more likely to be convicted of a crime than individuals without disabilities. Individuals with IDD must have an alternative path for treatment and recovery without being unnecessarily admitted into prison and then a SSLC. Texas should consider reserving a small amount of Promoting Independence waivers to prevent individuals from entering the criminal justice system.

Community admissions: The SSLC long-range plan also details how individuals who were receiving services through an HCS Medicaid Waiver entered the SSLC. HCS is one of Texas' most robust waivers for individuals with IDD. HHSC must examine why individuals, even though they have access to the services through the HCS Waiver, have entered a SSLC and provide solutions to prevent future admissions. This demonstrates failure of Texas to offer a robust and comprehensive system of support to prevent individuals with disabilities from entering an institution.

Slow transitions: The draft plan also calls out slow transitions for one reason admissions have outpaced transitions. Again, this demonstrates that there is a lack of robust and comprehensive services in Texas' system of community supports.

Recommendation #39

HHSC will evaluate the quality of care, cost effectiveness and staffing issues at Texas' 13 state supported living centers (SSLCs). HHSC will examine ways that:

- The residents at the 13 SSLCs can receive an improved quality of care that improves the quality of life and health outcomes for the residents.
- Will bring Texas' 13 SSLCs to 100% compliance with the US Department of Justice Settlement Agreement. The monitoring reports continue to describe systemic failures of the SSLCs to provide their residents the quality of life and care they deserve.

- Utilize limited state resources in the most cost-effective way to ensure Texans with IDD receive the services they need to lead meaningful, self-directed lives, regardless of where they choose to live. HHSC's LAR should prioritize funding to support services for individuals where the majority of individuals choose to live, which is in the community with timely, high quality supports and services.

Rationale: Texas maintains a costly and overburdened system of state supported living centers. The census at the 13 SSLCs are historically low and the cost to maintain them are at a historic high. Staffing, quality and compliance with federal requirements continue to be system problems with Texas' SSLC system. Between September 2016 and October 2017, federal reports show, Medicaid officials threatened to halt the flow of federal money to the SSLCs a total of 25 times because of problems such as resident safety, substandard medical care, failure to address bedbugs and a lack of individual attention to residents.

While SSLCs continue to use almost half of the funding allocated to support individuals with IDD for just 3,000 people, 140,000 individuals languish on the interest list for community-based Medicaid waivers.