



**Study on High Behavioral  
Needs and High Medical  
Needs in the Home and  
Community-Based  
Services (HCS) Waiver  
Program**

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**As Required by  
Senate Bill 1, 87th Legislature, Regular  
Session, 2021 (Article II, Health and  
Human Services Commission, Rider 38)**

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**TEXAS**  
Health and Human  
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## Executive Summary

The 2022-23 General Appropriations Act, Senate Bill (S.B.) 1, 87th Legislature, Regular Session, 2021 (Article II, Health and Human Services Commission, Rider 38) requires the Health and Human Services Commission (HHSC) to conduct a study on the provision of services under the Home and Community-based Services (HCS) waiver program to individuals with an intellectual or developmental disability (IDD) who have high behavioral and medical needs. In conducting the study, the Rider directs HHSC to define the scope of high behavioral and medical needs for which an individual with an IDD may require enhanced services and service coordination under the waiver program and to identify the number of individuals enrolled in the HCS Program who have the highest behavioral and medical needs. In addition, the Rider directs HHSC to prepare and submit a written report to the legislature that includes the results of the study conducted no later than September 1, 2022.

This report includes a description of the methodology used to define high behavioral needs and high medical needs and identifies the number of individuals in the HCS Program who met the definition of high behavioral needs or high medical needs for fiscal years 2018-2021.

For fiscal year 2021, HHSC identified **591** individuals in the HCS Program who met the criteria for high behavioral needs who may require enhanced services and service coordination under the HCS Program.<sup>1</sup> For fiscal year 2021, HHSC identified **2,971** individuals who met the criteria for high medical needs who may require enhanced services and service coordination under the HCS Program. HHSC anticipates a similar number of individuals would meet the criteria for high behavioral needs and high medical needs going forward.

The report also includes HHSC's consideration of external stakeholders' feedback in defining the scope of high behavioral needs and high medical needs, and recommendations for future consideration to address stakeholders' concerns about the metrics used to define high medical needs.

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<sup>1</sup> As of August 2022, there are 26,572 individuals enrolled in the HCS Program.

# 1. Introduction

The 2022-23 General Appropriations Bill, S.B. 1, 87th Legislature, Regular Session, 2021 (Article II, HHSC, Rider 38) requires HHSC to conduct a study on the provision of services under the HCS waiver program to individuals with IDD who have high behavioral and medical needs. In conducting the study, HHSC must:

- Define the scope of high behavioral and medical needs for which an individual with IDD may require enhanced services and service coordination under the waiver program;
- Identify the number of individuals with IDD who are enrolled in the program and who have the highest behavioral and medical needs; and
- Prepare and submit to the legislature a written report that includes the results of the study conducted no later than September 1, 2022.

## 2. Background and Methodology

### Background

The HCS Program is a Medicaid waiver program that provides community-based services and supports to people with IDD. HCS services support community-based living as an alternative to an institutional setting and promote quality of life, functional independence, and health and well-being. As of August 2022, there are 26,572 individuals enrolled in the HCS Program.

### Methodology

To conduct the study required by Rider 38, HHSC reviewed existing HCS policies and procedures related to high behavioral needs and high medical needs. Using these policies as a starting point, HHSC queried available administrative data sources<sup>2</sup> to identify individuals in the HCS Program who have the highest behavioral and medical needs.

To identify individuals with high behavioral needs, HHSC analyzed the following HCS Program policies and data related to high behavioral needs:

- **Level of Need (LON):** The LON is an assignment given by HHSC to every individual enrolled in the HCS Program. It is used to determine the reimbursement rate that an HCS program provider receives for certain HCS Program services. HHSC may increase an individual's LON if the individual exhibits dangerous behavior and meets certain requirements described in Appendix B-1. The LON data and analysis completed are described in Appendix B-2 to B-5.
- **Admissions and readmissions into State Supported Living Centers (SSLCs):** SSLCs serve people with IDD who are medically fragile or who have behavioral problems. After an individual transitions from an SSLC to the HCS Program, they receive enhanced community coordination that includes monitoring of potentially disrupted community transition (PDCT) events such as psychiatric or medical hospitalization, arrest, or incarceration, etc. The

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<sup>2</sup> Administrative data sources include: The Quality Assurance and Improvement (QAI) data mart, a repository for long term services and supports programs and services data, and Texas Medicaid & Healthcare Partnership (TMHP), the state's Medicaid Management Information System that houses Medicaid claims data.

data and analysis on individuals admitted for the first time into SSLCs from the HCS Program, and individuals readmitted to the SSLCs from the HCS Program within 365 days of their transition to the HCS Program, are described in Appendix B-5 to B-6.

- Suspensions from the HCS Program because of temporary admission to a facility or an institutional setting: An individual's HCS Program services are suspended while the individual is temporarily admitted to certain settings, including certain facilities and institutional settings described in Appendix B-7. HHSC explored the HCS suspension data to identify individuals who had their HCS Program services suspended because of temporary admission to a facility or institutional setting<sup>3</sup> for behavioral reasons. The data and analysis on individuals suspended are described in Appendix B-7.
- Individuals who were in a facility or institutional setting for behavioral reasons before enrolling in the HCS Program using a crisis diversion slot: HHSC may offer immediate HCS Program enrollment to a person who is at imminent risk of admission to an institution and meets the qualifications for the HCS reserve capacity group for crisis diversion. Appendix B-8 describes the data and analysis on individuals who requested a crisis diversion slot while temporarily residing in a facility or institutional setting primarily for behavioral reasons before enrolling into the HCS Program.

To identify individuals with high medical needs, HHSC analyzed the following HCS Program policies and data related to high medical needs:

- Amount of nursing service: HHSC may increase an individual's LON to the next LON if the individual requires 181 minutes or more per week of face-to-face nursing services due to the individual's high medical needs. The 181 minutes of weekly nursing services were converted to an annual amount and used as a threshold and indicator of high medical needs. Appendix C-1 to C-3 describes the data and analysis of individuals who met this threshold.
- Type of nursing service - HHSC may approve specialized registered nursing (RN) or specialized licensed vocational nursing (LVN) for an individual who has a tracheostomy or is dependent on a ventilator if the SPT assesses a need for specialized RN or specialized LVN and the services are added on the

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<sup>3</sup> A facility or institutional setting in this report means an ICF/IID; an inpatient chemical dependency treatment facility; a mental health facility; a residential facility operated by the Texas Juvenile Justice Department; a jail; or a prison.

individual plan of care (IPC). Appendix C-3 to C-5 describes the data and analysis of individuals with specialized nursing on their IPC.

HHSC also solicited and received external stakeholder feedback for the study that was analyzed and taken into consideration in the development of the definitions of high behavioral needs and high medical needs.

## 3. High Behavioral Needs

### Indicators of High Behavioral Needs

After analyzing the available data and considering feedback from stakeholders, HHSC determined the most reliable indicators of high behavioral needs for individuals who may require enhanced services and service coordination under the HCS Program. Based on these indicators, individuals with high behavioral needs are defined as individuals:

1. Who have a pervasive plus LON (LON 9), which is the highest LON in the HCS Program;
2. Who have a behavior support plan, a score of "1" on the "Behavior" section of the Intellectual Disability/Related Condition (ID/RC) Assessment and whose LON was increased to the next LON by HHSC due to dangerous behavior;
3. Who are receiving HCS program services within the first year after HCS Program services were suspended because of being admitted for behavioral reasons to an Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (ICF-IID), including State Supported Living Centers; an inpatient chemical dependency treatment facility; a mental health facility; a residential facility operated by the Texas Juvenile Justice Department; a jail; or a prison; or
4. Who have been enrolled in the HCS program for no more than one year and immediately prior to their HCS enrollment, were residing for behavioral reasons in an ICF-IID; an inpatient chemical dependency treatment facility; a mental health facility; a residential facility operated by the Texas Juvenile Justice Department; a jail; or a prison.

For fiscal year 2021, HHSC identified **591** unduplicated individuals in the HCS Program who met the criteria identified above for the scope of high behavioral needs who may require enhanced services and service coordination under the HCS Program. HHSC anticipates a similar number of individuals would meet the criteria going forward. In the data below for the indicators for high behavioral needs for fiscal years 2018-2021, the totals reflect that some individuals exhibited multiple indicators.



## Indicator 1: Individuals with a LON 9 (174 Individuals)

Fiscal Year	Individuals with a LON 9
2018	179
2019	179
2020	179
2021	174

Source: QAI Data Mart – ID/RC Assessment.

This indicator includes individuals with a LON 9 who exhibit extremely dangerous behavior(s) that could be life threatening to the individual or to others, and the management of the individual's behavior requires a service provider to supervise the individual exclusively and constantly for at least 16 hours per day.

## Indicator 2: Individuals with a Behavior Support Plan, a Score of "1" on the "Behavior" Section of the ID/RC Assessment and whose LON was Increased to the Next LON by HHSC due to Dangerous Behavior (290 Individuals)

Fiscal Year	Individuals with an Increased LON Due to Dangerous Behavior
2018	410
2019	358
2020	309
2021	290

Source: QAI Data Mart – ID/RC Assessment.

This indicator includes individuals who have a behavior support plan, a score of "1" on the "Behavior" section of the ID/RC Assessment and whose LON was increased to the next LON by HHSC due to dangerous behavior, and the individual exhibits dangerous behavior(s) that, though non-life threatening, can cause serious physical injury to the individual or someone else. An individual included within this scope requires and receives additional staff support to address the dangerous behavior when it is occurring. The requirement for additional staff is not that two staff are directly intervening with the individual, but that a staff is present to intervene when behavior is occurring, while other staff can supervise the other individuals.

### **Indicator 3: Individuals Receiving HCS Program Services within the First Year after HCS Program Services were Suspended because of Admission to a Facility or Institutional Setting for Behavioral Reasons (120 Individuals)**

<b>Fiscal Year</b>	<b>Individuals Suspended from the HCS Program because of Admission to a Facility or Institutional Setting for Behavioral Reasons</b>
<b>2018</b>	114
<b>2019</b>	76
<b>2020</b>	84
<b>2021</b>	120

Source: QAI Data Mart – HCS Suspension data.

This indicator includes individuals who, because of a behavioral crisis, were temporarily admitted to an ICF-IID; an inpatient chemical dependency treatment facility; a mental health facility; a residential facility operated by the Texas Juvenile Justice Department; a jail; or a prison and are within the first year after their HCS Program services were suspended. Temporary admissions into these settings from an HCS Program are in response to a behavioral crisis.

### **Indicator 4: Individuals who Have Been Enrolled in the HCS Program for No More Than One Year, and Immediately Prior to their HCS Enrollment were Residing in a Facility or Institutional Setting for Behavioral Reasons (83 Individuals)**

<b>Fiscal Year</b>	<b>Individuals who were in a Facility or Institutional Setting for Behavioral Reasons Before Enrolling in the HCS Program using the Crisis Diversion Slot</b>
<b>2018</b>	100
<b>2019</b>	110
<b>2020</b>	88
<b>2021</b>	83

Source: QAI Data Mart – HCS Enrollment Data.

This indicator includes individuals who request a crisis diversion slot while temporarily residing (because of a behavior crisis) at an inpatient chemical dependency treatment facility; a mental health facility; a residential facility operated by the Texas Juvenile Justice Department; a jail; or a prison and are within the first year of being enrolled in the HCS Program. This group also includes individuals residing in an ICF-IID whose placements at the ICF-IID are no longer appropriate because of behavioral issues that jeopardized their ICF-IID placements. These individuals received the crisis diversion slot into the HCS Program because they were at risk of institutionalization because of behavioral reasons.

## 4. High Medical Needs

### Indicators of High Medical Needs

Individuals with high medical needs who may require enhanced services and service coordination under the HCS Program are defined as individuals with the following indicators:

1. Are 20 years of age or younger who use an average of at least 50 hours of STAR Kids private duty nursing (PDN) services per week;
2. Have specialized RN or specialized LVN on an approved IPC; and
3. Do not have specialized RN or specialized LVN on an approved IPC but have at least 156 hours of LVN, RN, or a combination of LVN and RN on an approved IPC.

For fiscal year 2021, HHSC identified **2,971** unduplicated individuals in the HCS Program who met the criteria identified above for the scope of high medical needs who may require enhanced services and service coordination under the HCS Program. HHSC anticipates a similar number of individuals would meet the criteria going forward. In the data below for high medical needs for fiscal years 2018-2021, the totals reflect that some individuals exhibited multiple indicators.

### Indicator 1: Individuals 20 Years of Age or Younger who Use an Average of at Least 50 Hours of STAR Kids Private Duty Nursing Services per Week (69 Individuals)

Fiscal Year	Individuals in HCS Utilizing an Average of 50 Hours or More of STAR Kids PDN Per Week
2018	67
2019	65
2020	64
2021	69

Source: TMHP – Claims' Data

This indicator includes individuals enrolled in the HCS Program who are 20 years of age or younger and receive an average of at least 50 hours of skilled nursing

services weekly. Skilled nursing hours are discussed in Appendix C. HCS Program Policies and Data Related to High Medical Needs.

## **Indicator 2: Individuals with Specialized RN or Specialized LVN on an Approved IPC (421 Individuals)**

<b>Fiscal Year</b>	<b>Individuals Who Have Specialized RN or Specialized LVN on an Approved IPC</b>
<b>2018</b>	536
<b>2019</b>	502
<b>2020</b>	458
<b>2021</b>	421

Source: QAI Data Mart – IPC.

This indicator includes individuals who have a tracheostomy or are dependent on a ventilator. The management of a tracheostomy or ventilator care requires enhanced nursing services and service coordination activities to ensure the health and safety of the individual. All individuals in the HCS Program who have a tracheostomy or are dependent on a ventilator are included within this scope if they have requested specialized RN or specialized LVN on their IPC.

## **Indicator 3: Individuals with at Least 156 Hours of LVN, RN, or a Combination of LVN and RN on an Approved IPC (2,555 Individuals)**

<b>Fiscal Year</b>	<b>Individuals Who Have 156 Hours or More of HCS Nursing on an Approved IPC</b>
<b>2018</b>	3,859
<b>2019</b>	3,862
<b>2020</b>	3,212
<b>2021</b>	2,555

Source: QAI Data Mart – IPC.

This indicator includes individuals who have at least 156 hours of LVN, RN, or a combination of LVN and RN on an approved IPC.

## 5. Consideration of External Stakeholder Recommendations

HHSC solicited external stakeholder feedback during an Intellectual and Developmental Disability System Redesign – Advisory System Adequacy Subcommittee meeting where the proposed definitions were presented. HHSC received verbal and written recommendations that are within and outside the scope of the mandates of Rider 38 to define the scope of high behavioral needs and high medical needs, and to identify the number of individuals who have the highest behavioral and medical needs in the HCS Program. The recommendations within the scope of this Rider’s mandate were considered and are summarized below:

- 1. The definition for high behavioral needs excludes individuals with LONs lower than LON 6, some of whom might have recurrent police involvement, multiple visits to the emergency room due to psychological reasons, destroy property, and experience frequent moves from group home to group home.**

In response to this concern, the scope of high behavioral needs definition was revised to include individuals who have a behavior support plan, a score of "1" on the "Behavior" section of the ID/RC Assessment and whose LON was increased to the next LON by HHSC due to dangerous behavior.

- 2. Include individuals enrolled into the HCS Program using crisis diversion slots in the definition of high behavioral needs.**

HCS crisis diversion slots are not just offered for behavioral reasons, but also for reasons such as loss or incapacity of a person’s primary caregiver or loss of placement in a community residential facility. HHSC expanded the definition of high behavioral needs to include individuals who are receiving HCS Program services within the first year after being admitted into the HCS Program from an institutional setting for behavioral reasons. This addition accounts for a situation where an individual was residing at the time of the crisis diversion request because place of residence is an indication for individuals who enrolled in the HCS Program using the crisis diversion slot primarily because of behavioral reasons.

- 3. Include in the definition of high behavioral needs individuals who have unstable placement/residence or who transition between providers or programs such as day habilitation, or individuals who**

**have been suspended from school or day habilitation due to high behavioral support needs.**

For individuals enrolled in the HCS Program, HHSC does not have access to automated behavioral data outside of the information on the ID/RC assessment. To consider this recommendation, HHSC would need to conduct ongoing, manual reviews of the Inventory for Client and Agency Planning (ICAP) assessment for all individuals in the HCS Program. HHSC could not incorporate this recommendation because of the amount of time and effort needed to conduct a review of this magnitude.

**4. Consider critical incidents, although self-reported by providers, and crisis interventions in the definition of high behavioral needs.**

At the time of this report, HHSC had no way to capture critical incidents on an individual level because critical incident reporting data was done as an aggregate. As of August 2022, HHSC introduced the Critical Incident Management System (CIMS) to create a more robust system for tracking critical incidents in the HCS Program. However, even if the data were available on an individual level, the critical incident data must be analyzed to determine if trends observed are pervasive within the HCS program or appear to pertain specifically to an individual. This means critical incident data would not always be an indicator of high behavioral need.

**5. Include in the definitions of high behavioral needs individuals admitted in to the HCS Program using an Aging Out of Care waiver, General Residential Operations, or those admitted from a Department of Family and Protective Services Child Specific Contract, or a residential treatment center. Many of the children aging out of Child Protective Services and those leaving General Residential Operations have experienced extreme trauma and have subsequent behavioral support needs.**

Individuals aging out of these Department of Family and Protective Services programs do not necessarily have high behavioral needs. The indicators for high behavioral needs identified by HHSC should capture any individual who aged out of the listed programs into the HCS Program and has high behavioral needs. This is because the ICAP measures maladaptive behaviors that are indicated in the ID/RC assessment. In addition, temporary admissions to a facility or institutional setting for behavioral reasons should capture individuals who were temporarily admitted to these settings because of a behavioral crisis.

**6. The study does not draw from an assessment for high medical needs or high behavioral needs, causing limited usefulness and flaws in identifying the true scope of needs. The scope of high medical needs should be based on the individual's assessed needs rather than approved services on the IPC. Texas should consider using an assessment tool like New Mexico's Developmental Disabilities Supports Division Intensive Medical Living Services program's tool.<sup>4</sup>**

To comply with the requirements of this report, HHSC must be able to use retrospectively available data to identify individuals in the HCS Program with the highest medical and behavioral needs. HHSC does not currently have available medical assessment information for HCS individuals and the ICAP assessment tool collects relatively little medical information about an individual.

For the specific tool recommended, HHSC does not have automated data for most of the medical indicators used in the tool and would need to complete a manual review of the comprehensive nursing assessment to obtain the information. HHSC could not complete this manual review because of the amount of time and effort needed to conduct a review of this magnitude. In addition, some of the assessment indicators are not billable as nursing services within the HCS billing requirements, therefore, HHSC would not reflect these hours as approved services on the IPC.

**7. Include in the definition of high medical needs, individuals enrolled into the HCS Program using the nursing facility (NF) diversion slots.**

The evaluations used to determine NF diversion slot eligibility are not completed by clinicians and the evaluation form used to determine medical necessity for the HCS Program is abbreviated and different from what other programs use. Therefore, an individual admitted into the HCS Program using the NF diversion slot may not be an accurate indicator of high medical needs.

**8. Include children with complex nursing needs such as children aging out of the Medically Dependent Children Program (MDCP) and Comprehensive Care Program in the definition of high medical needs.**

Children aging out of MDCP have high medical needs. However, they usually age out into STAR+PLUS Home and Community-Based Services, not HCS. The children who age out of MDCP and enroll into HCS usually are children aging out of the foster care system and who need residential placement, and

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<sup>4</sup> <https://www.nmhealth.org/publication/view/general/4007/>



this group is expected to be captured by Indicator 3: Individuals who have at least 156 hours of LVN, RN, or a combination of LVN and RN on an approved IPC.

**9. Include children in the HCS waiver receiving PDN through the Comprehensive Care Program in the definition of high medical needs.**

Individuals 20 years and younger who have high medical needs are likely getting the high medical needs met through PDN, and not the HCS nursing service. In response to this recommendation, HHSC expanded the definition of high medical needs to include individuals enrolled in the HCS Program who are 20 years or younger, and who use an average of at least 50 hours of PDN weekly.

**10. Reduce the 156 hours used as a threshold in the definition of high medical needs. Individuals use less nursing hours than they typically would because nursing tasks are delegated to unlicensed personnel. As a result, it is difficult for individuals to have 156 hours of nursing on an approved IPC.**

Nursing hours are used as a proxy for the complexity of an individual's medical needs and 156 hours annually is equivalent to three hours of nursing tasks weekly. Additionally, HHSC does not have the data and is unable to track delegated nursing tasks completed by an unlicensed professional. Therefore, this recommendation was not included.

**11. Include in the definitions of high medical needs individuals who do not have nursing care on their IPC but may have high medical needs met through other resources, such as being in and out of hospital, or who receive nursing care through other sources in the community.**

HHSC is exploring other ways apart from the amount and type of nursing on an individual's IPC to define high medical needs. One option is data mining in different HHSC systems to identify recurring markers in individuals determined to have high medical needs. The recurring markers may be used to develop a high medical needs profile, which could be used in the future to identify an individual who has high medical needs. This project would require querying several HHSC databases for medical and pharmaceutical claims and encounter data, extensive review and analysis of the data retrieved, and cross collaboration across multiple areas of HHSC. Due to the amount of time and effort needed to conduct a data analysis of this complexity, HHSC was unable to complete this level of analysis for this report.

- 12. Include in the definition of high medical needs individuals with mobility impairments, who need help with transfers, use a manual or electric wheelchair, or use other mobility aids, and who have difficulty accessing home and community-based programs and services.**

High physical needs are not equivalent to high medical needs. Individuals with high medical needs have complex medical conditions that are not always present for individuals with high physical needs. Therefore, this recommendation was not included.

## 6. Future Considerations

To address concerns that using threshold amounts and types of nursing service is not the most effective metric to define and identify individuals with high medical needs, HHSC recommends the following initiatives for future consideration:

- 1.** Mining the different HHSC data systems to identify recurring markers - such as diagnosis codes and descriptors, number of hospitalizations and emergency room visits, a common array of service needs, etc. - in individuals determined to have high medical needs. The markers can be used to develop a profile for individuals with high medical needs. This project would require querying several HHSC databases for medical and pharmaceutical claims and encounter data, extensive review and analysis of the data retrieved, and cross collaboration across multiple areas of HHSC. Due to the amount of time and effort needed to conduct a data analysis of this complexity, HHSC was unable to complete this level of analysis for this report. However, HHSC has begun data collection in order to start this analysis.
- 2.** Identify and use a medical needs assessment tool to assess high medical needs in the HCS Program. A medical needs assessment tool provides a detailed picture of an individual's medical needs and is completed by a certified nurse. The STAR Kids Screening and Assessment Instrument or Medical Necessity and Level of Care assessments are examples of assessments that could be adapted in the future for use in the HCS Program for this purpose. Adapting and automating a medical needs assessment tool for HCS and incorporating its use into the program would require additional resources.

## 7. Conclusion

To comply with the 2022-23 General Appropriations Bill, S.B. 1, 87th Legislature, Regular Session, 2021 (Article II, HHSC, Rider 38), HHSC used existing HCS policies related to high behavioral needs and high medical needs and available administrative data as a framework to define the scope of high behavioral and high medical needs. From this, HHSC identified the number of individuals with the highest behavioral and medical needs in the HCS Program. In addition, HHSC considered stakeholder feedback and modified the definitions for high behavioral needs and medical needs as a result. HHSC defined four indicators of high behavioral needs and three indicators of high medical needs.

Using the defined indicators, HHSC identified 591 individuals in the HCS Program who met the criteria for high behavioral needs for fiscal year 2021. HHSC identified 2,971 individuals in the HCS Program who met the criteria for high medical needs for fiscal year 2021.

Due to limitations identified with the scope used to define high medical needs, HHSC recommends initiatives for consideration to improve the process for identifying individuals with high medical needs in the future.

## List of Acronyms

Acronym	Full Name
FY	Fiscal Year
HCS	Home and Community-based Services Waiver Program
HHSC	Texas Health and Human Services Commission
ICAP	Inventory for Client and Agency Planning
ICF-IID	Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions
IDD	Intellectual or Developmental Disability
ID/RC	Intellectual Disability/Related Condition
IPC	Individual Plan of Care
LOC	Level of Care
LON	Level of Need
LVN	Licensed Vocational Nurse
MDCP	Medically Dependent Children Program
NF	Nursing Facility
PDN	Private Duty Nurse
PDCT	Potentially Disrupted Community Transition
QAI	Quality Assurance and Improvement
RN	Registered Nurse
SSLC	State Supported Living Center
TMHP	Texas Medicaid & Healthcare Partnership

# Appendix A. Definitions

## Inventory for Client and Agency Planning

The ICAP is an instrument designed to assess a person’s needs, skills, and abilities. The ICAP measures the following domains: motor skills, social and communication skills, personal living skills, community living skills, broad independence skills and problem behaviors. Based on the measure of the listed domains, the ICAP instrument automatically assigns an individual into one of nine service levels. The ICAP service level is indicative of the service intensity required by an individual and it is primarily used by HHSC to assign a LON to an individual in the HCS Program.

## ID/RC Assessment

The ID/RC Assessment is used to gather information used by HHSC for level of care (LOC) determination and LON assignments. HHSC reviewed the ID/RC Assessment to get information about an individual’s LON, ICAP service level and need for behavior program. The ID/RC fields referenced in this report are described in the table below.

Field on ID/RC Assessment	Description of the ID/RC Assessment Field
<b>18. Recommended LON</b>	Code to indicate the LON. 1 = LON 1 (Intermittent) 5 = LON 5 (Limited) 8 = LON 8 (Extensive) 6 = LON 6 (Pervasive) 9 = LON 9 (Pervasive plus)
<b>34. Behavior Program</b>	Y (Yes) or N (No) to indicate if a behavior support plan is in place for the individual.
<b>35. Self-injurious Behavior</b>	Code to indicate Level of Caregiver Preventive Intervention: 0 = Not applicable or not on behavior program 1 = Requires additional staff supervision to prevent dangerous behavior (this code indicates a Behavior increase request) 2 = Requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior that could be life threatening to the individual or to others (this code indicates a request for LON 9)

<b>Field on ID/RC Assessment</b>	<b>Description of the ID/RC Assessment Field</b>
<b>36. Serious Disruptive Behavior</b>	Code to indicate Level of Caregiver Preventive Intervention: 0 = Not applicable or not on behavior program 1 = Requires additional staff supervision to prevent dangerous behavior (this code indicates a Behavior increase request) 2 = Requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior that could be life threatening to the individual or to others (this code indicates a request for LON 9)
<b>37. Aggressive Behavior</b>	Code to indicate Level of Caregiver Preventive Intervention: 0 = Not applicable or not on behavior program 1 = Requires additional staff supervision to prevent dangerous behavior (this code indicates a Behavior increase request) 2 = Requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior that could be life threatening to the individual or to others (this code indicates a request for LON 9)
<b>38. Sexually Aggressive Behavior</b>	Code to indicate Level of Caregiver Preventive Intervention: 0 = Not applicable or not on behavior program 1 = Requires additional staff supervision to prevent dangerous behavior (this code indicates a Behavior increase request) 2 = Requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior that could be life threatening to the individual or to others (this code indicates a request for LON 9)
<b>40. Nursing Frequency Code</b>	Code to indicate the frequency of nursing services for the individual 0 = Individual does not have these services included in the IPP, ISP or IPC 1 = 15 minutes or less per week (0-13 hours per year) 2 = 16-30 minutes per week (14-26 hours per year) 3 = 31-60 minutes per week (27-52 hours per year) 4 = 61-149 minutes per week (53-130 hours per year) 5 = 150-180 minutes per week (131-156 hours per year) 6 = 181 or more minutes per week (157+ hours per year)

## Level of Care

The LOC is determined by the individual's Primary Diagnosis, intelligence quotient score, and Adaptive Behavior Level and is used in the determination of eligibility for an individual in the HCS Program.

## Level of Need

The LON is an assignment given by HHSC to an individual upon which reimbursement for residential assistance and day habilitation is based in the HCS Program. The LON is determined primarily by the ICAP service level except when HHSC assigns a LON 9 to an individual or assigns individuals with a LON 1, 5, or 8 to the next LON because of the individual's dangerous behavior or high medical needs.

HHSC assigns one of the following LONs to an individual in the HCS Program:

LON 1 (ICAP service level 7, 8, or 9)

Individuals assigned a LON 1 demonstrate independent living skills, with no significant maladaptive behavior. Staff intervention typically consists of reminders and some guidance.

LON 5 (ICAP service level 4, 5, or 6)

Individuals assigned a LON 5 demonstrate skills ranging from fairly independent to needing reminders for some personal care activities and or hands-on assistance for other personal care activities. Individuals may also need staff intervention varying from reminders to 24-hour guidance for behavioral reasons.

LON 8 (ICAP service level 2 or 3)

Individuals assigned an LON 8 demonstrate skills ranging from no self-help skills (due to physical limitations) to demonstrating some basic self-help skills. Staff intervention includes hands-on techniques for personal care assistance or reminders to 24-hour guidance for behavioral reasons. Individuals with fairly independent skills may require this level of intervention to meet the individual's behavioral or medical needs.

LON 6 (ICAP service level 1)

Individuals demonstrate skills ranging from no self-help skills, to limited self-help skills or some independent basic self-help skills, and some challenging behavior or high medical needs. Individuals usually have a behavioral program or intervention strategies in place regardless of the absence of self-help skills and may require some level of increased supervision or care for safety reasons. Other individuals



with more skills may require this level of intervention to meet the individual's behavioral or medical needs.

LON 9 (independent of ICAP service level)

Individuals demonstrate varying skills but exhibit extremely dangerous behavior that could be life threatening to themselves or others without extensive supervision and intervention. Staff intervention includes 1:1 supervision during waking hours, a minimum of 16 hours per day.

## **Individual Plan of Care**

The IPC is a written plan that states the type and amount of each HCS Program service to be provided to the individual during an IPC year. The IPC also includes information about the services and supports to be provided to the individual through resources other than HCS Program services or Community First Choice services, including natural supports, medical services, and educational services.

HHSC reviewed the information in the IPC to identify individuals who have specialized nursing and individuals who have at least 156 hours of LVN, RN, or a combination of LVN and RN on an approved IPC.

## **Potentially Disrupted Community Transition**

A PDCT event is any of the following:

- Psychiatric hospitalization
- Medical hospitalization
- ER visits
- Death
- Arrest or incarceration
- Law enforcement contact
- Unable to locate or left program
- Provider issues:
  - ▶ Change of home
  - ▶ Closure
  - ▶ Confirmed abuse, neglect, and exploitation

- ▶ Change of provider

## **Quality Assurance and Improvement Data Mart**

The QAI data mart is a HHSC repository for long term services and supports programs and services data.

# **Appendix B. HCS Program Policies and Data Related to High Behavioral Needs**

## **Level of Need**

Every individual enrolled in the HCS Program is assigned a LON that is used to determine the reimbursement rate that an HCS program provider receives for certain HCS Program services. The LON is obtained by completing and scoring an ICAP assessment.

The ICAP is an instrument used to assess a person's needs, skills, and abilities, and the ICAP service level is indicative of the service intensity required by an individual. An individual's LON is determined primarily by the ICAP service level however HHSC may increase an individual's LON regardless of the individual's ICAP service level if the individual exhibits dangerous behavior and has a behavior support plan. The behavior support plan must include preventive actions by additional program provider staff.

Dangerous behavior, as it applies to the need for more staff, is defined as behavior that in frequency or severity could cause serious physical injury to the individual or someone else. This definition includes the major categories of:

- Self-injurious behavior, such as self-inflicted tissue damage, pica and access to food for people with Prader-Willi syndrome.
- Serious disruptive behavior, such as threatening strangers, running into traffic and public disrobing.
- Aggressive behavior, including physical attacks against others.
- Sexually aggressive behaviors, such as assault, pedophilia and public masturbation.

HHSC may assign a pervasive plus LON (LON 9) to an individual if the individual exhibits extremely dangerous behavior that could be life threatening to the individual or to others. To be assigned a LON 9, the individual must have a behavior support plan that includes a provision for a service provider to supervise the individual exclusively and constantly for at least 16 hours per day.

# Behavioral Data Related to Level of Need Policies

The first data points HHSC explored to identify individuals with high behavioral needs were from the ID/RC Assessment. The ID/RC assessment is used to gather information used by HHSC for LOC determination<sup>5</sup> and LON assignments, and contains information about an individual’s LON assignment, ICAP service level and whether an individual has a behavior support plan.

First, HHSC identified the total number of individuals who have an assigned LON 9 because LON 9 denotes the presence of extremely dangerous behavior that may be life threatening, and the management of the behavior requires exclusive and constant supervision for at least 16 hours per day. Table 1 shows the total number of individuals with a LON 9 as indicated in field 18, Recommended LON, of the ID/RC Assessment. This is indicative of individuals in the HCS Program who have been assigned a LON 9 during fiscal years (FYs) 2018-2021.

**Table 1. Number of Individuals Assigned a LON 9 in FYs 2018-2021.**

Fiscal Year	Total Individuals in HCS	Individuals with a LON 9
2018	27,686	179
2019	27,794	179
2020	28,381	179
2021	30,177	174

Source: QAI Data Mart – ID/RC Assessment.

The next data point HHSC explored was the number of individuals who had an established behavior support plan. A behavior support plan is a comprehensive, individualized written plan that is based on a functional behavior assessment and is used to modify an individual’s environment to teach or increase the individual’s adaptive skills and eliminate or reduce challenging behavior. HHSC examined individuals with a behavior support plan because an individual with high behavioral needs likely has a behavior support plan to address the problematic behavior. It is important to note, however, that the presence of a behavior support plan on its own may not be a reliable indicator of high behavioral needs because a behavior support plan may be implemented primarily to improve an individual’s positive adaptive behavioral skills. Table 2 shows the total number of individuals who have a

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<sup>5</sup> The LOC is determined by the individual’s Primary Diagnosis, IQ score, and Adaptive Behavior Level and is used in the determination of eligibility for an individual in the HCS Program

“Y” on field 34, Behavior Program, of the ID/RC assessment. This represents individuals who have a behavior support plan during fiscal years 2018-2021.

**Table 2. Number of Individuals who have a Behavior Support Plan in FYs 2018-2021.**

<b>Fiscal Year</b>	<b>Total Individuals in HCS</b>	<b>Individuals with a Behavior Support Plan</b>
<b>2018</b>	27,686	5,074
<b>2019</b>	27,794	5,226
<b>2020</b>	28,381	5,312
<b>2021</b>	30,177	5,459

Source: QAI Data Mart – ID/RC Assessment.

Another data point HHSC considered is the frequency code in the behavior section of the ID/RC assessment because the frequency code indicates the level of intervention provided by a caregiver in preventing occurrence of dangerous behavior. A frequency code of “1” indicates the individual requires additional staff supervision to prevent dangerous behavior. A frequency code of “2” indicates the individual requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior that could be life threatening to the individual or to others. A frequency code of “1” or “2” on fields 35 -38 of the ID/RC Assessment indicates a request to HHSC to increase an individual’s LON because of dangerous behavior. The data of individuals with a frequency code of "1" or "2" on fields 35 - 38 of the ID/RC Assessment is representative of individuals who have requested an increase in LON for behavioral reasons, including those for whom HHSC already assigned an increased LON due to behavioral reasons. Also included are the individuals who have requested a behavioral increase in LON, but do not meet HHSC’s criteria for a behavioral increase. Table 3 shows the number of individuals with a frequency code of "1" or "2" on fields 35 -38 of the ID/RC Assessment.

**Table 3. Number of Individuals Who Have Requested an Increase in LON Due to Dangerous Behavior in FYs 2018-2021.**

<b>Fiscal Year</b>	<b>Total Individuals in HCS</b>	<b>Individuals Who Have Requested an Increase in LON Due to Dangerous Behavior</b>
<b>2018</b>	27,686	1,016
<b>2019</b>	27,794	965
<b>2020</b>	28,381	931
<b>2021</b>	30,177	909

Source: QAI Data Mart – ID/RC Assessment.

HHSC also examined several data points in tandem from the ID/RC assessment, including pervasive LON (LON 6) assignment, a behavior support plan, and a frequency code of "1" or "2" on fields 35 through 38 of the ID/RC assessment. These data points were considered together to streamline individuals who were assigned a LON 6 due to dangerous behavior. A LON 6 assignment denotes extensive staff involvement. However, while this combination includes individuals who have requested an increase in LON due to dangerous behavior and have a LON 6, it may also include individuals who have a LON 6 due to low functional adaptive skill and who have requested a behavioral increase in LON, but do not meet HHSC's criteria for a behavioral increase to a LON 9. Table 4 shows the number of individuals with an assigned LON 6 who have requested an increase in LON due to an individual's dangerous behavior.

**Table 4. Number of Individuals with a LON 6 due to an increase in LON because of dangerous behavior in FYs 2018–2021.**

<b>Fiscal Year</b>	<b>Total Individuals in HCS</b>	<b>Individuals with a LON 6 Who Have Requested an Increase in LON Due to Dangerous Behavior</b>
<b>2018</b>	27,686	466
<b>2019</b>	27,794	441
<b>2020</b>	28,381	426
<b>2021</b>	30,177	438

Source: QAI Data Mart – ID/RC Assessment.

HHSC considered multiple factors to ensure individuals were not erroneously included in the High Behavioral Needs category. In addition to the behavior support plan and frequency code of "1" on fields 35 through 38 of the ID/RC assessment, HHSC also considered an individual's ICAP service level and whether the individual's ICAP service level corresponds to the individual's assigned LON. This was done to eliminate the inclusion of individuals who have requested an increase in LON due to behavioral reasons but who do not meet HHSC's criteria for a behavioral increase, and to address external stakeholder feedback that individuals who are assigned an increased LON due to dangerous behavior do not all have a LON 6. The result was a subset of individuals who have a behavior support plan and whose LON were increased to the next LON by HHSC due to dangerous behavior. This data set is representative of all individuals, regardless of LON assignment, who have an increased LON assignment due to the individual's dangerous behavior. Table 5 shows the number of individuals with a "Y" on fields 34 of the ID/RC assessment, a frequency code of "01" on fields 35 through 38 of the ID/RC assessment and whose assigned LON is higher than the LON equivalent to their ICAP service level. This is

indicative of individuals whose LON were increased to the next LON by HHSC due to dangerous behavior.

**Table 5. Number of individuals with an Increased LON Due to Dangerous Behavior in FYs 2018–2021.**

<b>Fiscal Year</b>	<b>Total Individuals in HCS</b>	<b>Individuals with an Increased LON Due to Dangerous Behavior</b>
<b>2018</b>	27,686	410
<b>2019</b>	27,794	358
<b>2020</b>	28,381	309
<b>2021</b>	30,177	290

Source: QAI Data Mart – ID/RC Assessment.

## State Supported Living Center (SSLC) Data

A SSLC is an intermediate care facility for individuals with IDD. SSLCs serve people with IDD who are medically fragile or who have behavioral problems. After an individual’s transition from an SSLC to the HCS Program, they receive enhanced community coordination that includes monitoring of PDCT events such as psychiatric or medical hospitalization, arrest or incarceration, contacts with law enforcement, etc.

The reasons for initial admissions and readmissions into the SSLC from the HCS Program were explored to gather information about individuals with high behavioral and high medical needs because individuals are usually admitted into the SSLCs for reasons that make it unsafe for the individuals to remain successfully in community settings, indicating a presence of a higher LON by default. HHSC reviewed the reasons for admissions to the SSLC from the HCS Program. Table 6 shows the primary reason for admission to the SSLC from the HCS Program were behavioral in nature.

**Table 6. Reasons for Admission into the SSLC from the HCS Program in FYs 2018-2021**

<b>Admission Reason</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>
<b>Behavioral</b>	50	45	31	43
<b>Medical</b>	4	3	2	1
<b>Total Admissions</b>	54	48	33	44

Source: SSLC admission applications and IRIS.

Table 7 shows the number of individuals who transitioned from the SSLC to the HCS Program but had failed community placement and returned to the SSLC within 365 days in the past four fiscal years. It also shows the reason for readmission was

primarily due to behavioral reasons. The readmission data shows a similar pattern that the placements in the SSLC from the HCS Program are primarily because of behavioral reasons.

**Table 7. Number and Reason for Readmission to the SSLC from the HCS Program within 365 Days of Discharge to the HCS Program in FYs 2018–2021**

<b>Fiscal Year</b>	<b>Individuals Discharged from the SSLC to the HCS Program</b>	<b>Individuals Readmitted to the SSLC from the HCS Program</b>	<b>Reason for Readmission to the SSLC</b>
<b>2018</b>	79	9	Behavioral
<b>2019</b>	71	6	Behavioral
<b>2020</b>	56	2	Behavioral
<b>2021</b>	51	2	Behavioral

Source: Post Move Monitoring data and IRIS.

To identify any patterns or reasons why their community placements were unsuccessful, HHSC examined the PDCT events that occurred in the past four fiscal years for all 19 individuals who had failed community placements while enrolled in the HCS Program. Of the 19 individuals who were readmitted to the SSLC from the HCS Program, 12 individuals were temporarily admitted to a facility or an institutional setting for behavioral reasons, e.g., a mental health facility or jail, before the termination of HCS Program services and readmission into the SSLC. An additional individual was incarcerated after readmission to the SSLC for charges filed while in the HCS Program.

Table 8 shows the type of PDCT events that occurred while the individuals were in the HCS Program in the past four fiscal years.

**Table 8. Count of PDCT Events in FY 2018–2021.**

<b>PDCT Events</b>	<b>Number of Individuals</b>
<b>Law Enforcement Contact</b>	10
<b>Psychiatric Hospitalization</b>	9
<b>ER Visits</b>	7
<b>Incarceration</b>	6
<b>Elopement/ Unauthorized Departure</b>	6
<b>Change of Home or Provider</b>	5
<b>Medical Hospitalization</b>	4
<b>Illegal Drug Use</b>	1

Source: Post Move Monitoring data and IRIS.



## HCS Suspension Data

As reflected in the SSLC data, there is a risk for institutionalization when individuals are temporarily admitted to a facility or an institutional setting for behavioral reasons. In the HCS Program, an individual's HCS Program services are suspended while the individual is temporarily admitted to certain settings, including certain facilities and institutional settings. As a result, HHSC explored the HCS suspension data to identify individuals who had their HCS Program services suspended because of temporary admission to a facility or institutional setting for behavioral reasons. Identifying and providing enhanced services and service coordination upon an individual's return to the HCS Program allows for continuity of care. It may also prevent further temporary admissions to a facility or institutional setting for behavioral reasons or permanent discharge from the HCS Program. Table 9 shows the number of individuals who were suspended from the HCS Program because of admission to a facility or institutional setting for behavioral reasons.

**Table 9. Number of Individuals who were Suspended from the HCS Program Because of Temporary Admission to a Facility or an Institutional Setting for Behavioral Reasons in FYs 2018–2021**

<b>Fiscal Year</b>	<b>Total Individuals suspended from the HCS Program</b>	<b>Individuals Suspended from the HCS Program because of Admission to a Facility or Institutional Setting for Behavioral Reasons</b>
<b>2018</b>	357	114
<b>2019</b>	369	76
<b>2020</b>	406	84
<b>2021</b>	457	120

Source: QAI Data Mart – HCS Suspension Data.

## HCS Enrollment Data

HHSC may offer HCS Program enrollment to a person who is at imminent risk of admission to an institution and meets the qualifications for the HCS reserve capacity group for crisis diversion. Imminent risk of admission to an institution may occur when there is a loss or incapacity of the person's primary caregiver, loss of a person's placement in a community residential facility, a person is recommended for discharge from a state hospital and is unable to return to family or community-based care, or when a person exhibits repeated and severe behavior disturbances that jeopardize the person's safety or current living arrangement, but

who does not need inpatient mental health treatment or care in a behavioral health facility. HHSC explored available data for individuals who were residing in a facility or institutional setting when a request was made for a crisis diversion slot primarily for behavioral reasons. Table 10 shows the number of individuals who were in a facility or institutional setting for behavioral reasons before their enrollment into the HCS Program using the crisis diversion slot.

**Table 10. Number of Individuals who were in a Facility or Institutional Setting for Behavioral Reasons Before Enrolling in the HCS Program using the Crisis Diversion Slot in FY 2018–2021**

<b>Fiscal Year</b>	<b>Individuals who Enrolled in the HCS Program using the Crisis Diversion Slot</b>	<b>Individuals who were in a Facility or Institutional Setting for Behavioral Reasons Before Enrolling in the HCS Program using the Crisis Diversion Slot</b>
<b>2018</b>	216	100
<b>2019</b>	314	110
<b>2020</b>	332	88
<b>2021</b>	324	83

Source: QAI Data Mart – HCS Enrollment Data.

# Appendix C. HCS Program Policies and Data Related to High Medical Needs

## Level of Need Medical Data

HHSC may increase an individual’s LON to the next LON if the individual requires 181 minutes or more per week of face-to-face nursing services due to the individual’s high medical needs.

HHSC explored the total number of individuals who have a frequency code of "6" on field 40 of the ID/RC assessment. A frequency code of "6" indicates an individual requires 181 or more minutes per week of face-to-face nursing interventions. This data is also representative of individuals who have requested an increase in LON because of medical needs. However, the data is limited in its indication of high medical needs because it does not include individuals who require the same amount of nursing but who are capped<sup>6</sup> at a pervasive LON (LON 6) because of their ICAP service level and who are unable to request an increase in LON due to high medical needs. Table 11 shows the number of individuals with a frequency code of "6" on fields 40 of the ID/RC assessment.

**Table 11. Number of Individuals who have Requested an Increase in LON Due to an Individual's Medical Needs in FY 2020-2021.**

<b>Fiscal Year</b>	<b>Total Individuals who have Nursing Service on an Approved IPC</b>	<b>Individuals who have Requested an Increase in LON Due to an Individual's Medical Needs</b>
<b>2020</b>	27,850	97
<b>2021</b>	29,472	85

Source: QAI Data Mart – ID/RC Assessment.

## Amount of Nursing Service Data

The IPC provides information about the type and amount of each HCS Program service to be provided to the individual during an IPC year. Because there is no electronic data repository that contains medical information for individuals in the HCS Program, HHSC used the amount of nursing services captured in the QAI data mart as an indicator of high medical needs. The 181 minutes of nursing services weekly used as a threshold for HHSC to increase an individual’s LON to the next

<sup>6</sup> LON 6 is the highest LON that can be assigned to an individual with a high medical need.

LON due to an individual's high medical needs was converted to an annual amount, i.e., 156 hours, for data retrieval purpose.

HHSC explored the data for individuals who have utilized 156 hours or more of HCS nursing services because it reflects individuals receiving 156 hours or more of face-to-face nursing services per IPC year, and individuals who are capped at a pervasive LON (LON 6) because of their ICAP service level and who are unable to request an increase in LON due to high medical needs even though they receive 181 minutes or more of nursing services weekly. Table 12 shows the number of individuals who are utilizing 156 hours or more of HCS nursing in an IPC year.

**Table 12. Number of individuals utilizing 156 hours or more of HCS nursing in an IPC year in FYs 2018-2021.**

<b>Fiscal Year</b>	<b>Total Individuals who have Nursing Service on an Approved IPC</b>	<b>Individuals Utilizing 156 Hours or More of HCS Nursing in an IPC Year</b>
<b>2018</b>	27,269	112
<b>2019</b>	27,388	123
<b>2020</b>	27,850	118
<b>2021</b>	29,472	73

Source: QAI Data Mart – IPC.

A concern with using the data of individuals utilizing 156 hours or more of HCS nursing in an IPC year is that it is low and underrepresents individuals with high medical needs who may not utilize 156 hours of HCS nursing but who require enhanced services and service coordination in the HCS Program.

Table 13 shows the number of individuals who have 156 or more hours available of HCS Program nursing on an approved IPC, but may not be utilizing that amount for reasons such as nursing staff shortage, hospitalizations, etc.

**Table 13. Number of Individuals Who Have 156 or More Hours available of HCS Nursing on an Approved IPC in FYs 2018-2021.**

<b>Fiscal Year</b>	<b>Total Individuals who have Nursing Service on an Approved IPC</b>	<b>Individuals Who Have 156 Hours or More of HCS Nursing on an Approved IPC</b>
<b>2018</b>	27,269	3,859
<b>2019</b>	27,388	3,862
<b>2020</b>	27,850	3,212
<b>2021</b>	29,472	2,555

Source: QAI Data Mart – IPC.

While including the number of individuals who have 156 hours or more of HCS nursing on an approved IPC as a scope of high medical needs may overestimate the number of individuals with high medical needs, HHSC determined it is better to overestimate than underestimate the number of individuals with high medical needs considering the data constraints.

In the HCS Program, an individual who is 20 years of age or younger is required to receive nursing service primarily through STAR Kids<sup>7</sup> state plan services, and only receive HCS nursing services that are required for the provision of a HCS waiver service. As a result, HHSC also explored individuals who are 20 years of age or younger and use an average of 50 hours or more of STAR Kids PDN per week. This threshold was selected because home health skilled nursing services are limited to a daily maximum of seven and a half hours per day. Table 14 shows the number of individuals who are 20 years of age or younger and use an average of 50 hours or more of STAR Kids PDN per week.

**Table 14. Number of Individuals Who are 20 Years of Age or Younger and Use an Average of 50 Hours or More of STAR Kids PDN Per Week in FYs 2018–2021.**

<b>Fiscal Year</b>	<b>Total Individuals in HCS Who Utilize STAR Kids PDN</b>	<b>Individuals in HCS Utilizing an Average of 50 Hours or More of STAR Kids PDN Per Week</b>
<b>2018</b>	126	67
<b>2019</b>	130	65
<b>2020</b>	132	64
<b>2021</b>	132	69

Source: TMHP – Claims’ Data

## **Type of Nursing Service Data**

HHSC may approve specialized RN or specialized LVN for an individual who has a tracheostomy or is dependent on a ventilator if the individual requests these services on their IPC.

HHSC analyzed the data for individuals who have specialized RN or specialized LVN on their IPC because the use of a tracheostomy or dependence on a ventilator is indicative of high medical need. Table 15 shows the number of individuals who have specialized RN or specialized LVN on their IPC.

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<sup>7</sup> STAR Kids is a Texas Medicaid managed care program that provides Medicaid benefits to children and adults 20 and younger who have disabilities.

**Table 15. Number of Individuals Who Have Specialized RN or Specialized LVN on an Approved IPC in FYs 2018-2021.**

<b>Fiscal Year</b>	<b>Total Individuals Who Have Nursing Service on an Approved IPC</b>	<b>Individuals Who Have Specialized RN or Specialized LVN on an Approved IPC</b>
<b>2018</b>	27,269	536
<b>2019</b>	27,388	502
<b>2020</b>	27,850	458
<b>2021</b>	29,472	421

Source: QAI Data Mart – IPC

HHSC compared the number of individuals with an approved IPC utilizing 156 hours or more of HCS nursing in an IPC year with the number of individuals approved for 156 hours or more of HCS nursing, and the number of individuals who have specialized RN or specialized LVN. The data for fiscal year 2021 is significantly less for all data sets when compared with the prior year in each category. The ongoing public health emergency and workforce challenges are likely contributing factors.

The number of individuals utilizing 156 hours or more of HCS nursing in an IPC year is significantly lower than the number of individuals approved for 156 hours or more of HCS nursing on an approved IPC. Contributing factors to this variance may include:

- Authorized IPCs with 156 hours or more of HCS nursing services may be pending a utilization review by HHSC to determine if the type and amount of nursing services on the approved IPC are appropriate; and
- Delayed HCS claims submission. The HCS Program rules allows submission of claims within 12 months after the last day of the month in which a service was delivered, and it is not uncommon for program providers to submit claims several months after the service was provided.

In addition to the contributing factors noted for the low number of individuals utilizing 156 hours of more of HCS nursing service, above, under 21-year-olds who require specialized nursing services on an ongoing and daily basis would have less than 156 hours of HCS nursing on an approved IPC because they receive those nursing services through STAR Kids and utilize nursing hours through the HCS waiver program only to monitor the health, safety and welfare of the individual during the provision of a HCS Program service.