



**TEXAS**  
Health and Human  
Services



# **Home and Community-Based Services (HCBS) Settings Statewide Transition Plan**

**March 2022**

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## Introduction and Purpose

On March 17, 2014, the Centers for Medicare and Medicaid Services (CMS) issued the Home and Community Based Services (HCBS) Settings Rule at 42 Code of Federal Regulations (CFR) §441.301(c), §441.710(a) and §441.530. To comply with the HCBS Settings Rule requirements, settings must be integrated in and support full access to the greater community for individuals receiving Medicaid HCBS.

CMS requires states to analyze all settings where Medicaid HCBS participants receive services. States must determine if the current settings comply with the HCBS Settings Rule and demonstrate how compliance will be achieved for settings that do not meet HCBS Settings Rule requirements. This analysis must be documented through a statewide transition plan (STP).

The purpose of this STP is to document the analysis and planned activities of the [Texas Health and Human Services Commission](#) (HHSC) to ensure all Texas Medicaid HCBS settings achieve full and ongoing compliance with the HCBS Settings Rule.

# 1. HCBS Setting Rule Requirements

The HCBS Settings Rule requires Medicaid HCBS settings to be integrated in and support full access for individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.

The HCBS Settings Rule requires that all home and community-based settings have the following qualities:

- The setting is integrated in and supports full access to the greater community;
- The setting is selected by the individual from among setting options;
- The setting ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- The setting optimizes autonomy and independence in making life choices; and
- The setting facilitates choice regarding services and who provides them.

The rule includes specific provisions for provider-owned or controlled home and community-based residential settings:

- The individual has a lease or other legally enforceable agreement providing similar protections;
- The individual has privacy in his/her unit including lockable doors, choice of roommate and freedom to furnish or decorate the unit;
- The individual controls his/her own schedule;
- The individual can have visitors at any time; and
- The setting is physically accessible.

The HCBS Settings Rule requires states to increase person-centeredness in the planning for and delivery of Medicaid HCBS, and in individual choice regarding settings, including non-disability specific settings; daily activities; and social interactions.

The HCBS Settings Rule identifies settings that are not home and community-based. These include nursing facilities (NFs); hospitals; institutions for mental disease (IMDs); intermediate care facilities for individuals with intellectual disabilities and related conditions (ICFs/IID); and locations that have the qualities of an institutional setting.

CMS presumes that a setting has the qualities of an institution if it:

- Is located in a building that is also a publicly or privately-operated facility that provides inpatient institutional treatment;
- Is located in a building on the grounds of, or immediately adjacent to, a public institution; or
- Has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

CMS initially gave states until March 2019 to comply with the HCBS Settings Rule, but in June 2017 issued an extension to March 2022. In July 2020, CMS provided an additional one-year extension due to the COVID-19 pandemic, giving states until March 2023 to comply.

The full regulations and additional related information is available on the [CMS Home & Community Based Services Final Regulation](#) website.

## 2. STP Submission History

**December 2014:** HHSC submitted its STP to CMS for approval and provided the appropriate tribal and public notice periods, inviting public comment on the STP from October 13, 2014 to November 11, 2014. HHSC considered and modified the STP, as HHSC deemed appropriate, in response to public comment prior to submission of the plan to CMS. HHSC provided the comments and responses with its submission.

**March 2015:** HHSC submitted its first STP amendment and provided the appropriate tribal and public notice periods, inviting public comment from January 30, 2015 to February 28, 2015. The purpose of the first STP amendment was to include the settings for HCBS provided through the Texas Healthcare Transformation Quality Improvement Program 1115 Demonstration Waiver (Demonstration waiver). HHSC modified the STP, as HHSC deemed appropriate, in response to public comment prior to submission of the amended STP to CMS.

- In September 2015, HHSC received [feedback from CMS on the STP](#). CMS requested additional specificity in the STP to ensure the state's assessment and remediation activities are sufficient to meet HCBS Settings Rule requirements.

**February 2016:** HHSC submitted its second STP amendment to CMS. HHSC provided the appropriate tribal and public notices, inviting public comment from December 2015 through January 2016.

- In June 2016, HHSC received feedback from CMS on the STP. CMS clarified that an STP amendment submitted in response to CMS' feedback did not have to be posted for public comment.

**November 2016:** HHSC submitted its third STP amendment to CMS. At the request of stakeholders and to ensure transparency, the STP was posted on the HHSC [website](#) for a short public comment period from October 21, 2016 to October 27, 2016. No public comments were received.

- In April 2017, HHSC received feedback from CMS. In response to CMS feedback on this STP submission, Texas completed additional assessments and further developed its remediation plans.

**November 2019:** HHSC informally submitted its fourth STP amendment to CMS on November 6, 2019. The STP was posted for public comment from November 6, 2019 to December 6, 2019. CMS provided informal comments to HHSC on this submission and HHSC has amended the STP in response to those comments.

- In December 2019, HHSC received informal feedback from CMS. In response to CMS feedback, HHSC revised the STP to include additional detail about its systemic internal assessment, planned remediation activities, and the heightened scrutiny process.



## 3. Public Input

### Federal Requirements

Prior to submitting the STP to CMS, states must seek input from the public on the proposed STP and any amendments. CMS encourages states to seek input from a wide range of stakeholders representing consumers, providers, advocates, families, and other related stakeholders. The STP must include a description of the public input process.

States must provide at least a 30-day public notice and comment period on the STP before submitting to CMS. The process for submitting public comment must be convenient and accessible. States must post the STP on their website and provide an email address for comment submission. In addition, states must offer at least one other option for public input, such as a public forum.

States must consider and modify the STP, as appropriate, in response to public comment. Upon submission of the STP to CMS, states must provide evidence of compliance with the public notice requirements and a summary of the comments received during the public notice period. The summary must include a description of any modifications made to the STP in response to comments received, as well as rationale for declining to make modifications.

### HHSC Process for Public Input and Notice

#### Stakeholder Engagement

HHSC has previously solicited, and will continue to solicit, input from individuals receiving services and their families, providers, Medicaid managed care organizations (MCOs), advocates, and other stakeholder groups. This includes engaging existing advisory committees, workgroups, and stakeholder meetings. HHSC is committed to using stakeholder feedback to inform assessment and remediation strategies until the transition is complete and will refine planned remediation activities in response to public input as appropriate.

During previous public comment periods, HHSC has received written comments from professional associations, advocacy groups, MCOs, and other involved stakeholders. A summary of the comments received during the public notice period,

reasons why comments were not adopted, and modifications to the STP based upon those comments are included in Appendix E. Comments outside the scope of the HCBS Settings Rule requirements were not addressed in the STP.

## Public Notices

### Tribal Notice

Prior to submission of the STP and any STP amendments, HHSC notifies tribal representatives in compliance with federal and state requirements. The notification provides contact information to request copies of the STP, submit comments, and request information from HHSC via email, mail, or telephone.

### Publication in Texas Register

HHSC submits a Public Notice of Intent (PNI) for publication in the [Texas Register](#) to announce periods for public comment. The PNI provides contact information to request copies of the STP, submit comments, and request information from HHSC via email, mail, or telephone.

The Texas Register is published weekly and is the journal of state agency rulemaking for Texas. The publication is available online and in printed copy at the Texas State Library and Archives Commission, the State Law Library, the Legislative Reference Library located in the State Capitol building, and the University of North Texas libraries. All sites that offer printed copies are in Austin, except the University of North Texas, which is in Denton. Printed copies of the Texas Register are also available through paid subscription; subscribers include cities, counties, and public libraries throughout the state.

### Website and Email Alerts

HHSC posts the STP and STP amendments for public comment on its [website](#). The website includes an electronic mailbox for comments and questions.

HHSC sends an alert email via [HHS GovDelivery](#) to all stakeholders signed up to receive updates related to Texas Medicaid HCBS programs. The alert email includes links to HHSC's website where the STP is posted and instructions for submitting public comment.

## **Regional Offices**

When soliciting public input, the HHSC Office of Community Care Services Eligibility distributes notices to 290 local eligibility offices, with instructions to post the notice in public areas.

## **Mail**

Anyone may obtain a free copy of the STP, ask questions, request additional information, or submit comments regarding this initiative by contacting Rachel Neely by mail at Texas Health and Human Services Commission, PO Box 13247, Mail Code W521, Austin, Texas 78711-3247; by fax at (512) 206-3975; or by email at [Medicaid\\_HCBS\\_Rule@hhsc.state.tx.us](mailto:Medicaid_HCBS_Rule@hhsc.state.tx.us).

## Mechanisms for Public Input

| Activity                              | Description   | Dates  |
|---------------------------------------|---|--|
| <b>Stakeholder education webinars</b> | Former Department of Aging and Disability Services (DADS) initially conducted webinars to provide all stakeholders an opportunity to learn about the new regulations. <sup>1</sup> Later webinars were also held to share updates about the state’s activities related to the regulation and to provide information on the STP. HHSC continues to conduct webinars and trainings.   | Ongoing  |
| <b>Stakeholder meetings</b>           | HHSC has hosted stakeholder meetings specifically focused on HCBS compliance and the STP.   | Ongoing<br>11/28/2017<br>12/1/2017<br>12/11/2017<br>3/6/2018 |
| <b>Electronic notices</b>             | HHSC posts the STP on agency websites and in the Texas Register. The legacy DADS and Department of State Health Services (DSHS) systemic internal assessments were also posted on agency websites. The transition plans for several of the waivers were posted in the Texas Register and on the agency websites. Each STP amendment was posted on the HHSC, DADS, and DSHS websites and remains posted on the HHSC website. | Ongoing  |
| <b>Electronic feedback mechanisms</b> | Dedicated electronic mailboxes and websites are available to provide information about the HCBS Settings Rule and respond to questions and comments. The websites and the opportunity to submit comments will remain active throughout the transition. HHSC will take any comments received into consideration until HHSC completes the transition.   | Ongoing  |

<sup>1</sup> Effective September 1, 2017, the Texas Legislature abolished DADS and transferred DADS services to HHSC.

| Activity                                    | Description  | Dates   |
|---|--|---|
| <b>Presentations to Advisory Committees</b> | <u>Intellectual and Developmental Disabilities System Redesign Advisory Committee (IDD SRAC) and subcommittees</u> : Comprised of people receiving services, Medicaid managed care organizations (MCOs), providers, local intellectual and developmental disability authorities (LIDDAs) and advocates who advise HHSC on the implementation of the acute care services and long-term services and supports (LTSS) system redesign for people with IDD. The full committee meets on a quarterly basis. | Quarterly/Ongoing<br>7/27/2017<br>12/13/2017<br>1/25/2018<br>8/8/2018<br>10/25/2018<br>12/11/2018<br>4/24/2019<br>5/14/2019<br>6/11/2019<br>1/23/2020<br>8/24/2020<br>10/29/2020<br>11/16/2020<br>1/28/2021<br>4/29/2021<br>7/29/2021<br>11/2/2021<br>1/27/2022 |

| Activity | Description  | Dates  |
|----------|--|--|
|          | <u>Medical Care Advisory Committee</u> : Federally mandated committee that reviews and makes recommendations to the State Medicaid Director on proposed rules that involve Medicaid policy or affect Medicaid-funded programs. The committee meets on a quarterly basis. | 5/12/2022<br>8/11/2022                             |
|          | <u>IDD Coordination Meeting</u> : Monthly meeting series comprised of providers, advocates and agency staff to discuss projects and activities affecting IDD service delivery  | 1/11/2022  |
|          | <u>Promoting Independence Advisory Committee</u> : Comprised of individuals receiving services, advocacy organizations, and providers across target populations. <sup>2</sup>  | 10/15/2015<br>1/21/2016<br>7/21/2016<br>10/20/2016 |
|          | <u>Employment First Task Force (Expired)</u> : Comprised of advocates and providers interested in employment issues.   | 2/29/2016  |
|          | <u>Texas Council on Autism and Pervasive Developmental Disorders</u> <sup>3</sup> : Comprised of parents of individuals with autism and professionals.   | 3/11/2016  |
|          | <u>IDD Directors Consortium</u> : Comprised of IDD directors and attended by state agency staff.   | 9/11/2015<br>1/14/2016                             |
|          | <u>Consumer Directed Workgroup</u> <sup>4</sup> : Comprised of state agency staff, providers, advocates, and individuals utilizing consumer directed services who advised HHSC on the delivery of services through self-direction  | 10/23/2015   |

<sup>2</sup> On September 1, 2017, statutory authority for the Promoting Independence Advisory Committee expired and the committee transitioned to a workgroup. The IDD SRAC is now the primary external stakeholder group for the HCBS compliance effort.

<sup>3</sup> The Texas Council on Autism and Pervasive Developmental Disorders is now known as the Texas Autism Council.

<sup>4</sup> The Consumer Directed Workgroup expired. The Texas Council on Consumer Direction was established in 2016 to advise HHSC on delivery of services through self-direction.

| Activity  | Description   | Dates   |
|---|---|---|
| <b>Tribal stakeholder conference call meetings</b>              | Comprised of designees of federally recognized tribes. HHSC holds regularly scheduled conference calls with the tribes, which provides additional opportunities for stakeholder input.  | 1/27/2015<br>10/14/2015<br>11/17/2015<br>12/16/2015 |
| <b>Presentations at agency workgroups</b>                       | HHSC and abolished HHS agencies have multiple agency-established workgroups comprised of advocates and providers whose purpose is to examine ongoing rule and policy issues. State agency staff will continue to provide updates on HCBS transition activities and provide workgroup members the opportunity to provide comments. | Ongoing   |
| <b>Presentations at conferences</b>                             | Provider associations and other stakeholder groups regularly hold meetings and conferences, where state agency staff have made presentations. This provides access to many providers for purposes of education, coordination, and input regarding changes being made to rules and policy.   | 11/12/2015<br>11/16/2017<br>4/10/2019<br>5/1/2019   |
| <b>Provider self-assessment surveys and participant surveys</b> | Fee-for-service provider self-assessment and participant surveys for stakeholders were posted on the appropriate agency websites. A 30-day public comment period allowed for stakeholder feedback on the survey tools.  | 11/2015   |

| Activity                      | Description  | Dates  |
|-------------------------------|--|--|
| <b>Remediation Workgroups</b> | Two workgroups were formed to provide input on the IDD strategy, one focused on non-residential services and one on residential services. These groups included representation from advocacy organizations, provider associations, individuals receiving services, and state subject matter experts. | 10/22/2017<br>11/06/2017<br>11/10/2017<br>11/14/2017<br>11/28/2017<br>12/01/2017<br>12/11/2017<br>12/14/2017 |



## 4. Texas Medicaid HCBS Programs and Services

HHSC offers Medicaid HCBS under the authority of 1915(c) HCBS waivers, Texas Healthcare Transformation Quality Improvement Program 1115 Demonstration Waiver (Demonstration Waiver), 1915(i) HCBS State Plan Option, and 1915(k) Community First Choice.

### 1915(c) Waiver Programs

#### Community Living Assistance and Support Services (CLASS)

The CLASS program provides HCBS to individuals with related conditions as a cost-effective alternative to living in an ICF/IID. CLASS is intended to enhance the individual's integration into the community, maintain or improve the individual's independent functioning, and prevent admission to an institution. The CLASS program serves individuals living in their own home or their family's home, including a foster home. As of December 2021, there are no individuals currently receiving CLASS services in a foster home setting. CLASS operates in a fee-for-service (FFS) model.

The CLASS program offers the following services: support family services (SFS); continued family services (CFS); adaptive aids; behavioral support; cognitive rehabilitation therapy (CRT); dental treatment; dietary services; employment assistance (EA); financial management services (FMS); habilitation (transportation); minor home modifications; nursing; pre-vocational services; respite; specialized therapies; supported employment (SE); therapies (occupational therapy, speech therapy, physical therapy); and transition assistance services (TAS).

CLASS services are provided in the settings listed below.

- Settings for residential services:
  - ▶ residence of a SFS provider or CFS provider, which is a foster home verified by a licensed child-placing agency (no individuals are currently receiving either service)
- Settings for non-residential services other than respite:

- ▶ Recipient's own home or family home
- ▶ community settings open to the public including shopping areas, places of employment, parks, and public recreation facilities
- ▶ community settings that are not open to the public where day habilitation services may be provided<sup>5</sup>
- Settings for respite:
  - ▶ residence of an individual, another person receiving waiver services, or the respite provider
  - ▶ day or overnight camp open to the public and accredited by the American Camping Association
  - ▶ adult foster care (AFC) home
  - ▶ licensed nursing facility (NF)
  - ▶ licensed assisted living facility (ALF)
  - ▶ licensed or certified ICF/IID

## Deaf Blind with Multiple Disabilities (DBMD)

The DBMD program provides HCBS to individuals with deaf blindness and another disability as a cost-effective alternative to living in an ICF/IID. The DBMD program focuses on increasing opportunities for individuals to communicate and interact with their environment. Recipients may live in their own home, their family's home, a one- to three-person home where licensed home health assisted living is provided, or in a four- to six-person ALF. DBMD operates in a FFS model.

The DBMD program offers the following services: assisted living; adaptive aids; audiology; behavioral support; day habilitation<sup>5</sup>; dental treatment; dietary services; EA; FMS; intervener services; minor home modifications; orientation and mobility; nursing; residential habilitation (transportation); respite; SE; therapies; and TAS.

DBMD services are provided in the settings listed below.

- Settings for residential services:

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<sup>5</sup> HHSC plans to replace day habilitation with a new, more integrated service called Individualized Skills and Socialization. See additional information on p. 72 of this transition plan.

- ▶ One- to three-person home in which licensed home health assisted living is provided. Licensed home health assisted living is provided by a program provider that is licensed as a home and community support services agency (HCSSA) in a residence for no more than three individuals, at least one of whom owns or leases the residence
- ▶ Four- to six-person licensed ALF in which licensed assisted living is provided
- Settings for non-residential services other than respite:
  - ▶ Recipient's own home or family home
  - ▶ Community settings open to the public including shopping areas, places of employment, parks, and public recreation facilities
  - ▶ Community settings that are not open to the public where day habilitation is provided<sup>5</sup>
- Settings for respite:
  - ▶ Residence of an individual, another person receiving waiver services, or the respite provider
  - ▶ Day or overnight camp open to the public and accredited by the American Camping Association
  - ▶ Four to six-person licensed ALF
  - ▶ Licensed or certified ICF/IID

## Home and Community-based Services (HCS)

The HCS program provides HCBS to individuals with an intellectual disability (ID) or related condition in certain circumstances<sup>6</sup> as an alternative to living in an ICF/IID. Recipients may live in their own home, their family's home, in a host home/companion care setting, or in residences with no more than three other individuals who receive similar services. HCS operates in a FFS model.

The HCS program offers the following services: residential assistance (home home/companion care, supervised living, residential support services); adaptive

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<sup>6</sup> An individual may qualify for program services if they meet level of care (LOC) I criteria or if transitioning or diverting from a NF, (LOC VIII criteria). To meet LOC I criteria the individual must have an IQ of 69 or below or an IQ of 75 or below with a primary diagnosis of a related condition; and mild to extreme deficits in adaptive behavior. To meet the LOC VIII criteria, an individual must have a primary diagnosis of a related condition and moderate to extreme deficits in adaptive behavior.

aids; audiology; behavioral support; CRT; day habilitation<sup>5</sup>; dental treatment; dietary services; EA; FMS; minor home modifications; nursing; respite; social work; SE; supported home living (transportation); therapies; and TAS.

HCS services are provided in the settings listed below.

- Settings for residential services:
  - ▶ Provider-owned or operated residence (the residence of a host home/companion care provider or 3-person or 4-person residence in which residential support services or supervised living are provided)
- Settings for non-residential services other than respite:
  - ▶ Recipient's own home or family home
  - ▶ Community settings open to the public including shopping areas, places of employment, parks, and public recreation facilities
  - ▶ Community settings that are not open to the public where day habilitation is provided<sup>5</sup>
- Settings for respite:
  - ▶ Residence of an individual or the respite provider
  - ▶ Day or overnight camp open to the public and accredited by the American Camping Association
  - ▶ Residence in which host home/companion care, supervised living, or residential support is provided group respite facility operated by an HCS provider
  - ▶ Group respite facility operated by an HCS provider
  - ▶ Community settings that are not open to the public where day habilitation is provided<sup>5</sup>

## **Texas Home Living (TxHmL)**

The TxHmL program provides essential services and supports for people with ID as an alternative to living in an ICF/IID. Recipients must live in their own home or their family's home. TxHmL operates in a FFS model.

The TxHmL program offers the following services: adaptive aids; audiology; behavioral support; community support services; day habilitation<sup>55</sup>; dental treatment; dietary services; EA; FMS; minor home modifications; nursing;

respite; SE; occupational therapy, physical therapy, speech and language pathology; and support consultation.

TxHmL services are provided in the settings listed below.

- Settings for residential services:
  - ▶ N/A
- Settings for non-residential other than respite:
  - ▶ Recipient's own home or family home
  - ▶ Community settings open to the public including shopping areas, places of employment, parks, and public recreation facilities
  - ▶ Community settings that are not open to the public where day habilitation<sup>5</sup> is provided
- Settings for respite:
  - ▶ Residence of an individual or the respite provider
  - ▶ Day or overnight camp open to the public and accredited by the American Camp Association
  - ▶ Residence in which host home/companion care, supervised living, or residential support is provided
  - ▶ Group respite facility
  - ▶ Community settings that are not open to the public where day habilitation<sup>5</sup> is provided

## **Youth Empowerment Services (YES) Waiver Program**

The YES Waiver program provides HCBS to children and youth age three through age 18 with serious emotional disturbance. Recipients must reside in a non-institutional setting with the individual's legally authorized representative (LAR) or in the youth's own home, if legally emancipated. The YES Waiver program operates in a FFS model.

The YES Waiver program offers the following services: adaptive aids; community living supports; EA; family supports; minor home modifications; nonmedical transportation; respite; SE; paraprofessional services; supportive family-based alternatives; therapies; pre-engagement services, and TAS.

YES services are provided in the settings listed below.

- Settings for residential services:
  - ▶ N/A
- Settings for non-residential services other than respite:
  - ▶ Recipient's own home or family home, including a foster care home
  - ▶ Community settings open to the public including shopping areas, places of employment, parks, and public recreation facilities
- Settings for respite:
  - ▶ Residence of an individual or the respite provider
  - ▶ Day or overnight camps open to the public and accredited by the American Camping Association or licensed by DSHS
  - ▶ Licensed General Residential Operation
  - ▶ Licensed child care center

## **Medically Dependent Children Program (MDCP)**

MDCP provides HCBS to support families caring for children who are medically dependent as an alternative to living in a NF. Recipients must live in their own home, their family's home, or a foster care home. On November 1, 2016, Texas implemented the State of Texas Access Reform Kids (STAR Kids) program.. MDCP is now part of STAR Kids and STAR Health managed care programs. It operates under the authority of an 1115/1915(c) combination waiver in STAR Kids and under the authority of a 1915(a)/1915(c) combination in STAR Health.

MDCP offers the following services: adaptive aids; EA; FMS; flexible family support services (FFSS); minor home modifications; respite; SE; and TAS.

MDCP services are provided in the settings listed below.

- Settings for residential services
  - ▶ N/A
- Settings for non-residential services other than respite
  - ▶ Recipient's own home or family home, including a foster home

- ▶ Community settings open to the public including shopping areas, child care facilities, places of employment, parks, and public recreation facilities
- Settings for respite
  - ▶ Agency foster home setting
  - ▶ Licensed hospital or specialty care facility
  - ▶ Day or overnight camps open to the public and accredited by the American Camping Association
  - ▶ Licensed NF
  - ▶ Licensed child care center

## **1115 Demonstration Waiver**

### **STAR+PLUS HCBS**

The STAR+PLUS HCBS program provides services under the authority of the Texas Healthcare Transformation Quality Improvement Program 1115 Demonstration waiver (1115 Demonstration waiver). STAR+PLUS HCBS provides HCBS to older adults and adults with disabilities as an alternative to living in a NF. STAR+PLUS operates through a managed care model.<sup>7</sup>

The STAR+PLUS HCBS program offers the following services: adult foster care; assisted living; adaptive aids; CRT; dental treatment; EA; FMS; home-delivered meals; medical supplies; minor home modifications; nursing; respite; SE; therapies; and TAS.

STAR+PLUS HCBS services are provided in the settings listed below.

- Settings for residential services:
  - ▶ Licensed ALF
  - ▶ AFC home serving up to three residents
- Settings for non-residential other than respite:
  - ▶ Recipient's own home or family home

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<sup>7</sup> The Community Based Alternatives (CBA) program previously provided HCBS to individuals who met medical necessity level of care for nursing facilities. Effective September 1, 2014, all individuals in the CBA program began receiving services through the STAR+PLUS HCBS program.

- ▶ Community settings open to the public including shopping areas, places of employment, parks, and public recreation facilities
- Settings for respite:
  - ▶ Residence of an individual
  - ▶ Licensed NF
  - ▶ Licensed ALF
  - ▶ AFC home

## **1915(i) State Plan Option**

### **Home and Community-Based Services— Adult Mental Health Program (HCBS-AMH)**

The HCBS-AMH program offers specialized supports to adults with a diagnosis of serious mental illness and extended stays in psychiatric hospitals, as well as those persons with frequent arrests or Emergency Department visits. The HCBS-AMH program provides an array of services, appropriate to each individual's needs, to enable individuals to live and be successful in their community.

HHSC submitted the 1915(i) State Plan Amendment (SPA) serving participants in the long-term psychiatric population on July 22, 2014, after the March 17, 2014 effective date of the new HCBS Settings Rule. Because the program implemented after the effective date of the HCBS Settings Rule, compliance was required for initial approval and remediation is not necessary. CMS approved this SPA on October 13, 2015 and noted in its approval letter that the state's description of the settings and process for assuring that HCBS requirements would be met "were satisfactory." As such, HCBS-AMH is not part of this transition plan.

## **1915(k) Community First Choice**

On June 1, 2015, Texas began offering Community First Choice (CFC) services to eligible individuals statewide. Because CFC implemented after the effective date of the HCBS Settings Rule, compliance was required for initial approval and remediation is not necessary. As such, CFC is not part of this transition plan. CMS approved this SPA on April 2, 2015.



## 5. Systemic Internal Policy Assessment

HHSC examined the settings associated with services available in each HCBS program to guide its approach to assessment and remediation activities. HHSC's assessment process began with a systemic internal assessment of the state's rules, standards, policies, licensing requirements, and other provider requirements. Internal assessments were conducted for all HCBS programs.<sup>8</sup>

The systemic internal assessment of 1915(c) waiver programs was completed in September 2014. The systemic internal review of the 1115 Demonstration waiver was completed in September 2015. The delay was a result of updated guidance from CMS that 1115 Demonstration waivers through which HCBS are delivered are subject to the HCBS Settings Rule.

The Systemic Internal Policy Assessment is located in Appendix A of this transition plan. The crosswalk includes policy assessments and remediation plans for the programs and services subject to the HCBS Settings Rule.

### Internal Assessment Presumptions

HHSC presumes the provision of HCBS in an individual's own home, family home, and non-disability specific locations open to the public (such as libraries, shopping malls, and non-disability specific camps) comply with HCBS Settings Rule requirements.

CMS has indicated its intent to allow states to use institutional settings for the provision of respite services on a short-term basis. Therefore, states are not required to assess settings that are exclusively used for respite services for compliance with HCBS settings requirements. HHSC did not assess NFs, ICF/IIDs, licensed General Residential Operations or licensed child-care centers in which out-of-home respite is provided on a short-term basis.

### Programs Determined to Meet Compliance

Through its systemic internal assessments, HHSC has determined that the YES Waiver program and MDCP currently meet requirements of the HCBS Settings Rule and do not require remediation. In addition, because YES Waiver and MDCP

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<sup>8</sup> HCBS-AMH and CFC services were not included in the internal assessments because they were implemented after the effective date of the HCBS Settings Rule and have been determined to comply.

services are provided in the in the individual's own home family home, or in the community, an external assessment was not necessary.

## **YES Waiver Program**

HHSC conducted a systemic internal assessment of YES Waiver settings, which included a review of the 1915(c) waiver application, state rules, program rules, internal policies, provider policies, forms, documents, and publications. HHSC determined that existing state standards for the YES Waiver meet requirements in the settings regulations and current oversight processes are adequate to ensure compliance. Therefore, settings currently approved under the state's standards for the YES Waiver meet HCBS Settings Rule requirements.

Based on the systemic internal assessment and because the YES Waiver is an HCBS program in which the settings for services are either the participant's own home, a foster home, or a public place, HHSC determined that an external assessment is not needed.

For additional details on the YES Waiver internal assessment, see Appendix A of this transition plan.

## **MDCP**

HHSC conducted a systemic internal assessment of MDCP settings, which included a review of the waiver application, state rules, program rules, internal policies, provider policies, forms, documents, and publications. HHSC determined that existing state standards for MDCP meet requirements in the settings regulations and current oversight processes are adequate to ensure compliance. Therefore, settings currently approved under the state's standards for MDCP meet HCBS Settings Rule requirements.

Based on the systemic internal assessment and because MDCP is an HCBS program in which the settings for services are either the participant's own home, family home, or a public place, HHSC determined that an external assessment is not needed.

For additional details on the MDCP internal assessment MDCP, see Appendix A of this transition plan.

## 6. External Assessments

The results of the systemic internal assessment indicated a need for an external assessment of both non-residential and residential HCBS settings. External assessments involved provider self-assessments and surveys of individuals receiving services.

External assessments were conducted only for programs that provide HCBS in both non-residential and residential settings: DBMD, HCS and STAR+PLUS HCBS.<sup>9</sup> For purposes of this transition plan, references to “residential settings” for these programs include:

- For the DBMD program:
  - ▶ ALFs; and
  - ▶ One- to three-person homes in which individuals in the DBMD program reside; and
- For the HCS program:
  - ▶ Three-person and four-person homes; and
  - ▶ Residences in which HCS host home/companion care is provided;
- For the STAR+PLUS HCBS program:
  - ▶ ALFs and AFC homes in which individuals receiving STAR+PLUS HCBS reside.

### Provider Self-Assessments

#### DBMD, HCS and TxHmL

To validate the results of the systemic internal assessment, HHSC released a provider self-assessment to a representative sample of residential and non-residential providers in the DBMD, HCS and TxHmL programs. Participation in the assessment was mandatory and not anonymous. The sampling methodology for this assessment is in Appendix C of this transition plan.

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<sup>9</sup> The CLASS program offers services to individuals living in the residence of a SFS or CFS provider. However, there are no CLASS program recipients receiving services in an SFS or CFS, so an external assessment was not conducted for these settings.

HHSC used exploratory questions provided by CMS as the basis for the provider self-assessment and developed the assessment in collaboration with providers, provider associations, and advocacy organizations to ensure a comprehensive approach. The provider assessment was conducted in June-July 2016. Approximately 2,000 residential providers were asked to participate and HHSC received 1,005 responses. Two hundred thirty-seven non-residential providers responded.

To ensure the assessment results accurately represented the DBMD program, given its smaller population size, HHSC conducted an additional self-assessment for DBMD in November 2017.

## **STAR+PLUS HCBS**

To validate the results of the systemic internal assessment of STAR+PLUS HCBS services delivered under the 1115 Demonstration waiver, HHSC released a provider self-assessment survey and resident survey for ALF and AFC providers based on CMS exploratory questions. HHSC evaluated 164 settings. The provider self-assessment was designed for direct support professionals who work directly with individuals. Participation in the survey was mandatory and not anonymous. Non-responsive providers were considered noncompliant and are subject to remediation.

The Texas External Quality Review Organization (EQRO) developed an evaluation framework based on the HCBS Settings Rule requirements in 42 CFR §441.301(c)(4). The EQRO used a threshold of 86 percent to determine compliance on individual survey items, overall component results, and overall requirement results.

## **Participant Surveys**

### **DBMD and HCS**

The former Department of Aging and Disability Services (DADS), before it merged with HHSC, conducted a survey of individuals receiving services in the HCS and DBMD programs. The survey was based on questions asked in the provider self-assessment. Participation in the survey was optional for individuals receiving services.

## DBMD

DBMD is a small program that serves approximately 327 individuals, less than one percent<sup>10</sup> of the Texas Medicaid HCBS waiver population. An even smaller number of individuals live or receive services in a provider-owned or provider-controlled setting. This population also has very specific communication challenges. To obtain individual feedback, an HHSC employee with experience with this population conducted the individual interviews. Fifty individuals receiving DBMD services in residential settings participated in the assessments between December 2017 and March 2018.

## HCS

Former DADS contracted with Texas A&M University to survey individuals in the HCS waiver program. 1,685 surveys were completed. Residential surveys focused on three-person and four-person homes and host home/companion home settings. Non-residential surveys focused on day habilitation and employment services, as applicable.

## STAR+PLUS HCBS

To validate the provider self-assessment for the STAR+PLUS HCBS services, HHSC contracted with the Texas EQRO to survey a representative sample of individuals receiving licensed assisted living or AFC services. Between July 2016 and September 2016, face-to-face interviews were conducted with individuals enrolled in STAR+PLUS HCBS and receiving licensed assisted living or AFC services. The survey was based on questions asked in the provider self-assessment and was administered in face-to-face interviews similar to the process used to conduct the National Core Indicators (NCI) and Participant Experience Surveys (PES).

The Texas EQRO developed an evaluation framework based on the HCBS Settings Rule requirements in 42 CFR §441.301(c)(4). Across all requirements, all settings were classified as *Could fully comply*, meaning that no setting was compliant on all ten requirements considered in the evaluation framework. The findings from this evaluation suggest that STAR+PLUS ALF and AFC settings should continue to implement structural and process improvements.

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<sup>10</sup> Texas Medicaid and CHIP Reference Guide, 13th Edition, Health and Humans Services Commission, 2020. <https://www.hhs.texas.gov/reports/2020/12/texas-medicaid-chip-reference-guide-thirteenth-edition-pink-book>

# Survey of Service Coordinators and Case Managers

Service coordinators and case managers are responsible for ensuring an individual has choice among providers. The following entities are responsible for service coordination and case management in HCBS programs:

- **For CLASS:** Case management agency (CMA)
- **For DBMD:** DBMD provider agency
- **For HCS and TxHmL:** Local intellectual and developmental disability authorities (LIDDAs)
- **For STAR+PLUS HCBS and MDCP:** Medicaid MCO

Because the service coordinator or case manager is responsible for convening the service planning team to develop the person-centered service plan and make changes to the plan as needed, it was important to consider their perspective on individual choice and the person-centered planning process.

## CLASS, DBMD, HCS and TxHmL

Former DADS developed a survey for service coordinators and case managers based on the exploratory questions provided by CMS. The survey was distributed to all service coordinators and case managers currently working with program participants. Former DADS received 444 completed surveys from service coordinators and case managers across programs.

## STAR+PLUS HCBS

HHSC released a self-assessment tool based on the exploratory questions provided by CMS for MCO service coordinators. The self-assessment was required for all STAR+PLUS MCO service coordinators.

## 7. External Assessment Results

HHSC used a threshold of 86% to demonstrate compliance with components of the HCBS Settings Rule. This threshold was chosen because it is the CMS threshold for HCBS performance measurement. HHSC also noted results with greater than ten percent difference between individual and provider responses to same or similar questions. Because the DBMD survey of individuals was completed by one person and used a more qualitative approach, results of this survey were assessed separately. External assessment results were generally consistent across all programs.

### General Findings

#### Community Access

- Lack of transportation is a barrier to accessing the community regularly.

#### Individual Choice

- There is a need to ensure individuals understand they may visit and are supported to visit different residential settings and different homes within setting types prior to deciding where to live.
- Resources available to help individuals make more informed choices about where they would like to live need to be increased.
- HHSC must ensure rules, policies, and training resources support individuals in the person-centered service planning process.
- Individuals with IDD are interested in obtaining employment.

#### Rights and Dignity

- HHSC must ensure individuals and legal guardians understand individuals have a right to privacy and must educate providers on what this looks like in practice.
- Most staff working directly with individuals in DBMD are not able to communicate in the individual's preferred mode.
- Individuals may have visitors when they want to and, generally, their visitors have access to the entire home. However, most providers require visitors to sign in or otherwise notify staff when they arrive.

## Individual Autonomy

- Regimented daily activities should be avoided. Providers should increase opportunities for autonomy for individuals to schedule their days.
- Individual control of resources should improve.
- As part of the person-centered service planning process, MCO service coordinators should ensure that they ask all STAR+PLUS HCBS members about their interest in achieving competitive, integrated employment and assess whether employment assistance or supported employment services are appropriate.



## 8. Remediation Plan

### Federal Requirements

Remedial actions to achieve compliance with the HCBS Settings Rule may include new requirements promulgated in statute, rules, or licensing standards; revised provider qualifications; revised service definitions and standards; revised training requirements; or plans to relocate individuals to settings that are compliant with the regulations.

The remediation strategy below outlines HHSC's planned actions to achieve initial and ongoing compliance with the HCBS Settings Rule. The strategy includes a description of remedial actions and anticipated timeframes for completion. As a part of HHSC remediation activities, HHSC will also develop or revise compliance monitoring processes and tools, as necessary.

### Overview of Remediation Activities

#### Rule and policy revisions for CLASS, DBMD, HCS and TxHmL

HHSC is amending Texas Administrative Code (TAC) rules for the CLASS, DBMD HCS, and TxHmL programs to ensure compliance with the HCBS Settings Rule and anticipates that the amended rules will become effective by November 2022. Rule revisions are made with extensive input from stakeholders including providers, advocates, individuals receiving services, legally authorized representatives and other interested parties. Stakeholders are invited to review draft rule language and provide comments at several points in the rule promulgation process. Opportunities to provide input include: (1) through public comment on rule drafts that are made available on HHSC's website; (2) through public testimony before the Medical Care Advisory Committee, which meets four times per year; (3) through public testimony before the HHSC Executive Council, which meets four times per year; and (4) during the public comment period outlined in statute.

HHSC will revise program handbooks and manuals to align with the amended TAC rules and requirements of the HCBS settings regulations. Drafts of policy manual revisions are often posted on the HHSC website and stakeholders are

invited to provide comments before the revisions become effective. HHSC anticipates that program handbook and manual revisions will become effective by November 2022.

## **Managed care contract and handbook amendments for STAR+PLUS HCBS and MDCP**

Managed care contracts currently include requirements for MCOs to ensure their contracted providers comply with requirements at 42 CFR §441.301(c)(4). HHSC is amending contracts to provide additional specificity regarding the services subject to the HCBS Settings Rule. This includes adding credentialing requirements for ALFs and AFCs participating in STAR+PLUS HCBS. HHSC anticipates that these contract amendments will become effective in September 2022.

The contract amendment process takes approximately one year to complete and includes a comment period for MCOs to review and respond to proposed revisions. The process also includes CMS review. Managed care contracts are typically amended in September of each year. Once the contract amendments are effective, updated contracts are posted to HHSC's [website](#).

HHSC will revise program handbooks to align with the amended managed care contracts. Proposed revisions to managed care program handbooks are shared with MCOs for input before the revisions become effective. HHSC anticipates that handbook revisions will become effective in September 2022.

## **Revisions to provider oversight processes**

Following the completion of rule and policy amendments, program monitoring tools and processes will be revised to align with the amendments and ensure ongoing provider compliance with HCBS regulations. Monitoring tools and processes will be updated as soon as all policy revisions are completed to ensure ongoing monitoring of HCBS Settings Rule criteria beginning March 2023.

## **Individual rights**

HHSC will revise policies regarding individual rights and responsibilities as necessary to ensure individuals receiving services are informed of their rights and the processes for filing a complaint with HHSC or their MCO if restrictions

are imposed on their rights without following proper procedures. Because the different programs provide information to individuals about their rights through different documents, including rights booklets and member handbooks, revisions to these documents will occur on separate timelines. Revisions to rights booklets and member handbooks will be completed by March 2023.

## **MCO education**

HHSC will educate impacted MCOs on upcoming contract and policy changes. HHSC has provided training to STAR+PLUS MCOs on the HCBS Settings Rule and heightened scrutiny process for STAR+PLUS assisted living facilities. HHSC will continue to utilize current communication processes, including monthly policy calls and the contract amendment comment period, to communicate with MCOs about HCBS Settings Rule requirements and remediation activities. MCO education activities will be ongoing and may include training, technical assistance or issuance of policy guidance, as needed.

## **Provider and individual education**

Providers and individuals receiving Medicaid HCBS will have opportunities to learn about the HCBS Settings Rule and HHSC's upcoming rule and policy changes through HHSC's advisory committees, including the Medical Care Advisory Committee and IDD SRAC. HHSC will host webinars to provide education to providers on the HCBS Settings Rule and new state rules and policies. Proposed rules and policies will be posted on HHSC's website for public comment, and other provider guidance and resources will also be made available on the website. Updates on proposed rules and other provider guidance will also be shared through HHSC's GovDelivery system.

## Service-Specific Remediation

Remediation strategies described in this section of the STP are based on a review of internal and external assessment results.

## Compliance Status by Program and Service

### Assessment Key

| Status                           | Description of Status  |
|----------------------------------|--|
| <b>No modifications needed</b>   | Settings where these services are provided fully comply with the HCBS Settings Rule because the services are individualized; are provided in the community, the individual's own home or family home, or non-disability specific setting; and allow full access to the broader community according to a person's needs and preferences. Providers of these services will not undergo a site-specific assessment process. However, HHSC will continue to monitor these services through existing provider monitoring processes. |
| <b>Modifications in progress</b> | Settings where these services are provided require changes to comply fully with the HCBS Settings Rule. These services are typically provided to groups of people who receive Medicaid HCBS. Providers of these services will undergo assessment and remediation processes and, if necessary, will undergo heightened scrutiny.  |
| <b>Not applicable (N/A)</b>      | The service is not offered through that program.   |

## Residential Services

|  | §1915(c) Waiver Programs  |                           |                           |             |           |              | 1115 Demonstration Waiver |
|--|---------------------------|---------------------------|---------------------------|-------------|-----------|--------------|---------------------------|
| HCBS Service   | CLASS [FFS]               | DBMD [FFS]                | HCS [FFS]                 | TxHmL [FFS] | YES [FFS] | MDCP [MLTSS] | STAR+PLUS HCBS [MLTSS]    |
| Residential assistance (host home/companion care, supervised living, residential support services) | N/A                       | N/A                       | Modifications in progress | N/A         | N/A       | N/A          | N/A                       |
| AFC  | N/A                       | N/A                       | N/A                       | N/A         | N/A       | N/A          | Modifications in progress |
| Assisted living (licensed up to six beds)  | N/A                       | Modifications in progress | N/A                       | N/A         | N/A       | N/A          | Modifications in progress |
| Assisted living  | N/A                       | N/A                       | N/A                       | N/A         | N/A       | N/A          | Modifications in progress |
| CFS  | Modifications in progress | N/A                       | N/A                       | N/A         | N/A       | N/A          | N/A                       |
| SFS  | Modifications in progress | N/A                       | N/A                       | N/A         | N/A       | N/A          | N/A                       |

## Non-residential services

|               | §1915(c) Waiver Programs |                         |                         |                         |                         |                         | 1115 Demonstration Waiver |
|---------------|--------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---------------------------|
| HCBS Service  | CLASS [FFS]              | DBMD [FFS]              | HCS [FFS]               | TxHmL [FFS]             | YES [FFS]               | MDCP [MLTSS]            | STAR+PLUS HCBS [MLTSS]    |
| Adaptive aids | No modifications needed  | No modifications needed | No modifications needed | No modifications needed | No modifications needed | No modifications needed | No modifications needed   |
| Audiology     | N/A                      | No modifications needed | No modifications needed | No modifications needed | N/A                     | N/A                     | N/A                       |

|                                  | §1915(c) Waiver Programs  |                           |                           |                           |                         |                         | 1115 Demonstration Waiver |
|----------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|-------------------------|-------------------------|---------------------------|
| HCBS Service                     | CLASS [FFS]               | DBMD [FFS]                | HCS [FFS]                 | TxHmL [FFS]               | YES [FFS]               | MDCP [MLTSS]            | STAR+PLUS HCBS [MLTSS]    |
| Behavioral support               | No modifications needed   | No modifications needed   | No modifications needed   | No modifications needed   | N/A                     | N/A                     | N/A                       |
| CRT                              | No modifications needed   | N/A                       | No modifications needed   | N/A                       | N/A                     | N/A                     | No modifications needed   |
| Community living supports        | N/A                       | N/A                       | N/A                       | N/A                       | No modifications needed | N/A                     | N/A                       |
| Community support services       | N/A                       | N/A                       | N/A                       | No modifications needed   | N/A                     | N/A                     | N/A                       |
| Day habilitation                 | N/A                       | Modifications in progress | Modifications in progress | Modifications in progress | N/A                     | N/A                     | N/A                       |
| Dental treatment                 | No modifications needed   | No modifications needed   | No modifications needed   | No modifications needed   | N/A                     | N/A                     | No modifications needed   |
| Dietary services                 | No modifications needed   | No modifications needed   | No modifications needed   | No modifications needed   | N/A                     | N/A                     | N/A                       |
| EA                               | Modifications in progress | Modifications in progress | Modifications in progress | Modifications in progress | No modifications needed | No modifications needed | No modifications needed   |
| Family supports                  | N/A                       | N/A                       | N/A                       | N/A                       | No modifications needed | N/A                     | N/A                       |
| FMS                              | No modifications needed   | No modifications needed   | No modifications needed   | No modifications needed   | N/A                     | No modifications needed | No modifications needed   |
| Flexible family support services | N/A                       | N/A                       | N/A                       | N/A                       | N/A                     | No modifications needed | N/A                       |
| Habilitation (transportation)    | No modifications needed   | N/A                       | N/A                       | N/A                       | N/A                     | N/A                     | N/A                       |
| Home-delivered meals             | N/A                       | N/A                       | N/A                       | N/A                       | N/A                     | N/A                     | No modifications needed   |

|   | §1915(c) Waiver Programs  |                           |                           |                           |                         |                         | 1115<br>Demonstration<br>Waiver |
|---|---------------------------|---------------------------|---------------------------|---------------------------|-------------------------|-------------------------|---------------------------------|
| HCBS Service                              | CLASS<br>[FFS]            | DBMD<br>[FFS]             | HCS<br>[FFS]              | TxHmL<br>[FFS]            | YES<br>[FFS]            | MDCP<br>[MLTSS]         | STAR+PLUS HCBS<br>[MLTSS]       |
| Intervener services                       | N/A                       | No modifications needed   | N/A                       | N/A                       | N/A                     | N/A                     | N/A                             |
| Medical supplies                          | N/A                       | N/A                       | N/A                       | N/A                       | N/A                     | N/A                     | No modifications needed         |
| Minor home modifications                  | No modifications needed   | No modifications needed   | No modifications needed   | No modifications needed   | No modifications needed | No modifications needed | No modifications needed         |
| Nonmedical transportation                 | N/A                       | N/A                       | N/A                       | N/A                       | No modifications needed | N/A                     | N/A                             |
| Orientation and mobility                  | N/A                       | No modifications needed   | N/A                       | N/A                       | N/A                     | N/A                     | N/A                             |
| Nursing                                   | No modifications needed   | No modifications needed   | No modifications needed   | No modifications needed   | N/A                     | N/A                     | No modifications needed         |
| Pre-vocational services                   | Modifications in progress | N/A                       | N/A                       | N/A                       | N/A                     | N/A                     | N/A                             |
| Residential habilitation (transportation) | N/A                       | No modifications needed   | N/A                       | N/A                       | N/A                     | N/A                     | N/A                             |
| Respite                                   | No modifications needed   | No modifications needed   | No modifications needed   | No modifications needed   | No modifications needed | No modifications needed | No modifications needed         |
| Social work                               | N/A                       | N/A                       | No modifications needed   | N/A                       | N/A                     | N/A                     | N/A                             |
| Specialized therapies                     | No modifications needed   | N/A                       | N/A                       | N/A                       | No modifications needed | N/A                     | N/A                             |
| SE  | Modifications in progress | Modifications in progress | Modifications in progress | Modifications in progress | No modifications needed | No modifications needed | No modifications needed         |
| Supported home living                     | N/A                       | N/A                       | No modifications needed   | N/A                       | N/A                     | N/A                     | N/A                             |

|                                      | §1915(c) Waiver Programs |                         |                         |                         |                         |                         | 1115<br>Demonstration<br>Waiver |
|--------------------------------------|--------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---------------------------------|
| HCBS Service                         | CLASS<br>[FFS]           | DBMD<br>[FFS]           | HCS<br>[FFS]            | TxHmL<br>[FFS]          | YES<br>[FFS]            | MDCP<br>[MLTSS]         | STAR+PLUS HCBS<br>[MLTSS]       |
| Supportive family-based alternatives | N/A                      | N/A                     | N/A                     | N/A                     | No modifications needed | N/A                     | N/A                             |
| Therapies (OT, PT, Speech)           | No modifications needed  | No modifications needed | No modifications needed | No modifications needed | N/A                     | N/A                     | No modifications needed         |
| TAS                                  | No modifications needed  | No modifications needed | No modifications needed | No modifications needed | No modifications needed | No modifications needed | No modifications needed         |



# 1915(c) Waiver Programs and Services

## Non-Residential Services

| Program | Service   | Remediation Activities   |
|---------|---|--|
| HCS     | <ul style="list-style-type: none"> <li>Day habilitation</li> </ul>                                    | <ul style="list-style-type: none"> <li>HHSC will replace day habilitation with a new, fully compliant service called individualized skills and socialization.</li> </ul>   |
|         | <ul style="list-style-type: none"> <li>Employment assistance</li> <li>Supported employment</li> </ul> | <p><u>Policy changes:</u></p> <ul style="list-style-type: none"> <li>HHSC is amending TAC rules to add requirements for all services and settings in the HCS program to comply with HCBS settings requirements at 42 CFR §441.301(c)(4)(i)-(v). These new rules will be added as TAC Title 26, Part 1, Chapter 263, Rule.<sup>11</sup> HHSC anticipates the new TAC rules will become effective in January 2023.</li> <li>HHSC will update program handbooks, provider monitoring tools and monitoring processes to align with amended TAC rules.</li> </ul> <p><u>Operational changes:</u></p> <ul style="list-style-type: none"> <li>HHSC will increase and enhance training on employment services provided to service coordinators and case managers.</li> <li>HHSC will increase oversight of the person-centered planning process to ensure current employment-first policies are followed.</li> </ul> |
|         | <ul style="list-style-type: none"> <li>Day habilitation</li> </ul>                                    | <p>HHSC will replace day habilitation with a new, fully compliant service called individualized skills and socialization.</p>  |

<sup>11</sup> In addition to adding new rule requirements to comply with 42 CFR §441.301(c)(4), HHSC will transfer all HCS program rules from TAC Title 40, Part 1, Chapter 9, Subchapter D to TAC Title 26, Part 1, Chapter 263.

| Program | Service  | Remediation Activities  |
|---------|--|---|
| TxHmL   | <ul style="list-style-type: none"> <li>• Employment assistance</li> <li>• Supported employment</li> </ul>                                    | <p><b>Policy changes:</b></p> <ul style="list-style-type: none"> <li>• HHSC is amending TAC rules to add requirements for all services and settings in the TxHmL program to comply with HCBS settings requirements in 42 CFR §441.301(c)(4)(i)-(v). These new rules will be added as TAC Title 26, Part 1, Chapter 262.<sup>12</sup> HHSC anticipates the new TAC rules will become effective in January 2023. HHSC anticipates the new TAC rules will become effective in January 2023.</li> <li>• HHSC will update program handbooks, provider monitoring tools and monitoring processes to align with amended TAC rules.</li> </ul> <p><b>Operational changes:</b></p> <ul style="list-style-type: none"> <li>• HHSC will increase and enhance training on employment services provided to service coordinators and case managers.</li> <li>• HHSC will increase oversight of the person-centered planning process to ensure current employment-first policies are followed.</li> </ul>  |
| CLASS   | <ul style="list-style-type: none"> <li>• Pre-vocational services</li> <li>• Employment assistance</li> <li>• Supported employment</li> </ul> | <ul style="list-style-type: none"> <li>• HHSC is amending TAC rules to add requirements for all services and settings in the CLASS program to comply with HCBS settings requirements in 42 CFR §441.301(c)(4)(i)-(v).</li> </ul> <p><b>Policy changes:</b></p> <ul style="list-style-type: none"> <li>• HHSC is amending TAC rules to add requirements for all services and settings in the CLASS program to comply with HCBS settings requirements in 42 CFR §441.301(c)(4)(i)-(v). These new rules will be added as TAC Title 26, Part 1, Chapter 259.<sup>13</sup> HHSC anticipates the new TAC rules will become effective in January 2023.</li> <li>• HHSC will update program handbooks, provider monitoring tools and monitoring processes to align with amended TAC rules.</li> </ul> <p><b>Operational changes:</b></p> <ul style="list-style-type: none"> <li>• HHSC will increase and enhance training on employment services provided to service coordinators and case managers.</li> <li>• HHSC will increase oversight of the person-centered planning process to ensure current employment-first policies are followed.</li> </ul> |
|         | <ul style="list-style-type: none"> <li>• Day habilitation</li> </ul>   | <ul style="list-style-type: none"> <li>• HHSC will replace day habilitation with a new, fully compliant service called individualized skills and socialization.</li> </ul>  |

<sup>12</sup> In addition to adding new rule requirements to comply with 42 CFR §441.301(c)(4), HHSC will transfer all TxHmL program rules from TAC Title 40, Part 1, Chapter 9, Subchapter N to TAC Title 26, Part 1, Chapter 262.

<sup>13</sup> In addition to adding new rule requirements to comply with 42 CFR §441.301(c)(4), HHSC will transfer all CLASS program rules from TAC Title 40, Part 1, Chapter 45 to TAC Title 26, Part 1, Chapter 259.

| Program | Service   | Remediation Activities  |
|---------|---|---|
| DBMD    | <ul style="list-style-type: none"> <li>• Employment assistance</li> <li>• Supported employment</li> </ul> | <p><b>Policy changes:</b></p> <ul style="list-style-type: none"> <li>• HHSC is amending TAC rules to add requirements for all services and settings in the DBMD program to comply with HCBS settings requirements in 42 CFR §441.301(c)(4)(i)-(v). These new rules will be added as TAC Title 26, Part 1, Chapter 260.<sup>14</sup> HHSC anticipates the new TAC rules will become effective in January 2023.</li> <li>• HHSC will update program handbooks, provider monitoring tools and monitoring processes to align with amended TAC rules.</li> </ul> <p><b>Operational changes:</b></p> <ul style="list-style-type: none"> <li>• HHSC will increase and enhance training on employment services provided to service coordinators and case managers.</li> <li>• HHSC will increase oversight of the person-centered planning process to ensure current employment-first policies are followed.</li> </ul> |

## Residential Services

| Program | Residential Settings  | Remediation Activities  |
|---------|---|---|
| HCS     | <ul style="list-style-type: none"> <li>• 3-person and 4-person group homes</li> <li>• Host home/companion care</li> </ul> | <p><b>Policy changes:</b></p> <ul style="list-style-type: none"> <li>• HHSC is amending TAC rules to add requirements for all settings in the HCS program, including 3-person and 4-person group homes and host home/companion care settings, to comply with HCBS settings requirements at 42 CFR §441.301(c)(4)(i)-(v). These new rules will be added as TAC Title 26, Part 1, Chapter 263.</li> <li>• HHSC is amending TAC rules to bring 3-person and 4-person group homes and host home/companion care settings into compliance with the HCBS Settings Rule requirements at 42 CFR §441.301(c)(4)(vi). These new rules will be added as TAC Title 26, Part 1, Chapter 263, Rule §263.502, Requirements for Program Provider Owned or Controlled Residential Settings. HHSC anticipates the new TAC rules will become effective in January 2023.</li> <li>• HHSC will update program handbooks, provider monitoring tools and monitoring processes to align with amended TAC rules.</li> </ul> |

<sup>14</sup> In addition to adding new rule requirements to comply with 42 CFR §441.301(c)(4), HHSC will transfer all DBMD program rules from TAC Title 40, Part 1, Chapter 42 to TAC Title 26, Part 1, Chapter 260.

| Program      | Residential Settings  | Remediation Activities  |
|--------------|---|---|
| <b>CLASS</b> | <ul style="list-style-type: none"> <li>• SFS</li> <li>• CFS</li> </ul>  | <p><b>Policy changes:</b></p> <ul style="list-style-type: none"> <li>• HHSC has drafted new TAC rules to bring all settings in the CLASS program, including SFS and CFS settings, into compliance with HCBS settings requirements at 42 CFR §441.301(c)(4)(i)-(v). These new rules will be added as TAC Title 26, Part 1, Chapter 259. HHSC anticipates the new TAC rules will become effective in January 2023.</li> <li>• HHSC will update program handbooks, provider monitoring tools and monitoring processes to align with amended TAC rules.</li> </ul> <p><b>Operational changes:</b></p> <ul style="list-style-type: none"> <li>• Because no individuals currently receive SFS or CFS services, HHSC will make any necessary additional modifications to SFS and CFS on a case-by-case basis.</li> </ul>   |
| <b>DBMD</b>  | <ul style="list-style-type: none"> <li>• Licensed assisted living facilities (4-6-person settings)</li> <li>• Licensed home health assisted living (1-3-person settings)</li> </ul> | <p><b>Policy changes:</b></p> <ul style="list-style-type: none"> <li>• HHSC has drafted new TAC rules to bring all settings in the DBMD program, including licensed assisted living and licensed home health assisted living settings, into compliance with requirements in 42 CFR §441.301(c)(4)(i)-(v). These new rules will be added as TAC Title 26, Part 1, Chapter 260. HHSC anticipates the new TAC rules will become effective in January 2023.</li> <li>• HHSC is amending TAC rules to bring licensed assisted living and licensed home health assisted living settings into compliance with HCBS Settings Rule requirements at 42 CFR §441.301(c)(4)(vi). These new rules will be added as TAC Title 26, Part 1, Chapter 260, Subchapter G, Program Provider-Owned or Controlled Residential Settings. HHSC anticipates the new TAC rules will become effective in January 2023.</li> <li>• HHSC will update program handbooks, provider monitoring tools and monitoring processes to align with amended TAC rules.</li> </ul> |

## 1115 Demonstration Waiver (STAR+PLUS HCBS Program)

### Non-Residential Services

Through the internal and external assessments, HHSC has determined that non-residential services in the STAR+PLUS HCBS program currently meet requirements of the HCBS Settings Rule. However, to support ongoing compliance, HHSC is amending STAR+PLUS managed care contracts to bolster requirements for MCOs must ensure their contracted providers meet the requirements of an HCBS setting described in the rule. HHSC anticipates that these contract amendments will become effective in September 2022.

## Residential Services

| Program               | Service   | Remediation Activities   |
|-----------------------|---|--|
| <b>STAR+PLUS HCBS</b> | <ul style="list-style-type: none"> <li>Assisted living</li> </ul> | <p><b>Heightened scrutiny:</b></p> <ul style="list-style-type: none"> <li>HHSC plans to submit all assisted living facilities (ALFs) participating the STAR+PLUS HCBS program for heightened scrutiny.</li> <li>The process of completing evidentiary packages for each ALF setting includes developing setting-specific remediation plans.</li> </ul> <p><b>Policy changes:</b></p> <ul style="list-style-type: none"> <li>HHSC is amending STAR+PLUS managed care contracts to bolster requirements for MCOs to ensure their contracted providers meet the requirements of an HCBS setting described at 42 CFR §441.301(c)(4)(i)-(v).</li> <li>HHSC is amending STAR+PLUS managed care contracts to require that the MCO ensures ALFs meet requirements of a provider-owned/controlled residential setting at 42 CFR §441.301(c)(4)(vi), as a condition of contracting or credentialing to provide Medicaid HCBS.</li> </ul> |
|                       | <ul style="list-style-type: none"> <li>AFC</li> </ul>             | <p><b>Policy changes:</b></p> <ul style="list-style-type: none"> <li>HHSC is amending STAR+PLUS managed care contracts to bolster requirements for MCOs to ensure their contracted providers meet the requirements of an HCBS setting described at 42 CFR §441.301(c)(4)(i)-(v).</li> <li>HHSC is amending STAR+PLUS managed care contracts to require that the MCO ensures AFC settings meet requirements of a provider owned/controlled residential setting at 42 CFR §441.301(c)(4)(vi), as a condition of contracting or credentialing to provide Medicaid HCBS.</li> </ul>  |

## Transition of Day Habilitation to Individualized Skills & Socialization in HCS, TxHmL and DBMD Programs

HHSC has determined that day habilitation services do not meet the requirements of a home and community-based setting in 42 CFR §441.301(c)(4)(i-v).

As authorized by the Texas Legislature in the 2022-23 General Appropriations Act (HB 1, 87<sup>th</sup> Legislature, Regular Session, 2021), HHSC will replace day habilitation with individualized skills and socialization, a new service that allows individuals greater access to and integration in the

community. HHSC anticipates that individualized skills and socialization will implement in Fall 2022 and out-of-home day habilitation will no longer be offered by March 2023.

Individualized skills and socialization will include an on-site component that is facility-based and off-site component that is community based. Individualized skills and socialization will have lower staff-to-individual ratios than day habilitation, both on-site and off-site, to allow staff to provide more individual attention to program participants. Lower ratios also allow staff to provide more personalized habilitative activities and optimize an individual's initiative, autonomy and independence in making life choices, as required by 42 CFR §441.301(c)(4)(iv).

To comply with person-centered planning requirements in 42 CFR §441.301(c)(3) and with requirements in 42 CFR §441.301(c)(4)(iv) related to choice and autonomy in daily activities and social interactions, on-site individualized skills and socialization is designed to achieve outcomes identified in person-centered plans to a greater degree than the current day habilitation service. Group activities will be reduced, and individualized skills and socialization will provide more person-centered activities related to skill development; gaining greater independence, socialization, community participation; and meeting volunteer and employment goals. A provider will be prohibited from requiring individuals to take a skills tests or meet similar thresholds to participate in off-site individualized skills and socialization. At any time, a person must be supported to pursue and achieve employment through school, vocational rehabilitation, or Medicaid HCBS waiver employment services.

To comply with community access and integration requirements in 42 CFR §441.301(c)(4)(i), individualized skills and socialization includes an off-site component to ensure individuals have opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources and receive services in the community, to the same degree as people not receiving Medicaid HCBS.

An individualized skills and socialization provider must be either a TxHmL or HCS comprehensive provider, a DBMD program provider, or a subcontractor of a TxHmL, HCS or DBMD provider. An individualized skills and socialization provider must also be licensed by HHSC.

## 9. Monitoring

To ensure compliance with all applicable federal and state rules and regulations, HHSC conducts site-specific evaluations through existing processes such as licensing reviews, provider qualifications reviews and service coordination visit reports.

### 1915(c) Waiver Programs

#### CLASS

HHSC Medicaid & CHIP Services Provider Monitoring staff conduct on-site contract monitoring to determine whether a contractor is following the terms of the contract, including compliance with applicable federal and state laws, rules, and regulations; provider manuals and handbooks; billing guidelines; and communications promulgated by HHSC, such as information letters and provider letters. HHSC is responsible for developing and maintaining a monitoring schedule that ensures monitoring activities are conducted in accordance with the required monitoring frequency. HHSC may also conduct reviews based on a report of a complaint; death; abuse, neglect, or exploitation (ANE); and for monitoring visits to any location in that contract. Please refer to the CLASS waiver application for complete details of program monitoring processes.

#### DBMD

HHSC Medicaid & CHIP Services Provider Monitoring staff conduct on-site contract monitoring to determine whether a contractor is following the terms of the contract, including compliance with applicable federal and state laws, rules, and regulations; provider manuals and handbooks; billing guidelines; service documentation requirements; and communications promulgated by HHSC such as information letters and provider letters. HHSC is responsible for developing and maintaining a monitoring schedule that ensures monitoring activities are conducted in accordance with the required monitoring frequency. HHSC may also conduct reviews based on a report of a complaint; death; ANE; and for monitoring visits to any location in that contract. Please refer to the DBMD waiver application for complete details of program monitoring processes.

### HCS and TxHmL

HHSC Regulatory staff are responsible for conducting on-site certification reviews of each HCS and TxHmL program provider, at least annually, to evaluate evidence of the program provider's compliance with the certification principles. HHSC may also conduct reviews based on a report of a complaint; death; ANE; and for monitoring visits to any location in that contract. HHSC completes on-site surveys for each residence in the HCS program providing Supervised Living, Residential Support Services and Host Home/Companion Care, at least annually, to ensure the health, safety and welfare of the individuals. Please refer to the [HCS waiver application](#) and [TxHmL waiver application](#) for complete details of program monitoring processes.

## YES

HHSC staff are responsible for conducting on-site reviews of each Wraparound provider organization (WPO) and comprehensive waiver provider (CWP) at least annually to evaluate evidence of the program provider's compliance with YES program requirements. A WPO must provide Wraparound and may either provide all other waiver services or provide some waiver services and subcontract with a CWP for the provision of any other waiver services except Wraparound. A CWP may also subcontract with individual service providers for the provision of all services except Wraparound. Both the WPO and CWP are responsible for ensuring that subcontracted waiver providers follow all federal and state statutes, rules, and regulations, including the HCBS Settings Rule.

HHSC may also conduct a review of a WPO or CWP based on a report of a complaint; death; ANE; and for monitoring visits to any location in that contract. Please refer to the [YES Waiver application](#) for complete details of program monitoring processes.

## MDCP

Medicaid MCOs are responsible for ongoing monitoring of their contracted providers. However, HHSC delineates roles and responsibilities and maintains monitoring and oversight functions. HHSC monitors the MCOs when new regulations, services, or programs come under the contractual obligation of the MCO and conducts ongoing monitoring of the MCOs' compliance with the contract.

MCOs ensure contracted MDCP providers comply with program rules, regulations, and guidelines specified in its approved 1915(c) waiver application, managed care contract and any other regulatory guidance. MCOs verify provider qualifications prior to awarding a provider agreement and annually thereafter. The MCO respond to complaints received against a contractor for failure to maintain provider qualifications and levies appropriate actions and sanctions for failure to follow the provider agreement requirements. MCOs must make a minimum of four face-to-face contacts annually with each member, in addition to monthly calls to monitor the member's health and welfare and ensure authorized services are delivered.

As described in the most recent MDCP waiver amendment (effective August 31, 2020), HHSC now reviews performance measures through desk reviews of member's service plan and corresponding interview with the member. HHSC also conducts on-site operational reviews of each MCO at least biennially to ensure MCOs follow their documented policies and procedures and that those policies and procedures continue to align with HHSC's contractual requirements.

MCOs that fail to meet contract standards are subject to liquidated damages and other remedies such as corrective action plan, accelerated monitoring, requiring additional financial or programmatic reporting, and terminating or declining to renew or extend the contract.

Please refer to the [MDCP waiver application](#) for complete details of program monitoring processes.



# 1115 Demonstration Waiver

## STAR+PLUS HCBS

MCOs are responsible for ongoing monitoring of their contracted providers. HHSC monitors the MCOs when new regulations, services, or programs come under the contractual obligation of the MCO and conducts ongoing monitoring of the MCOs' compliance with the contract. Ongoing monitoring of the MCOs includes leveraging existing processes, including frequent communication via conference calls, emails, and meetings; quarterly reporting; on-site reviews (as needed); and assessment of corrective action plans or liquidated damages.

Utilization management review is conducted through on-site reviews of the MCO records related to STAR+PLUS HCBS assessments, service coordination planning, and timeliness. HHSC also documents living arrangements, reviews service provision, and refers non-compliance issues to the appropriate oversight entity.

Beginning in September 2017, HHSC implemented an operational review process that monitors MCO contract compliance through on-site visits and desk reviews. The utilization review (UR) portion of the operational review provides oversight to ensure MCOs use prior authorization and UR processes appropriately to reduce authorizations of unnecessary services and inappropriate use of services. In addition, monitoring activities ensure MCO compliance with federal and state laws and rules, applicable HHSC contracts, and the MCO's internal policies. HHSC UR staff also conduct readiness and targeted reviews, as well as clinical reviews of individual cases in response to complaints or special requests. Beginning in September 2018, HHSC expanded the scope of these reviews and began including additional agency departments in the review process.

## Key Assessment Tools

### National Core Indicators (NCI)

HHSC relies on participant surveys for various programs, which will be critical in ongoing monitoring to ensure compliance with HCBS settings regulations. The surveys currently in use in Texas are described below. While the specific tools may change, HHSC will continue to use direct participant feedback as one measure of the quality of service delivery.

- NCI Adult Consumer survey is administered to adult IDD services and supports recipients. Section I can be answered only by the individual in a face-to-face interview. Section II contains questions that can be answered by the individual or, if needed, by someone who knows the individual well, such as a family member, friend, guardian or advocate.
- NCI Child Family survey evaluates Medicaid waiver programs serving children with disabilities. Because these individuals are younger than 21 years, a caregiver is asked to

provide information regarding overall experiences with the services and supports received. These surveys are administered by mail.

- Participant Experience Survey (PES) Elderly/Disabled evaluates the experiences and satisfaction of older adults and adults with physical disabilities. The PES is administered through face-to-face interviews. National Core Indicators-Aging and Disabilities (NCI-AD) collects member feedback on how MLTSS affect their quality of life and health outcomes. Face-to-face surveys are conducted biennially using a sample of members or a proxy.

## 10. Heightened Scrutiny

A primary purpose of the HCBS Settings Rule is to ensure people get Medicaid HCBS in settings that are integrated in the community. CMS presumes that certain settings are not home and community-based because they have institutional or isolating qualities. However, the heightened scrutiny process allows states to demonstrate that settings can overcome this institutional presumption. These settings must go through a heightened scrutiny review by CMS.

CMS presumes the following types of settings have institutional or isolating qualities:

- **Prong 1 settings:** Located in a hospital, nursing facility, intermediate care facility for individuals with an intellectual disability or related condition (ICF/IID) or institution for mental disease (IMD).
- **Prong 2 settings:** Located adjacent to a public hospital, nursing facility, ICF/IID or IMD.
- **Prong 3 settings:** Have the effect of isolating people from the broader community of people who do not receive HCBS.

To identify presumptively institutional and isolating settings, HHSC relied on results of its internal and external assessments. Based on these assessment results, HHSC determined that all Medicaid HCBS settings, except day habilitation settings<sup>5</sup>, currently do or can comply with the HCBS Final Rule by March 17, 2023.

The results of the assessments identified ALFs participating in the STAR+PLUS HCBS program as settings with institutional or isolating qualities. Therefore, HHSC will submit these settings for heightened scrutiny review.

### ALFs in STAR+PLUS HCBS

To determine which ALF settings must be submitted for heightened scrutiny, HHSC relied on the results of its internal systemic policy assessment, as well as provider and participant survey data collected and analyzed by the Texas EQRO. HHSC also conducted a geographic analysis to support its determinations for the prongs under which each STAR+PLUS ALF will be submitted for heightened scrutiny.

The EQRO survey results indicate that nearly all STAR+PLUS ALF settings have isolating qualities that require site-specific remediation. Additionally, both the EQRO survey results and HHSC's internal systemic policy assessment results indicate that policy barriers currently prevent all ALFs from fully complying with the HCBS Final Rule.

The results of the internal systemic policy assessment and external assessments indicate that all STAR+PLUS ALF settings can overcome the institutional or isolating presumption and comply with the HCBS Final Rule by March 17, 2023, through policy changes and site-specific remediation. Therefore, HHSC plans to submit all STAR+PLUS ALFs for heightened scrutiny.

Considering all ALFs for heightened scrutiny will allow HHSC and STAR+PLUS MCOs, in collaboration with each ALF setting, to confirm the ALF's compliance status and oversee any necessary remediation prior to the deadline for compliance with the HCBS Final Rule.

## **Day Habilitation**

In the 2020-21 General Appropriations Act, the Texas Legislature directed HHSC to develop a plan to replace day habilitation services in the DBMD, HCS and TxHmL programs with more integrated services (HB 1, 86<sup>th</sup> Legislature, Regular Session, 2019). HHSC submitted its plan in December 2020 to the Texas Legislature and Office of the Governor. In 2021, the Texas Legislature authorized implementation of individualized skills and socialization to replace day habilitation (Rider 23, General Appropriations Act, 87th Legislature, Regular Session, 2021). Because HHSC will implement individualized skills and socialization (a HCBS Settings compliant service) to replace day habilitation before March 2023, day habilitation sites will not require heightened scrutiny.

## 11. Relocation of Beneficiaries

HHSC will provide support and technical assistance to residential providers to ensure full compliance with HCBS Settings Rule. If necessary, HHSC will provide reasonable notice to individuals, their LARs and others regarding the need for relocation and the retention of Medicaid HCBS. HHSC will ensure individuals are provided the opportunity, necessary information, and support to make an informed choice of alternate settings that comply with the regulations. HHSC will also ensure that critical services and supports are in place prior to the individual's transition. If relocation is determined necessary, HHSC will provide to CMS the timeline for the relocation process and the number of individuals affected.

HHSC will address member relocation on a case-by-case basis to ensure all individuals are successfully relocated. This may also include situations in which an individual needs to be relocated, but the provider's contract is not being terminated. HHSC will provide information to individuals who choose to remain in non-compliant settings, informing them that any setting that is not compliant with HCBS Settings Rule after March 2023 will no longer be eligible as a setting in which HCBS may be provided to Medicaid recipients and choosing to remain in a non-compliant setting after this date will affect their ability to receive Medicaid services in that setting.

### DBMD and HCS

In the event of a provider's contract termination, HHSC will work with providers to ensure continuity of services for individuals. HHSC will identify all affected residents and ensure that the provider creates a relocation plan that outlines the provider's strategy for relocating the residents, including where residents are being relocated; any new or additional services being put into place; and any other steps taken to ensure the individual's health, safety, continuity of care and choice of provider.

### STAR+PLUS HCBS

If a managed care provider is terminated from an MCO's network and individuals need to be relocated to another facility or residence, HHSC requires the MCO to identify all affected members and submit a work plan to HHSC that outlines the MCO's strategy for relocating the members, including where members are being relocated; any new or additional services being put into place; and any other steps taken to ensure the member's health, safety, continuity of care, and choice of provider. HHSC requires MCOs to maintain a provider network with sufficient capacity to provide timely access to all covered services to all members. If network access and adequacy are affected by the termination of a provider, HHSC will work with the MCOs to address this issue.

# List of Acronyms

| <b>Acronym</b> | <b>Definition</b>  |
|----------------|--|
| AFC            | Adult Foster Care  |
| ALF            | Assisted Living Facility   |
| ANE            | Abuse, Neglect and Exploitation  |
| CBA            | Community Based Alternatives   |
| CFC            | Community First Choice   |
| CLASS          | Community Living Assistance and Support Services                               |
| CMS            | Centers for Medicare & Medicaid  |
| DADS           | Department of Aging and Disability Services                                    |
| DBMD           | Deaf Blind with Multiple Disabilities  |
| DFPS           | Department of Family and Protective Services                                   |
| DSHS           | Department of State Health Services  |
| EQRO           | External Quality Review Organization   |
| FFS            | Fee-for-service  |
| HCS            | Home and Community-based Services  |
| HCBS           | Home and Community Based Services  |
| HCBS-AMH       | Home and Community Based Services – Adult Mental Health                        |
| HHSC           | Health and Human Services Commission   |
| ICF/IID        | Intermediate Care Facility for an Individual with an Intellectual Disability   |
| ID             | Intellectual Disability  |
| IDD            | Intellectual and Developmental Disabilities                                    |
| IDD SRAC       | Intellectual and Developmental Disabilities System Redesign Advisory Committee |
| IMD            | Institutions for Mental Disease  |
| LIDDA          | Local Intellectual and Developmental Disability Authority                      |
| LTSS           | Long-Term Services and Supports  |
| MCO            | Managed Care Organization  |
| MDCP           | Medically Dependent Children Program   |
| MLTSS          | Managed Long Term Services and Supports  |
| NCI            | National Core Indicators   |
| NCI-AD         | National Core Indicators – Aging and Disability                                |
| NF             | Nursing Facility   |
| PES            | Participant Experience Survey  |
| PNI            | Public Notice of Intent  |

| <b>Acronym</b>    | <b>Definition</b>   |
|-------------------|---|
| SSLC              | State Supported Living Center                                       |
| STAR Kids         | State of Texas Access Reform Kids                                   |
| STAR+PLUS<br>HCBS | State of Texas Access Reform PLUS Home and Community Based Services |
| TxHmL             | Texas Home Living   |
| UR                | Utilization Review  |
| YES               | Youth Empowerment Services  |