



**HHSC: Aging Texas
Well Advisory
Committee, February 5,
2020**



The [Aging Texas Well Advisory Committee](#) advises HHSC and makes recommendations to state leadership on implementation of the Aging Texas Well Initiative. Texas Gov. Rick Perry issued an [executive order](#) creating the Aging Texas Well Advisory Committee and Action Plan. The order, which was issued in April 2005, formalizes the Aging Texas Well Initiative and asks the department to continue its work to identify and discuss aging policy issues, guide state government readiness, and promote increased community preparedness for an aging Texas population.

Under the executive order, an advisory committee is to be formed to advise the Texas Health and Human Services Commission (HHSC) and to make recommendations to state leadership on implementation of the Aging Texas Well Initiative. HHSC creates and disseminates a comprehensive and effective working plan to identify and discuss aging policy issues, guides state government readiness and promotes increased community preparedness for an aging Texas.

HHSC also leads a planning effort to ensure the readiness of all Texas state agencies to serve an aging population by identifying issues, current initiatives, and future needs. Members are listed below.

Dr. Michèle J. Saunders, MD, Chairperson Academic San Antonio Cindy Adams Provider/Managed Care Organization Austin Patricia Bordie Area Agency on Aging Austin Bruce Bower Advocate/Consumer Austin Andrew Crocker Academic Amarillo Richard Flores Aging & Aging and Disability Resource Center McAllen Amanda Fredriksen Advocate/Consumer Austin	Anna Gray Advocate/Consumer Austin Tammy Mermelstein Faith /Non-profit Organization Houston Dirk Sheridan Protections Austin Tim Spong Workforce Austin Lynda Taylor Physical/Mental Health Austin Michael Wilson Older Adult Services Network Austin Carol Zernial Faith/Non-profit Organization San Antonio
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- 1. Welcome and opening remarks.** The meeting was convened by the Chair, on February 5th, who announced that many members were attending via telephone. A quorum was present.
- 2. Approve November 6, 2019, meeting minutes.** The minutes were approved as written.
- 3. Special Topic: Burden of oral disease among older adults and implications for public health priorities - Dr. Josefine Ortiz Wolfe, Oral Health Program Director, Texas Health Institute**

[The Texas Health Institute](#) is a non-profit, non-partisan public health institute. From the website: Since 1964, we have served as a trusted, leading voice on public health and healthcare issues in Texas and the nation. Our expertise, strategies, and nimble approach makes us an integral and essential partner in driving systems change efforts. We work across and within sectors to lead collaborative efforts and facilitate connections to foster systems that provide the opportunity for everyone to lead a healthy life.

As the public health institute in Texas we are also a member of the National Network of Public Health Institutes which is a social, financial and information network, connecting more than 8,000 subject-matter experts with organizational partners across the nation.

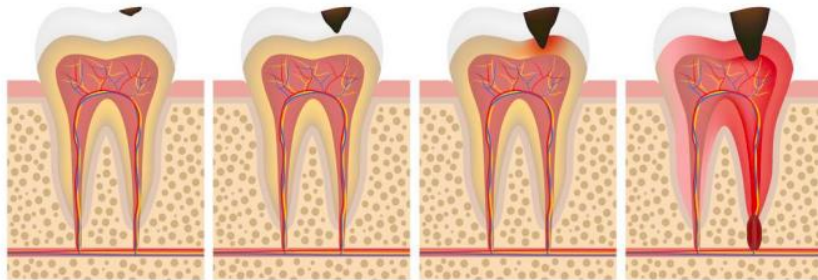
The presentation began with the basics of oral health.



The stages of tooth decay

Stages of Tooth Decay

1. Decay in enamel 2. Advanced decay 3. Decay in dentin 4. Decay in pulp



These stages are not painful

This stage
is painful

This stage is
very painful

- Stage 1: Decay in enamel
- Stage 2: Advanced decay (first two stages are not painful)
- Stage 3: Decay in dentin (this stage is painful)
- Stage 4: Decay in pulp (this stage is very painful)

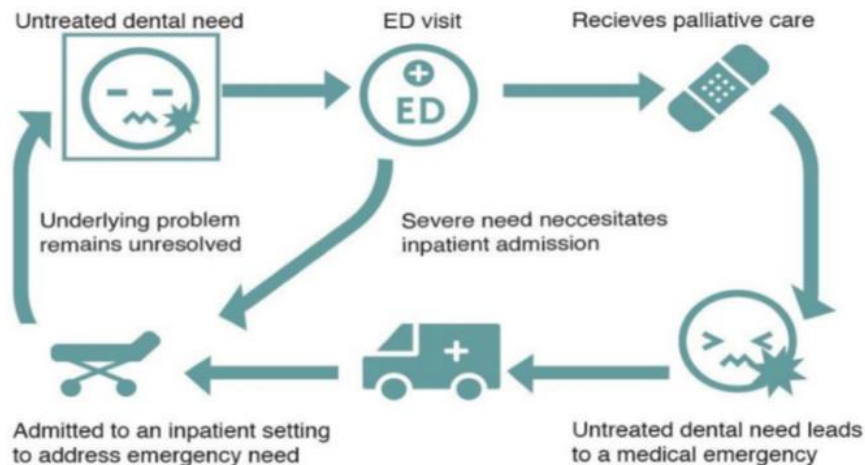
Oral Health is Important to Overall Health:

- Stress: Hormones produced by stress and depression may contribute to gum disease
- Heart: Gum disease and poor health may lead to a higher risk for heart disease and stroke
- Lungs: Bacteria in the mouth can be inhaled into the lungs and may lead to respiratory complications such as pneumonia
- Kidneys: There are links between kidney disease and oral health problems including gum disease and tooth loss
- Bones: Bone density tends to weaken with age, including the bones that support teeth
- Diabetes: Diabetic patients are more likely to have gum disease. Non-diabetic patients with poor oral health may be more susceptible to developing diabetes
- Cancer: Oral cancer can develop and easily spread throughout the body, so early detection is important.

Medicare is the primary source of health coverage for older adults, but without a Medicare dental benefit, 70% of older adults have no to very limited oral health coverage. As a consequence, one in five older adults has untreated tooth decay and 70% have periodontal (gum) disease. Cost is the primary barrier older adults cite in obtaining dental treatment.⁴ Half of all Medicare beneficiaries have incomes below \$26,200 and have less than \$74,450 in savings, including retirement accounts.

They have looked at data samples identifying patients who have entered the hospital due to a nontraumatic dental condition. They used inpatient hospital quarterly reporting. Those with Medicare Part A totaled more than 8,000 (ten-year period). When they looked at the hospital charges, it was in excess of \$332 million.

Cycle of Untreated Dental Needs



When people are treated for dental needs in the emergency room, they leave with the same underlying condition that they came in with. Sometimes they have to be admitted to the hospital because it has become a life-threatening condition. Here, they receive palliative care and the hospital is not addressing the underlying condition. The average stay is just under four days for dental-related admissions.

Questions/Comments

Do the hospitalizations include nursing home residents? The speaker stated that they use the ICD 9 and 10 codes, and all are included. The data also includes the source of admission.

OBRA87 was the first intensive regulatory effort for nursing facilities but they did not include dental services until recently. Fines are assessed now if dental care is ignored at nursing facilities.

The speaker stated that inter-collaboration and special training for staff is encouraged, including preventative oral health.

Triple As have been working with facilities on oral health in a collaborative effort. The value-added dental services are provided by health plans, but do you have any data on the advantage plans? The speaker stated that they do not have any data on Advantage Plans, but added that dental care should be a part of any insurance plan.



On the Medicare Advantage plans, we are seeing the most comprehensive dental services we have ever seen. We need it across all the insurance plans. The numbers of uncovered related to dental services has gone down the last couple of years.

The Chair stated that the President's budget cuts Medicare Advantage plans significantly. We should probably keep an eye on this. Congress has been holding the line so far.

When older adults seek dental care, they are often told that their teeth just have to be pulled. The speaker stated that in the past, they saw that a lot. They also had those conversations with young people. There are certain standards of care that must be adhered to. In stage four periodontal disease, there is no mechanical repair possible. If teeth have to be pulled, it is important for the dentist to communicate clearly with the patient why it's necessary. The Chair stated that the most common caries situation in older adults is attributed to advanced periodontal disease, and this is preventable.

The data reported was just for Texas, and a fact sheet is being prepared. A question was asked regarding whether they are looking at dual-eligibles. The speaker answered in the affirmative and they are looking at age groups and disability as well.

Do you have any recommendations related to public health messaging? The Chair stated that the [Gerontological Society of America](#) is pulling together information on dental health to be published on their website.

By the time most people qualify for Medicare, the cow is out of the barn, so to speak. A lot more prevention at an early age would be beneficial. He asked if we are using dental hygiene professionals in a meaningful way, and are we denying access to dental health professionals? The speaker stated that workforce issues have to be discussed. Texas does not allow dental hygienists to open their own practice. There is an expansion of the hygienist role that should be reviewed.

The Chair stated that the practice act for dental hygienist has loosened up a little bit.

4. Division Reports:

Office of the State Long-term Care Ombudsman. It is part of the 2020 business plan with a goal of increasing the volunteer force. That means people will be able to respond more rapidly. They are seeking funding to provide volunteer coordination services. They would like to have one volunteer for each nursing facility. The volunteer coordinator would be a certified ombudsman. The plan is scalable in case not all the needed funding is provided. They are looking for a rider revision to address assisted living facilities. It would be addressed through an assisted living quality survey. They are also working on new legislation which is still under development.

Medicaid and CHIP Services. They discussed Rider 42 interest list study. They are required through rider to look at other states and how they address the interest list. There are many waivers in Texas, including four that address IDD services, and two waivers in managed care that waive off nursing facility care. The waivers that serve IDD waive off of ICF level of care. The rider directs the study and to develop some strategies through the IDDSRAC. They have been working to get the data that is already available and have engaged the IDDSRAC.

Rider 42. Medicaid Waiver Program Interest List Study.

(a) Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC), in consultation and collaboration with the Intellectual and Developmental Disability System Redesign Advisory Committee established under Sec. 534.053, Government Code, shall conduct a study of interest lists or other waiting lists for the Home and Community-Based Services waiver, Community Living Assistance and Support Services waiver, Deaf-Blind Multiple Disabilities waiver, Medically Dependent Children Program waiver, Texas Home Living waiver, and STAR+PLUS.

(b) In conducting the study, HHSC shall consider:

- (1) The experiences of other states in reducing or eliminating interest lists for services available for individuals with an intellectual or developmental disability (IDD);
- (2) Factors affecting the interest list for each waiver program for the five most recent state fiscal biennia, including significant policy changes impacting the interest list;
- (3) Existing data on persons on the interest list for each waiver program, including demographics, living arrangement, service preferences, length of time on the interest list, and unmet support needs;
- (4) Strategies that HHSC could employ to eliminate the interest list for each program in a manner that results in the provision of person-centered services in the most integrated setting, including strategies employed by other states and opportunities for additional federal funding; and
- (5) Cost estimates to implement strategies for eliminating the interest list for each program.

(c) HHSC shall submit a report with the results of the study to the Legislative Budget Board and the Governor not later than September 1, 2020.

(d) HHSC shall update the Statewide IDD Strategic Plan developed in relation to the Statewide Behavioral Health Strategic Plan required pursuant to Article IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, to include short- and long-term goals, objectives, and strategies to address gaps in services for individuals with IDD, including strategies identified in the report submitted under subsection (c) of this rider, and to track the implementation of strategies to reduce interest lists and measure outcomes.

What is the waiting list for STAR+PLUS? The waiting list for STAR+PLUS is currently about six months. The list remains relatively small because of the mechanism that enrolls people

automatically once they are determined eligible. The assessment process also has to be followed, and that adds additional time to the six-month estimate. There are timeframes that the managed care entities are supposed to follow and those are monitored by HHSC staff. The timeline to complete the draft of the report is June.

Access and Eligibility. Staff have been preparing to host a housing navigator program in June of this year. The navigators increase the availability of housing through their efforts. They are currently reviewing the respite inventory on the [Take Time Texas website](#).

Additional Item—Office of Triple As. They described the different staffing issues they are engaged in. The Texas Congregate Meal initiative, Title III, in consultation with Texas A&M and Triple As. There was a survey sent out to triple As and providers. The data from the survey will be used to address the base for a focus group made up of Triple As as host sites. They are inviting other Triple As to collaborate with the host Triple As. They have been working on their conference in June of this year. The Home Delivered Meals 2020 Pilot begins April 1st and runs through September 30th. The speaker called in and was not speaking loudly enough to be heard. They will be using the pilot to receive feedback from the Triple As before developing the final policy, which should be available in early 2021. It is important that there be collaboration at the local level and there will be flexibility to allow for creativity in when meals will be delivered. They will be collecting a lot of data from providers.

Health and Specialty Care System. The speaker commented on Rider 110 that looks at the state-supported living centers (SSLCs). He stated that the demographics of the system have changed since the previous years. The aging population is now coming to the forefront in the effort to get people to the most integrated setting possible. Instead of closure and downsizing, the rider directs re-purposing the facilities. There has been dialogue with stakeholders and the results of the discussion have been proposals that include step-down facilities, respite facilities, and day care for staff.

Rider 110. State Supported Living Centers Planning. Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall develop a plan to maximize resources at state supported living centers (SSLCs).

The plan shall include the following:

- (a) an examination of existing resources, services, supports, and infrastructure needs to serve individuals residing in SSLCs as well as other individuals with an intellectual or developmental disability (IDD) or behavioral health needs in this state;
- (b) consideration of the feasibility of repurposing vacant or unused SSLC buildings and/or property and other resources to support SSLC residents; and
- (c) consideration of service delivery to individuals who are not residents of the SSLC, including those with IDD or behavioral health needs.

In development of the plan, HHSC shall consider SSLC residents' needs and preferences, and/or their legally authorized representatives' preferences; SSLC system operational needs and capacity; and changing demographics of persons served by SSLCs and in the community. HHSC shall coordinate with relevant stakeholders in the development of the plan, including SSLC family associations and local mental health authorities.

HHSC shall submit the plan no later than December 1, 2020, to the Governor, the Legislative Budget Board, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services.

There was one public hearing combined with the Long-Term Care Plan and another hearing is scheduled for March 12th. HHSC has been working with their community partners on barriers that keep people from moving into the community.

In addition, when people need psychiatric services at the living centers, they are working to develop specialty units so that people do not have to leave their SSLC and go to a hospital.

The Chair asked if the living centers are full. Mr. Maples stated that they are not, and the census has been declining for years. The Chair asked about repurposing of the SSLCs related to the capacity at the state hospitals. Mr. Maples stated that the demand is high for hospital services and there are more than 800 people who have been in the hospitals for over a year. They are looking at step-down facilities to bridge the gap between inpatient and outpatient care.

Mr. Bower asked about the possibility of serving some portion of the population that is experiencing homelessness. Mr. Maples answered in the affirmative, as long as the services are consistent with their mission of serving IDD and mental illness.

Aging Services Coordination. The office coordinated the opioid funding to the Triple As. They have three options:

- Increase chronic pain evidence-based classes in the community.
- Increase their medication management review.
- Coordination of the offices of use and misuse and the aging services network.

They are providing six symposiums across the state.

5. Committee Operations:

Strategic Planning Subcommittee updates. The committee met last month and reviewed a LAR and provided feedback.

Members provided updates from their organizations (many people who called in could not be clearly understood):

- New Director at Texas A&M AgriLife Extension Service.
- WellMed Charitable Foundation is focusing on food insecurity across all of their markets.
- Speaker from Molina with the STAR+PLUS waiver program stated that she was in agreement with the information regarding oral health. It makes a significant difference when their members can access dental benefits.
- APS stated that their caseworker turnover rate is dropping. In FY18, there was a 50% turnover for frontline caseworkers and supervisors. With the pay increase for frontline staff, the numbers fell to 25% in FY19 and for our first quarter of this fiscal year, it's at 17%.
- TWC stated that for the first time, the OIB program is fully staffed, and they are getting more referrals from rural areas.
- ADRCs (28 in total across the state) met in their first quarterly meeting with their Technical Assistance (TA) with the Health and Human Services team. All 28 ADRCs are closing out the deliverables of their contracts.
- AARP stated that since the last meeting, they issued their report, "[Valuing the Invaluable](#)." They are looking at ways to work with the MCOs to build in supports for caregivers.
- Texas Senior Advocacy Coalition is planning for Senior Day at the Capitol in 2021. They'll also be working on priorities for the upcoming legislative session. One area will be improving awareness and use of alternatives to guardianship in Texas.
- The [Alzheimer's State Plan](#) was released in October of last year. It puts forth a number of priority areas and recommended actions for Alzheimer's disease and other dementias.
- The Collaboratory for Aging Resources and Education is working on using factors from the Older American's Act to identify pockets of vulnerable older adults in Harris County, then work with stakeholders to see how well we're actually serving in those zip codes.
- Gerontological Society of America had their annual scientific session in Austin in November. Our oral health work group will be joining with a nutrition special interest group, and we'll be putting out "What's Hot on Nutrition and Oral Health," and it will be distributed once it's released. Lastly, the American Public Health Association is putting out a Gerontology Textbook.

6. Public comment. No public comment was provided.

7. Action/agenda items for next meeting and wrap-up. The next meeting is May 6th, 2020. There being no further business, the meeting was adjourned.

This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.
