



HHSC: Intellectual and Developmental Disability System Redesign Advisory Committee, October 29th, 2020

The [Intellectual and Developmental Disability System Redesign Advisory Committee](#) advises on the implementation of the acute care services and long-term services and supports system redesign for individuals with intellectual and developmental disabilities. Members appear below.

<p>Carole Smith, Chair LTSS provider, managed care Austin, TX</p> <p>Mickey Atkins Representative of private Intermediate Care Facility for Individuals with Intellectual Disability (ICF-IID) providers Austin, TX</p> <p>Kelly Barr Specialty Health Care Provider, non-managed care Killeen, TX</p> <p>Jodie Braden Representative of private ICF-IID providers San Angelo, TX</p> <p>Lynne Brooks Long Term Services and Supports (LTSS) provider, non-managed care San Antonio, TX</p> <p>Susan Burek Advocate for individuals with IDD receiving services Austin, TX</p> <p>Jennifer Caruso Representative of home and community-based service (HCBS) providers Cibolo, TX</p> <p>Emily Clark Advocate for individuals with IDD receiving services Desoto, TX</p>	<p>Susan Garnett, Co-chair Representative, Community Mental Health and Intellectual Disability Centers Fort Worth, TX</p> <p>Gilda Gil-Lopez Advocate for individuals with IDD receiving services El Paso, TX</p> <p>Brooke Hohfeld Advocate for individuals with IDD receiving services Austin, TX</p> <p>Linda Levine Advocate for individuals with IDD receiving services Bee Cave, TX</p> <p>Amy Litzinger Recipient of IDD-related services Austin, TX</p> <p>Susan Murphree Advocate for individuals with IDD receiving services Austin, TX</p> <p>Leah Rummel MCO Representative Austin, TX</p> <p>Sheri Talbot Representative of Medicaid LTSS provider Katy, TX</p> <p>Caren Zysk MCO Representative Austin, TX</p>
---	---

1. Welcome and introductions. The meeting was convened by Carole Smith, Chair.

2. Adoption of September 24, 2020, meeting minutes Tabled

3. Legislative appropriations requests for the 87th Texas Legislature (2021)

[Follow this link for the Legislative Appropriations Request \(LAR\)](#)

4. Intellectual and Developmental Disability System Redesign Advisory Committee subcommittees' recommendations for Texas Government Code Chapter 534, Subchapter C, as amended by House Bill 4533, 86th Legislature, Regular Session (2019), concerning STAR+PLUS pilot program

a. Benefits

Benefit Service: Adaptive Aids and Medical Supplies

- Existing Service: STAR+PLUS with modifications
- Description: Adaptive Aids and Medical Supplies are specialized medical equipment and supplies, including devices, controls or appliances that enable members to increase their abilities to perform activities of daily living, or to perceive, control or communicate with the environment in which they live. Adaptive aids and medical supplies are reimbursed with waiver funds, when specified in the individual service plan, with the goal of providing individuals a safe alternative to nursing facility (NF) placement.
 - What are the minimum required activities being performed in the service: This service also includes items necessary for life support, ancillary supplies, and equipment necessary to the proper functioning of such items; and durable and non-durable medical equipment not available under the Texas State Plan, such as vehicle modifications, service animals and supplies, environmental adaptations, aids for daily living, reachers, adapted utensils and certain types of lifts.
 - This will include innovative technology for home modifications such as Smart home equipment (asked the Health and Human Services Commission (HHSC) to research adding as a Community First Choice and/or Medicaid waiver benefit. Asked HHSC to research whether this can include installation)
- Client profile:
 - Who is getting the service: STAR+PLUS Pilot participant with a medical need for the service as indicated in the Individual Served Plan (ISP). Requires documentation by a physician, physician assistant, nurse practitioner, registered nurse, physical therapist, occupational therapist or speech and language therapist.
 - Is there variation in need? Yes, service levels may vary based on the individual's needs.
 - Are there other factors that affect service cost? Agenda Item #4a.1 2
- Service providers:

- Who is providing the service? Managed Care Organizations (MCOs) coordinate and authorize these benefits, which are provided by agency Durable Medical Equipment suppliers and other MCO contracted providers.
 - Any requirements to perform the service? No licensure or certification requirements.
- Location:
 - Where is the service being provided? The service is provided in the community.
- Frequency:
 - How often is the service being provided and billed? Varies based on ISP
- Pilot program assumptions:
 - Are there limits?
- \$10,000 annual cost limit (share annual limits within 2-year timeframe)
- Only available after items furnished under the State Plan are maximized
- Adaptive aids and medical supplies are limited to the most cost-effective items that:
- Meet the member's needs;
- Directly aid the member to avoid premature NF or institutional placements; and
- Provide NF or institutional residents an opportunity to return to the community.
- Other considerations on this service:
 - Any considerations not captured above:
- Recommend increasing the annual cost limit for the STAR+PLUS Pilot population to be able to cover over a 2-year period. Agenda Item #4a.1 3
- Determine whether services above the cost limit could potentially be covered under the pilot as "in lieu of" services.
- Evaluation to exclude the consideration of the enhanced benefit of innovative technology for home modifications, including smart home technology.

Questions/Answers/Comments

- The Client profile should say medical or functional need.
- Perhaps add "or otherwise determined by the service team" for an adaptive aid. There was a concern about delay for adaptive aids.
- Documentation listed out by professional and add "or otherwise determined by the service teams". This requires clarification from HHSC when physician orders are needed. It could be authorized by a functional assessment team. It would still require a physician order.
- Leave out the functional assessment part.

Benefit: Service: Minor Home Modifications (MHMs)

- Existing Service: STAR+PLUS (modified to increase benefit limits)
- Description: MHMs are physical adaptations to a member's home, required by the service plan, that are necessary to ensure the member's health, welfare, and safety, or that enable the member to function with greater independence in the home.

- Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies necessary for the member's welfare. Innovative technology for home modifications. • Source: 1115 Waiver, Special Terms & Conditions 30.f and Attachment C. See also STAR+PLUS Handbook, Chapter 6600, "Minor Home Modifications"
- Client profile:
 - Who is getting the service: STAR+PLUS Pilot participants with an assessed need.
 - Is there variation in need? Yes.
 - Are there other factors that affect service cost? Per Section 6610 of the STAR+PLUS Handbook: Managed Care Organizations (MCOs) establish their own policies and procedures for bidding, awarding contracts, doing inspections, and completing MHMs.
- Service providers:
 - Who is providing the service? Individual contractors under contract with MCOs. Providers must comply with applicable state or local building codes.
 - Where is the service being provided? Member's home. Agenda Item #4a.2 2
- Frequency:
 - How often is the service being provided and billed? Per unit
- Pilot program assumptions:
 - Other limits or assumptions affecting service delivery and costs? The following services are excluded:
 - Adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the member, such as carpeting, roof repair, central air conditioning, etc.
 - Adaptations that add to the total square footage of the home are excluded from this benefit.
 - Modifications are not made to settings that are leased, owned, or controlled by waiver providers.
 - STAR+PLUS includes a lifetime limit of \$7,500 (Health and Human Services Commission can approve higher amount) and \$300 yearly for repairs. Recommend increasing the benefit limits to \$10,000.
 - Other considerations on this service:
 - Any considerations not captured above Agenda Item #4a.2 pg. 1_Draft 10/29/20 STAR+PLUS Pilot Functions Shared and Specific Roles Presented

to IDD SRAC 10/29/20 STAR+PLUS Pilot Program Functions and Responsible Entities

Questions/Answers/Comments

- Address the documentation that was needed and perhaps functional in addition to medical.
- There is a lifetime limit here. The lifetime limit can impact future adaptations if the adaptation is made in a group home and the person moves out. The lifetime limit might be an outdated concept.
- Provider responsibility seems to be a moving target. Providers may be leasing a home.
- The pilot will only be running for two years.
- Providers have a responsibility to make a residence livable and accessible.
- The \$10,000 lifetime limit makes no sense. It is time to remove that.
- When people move to their own home from a family or group home and the dollars have been spent in the group home, the funding is not available for the individual's new home.
- Maybe we can have the funds limit start over when the child/youth reaches the age of majority or have it linked to modification needs as people grow into maturity.
- When people move into a different waiver program, benefits do start over.
- Consensus was to eliminate the lifetime limit and make it an annual limit. Allow for change of condition and functional needs making funds available.
- Wordsmithing was discussed related to provider and type of facility (excluded assisted living).
- How does this work with CDS? Do they have to get the contractor through an MCO process? Home modifications should be allowed through CDS.

MOTION: Adopt both proposals with the modifications discussed - prevailed.

b. Functions and responsibilities for providers and Health and Human Services Commission (HHSC).

Comments from members:

- After some of the definitions, the term "means" is used and should be removed
- Outreach. Education and training:
 - Add the term "staff training" to the title
- Eligibility:
 - No Comments
- Rights and Choice:
 - No Comment

There were no comments on most of the presented sections.

5. STAR+PLUS pilot program dental study. Tabled.

6. STAR+PLUS pilot program update.

IDD System Redesign Advisory Committee and STAR+PLUS Pilot Program Workgroup Consultation and Collaboration

Recommendations Status for the STAR+PLUS Pilot Program

Recommendations	Committee or Workgroup	Adoption Date	Review Date
Eligibility	Transition to Managed Care (TMC)	January 9, 2020	
Eligibility	Intellectual and Developmental Disability System Redesign Advisory Committee (IDD SRAC)	January 23, 2020	
Benefits: <ul style="list-style-type: none"> • Employment assistance • Supported employment • Consumer directed services 	IDD SRAC Day Habilitation and Employment Services (DHES)	March 5, 2020	
Benefits: <ul style="list-style-type: none"> • Consumer directed services • Employment assistance • Supported employment 	IDD SRAC	June 8, 2020	
- Eligibility - Benefits: <ul style="list-style-type: none"> • Consumer directed services • Employment assistance • Supported employment 	STAR+PLUS Pilot Program Workgroup (SP3W)		June 17, 2020
Day Habilitation	IDD SRAC DHES	June 29, 2020	
Benefits: <ul style="list-style-type: none"> • Remote monitoring • Enhanced medical services • Housing supports 	IDD SRAC TMC	July 8, 2020	
Benefits: <ul style="list-style-type: none"> • Day Habilitation • Remote monitoring • Enhanced medical service • Housing supports 	IDD SRAC	July 30, 2020	
Benefits: <ul style="list-style-type: none"> • Behavioral health services • Dietary services • Specialized therapies • Intervener/interpreter • Community support transportation 	IDD SRAC TMC	August 4, 2020	

IDD System Redesign Advisory Committee and STAR+PLUS Pilot Program Workgroup Consultation and Collaboration

Recommendations	Committee or Workgroup	Adoption Date	Review Date
Benefits: <ul style="list-style-type: none"> • Day Habilitation • Remote monitoring • Enhanced medical services • Housing supports 	SP3W	August 18, 2020	
Benefits: <ul style="list-style-type: none"> • Behavioral health services • Dietary services • Specialized therapies • Intervener/interpreter • Community support transportation 	IDD SRAC	August 24, 2020	
Benefits: <ul style="list-style-type: none"> • Respite • Audiology • Non-CFC Personal assistance service/Habilitation Services for Medical Assistance Only Pilot Participants • Protective supervision 	IDD SRAC TMC	September 8, 2020	
Benefits: <ul style="list-style-type: none"> • Respite • Audiology • Non-CFC Personal assistance service/Habilitation Services for Medical Assistance Only Pilot Participants • Protective supervision 	IDD SRAC	September 24, 2020	
Benefits: <ul style="list-style-type: none"> • Adaptive aids and medical supplies • Minor home modifications 	IDD SRAC TMC	October 6, 2020	
Roles and Functions of Providers, MCOs and LIDDAs	IDD SRAC System Adequacy	October 13, 2020	

Recommendations	Committee or Workgroup	Adoption Date	Review Date
Benefits: <ul style="list-style-type: none"> Behavioral health services Dietary services Specialized therapies Intervener/interpreter Community support transportation Respite Audiology Non-CFC Personal assistance service/Habilitation Services for Medical Assistance Only Pilot Participants 	SP3W	October 14, 2020	
Benefit: <ul style="list-style-type: none"> Protective supervision 	SP3W		October 14, 2020
- Roles and Functions of Providers, MCOs and LIDDAs - Benefits: <ul style="list-style-type: none"> Minor Home Modifications Adaptive Aids 	IDD SRAC	October 29, 2020	

IDD-SRAC and SP3W Collaboration, Texas Government Code Chapter 531, Subchapter C

GENERAL:

534.102 The commission, in consultation and collaboration with the advisory committee and pilot program workgroup, shall develop and implement a pilot program in accordance with this subchapter to test, through the STAR+PLUS Medicaid managed care program, the delivery of long-term services and supports to individuals participating in the pilot.

SPECIFIC:

534.103 As part of developing and implementing the pilot program, the commission, in consultation and collaboration with the advisory committee and pilot program workgroup, shall develop a process to receive and evaluate:

- (1) input from statewide stakeholders and stakeholders from a STAR+PLUS Medicaid managed care service area in which the pilot program will be implemented; and
- (2) other evaluations and data.

534.1035(a) The commission, in consultation and collaboration with the advisory committee and pilot program workgroup, shall develop criteria regarding the selection of a managed care organization to participate in the pilot program.

534.104(i) The commission, in consultation and collaboration with the advisory committee and pilot program workgroup, shall analyze information provided by the managed care organizations participating in the pilot program and any information collected by the commission during the operation of the pilot program for purposes of making a recommendation about a system of programs and services for implementation through future state legislation or rules.

534.104(k) Before implementing the pilot program, the commission, in consultation and collaboration with the advisory committee and pilot program workgroup, shall develop and implement a process to ensure pilot program participants remain eligible for Medicaid benefits for 12 consecutive months during the pilot program.

534.1045(a) Subject to Subsection (b), the commission shall ensure that a managed care organization participating in the pilot program provides:

(6) other nonresidential long-term services and supports that the commission, in consultation and collaboration with the advisory committee and pilot program workgroup, determines are appropriate and consistent with applicable requirements governing the Medicaid waiver programs, person-centered approaches, home and community-based setting requirements, and achieving the most integrated and least restrictive setting based on an individual's needs and preferences.

534.1045(f) Before implementing the pilot program, the commission, in consultation and collaboration with the advisory committee and pilot program workgroup, shall:

(1) for purposes of the pilot program only, develop recommendations to modify adult foster care and supported employment and employment assistance benefits to increase access to and availability of those services; and

(2) as necessary, define services listed under Subsections (a)(4) and (5) and any other services determined to be appropriate under Subsection (a)(6).

534.105(a) The commission, in consultation and collaboration with the advisory committee and pilot program workgroup and using national core indicators, the National Quality Forum long-term services and supports measures, and other appropriate Consumer Assessment of Healthcare Providers and Systems measures, shall identify measurable goals to be achieved by the pilot program.

534.105(b) The commission, in consultation and collaboration with the advisory committee and pilot program workgroup, shall develop specific strategies and performance measures for achieving the identified goals. A proposed strategy may be evidence-based if there is an evidence-based strategy available for meeting the pilot program's goals.

534.105(c) The commission, in consultation and collaboration with the advisory committee and pilot program workgroup, shall ensure that mechanisms to report, track, and assess

specific strategies and performance measures for achieving the identified goals are established before implementing the pilot program.

534.1065(b) To ensure prospective pilot program participants are able to make an informed decision on whether to participate in the pilot program, the commission, in consultation and collaboration with the advisory committee and pilot program workgroup, shall develop and distribute informational materials on the pilot program that describe the pilot program's benefits, the pilot program's impact on current services, and other related information. The commission shall establish a timeline and process for the development and distribution of the materials and shall ensure:

- (1) the materials are developed and distributed to individuals eligible to participate in the pilot program with sufficient time to educate the individuals, their families, and other persons actively involved in their lives regarding the pilot program;
- (2) individuals eligible to participate in the pilot program, including individuals enrolled in the STAR+PLUS Medicaid managed care program, their families, and other persons actively involved in their lives, receive the materials and oral information on the pilot program;
- (3) the materials contain clear, simple language presented in a manner that is easy to understand; and
- (4) the materials explain, at a minimum, that:
 - (A) on conclusion of the pilot program, pilot program participants will be asked to provide feedback on their experience, including feedback on whether the pilot program was able to meet their unique support needs;
 - (B) participation in the pilot program does not remove individuals from any Medicaid waiver program interest list;
 - (C) individuals who choose to participate in the pilot program and who, during the pilot program's operation, are offered enrollment in a Medicaid waiver program may accept the enrollment, transition, or diversion offer; and
 - (D) pilot program participants have a choice among acute care and comprehensive long-term services and supports providers and service delivery options, including the consumer direction model and comprehensive services model.

534.1065(c) The commission, in consultation and collaboration with the advisory committee and pilot program workgroup, shall develop pilot program participant eligibility criteria. The criteria must ensure pilot program participants:

- (1) include individuals with an intellectual or developmental disability or a cognitive disability, including:
 - (A) individuals with autism;
 - (B) individuals with significant complex behavioral, medical, and physical needs who are receiving home and community-based services through the STAR+PLUS Medicaid managed care program;
 - (C) individuals enrolled in the STAR+PLUS Medicaid managed care program who:
 - (i) are on a Medicaid waiver program interest list;

- (ii) meet the criteria for an intellectual or developmental disability; or
 - (iii) have a traumatic brain injury that occurred after the age of 21; and
 - (D) other individuals with disabilities who have similar functional needs without regard to the age of onset or diagnosis; and
- (2) do not include individuals who are receiving only acute care services under the STAR+PLUS Medicaid managed care program and are enrolled in the community-based ICF IID program or another Medicaid waiver program.

534.108(a) The commission, in consultation and collaboration with the advisory committee and pilot program workgroup, shall determine which information will be collected from a managed care organization participating in the pilot program to use in conducting the evaluation and preparing the report under Section 534.112.

534.109 The commission, in consultation and collaboration with the advisory committee and pilot program workgroup, shall ensure that each individual who receives services and supports under Medicaid through the pilot program, or the individual's legally authorized representative, has access to a comprehensive, facilitated, person-centered plan that identifies outcomes for the individual and drives the development of the individualized budget.

534.110(b) A transition plan under Subsection (a) shall be developed in consultation and collaboration with the advisory committee and pilot program workgroup and with stakeholder input as described by Section 534.103.

534.112(a) The commission, in consultation and collaboration with the advisory committee and pilot program workgroup, shall review and evaluate the progress and outcomes of the pilot program and submit, as part of the annual report required under Section 534.054, a report on the pilot program's status that includes recommendations for improving the program.

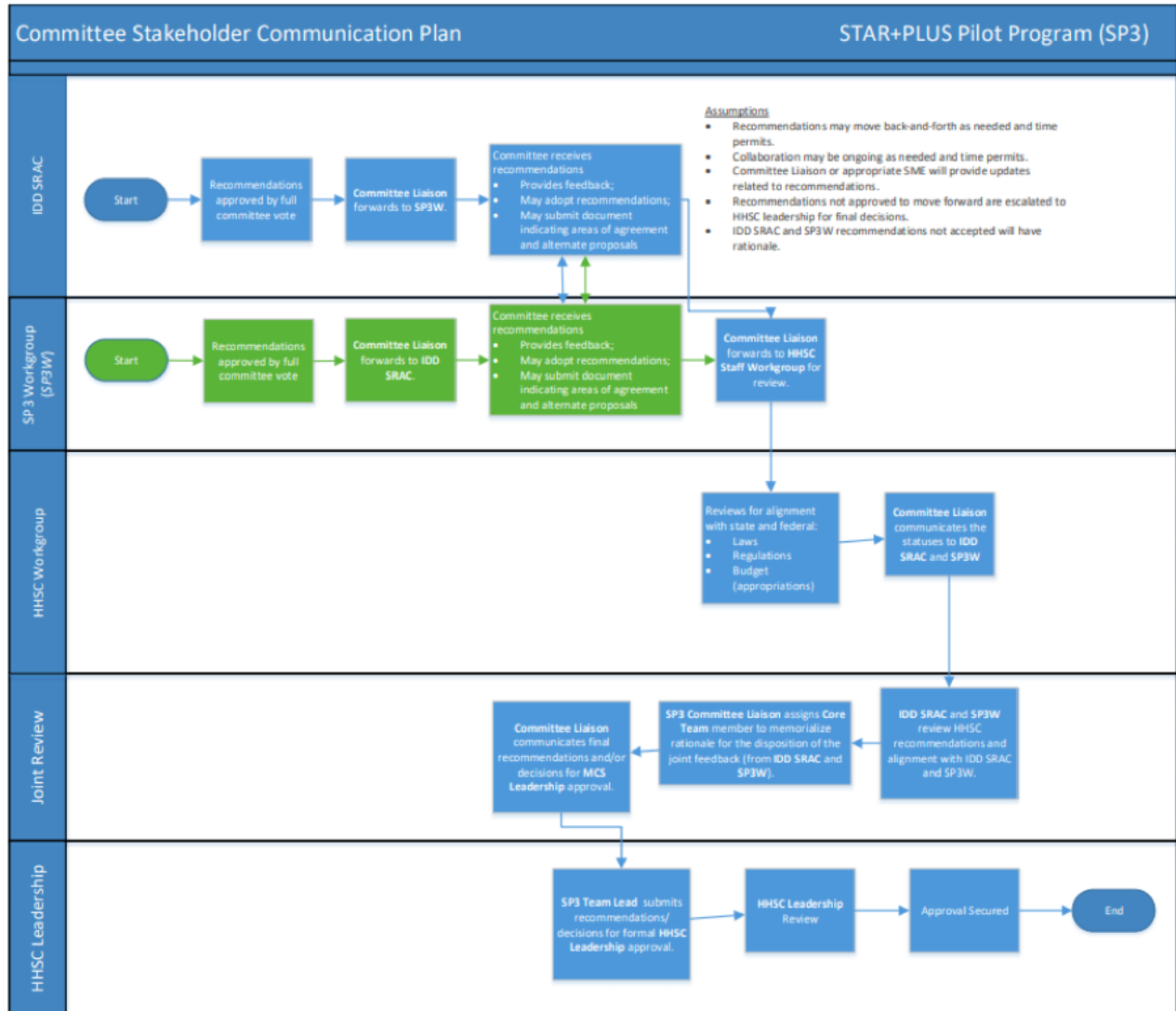
534.112(b) Not later than September 1, 2026, the commission, in consultation and collaboration with the advisory committee and pilot program workgroup, shall prepare and submit to the legislature a written report that evaluates the pilot program based on a comprehensive analysis. The analysis must:

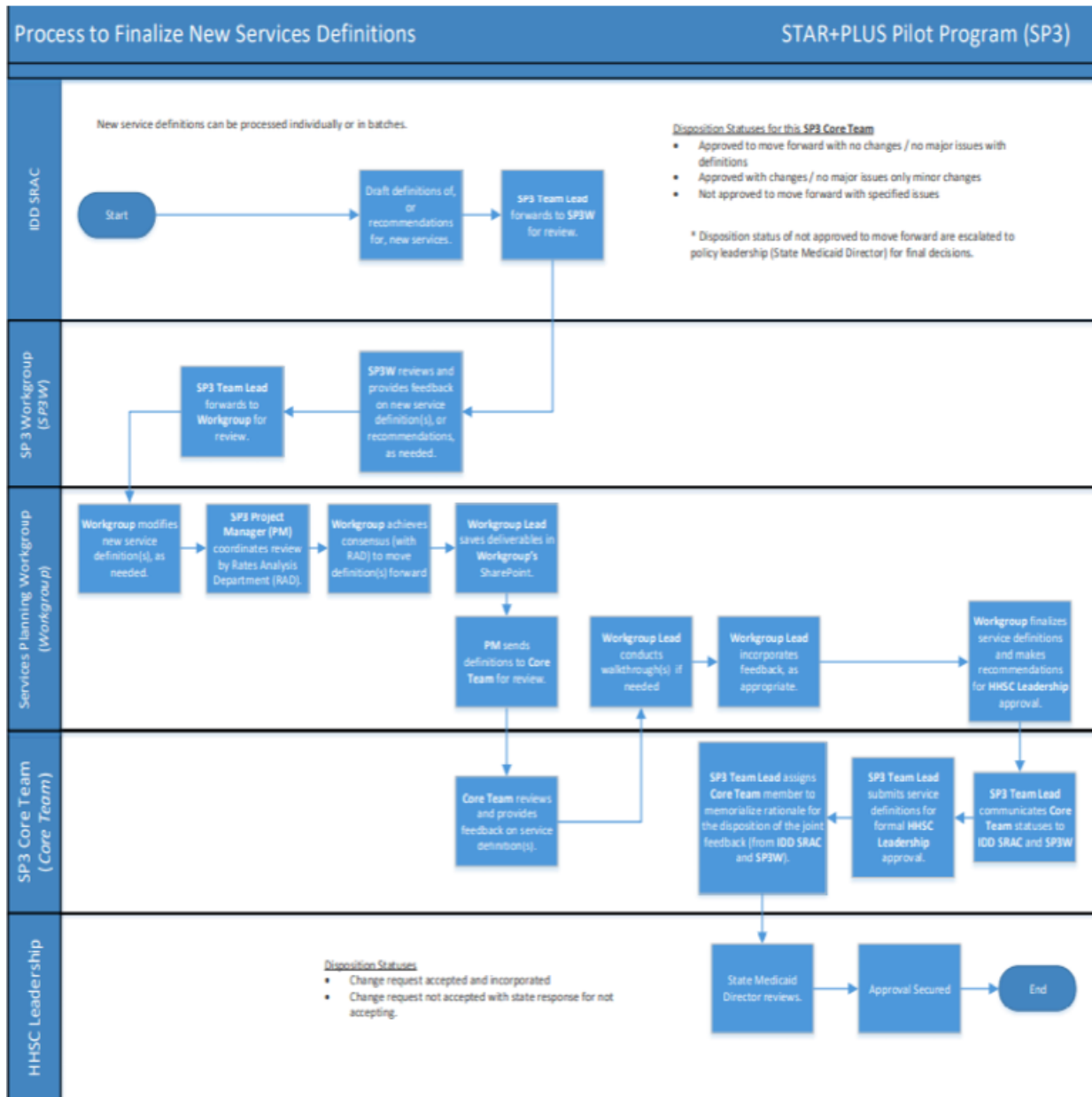
- (1) assess the effect of the pilot program on:
 - (A) access to and quality of long-term services and supports;
 - (B) informed choice and meaningful outcomes using person-centered planning, flexible consumer-directed services, individualized budgeting, and self-determination, including a pilot program participant's inclusion in the community;
 - (C) the integration of service coordination of acute care services and longterm services and supports;
 - (D) employment assistance and customized, integrated, competitive employment options;

- (E) the number, types, and dispositions of fair hearings and appeals in accordance with applicable federal and state law;
 - (F) increasing the use and flexibility of the consumer direction model;
 - (G) increasing the use of alternatives to guardianship, including supported decision-making agreements as defined by Section 1357.002, Estates Code;
 - (H) achieving the best and most cost-effective use of funding based on a pilot program participant's needs and preferences; and
 - (I) attendant recruitment and retention;
- (2) analyze the experiences and outcomes of the following systems changes:
- (A) the comprehensive assessment instrument described by Section

533A.0335, Health and Safety Code;

- (B) the 21st Century Cures Act (Pub. L. No. 114-255);
 - (C) implementation of the federal rule adopted by the Centers for Medicare and Medicaid Services and published at 79 Fed. Reg. 2948 (January 16, 2014) related to the provision of long-term services and supports through a home and community-based services (HCS) waiver program under Section 1915(c), 1915(i), or 1915(k) of the federal Social Security Act (42 U.S.C. Section 1396n(c), (i), or (k));
 - (D) the provision of basic attendant and habilitation services under Section 534.152; and
 - (E) the benefits of providing STAR+PLUS Medicaid managed care services to persons based on functional needs;
- (3) include feedback on the pilot program based on the personal experiences of:
- (A) individuals with an intellectual or developmental disability and individuals with similar functional needs who participated in the pilot program;
 - (B) families of and other persons actively involved in the lives of individuals described by Paragraph (A); and
 - (C) comprehensive long-term services and supports providers who delivered services under the pilot program;
- (4) be incorporated in the annual report required under Section 534.054; and
- (5) include recommendations on:
- (A) a system of programs and services for consideration by the legislature;
 - (B) necessary statutory changes; and
 - (C) whether to implement the pilot program statewide under the STAR+PLUS Medicaid managed care program for eligible individuals.





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 the organization 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 the organization 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 the organization or its management.
