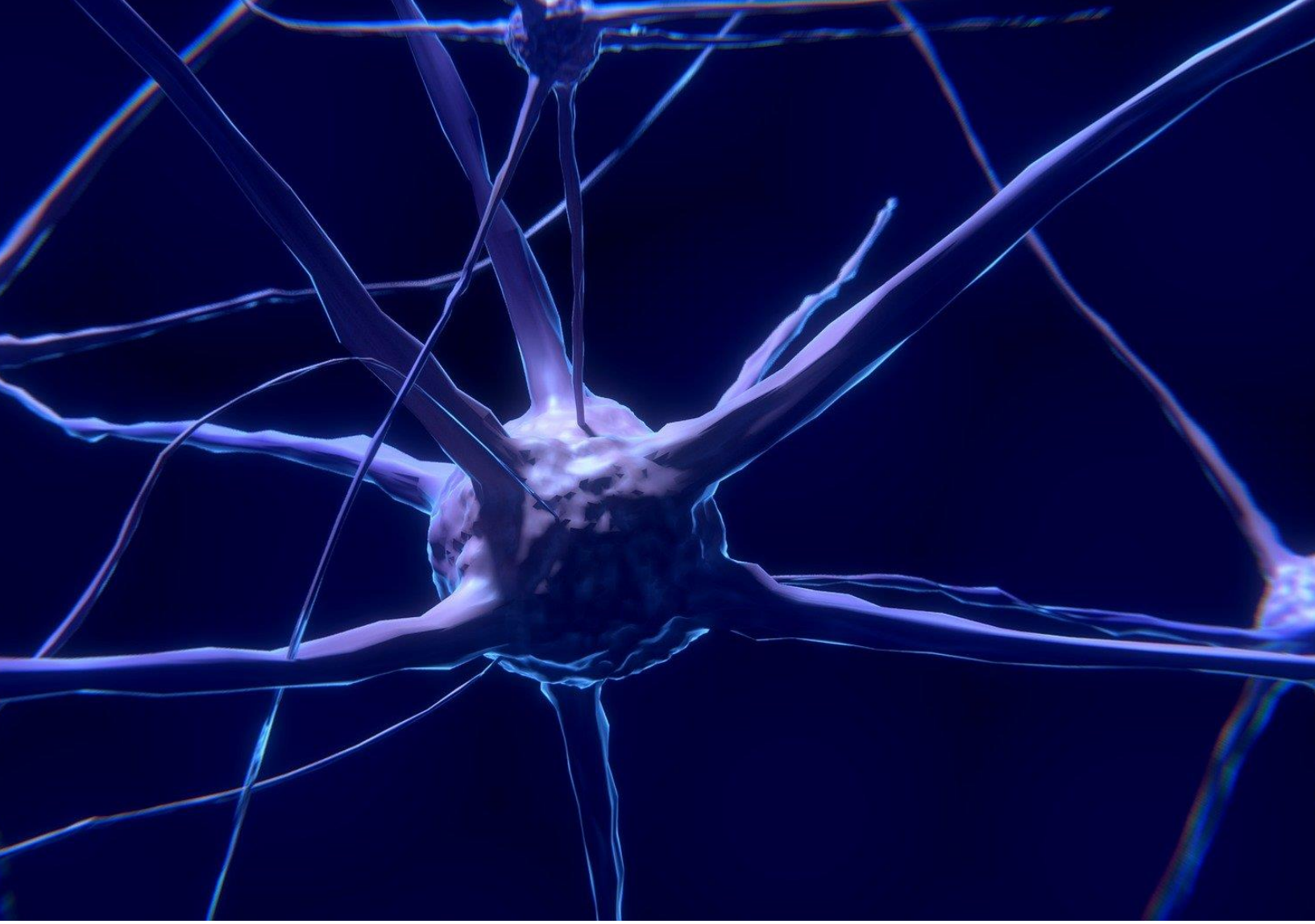


HHSC: Intellectual and Developmental Disability System Redesign Advisory Committee, November 16th, 2020

The Intellectual and Developmental Disability (IDD) System Redesign Advisory Committee, created by Government Code, Chapter 534 advise HHSC on the implementation of the acute care services and long-term services and supports (LTSS) system redesign for people with intellectual and developmental disabilities. Chapter 534 requires HHSC to design and implement an acute care services and LTSS system for people with IDD that supports the following goals:

- Provide Medicaid services to more people in a cost-efficient manner by providing the type and amount of services most appropriate to the person's needs.
- Improve access to services and supports by ensuring that people receive information about all available programs and services, including employment and least restrictive housing assistance, and how to apply for programs and services.
- Improve the assessment of each person's needs and available supports, including the assessment of functional needs.
- Promote person-centered planning, self-direction, self-determination, community inclusion, and customized, integrated, competitive employment.
- Promote individualized budgeting based on an assessment of each person's needs and person-centered planning.
- Promote integrated service coordination of acute care services and LTSS.
- Improve acute care and LTSS, including reducing unnecessary institutionalization and potentially preventable events.
- Promote high-quality care.
- Provide fair hearing and appeals processes in accordance with applicable federal law.
- Ensure the availability of a local safety net provider and local safety net services.
- Promote independent service coordination and independent ombudsmen services.
- Ensure that people with the most significant needs are appropriately served in the community and that processes are in place to prevent inappropriate institutionalization.

Members can be found here.

1. Welcome and introductions. Carole Smith, Chair convened the meeting.

2. STAR+PLUS pilot program dental study. Study Goals (HB 4533)

1. Evaluate dental services benefits provided through Medicaid waiver programs and as a value-added service under the Medicaid managed care delivery model.
2. Determine which dental services benefits are the most cost-effective in reducing emergency room and inpatient hospital admissions.
3. Based on the determination made in #2, provide the most cost-effective dental services benefits to STAR+PLUS pilot program participants.

807 BRAZOS ST, SUITE 607, AUSTIN, TX 78701 TEL: 512-708-8424, WWW.THBI.COM

Inclusion Requirements

Waiver Participants	Select STAR+PLUS (S+P) Members[1]
At least 21 years old	At least 21 years old
Must **not** be in an ICF/IID	Must **not** be in an ICF/IID
Eligible for an IDD Waiver or S+P HCBS between September 2016 and August 2018	Eligible for S+P for at least one month between September 2016 and August 2018, but not currently enrolled in a waiver
	Identified as having an IDD, traumatic brain injury, non-traumatic brain injury, or cognitive disability

[1] These people were selected, in part, based on the characteristics of people who might be eligible for the STAR+PLUS Pilot Program. However, final eligibility criteria for the pilot is under development and requires collaboration with the IDD SRAC and STAR+PLUS Pilot Program Workgroup. Additionally, pilot participants must demonstrate a need for at least one pilot program service. Although the pilot will only operate in one service delivery area, the participants in the Dental Study could reside anywhere in Texas.

Types of Dental Visits

Type of Dental Visit[1]	Description
Routine	• Dental office visit • Must be a participant's first or only type of visit during study timeframe (i.e., cannot follow an ED visit)[2]
Emergency Department (ED)	• Treat-and-release emergency room visits with a non-traumatic dental diagnosis code
Inpatient[3]	• Overnight hospital stays with a non-traumatic dental diagnosis code

[1] All visits occurred during SFY 2017 or 2018 and had a cost > $0.
[2] Dental visits that occurred outside the study timeframe are not accounted for. It is possible for a participant to have an ED visit before the study timeframe. In this situation, they would be identified as having a "routine visit," although in reality, they do not fit this definition.
[3] Inpatient visits are not discussed further due to their rare occurrence (N = 189 visits).

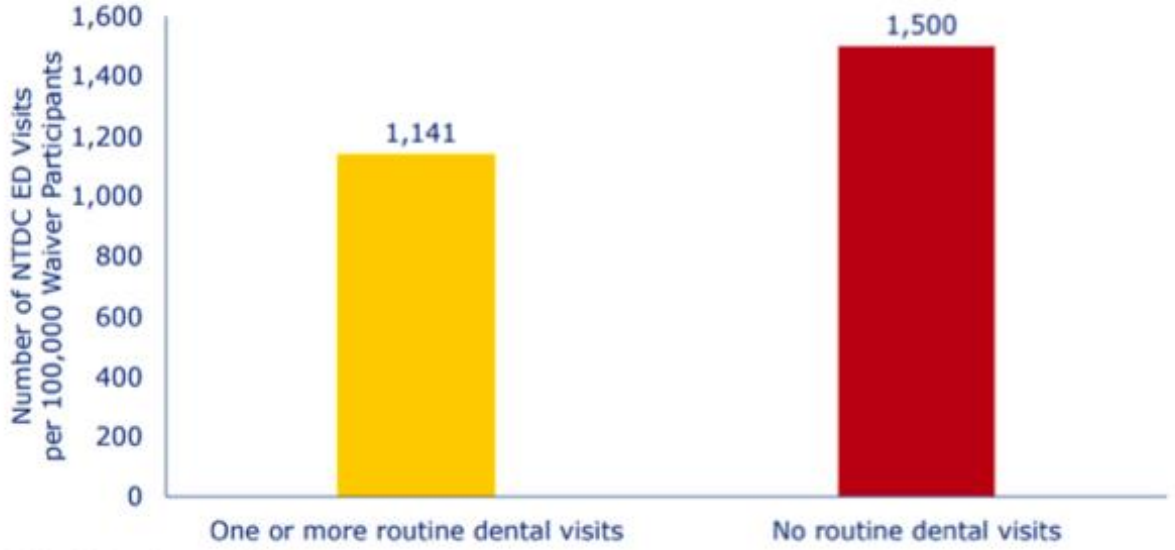
807 BRAZOS ST, SUITE 607, AUSTIN, TX 78701 TEL: 512-708-8424, WWW.THBI.COM

Types of Dental Visits

Type of Dental Visit[1]	Description
Routine	• Dental office visit • Must be a participant's first or only type of visit during study timeframe (i.e., cannot follow an ED visit)[2]
Emergency Department (ED)	• Treat-and-release emergency room visits with a non-traumatic dental diagnosis code
Inpatient[3]	• Overnight hospital stays with a non-traumatic dental diagnosis code

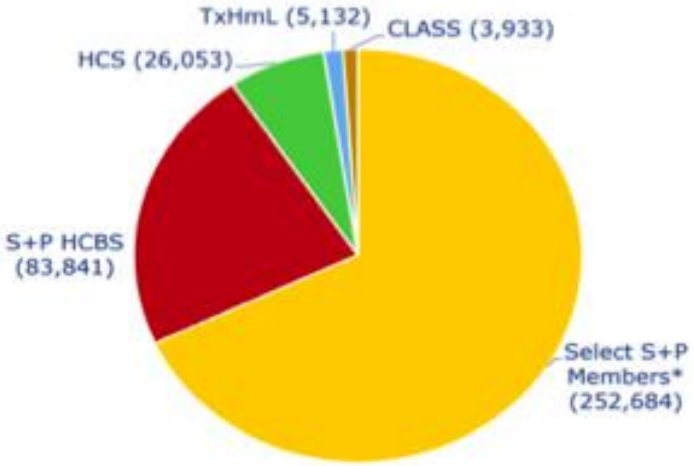
[1] All visits occurred during SFY 2017 or 2018 and had a cost > $0.
[2] Dental visits that occurred outside the study timeframe are not accounted for. It is possible for a participant to have an ED visit before the study timeframe. In this situation, they would be identified as having a "routine visit," although in reality, they do not fit this definition.
[3] Inpatient visits are not discussed further due to their rare occurrence (N = 189 visits).

NTDC ED Utilization per 100,000 Waiver Participants, SFYs 2017 and 2018



Study is not final; numbers are subject to change.
Notes: Figure represents participants, paid claims, and encounters between September 2016 and August 2018. Participants can have multiple plans and multiple types of visits. The data is unique at the participant by program level. A participant's routine visits are unique to the program billed for the visit (i.e., the visit will only show up on that participant/program row). However, a participant's ED visits are summed across all programs (i.e., the total number of ED visits will show up in all rows for that participant). Sources: Service Authorization System; Client Assignment, Registration, and Enrollment System; 8-month eligibility database, HHSC; AHQP, CMS, and Enc Best Picture Universes, TMHP (Medicaid managed care claims and encounters).
Prepared by: Center for Analytics and Decision Support, HHSC.

Number of Participants in Each Program, SFYs 2017 and 2018



352,879 total unique participants

DBMD not included due to small size (N = 206)

Study is not final; numbers are subject to change.
*** The number of S+P members included here is an initial statewide representation of the participants who might be eligible for the pilot. This number will be updated as eligibility criteria is further defined and the pilot service delivery area is identified. Accordingly, the pilot sample will be smaller than what is reported here and may include different people.**
Notes: S+P = STAR+PLUS. Figure represents participants between September 2016 and August 2018. Participants can have multiple plans across this two-year period. Sources: Service Authorization System; Client Assignment, Registration, and Enrollment System; 8-month eligibility database, Texas Health and Human Services Commission (HHSC); AHQP, CMS, and Enc Best Picture Universes, TMHP (Medicaid managed care claims and encounters).
Prepared by: Center for Analytics and Decision Support, HHSC.

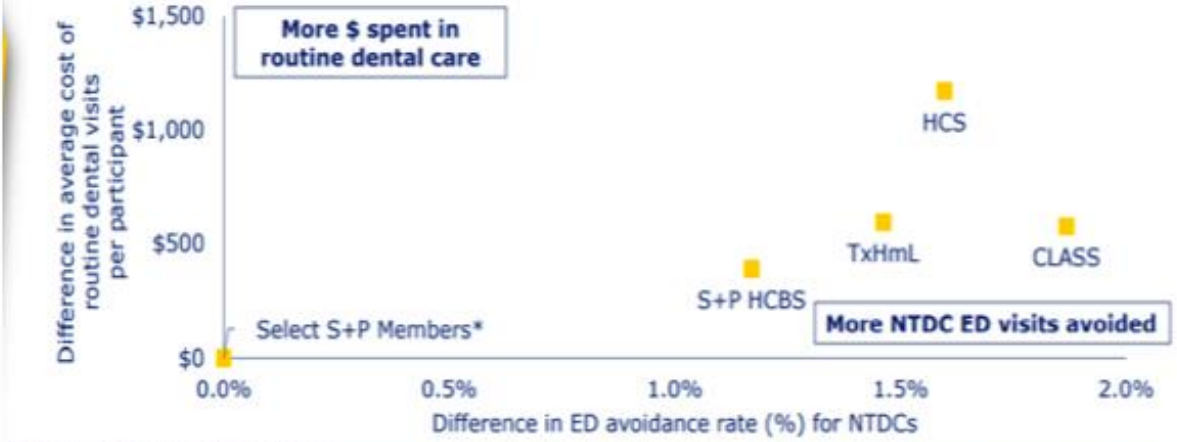
7

Routine Dental Visits and NTDC ED Avoidance by Program, SFYs 2017 and 2018

Program	Number of participants	% Participants with at least 1 routine dental visit	Average cost of routine dental visits per participant *(across all participants)*	NTDC ED avoidance rate
Select S+P Members*	252,684	6.0%	$14	97.7%
S+P HCBS	83,841	29.3%	$402	98.9%
CLASS	3,933	34.7%	$590	99.6%
HCS	26,053	80.9%	$1,186	99.3%
TxHmL	5,132	63.2%	$608	99.2%
Total/Average	**352,879**	**18.2%**	**$208**	**98.1%**

Study is not final; numbers are subject to change.
*** The number of S+P members included here is an initial statewide representation of the participants who might be eligible for the pilot. This number will be updated as eligibility criteria is further defined and the pilot service delivery area is identified. Accordingly, the pilot sample will be smaller than what is reported here and may include different people.**
Notes: S+P = STAR+PLUS. Table represents participants, paid claims, and paid encounters between September 2016 and August 2018. Participants can have multiple plans and multiple types of visits. The data is unique at the participant by program level. If a participant is enrolled in more than one program over the two-year period, he/she has a row for each program. A participant's routine dental visits are unique to the program billed for the visit (i.e., the visit will only show up on that participant/program row). However, a participant's NTDC ED visits are summed across all programs (i.e., the total number of NTDC ED visits will show up in all rows for that participant). DBMD is not included due to insufficient sample size.
Sources: Service Authorization System; Client Assignment, Registration, and Enrollment System; 8-month eligibility database, HHSC; AHQP, CMS, and Enc Best Picture Universes, TMHP (Medicaid managed care claims and encounters).
Prepared by: Center for Analytics and Decision Support, HHSC.

Cost-Effectiveness: Comparing Waiver Programs to Select S+P Members, SFYs 2017 and 2018



Study is not final; numbers are subject to change.
*** The number of S+P members included here is an initial statewide representation of the participants who might be eligible for the pilot. This number will be updated as eligibility criteria is further defined and the pilot service delivery area is identified. Accordingly, the pilot sample will be smaller than what is reported here and may include different people.**
S+P: STAR+PLUS. **Group Parameters**: The figure represents participants, claims, and encounters between September 2016 and August 2018. The data is unique at the participant by program level. If a participant is enrolled in more than one program over the two-year period, he/she has a row for each program. A participant's routine dental visits are unique to the program billed for the visit (i.e., the visit will only show up on that participant/program row). However, a participant's NTDC ED visits are summed across all programs (i.e., the total number of NTDC ED visits will show up in all rows for that participant). DBMD is not included due to its small sample size. Select S+P Members were (a) enrolled in STAR+PLUS between September 2016 and August 2018, (b) identified as having an IDD, brain injury, or a related condition, and (c) were not concurrently enrolled in an IDD waiver. Each group shown in the figure was compared to this group, not to each other. **Sources**: Service Authorization System; Client Assignment, Registration, and Enrollment System; 8-month eligibility database, HHSC; AHQP, CMS, and Enc Best Picture Universes, TMHP (Medicaid managed care claims and encounters). **Prepared by**: Center for Analytics and Decision Support, Texas Health and Human Services Commission.

Distribution of Routine Dental Visit Costs, per Waiver Participant per SFY (SFYs 2017 and 2018)

Study is not final; numbers are subject to change.
Notes: This figure represents paid claims and encounters between September 2016 and August 2018 for participants in STAR+PLUS HCBS, CLASS, HCS, or TxHmL. Outliers (N = 349, 0.7%) are not included.
Sources: Service Authorization System, HHSC; Client Assignment, Registration, and Enrollment System, HHSC; 9-month eligibility database, HHSC; AHQP, CMS, and Enc Best Picture Universes, TMHP (Medicaid managed care claims and encounters).
Prepared by: Center for Analytics and Decision Support, HHSC.

10

Estimated Net Cost of Preventive Dental Visits (SFYs 2017 and 2018)

	Per Person Estimates
Average cost of two **preventive dental visits** per year[1]	$304
Average combined cost of an **NTDC ED visit and a post-ED dental visit**[2]	$356
Number of **NTDC ED visits avoided** by having at least two preventive dental visits per year[3]	0.00144
Average **cost savings** ***(Number of NTDC ED visits avoided * Average cost per NTDC ED visit)***	$1
Net cost of two preventive dental visits per year	**$303**

Study is not final; numbers are subject to change.
[1] Preventive dental visits were operationalized as paid claims or encounters with at least one of the following procedure codes: D0120 (periodic oral evaluation), D0150 (comprehensive oral evaluation), and D1110 (dental prophylaxis). These procedures together cost $54, on average. However, the majority of participants also received other services at these visits, including x-rays, risk assessments for cavities, and fluoride treatment. As a result, the total cost of preventive dental visits among dental study participants was $152, on average. The recommended number of preventive dental visits is two per year for individuals at a higher risk of developing dental disease, such as individuals with IDD and similar functional needs. Based on the cost per visit, two preventive visits per year would cost $304 per person, on average.
[2] Thirteen percent of participants had a post-ED dental visit; combined cost is calculated as (NTDC ED visit cost) + (0.13 * post-ED dental visit cost).
[3] The estimated number of ED visits avoided was based on mean differences over a two-year period.
Notes: Table represents paid claims and encounters between September 2016 and August 2018 for participants in STAR+PLUS (non-HCBS), STAR+PLUS HCBS, CLASS, HCS, or TxHmL (N = 352,879).
Sources: Service Authorization System, HHSC; Client Assignment, Registration, and Enrollment System, HHSC; 8-month eligibility database, HHSC; AHQP, CMS, and Enc Best Picture Universes, TMHP (Medicaid managed care claims and encounters).
Prepared by: Center for Analytics and Decision Support, HHSC.

Questions/Answers/Comments

The $356 Medicaid cost for NTDC ED visits and Post ED dental visits seems low. HHSC stated that this is the negotiated rate paid to the hospitals.

A lot of people using STAR+PLUS did not see a dentist during the study period.

Can we separate the select STAR+PLUS groups from members of MCOs that offered preventative dental services as a value-added service and those who did not?

There was considerable discussion about STAR+PLUS and dental services and the waiver vs nonwaiver services. Changes in the reported data were suggested. HHSC stated that the report was too far along to make changes.

Conclusions drawn in the report should not be based on just costs but on the number of people receiving routine visits and the amount of the services provided.

Originally, the study was to look at the full STAR+PLUS program. It then got aligned with the IDD waiver. Does this study look at the pilot benefit? HHSC stated that the study is designed to form a conclusion around what the dental benefit should look like for the pilot program.

Part two of the presentation. **STAR+PLUS Pilot Program Dental Service Description**

Description:

- What are the minimum required activities being performed in the service:
    - emergency dental treatment, which is procedures necessary to control bleeding, relieve pain, and eliminate acute infection; operative procedures that are required to prevent the imminent loss of teeth; and treatment of injuries to the teeth or supporting structures;
    - routine preventative dental treatment, which is examinations, xrays, cleanings, sealants, oral prophylaxes, and topical fluoride applications;
    - therapeutic dental treatment, which includes fillings, scaling, extractions, crowns, pulp therapy for permanent and primary teeth; restoration of carious permanent and primary teeth; maintenance of space; and limited provision of removable prostheses when masticatory function is impaired, when an existing prosthesis is unserviceable, or when aesthetic considerations interfere with employment or social development;
    - non-cosmetic orthodontic dental treatment, which is procedures that include treatment of retained deciduous teeth; cross-bite therapy; facial accidents involving severe traumatic deviations; cleft palates with gross malocclusion that will benefit from early treatment; and severe, handicapping malocclusions affecting Agenda Item #2b 2 permanent dentition with a minimum score of 26 as measured on the Handicapping Labio-lingual Deviation Index; and
    - dental sedation, which is sedation necessary to perform dental treatment including non-routine anesthesia, (for example, intravenous sedation, general anesthesia, or sedative therapy prior to routine procedures) but not including administration of routine local anesthesia only.
        - If sedation is provided in an ambulatory surgical center it may be considered an acute care benefit and not part of STAR+PUS Pilot Program cost
        - If sedation is provided in a dental office, then cost would be part of the STAR+PLUS Pilot Program dental benefit cost cap

Client profile:

- Who is getting the service: STAR+PLUS Pilot participants
- Are there other factors that affect service cost? Yes – level of dental acuity (e.g., need for sedation or dentures).

Service providers:

- Who is providing the service? Individuals licensed to practice dentistry, dental surgery, or dental hygiene in accordance with Texas Occupations Code, Chapter 256
    - Any requirements to perform the service?
        - Education
        - Training

807 BRAZOS ST, SUITE 607, AUSTIN, TX 78701 TEL: 512-708-8424, WWW.THBI.COM

- Certification

Location:

- Where is the service being provided?
  - Client's home
  - Other residence
  - Other location(s) Dental offices and/or ambulatory surgical centers Agenda Item #2b 3

• **Frequency:**

- How often is the service being provided and billed?
  - per treatment

Pilot program assumptions:

- Are there limits?
  - Other limits or assumptions affecting service delivery and costs $2,500- $5,000 per service plan or individual plan of care year.

Other considerations on this service:

- Any considerations not captured above
  - Prior to delivering dental services, a provider must obtain an authorization

Questions/Answers/Comments

ED visits seemed low. HHSC stated that the average cost of follow-up visits was lower than the ED visits and only 13% had follow-up visits, thus impacting the lower costs.

You should be able to estimate the number of ED visits avoided and knowing the cost could yield a savings number. It is important to get a solid dollar amount. We would have the projected costs saved compared to the actual added costs. HHSC stated they would try to provide that analysis.

Dentures are not mentioned in the benefit. HHSC stated that they would add those as a benefit.

Any consideration not captured above… CLASS had to have everything prior approved and the other programs had a limit where prior approval was not needed. This is different than what we have in CLASS. Sometimes people have been pulled out of sedation to get approval for an extended service. This is not a safe practice. You should not have to stop a procedure, but it could proceed and then be reviewed in the back end. HHSC stated that they were looking at a cost cap and they are not taking every way that CLASS operates.

If dentures are added, then the limit would have to be raised to $5,000.

Perhaps people could use the two-year limits together or bank some benefits if a procedure was especially expensive.

Where the services are provided should be reviewed because people do not get services in their homes. Homes and other residences should be eliminated from the proposal.

There should be prior authorization language to keep from providers abusing the system.

Proposed changes include:

- "Service Array" added
- Delete client's home and other residences
- Recommend a $5,000 limit including banking language or combination of two years language
- Have a small group update prior authorization language
- Add dentures
- Person-centered planning process be included

MOTION: *approve the proposal with the above changes - prevailed.*

3. Legislative appropriations requests for the 87th Texas Legislature (2021). Key items related to the pilot:

Includes costs for the pilot infrastructure and staffing prior to implementation. Also migration of the forms to a web-based system. The funding would address the evaluation of the pilot and development of measures. A regulatory team will be included in the funding because the pilot has a different service array. There are ombudsmen costs also working with managed care to support the pilot.

There is also funding for an evaluation contractor and have anticipated systems modification. TMHP costs and other modifications to TIERS and other programs. An assessment instrument is included and funding for a "My Life Plan".

The current forms will be required to migrate to a new platform.

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 benefits

Adult foster care

807 BRAZOS ST, SUITE 607, AUSTIN, TX 78701 TEL: 512-708-8424, WWW.THBI.COM

Service Description

Service: Adult Foster Care (AFC)

- **Indicate if service is**:
  - **Existing Service:** STAR+PLUS (with modifications)
- **Service Description**: Adult Foster Care is provided as follows:
  - **Adult Foster Care** provides individuals with:
    - Personal assistance with activities of daily living (grooming, eating, bathing, dressing and personal hygiene) and functional living tasks;
    - Personal assistance with instrumental activities of daily living to include:
      - Assistance with planning and preparing meals;
      - Assistance with housekeeping activities that are essential to the pilot participant's health and safety (changing bed linens, housecleaning, laundry, washing dishes, arranging furniture).
      - Assistance with shopping and storing purchased items
      - Assistance with Health Maintenance Activities (HMA)s:
        - Require rates for provider agency in addition to the AFC home provider rate. Rates must be no less than the current Home and Community-based Services (HCS) Host Home/Companion Care Rate. Rate levels would be evaluated for activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Establish rates for AFC providers providing HMAs or nurse-delegated tasks. As in HCS, rates must be based on levels determined by functional needs. Recommendations for AFC are contingent on adequate rates that include AFC provider agency rates and sufficient rates equal to host home and companion care.
        - Nursing for the purposes of supervising HMAs will be provided through the Comprehensive Service Provider Program (CSP).

Commented [IC1]: Improvement 1: Identifying IADLs by title in service description and in the eligibility criteria.

Commented [IC2]: To use definition from BON: (8) Health Maintenance Activities (HMAs)--tasks that may be exempt from delegation based on RN assessment that enable the client to remain in an independent living environment and go beyond ADLs because of the higher skill level required to perform. HMAs include the following:

(A) administering oral medications that are normally self-administered, including administration through a permanently placed feeding tube with irrigation;

(B) topically applied medications;

(C) insulin or other injectable medications prescribed in the treatment of diabetes mellitus administered subcutaneously, nasally, or via an insulin pump;

(D) unit dose medication administration by way of inhalation (MDIs) including medications administered as nebulizer treatments for prophylaxis and/or maintenance;

(E) routine administration of a prescribed dose of oxygen;

(F) noninvasive ventilation (NIV) such as continuous positive airway pressure (CPAP) and bi-level positive airway pressure (BiPAP) therapy;

(G) the administering of a bowel and bladder program, including suppositories, enemas, manual evacuation, intermittent catheterization, digital stimulation associated with a bowel program, tasks related to external stoma care including but not limited to pouch changes, measuring intake and output, and skin care surrounding the stoma area;

(H) routine preventive skin care and care of Stage 1 pressure ulcers;

(I) feeding and irrigation through a permanently placed feeding tube inserted in a surgically created orifice or stoma;

(J) those tasks that an RN may reasonably conclude as safe to exempt from delegation based on an assessment consistent with §225.6 of this title (relating to RN Assessment of the Client); and

(K) such other tasks as the Board may designate

- Transportation or assistance in securing transportation;
- Assistance with ambulation and mobility;
- Reinforcement of behavioral support or specialized therapies activities;
- Assistance with medications based upon the results of a registered nurse (RN) assessment the performance of tasks delegated by a RN in accordance with the Texas Board of Nursing rules as defined by Title 22 of the Texas Administrative Code, Part 11, Chapter 225; and
- Supervision of the individual's safety and security.

This service includes:

- Habilitation supports provided in the home to develop independent living;
- Use of natural supports and typical community services available to all people.
- Social interaction and participation in leisure activities, and
- Development of socially valued behaviors and daily living and functional living skills.

- **Settings Description:**

Commented [IC3]: Improvement 2: Compliance with HCBS Settings Rule

AFC is provided to a pilot participant that has a property interest in the home where the services are being provided or where the foster care provider owns or leases the residence.

AFC is provided to continue living in the community; ensure the individual's health and safety; prevent the need for institutional services, and does not replace current supports, natural supports or other sources for paid and unpaid services.

AFC for pilot participant is not intended to cause or result in participants residing in large congregate facilities or institutions. The pilot is intended for pilot participants to live in independent small settings or independent settings of their choosing (such as a person's own home or family home).

An AFC serving a pilot participant must be compliant with the Home and community-based services (HCBS) settings standards (Title 42 CFR §441.301, 441.530, and 441.710) with assurances for:

- **Integration with community**: Supporting access to the greater community, including employment and engagement in community life;
- **Choice:** Choice among setting options; the admission is voluntary based on the individual's or legal guardian's preference and an admission is not intended to supplant or otherwise impede the right to access a Medicaid service, such as Community First Choice and nursing, in one's own home or family home as an alternative to an AFC, when medically or functionally necessary and preferred.
- **Rights:** Ensure rights to privacy, dignity, respect, and freedom from coercion, restraint and seclusion;
- **Independence:** Optimize ability to make life choices relating to daily activities.
- **Choice of others in the home:** The pilot participant has the right to accept or decline new participants in the adult foster care home.
- **HCBS Settings:** The HCBS settings standards apply when the AFC setting is a specific physical place that is owned, co-owned, and/or operated by a provider of HCBS services and supports. The AFC housing provider may also be a pilot program service provider. (79 Fed. Reg at 2,958 and 2.979.), and
- AFC Pilot participants are required to pay for their own room and board costs and, if able, contribute to the cost of AFC services through a copayment to the AFC home provider. The only time room and board is not required is when the AFC home provider moves in with the member and the member's home becomes the AFC home. Room and board arrangements must be documented in the member's case file by the Managed Care Organization (MCO) contracted AFC provider agency.

- **Client profile**:
  - ***Who is getting the service?*** All STAR+PLUS pilot participants are eligible who have a functional need or medical need and choose the service, as identified in the person-centered planning process. Participation in Adult foster care is always a choice.

Commented [SM4]: Will AFC providers have to be trained on PCP and person-centered service delivery prior to service individuals in an AFC setting?

Commented [IC5]: Improvement 3: Participants may choose AFC as a service option.

AFC is available to persons to live independently, continue to live independently or unable to continue their current living situation in their own home because of physical, mental or behavioral conditions and who need and desire support of family or family based alternative living.

- ***Is there variation in need?*** Yes, service levels may vary based on the individual's need. See rates

Commented [IC6]: Improvement 4: Service Levels must include consideration for needs for assistance with both ADLs, IADLs, and HMA.

- **Service providers**:
  - ***Who is providing the service?*** A qualified individual, who is recruited, trained and paid through a contractual agreement as an AFC provider with an AFC Provider Agency. The AFC Provider Agency contracts with the pilot participant's MCO or a certified CSP Agency for delivery of the services.
  - ***An Adult Foster Care Agency includes an Adult Foster Care Agency certified under TAC Title 40, Part 1, Chapter 48, Subchapter K Minimum Standards for Adult Foster Care and the Star Plus Handbook Section 7000*** https://hhs.texas.gov/laws-regulations/handbooks/sph/section-7000-starplus-hcbs-program-services
  - ***Rules regarding program and contracting requirements can be found in Title 40 of the Texas Administrative Code (TAC) as follows:***
  - ***Texas Administrative Code, Title 40, Part 1, Chapter 48, Subchapter K: Minimum Standards for Adult Foster Care (link is external)***
  - ***Texas Administrative Code, Title 40, Part 1, Chapter 49: Contracting for Community Care Services (link is external)***
  - ***Appendix XXIV, Minimum Standards for STAR+PLUS AFC Homes and Home Providers.***
  - ***An AFC home provider must contract with only CSP.***
  - ***Any requirements to perform the service?*** The STAR+PLUS Handbook, Section 7110 provides: AFC home providers must be contracted directly with the pilot participant's AFC provider agency contracted with the member's MCO. The individual qualified to provide AFC (AFC home provider) must be the primary caregiver. AFC home providers must live in the household and share a common living area with the member. Detached living quarters do not constitute a common living

area. AFC home providers may serve up to three adult residents in a qualified AFC home without being licensed as a personal care home or assisted living facility (ALF), and may be the AFC home provider's home or the STAR+PLUS HCBS program applicant's or member's home. Under this pilot program, AFC home providers with four or more residents are prohibited Only AFC providers with three or less adult residents are allowed in this pilot. See qualifications for up to three residents in Section 7133, Classification Levels of Adult Foster Care Members.

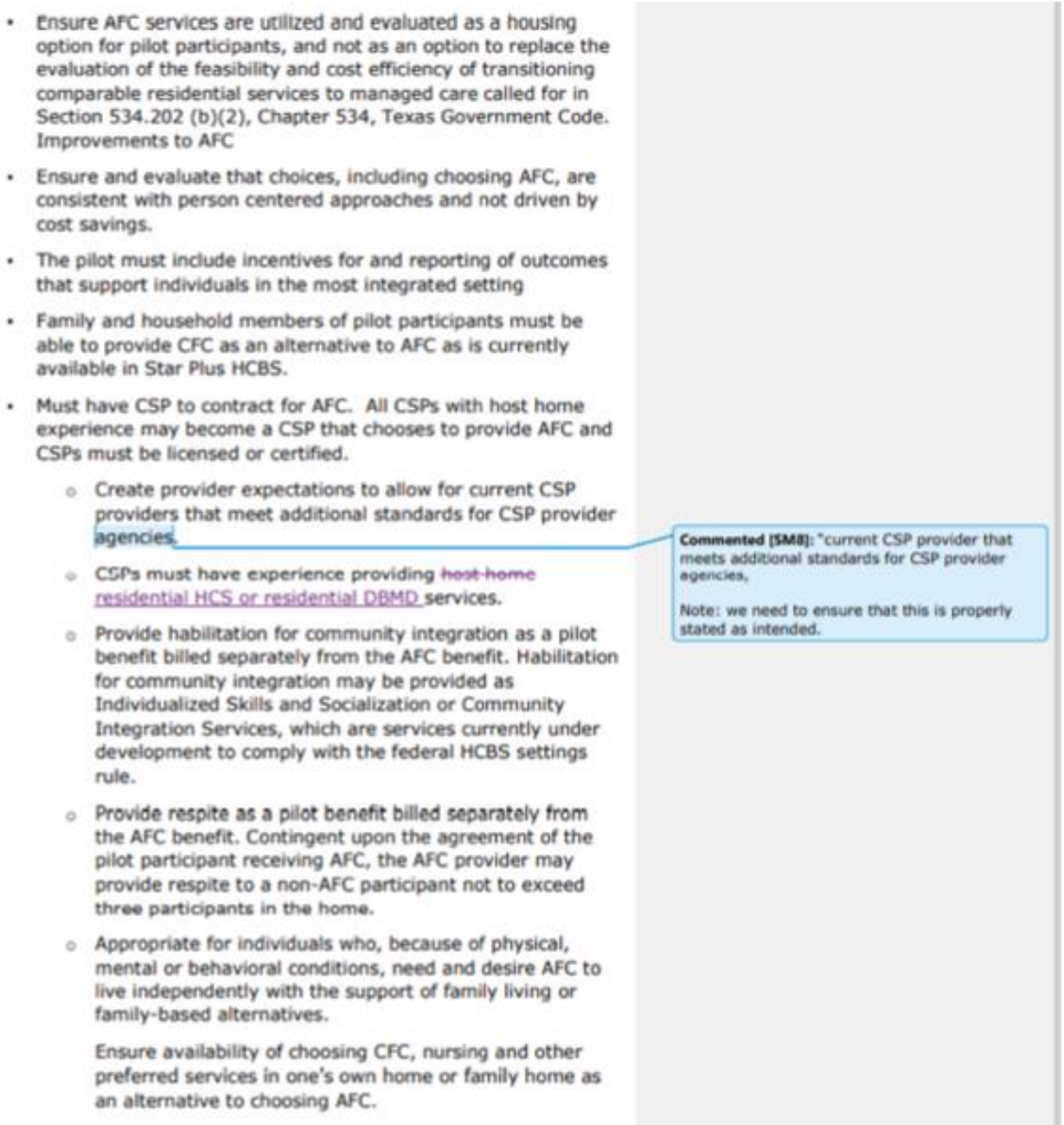
- The MCO is responsible for contracting with an AFC provider agency. The AFC agency is responsible for:
  - qualifying the AFC home and AFC home provider;
  - ensuring ongoing compliance with AFC requirements and minimum standards found in Appendix XXIV, Minimum Standards for STAR+PLUS AFC Homes and Home Providers, unless waived as described in Section 7110, Introduction; and
  - reporting any significant change in the member's needs or status to the MCO.
  - ensuring consumer rights in residential care facilities, as set forth in the HCBS Settings Rule (79 Fed. Reg at 2,960-64) for
    o landlord-tenant protections,
    o lockable doors,
    o choice of roommates,
    o freedom to furnish and decorate,
    o control over schedule,
    o access to food anytime,
    o visitors anytime, and
    o physical accessibility; and

  When MCO contracts with an AFC provider agency, the MCO has oversight over the AFC provider agency. The MCO retains responsibility for its pilot participant.
- Transportation must be provided in accordance with state laws.

- Program providers must implement and maintain a plan for initial and periodic training of service providers, including fraud, waste, and abuse training. **Location**:
  - ***Where is the service being provided?*** The service is provided in residences in the community, consistent with HCBS regulations.
- Modify AFC rules to be consistent with HCBS settings.

- **Frequency**:
  - ***How often is the service being provided and billed?***
    - Use HCS Host Home rates - Daily (see HCS Billing Guidelines, Section 3520, "Daily Units of Service").
    - Must include AFC provider agency rates. Without AFC provider agency rates, the AFC service is not viable option for the pilot.
    - AFC rates, at a minimum, match the host home rates for this pilot.
- **Pilot program assumptions**:
  - Are there limits?
  - ***Other limits or assumptions affecting service delivery and costs:***
- Fully utilize existing community-based service options.
  - Provide eligible Pilot Program participants information about HCS Crisis and Preadmission Screening and Resident Review (PASRR) diversion and Star Plus HCBS as part of the outreach and education materials and activities, prior to enrollment in the pilot.
  - Ensure MCO Service Coordinators and Local Intellectual and Developmental Disability Authority (LIDDA) Targeted Case Managers are trained about how to assess for all services and benefits for an individual into the Star Plus HCBS or HCS enrollment through PASRR or crisis diversion.
  - Require, a comprehensive assessment, including medical, behavioral, physical and psychiatric needs for pilot participants.
  - Pilot participants who reside in an AFC home may access ~~to~~ Habilitation for community integration and Respite as pilot benefits separate from the AFC benefit. AFC providers may access respite in order to receive a break from 24/7 caregiving not to exceed 30 days.
- **Other considerations on this service**:
  - To Address stakeholder concerns regarding utilization of the AFC service during the first phase of the pilot program:
    - Ensure MCO Service Coordinators and LIDDA Targeted Case Managers are trained to present the AFC as a housing option for pilot participants and residential options the pilot participants may be eligible for in other programs (HCS, Deaf-Blind with Multiple Disabilities, Community Living Assistance and Support Services, STAR+PLUS HCBS).

Commented [JC7]: Improvement 5: Rates must include build out for AFC Agency administration.



- Ensure AFC services are utilized and evaluated as a housing option for pilot participants, and not as an option to replace the evaluation of the feasibility and cost efficiency of transitioning comparable residential services to managed care called for in Section 534.202 (b)(2), Chapter 534, Texas Government Code. Improvements to AFC
- Ensure and evaluate that choices, including choosing AFC, are consistent with person centered approaches and not driven by cost savings.
- The pilot must include incentives for and reporting of outcomes that support individuals in the most integrated setting
- Family and household members of pilot participants must be able to provide CFC as an alternative to AFC as is currently available in Star Plus HCBS.
- Must have CSP to contract for AFC. All CSPs with host home experience may become a CSP that chooses to provide AFC and CSPs must be licensed or certified.
    - Create provider expectations to allow for current CSP providers that meet additional standards for CSP provider agencies.
    - CSPs must have experience providing ~~host home~~ residential HCS or residential DBMD services.
    - Provide habilitation for community integration as a pilot benefit billed separately from the AFC benefit. Habilitation for community integration may be provided as Individualized Skills and Socialization or Community Integration Services, which are services currently under development to comply with the federal HCBS settings rule.
    - Provide respite as a pilot benefit billed separately from the AFC benefit. Contingent upon the agreement of the pilot participant receiving AFC, the AFC provider may provide respite to a non-AFC participant not to exceed three participants in the home.
    - Appropriate for individuals who, because of physical, mental or behavioral conditions, need and desire AFC to live independently with the support of family living or family-based alternatives.

      Ensure availability of choosing CFC, nursing and other preferred services in one's own home or family home as an alternative to choosing AFC.

Commented [SM8]: "current CSP provider that meets additional standards for CSP provider agencies,

Note: we need to ensure that this is properly stated as intended.

Questions/Answers/Comments

There may be some need for service definitions and clarifications because there was an issue about access by adult foster care and additional people in the home. Modifications to adult foster care were discussed and considered in comparison to host home. This proposal does not align with host home.

There were additions to this benefit similar to host home. Also added were community access services. Caregiver relief was added but the basic benefit is similar to host home.

There was an effort to keep from bringing the whole host home model to the pilot.

This gives people a place to develop skills.

All like this benefit and we should vote this out and let HHSC (including legal) take a look at it.

MOTION: *Approve the AFC benefit to advance to HHSC - prevailed.*

Assisted living facility

Service: Assisted Living Facility (ALF)

- Existing Service: STAR+PLUS (Section 7200 of the STAR+PLUS Handbook)
- Description: ALF services provide a 24-hour living arrangement for persons who, because of physical or mental limitation, are unable to continue independent functioning in their own homes. Services are provided in ALFs licensed by the Texas Health and Human Services Commission. Assisted Living Facility services will not be a pilot program benefit, but may be referred to STAR+PLUS Home and community-based services (HCBS) waiver to access the benefit after a person-centered planning process has occurred.
- In the event a pilot participant is interested in the assisted living facility benefit, a person-centered planning meeting will occur to assist the pilot participant in making the choice on options. At the meeting all options for the pilot participant will be discussed and the impact of those benefits will be shared. The person-centered process will ensure that pilot participants who qualify for STAR Plus HCBS and Home-Based Community Services (HCS) Preadmission Screening and Resident Review (PASRR) Diversion, due to medical necessity for a nursing facility, or a Crisis HCS waiver are referred to the waiver program of their choosing based on their needs and preferences and informed choice.
- The pilot participant will be given choice among setting options. The admission is voluntary based on the individual's or legal guardian's preference and an admission is not intended to supplant or otherwise impede the right to access a Medicaid service, such as Community First Choice and nursing, in one's own home or family home, when preferred and chosen.

The goal of the STAR+PLUS Pilot is:

- To provide choices to pilot participants to ensure the individual's health and safety; prevent the need for large or long-term institutional services; and does not replace current supports, natural supports or other sources for more integrated and less restrictive community services if preferred.

- Fully utilize existing community-based service options. Provide eligible Pilot Program participants information about HCS PASRR diversion and Crisis HCS waiver and Star Plus HCBS as part of the outreach and education materials and activities, prior to enrollment in the pilot.
- Ensure Managed Care Organization Service Coordinators and Local Intellectual and Developmental Disability Authority Targeted Case Managers are trained about to assess for all services and benefits for an individual into the Star Plus HCBS or HCS enrollment through PASRR diversion.
- Enroll individuals in Star Plus HCBS or HCS PASRR or Crisis HCS waiver, prior to the start of the pilot or during the pilot, when they meet medical necessity for a nursing facility or are eligible for an HCS Crisis waiver.
- Any individual currently in an ALF in STAR+PLUS HCBS waiver or who chose assisted living facility benefits prior to enrolling in the STAR+PLUS pilot will remain in STAR+PLUS HCBS.
- All pilot participants, including those who chose to access an ALF, will be referred and assisted to get on the appropriate interest lists if they are suspected of having intellectual and developmental disability (IDD) or may qualify for Star Plus HCBS or the Adult Mental Health HCBS program. When conducting a person-centered planning, placement on an IDD or other interest list should be verified and the date of placement provided to the individual and LAR.

- What are the minimum required activities being performed in the service:
- Client profile:
    - Who is getting the service: STAR+PLUS Pilot participants are not eligible for this service in the STAR+PLUS pilot, but will be directed to a person centered planning process to determine the individual's choice of settings.
    - Is there variation in need? Yes
    - Are there other factors that affect service cost?
    - Do enhancement rates apply to ALF?
- Service providers:
        - Who is providing the service? Licensed ALF providers who contract with the Star Plus HCBS program.
        - Any requirements to perform the service? Meet appropriate licensure for the level of ALF services to be provided.
- Location:
        - Where is the service being provided? In locations approved by ALF licensure.
- Frequency:
        - How often is the service being provided and billed? See Star Plus Handbook.
- Pilot program assumptions:
        - Are there limits?

- Other considerations on this service: Pilot participants are eligible for certain Medicaid State Plan services not covered in the ALF benefit and as listed in the Star Plus Handbook.

Questions/Answers/Comment

None.

MOTION: *Approval of the ALF proposal - prevailed. (The benefit would not be in the pilot but if a person wanted this service, the document guides the provision of the service.)*

Employment

Service: Meaningful Day and Individualized Supports (MDIS)

- Indicate if service is:
  - Existing Based on service provided in Home and Community-based Services (HCS) and Texas Home Living (TxHML), modified to comply with Home and Community Based Services (HCBS) SETTINGS RULE and incorporate Employment First Principles
- Description: Meaningful Day and Individualized Supports (MDIS) is provided for STAR+PLUS members who require a daytime service that provides habilitative services focused on helping an individual increase independence and autonomy based on their person-centered plan. The individualized service plan will establish goals for a meaningful day service with options for a variety of integrated community activities available as the member chooses including assistance to obtain and maintain competitive, integrated employment.

- Client profile:
  - Pilot members with intellectual and developmental disabilities (IDD)
  - Pilot members with functional needs similar to IDD
  - Variation in need: physical and/or behavioral support needs and accommodations, including providing or arranging transportation, behavioral supports and medication administration
- Service providers:
  - Who is providing the service?
    - Comprehensive service providers may provide the service directly or subcontract for this service.
    - A provider meets the requirements in the STAR+PLUS Handbook, Uniform Managed Care Manual, or other rules developed by the Texas Health and Human Services Commission (HHSC) to deliver this service

to members through a Managed Care Organization contract as a discreet service.
        - Employment assistance and supported employment services will be provided by those who meet HHSC qualifications to provide such services.
        - Any requirements to perform the service?
- A provider of this service must demonstrate experience with the population served by the STAR+PLUS Pilot.
- Location:
    - Where is the service being provided?
        - Member's home or other residence
        - Facility based service
        - Integrated community location(s)
        - Place of employment or possible employment
        - Accredited camp
        - Post-secondary educational settings
- Frequency:
    - How often is the service being provided and billed?
        - Daily
        - Hourly
- Pilot program assumptions:
    - Are there limits?
        - Five days per week
        - Six hours per day
        - No limit for those who are seeking employment or who are employed as determined by the person-centered plan
- Other considerations on this service:
    - This service should be based on the HHSC description of Individualized Skills and Socialization, which includes:
        - Service based on an individualized planning process
        - Member choice drives all services
        - Opportunities for integrated community activities
        - Community integration services are available to customize individual preferences and increased community participation
        - Transportation is included as part of the service definition.
        - Recreation therapy will be available for all participants to assist in identifying preferences and locating relevant community activities
        - Service should be available for members with physical and/or behavioral support needs and accommodations, including providing or arranging transportation, behavioral supports and medication administration. For the Pilot establish a higher reimbursement rate for Pilot participants who

have higher support needs, such as medical and/or behavioral supports, who require staff to have a higher skill set of training.
- A participant is encouraged to pursue and achieve competitive, integrated employment and will be assisted to do so.

Public Comment.

Linda Litzinger, Texas Parent to Parent, stated that whenever there is a sentence using "not to exceed" change that to "not to exceed an average of _____ hours per week". For recreation therapy/community access includes learning to navigate traffic. You would not want to use bad weather days so you could spread the service out through the week.

The use of service coordination will allow us to look at the whole person. We can rephrase to allow flexibility not to exceed an AVERAGE of 30 hours per week based on individual preferences and person-centered planning.

MOTION: *approval of the benefit with the modifications discussed - prevailed.*

5. STAR+PLUS pilot program update:
https://mcusercontent.com/f3525e81c4245227223506a50/files/912f51b0-98d5-4e40-8f2f-6e0827ef9037/IDD_SRAC_Public_Packet.pdf

STAR+PLUS PILOT PROGRAM STAKEHOLDER ENGAGEMENT PLAN

1. INTRODUCTION
1.1 BACKGROUND Chapter 534, Texas Government Code, charges the Intellectual and Developmental Disability System Redesign Advisory Committee (IDD SRAC) and STAR+PLUS Pilot Program Workgroup (SP3W) with advising the Texas Health and Human Services Commission (HHSC) on the development, implementation and evaluation of the STAR+PLUS Pilot Program. Additionally, Section 534.103 requires HHSC, in consultation and collaboration with the IDD SRAC and SP3W, to develop a process to receive and evaluate input from stakeholders - both statewide, and from a STAR+PLUS Medicaid managed care service area where the STAR+PLUS Pilot Program will implement. This document serves as the STAR+PLUS Pilot Program Stakeholder Engagement Plan.

1.2 PURPOSE OF STAKEHOLDER ENGAGEMENT PLAN The stakeholder engagement plan outlines a structure and process for IDD SRAC and SP3W to make recommendations for the STAR+PLUS Pilot Program. Statutory references for collaboration and coordination are listed below in Section 4. Collaboration and Consultation: Statutory References. The stakeholder engagement plan has three phases. The first phase includes the original statewide stakeholder engagement plan adopted by the IDD SRAC in 2018 to inform the IDD system redesign. The second phase expands the existing IDD system redesign statewide stakeholder plan to satisfy

the Section 534.103, Government Code requirement. The third phase will be developed to target stakeholders residing in the STAR+PLUS Pilot program service delivery area when the service delivery area is determined.

2 STRUCTURE AND PROCESS

2.1 STRUCTURE TO SUPPORT IDD SRAC AND SP3W COORDINATION The IDD SRAC and SP3W meet as full committees quarterly, and their subcommittees meet bi-monthly. However, due to their focus on developing recommendations for the STAR+PLUS Pilot Program and meeting cancellations due to coronavirus disease 2019 (COVID-19), the IDD SRAC and SP3W agreed to meet monthly for full committee meetings and subcommittee meetings, as needed, between May and December 2020. All IDD SRAC subcommittee and full meetings follow Open Meetings Act requirements. Agendas are posted for the public, and public comment is offered at each full and subcommittee meeting.

The IDD SRAC and SP3W full committees and subcommittees identify STAR+PLUS Pilot Program topics based on the project timeline and coordination between IDD SRAC and SP3W chairs and members, and HHSC committee liaison staff. Recommendations are drafted and adopted in a subcommittee, then reviewed and adopted by the full committee. Recommendations are shared between IDD SRAC and SP3W and the reviewing committee or workgroup may:

- Provide feedback;
- Adopt the recommendations as written by the other committee or workgroup; or
- Submit documentation to HHSC indicating areas of agreement and areas of alternate recommendations.

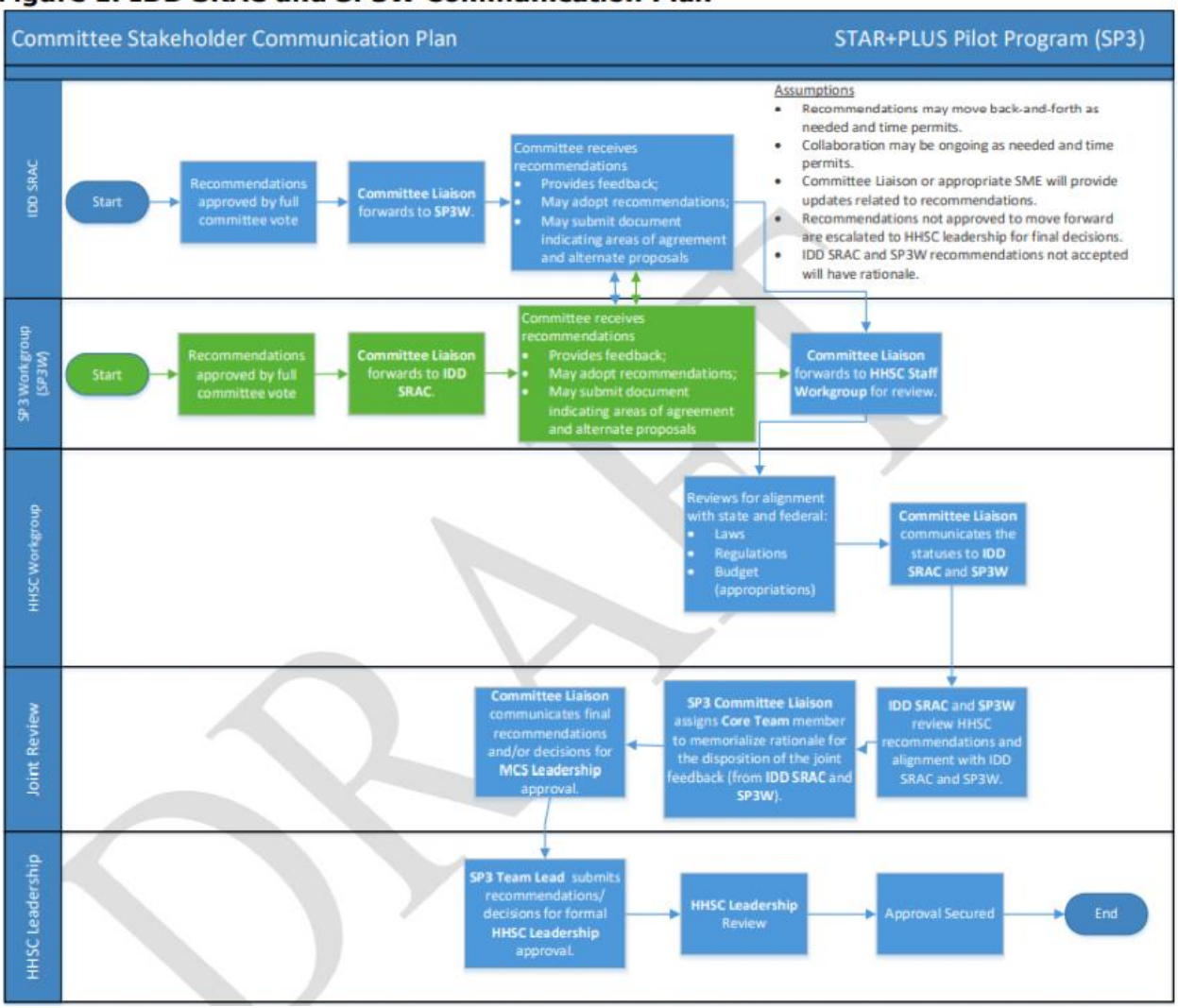
Recommendations may move back and forth between the IDD SRAC and SP3W, as time permits.

To assist with collaboration and to avoid duplication, HHSC committee liaison staff:

- Invite and coordinate members from the IDD SRAC and SP3W to participate in the other committee or workgroup meetings as liaisons1.
- Host a regular joint all-chairs meeting for IDD SRAC and SP3W chairs, vice-chairs and subcommittee co-chairs to identify and coordinate STAR+PLUS Pilot Program topics.

Collaboration may be ongoing as needed and as time permits. The committee liaison or appropriate HHSC subject matter expert will provide updates and ask and answer questions related to IDD SRAC and SP3W STAR+PLUS Pilot Program recommendations. Recommendations are routed to HHSC leadership for direction and staff shares the outcome with IDD SRAC and SP3W members, including a rationale for decisions. Figure 1 below illustrates the communication flow for recommendations

Figure 1. IDD SRAC and SP3W Communication Plan



2.2 ALTERNATE PROCESS FOR RECOMMENDATIONS Every two years the Texas Legislature convenes for a 140-day regular legislative session. During legislative session a more flexible process for collaboration and submission of stakeholder recommendations is required. Meeting frequency for IDD SRAC and SP3W full and subcommittee meetings will decrease and will be contingent on HHSC staff resources. As outlined below, the IDD SRAC and SP3W members may collaborate on STAR+PLUS Pilot Program recommendations in small groups of fewer than a quorum of the full committee but cannot vote or conduct official committee or workgroup business to ensure compliance with the Open Meetings Act. Additionally, members will provide updates at the next scheduled full or subcommittee meeting on any recommendations discussed and submitted to HHSC.

This alternate process ensures STAR+PLUS Pilot Program collaboration continues between IDD SRAC, SP3W and HHSC. Collaboration throughout a legislative session includes, but is not limited to:

- HHSC updates provided via email or verbally during committee meetings on the project status and upcoming STAR+PLUS Pilot Program topics of focus;
- Discussion and/or written feedback on adopted recommendations from IDD SRAC and SP3W;
- Sharing IDD SRAC and SP3W recommendations between the committee and workgroup members;
- Submission through committee and subcommittee chairs/vice-chairs/cochairs of recommendations without full committee adoption;
- All-chairs calls;
- Small group meetings and email discussions facilitated by IDD SRAC or SP3W members with limited attendance under a quorum of the full committee.

3. STATEWIDE STAKEHOLDER ENGAGEMENT

3.1 BACKGROUND – PHASE ONE
On March 7, 2018 the IDD SRAC voted to adopt the IDD SRAC and HHSC statewide stakeholder input process to inform the IDD system redesign. The first phase of the statewide stakeholder process created a streamlined process for HHSC and IDD SRAC to receive and evaluate input and recommendations from stakeholders across Texas by linking IDD SRAC meetings to current HHSC advisory committees and workgroups that are focused on programs, policies and/or people that may be impacted by the IDD transition to managed care. IDD SRAC full and subcommittee meetings adhere to Open Meetings Act requirements and interested members of the public can make public testimony at all IDD SRAC full and subcommittee meetings.

HHSC committees and workgroups participating in the statewide stakeholder process identified liaisons to act as the main point of contact for their committee or workgroup. Members of the committees and workgroups attend IDD SRAC meetings and engage in discussion and assist with development of recommendations, but do not participate in committee voting. Committees and workgroups that collaborate with IDD SRAC include:

- Texas Council on Consumer Direction
- STAR Kids Advisory Committee
- Policy Council on Children and Families
- Promoting Independence workgroup
- IDD System Improvement Workgroup

3.2 STATEWIDE STAKEHOLDER EXPANSION – PHASE TWO House Bill 4533, 86th Legislature, Regular Session, 2019, amended Government Code Chapter 534 to require the STAR+PLUS Pilot Program and establish the SP3W. It also required Phase Two, an expansion of the

statewide stakeholder process originally required for the IDD system redesign and adds the Phase Three requirement for a stakeholder process in the STAR+PLUS Pilot Program service delivery area. This stakeholder engagement plan will be updated with the Phase Three requirement at the time a service delivery area is selected for the STAR+PLUS Pilot Program.

The statewide stakeholder expansion entails IDD SRAC and SP3W members and other HHSC committee and workgroup members selected to represent their communities. These representatives are responsible for identifying and inviting subject matter experts (SMEs) such as people receiving services, family members, providers, and advocates to relevant meetings to provide input. As open meetings, the IDD SRAC and SP3W full and subcommittee meetings also accept public testimony at every meeting from any member of the public who wishes to contribute.

Additional committees and workgroups invited to identify liaison(s) and collaborate with IDD SRAC and SP3W include:

- Texas Brain Injury Advisory Committee
- Texas Autism Council
- Value-Based Payment & Quality Improvement Advisory Committee

Figure 2. Statewide Stakeholder Input Flow

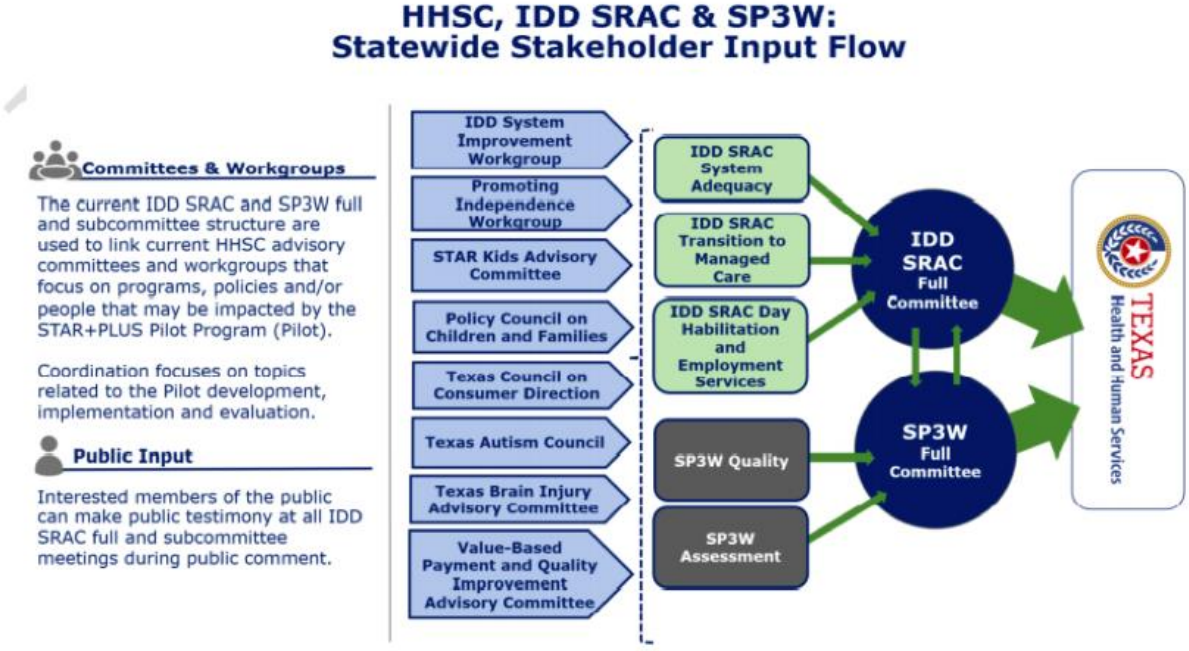


Figure 2 provides a visual representation of the coordination of HHSC committee and workgroup liaison with the IDD SRAC and SP3W.

4 IDD SRAC AND SP3W SUBCOMMITTEES IDD SRAC subcommittees include Day Habilitation and Employment Services (DHES), Transition to Managed Care (TMC), and System Adequacy (SA). SP3W subcommittees include Quality and Assessment. Tables 1 and 2 below list the current identified STAR+PLUS Pilot Program topics for each IDD SRAC and SP3W subcommittee. Topics will be updated as needed.

Table 1. Pilot Topics for IDD SRAC Subcommittees

System Adequacy	Transition to Managed Care	Day Habilitation & Employment Services
Functions, and Roles of comprehensive service provider (CSP), Local Intellectual and Developmental Disability Authority, & managed care organization.	Eligibility	Employment & day habilitation services
CSP documentation & reporting requirements	Benefits	Consumer Directed Services
Regulatory/certification	Innovative technologies & benefits	
Enrollment process for CSPs into the pilot	Benefit rates	
Provider rates and payment process	Technology & coding for benefits	
Information Technology/Systems to Support Interoperability Between Pilot Providers	Process to ensure pilot participants remain eligible for 12 consecutive months	

Table 2. Pilot Topics for SP3W Subcommittees

Assessment	Quality
Assessment tool	Person-centered planning
	Selection criteria for the STAR+PLUS managed care organization
	Performance measures and measurable goals

Additional Future Topics for SP3W:

- Section 534.1065(b) - Communication plan and materials to ensure prospective pilot participants make an informed decision on whether to participate in the pilot
- Education plan and materials for STAR+PLUS Pilot Program providers

5 COLLABORATION & CONSULTATION: STATUTORY REFERENCES

5.1 IDD SRAC AND SP3W 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.

807 BRAZOS ST, SUITE 607, AUSTIN, TX 78701 TEL: 512-708-8424, WWW.THBI.COM

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 long-term 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.

MOTION: *Approve the stakeholder engagement plan - prevailed.*

6. Public Comment.

One written public comment was received commenting on changing a waiver rule. Quarantine circles was an issue and parental PAS attendants was discussed but denied. The commenter wanted to change this.

This was not on the agenda and could not be discussed but staff can address the concern.

7. Review of action items and agenda items for next meeting.

- January 28th meeting
- LAR Update
- Include the recommendations of this group and if they are included in the LAR
- Pilot Project Timeline
- Quarantine issue and allowing attendants to bill for remote hours
- HHSC Feedback on the adult foster care issue

8. Adjourn. There being no further business, the meeting was adjourned.

***