



**HHSC: Intellectual and  
Developmental Disability  
System Redesign  
Advisory Committee,  
June 8<sup>th</sup>, 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.

**2020-2021 General Appropriations Act, Art. II, Rider 42, At II-62 (2019) Interest List Study.**

**Recommendations for Process to Assess Unmet Needs**

1. Recommendation: HHSC to standardize Interest List data collection forms and process for individuals across all Interest Lists. Desired outcomes are as follows:

- A. Consistent processes to gather demographic data on unmet needs to include housing and residential needs.
- B. Consistent processes to gather data on those who support an individual in the community to assess risks and future needs.
- C. Modernized processes, utilizing technology for online access, text alert options for updates, text notifications and online updates to annual contacts.
- D. Data processes that allow for the extraction of any information that is gathered on the interest list.

- E. In the selection of a standardized assessment, consider adoption of an assessment, or screening, tool that identifies current needs and imminent risks of individuals on Interest Lists. Possible options are to modify Form 8577, develop an assessment tool, adopt a fully vetted IDD assessment tool, and/or incorporate existing health and risk assessments used by MCOs.
- F. Consistent processes to assist individuals on the Interest Lists to receive information about alternate community resources during the routine Interest List contacts. Process should include training requirements for entities responsible for completing the Interest List contacts. In addition, process should require the provision of written information about critical resources, to include Medicaid Eligibility, Community First Choice, Texas Home Living, Money Follows the Person, diversion for at risk individuals, and local community resources.

### **Recommendations for Strategies to Reduce or Eliminate the Interest List**

1. Recommendation: HHSC to sustain current processes that are effective in meeting individual needs. Desired outcomes are as follows:

- A. Sustain the first come, first serve principles of the current IL process. Fund supports to assist individuals to access enrollment in a timely manner.
- B. Continue availability of Diversion slots for behavioral, medical and crisis situations.
- C. Continue availability of Transition slots from institutions to the community.
- D. Continue policy to allow Interest List slot recipient, who is determined ineligible for the allocated waiver slot, to 'bridge' to an appropriate waiver Interest list with the original date of the Interest List waiver for which they have been determined ineligible.
- E. Ensure implementation of 'no interest list' policy for MDCP SSI recipients (STAR Kids and STAR Health managed care programs).

2. Recommendation: HHSC to improve existing processes and programs to better meet the needs of individuals on waiver Interest Lists. Desired outcomes are as follows:

A. Improve and strengthen the Community First Choice (CFC) program.

- i. Set sustainable CFC rates that allow for hiring and retention of Direct Service Workers (DSW) with experience in habilitation. [**Comment:** Rates set for CFC for Direct Service Workers, who support individuals with IDD, must take into account the lifelong needs of individuals with IDD and the distinct skills and abilities required to teach individuals to perform tasks independently.]
- ii. Enhance CFC service array with the addition of transportation and respite.
- iii. Assess feasibility to revise CFC assessment to offer alternate services for individuals on waiver Interest Lists who do not meet institutional level of care.
- iv. Increase awareness through a concerted, statewide outreach effort to include publication of an HHSC CFC brochure and website enhancements. Materials should offer guidance to recipients regarding differences in CFC when offered as a stand-alone service or when offered in conjunction with a waiver.

- v. Establish consistent practice by MCOs, LIDDAs, and Local Mental Health Authorities (LMHAs) to screen for eligibility and interest in CFC benefits.
- vi. Develop electronic reporting to track from the date of CFC request, to CFC assessment date, to date of service delivery or to date of service denial.
- vii. Develop reporting to track timeframes for exchanges between MCOs and the LIDDAs.
- viii. Adequately fund current LIDDA processes for eligibility, ID/RC, CFC Assessment, or develop and implement streamlined processes.
- ix. Enhance training to MCOs, LIDDAs, and LMHAs on CFC benefits and reporting requirements.
- x. Re-examine HCS/TxHmL policy that prohibits persons/family members residing in the home to provide CFC services. [**Comment:** It is allowed in CLASS and STAR+PLUS, but not HCS and TxHmL.]

B. Improve Medicaid STAR and STAR Kids processes for individuals to access minor home modifications and adaptive aids that support community living.

- i. Create a mechanism for children to access minor home modifications and/or van lifts (short-term need).
- ii. Ensure an individual's right to appeal a needs assessment finding that limits access.

C. Examine opportunities to expand Money Follows the Person (MFP) programs to meet unmet residential needs of individuals on a waiver Interest List.

3. Recommendation: HHSC to develop and implement new processes to better manage the waiver Interest List process. Desired outcomes include:

A. Develop and implement a "No wrong door" process for placement on a waiver Interest List: one call, right list(s). Individuals should receive adequate information and education to request placement on the most appropriate list(s).

B. Attain funding to maintain and improve waiver Interest Lists processes.

**Recommendations for Strategies to Address the Cost of Reducing or Eliminating the Interest List.**

1. Recommendation: HHSC to develop processes to accurately forecast the costs to reduce and eliminate the waiver Interest Lists, to include contacting individuals, assessing needs, providing follow up information on community resources, and reporting data.

2. Recommendation: HHSC to identify mechanisms to meet the growing population and needs of Texans, consistent with the most integrated setting mandate of the ADA and 1999 Olmstead Decision. Specific strategies to consider include the following:

- A. Continue to request legislative funding for all waivers.
- B. Utilize the same financial eligibility criteria for TxHmL as other waivers, to include not deeming parental income and allowing for 300% of the SSI FBR (Federal Benefit Rate). Consider increasing the TxHmL cap to \$25,000.
- C. Explore offering a Katie Beckett / TEFRA (Tax Equity and Fiscal Responsibility Act) waiver. This waiver, administered in 21 other States, offers Medicaid coverage to children with severe disabilities under 19. [Comment: This waiver supports children in their home and may lessen the need for more comprehensive waivers for most children. The more comprehensive waivers could then be reserved for children requiring support outside of the home (e.g., host home companion care in the HCS waiver.)]
- D. Develop and implement processes to ensure adequate safety-net, adequate provider capacity and availability of a stable attendant workforce to support the needs of persons enrolled in waivers.
- E. Ensure HCBS Settings Requirements are met for continuation of waiver funding.
- F. Expand eligibility for Medicaid Buy-In to the federally allowed limits.

There was considerable discussion about the items and minor changes were made along with some substantive changes. The final changes were not able to be captured due to technological programs. The final document will reflect the discussion from the group. Among the topics discussed included:

- Waiver consolidation
- Nonsubstantive changes for clarity
- Data collection and analysis
- Unintended consequences of consolidating waivers
- Learning from the past to inform today
- Focus on person centered plan
- Focus on the outcome being that people get the service that they need

**MOTION:** *Approve recommendations as edited - prevailed.*

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*Break*

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**Intellectual and Developmental Disability System Redesign Advisory Committee  
System Day Habilitation And Employment Services Subcommittee  
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**

[House Bill 4533](#) requires the Health and Human Services Commission (HHSC) to collaborate with the Intellectual and Developmental Disability System Redesign Advisory Committee and to establish and collaborate with a pilot program workgroup to develop and implement a Medicaid pilot program to provide long-term services and supports for certain individuals with intellectual or developmental disabilities (IDD) or certain similar functional needs. The pilot would begin on September 1, 2023 and operate for at least two years. The bill requires HHSC to collaborate and consult with the IDD System Redesign Advisory Committee and the pilot program workgroup to perform an evaluation and submit a report after the conclusion of the pilot program. The bill requires HHSC to seek a federal waiver or authorization to provide Medicaid benefits to certain medically fragile individuals if HHSC determines it to be cost-effective. The bill also requires managed care plans offered by a Medicaid managed care organization (MCO) to meet certain accreditation requirements and would require HHSC to prepare and submit a report evaluating the feasibility of providing Medicaid benefits to children enrolled in the STAR Kids managed care program under certain alternative models. The bill took effect September 1, 2019.

The costs associated with developing and implementing the pilot program could not be determined by the LBB, as information is not available to determine the criteria for selecting MCOs to participate in the pilot, the eligibility criteria for the pilot, and the exact benefits included in the pilot. Costs could include significant client services and information technology systems changes that could vary depending on the size and scope of the pilot program. The analysis assumes that any costs associated with implementing the provisions of the bill relating to the pilot program would be immaterial and could be absorbed within existing agency resources for the 2020-21 biennium, but there could be administrative and technology-related costs in the 2022-23 biennium related to implementation of the pilot program on September 1, 2023, or related to the provision of Medicaid benefits to certain medically fragile individuals, if HHSC determines that providing benefits would be cost-effective and receives a federal waiver. Based on the LBB's analysis of HHSC, duties and responsibilities associated with implementing the provisions of the bill related to managed care organization accreditation and other reporting requirements could be absorbed using existing agency resources.

### **Recommendations for Consumer Directed Services in HB 4533 Pilot Program**

1. Ensure that Consumer Directed Services (CDS) is presented in a meaningful way to the participants in the pilot program as an option to receive and manage their services.
  - a. Pilot providers, including pilot service coordinators, are required to complete training to understand CDS, pilot services and how to communicate effectively with pilot participants.
  - b. All pilot MCOs are required to meet or exceed STAR+PLUS CDS training.
2. In order to expand the use of the CDS model, allow all pilot services to be managed through the consumer direction option.

3. Allow participants the ability to have full budget authority under the CDS option to align the services to their individual plan of care (IPC) or My Life Plan. This also includes the purchase of CMS-approved waiver goods and services.
4. Rate enhancements that are applied under the pilot will also apply to participants under the CDS option to align attendant wages across both options (MCO or CDS).
5. Electronic visit verification (EVV) allowable funds should be available to address technology needs, internet access and training. Ensure rates developed for CDS in the pilot account for funds needed to assist CDS employers to meet EVV requirements.

**Questions/Answers and Comments:**

- What is the target of 1.b? Under STAR+PLUS, there is training for CDS for service coordinators.
- Definition of “training” might be needed.
- There are requirements in the contract for CDS training.
- Under current waiver, people can use CDS and provider services simultaneously. Ms. Levine stated she does not know anything about that. It was stated that they are offered a mix of CDS and provider services.
- Add something that clarifies it is CDS. Provider, or a combination of the two.
- We need to focus on what is going to happen in the pilot.
- There are so many benefits that may not be able to get up and running within the two-year timeframe, given the requirements for licensure. It could be hard to do, given that it’s a new program.
- Maybe come up with a list that will fit a two-year time period.
- We should first identify the benefits that will be provided using the terminology “allowable services.”
- In CDS, you pick your providers. The HMO doesn’t have to go get the providers.
- On a new benefit, it will be hard to find their own provider.
- Is there a platform to ask HHSC about supported employment and a person taking notes? (Supported employment can continue even if the note taker is not in the same room with you).
- Expand the use of the CDS model to allow the flexibility to use CDS only, agency option, or a combination. (Adding a new recommendation.)
- Focus on “eligible pilot services.”
- There is a list of allowed CDS services currently... Those not in CDS now would have to be developed and under a tight timeframe.
- The issue is not the managed care plans but whether the agency would allow it to happen (the different pieces outside CDS presently).
- The recommendation should address the spirit of CDS; it might turn out that some services are not “CDS-able.”

- Reporting on some of the services might be a problem.
- It was agreed to keep all of the services and offer a combination.

**MOTION:** *adopt the recommendations for CDS as amended - prevailed.*

**Recommendations for Employment Assistance, Supported Employment and Transportation**

1. Require a person-centered plan for all individuals in the HB 4533 Pilot Program (Pilot) that addresses competitive integrated employment and other meaningful day activity goals.

- a. Include self-advocates in the discovery process by the development of a Peer Support Model benefit in the Pilot to assist individuals in identifying their meaningful day.
  - i. People planning together- Learning Community.
  - ii. Opportunities for individual and group planning.
  - iii. Exploring how to support families and friends to understand the value and possibilities of employment.
- b. Review and develop recommendations to ensure that assessment and service planning questions are meaningful to individuals.
- c. The service planning discovery tool currently in development should include a specific module on employment and meaningful day.

2. The Pilot STAR+PLUS Managed Care Organization (MCO) contracts will have a requirement that ALL Long-term Services and Supports (LTSS) providers including case managers, service coordinators, day habilitation providers and direct service agencies (DSAs) must complete training in the principles of Employment First (EF), employment services, steps to become an Employment Services Provider (ESP) with Texas Workforce Commission (TWC), development and implementation of an Employment Plan and the transition of services from TWC to LTSS/waivers.

- a. Improve electronic communication channels between TWC and LTSS providers and MCOs.
- b. TWC to print application and eligibility determination letters for Pilot participants to be able to share with LTSS providers.

3. MCOs participating in Pilot will contract with a network of EA and SE providers who meet quality standards to provide Supported Employment (SE) and Employment Assistance (EA) to meet the needs of Pilot participants, including ESPs.

The recommended Quality Standards include:

- a) The Employment Service Provider must have a discovery process in place that supports the individual to identify their employment capacities, abilities and preferences. Employment Assistance services used for discovery must reflect one-on-

- one interaction, business exploration and job training. EA service results in the person transitioning to Supported Employment Services.
- b) Any person who remains on Employment Assistance services more than 6 months will require an updated Individual Plan of Care.
  - c) The Employment Service Provider must have a Supported Employment process in place that includes employment placement, systematic instruction, fading of direct employment supports at the job site and long-term services. Supported Employment services matches the individual to a job that reflects their employment capacities, abilities and preferences to a full or part-time job in the community paying minimum wage or better.
4. Allow billing in the Pilot for EA providers to be present with an individual when a SE staff is being trained to ensure the transition from EA to SE is successful.
5. For the Pilot establish a higher EA and SE 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.
6. Ensure Pilot participants seeking employment or maintaining employment have an employment plan coordinated with TWC or other employment supports and included in the IPC.
7. Promote awareness about employment supports through case management, service coordination, person-centered planning, assessments, reviews, etc.,
8. Each MCO participating in the Pilot will have a centralized source of resources for employment related services and supports including information regarding continued Medicaid eligibility.
9. MCOs will measure employment outcomes for Pilot participants.
10. HHSC will promote competitive, integrated employment by developing and expanding existing educational campaigns and other initiatives to increase awareness of work incentives and provide accurate employment information for pilot participants.
11. The Pilot will provide Social Security (SSA) benefits counseling to all Pilot participants to promote competitive, integrated employment by not only increasing awareness of work incentives and provide accurate information, but to also assist with applying for and implementing work incentives that allow individuals who receive SSI to exclude money, resources, and certain expenses from total earned income.
12. For Pilot participants a transportation benefit should be established that allows flexibility and includes the use of taxis, bus passes, ride shares.

13. In the Pilot employment related transportation for EA and SE is billable through that service.

14. In the Pilot service area develop and facilitate regularly scheduled regional and/or local collaboration on employment issues, including state agencies that provide employment services [MCOs, Local Intellectual and Developmental Disability Authorities (LIDDAs), Direct Service Agencies (DSAs), TWC, Texas Education Agency (TEA) and Health and Human Services Commission (HHSC)] which will develop (1) a joint plan for identification of federal and state funding and resources to promote competitive integrated employment, (2) a joint phase-out plan that transitions individuals with disabilities out of subminimum wage and segregated work environments, (3) annual goals for increasing the numbers of persons with disabilities employed in competitive integrated employment and (4) a requirement for each agency to develop a system for collecting and aggregating data that follows Workforce Innovation and Opportunity Act (WIOA) requirements and is reported to the HHSC Employment First designated staff annually (this recommendation also requires TEA and TWC participation).

15. HHSC Pilot contracts will require contractors and subcontractors to comply with Employment First policies by ensuring the primary goal is competitive integrated employment as outlined in the Government Code, 531.02447.

16. MCOs will comply with the Center for Medicaid & Medicare (CMS) Home and Community Based Services (HCBS) day setting requirements.

17. Expand the definition of Employment Assistance services to include providing a person-centered, comprehensive employment plan with support services needed. This could be similar to the Employment Plan used by TWC. This service would provide assistance for waiver program participants to obtain, or advance in competitive employment or self-employment. It is a focused, time limited service engaging a participant in identifying a career direction and developing a plan for achieving competitive, integrated employment at or above the state's minimum wage. Include transportation between the participant's place of residence and the site where career planning is delivered as a component part of career planning services. The cost of this transportation is included in the rate paid to providers of career planning services and the state would include a statement to that effect in the service definition.

### **Questions/Answers/Comments**

- Make sure that peer support is included across everything.
- There was discussion about the individual employment plan and the person-centered plan, and how to update the plans.
- A lot of employment assistance involves the process of landing a job. Six-month updates can be barriers and perhaps wordsmithing would help clarify.

- There should be accountability for results for employment and perhaps employment assistance should be reviewed every six months.
- Any person who remains on employment assistance services for more than six months should be reviewed by the person-centered planning process to discuss how to remove the barriers.
- Benefits counseling process focuses on SSI and SSDI, but they have no clue about state-level Medicaid waiver programs.
- We don't want to put waiver benefits at risk.
- The recommendation is designed to address retaining Medicaid and not SSI or SSDI.
- A statement about maintaining waiver benefits after obtaining employment was requested.
- The focus on benefits counseling will be on accurate information.

**MOTION:** *Accept the recommendation as discussed Employment Assistance, Supported Employment and Transportation, for the pilot - prevailed.*

**Annual Legislative Report.** Due to time constraints, there was no time to discuss the report. In lieu of this, the report draft will be sent out to members for comment. The report is drafted in compliance with the report guide required by HHSC. The draft report tracks the previous report as amended by the COVID-19 impact and the impact of the work on the pilot. Staff are waiting for an updated narrative.

**Public comment.** No public comment was offered.

**8. Agenda items for next meeting (July).**

- Annual Report and recommendations from the subcommittees
- Annual review of the bylaws
- Any additional recommendations that may be brought forward
- Update on SRAC membership

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

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

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