Changes Are Coming in the IDD Service Delivery System to Texas

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Trends in the IDD Service Delivery System in Texas

- Shift away from State Supported Living Centers (SSLC) and nursing facilities (NF) to community-based services for individuals with IDD.
- Privatized, capitated, integrated managed care through STAR+PLUS to serve more individuals at less cost.
- Reduction in General Revenue funded safety net services. Increase in Medicaid funded services, HCS, ICF-IID, Texas Home Living Waiver, CLASS, Community First Choice.

- Community-based services increasingly impacted by Dept. of Justice involvement in State Supported Living Centers.
  - Shift toward institutional requirements
  - Safety trumps rights
  - Community-based services are expected to address individual needs at the SSLC level without the same level of funding
- Eligibility and service levels to be determined by a functional assessment replacing diagnosis based determinations.
- Aging and medically involved population in the community is requiring increased nursing and medical attention without adequate funding.

Senate Bill 7

Stage 1

Start: 9-1-13

- Acute Care for all Medicaid Individuals through STAR+PLUS
- Habilitation and Attendant Care through STAR+PLUS

Sept.: 2014

Stage 2

Consider transferring Texas Home Living Waiver benefits to STAR+PLUS

Sept.: 2017

Stage 3

Consider transferring HCS, ICF-IID, CLASS and DBMD benefits to STAR+PLUS. HCS individuals will have choice of remaining in HCS or transferring to STAR+PLUS

Sept.: 2020

Timelines for S.B. 7

Sept. 2013	Act goes into effect – promotes independent service coordination and independent ombudsmen services, ensures the availability of a local safety net provider and local safety net services
Oct. 2013	Development of IDD System Redesign Advisory Committee requires representation from IDD advocacy, managed care and non-managed care health care providers, Aging and Disability Resource Centers, community MH and IDD centers and service coordination/case managers of private and public HCS providers.
Sept. 2014	Implement Community First Choice as part of STAR+PLUS; for 12,000 adults. Service coordination to be provided by the local IDD authorities to individuals with IDD under the STAR+PLUS and STAR Kids managed care programs.
Dec. 2014	Initial acute/LTSS (Long Term Care Services and Support) report
	Report of study of automatic enrollment in Medicaid Managed Care
Sept. 2015	Requires development of a comprehensive functional assessment instrument
June 2016	HHSC report on cost effectiveness of delivering attendant/habilitation services under STAR+PLUS and STAR Kids
Sept 2016	Implement private provider managed care pilot. Consumers will have a choice regarding pilot participation.

Dec. 2016 & 2017	Advisory Council, HHSC, DADS review & evaluation of pilots, with recommendations to the legislature.
Sept. 2017	Transition Attendant/Habilitation services for Medicaid beneficiaries to STAR+PLUS (or most appropriate option).
	Transition/decide TxHmL—Look at all TxHmL services for possible transition into STAR+PLUS. Intent is to combine TxHmL benefits with Community First Choice benefits to create an entitlement service array for adults with IDD
Sept. 2018	Pilots conclude
Dec. 2018 (2019, 2020)	HHSC & DADS report with recommendations regarding TxHmL, ICF-IID for implementation of acute/LTSS managed care system
Sept. 2020	Transition HCS, CLASS, DBMD, ICF-IID. Individuals will have choice of remaining in waiver program or transferring to STAR+PLUS. Service coordination for the HCS waiver program to be provided by the local IDD authority
Dec. 2023	Final report due regarding acute/LTSS managed care system
Jan. 1, 2024	Prior authorization process for supervised living & residential support services to be established for HCS
Jan. 1, 2024	Advisory Committee abolished

- This document does not include all changes to S.B.7 by Senator Nelson. Please refer to the Bill for additional changes.
  8/14/2013

Projected HCS & TxHmL Enrollments for FY14-15		
	FY14	FY15
Legislature Budget Board Target of # Served in HCS	21,981	23,396
Legislature Budget Board Target of # Served in TxHmL	7,238	8,738

Promoting Independence Initiatives

Slot Type	Total Allocation for FY14-15	Harris County (Estimated)
Persons moving from Large ICFs	60	unknown
Persons under 22 moving from Small-Medium ICFs	60	unknown
Persons moving from a SSLC	280	48
Children Aging out of CPS	192	unknown
Prevent persons from institutionalization/crisis (Diversion from SSLC)	300	51
Persons moving from Nursing Facilities (Adult)	360	64
Persons under 22 moving from Nursing Facilities	20	unknown
Children moving from a CPS-General Residential Operation	25	unknown
TOTALS	1,297	163

Interest List Reduction for HCS & TxHmL		
Slot Type	Total Allocation for FY14-15	Harris County (Estimated)
Persons on the Statewide HCS Interest List	1,304	221
Persons on the Statewide TxHmL Interest List	3,000	510
TOTALS	4,304	731
GRAND TOTAL	5,601	843

Community First Choice: 11,902 2,023

HCS vs. TxHmL vs. ICF-IID

What services are available?

HCS	TxHmL	ICF-IID
Adaptive Aids	Adaptive Aids	Adaptive Aids (Durable equipment over $1,000 only)
Counseling & Therapy	Counseling & Therapy	Counseling & Therapy
Day Habilitation	Day Habilitation	Day Habilitation
Dental Treatment	Dental Treatment	Dental Treatment
Minor Home Modifications	Minor Home Modifications	NO
Nursing	Nursing	Nursing
Residential Assistance	NO	NO
Respite	Respite	NO
Supported Employment	Supported Employment	Supported Employment

HCS vs. TxHmL vs. ICF-IID

Where must I live to receive these services?

HCS	TxHmL	ICF-IID
Person must live: • In their own home • In their family's home • In a foster/companion care setting • In a residence leased/owned by the provider	Persons must live: • In their own home • In their family's home	Person must live in the ICF/IID. The number of people served by an ICF/IID can range from six to several hundred.