Overview of IDD Service System Redesign (SB 7 Conference Committee Report) as Adopted by the House and Senate: May 26, 2013

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<tr><th>Articles 1 & 3</th><th>Conference Committee Report: Adopted by House and Senate</th></tr>
<tr><td>Timelines</td><td>The Senate version was adopted. In other words, all time lines related to various reports, transition timelines, etc. changed in the House version were moved back by a year. Of importance are the following:

▪ Pilots are to begin not later than 9-1-16 (as opposed to 9-1-17). Pilots can be in effect no longer than 24 months.
▪ Transition of TxHmL under STAR +PLUS is to occur not later than 9-1-17 (as opposed to 9-1-18).
▪ Transition of ICF-IID and other waivers (HCS, CLASS and DBMD) is to occur not later than 9-1-20.

Note: Timelines that <u>did not change</u> include:

▪ Establishment of the IDD Redesign Advisory Committee (by 10-1-13);
▪ Implementation of the CFC Option - attendant and habilitation services to 11,902 persons on the current DADS' HCS, CLASS and DBMD Interest Lists - 9-1-14);
▪ Transition of acute care services under Star +PLUS (to begin 9-1-14 - possible it may be done in phases). [The bill's Fiscal Note states that for persons who are dual eligibles (eligible for both Medicare and Medicaid), transfer of their acute care services will begin 9-1-16.]</td></tr>
<tr><td>IDD Advisory Committee</td><td>This committee and others, stripped by a House Floor amendment, were <u>retained by the conference committee</u>. This means that the House Floor amendment that added persons residing in ICFs and providers of this service to the IDD committee was also retained.</td></tr>
<tr><td>Other Committees</td><td>As noted above, the Nursing Home Advisory Committee, the STAR Kids Advisory Committee and the STAR+PLUS Quality Committee were all retained.

The State Medicaid Managed Care Advisory Committee was also retained, but only as a committee in addition to the aforementioned committees - not as the sole committee responsible for the implementation of SB 7. Persons with disabilities, including persons with intellectual and developmental disabilities or consumer advocates of these persons were retained as members on this Advisory Committee. Note: Rep. Raymond stated this evening [referring to the night SB 7 passed the House and Senate] that while Rep. Scott Turner's amendment to eliminate the various committees referenced above and have only one committee oversee the redesign was not accepted, perhaps in the future this may be a possibility.</td></tr>
<tr><td>Low Cost, Flexible Housing</td><td>Concerning the provision related to the <u>adoption</u> or <u>amendmen</u>t of rules related to development of <u>additional</u> housing options for persons with disabilities, provider-owned housing remains an option. In short, reference to provider-owned housing in the bill does not preclude HHSC from examining a host of options to provide low cost, flexible housing, it just ensures that the provider-owned option is not eliminated.</td></tr>
<tr><td>Study related to Impact of Managed Care</td><td>The bill calls for the House Human Services Committee and the Senate Health and Human Services Committee to examine the impact on persons in nursing homes receiving their medical assistance services under STAR +PLUS. [Based on the comments made by the author when this House Floor amendment was laid out (i.e., comments that she had grave concerns about moving the State's most vulnerable persons - persons in nursing homes and IDD programs - under managed care) it was our hope that the conference committee would expand this provision to include persons with IDD. As it did not, we hope when this legislative committee convenes, it will consider expanding its charge to include the IDD population.]</td></tr>
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<tr><td>Income Disregards</td><td>Section 3.04 of the bill states that HHSC shall conduct a study to evaluate the need for applying income disregards to persons with IDD receiving benefits under the medical assistance program, including through a Section 1915(c) waiver program, and that HHSC must submit to the legislature not later than January 15, 2015.</td></tr>
<tr><td>Payment and Submission of Claims under an MCO</td><td>The provisions below were maintained.

▪ Having HHSC set the minimum rates for ICF-IID providers and providers of group home (HCS 3 & 4 persons homes) providers under a managed care model.
▪ Requiring MCOs to pay the above-mentioned providers within 10 days of submission of a clean claim (using DADS' definition of a clean claim), as applicable..
▪ Allowing the above-mentioned providers to submit their claims through a portal that serves multiple MCOs, as applicable.</td></tr>
<tr><td>Access to Acute Care Services</td><td>The provisions that require HHSC to develop a process to ensure that persons with IDD have choice and that their healthcare needs are not compromised when their acute care services are transferred under STAR +PLUS was retained. [The provisions do not offer an option for a person to continue receiving their acute their services through traditional Medicaid in the event it can be demonstrated that his/her access to and continuity in the provision of acute care services (hence, health status) would be compromised under STAR +PLUS as was advocated for, but these provisions (when coupled with other provisions in the bill - see 'Note' below) will offer more protections than had been in the introduced bill.]

Requires that upon the transition of acute care services to STAR +PLUS, HHSC must monitor the provision of those services.

Note: Under Article 2 of the bill, HHSC is directed to require mandatory participation in a Medicaid capitated managed care program <u>for all persons</u> eligible for acute care benefits. HHSC is also permitted to implement alternative models or arrangements, including a traditional fee-for-service arrangement, if the alternative would be more cost-effective or efficient. It is not known how this provision relates to the provisions under Article 1 of the bill referenced above.</td></tr>
<tr><td>Report on LAs as a Service Provider</td><td>Requires HHSC and DADS to submit a report to the legislature not later than 12-1-14, that includes information about the percentage of services provided by each LA thru the ICF and Medicaid waiver programs compared to the percentage provided by private providers; information about each authority's cap; the types and amounts of services received by persons served by LAs compared to the types and amount of services provided by private providers; and the types of evidence provided by LAs to DADS to demonstrate the lack of available providers in areas where LAs serve 40% of the TxHmL waiver consumers or 20% of the HCS consumers.</td></tr>
<tr><td>Pilot Programs</td><td>Continues to allow persons receiving ICF, HCS, CLASS, TxHmL or DBMD services or their LAR to choose whether or not to participate in the pilot.

Calls for a pilot program proposal to include, among other elements, the element of integrated, competitive employment and provides for a comprehensive array of long term services and support and case management and service coordination.

Adds a provision to ensure that the required comprehensive plan for transitioning the provision of Medicaid benefits between a waiver and a pilot program for purposes of protecting continuity of care to persons in ICFs also.</td></tr>
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Articles 1 & 3	Conference Committee Report: Adopted by House and Senate
CFC	The provision to implement the Community First Choice (CFC) Option for persons with IDD has been retained. The LA will serve as the service coordinator. The LA may not be a provider of CFC services. The LA will not be under contract with MCOs, rather under contract with DADS/HHSC. The LAs may subcontract with a *person* or *non-profit entity* to perform SC. HHSC will establish the criteria a *person* or *non-profit entity* must meet to serve in this capacity. In addition to the above, the LAs will conduct the assessments to determine a person's eligibility for CFC and assist in the development of the person's plan of care for which authorization is done by the MCO. While HCS, CLASS and TxHmL providers must be included in the MCOs' provider network for the provision of CFC services, the word 'only' (which limited the providers of this service to only those listed above) was removed. As explained by HHSC, the word 'only' was removed because currently some persons with IDD are already served under Star +PLUS. Should these persons be determined eligible for the CFC option, its removal allows the providers of this service to continue serving these persons. According to HHSC, this should not result in any adverse affect on HCS, CLASS and TxHmL providers who choose to be a CFC provider. Moreover, the bill specifies that HCS, CLASS and TxHmL providers contracted with the department as of 9-1-13 will be considered 'significant traditional providers' for the first 3 years this service is offered.
Transition of TxHmL Services	Continues to call for the transition of TxHmL services/benefits under STAR +PLUS or the managed care model selected by HHSC based on the experience of CFC and the pilots.
Transition of ICF and Other Waiver Services	Continues to call for the transition of ICF-IID and services/benefits under STAR +PLUS or the managed care model selected by HHSC based on the experience of CFC and the pilots. The amendment adopted on the House Floor that extended the opportunity for persons in ICFs to have choice in whether to receive their services under STAR +PLUS or the managed care model selected by HHSC (an option that is available to persons in HCS, CLASS and DBMD) was removed by the conference committee.
Provider Qualifications	Before transitioning the provision of Medicaid program benefits under a managed care model, a MCO must demonstrate to the satisfaction of HHSC that its network of providers has experience and expertise in providing services to persons (both children and adults) with IDD.
Behavioral Supports	The bill retains the requirement for DADS (subject to the availability of federal funds) to develop and implement specialized training for providers, family members, caregivers, and first responders providing direct services and supports to individuals with IDD and behavioral health needs who are at risk of institutionalization. DADS is directed to establish one or more behavioral health intervention teams to provide services and supports to individuals with IDD and behavioral health needs who are at risk of institutionalization. Specification of who must be on the team is included in the bill as well as the type training they must receive.

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Comprehensive Assessment and Resource Allocation Process	Requires DADS to develop a comprehensive assessment tool and a resource allocation process to ensure each person receives the type, intensity, and range of services that are appropriate and available, based on a person's functional needs. The assessment tool will be used to assess the needs of persons receiving services in SSLCs, community-based ICF-IIDs and IDD waiver programs (HCS, TxHmL, CLASS and DBMD). Defines "functional need" as the measurement of a person's services and supports needs, including the person's intellectual, psychiatric, medical, and physical support needs. Resource Allocation: DADS must establish a prior authorization process for requests for placing a person in a group home that must ensure that the placement is available only to persons for whom a more independent setting is not appropriate or available. Defines 'group home' as HCS 3 or 4 persons homes .
Article 6	**Conference Committee Report: Adopted by House and Senate**
Leach Amendment	During the House consideration of SB 7 on May 20, 2013 Representative Leach offered the amendment below. He stated the amendment's purpose was to ensure that the HHSC Executive Commissioner under direction of the Governor could not expand Medicaid under "Obama Care" without debate by the legislature. The amendment resulted in a lengthy debate on the House Floor before it was finally adopted by the House. Concerned that if the amendment was removed, the bill would not pass, the conference committee revised the amendment to read as noted below. In reviewing the conference committee's decisions with the House on May 26, 2013, Rep. Raymond explained to Rep. Leach (and all House members) that the revision made clear that SB 7 did not expand Medicaid. **May 20, 2013 Amendment**: Limitation On Provision Of Medical Assistance: Notwithstanding any other law, the department may not provide medical assistance to any person who would not have been eligible for that assistance and for whom federal matching funds were not available under the eligibility criteria for medical assistance in effect on December 31, 2013. **Conference Committee Version:** Limitation On Provision Of Medical Assistance. Notwithstanding any other law, the department may not provide medical assistance to any person who would not have been eligible for that assistance and for whom federal matching funds were not available under the eligibility criteria for medical assistance in effect on 12-31-13.