

SUGGESTED TALKING POINTS: SB 1 and HB 1

[The talking points below do not include comments related to the proposed cost containment measure to reduce the current HCS/TxHmL CFC rate. Those talking points will be sent under separate cover.]

THE 411 (or, What You Need To Know)

Though the respective budgets of the Senate and House are funded at different levels (Senate currently below the Comptroller's FY 2018-2019 revenue estimate; House currently above the revenue estimate), there has been little to no transparency in the details of what each budget actually funds. What we do know, however, is that the budget items below will either not be included in either the Senate or House budget; will be included, yet funded at different levels; or one budget will include, and one budget will not.

Given the above, it is anticipated the items below will most likely be deliberated in conference committee (process in which members of Senate Finance and House Appropriations appointed by the Lt. Governor and Speaker respectively meet behind closed doors to iron out differences between the budgets of each chamber).

WHAT'S AT STAKE

- ◆ The number of persons anticipated to be enrolled in an IDD waiver on 8/31/17 being able to continue receiving services! [Senate does not include; House assumes supplemental funding to cover this.]
- ◆ Providers being able to comply with the federal HCBS rules governing "Day Habilitation" sites! *[HHSC's funding request remains at \$70 million All Funds beginning the March 1, 2019, deadline for compliance, and has yet to put forward its plan how it intends to comply with the federal regulation. In other words, if HHSC does not ask for more funds, many will experience significant changes to their current Day Habilitation/Community Integration services. Remember, the \$70 million HHSC has requested assumed that such service was inherent in the current Host Home model and rate.]* [Neither bill includes]
- ◆ Persons on current IDD Interest Lists or needing services thru "Promoting Independence" (out of institutions) will not have the opportunity to access these services in the upcoming biennium! [Neither the Senate nor House budget include funds for these needs.]
- ◆ ICF/IID & HCS/TxHmL providers will not have the same level of funding that other community-based programs do via the Attendant Compensation Rate Enhancement program (25 v. 35 levels). [Neither the Senate nor House budget funds this item or the request to increase the minimum wage rate for attendants in certain programs from \$8.00 to \$8.50.]
- ◆ Providers of CFC HCS/TxHmL services will experience a 20% rate cut! (will result in current attendant wages being cut and increased and costly turnover) [Talking points specific to this item will be sent under separate cover.] [According to HHSC the Senate budget already assumes this reduction; it is not clear yet whether the House budget makes this same assumption.]

Note: HB 1 does maintain rate increases appropriated last session for the ICF/IID and HCS/TxHmL programs and funds to maintain FY 2017 average costs for most services.

WHO TO CONTACT & WHEN

- ◆ If you live in or operate services in any of the districts represented by members of the Senate Finance or House Appropriations Committee, you are **URGED** to contact them **NOW** at their Capitol Office. *The list of members on and contact information for these two committees is included as an attachment.*
- ◆ If the Senator in whose district you reside or operate services **is not on the Senate Finance Committee** you are still **URGED** to contact them to express your concerns.
- ◆ To find the Senator or Representative who represents the district(s) in which you live and/or operate services, click [HERE](#). Regarding *district*, select Senate or House.

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HOW TO CONTACT

- ◆ **In Person.** Visiting your Senator or Representative in his/her office is preferred and the most effective method of communicating your concerns. Contact their Capitol Office to schedule a meeting with either the legislator or the person designated to oversee health and human services.
- ◆ **By Phone.** If your Senator or Representative is on the Senate Finance or House Appropriations Committee, ask to speak with the staff person assisting the Senator or Representative with his/her responsibilities on the Committee. If your Senator or Representative is not on either of the Committees, ask to speak with the staff person who monitors the budget process.
- ◆ **By Mail or Email.** If you write a letter, do so **NOW**. Regardless of whether your Senator or Representative is a member of one of the budget committees, as appropriate, copy members of the Senate Finance or House Appropriations Committee. Use the link on page 1 to find your Senator's and Representative's Capitol mailing address.

WHAT TO SAY

- ◆ **General Tips**
 - **Oral Testimony.** You only have 3 minutes to present testimony. Comments thus need to be short and succinct; Do Not read your comments (particularly if you also submitted written comments).
 - **Written Comments.** Keep them short and succinct, focusing on no more than three issues of most importance to your operations. Be sure you include a clear statement as to what you are supporting, opposing or requesting. Also, provide contact information so they may reach you.
 - **Calls or Visits.** State purpose of the call or visit; i.e., to discuss concerns you have with a particular budget or policy item under consideration by the 85th Legislature and request their support for your position on the matter being discussed. As with the other tips above, limit your discussion to no more than 3 issues. Both legislators and their staff are extremely busy during session, so time spent with a constituent is usually short (15 to 20 minutes).

REMEMBER: Whether you call, write, visit or testify...

Tell YOUR Story; i.e., individualize comments to your operations.

- ◆ **Suggested Talking Points** [Using one or more of the issues noted on page 1 or other budget-related items of concern and importance to you (such as Autism, ECI, Behavioral Health, CLASS, DBMD, PACE, Medicaid Managed Care, etc), state your concern and related request, describing the importance/benefits of your request including any anticipated barriers to services and those you serve if not funded.
 - **Acknowledge the budget constraints** the state is facing, commenting however that even with the partial rate restorations provided last session, your ability to maintain quality services, comply with increased regulations, assure the health and safety of those whom you serve remains at risk.
 - **Attendant Wages:** Currently there is heightened attention at the national level and across the states regarding attendant recruitment and retention challenges. As these challenges are experienced by all providers of LTSS including this as one of your comments is suggested. Emphasize your struggles maintaining a stable workforce and the adverse impact such has not only on those you serve, but your ability to assure compliance with program requirements. Remind them that stability in direct support staff is key to providing a safe environment, quality services and continuity of care for the persons you serve. **This suggestion is not to indicate you cannot address other challenges you face, rather to 'hint' that the topic has the potential to be one of the, if not the most, effective argument to demonstrate the**

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need for further rate increases, or at least funds to increase the levels in the Attendant Compensation Rate program for ICFs/IID and HCS/TxHmL to the same level as other programs; i.e. from 25 to 35.

Be sure to provide turnover and wage data in your oral comments or written testimony, and to also compare the wages and benefits you are able to offer prospective employees to those offered by other companies and operations with which you must compete. If you operate in a city with a SSLC, include a comparison of the wages you are able to offer to those provided at a SSLC.

Consider describing how, over the years, rate reductions have typically been applied to the administrative cost component of the rates and rate increases have been somewhat stagnant, while administrative costs and unfunded policies/mandates have increased. Describe how these factors make it increasingly more difficult for you to shift funds to cover these aforementioned costs, but also the costs of underfunded services (such as day habilitation, therapies, etc.), and, more importantly, to help increase the wages and benefits you are able to offer. Provide examples, such as: **i)** the increase in unfunded administrative costs you have experienced since the transition of acute care services to managed care (costs and responsibilities you were told would be assumed by MCOs); **ii)** the impact of abuse, neglect and exploitation investigations that, because of shortages of APS investigative staff and other factors are taking longer and longer to complete (beyond required timeframes); **iii)** the time and effort staff expend in restoring one's Medicaid eligibility; or **iv)** the increase in survey inconsistencies and the ever changing interpretations in regulations (without advance notice or a policy change to support the 'new' interpretation).

- **Day Habilitation:** Describe the importance of individuals you serve participating in community activities of their choice, whether attending a day habilitation program or engaging in community integration activities. State that current rates for these services are underfunded making it difficult to ensure these services and activities are meaningful, enriching and based on choice. Acknowledge your awareness of the cost associated with complying with the federal HCBS Settings rule, but if not adequately funded, how such will adversely impact services, quality and access to community integration activities, and how many families may be left without day time options for their adult children, opting to prematurely seek residential placement for them.
- **Expansion of Services & Maintenance of Current Service Levels:** Comment on the lengthy Interest Lists with persons waiting up to 13 years to receive services and the harm individuals and families would experience if HHSC's request to maintain Medicaid waiver services at FY 2017 levels is not funded. [As of November 30, 2016 the unduplicated count of persons on one of the 5 Interest Lists is 132,371 of which HCS has the largest number of persons (81,678 – duplicated count). Source: HHSC webpage.]
- ◆ **Suggested Solutions** [Suggested solutions to the topics or concerns you present are presented below. Though not inclusive, any recommendation(s) you make should directly relate to the topics/concerns you offer through oral or written testimony, or any calls or visits you make.]
 - Fully fund the ICF/IID and HCS/TxHmL Attendant Compensation Rate Enhancement (ACRE) program to allow all participants the ability to access the highest level and to increase the available levels in ACRE from 25 to 35 for consistency with ACRE in other Medicaid community services.
 - Fund the request for compliance with the HCBS Settings rule at a level that supports access to meaningful community integration services (including enhanced day habilitation services) and that allows for an adequate timeframe for transition. [HHSC reports it is still analyzing the fiscal impact of compliance options suggested by stakeholders.]
 - Fund HHSC's request related to maintain Medicaid waivers at FY 2017 levels.
 - Fund HHSC's request to provide transition to community services under the Promoting Independence initiative. [Such would create: 500 HCS slots for persons in SSLCs or ICFs/IID; 400 HCS slots for persons in crisis or imminent risk of institutionalization; 276 slots for children in transition from FC or

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- *transitioning from general residential operations (GRO) facilities; 120 HCS slots for persons with IDD moving from state hospitals; and 1,300 slots for persons with IDD relocating or being diverted from NHs.]*
- Protect HCS and TxHmL CFC rates to allow providers to pay competitive wages which will ensure the ongoing safety, well-being and continuity in services and supports of persons with IDD receiving services through this HCS/TxHmL model. [For persons presenting testimony at the hearing on February 23, 2017, if your testimony does not address this issue, we respectfully request your consideration in making a brief comment that you also support maintaining the HCS/TxHmL CFC rate at its current level.]
- Direct the commission to streamline policies and practices which are duplicative in nature and overly burdensome and costly to both the state and providers of IDD services. [Include examples of most importance to you, such as cost reporting processes, duplicative spending accountability measures of which the ICF/IID and HCS/TxHmL programs are the only programs with two 'spending' requirements, etc.]