



# Senate Finance Committee

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Department of Aging and Disability Services

Commissioner Adelaide Horn

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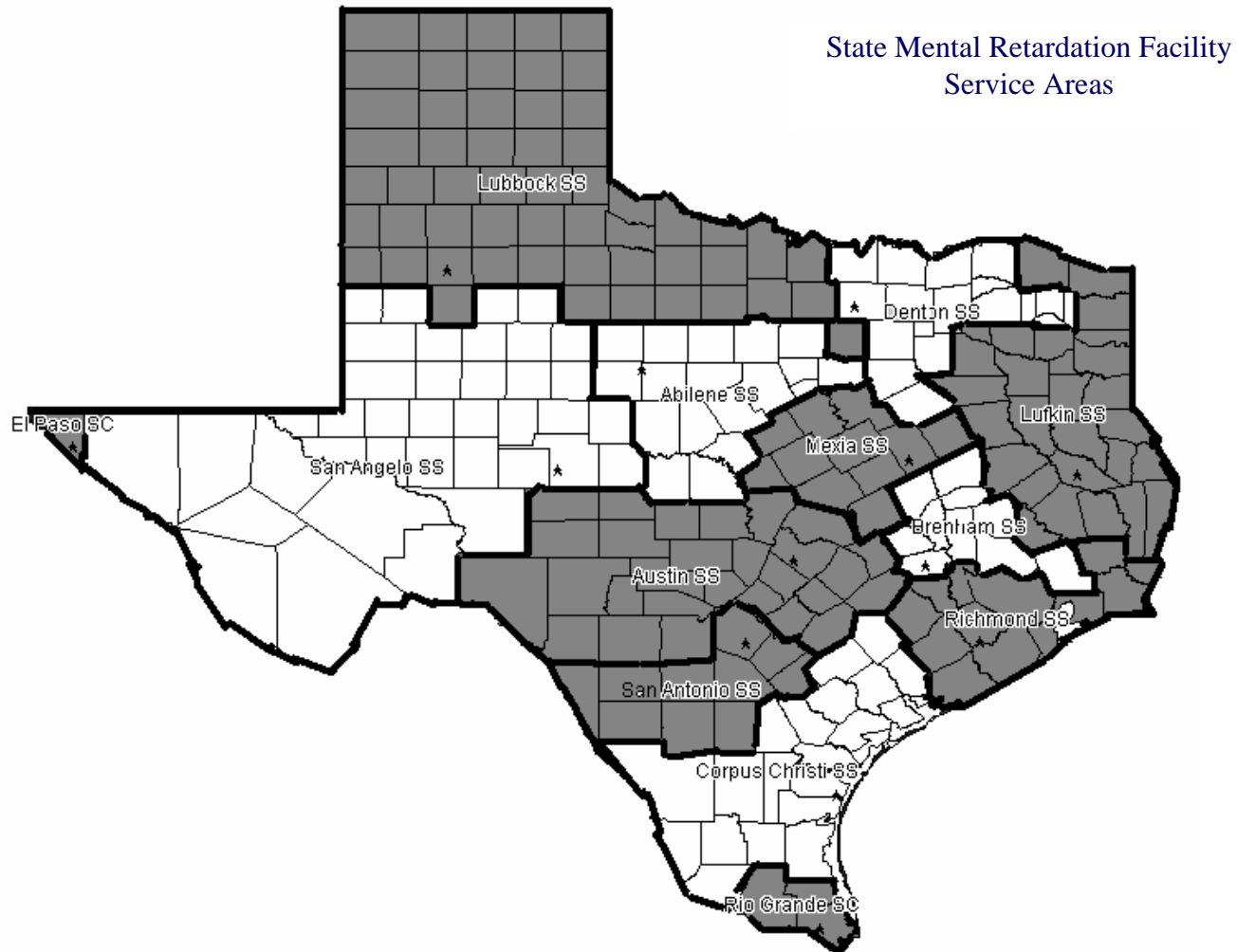
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# State Schools/Improvements

# State School Catchment Areas

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# State Schools – Budget History

	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
<b>STATE SCHOOLS</b>					
Total Census	5,448	5,298	5,428	5,345	5,130
Funding Levels					
General Revenue	\$ 71,256,149	\$ 79,311,962	\$ 72,536,787	\$ 86,928,027	\$ 128,576,513
General Revenue - Dedicated	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Funds	\$ 208,927,855	\$ 199,552,399	\$ 216,784,590	\$ 216,778,629	\$ 206,749,526
Other Funds	\$ 25,315,595	\$ 17,881,651	\$ 20,487,282	\$ 21,650,381	\$ 18,224,133
<b>Total Funds</b>	<b>\$ 305,499,599</b>	<b>\$ 296,746,012</b>	<b>\$ 309,808,659</b>	<b>\$ 325,357,037</b>	<b>\$ 353,550,172</b>
Cost Per Consumer	\$ 56,076	\$ 56,011	\$ 57,076	\$ 60,871	\$ 68,918
Total Actual FTEs*	11,668	11,755	11,647	11,392	11,498
Staff-Consumer Ratio	2.14	2.22	2.15	2.13	2.24
	<b>FY 2003</b>	<b>FY 2004</b>	<b>FY 2005</b>	<b>FY 2006</b>	<b>FY 2007</b>
<b>STATE SCHOOLS</b>					
Total Census	5,006	4,991	4,977	4,930	4,885
Funding Levels					
General Revenue	\$ 131,191,068	\$ 99,384,307	\$ 122,892,814	\$ 148,753,906	\$ 153,547,372
General Revenue - Dedicated	\$ 10,778,930	\$ 27,779,440	\$ 27,780,949	\$ 22,854,579	\$ 23,120,225
Federal Funds	\$ 230,817,993	\$ 236,215,744	\$ 229,264,513	\$ 243,535,520	\$ 251,568,821
Other Funds	\$ 21,795,368	\$ 25,276,939	\$ 27,785,267	\$ 27,213,142	\$ 30,161,375
<b>Total Funds</b>	<b>\$ 394,583,359</b>	<b>\$ 388,656,430</b>	<b>\$ 407,723,543</b>	<b>\$ 442,357,147</b>	<b>\$ 458,397,793</b>
Cost Per Consumer	\$ 78,822	\$ 77,871	\$ 81,922	\$ 89,728	\$ 93,838
Total Actual FTEs*	11,477	11,381	11,460	11,281	11,103
Staff-Consumer Ratio	2.29	2.28	2.30	2.29	2.27

\*Actual FTEs do not include contracted services for medical professionals (psychiatrists, physicians, nurses etc)

# State School Occupancy/Capacity

As of June 30, 2008

	<b>Current Enrollment (1)</b>	<b>Funded Capacity (2)</b>	<b>ICF/MR Certified Capacity (3)</b>
<b>Abilene State School</b>	511	518	662
<b>Austin State School</b>	434	435	474
<b>Brenham State School</b>	385	401	520
<b>Corpus Christi State School</b>	356	360	432
<b>Denton State School</b>	623	640	716
<b>El Paso State Center</b>	138	140	155
<b>Lubbock State School</b>	269	285	436
<b>Lufkin State School</b>	426	425	486
<b>Mexia State School</b>	518	500	616
<b>Richmond State School</b>	494	505	664
<b>Rio Grande State Center</b>	75	75	110
<b>San Angelo State School</b>	300	295	375
<b>San Antonio State School</b>	288	290	339
<b>Total</b>	<b>4,817</b>	<b>4,869</b>	<b>5,985</b>

(1) Current enrollment is the total population assigned to a bed, including certified and non-certified.

(2) State schools/centers are funded for 4,869 of the 5,985 ICF/MR certified beds. There would be additional costs involved to expand funded capacity.

(3) The maximum number of individuals who may reside in a facility as established by DADS.

# Individuals Residing in Community ICFs/MR

ICF/MR Size	Small (0-8)	Medium (9-13)	Large (14+)	<b>Total</b>
<b>Level of Need</b>				
1 (Intermittent)	1,027	266	90	<b>1,383</b>
5 (Limited )	2,245	346	647	<b>3,238</b>
8 (Extensive)	868	35	261	<b>1,164</b>
6 (Pervasive)	357	2	269	<b>628</b>
9 (Pervasive+)	8	1	9	<b>18</b>
<b>Total</b>	<b>4,505</b>	<b>650</b>	<b>1,276</b>	<b>6,431</b>

\* Source of data is the Client Assignment and Registration system as of 8/8/08

## Department of Justice - Related Funding

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- The biennial appropriation for State Schools for FY 2008-09 is \$1.040 billion and included \$48.8 million additional GR funding (\$124.9 million all funds) to allow DADS to hire an additional 1,690 FTEs to meet national staffing ratios at our State Schools.
  - 1,211 medical professional and direct care positions
  - 479 positions that support State School operations
  - 1,139 of the new positions have been filled as of August 18, 2008
- DADS is working to ensure the newly allocated positions are filled over the next Fiscal Year.
- The \$48.8 million DOJ-related appropriation also funded an additional 250 Home and Community-based Services waiver slots for individuals moving from state schools to the community.



# State School System-Wide Initiatives

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- **Person-Centered Values**
  - **Values-Based Culture Training:** treating individuals with dignity and respect
  - **Standardized Person-Directed Planning System:** standardized process for developing individualized plans based upon the individual's needs and what is important to the individual
- **Individual Rights**
  - **Standardized Rights Assessment:** protecting individuals' rights
  - **Most Integrated Setting**
  - **Positive Behavior Support**
  - **Restraint Reduction**

# State School System-Wide Initiatives

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- Quality Medical Services
  - Nursing Services
  - Specialized Therapies
  - Medication Management
    - Use of Standardized Assessment Tools for the Side Effects of Medications
    - Training in the area of Poly-Pharmacy
- Continuous Quality Improvement
  - Health Status Committees
  - Standardized Unusual Incident Trend Analysis System
  - Emergency Code Drills

# State School System-Wide Initiatives

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- Training
  - Competency based and “train the trainer” training provided at all facilities
    - Identifying and reporting abuse, neglect, and exploitation
    - Active treatment
    - Client rights
    - Nursing practices
    - Habilitation therapies and augmentative communication systems and devices
    - Nursing services with an integrated holistic health care approach
  - Additional specialized training conducted at selected facilities
    - Active treatment
    - Person directed planning
    - Positive behavior supports
    - Nursing services
- Technical Assistance

# DADS Long Term Services and Supports - Overview

# DADS Services

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- Medicaid Entitlements
- Medicaid Community Services 1915(c) Waivers
- Non-Medicaid Funded Services - Federal (Title XX, Older Americans Act)
- General Revenue Funded Services

# Medicaid Entitlement

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- States must serve all persons who meet eligibility requirements.
- Medicaid must pay for services included in the Medicaid State Plan.
  - **Community Entitlement Services include:**
    - Primary Home Care (PHC)
    - Community Attendant Services (CAS)
    - Day Activity and Health Services (DAHS)
  - **Facility Entitlement Services include:**
    - Nursing Facilities
    - Intermediate Care Facilities for Persons with Mental Retardation or Related Conditions (ICFs-MR/RC), including state mental retardation facilities

Note: Hospice is another entitlement service that may be received in a home, community, or long term facility setting.

# Medicaid Community Services 1915(c) Waivers

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- Waiver programs allow states flexibility to limit:
  - Scope of eligibility
  - Geographical location in which services are provided
  - Scope of services
  - Amount of services
  - Number of people served

# Medicaid Community Services 1915(c) Waivers

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- Medicaid Community Services 1915(c) Waivers:
  - Waive off of Nursing Facility (NF):
    - Community-Based Alternatives (CBA)
    - Integrated Care Management (ICM)
    - Star+PLUS
    - Medically Dependent Children Program (MDCP)
  - Waive off of ICF/MR:
    - Home and Community-based Services (HCS)
    - Community Living Assistance and Support Services (CLASS)
    - Deaf-Blind/Multiple Disabilities Program (DBMD)
    - Texas Home Living (TxHmL)
  - Waive off both NF and ICF/MR:
    - Consolidated Waiver Program (CWP)
- An individual can be enrolled in only one waiver program.



# Non-Medicaid Funded Services

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- Eligibility requirements vary by program.
  - **Services Funded with State General Revenue**
    - Access to mental retardation services
    - In-Home and Family Support (IHFS)
    - In-Home and Family Support Services for Persons with Mental Retardation
    - Community Care Services for Persons with Mental Retardation (MR)
    - Residential Community Care Services for Persons with MR
  - **Services Funded with Other Federal Dollars\***
    - Community Services and Supports (Title XX Block Grant)
    - Older American Act Funding
      - Access and Assistance Services
      - Nutrition Services
      - Services to Assist Independent Living
      - Services for Caregivers

# Interest Lists

# Interest Lists

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- In Texas, individuals names are placed on an interest list on a first-come, first-served basis.
- When an individual comes to the top of a list, the eligibility determination process begins.
- Once eligibility is established:
  - the consumer selects a provider,
  - a plan of care is established, and
  - services begin
- While on an interest list, some individuals' needs may be met through other programs.

## Interest Lists

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- Service levels are impacted by federal appropriations and funding appropriated by the Legislature.
- The 80<sup>th</sup> Texas Legislature appropriated \$71.5 million General Revenue and \$167.3 million All Funds for expansion of the Medicaid waiver and non-Medicaid community services programs at DADS. With the additional authorized funding, we anticipate serving an additional 8,902 persons during the 08-09 biennium.
  - CBA – 1,607
  - CLASS – 586
  - HCS – 2,676
  - MDCP – 415
  - DBMD – 16
  - Non-Medicaid – 2,228
  - In-Home Family Support – 1,374

## Medicaid Waiver Interest Lists

<b>Program</b>	<b># Currently Served</b>	<b># on Interest List</b>	<b>Longest time on Interest List</b>
CBA	21,050	29,316	2-3 years
STAR+PLUS 1915(c) waiver	3,425	*2,125	2-3 years
ICM 1915(c) waiver	2,540	*263	1-2 years
MDCP	2,541	9,920	2-3 years
CLASS	3,929	21,496	7-8 years
DBMD	153	28	1-2 years
HCS	13,889	37,187	8-9 years
<b>Total</b>	<b>47,527</b>	<b>**100,335</b>	<b>N/A</b>

These counts reflect the end of June 2008.

\* Individuals who are not SSI eligible and who want 1915(c) CBA-like waiver services are on an interest list. This interest list is managed by DADS and the numbers above reflect those non-SSI individuals on the interest list whose eligibility has not yet been determined.

\*\* Count is duplicated. The unduplicated count is 82,050.  
The unduplicated count without STAR+PLUS is 79,925.

## Medicaid Waiver Interest Lists - Other Services Received

### Numbers of Individuals on DADS Medicaid Waiver Interest Lists Who are Receiving Other Services as of June 30, 2008

Interest List (IL)	Count of Individuals on IL	# on IL Receiving Other Services *
CBA	29,316	17,570
STAR+PLUS	2,125	1,180
ICM	263	126
MDCP	9,920	302
CLASS	21,496	4,542
DBMD	28	9
HCS	37,187	12,543

\*Individuals on an interest list who are receiving more than one type of service are counted only once.

# Non-Medicaid Funded Services Interest Lists

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- The Non-Medicaid funded services and In Home and Family Support also maintain interest lists. As of the end of June 2008:
  - 10,649 individuals are on the interest list for the various Non-Medicaid funded services
  - 11,585 individuals are on the interest list for In-Home and Family Support
- Non-Medicaid funded services include:
  - Adult Foster Care
  - Consumer Managed Personal Attendant Services
  - Day Activity and Health Services (Title XX)
  - Emergency Response Services
  - Family Care
  - Home Delivered Meals (Title XX)
  - Residential Care
  - Special Services for Persons with Disabilities

# Home and Community-based Services (HCS) Waiver



## What is HCS?

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- A Medicaid 1915(c) waiver first authorized in Texas in 1985.
  - Available statewide
  - Provides community-based services and supports to individuals with mental retardation or individuals with a related condition
  - Provides services to individuals of any age living in a variety of settings including an individual's own home, his or her family home, a foster care setting, or a small group home setting in which no more than four individuals live
- Requires a Plan of Care approved by DADS. The annual cost of the individual's Plan of Care may not exceed 200% of the annual reimbursement rate paid to a small ICF/MR for the individual's level of need.

## Who is Eligible for HCS?

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- To receive HCS services, an individual must meet **diagnostic** and **financial** eligibility criteria.
  - **Diagnostic criteria:** Serves adults and children with a diagnosis of Mental Retardation and adults and children with a Related Condition diagnosis and cognitive limitations (IQ 75 or below)
  - **Financial criteria:** An adult or child is financially eligible for HCS if he or she is:
    - Eligible for SSI benefits; or
    - A member of a family who receives full Medicaid benefits as a result of qualifying for Temporary Assistance for Needy Families; or
    - Eligible for SSI benefits in the community, except on the basis of income, and meets the special institutional income limit for Medicaid benefits in Texas without regard to spousal income (this is also known as Medicaid Assistance Only or MAO); or
    - Under 20 years of age and the financial responsibility of the Department of Family and Protective Services (DFPS) and in DFPS foster care

# HCS Service Array

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The HCS service array includes:

- Case Management
- Adaptive Aids
- Minor Home Modifications
- Counseling and Therapies (includes audiology, speech/language pathology, occupational therapy, physical therapy, dietary services, social work and psychology)
- Dental Treatment
- Nursing
- Residential Assistance:
  - Supported Home Living
  - Foster/Companion Care
  - Supervised Living
  - Residential Support Services
- Day Habilitation
- Supported Employment
- Support Consultation
- Financial Management Services

# HCS Program Structure

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- Comprehensive Provider is responsible for:
  - Case Management
  - Direct care services, either directly provided or contracted
- Individual consumers can access services statewide and maintain eligibility for HCS regardless of whether they move within the state. The individual “owns” the slot, not the provider.
- Providers are required by program rules to provide a full array of program services as needed by the individual.
- The HCS program has a “zero reject” policy: if the consumer selects a provider, that provider must serve the consumer.

# HCS Payment Methodology

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- HCS is a “fee for service” waiver program administered by DADS.
- Most services have set hourly reimbursement rates, while some services have daily or monthly rates.
- The Rate Analysis Department at the Health and Human Services Commission (HHSC) develops reimbursement methodology rules for determining payment rates or rate ceilings for Medicaid.

# HCS Snapshot

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- Currently, there are approximately 14,000 individuals who are receiving HCS program services across the state.
  - **As of July 31, 2008:**
    - 4,534 (32%) individuals are receiving residential services
    - 9,464 (68%) individuals are receiving services in their own, family or foster homes.
- There is an interest list for this program and as of June 30, 2008, there were 37,187 persons on the HCS interest list.

# HCS-History

	<b>FY 1999</b>	<b>FY 2000</b>	<b>FY 2001</b>	<b>FY 2002</b>	<b>FY 2003</b>
<b>HCS</b>					
Average individuals served per month	4,980	5,260	5,611	6,394	7,280
Expenditures (client services)	\$238,382,640	\$236,763,120	\$233,911,368	\$258,112,992	\$287,064,086
Average monthly cost per client (residential/non-residential)	\$ 3,989.00	\$ 3,751.00	\$ 3,474.00	\$ 3,364.00	\$ 3,285.99
Average monthly cost per client - Residential	\$ 5,145.81	\$ 4,838.79	\$ 4,481.46	\$ 4,339.56	\$ 4,501.81
Average monthly cost per client - Non-residential	\$ 3,031.64	\$ 2,850.76	\$ 2,640.24	\$ 2,556.64	\$ 2,497.35
	<b>FY 2004</b>	<b>FY 2005</b>	<b>FY 2006</b>	<b>FY 2007</b>	<b>*FY 2008</b>
<b>HCS</b>					
Average individuals served per month	8,243	9,040	10,149	11,798	13,349
Expenditures (client services)	\$315,237,379	\$345,435,034	\$393,646,565	\$456,631,652	\$552,164,979
Average monthly cost per client (residential/non-residential)	\$ 3,186.92	\$ 3,184.32	\$ 3,229.84	\$ 3,223.76	\$ 3,445.54
Average monthly cost per client - Residential	\$ 4,397.95	\$ 4,266.99	\$ 4,327.99	\$ 4,388.59	\$ 4,690.50
Average monthly cost per client - Non-residential	\$ 2,517.67	\$ 2,515.61	\$ 2,551.57	\$ 2,613.60	\$ 2,793.40
*Note: FY 2008 is based on projected amounts					

# MR/DD Waivers in Other States

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- Service Array
- Supports Waiver
- Group Home Size
- Payment Methodology