



# House Committee on Human Services Interim Charges 1-5 80<sup>th</sup> Legislature

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Department of Aging and Disability Services  
January 24, 2008

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## Bill Implementation Status

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- SB 199 by Nelson/Rose - Relating to certain convictions barring employment at certain facilities serving the elderly or persons with disabilities.
- SB 291 by Nelson/Naishtat - Relating to criminal history record information for guardianship proceedings and to lists of certain public guardians; providing a criminal penalty.
- SB 1766 by Watson/Naishtat - Relating to expansion of the use of consumer direction for delivery of certain services to persons with disabilities and elderly persons.
- SB 131 by West,Royce/Naishtat - Relating to the creation of nursing home family councils.
- All DADS implementation activities completed or on track.

# Long-term Care Direct Staffing Trends

# Direct Staffing Trends

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- Direct service workers provide an estimated 70 to 80 percent of the long-term services and supports the elderly and individuals living with a disability receive from formal caregivers.
- Statewide and national trends present challenges in ensuring an adequate workforce is available.
  - Competing employment opportunities
  - Demographic projections
- Numerous factors have been identified that contribute to the ability to recruit and retain staff.
  - Employee wages, benefits and hours
  - Continuing education opportunities (accessible training and mentoring)

## Texas Direct Service Workforce (DSW) Initiative

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- In September 2006, HHSC and DADS received a grant from the National Direct Services Workforce Resource Center to provide technical assistance in identifying ways to improve recruitment, retention, and the paraprofessional status of the direct care staff in Texas.
  - In November 2006, DADS invited stakeholders from Texas and national experts to participate in a forum in Austin; 130 stakeholders participated.
  - In July 2007, DADS held focus group discussions with stakeholders in: El Paso, Houston, Progreso, and San Angelo.
- Stakeholder input was provided to the Promoting Independence Advisory Committee on January 17, 2008 for their consideration.

# Needs of Seniors Aging at Home

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- Transportation
- Assistance with personal care
- Safe and affordable housing
- Understanding benefits
- Advance life planning
- Nutrition and wellness
- Caregiver issues



# Transportation

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- There are insufficient transportation options for older persons.
- Transportation problems increase with age.
- Age and disability status have a significant effect on a senior's ability to use all modes of transportation.
- Lack of transportation causes isolation, especially in rural areas.

## Assistance with Personal Care

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- Nearly one-third of seniors living at home need assistance with personal care.
- Personal care includes grooming, hygiene, bathing and assistance with laundry needs.
- Spouses and adult children are the primary sources of assistance.
- Personal care needs can go unmet when seniors live alone without available assistance from family members and are unable to afford outside help.

# Safe and Affordable Housing

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The primary factors affecting some seniors' ability to remain in their homes include:

- High costs of maintenance or improvements
- Substandard conditions
- Accommodations that fail to meet physical needs
- Lack of supports such as personal care

# Understanding and Maximizing Benefits

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Many older individuals need assistance accessing and understanding their public and private benefits, such as:

- Social Security
- Medicare, Medicare Rx, and Medicare supplemental insurance policies
- Medicaid and Supplemental Security Income (SSI)
- Long-term care insurance
- Retirement pensions
- Veteran's Administration benefits

# Advance Planning and Consumer Protection

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- Older adults face various legal matters ranging from estate planning to consumer protection.
- Many seniors are unprepared for difficult decisions that must be made in later life.
- Seniors need to understand the importance of advance life planning in the area of wills, living wills, and powers of attorney.
- Failure to plan can result in loss of personal decision making and vulnerability to abuse and exploitation.
- Like all adults, seniors can fall prey to consumer fraud.

## Nutrition and Wellness

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- Achieving and maintaining the best possible physical health is a key need among the older population.
- “Healthy aging” is a concept of wellness that recognizes the effect of attitudes and lifestyle behaviors on functional decline, illness and disease.
- Older Texans need to maintain a healthy diet and address other factors such as dental health and difficulty in eating, to avoid malnutrition.

## Caregiver Issues

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- Informal caregivers are relatives and friends who provide unpaid care.
- 10% of older Texans are providing care to a family member or friend over the age of 60.
- Caregivers are considered the backbone of the long-term services and support system.
- A growing number of caregivers are also providing care for their grandchildren or other relatives' children.
- Caregivers need information about available services including respite, support groups, and other supplemental services.

# Community Programs for Seniors

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- Medicaid Entitlement Community Services:
  - Primary Home Care (PHC)
  - Community Attendant Services (CAS)
  - Day Activity and Health Services (DAHS)
  - Hospice
- Program for All-inclusive Care for the Elderly (PACE)
- Medicaid 1915 (c) Waivers:
  - Community-Based Alternatives (CBA)
  - Consolidated Waiver Program (CWP)
- Non-Medicaid Services:
  - Federally-Funded Services:
    - Title XX Block Grant
    - Older Americans Act
  - State-Funded Services:
    - In-Home and Family Support (IHFS)



# Respite Services

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- Respite provides temporary relief to caregivers from their duties and may be provided in an in-home or institutional setting.
- Numerous state and federally funded programs offer respite services. These include:
  - all DADS Medicaid 1915(c) waivers
  - emergency short-term relief services provided by Mental Retardation Authorities
  - Older Americans Act services administered by Area Agencies on Aging (AAAs)

# Coordination of Services for the Aging

## Coordination of Services for the Aging

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- DADS provides access to long-term services and supports for individuals who are aging or have a disability.
  - Regional and Local Services Offices
  - Mental Retardation Authorities
  - Area Agencies on Aging (AAAs)

# Aging and Disability Resource Centers

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- In 2005, DADS received a three-year Aging and Disability Resource Center (ADRC) grant, jointly funded by the Administration on Aging and the Centers for Medicare and Medicaid Services (CMS).
- The primary objectives of ADRCs are to:
  - Provide streamlined access and assistance to older adults and persons with disabilities
  - Work collaboratively with community agencies and organizations
  - Serve as a resource both for individuals eligible for publicly funded services and supports, as well as individuals with private resources
- Pilot projects are located in Bexar County, Central Texas, and Tarrant County.

## Community Roundtables

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- In 2007, DADS assisted with planning and convening community roundtables in 8 locations around the state.
- The goal of these roundtables was to determine what can be done at the state and local level to integrate access to DADS services in a way that makes the most sense to consumers.
- Ideas resulting from the roundtables include:
  - The use of electronically-shared referral forms
  - Formal inter-agency training plans
  - United marketing activities
  - Employing the use of system navigators to assist individuals in understanding DADS system of services and programs
- Additional roundtables will be convened in 2008.

# Nursing Home Capacity

## Nursing Facility Capacity – Overall Beds

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- Nursing facilities are not required to report the total number of beds (Medicaid-certified, Medicare-certified, licensed) or average daily occupancy of these beds.
- However, overall occupancy is noted at each health survey conducted by DADS Regulatory Services staff (for example, during the annual regulatory inspection, and during an incident or complaint investigation) and a report of all the available data is compiled each month.
- The data is as of the last DADS site visit. As such, it represents a general estimate of overall nursing facility occupancy, not a snapshot of a given point in time.
- November 2007
  - Statewide beds in DADS-regulated nursing facilities: 128,019\*
  - Occupied beds: 92,201
  - Occupancy rate: 72%

\* Includes beds in the 37 hospital-based skilled nursing facilities licensed by Department of State Health Services, but certified by DADS for participation in Medicaid and/or Medicare.



## Nursing Facility Capacity – Medicaid-certified Beds

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- All Medicaid-certified nursing facilities must report each month to DADS:
  - Number of Medicaid-certified beds
  - Number/percentage of Medicaid-certified beds that are occupied
- These reports provide a snapshot of occupied and available Medicaid-certified beds for the month.
- November 2007 (most recent information available):
  - Total Medicaid-certified beds statewide: 102,607\*
  - Average daily Medicaid beds occupied: 81,460\*\*
  - Occupancy rate: 79.4%

\*The total of 102,607 includes only existing, operational beds – not Medicaid beds that have been decertified (typically because a facility closed) and continue to be allocated to be re-certified in the future, or beds that have been allocated by DADS to an applicant and will be certified at some future date. Considering these additional beds would reduce the nursing facility occupancy rate to 74.8%, indicating a slightly higher available capacity.

\*\* Includes all individuals occupying Medicaid-certified beds. Funding for these individuals may be Medicaid, Medicare or private pay.

## Nursing Facility Capacity – “Underserved” Areas

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- The state does not define or identify “underserved” areas for nursing facilities.
- However, the concept may come into play in the allocation of Medicaid-certified beds. A facility may not have a Medicaid contract unless DADS allocates Medicaid beds to the facility. Medicaid beds are allocated via four primary methods:
  - Open Solicitation Notice
  - High Occupancy Facility Bed Increase
  - Replacement Nursing Facility
  - Bed Allocation Waiver

## Bed Allocation Waivers

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- Applicants may apply for a bed allocation waiver to construct a new Medicaid nursing facility. There are seven types of waivers, but two are the most common:
  - Community Needs Waiver. This waiver requires the applicant to prove that the current nursing facilities in a “community” (typically a county, county precinct, city, or ZIP Code) are not sufficient to meet the needs of the community’s Medicaid recipients.
  - Underserved Minority Waiver. This waiver is intended to provide an opportunity and incentive for developers to construct new NFs in minority communities or neighborhoods.
- The burden of proof is on the applicant to demonstrate that existing Medicaid capacity is insufficient in the area where the facility will be located.

# State Schools Update

## State Schools – Hiring

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- The 80<sup>th</sup> legislature appropriated funding to enable DADS to hire an additional 1,690 FTEs at state schools.
- These additional FTEs include:
  - A total of 1,211 medical professional and direct care positions (positions such as registered nurses, licensed vocational nurses, occupational and physical therapists, psychologists, MHMR service aides and other medical professional positions)
  - 479 other positions that support state school operations (positions such as food personnel, laundry staff, maintenance employees, receptionists, timekeepers, etc.)
- As of January 7, 2008, 519 of the new positions were filled.

## State Schools – Best Practices

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- Standardized:
  - Person-directed planning system
  - Values-based culture training
  - Unusual incident trend analysis system
  - Assessment tools for the side effects of medications
  - Rights assessments
- Improved comprehensive quality enhancement reviews
- Positive behavior support training and service provision
- Statewide reduction in restraints and restrictive practices
- Prevention and management of aggressive behavior
- Statewide competency based training by Columbus Organization at all state schools

## State Schools – Community Living Options Information Process

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- Living options for a state school resident are reviewed 30 days after moving into the state school; annually and/or upon request from resident/family members/guardian.
- Senate Bill 27, 80th Legislature, Regular Session, 2007, directed DADS to delegate to local mental retardation authorities (MRAs) the implementation of a Community Living Options Information Process (CLOIP) for adult residents at state schools.
- The community living options information process and tools were developed in conjunction with a broad range of stakeholders as required by the bill.
- January 2, 2008 - the CLOIP was fully operational in accordance with SB 27.

## State Schools – DOJ

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- The Department of Justice released a report on the Lubbock State School in December 2006, based on a DOJ site visit of the state school in June 2005.
- Negotiations with DOJ related to the Lubbock State School are ongoing.