Effectiveness of Consumer Directed Services: Fourth Annual Report to the Texas Legislature

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Executive Summary

Background

Consumer Directed Services (CDS) is a long-term services and supports (LTSS) delivery option in which consumers, parents, guardians, or designated representatives have increased choice and control over the delivery of services. The CDS model allows these persons (instead of a traditional provider agency) to directly hire, train, manage, and when necessary, terminate workers. In some cases, the CDS model further allows these persons to select other service providers, such as nurses and therapists. The CDS model is one option for service delivery and does not preclude the use of the traditional agency-based service delivery system.

In accordance with legislative direction and with broad stakeholder participation, Texas has worked to expand the availability of consumer directed service options in community-based LTSS programs as is detailed in the following CDS Implementation section.

CDS Implementation Status

CDS is currently an option for at least one service in each of the following six programs:

- The Community-Based Alternatives Program (CBA)
- The Community Living Assistance and Support Services Program (CLASS)
- The Deaf-Blind-Multiple Disability Waiver Program (DBMD)
- The Primary Home Care Program (PHC)
- The Consumer Managed Personal Assistance Services Program (CMPAS)
- The Medically-Dependent Children's Program (MDCP)

The CDS Workgroup and Current Activities

The CDS workgroup was established by the Legislature to assist HHSC in the development and implementation of the CDS service delivery option. The CDS workgroup includes representatives of consumers, advocates, providers, the Health and Human Services Commission (HHSC), the Department of Aging and Disability Services (DADS), the Department of State Health Services (DSHS), the Department of Assistive and Rehabilitative Services (DARS), the Texas Workforce Commission (TWC), and the federal Internal Revenue Service.

The workgroup identified, recommended, and addressed eight action items in 2006. A summary of each action item and associated activities is provided below.

1. Provide recommendations to maintain and expand state agency and provider agency staff awareness of and education about service delivery options in community-based long-term services and support programs.

DADS staff has undertaken extensive training efforts to educate case managers about the CDS and Service Responsibility Option (SRO). More than 200 prospective CDS agencies received training in September 2006. Training is planned for support advisors, case managers, Home and Community Services (HCS) providers, and Mental Retardation Authority (MRA) service coordinators in 2007.

2. Build on the SRO training model and on information learned from other waiver programs; provide recommendations to maintain and expand consumer training and education to help consumers make informed service delivery choices; and help consumers succeed in their chosen service delivery options.

   DADS has developed paper-based and electronic tools including brochures and DVDs to help educate and train consumers.

3. Continue CDS expansion activities in community-based programs.

   The groundwork has been laid to expand CDS service delivery options in 2007. These include new rules that clarify eligible providers and reimbursement methodologies, expansion of CDS into HCS, Texas Home Living (TxHmL), and the Integrated Care Management (ICM) waivers, and increasing the array of services included in CDS. These services may include nursing, physical therapy, occupational therapy, and other professional services.

4. Continue to expand opportunities for participation in the SRO option.

   The necessary infrastructure has been put into place and training conducted to enable the provision of the SRO statewide in 2007.

5. Examine and address barriers to participation for CDS and the SRO model.

   Among the barriers to participation in the CDS and SRO options identified are training of staff who present service delivery options to prospective participants, education and training of participants, and availability of supports, especially during the start-up period. All of these have been or will be addressed for implementation in the last quarter of 2006 and throughout 2007.

6. Continue to monitor national research for best practices in CDS.

   Best practices have been monitored and, where applicable and feasible, implemented. These include more intensive training of case managers presenting the CDS option, providing support consultation to CDS participants, and broadening the service array.

7. Monitor and assist, as requested, with expanding the provider base for CDS beyond current DADS contractors.

   Through new CDS rules and an open enrollment process, the CDS provider base will expand in 2007.

8. Assess future CDS/SRO research including: identifying research questions to be answered, assessing availability of data to address research questions, exploring national research and research from other states to address research questions, and modifying data systems to better accommodate proposed analyses.

   CDS and SRO research questions have been identified for future research. Examples of questions to be addressed are: What factors lead consumers to participate in CDS? How often do CDS participants choose to leave CDS and why? Are there differences in acute care services needs and costs over time for CDS participants compared to non-CDS participants? How does the CDS participation rate in Texas compare to rates in other states? If it is different, why?

Background and Introduction to Consumer Directed Services

Consumer direction of services is a component of a philosophy of care called self-determination. Self-determination assumes that individuals with disabilities should have greater control over every aspect of their lives. For individuals using formal supports and services, self-determination shifts control over their care from the professionals to individuals (or their representatives). In the Consumer Directed Services (CDS) service delivery option, the consumer has the ability to hire, fire, manage, train, and supervise attendants and, in some cases, respite provider staff, as well as directly purchase services. Informed choice, which means consumers understand the risks and benefits of their choices, is critical to the concept of consumer directed services.

For those services authorized through CDS, Texas programs provide to CDS participants employer and budget authority for funds authorized in the individual's service plan. Texas has piloted the use of a consumer direction option in which the individual assumes some employer functions but no budgetary responsibility through the Service Responsibility Option (SRO) pilot project. The SRO option will be expanded statewide in 2007. Texas programs do not provide for a cash-equivalent payment to the consumer.

History of CDS in Texas

Texas' work on developing the CDS option began with the passage of H.B. 2084, 75th Legislature, Regular Session, 1997. H.B. 2084 required the state, in cooperation with a workgroup, to pilot the use of consumer direction as a cost-neutral payment option for the delivery of personal assistance and respite services. As a result of their work, the CDS option

was made available in the Consumer-Managed Personal Assistant Services program and the Personal Assistance Services program, both of which were state-funded programs. The two programs were combined in March 2001 to form the Consumer-Managed Personal Attendant Services program (CMPAS).

The workgroup recommended expanding the CDS option to Medicaid-funded community service programs, including Medicaid waiver programs. In response, S.B. 1586, 76th Legislature, Regular Session, 1999, was passed. S.B. 1586 expanded the CDS option to Medicaid programs and established the current CDS workgroup.

The CDS model was initiated in September 2001 in two 1915(c) Medicaid home and community-based waiver programs – Community Living Assistance and Support Services (CLASS) and the program for people who are Deaf-Blind with Multiple Disabilities (DBMD). The service was made available in January 2002 for the Primary Home Care (PHC) program, a non-waiver Medicaid program. Two additional Medicaid waiver programs, the Community-Based Alternatives (CBA) program and the Medically Dependent Children's Program (MDCP) added the CDS option in January 2003 and January 2005, respectively. In 2005, the CDS option was offered in STAR+PLUS, a Medicaid managed care program that integrates acute health care and long-term services and supports.
H.B. 2292, 78th Legislature, Regular Session, 2003, set additional guidelines, encouraged expansion of the CDS option into other programs, and required an annual report on the effectiveness of the CDS option and recommendations for improving it. S.B. 153, 78th Legislature, Regular Session, 2003, extended the CDS workgroup to assist in the continued implementation of the CDS option. S.B. 1188, 79th Legislature, Regular Session, 2005, required an assessment of the need for expanding the CDS agency provider base.

Emerging Initiatives

"Money Follows the Person" (MFP) Grant

The federal Deficit Reduction Act of 2005 includes provisions for a grant program to support implementation and expansion of MFP efforts in Medicaid long-term services and supports. "Money follows the person" is a method of helping people move from institutions such as nursing facilities into their own homes in the community. Texas applied for a grant from the Centers for Medicare and Medicaid Services (CMS) and incorporated the CDS option into the program design. CMS granted Texas an award of $142 million over five years.

Direct Service Workers Technical Assistance Award

Texas is one of five states awarded an intensive technical assistance grant by CMS to help develop approaches to recruiting and retaining direct service workers such as personal care attendants. One of the strategies Texas proposes to employ is expansion of the CDS option with supports for the participant/employer.

CDS in Medicaid Managed Care

CDS is available to participants who have personal care attendants in the Medicaid managed care program, STAR+PLUS. STAR+PLUS currently operates in the Bexar, Harris, Nueces, and Travis Service Areas. The CDS option will be available in a new Medicaid managed care model, Integrated Care Management (ICM), to be implemented in the Dallas/Fort Worth metropolitan area in July 2007.

CDS Workgroup

The CDS workgroup was established by the Legislature to assist HHSC in the development and implementation of CDS service delivery options. The CDS workgroup includes representatives of consumers, advocates, providers, the Health and Human Services Commission (HHSC), the Department of Aging and Disability Services (DADS), the Department of State Health Services (DSHS), the Department of Assistive and Rehabilitative Services (DARS), the Texas Workforce Commission (TWC), and the federal Internal Revenue Service. The workgroup is authorized by statute[1] to continue until September 1, 2007.

Other States

While most states have some type of consumer direction, the rate of participation varies widely. Where programs are recently implemented, participation is usually low. States that have had programs in operation for 10 years or more have higher rates. For example, Colorado has more than 5,000 participants; Oregon more than 13,000; and Michigan more than 40,000. California and Kansas also have large and well-established programs. In each case, the programs serve both elderly and younger persons, including ethnically diverse groups. Average monthly costs vary, with costs as low as $89 per month for some participants in Colorado, and as much as $1,200 per month for some persons in Oregon.

The experience of states with established CDS programs, as well as the experience of the Cash and Counseling demonstrations, indicates that persons who self-direct are satisfied with services and have generally positive outcomes. Moreover, in states with experience, concerns, such as those about safety and the willingness of frail people to self-direct, disappear.

This experience suggests that time and "critical mass" may eliminate many barriers.

Consumer Directed Services in Texas – Current Status and Expansion Plans

HHSC and DADS continue to work with CMS to ensure approval of ongoing and expanded CDS options in Medicaid community-based long-term services and support programs.

[1] Chapter 531, Government Code, § 531.052

Current Availability and Consumer Use of the CDS Option

By March 2007, eight fee-for-service and Medicaid waiver programs and two managed care programs in Texas will offer consumer direction as an option (see Table 1). CDS utilization rates, as of October 31, 2006, range from a high of 38 percent in the CLASS program to a low of less than one percent in PHC. Overall, CDS participation has increased by 650 participants, or 60 percent, from October 2005 to October 2006. Descriptions of current status and planned expansions are provided below.

Table 1: Programs Offering CDS in Texas *(Numbers as of October 31, 2006)*

Program	Date Implemented	Program Enrollment	Persons Using CDS		Change 10/05-10/06		Services Available in CDS
			#	%	#	%	
CMPAS	September 2001	499	37	7.41	7	23	Attendant Care
CBA	January 2003	30,188	142	0.47	44	45	Attendant Care, Respite
CLASS*	September 2001	2,515	958	38.09	347	57	Habilitation***, Respite
DB-MD*	September 2001	130	2	1.54	0	0	Habilitation***, Intervenor****, Respite
HCS*	March 2007	--	--	--	--	--	Supported Home Living, Respite, Support Consultation
MDCP*	June 2006	1,422	70	4.92	--	--	Attendant Care, Respite
PHC**	January 2002	117,055	119	0.10	14	13	Attendant Care
TxHmL*	March 2007	--	--	--	--	--	Community Support, Nursing, Respite, Specialized Therapies, Day Habilitation, Behavioral Support, Employment Assistance, Dental Treatment, Supported Employment, Minor Home Modifications, Adaptive Aids, Support Consultation
STAR+PLUS *****	January 2005	7,039	317	4.50	168	113	Attendant Care
ICM	July 2007	--	--	--	--	--	Attendant Care
Total		**158,848**	**1,645**	**1.04**	**650**	**60**	

* Medicaid home and community-based waiver program [1915(c)].
** Includes primary home care, community attendant, and family care services.
*** Habilitation services assist individuals with training to acquire greater independence in daily living skills.
**** Intervenor services assist the deaf-blind participants with communication and community interaction.
***** STAR+PLUS data includes Harris Service Area only (date collected before March 2007 expansion).

Planned CDS Expansion

This year has been spent preparing to expand CDS services in 2007. Expansion activities include:

- Adding the CDS option to the HCS and TxHmL waiver programs.
- Adding support consultation services (provided by a support advisor) as an optional CDS service, first in HCS and TxHmL.

- Expanding the service array for which the CDS service delivery option is available in TxHmL, including day habilitation, community supports, supported employment, behavioral supports, employment assistance, nursing, physical, occupational, and speech therapies, and other professional services, as well as adaptive aids and minor home modifications.

In addition, DADS rules related to Title 40 of the Texas Administrative Code, Chapter 41, Vendor Fiscal Intermediary (VFI) Option, were repealed and replaced with a new Chapter 41, Consumer Directed Services (CDS) Option, effective January 1, 2007. The new rules:

- Expand the type of services that can be delivered through CDS, to include nursing, physical, occupational, and speech therapies, and other professional services, as well as adaptive aids and minor home modifications.
- Expand the types of service providers that can serve as CDS agencies including Mental Retardation Authorities, Centers for Independent Living, Area Agencies on Aging, and others.
- Add support consultation services as an optional service to individuals participating in the CDS option. Support consultation provides practical skills training for CDS participants to assist in successfully managing service providers.

With the implementation of the new DADS rules for Chapter 41, DADS will proceed with expanding CDS.

The CDS option will continue to be an option for STAR+PLUS participants in the Harris Service Area and is included as an option in the expansion areas. The CDS option will be available in a new Medicaid non-capitated managed care program, ICM, which is set for a July 2007 implementation.

Table 2: Planned CDS Expansion Activities

Task	Proposed Initiation Date*
Implementation of new CDS rule (Chapter 41)	January 2007
Monitor enrollment and utilization of the CDS Option in HCS and TxHmL	2007
Monitor support consultation services in HCS and TxHmL for rollout into other programs	2007
Monitor expanded services in TxHmL for rollout into other programs	2007
Implement the CDS option in the Consolidated Waiver Program (CWP)	2007
Add support consultation and program services (therapies, adaptive aids, minor home modifications, etc.) as optional services for delivery through the CDS option in other programs	2007

* Implementation dates are contingent upon obtaining CMS approval of amendments and renewals and subsequent implementation changes.

Expanding the Provider Base

With the passage of S.B. 1188, HHSC was directed to:

"Evaluate the need for expanding the provider base for consumer-directed services and, if a demand for that expansion is identified, encourage area agencies on aging, independent living centers, and other potential long-term care providers to become providers through contracts with the Department of Aging and Disability Services."

HHSC delegated the responsibility for this evaluation to DADS. To evaluate the need for a CDS provider base expansion, staff analyzed Texas-specific CDS provider and consumer data to identify service gaps. Analysis indicated that an adequate number of CDS agencies (CDSAs) exist to serve current CDS participants. However, with the expansion of the CDS option into the HCS and TxHmL waivers, and the planned expansion of the types of services that will be available in other programs, it is difficult to project adequacy of provider capacity for all future CDS consumers.

In addition to a review of the Texas specific data, staff convened separate focus groups for advocates, consumers, state staff, and potential providers for a general discussion of expansion of the CDS option in other programs, and expansion of the CDS provider base. Several consistent themes related to provider expansion emerged across all groups. Responses from the focus group participants were mixed. Expansion of the provider base was generally viewed as favorable due to increased consumer choice. However, several members indicated that increasing the number of CDSAs would dilute the provider base, resulting in a loss of market

share for existing CDSA providers. This could result in providers not having enough consumers to develop CDS-related expertise and familiarity with the philosophy of self-determination.

Concurrent with focus group activities, DADS initiated the adoption of new Chapter 41 rules, Consumer Directed Services Option, which provides an opportunity for any eligible provider to become a CDSA. Prior to the adoption of the new rules, the provider base was limited to providers that had existing contracts with DADS to provide one or more Community Services programs.

In relation to CDS provider expansion activities, DADS developed an extensive CDSA training curriculum for new CDSAs and for current CDSAs that plan to serve CDS consumers in the HCS and TxHmL waiver programs. Response to the announcement of open enrollment for CDSAs in August 2006 included inquiries from Area Agencies on Aging (AAAs), Centers for Independent Living, Community Centers/Mental Retardation Authorities (MRAs), individuals, and others. Staff from the various provider types registered for the required pre-contracting training conducted by DADS in September 2006. Open enrollment is limited to providers that: attend the required training; meet eligibility criteria for a contract with DADS; and complete the contracting process by January 31, 2007.

The provider training stressed that a contracted CDSA must offer support consultation services when contracted to provide CDS services in at least one program that offers support consultation. Some of the potential providers that did not elect to contract as a CDSA will become providers of support consultation services, providing support advisors as independent contractors through the CDS option.

The Cost-Effectiveness Findings of CDS in Texas

Texas CDS programs are cost neutral by design. No individual should receive any additional level of benefit authorization under the CDS service delivery option than they would have under the agency service delivery option. The state's potential exposure under either model is equivalent.

The cost-effectiveness analyses based on the data from March 2002 through February 2006 indicate the overall expenses per participant-month incurred by CDS participants were $417.58, or 9.2 percent, less than the overall expenses per participant-month incurred by non-CDS participants. CDS participants spent $269.11, or 9.8 percent, more on average per recipient-month than non-CDS participants on waiver services, but $567.19, or 39.5 percent, less on acute care services, and $119.50, or 34.1, percent less on prescription drugs.

Table 3: Costs per Participant Month

			CDS Difference	
Service	**CDS**	**Non-CDS**	**Dollars**	**Percentage**
Waiver Services	$3,003.06	$2,733.95	$269.11	9.8%
Acute Care Services	$870.46	$1,437.65	($567.19)	(39.5%)
Prescription Drugs	$231.33	$350.83	($119.50)	(34.1%)
Total Net 2006 Study	**$4,104.85**	**$4,522.43**	**($417.58)**	**(9.2%)**

The cost-effectiveness study was conducted with CLASS participants, as the large majority of CDS participants are in the CLASS program. The period covered by the analysis of CDS and non-CDS participants in the CLASS program is March 2002 through February 2006, a total of 48 months.

For the months a participant was receiving CDS services, his or her expenses were counted as CDS costs and he or she was counted as a CDS participant. For the months a participant was not receiving CDS services, his or her expenses were counted as non-CDS costs and he or she was counted as a non-CDS participant.

In addition to the cost of waiver services, comparisons were made between acute care costs and prescription drug costs incurred by CDS and non-CDS participants.

The average cost analysis was based on the total number of participant-months of either group. For CDS, the total participant-months during this period was 25,608; for non-CDS, the total participant-months was 59,209.

While efforts were made to ensure that the CDS and non-CDS participant groups were similar, the individuals self-select their participant group and may move from one to the other and back. Therefore, these results cannot be generalized to the CDS population as a whole.

The Service Responsibility Option Background

In 2003, DADS received a three-year Real Choice Systems Change Grant from CMS to add a second method for individuals to direct their own services, called the Service Responsibility Option (SRO). The SRO empowers people to manage the day-to-day work of their attendants, but leaves the business and employment processes to the provider agency they choose. The SRO provides an attractive option for those who want some say in how their services are managed but do not want the full employer responsibilities that come with using the CDS option.

In 2004-2005, the SRO was designed; orientation and educational materials were developed and tested; and individuals were trained in presenting the SRO to consumers. In 2005-2006, the SRO was piloted in rural and urban settings in the Lubbock/Amarillo region and in Bexar County

(San Antonio). The pilot phase allowed the SRO Task Force, regional DADS staff, and local home health providers to resolve issues related to transitioning individuals across the three service delivery options: agency-managed, SRO, or CDS. The SRO Task Force, composed of consumers, advocates, home health providers, and state agency staff, developed the SRO and participated in reviewing all of the outreach and training materials. Twenty-six individuals opted to use the SRO during the pilot phase.

Statewide Expansion

Over the course of the SRO pilot, two barriers to statewide expansion emerged: 1) funding for consumer orientation, training, and support; and 2) a system to deliver this time-limited support. With guidance from the SRO Task Force, DADS staff initiated discussions with HHSC to determine a method for calculating a rate for the SRO support. At the same time, DADS and HHSC began to discuss adding support consultation as a service for those receiving primary home care services using the CDS option. Given that the SRO orientation provider's function is similar to that of the support advisor, support consultation will be offered to those choosing to direct their services through the SRO as well. Individuals using the SRO are required to meet with their support advisor prior to meeting with the service provider agency. The individual will select their support advisors from a list of available resources. In 2007, DADS will work with HHSC and CMS to go through the rate-setting process for support consultation and submit a state plan amendment.

DADS received a 12-month no-cost extension of its Real Choice Systems Change Grant, through September 2007, to expand the SRO statewide. The SRO will be offered to adults and children across Texas receiving attendant care services funded by Medicaid, Title XX (Social Services Block Grant), or state general revenue. Activities undertaken in 2006 in preparation for expansion include the following.

- Initiation of training of DADS case managers and regional staff as well as representatives for the Area Agencies on Aging on the options for consumer direction, both CDS and SRO.
- Home health agency introductory training on the SRO.
- Decision to use support consultation.
- Distribution of the CDS/SRO outreach material and video.
- Distribution of tool kits for case managers to use.

Education and Training

DADS initiated training and education on the CDS option to providers of case management services, potential CDS agencies, prospective support advisors, and consumers. DADS also sought input from stakeholders into the development of new CDS rules, the application of CDS rules and the effect of the rules on the different types of provider agencies, DADS case managers, private case managers, service coordinators, and others.

Agency and Provider Staff

Case Managers: Training was initiated for over 1,200 DADS case managers across the state on the CDS and SRO options and the role of the DADS case manager related to the options. The training includes distribution of materials to be used by the case managers, electronic forms, PowerPoint presentations, and videos. The training will be completed in the first quarter of 2007.

Training and materials were provided to case managers and service coordinators employed by Community Centers/Mental Retardation Authorities (MRAs) and private provider agencies for HCS, TxHmL, CLASS, and DBMD.

CDSA Provider Expansion: DADS provided training to potential CDS agency providers during September 2006 in support of the open enrollment period for obtaining a contract with DADS.

Support Consultation Services: DADS prepared training for individuals to become certified as support advisors as required to support programs offering the service through the CDS option. CDSA providers will attend the certification training in order to meet the requirement to have support advisors available when requested by a consumer. The training will be completed in the first quarter of 2007.

Consumers

DADS developed training materials, including written and multi-media materials, for use by consumers and their family members, case management service providers, and for DADS staff to use for outreach and education regarding the CDS and SRO options. Training is being provided to case management service providers, DADS staff, and private provider agencies to familiarize them with the new materials. Staff anticipates the materials will facilitate presentation of the consumer direction options, documentation of election to access the option, and the enrollment process for consumers electing to participate in the CDS option.

Improving Consumer Participation and Experience

The focus groups used to address provider expansion, as described in Section 2.3, began in June 2006 and were designed to obtain input on the CDS options in current programs, barriers to participation, expansion of the CDS option, model design, and overall recommendations for the CDS program. Responses from the focus groups helped staff to identify strategies to respond to recommendations made in the *"Effectiveness of CDS: Third Annual Report to the Texas Legislature."* The focus groups were facilitated by DADS staff who later analyzed the responses to determine overarching concerns and potential resolutions.

Focus Group Responses

The analysis revealed several themes consistent across all of the groups. These themes are summarized below.

- ***A need for more extensive education for all CDS stakeholders.***

Many of the participants were confused about CDS roles and responsibilities and wanted a better understanding of the benefits that CDS provides for all stakeholders. Consumers want more opportunities to learn about the option from staff members who are knowledgeable about service delivery options, liabilities, benefits, and risks. Many focus group members were not familiar with the Service Responsibility Option (SRO) and were unable to comment on experience with this model of self-direction.

- ***A need for support consultation services for CDS participants.***

All of the focus groups indicated a gap exists in the current model for someone to offer initial and continuing support to consumers choosing to self-direct. Advocates, consumers, and providers all identified this additional support function as key to a successful CDS experience for the consumer.

- ***Reimbursement rates.***

Reimbursement rates for direct service care are seen as a major factor in a consumer's ability to retain staff and minimize turnover. Consumers identified inconsistency in unit rates for service providers across programs as a factor in their ability to get back-up attendants. Inadequate rates paid to CDSAs and agency providers were identified as problematic. Providers indicated that CDS utilization is a financial issue for them related to loss of revenue and specifically identified the CDS consumer's ability to pay attendants higher wages as a sensitive issue.

- ***Administrative burdens for CDS stakeholders.***

Extensive paperwork required to participate in CDS was identified by all groups as a barrier. However, staff noted that this administrative burden is significant only during the start-up period when the consumer initiates CDS and should not be an ongoing issue once the employer is established and operating routinely. A significant portion of paperwork related to initiating the option is due to other state and federal agency requirements for employers. Much has already been done to minimize the administrative burden on CDS employers.

- ***Requests for a culture change at DADS.***

Advocates and consumers indicated that DADS should initiate an agency wide culture change that embraces person-centered planning and self-direction. Focus group members indicated DADS supports CDS in theory and policy, but this alone does not translate into CDS person-centered practices in the field.

- ***Expansion of the provider base.***

Focus group participants pointed out that while expansion of the provider base increases consumer choice, it may dilute the provider base so much that providers do not have enough

consumers to develop CDS-related expertise or become familiar with the philosophy of self-determination. The idea of a regional provider base was also viewed somewhat skeptically for many of the same reasons.

Current Activities that Address Stakeholder Concerns/Comments

Education of CDS stakeholders – DADS staff scheduled educational training on CDS for DADS and private case managers. Trainees are provided a DVD to share with consumers when offering the option, a CD with required forms and instructions to facilitate enrollment, and updated brochures that describe the current CDS options. The training, which began in Fall 2006, will continue into Spring 2007.

In addition, DADS has developed an extensive training curriculum for new and current CDS agencies that plan to serve CDS consumers in the HCS and TxHmL waiver programs. Response to the announcement of open enrollment for CDS agencies in August 2006 included inquiries from individuals, Area Agencies on Aging (AAAs), Centers for Independent Living, Community Centers/ MRAs, and others. Staff from the various provider types participated in the required pre-contracting training conducted by DADS in September 2006.

Support consultation – In anticipation of CMS' approval of amendments to the HCS and TxHmL waivers, DADS will add support consultation service to the service array for participants who choose CDS. Support consultation service will be added to PHC and to the home and community-based services waivers, either through amendments or as the waivers are renewed.

DADS culture change - Outreach and education of all CDS stakeholders, including field staff, is being undertaken to change how the CDS option is presented and to improve the consumers' ability to make informed choices related to service delivery options.

Expansion of the provider base – The DADS rules governing consumer directed services were rewritten and took effect January 1, 2007.[2] The new rules provide an opportunity for any eligible provider to become a CDSA. Prior to the adoption of the new rules, the provider base was limited to providers that had existing contracts with DADS to provide one or more community services programs. DADS staff will continue to monitor the provider base to ensure an adequate capacity is available for CDS consumers.

[2] Texas Administrative Code, Title 40, Chapter 41

CDS Workgroup Recommendations for Calendar Year 2007

1. Research to improve implementation and administration of consumer direction
   a. Continue national research and research of other states and provide recommendations for improving consumer direction in Texas.
   b. Require collection and analysis of units of service from all CDSAs. For some programs, units of service data are not collected, making assessment of cost effectiveness difficult.
   c. Monitor the roll out of the CDS option for conflicts of interest in programs where providers are presenting options.
   d. Design a study of HCS CDS consumers similar to the study of CLASS CDS consumers. The CDS Workgroup assumes that HCS will have a relatively high number of consumers selecting the CDS option, and, if so, this will provide an opportunity to look across more than one program employing the CDS option.
2. Outreach, training and education to increase participation and consumer success
   a. Develop and conduct comprehensive cross-program outreach and training for consumers of all programs offering CDS and/or SRO.
   b. Notify, within 60 days, all eligible consumers/families when CDS or SRO options become available or expand to new services.
   c. Provide training to all interested consumers/families within 180 days of becoming eligible for CDS or SRO.
3. Expand and extend consumer direction
   a. Continue expansion of the CDS and SRO options to all long-term services and supports programs.
   b. Extend CDS and SRO options to all appropriate long-term services, such as nursing, physical therapy, occupational therapy, etc.
4. Recommendations to the Legislature
   a. Continue the CDS workgroup.
   b. Change the CDS reporting requirement to the fall of every even year to reduce the reporting burden from annual to biennial and to have the information available to legislators prior to the next legislative session.