

SENATE HEALTH & HUMAN SERVICES COMMITTEE

Tuesday, February 23, 2010

Presented By:

The Private Providers Association of Texas (PPAT)
Carole Smith, Executive Director

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Overview of PPAT

HISTORY & ORGANIZATIONAL STRUCTURE

- Formed in 1984 as a non-profit trade organization 501(c)(6)
- Functions under the direction of a 17-member Board of Directors
- The Executive Director and other staff fulfill the Association's mission and goals
- Membership is comprised of private providers of:
- Community-based Intermediate Care Facilities for Persons with Mental Retardation Services (ICF/MR)
- Home and Community-Based Waiver Services (HCS)
- Texas Home Living Waiver Services (TxHmL)



Where We've Been & Where We Are

UNDERSTANDING WHERE WE'VE BEEN

Interim Charge #12 is not new. There have been numerous parallel directives over the years that have examined and considered many of the same provisions in Interim Charge #12. Few, however, yielded any meaningful outcomes or concrete actions. Some of these directives are...

- ➤ HB 2148 (Maxey/Danburg & Moncrief 76th Legislature) Related to the Consolidated Waiver.
- ➤ Rider 70 (78th Legislature) related to examination of increasing the 3-bed HCS residential model to a 5- or 6-bed model.
- ➤ Rider 45 (78th Legislature) related to streamlining of cost reports.
- ➤ Rider 44 (78th Legislature) related to examination of rules, regulations, and policies that are overly burdensome, add no value to the programs, or that exceed federal standards.
- ➤ The Service Delivery System Design Workgroup (November 1, 2005 thru April 28, 2006).
- ➤SB 1188 (Nelson -79th Legislature) Section 531.02411 regarding Streamlining Administrative Processes related to eliminating policies and regulations which result in inefficient state agency and provider operations and add no-value to consumer services.
- ➤ House Interim Charge #6 (Appropriations S/C on Health and Human Services 79th Legislature).
- ➤ DADS Waiver Optimization Workgroup (February 2007).
- ➤ HB 2540 (Isett/Nelson 80th Legislature) related to streamlining the cost reports.



UNDERSTANDING WHERE WE ARE... FROM THE PERSPECTIVE OF PROVIDERS

Providers face many operational and service delivery challenges which foster instability across the provider network, compromise quality of care, and shift provider focus on "paper-compliance" rather than on services to consumers. These challenges include...

- Anticipation of future rate reimbursement reductions in an already under-funded system.
- Adjusting to two major changes in the system changes in the HCS rate structure (10-1-09) and transfer of the case management role from the provider to the MRA (6-1-10).
- Anticipation of additional systems change without adequate evaluation of the effectiveness of the aforementioned changes.
- >Ongoing staff recruitment and retention challenges.
- Increasing costs and time complying with overly burdensome regulations and policies that add no value to the services being delivered (many of which are unfunded mandates).
- ➤ Ineffective and inefficient cost determination (rate reimbursement), reporting and auditing processes.



Moving Forward



CONSIDERATIONS IN MOVING FORWARD

- 1. Caution in adopting models from other states what may be appropriate and effective in one state, may not hold true in another state.
- 2. Recognition of the distinct differences between persons receiving IDD services versus services for seniors and persons with physical disabilities.
- 3. Appreciation of the long established structure and expertise within the IDD service system, i.e., the current authority structure at the local level and the tenured provider base.
- 4. Acknowledgement that Section 48 (81st Legislature) already envisions and directs a re-shaping of the system.
- 5. Awareness that as the result of Section 48 and the significant changes in the HCS rate structure (10-01-09), any other major change in service delivery will exacerbate the current flux and uncertainty in the system for all Stakeholders.



Future Considerations



SENATE HHS INTERIM CHARGE #12 CONSIDERATIONS

- Ensure stability across the system (and for all stakeholders), while capitalizing on the system's current strengths and expertise... move forward with the reshaping of the IDD service system as called for in Section 48.
- Achieve both cost and systems efficiencies, without compromising accountability and the health and safety of persons receiving services... re-evaluate and, as appropriate, pursue past initiatives and reports related to systems efficiencies and identify new efficiencies that can be pursued.
- Assure that appropriate levels of services are provided and are responsive to individuals' needs.
- Maximize use of current resources... Utilize current 6-bed ICF/MR vacancies. While the occupancy factor remains relatively high, without full utilization of these services Texas loses the benefits of the Quality Assurance Fee (QAF) and families and consumers go without needed services while waiting on the HCS Interest List.
- Assure the financial integrity and stability of the service system... Expand the opportunities set forth in HB 2540 (Isett/Nelson -80th Session) and establish funding policies that promote efficiency in application; ensure the legislature is fully informed of service provision costs; and assure quality through compliance with program regulations and service outcomes.



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