



TEXAS COUNCIL *for*
DEVELOPMENTAL
DISABILITIES

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Texas Council for Developmental Disabilities

TCDD is a 27-member board dedicated to ensuring that all Texans with developmental disabilities, about 437,885 individuals, have the opportunity to be independent, productive and valued members of their communities. Using a variety of methods, the Council works to:

- Ensure that the service delivery system provides comprehensive services and supports that meet people's needs, are easy to access and are cost effective
- Improve people's understanding of disability issues

Council members include:

- individuals with developmental disabilities
- parents and guardians, as appointed by the governor
- representatives from each major state agency that serves people with developmental disabilities
- representatives from the state's protection and advocacy system and the two university centers for excellence in developmental disabilities
- local organizations

Cost Containment and Wait List Reduction

TIER WAIVER APPROACH

Tiered Services

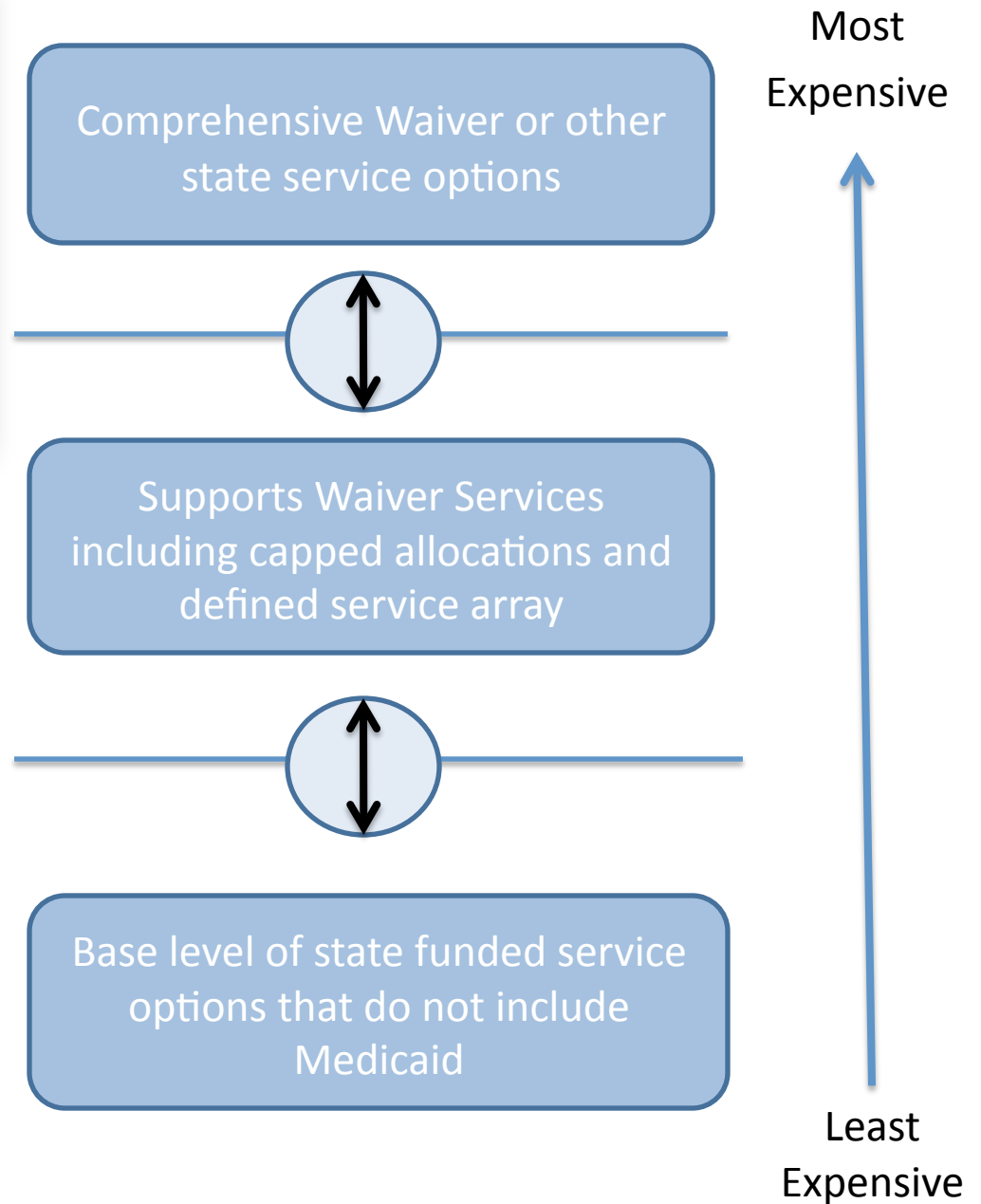
A system of long-term services and supports developed with different “tiers” of services, graduating from least intensity and lowest cost to greatest intensity and highest cost.

A tiered model may incorporate pure state-funded programs as well as Medicaid entitlement programs and Medicaid HCBS waivers.

The use of two or more HCBS waivers with different cost caps is one approach to providing long-term services and supports to people with I/DD.

States have expressed various rationales for employing a tiered waiver configuration, including:

- Reducing the high per person costs of providing 24/7 residential support and focusing on delivering services in the home;
- Complementing “natural” supports;
- Expanding services to serve people with I/DD waiting for services, in a more cost efficient manner.



Federal Policy Context

- Historically, most states operated a single “comprehensive” HCBS waiver for people with I/DD.
- Capacity controls allow states to limit access to services in the comprehensive waiver.
- January 2001 policy guidance issued by HCFA, now CMS, (State Medicaid Director Letter #01-006) clarified that states are obliged to provide all needed services covered by the waiver to enrollees.

“Olmstead Letter #4” prevented states from operating a waiver that is internally partitioned to control the number of persons who can access certain types of waiver services.

Foundation of Tiered Systems

Supports Waivers

Characteristics of Supports Waivers:

- **Target Population** includes people with I/DD who require ICF/MR level of care but live in their own or family home.

- **Dollar Limits** cap the total service amount available to support waiver participants.

- **Services** include the provision of personal assistance, daytime services and other ancillary services. **Residential services are not included.**

- **Service Planning** includes the process that determines which services a participant may receive.

Eighteen states operate
Supports Waivers:

AL	NE
CO	OH
CT	OK
FL	OR
GA	PA
IN	SD
LA	TN
MO	TX
MT	WA

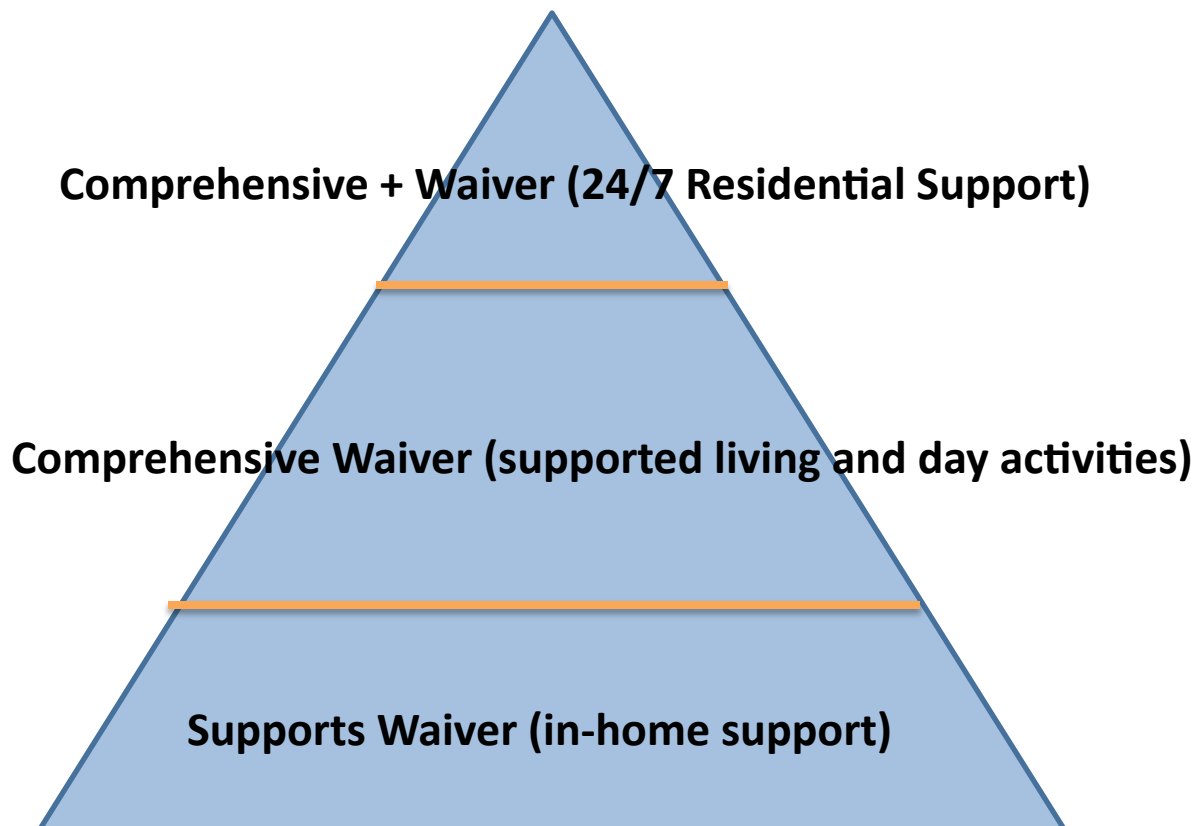
Several states operate Supports Waiver programs in tandem with three or more waivers

Colorado

Florida

Oklahoma

Washington



- In a tiered model, waiting lists may continue to exist for some services.
- The state develops a mechanism by which participants are assigned to a specific waiver, based on their level of need.
- Common eligibility criteria exists for all tiers, but additional criteria focusing on “service need” is used to determine which level of service is most appropriate.

Washington

Eligibility: An individual with a disability who is a client of the Division of Developmental Disabilities (DDD) and who meets ICF/MR level of care criteria and has a DDD Assessment and Individual Support Plan

Service array: Each waiver contains “Aggregate Service” array, but additional services (residential, behavioral) are added to upper tiers.

Cost Caps: Limits are imposed on specific *Services* in lieu of service plan cost caps.

Moving between tiers: Anyone can request a “higher” tier, but may be waitlisted (DDD gives 1st priority to current enrollees). DDD will terminate enrollees and move them to lower tiers if applicable.

Community Protection: individuals have been involved with the criminal justice system and exhibit sexually criminal behavior.

Core: individuals at immediate risk of out-of-home placement, or require more residential services.

CIIBS: children 8-21 y/o living at home, who have challenging behaviors.

Basic Plus: individuals at high risk of out-of-home placement or require some residential services.

Basic: individuals in their own or family home.

Florida

Eligibility: An individual with a developmental disability who is a client of the Agency for Persons with Disabilities (APD)*.

Service array: The waivers offer 28 supports and services, based on individual need. Some services (PD Nursing, Behavior Analyst) are not available in Tier 4. Services limits vary by tier. Children must access services via EPSDT.

Cost Caps: T1- no cap; T2 - \$55,000/ yr; T3 - \$35,000/ yr; T4 – 14,792/ yr.

Moving between tiers: APD keeps one waiting list for all 4 waivers. APD directed Service Coordinators (local entity) to use APD's protocol for developing service plans. APD assigns individuals to tiers.

Tier 1: Participants have intensive medical or adaptive needs or exceptional behavioral problems, which cannot be met in the other tiers.

Tier 2: Individuals in a licensed residential facility or receiving a higher level of in-home support services.

Tier 3: Participants who are not eligible for T1 or T2 in a licensed residential facility or receive a lower level of in-home support.

Tier 4: Individuals who are not eligible for T1, T2, or T3 and children (who do not require certain behavioral services).

Will a tiered approach work in Texas?

TEXAS HCBS WAIVERS

<i>Comparison of 2006 data</i>	Spending per capita on I/DD services	Total enrollment in I/DD waivers	Total spending on I/DD services
Texas	\$2.02	14,455	\$1.63 Billion
Florida	\$2.19	30,242	\$1.4 Billion
Washington	\$3.33	9,874	\$779.8 Million

Washington has much higher per capita spending on I/DD services, coupled with a much lower population than either Florida or Texas.

Florida spends more per capita on I/DD services than Texas and serves more people in its system than Texas.

Texas utilizes a higher percentage of Medicaid to finance its I/DD services; Texas has a smaller proportion of state funding available for I/DD services than either Florida or Washington.

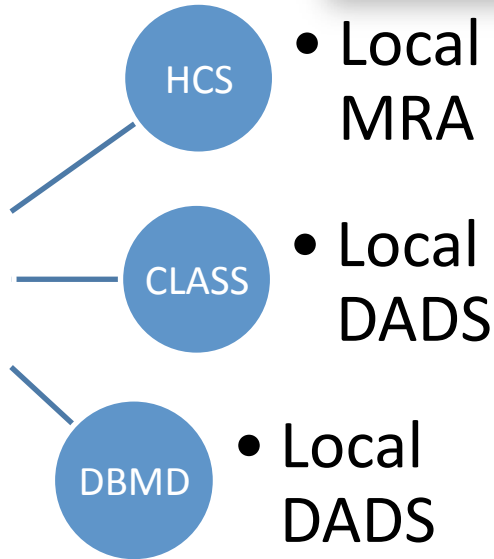
Texas's waiting list is far longer than either Washington or Florida. Washington prioritizes who is offered waiver services ; Texas offers services largely on a first-come, first-serve basis.

Washington recently added a component to their tiers; Florida appears to be moving away from this system. Texas recently appropriated some HCS waiver "slots" for crisis intervention/diversion but it is too early to see if this is a sufficient mechanism to address inherent issues.

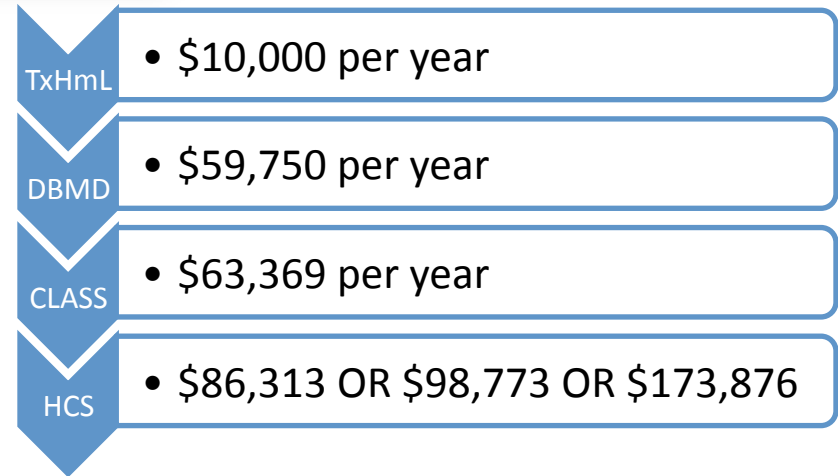
Washington developed their model in 2004; Florida's model was developed in 2007 as a result of legislation that directed APD to reduce their budget by significantly restructuring the waiver system as well as imposing service limits, provider rate cuts, and service elimination.

Texas

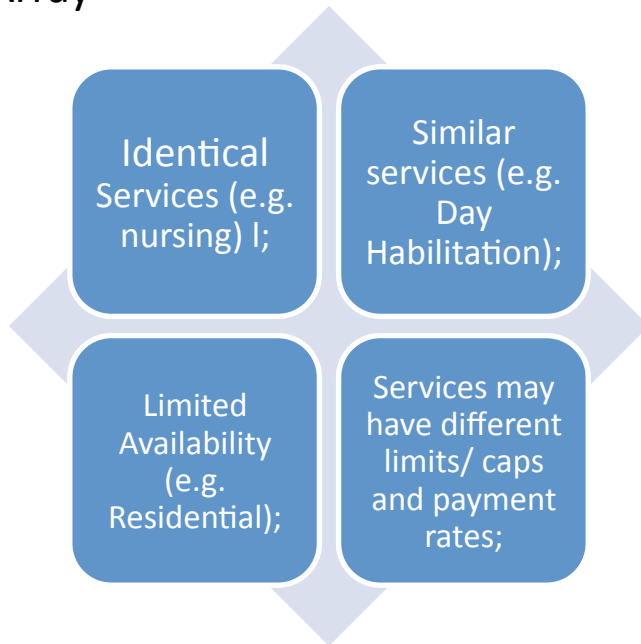
Access to Waivers



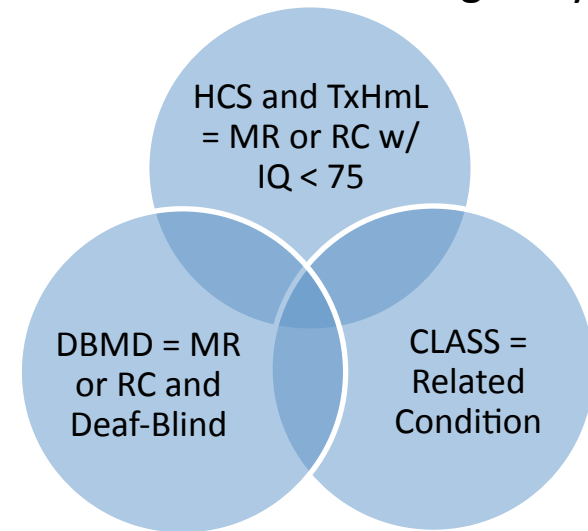
Cost Caps



Service Array



Eligibility



Other Considerations

