



**Anita Bradberry, Executive Director
Texas Association for Home Care & Hospice
Recommendations for Streamlining Home and Community
Based Services Waiver Programs**

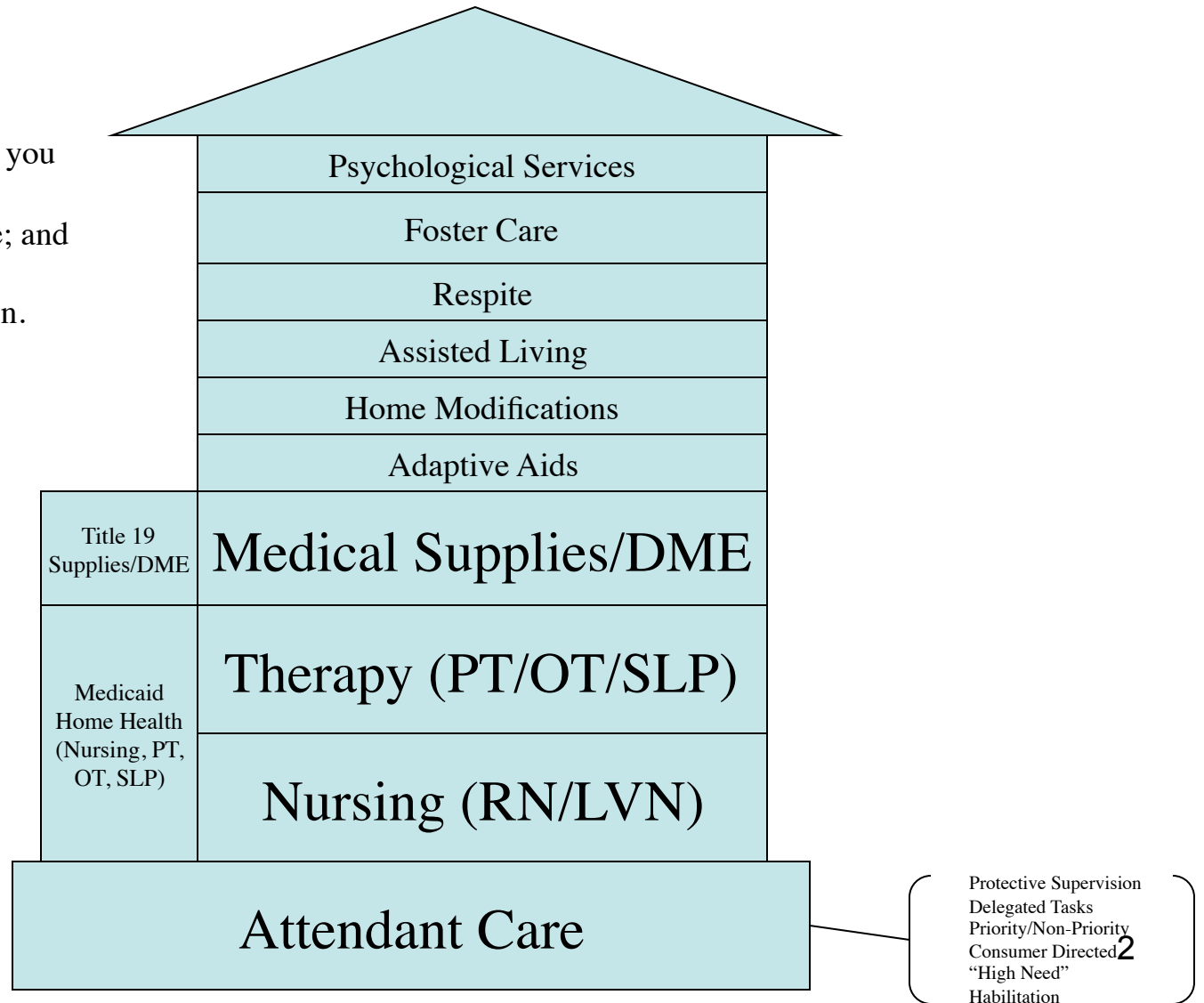
Senate Health and Human Services Committee
Interim Charge # 12
February 23, 2010

Build the House You Need

Use the building blocks you need that you:

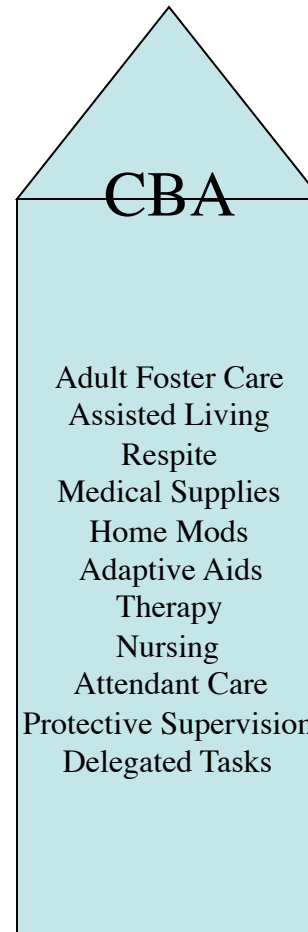
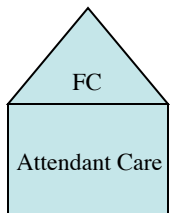
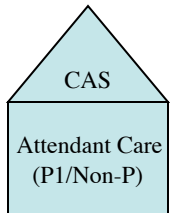
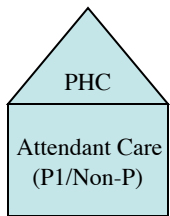
- 1) are eligible to use; and
- 2) need to avoid institutionalization.

Attendant care is the foundation of the house.



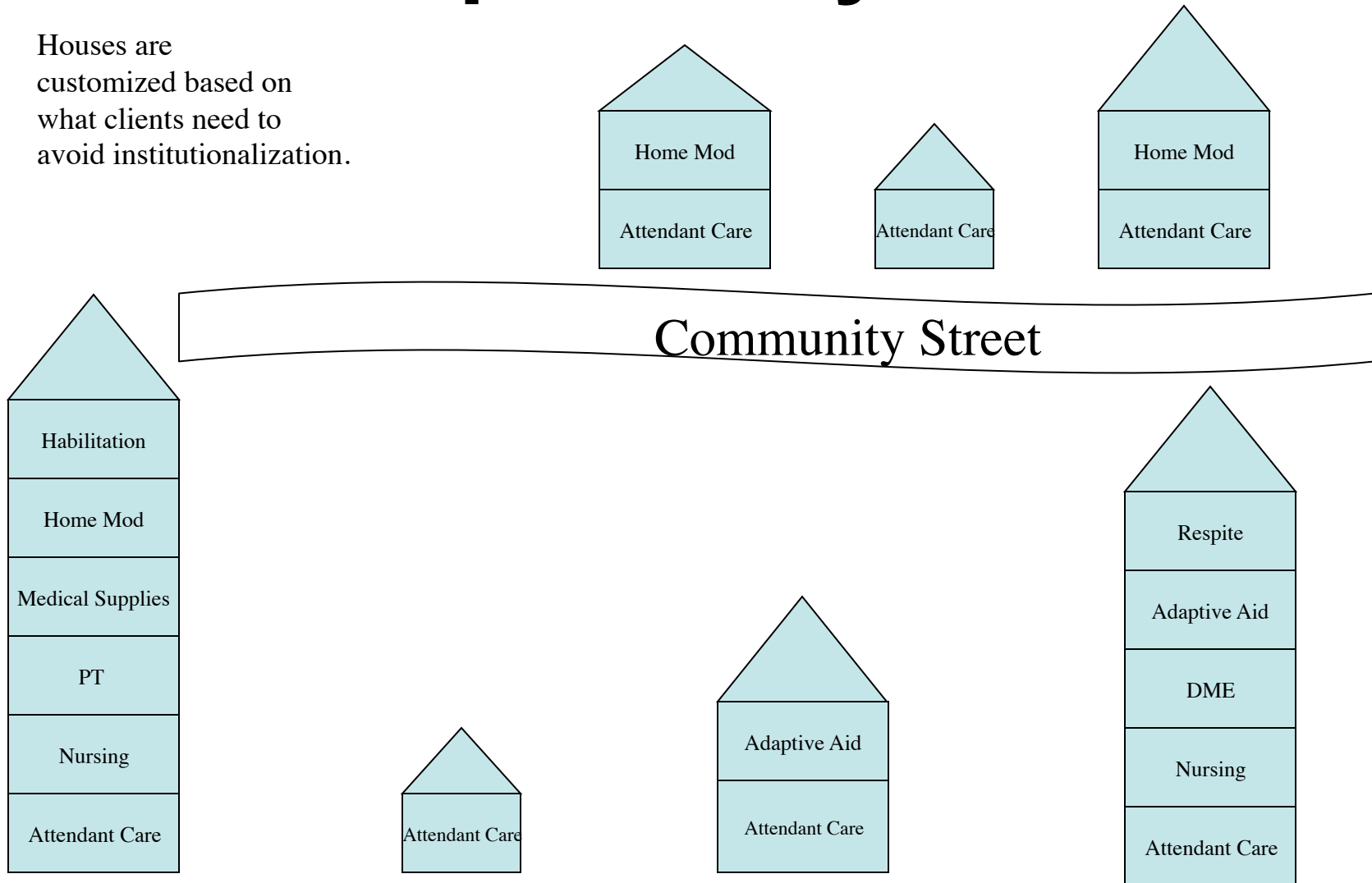
Current System

There are only 2 sizes of houses: 1 bedroom & 5 bedroom. If you really need just a 2 bedroom house, you have to wait on a waiting/interest list for a 5 bedroom house--there is nothing in between.



Proposed System

Houses are customized based on what clients need to avoid institutionalization.



Streamlining the Delivery of Waiver Services

- **Primary Goals**
- Focus on consumer access to a flexible array of services that meet the client's needs when they need them with improved responsiveness, accountability, consumer involvement, and quality outcomes; and
- Create a streamlined system that removes unnecessary layers of administration, duplication, inefficiency

Establish Primary Home Care and Personal Care Services as the Core Programs for Home and Community Based Long Term Care

- Attendant care is the most cost-effective and basic service needed by the population served and is a Medicaid state plan service.
- Many people on the Community Based Alternative (CBA) and Community Living and Supportive Services (CLASS) waiver interest lists are receiving Primary Home Care (PHC), Community Attendant Services (CAS), or Personal Care Services (children only).

Establish Primary Home Care and Personal Care Services as the Core Programs for Home and Community Based Long Term Care

- Deliver attendant services through PHC, CAS, or PCS as core services when eligible. Allow other waiver services to “wrap around” the state plan service for access by eligible Medicaid beneficiaries when the service is needed.
- This approach meets federal requirements to utilize state plan services first and waiver services as the last resort. This already occurs for the Medically Dependent Children Program (MDCP)
- It also fits in with the current Consumer Directed Services model whereby the attendant services are delivered independently of the agency administering the remaining waiver services.
- The STAR+PLUS program has also organized its services in a similar way, with attendant care being the core service and other services added as needed.

Utilize Risk Based Criteria to Prioritize Waiver Services

- The Interest list does not maximize the state's ability to lower costs by diverting individuals from institutionalization.
- To maximize effectiveness of limited waiver resources, DADS should reinstate risk-based access to waiver services at the front end through a screening tool.
- Currently, regardless of risk of institutional placement, persons must wait until their name comes to the top of the list in order to be screened for eligibility.

Utilize Risk Based Criteria to Prioritize Waiver Services

- Waiting on the interest list can cause unnecessary or premature placement in an institution, costing the state more money.
- Institutionalization forces the individual to lose use of their social security income (except \$/month) which would support their community living, and also causes them to lose their informal supports.
- There may be a short term or one time need for service (s) to avoid institutionalization, enabling a person to get on and off the waiver quickly.

Utilize Risk Based Criteria to Prioritize Waiver Services

- The risk based policy should allow individuals who meet a determined “at risk” criteria to move to the top of the interest list for immediate access to waiver services **OR** have designated, limited waiver slots set aside to address these individuals’ needs while they are living in the community.

Streamline Case Management

- A case management model should be instituted at the HHSC level that is consistent across waiver programs.
- Consolidation of HHS agencies under HHSC allows an opportunity to not only coordinate DADS services but also other services across the enterprise.
- If not this broad of scope, then DADS should determine one model for all programs (either DADS approves service plan set up by provider agency, or DADS contracts to independent case management agency with authority to approve service plans).

Eliminate Duplicative Program Specific Standards, Contract Administration, and Reporting to Case Workers

- The system of caseworkers and contract monitoring has been in place for primary home care/family care programs since they were exempt from licensing in the 1980s.
- In 1993, when Home and Community Support Services Agency (HCSSA) license was developed state community care programs were no longer exempt. Licensure standards should now be sufficient to ensure quality.

Eliminate Duplicative Program Specific Standards, Contract Administration, and Reporting to Case Workers

- Currently, a provider agency must have a separate contract for each service in each DADS Region where the agency delivers services. An agency that provides CLASS, CBA, and PHC in portions of three DADS regions **must have 9 contracts** even though the one agency is licensed to serve the entire area.
- Rather than retaining the duplicative and costly contracting system, agencies would **enroll** as a provider type with Texas Medicaid & Health Care Partnership (TMHP) under a similar system to that utilized in acute care.

Eliminate Duplicative Program Specific Standards, Contract Administration, and Reporting to Case Workers

- Providers are subject to their licensure regulations. DADS or its contracted case management agency would continue to provide prior approval of services.
- This would free up funds to increase resources in the area of case management, and possibly reduce costs to the state.

Eliminate Duplicative Program Specific Standards, Contract Administration, and Reporting to Case Workers

- Audits for compliance would focus on determining if services billed were delivered in accordance with the services authorized.
- HHSC implemented such a system in September 2007 when children in Primary Home Care were moved into a newly established Personal Care Services (PCS) benefit.

Create Hierarchical Structure of Reimbursement Rates

- The reimbursement rates for community care services should recognize case mix, complexity of care, and other caregiver supports available, based upon an assessment tool.
- The 80th Legislature took a very important step towards this goal by authorizing a higher nursing rate for individuals with ventilators and/or tracheostomies. Similar distinctions need to be made for other conditions and other services as well, particularly attendant care.
- The same levels could be utilized across the waivers, rather than each waiver receiving a separate rate for all of their service recipients.