CONSOLIDATION OF WAIVERS

Development of a Comprehensive HCBS Program

BENFITS TO PEOPLE WITH DISABILITIES, OLDER TEXANS AND THEIR FAMILIES

Senate Health and Human Services
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PRESENT SYSTEM IN TEXAS

- **10 HCBS Waivers *** (Over 300 waivers - nationwide)**
  - **Community Based Alternative (CBA)**
  - **Star Plus**
  - **Integrated Care Management (ICM)**
  - **CLASS**
  - **Home and Community Services (HCS)**
  - **Texas Home Living (TxHmL)**
  - **Medically Dependent Children Program (MDCP)**
  - **Deaf-Blind Multiple Disabled (DBMD)**
  - **Youth Empowerment Services (YES)**
  - **Children's Waiver Program (CWP)**
- **Is fragmented**
- **Has different eligibility requirements (financial and programmatic)**
- **Uses separate administrative structures and costs**
- **Encompasses multiple contracting, licensing and quality monitoring systems**
- **Presents multiple points of entry to access services**
- **Is based on disability label and/or age of person**
- **Has no uniform assessment**
- **Has no common service definitions**
- **Perpetuates inequitable service packages**
- **Has promoted provider agencies developing around specific populations thus inhibiting competition**
- **Allows for inequitable wage and provider reimbursement levels for similar services**
- **Forces some people to receive more services than they need, while depriving others of sufficient services**
- **Doesn't adequately address needs of people with the most significant disabilities such as brain injury, stroke, Alzheimer's, vent users and those with psychiatric disabilities**
- **Provides minimal person-directed/centered planning**
- **Stymies development of self-determination and consumer direction**
- **Is confusing to all who, access services, provide services, policy makers and legislators**

WHY IS SYSTEM THE WAY IT IS?

- **Federal rules don't currently allow/promote combining populations in HCBS waivers**
- **Identity politics in aging and disability communities have encouraged label specific waivers**
- **Provider influence and lobbying power advocate for their interests instead of the consumer and/or state**
- **Bureaucratic intransigence and aversion to change**
- **Political system resistant to confront tough choices**
- **System is built from a "Program-centered" rather than a "Person-directed/centered" approach**
- **Liability concerns inhibit allowing individuals to choose to take "risks" resulting in an overprotective and patronizing system**
- **Services are perceived to be medical in nature rather than being seen as the support services they are. This is caused by the Medicaid and Medicare source of LTSS funding**
- **Limited funding for HCBS forces populations to isolate and compete for scarce resources**
- **Funding limitations due to federal institutional bias in LTSS written into the Medicaid statue**
- **There is currently no consensus on a way to move forward**

BENEFITS OF A COMPREHENSIVE HCBS SYSTEM BASED ON PERSON'S FUNCTIONAL NEEDS

- **There would be ONE modular uniform assessment tool based on person's functional needs (Community Integration Assessment [CIA])**
- **There would be common definitions of services and program terminology so consumers and providers can understand the "alphabet soup"**
- **It would simplify the eligibility process (financial & programmatic)**
- **It would allow for standardized data collection and tracking of actual expenses**
- **There would be a uniform reimbursement methodology for services**
- **There would be uniform contracting that would enhance competition**
- **There would be a uniform licensing process**
- **There would be easier access to services for the consumer by defining point(s) of access**
- **There would be easier access for people with multiple disabilities**
- **It would allow for real person-directed/centered planning**
- **It would allow for self determination, increased choice, and consumer control**
- **It would provide a flexible menu of services that would allow folks to get what they need**
- **There would be quality standards based on real life outcomes of the person rather than on delivery system**
- **There would be savings of unnecessary administrative costs caused by the current duplication of services**
- **The administrative structure would be reformed and become more efficient**

TRANSITION TO "COMMUNITY FIRST"

- **Starts with commitment to the vision and development of a plan to institute a comprehensive, less fragmented person-directed/centered HCBS service and delivery system by the Governor, Legislature, HHSC and HCBS stakeholders**
- **Recognizes the need to take incremental steps toward the vision of a comprehensive HCBS system**
- **Requires the political will/oversight to follow through on this plan till the vision becomes a reality**
- **Requires the development of a "COMMUNITY FIRST" plan, with stakeholder input by HHSC and/or LTSS Coordinating Council which includes specific strategies, timelines and accountability measures**
- **Includes a realistic review of previous Texas steps to build a more comprehensive HCBS system, as well as best practices from other states experiences, so we can build on what we know works.**
- **Includes development of a data base of current and future HCBS workforce demographics and a plan for how we will attract workers to meet the growing need**
- **Includes a review of "risk management" criteria to include in HCBS programs to replace current controlling and patronizing practices**
- **Includes a review federal of waiver development and reform possibilities allowing the combining of populations into one waiver**

THE JOURNEY BEGINS WITH THESE STEPS

- **Direct HHSC and the LTSS Coordinating council to review the current system and create a 5 year "COMMUNITY FIRST" plan to develop a comprehensive HCBS system. This review should include money that would be saved by streamlining the current HCBS system**
- **Direct HHSC to review and fund all existing waiver options/amendments such as 1115 that would allow for the development of a comprehensive waiver**
- **Immediately combine the HCS and CLASS waiver into one Developmental Disabilities waiver**
- **Request a waiver for the ICF-MR program which would allow HHSC and DADS to redesign the entire program without restrictive ICF-MR institutional rules**
- **Standardize all service descriptions and service choices for consumers in all of the waivers. Request waiver amendments from CMS to make waivers more "alike" than "different"**
- **Develop a modular uniform functional assessment tool (Community Integration Assessment [CIA]) to be used by all waivers**
- **Review current data collection, methods and categories and standardize across waivers**
- **Standardize reimbursement rates for similar services across all waivers**
- **Explore ways to develop uniform licensing and contracting standards for all waivers to allow/promote competition**
- **Reconfigure current waivers so that service packages are similar and allows consumer to pick only the services they need**
- **Expand the Relocation Specialist program in the MFP project to be Relocation/Diversion Specialists**
- **Prioritize self determination and consumer directed services by enhancing fiscal intermediary system**

- **Define the roles of all the current points of entry that consumers use to receive HCBS services and develop a**

report on how these can be streamlined for ease of access for consumers of HCBS

- **Direct HHSC to explore developing "risk management" criteria to include in HCBS**
- **Develop a media campaign to publicize HCBS programs and the various delivery options such as self-determination, consumer direction and traditional agencies**