



SB 7 Redesign of IDD Services and Supports 5.27.13 Brief

Article 1. Delivery System Redesign for Provision of Acute Care Services and Long-term Services and Supports to Individuals with Intellectual and Developmental Disabilities.

Key provisions of SB 7 [final] that focus on Local IDD Authority (LIDDA) responsibilities and protections for individuals receiving IDD services:

- Allows individuals with IDD receiving services from HCS, CLASS and DBMB waiver programs to choose whether to stay in the waiver program or voluntarily transition into managed care if waiver services are integrated into managed care by 2020 (Sec. 534.202);
- Clarifies that both licensed Home and Community Support Agencies (HCCSA) and HCS and Texas Home Living waiver providers can provide new basic attendant and habilitation services through STAR + PLUS (Sec. 534.152);
- Requires STAR + PLUS MCOs to review and consider any assessment conducted and to enter into a written agreement with each LIDDA regarding processes for coordinating services for people receiving basic attendant and habilitation services (Sec. 534.152);
- Directs DADS to contract with LIDDAs to conduct the following [for basic attendant and habilitation services]:
 - Provide IDD Service Coordination to individuals with IDD in STAR + PLUS by assisting them to receive services in a community-based setting, including transition to a community-based setting;
 - Provide an assessment to MCO regarding whether an individual needs attendant or habilitation services, based on functional need, risk factors, and desired outcomes;
 - Assist individuals with developing a plan of care under STAR + PLUS, including making changes resulting from periodic reassessments of the plan;
 - Provide to MCO and DADS information regarding recommended plans of care, including documentation necessary to demonstrate need for care described by plan;
 - Provide to MCO and DADS [annually] a description of outcomes based on individual's plan of care (Sec. 534.152).
- Prohibits LIDDA conducting IDD Service Coordination for basic attendant care and habilitation services from providing those services (Sec. 534.152)—NOTE: This requirement does not impact

the Local Authority Service Coordination/Local Safety Net Role as a limited provider of HCS and Texas Home Living waiver services;

- LIDDA may subcontract IDD Service Coordination with an eligible person, including a nonprofit entity, to coordinate the services of individuals with IDD receiving basic attendant and habilitation services under STAR + PLUS. The executive commissioner must establish by rule minimum qualifications to be considered an “eligible person” (Sec. 534.152);
- MCO contract with commission must require a process for individuals with IDD that:
 - ensures choice among providers;
 - protects continuity of care with primary care providers to the greatest extent possible, including use of single-case agreements with out-of-network providers; and
 - provides access to a member services phone line for individuals/LARs to obtain information and assistance accessing services through network providers (Sec. 534.201).

Article 1 Timelines.

- Not later than **October 1, 2013** the executive commissioner of HHSC and commissioner of DADS must appoint the members of the IDD System Redesign Advisory Committee;
- Not later than **December 1, 2014** HHSC and DADS must report to the legislature on role of LIDDAs as service providers (Sec. 534.055);
- Not later than **September 30 of each year**, HHCS must report to the Legislature regarding implementation, including provision of acute care services and long-term services and supports for people with IDD and make recommendations for statutory changes to facilitate implementation. Specific requirements:
 - Initial report due no later than **September 30, 2014**
 - Annual report to the legislature due on or before **September 30 of 2018, 2019 and 2020** must include recommendations for continued implementation and improvements to acute care and long-term services and supports added by this article
 - Final report due not later than **September 30, 2023**.
 - Expires **January 1, 2024**

Stage One—Programs to Improve Service Delivery

- Pilot Programs selected by DADS to test managed care strategies based on capitation, including one or more private care providers selected. Pilot programs must be implemented no later than **September 1, 2016**, operate for not less than 24 months, end on **September 1, 2018** (unless provider terminates contract) and:
 - Coordinate services provided through Community ICFs/IID (private and public community) and Medicaid waiver programs;
 - Improve coordination of long-term services and supports with acute care services provided by managed care organizations;

- On or before **December 1, 2016** and **December 1, 2017** HHSC and DADS, in consultation with the advisory committee, must review and evaluate the progress and outcomes of each pilot program and submit a report to the legislature, including recommendations for improvement and continued implementation;
- Medicaid acute care services for people with IDD will be provided through STAR + PLUS and STAR KIDS managed care programs **[no date specified in bill]**;
- Basic attendant care and habilitation services for people with IDD will be delivered under the STAR + PLUS program [Community First Choice option—**no date specified in bill**];

Stage Two—Transition of Long-Term Care Medicaid Waivers to Integrated Managed Care System

- Transition recipients of Texas Home Living waiver program to a managed care program no later than **September 1, 2017** as determined by HHSC based on cost-effectiveness and the experience of STAR + PLUS Medicaid managed care program in providing basic attendant and habilitation services and of pilot programs (HHSC must submit report to Legislature no later than **June 1, 2016**). HHSC shall determine whether to:
 - Continue operation of Texas Home Living waiver as supplemental to LTSS not available in the managed care program, or
 - Provide some or all of Texas Home Living waiver services through the managed care program.
- Transition ICF/IID recipients and certain other Medicaid waiver program recipients to a managed care program, no later than **September 1, 2020** as determined by HHSC based on cost-effectiveness and the experience of the transition of Texas Home Living waiver program recipients to a managed care program delivery model. HHSC will determine whether to:
 - Continue operation of the Medicaid waiver programs or ICF/IID program as supplemental to LTSS not available in the managed care program; or
 - Provide some or all of the Medicaid waiver program or ICF/IID program through the managed care program.
- HHSC, in consultation with the advisory committee, must review and evaluate the outcomes of:
 - Transition of services and supports to individuals under the Texas Home Living waiver program to a managed care program delivery model;
 - Transition of services and supports to individuals under the Medicaid waiver programs and the ICF-IID program to a managed care program delivery model.

Article 3. Other Provisions Relating to Individuals with Intellectual and Developmental Disabilities

- Comprehensive assessment and resource allocation process within waiver programs to:
 - Recommend for each individual the type, intensity, and range of services, both appropriate and available, based on the functional needs of the individual, if individual receives services through 1) Medicaid waiver program, 2) ICF/IID program, or ICF operated by the state for individuals with IDD;

- Establish prior authorization for requests for supervised living or residential support services available in the home and community-based services (HCS) Medicaid waiver program. The process must ensure that supervised living or residential support services available in HCS waiver program are available only to individuals for whom a more independent setting is not appropriate or available.
- Development of additional flexible, low-cost residential options;
- Behavioral supports for individuals with IDD at risk of institutionalization, including:
 - Specialized training for providers, family members, caregivers, and first-responders
 - One or more behavioral health intervention teams trained in trauma-informed care

SB 7 (Final)—Other Major Requirements

Article 2. Medicaid Managed Care Expansion

- Requires mandatory participation in a Medicaid capitated managed care program for all persons eligible for acute care Medicaid benefits, but authorizes HHSC to implement alternative models or arrangements, including a traditional fee-for-service arrangement, if HHSC determines the alternative would be more cost-effective;
- Requires HHSC to implement the most cost-effective option for the delivery of basic attendant and habilitation services for individuals with disabilities under the STAR + PLUS program and other similar programs that maximizes federal funding;
- Specifies conditions under which nursing facility benefits are provided through STAR + PLUS program;
- Establishes STAR KIDS Medicaid managed care program;
- Establishes STAR + PLUS Quality Council to report annually to legislature;
- Adds significant requirements for contracts between MCOs and HHSC.

Article 4. Quality-based Outcomes and Payment Provisions

- Amends Sec. 533.0354, Health and Safety Code, to add permissive language that a local mental health authority, using certain appropriations or funds received under the Texas Health Care Transformation and Quality Improvement Program 1115 Waiver, may provide assessment services, crisis services, and intensive and comprehensive services using disease management practices for certain children and adults with other [broad list] mental health disorders. Adds section referencing clinically appropriate services as qualifier for expanded population. Requires DSHS to ensure LMHAs incorporate jail diversion strategies into disease management practices for an expanded list of disorders.