SB 7: IDD System Redesign Requirements—Replaces SB 57

SB 7, as filed by Senator Jane Nelson on January 16, 2013, contains IDD system redesign language identical to that in SB 57, adding these requirements:

- Must promote integrated coordinated case management of acute care services and long-term care services and supports
- Statewide stakeholder input requirements in developing and implementing pilot programs and cost effective managed care options over course of redesign
- HHSC must ensure comprehensive plan for transitioning services from the Medicaid waiver program to another program to protect continuity of care

A. Article I calls for redesign to managed care models of Medicaid acute care and long-term services and supports for people with intellectual and developmental disabilities:

<u>Stage One—Programs to Improve Service Delivery</u>

- Pilot Programs selected by DADS to test managed care strategies based on capitation, including up to two Local Authorities and two private care providers. Pilot programs must operate for not less than 24 months and conclude by September 1, 2018 (*SEE following pilot program information to be collected*):
    - Coordinating services provided through Community ICFs/IID (private and public) and Medicaid waiver program [waivers not specified]
    - Improving coordination of long-term services and supports with acute care services provided by managed care organizations
- Medicaid acute care services for people with IDD will be provided through the most appropriate capitated managed care delivery (STAR or STAR + PLUS)
- Basic attendant care and habilitation services for people with IDD will be delivered under the STAR + PLUS program [although not stated, likely Community First Choice option]

<u>Stage Two—Transition of Long-Term Care Medicaid Waivers to Integrated Managed Care System</u>

- Transition recipients of Texas Home Living waiver program to a managed care program no later than September 1, 2016. HHS Commissioner determines whether to:
    - Continue operation of TxHmL waiver as supplemental to LTSS not available in the managed care program, or
    - Cease operation of TxHmL waiver and expand LTSS provided by 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, 2018. HHS Commissioner determines whether to:
    - Continue operation of the Medicaid waiver programs as supplemental to LTSS not available in the managed care program, or
    - Cease operation of the Medicaid waiver programs and expand LTSS provided by the managed care program

B. Article II additional system redesign requirements related to people with IDD:

- 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
    - Establish prior authorization for placement in a group home, ensuring group home placement is only available to a person 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

C. Other select Article II requirements impact the IDD system:

- Mandatory participation in a Medicaid managed care program for all persons eligible for acute care
- Expansion of STAR + PLUS to all areas of the state
- Inclusion of Medicaid nursing facility benefits in STAR + PLUS
- Establishment of a mandatory STAR Kids capitated managed care program tailored to provide Medicaid benefits for children with disabilities

Pilot Program Information Collection (Stage One)

HHSC and DADS shall collect and compute the following information with respect to each pilot program established to the extent it is available:

(1) the difference between the **average monthly cost per person for all services received** individuals participating in the pilot program while the program is operating, including services provided through the pilot program and other services with which pilot program services are coordinated, and the average cost per person for all services received by the individuals before the operation of the pilot program;

(2) the percentage of individuals receiving services through the pilot program who **begin receiving services in a non-residential setting instead of from a facility** licensed as ICF/IIDs, or any other residential setting;

(3) the difference between the percentage of individuals receiving services through the pilot program who **live in non-provider-owned housing** during the operation of the pilot program and the percentage of individuals receiving services through the pilot program who lived in non-provider-owned housing before the operation of the pilot program;

(4) the difference between the **average total Medicaid cost by level of care for individuals in various residential settings** receiving services through the pilot program during the operation of the program and the average total Medicaid cost by level of care for those individuals before the operation of the program;

(5) the difference between the percentage of individuals receiving services through the pilot program who **obtain and maintain employment in meaningful, integrated settings** during the operation of the program and the percentage of individuals receiving services through the program who obtained and maintained employment in meaningful, integrated settings before the operation of the program; and

(6) the difference between the percentage of individuals receiving services through the pilot program whose **behavioral outcomes have improved** since the beginning of the program and the percentage of individuals receiving services whose behavioral outcomes improved before the operation of the program, as measured over a comparable period.