Financial Innovation for Local IDD Authorities in a Cost-Conscious Era

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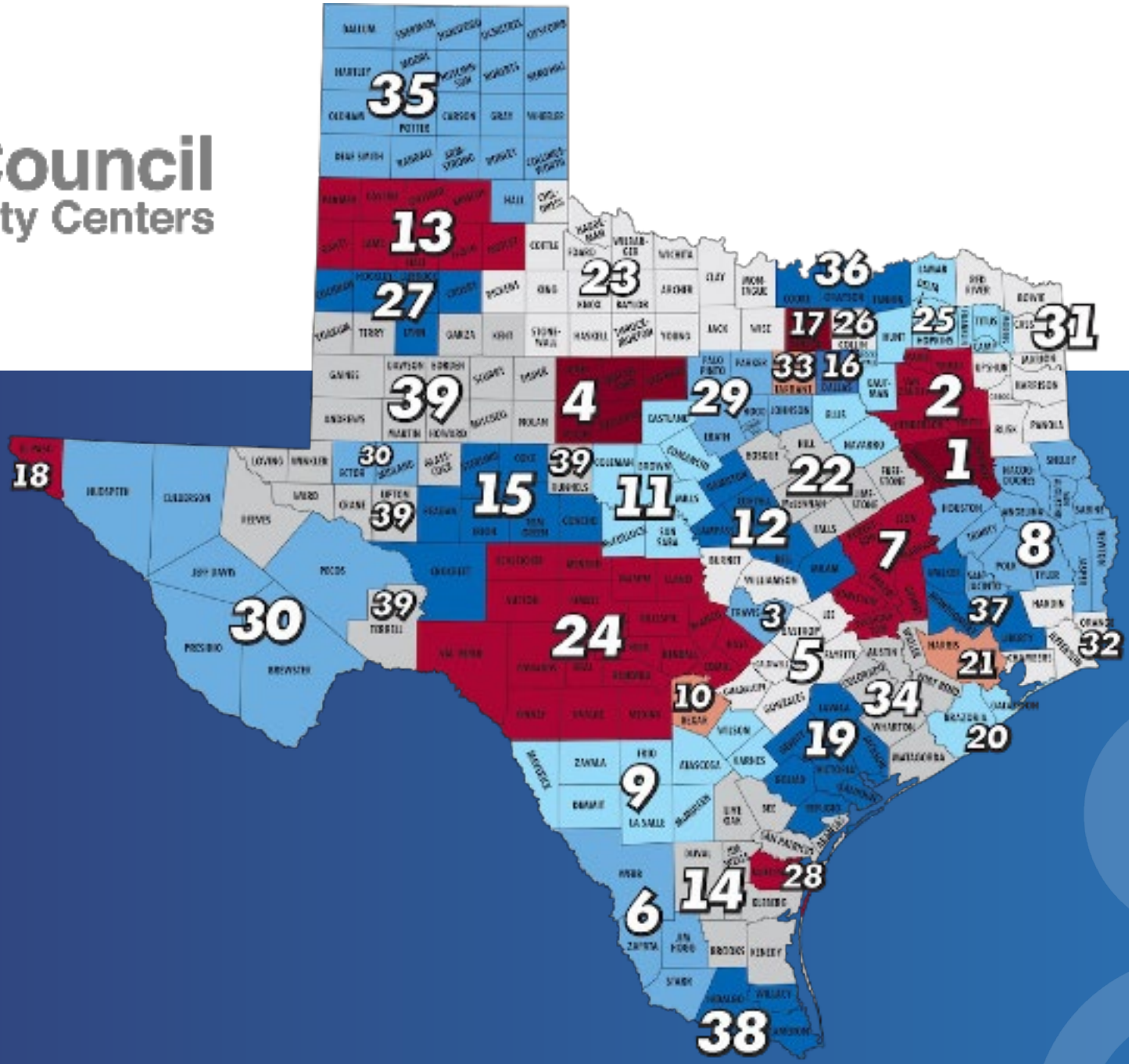

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Where does LIDDA's money come from?

Fee For Service:

- Targeted Case Management
- PASRR Habilitation Coordination
- PASRR Evaluations
- Determination of Developmental Disability

Performance Contract:

General Revenue
Crisis Respite
Crisis Intervention Specialist
Local Match

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Where does the money go?

- Salaries
- Insurance and Fringe
- Travel and Training (external)
- Crisis

- Contracted Providers
- Accreditations and memberships
- Supplies
- Computers and phones

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Organizational Chart – Business Operations

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Organizational Chart – LIDDA Programs

CHIEF AUTHORITY OFFICER
CAROLINA LASSO

- **SYSTEMS MANAGER**
  703 – LIDDA COORDINATION
- **LIDDA TRAINING ACADEMY**
  - **TEAM MENTOR TRAINERS**
    721 – LIDDA SERVICE COORDINATION
- **LIDDA CHIEF PSYCHOLOGIST**
  741 – ELIGIBILITY DETERMINATION UNIT
  - **ELIGIBILITY DETERMINATION UNIT**
- **GENERAL REVENUE PROGRAM MANAGER**
  703 – LIDDA COORDINATION
  - GENERAL REVENUE
  - COMMUNITY FIRST CHOICE
  - CONTINUITY OF SERVICE
- **IDD WAIVER PROGRAM MANAGER**
  720 – LIDDA HCS COORDINATION
  - HOME BASED COMMUNITY SERVICES
  - TEXAS HOME LIVING
- **ADRC DIRECTOR**
  704 – ADRC
  - CONSUMER BENEFITS OFFICE
  - INTEREST LIST
  - AGING AND DISABILITY RESOURCE CENTER

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Numbers for Conversation

HCS has **2,375 persons served** with 44 SCs

273 persons served in TxHmL with 6 SCs

General Revenue serves **1,172** people with 21 SCs

Metrocare completed an average of **44 DIDs per month**

Interest List of **8.8K** for HCS/TxHmL

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Fee For Service Revenue

Programs:

- HCS and TxHmL Waiver Targeted Case Management
- General Revenue Targeted Case Management
- PASRR Habilitation Coordination
- PASRR Evaluations
- Determination of Intellectual Developmental Delays

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DID Pain Points

Finding and hiring professionals who meet HHSC requirements and can also bring in revenue for the testing

Incorporating DID billing workflows into the Electronic Health Record

The expense of having to provide the assessments without the revenue to cover the cost

PASRR Pain Points

Habilitation Coordination authorizations and getting them in place when they are not automatically generated is tedious and not always the responsibility of the Local IDD Authority to correct.

Having to immediately stop serving a person due to the loss of Medicaid until Medicaid and Nursing Facility authorizations are back in place.

Filing the 2358 form with HHS to get authorizations backdated or corrected is tedious and can be very confusing for both the operations and revenue cycle teams, as an understanding of both sides is needed to properly complete the form.

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Fee-for-Service Strategies Used by Metrocare

Targeted Case Management

Focus on A contacts early in the month

Timely documentation for all services

Strategic caseloads for SCs

The management and revenue cycle team will work closely to ensure all revenue is captured and corrections needed are completed as soon as possible

PASRR Habilitation Coordination

Habilitation Coordination services roll up to the first contact of the month for billing

Know Medicaid changes

Work with the revenue cycle team to get forms submitted to PASRR support or PASRR requests as soon as possible for outstanding revenues that are not being paid

PASRR Evaluations

Input as much information as available for the authorization to generate

Track time on all billable activities accurately

Correct any evaluation that needs a correction on the personal information from the LIDDA side

Determination of Intellectual Disability

Strategic scheduling

Obtaining prior authorizations when required by the payer

Maintaining an up-to-date waitlist

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Performance Contract Revenue

Performance contract revenue is provided by the state through a contract with the Local IDD Authority. Funding is for general revenue, crisis, money-follows-the-person grants, permanency planning, and local match.

Each funding source has requirements and restrictions on how it can be used. Using these funds to their full potential requires strategic planning and regular utilization reviews.

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Local Match for Performance Contract

In Texas, local match refers to the requirement that a Local Intellectual and Developmental Disability Authority (LIDDA) contribute locally generated support to partially match the state funds it receives from the Texas Health and Human Services Commission (HHSC).

The amount and proportion of local match required is:
Negotiated and agreed upon between HHSC and the LIDDA's Board of Trustees
Based on:

- The LIDDA's financial capability
- Its overall commitment to other IDD programs

There is no single statewide percentage that applies to all LIDDAs. Each LIDDA's local match obligation may differ depending on these factors.

The local match requirement reflects Texas' long-standing policy that community-based intellectual and developmental disability services are a shared responsibility between:

- The State of Texas, and
- Local communities and authorities that deliver those services.

Rather than being fully state-funded, LIDDAs are expected to demonstrate local financial participation and commitment to IDD services within their service area.

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Enhanced Community Coordination:

To meet state requirements for case load size and program timeliness, the state-awarded grant dollars are not sufficient to cover all program expenses at Metrocare.

ECC or TST as Examples:

ALWAYS budget non-variable expenses FIRST. Prioritize what you KNOW you will use and need for the year. Use supplies to balance the budget to zero.

Transition Support Team:

Not all Local IDD Authorities are a TST Hub. The grant dollars have remained stable over the years, but the requirements increase each year. Metrocare used to not spend all of those dollars but has continued to use them all in order to staff the program, fulfill the requirements, and help support the 9 other LIDDAs it services.

Cost Sharing between LIDDAs

What could this look like?

- Training academies or sections of training shared between LIDDAs either by materials or by offering them virtually.
- Help with identifying billing errors and gaps or process setup.
- Sharing process updates when HHSC updates requirements and changes their processes.
- General Revenue spending strategies and processes.
- Sharing of setup in EHR with other centers that utilize the same EHR to save time and use already vetted forms.
- Sharing of crisis help with our Transition Support Teams and crisis dollars if needed.
- Sharing of licensed Psychologist, when possible, for completion of DIDs.

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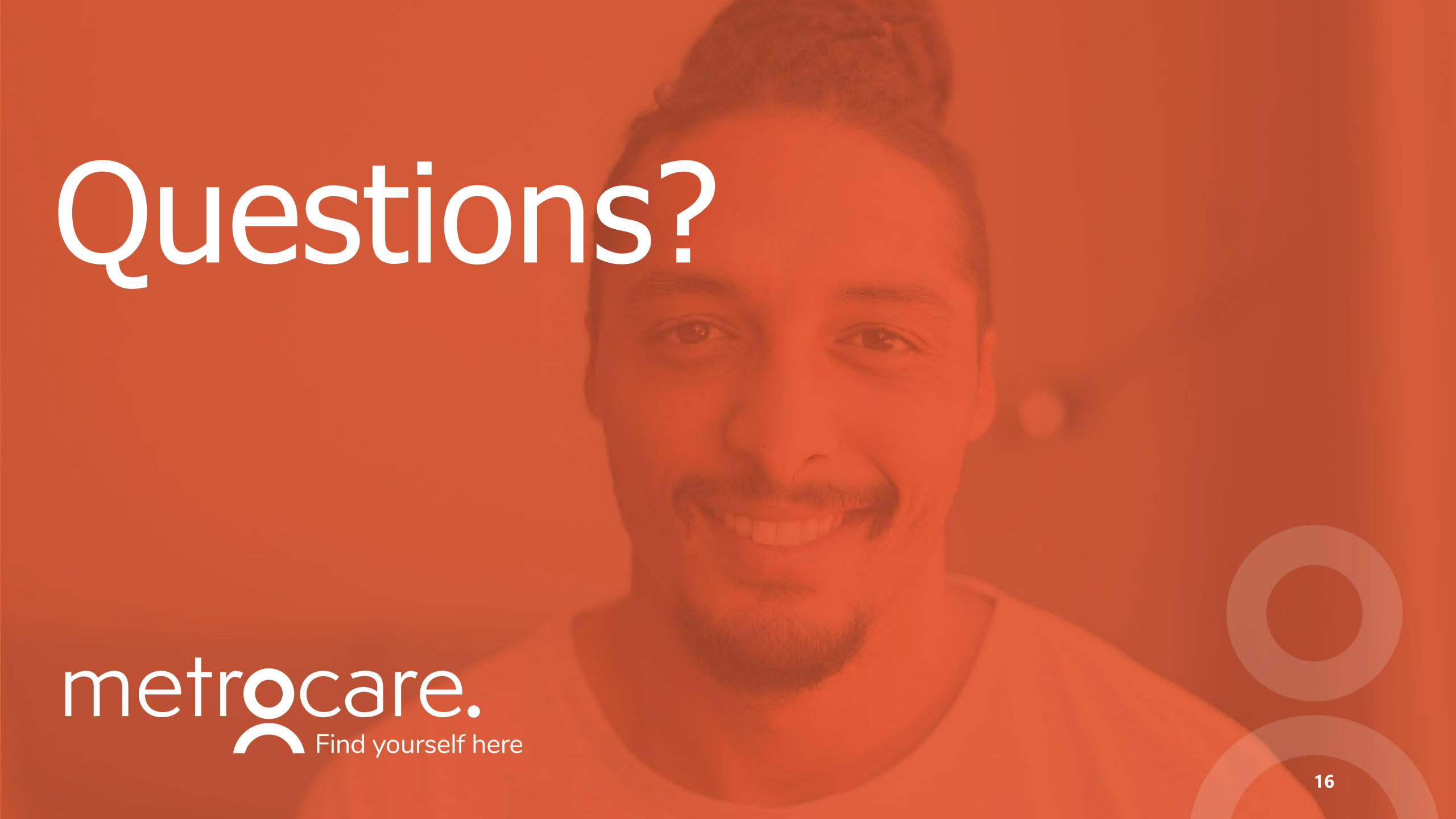
Questions?



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