

From: [Sunset Advisory Commission](#)
To: [Cecelia Hartley](#)
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
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-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Friday, October 17, 2014 3:13 PM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Friday, October 17, 2014 - 15:13

Agency: HEALTH AND HUMAN SERVICES COMMISSION HHSC

First Name: Dennis

Last Name: Borel

Title: Executive Director

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State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed:
CTD supports Issue 1 and Issue 3.

For too long, Texas has operated similar programs and services in distinct silos, sometimes by diagnosis sometimes by service delivery model. The rise of managed care in Medicaid is primary. Already housed in HHSC, not DADS, it makes sense to consolidate and recognize it is not simply an administrative umbrella. With DADS now handling fee-for-service and HHSC handling managed care, there is an awkward, unnecessary, unproductive fragmentation. So, yes, bring Medicaid together. Duplicative functions, IT is a good example, can also benefit.

Issue 11

Support Issue 11.

The current system may have the unintended consequences of interruption and possible termination of critical services. We also note that many providers in Medicaid are small businesses and may not withstand a cash flow blockage.

Support Issue 12.

We agree that ombudsman services are practically invisible to most consumers.

The growth of Medicaid managed care has not been accompanied by a similar growth in consumer protections for managed care consumers. In 2007, the program was brought under the Health and Human Services Commission

where it exists today as the Medicaid Managed Care Helpline with eight advocates, a team lead and manager. Meanwhile, the Long-term Care ombudsman in DADS has certified ombudsmen in all 28 local Area Agencies on Aging, who utilize well-trained, certified volunteers to expand capacity. The program currently has 68 paid staff and more than 900 volunteers.

13.1 – CTD does not support this recommendation.

CTD recognizes the need for review, removal of sunset dates for individual committees, and possible consolidation of some of these committees.

However, CTD does not support the wholesale elimination of the listed advisory committees from statute. CTD feels that the Sunset report undervalues and underestimates stakeholder input when discussing the burden of these committees to HHSC.

HHSC (and the health and human services agencies that may be under the umbrella of HHSC) can make life and death decisions that require valuable stakeholder input in order to ensure the continuity and quality of care necessary for people with disabilities to live healthy and independent lives.

HHSC staff and management cannot fully comprehend every program's effect on an individual's life. Therefore, HHSC must rely on the valuable lived experiences and expertise of individual consumers (and advocates who represent consumers) to avoid the pitfalls inherent in providing generalized services to particular individuals.

Historically disadvantaged and marginalized groups have fought for years for the right to be heard in public policy conversations and decisions that affect them. CTD does not believe that relying on the flexibility of the rulemaking process is of greater value to HHSC than the assurances, legitimacy, and certainty of placing any vehicle for public input into Texas law. Furthermore, the sole discretion of an Executive Commissioner may not guarantee that those consumers or groups who have concerns about HHSC programs have an appropriate and effective outlet for their voice to be heard.

Lastly, CTD feels that consumer input is even more vital during any restructuring process to ensure the continuity of services and to predict (or

foresee) any unintended consequences of actions or particular decisions.

Obviously, consumer input was considered crucial to the author(s) and supporters of SB7. Several very interested parties were sold on SB7 by the guarantee of a future voice. Some of the committees created in 2013 under SB7 are referenced to be eliminated and/or consolidated in this recommendation. CTD adamantly believes that the process of integrating managed care into the current services delivery systems must have stakeholder input in the design and implementation to be effective.

We urge the commission to take an active role in restructuring the HHSC committees by creating a taskforce for consumers and advocates to provide input in assessing and reviewing the committees listed to determine the value, composition, and duties of these committees. According to HHSC Circular C-022, HHSC appears to have a process already in place to address this issue with clear guidelines, stakeholder input, and other governmental agency support to evaluate and recommend changes including consolidation or abolishment. The Commission could use this overlooked and underused process as a guideline to thoughtfully address the effectiveness and inefficiencies in the current system.

13.2 – CTD does not support this recommendation.

CTD, once again recognizes the need to review and possibly consolidate these p committees. However, CTD feels that allowing the structure, consolidation, and composition of any new committee solely up to the discretion of the Executive Commissioner is problematic.

13.3 – CTD supports this recommendation with the caveat that accessibility standards are strictly adhered to in order to serve Texans with a variety of disabilities who are potential heavy users of the HHSC website.

Any Alternative or New Recommendations on This Agency:

1. We do believe in separation within the new, large HHSC. Current DARS services, vocational rehabilitation is a good example, are really not health care, but rather full community integration. This philosophical difference should make for a separate department. We also see regulatory and oversight functions that should be placed into a separate agency. Kept in-house, it could create an appearance of conflict of interest, transparency concerns and loss of objectivity.

2. In order to ensure Texas Medicaid managed care enrollees have access to the full array of entitled services and fully understand their benefit they must have sufficient support from an independent public advocate.

Medicaid managed care ombudsman best practices include localized assistance, adequate staffing, independence, and consistency in reporting and analysis of complaint data.

Establish MMC ombudsman program, independent of HHSC.

My Comment Will Be Made Public: I agree