

ADAPT

KAFKA

ADAPT OF TEXAS
SUNSET COMMISSION
PUBLIC TESTIMONY
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ADAPT OF TEXAS

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HHSC SUNSET RECOMMENDATIONS

ADAPT OF TEXAS COMMENTS

CONSUMER INPUT

REGARDLESS OF HOW HHSC IS REFORMED, ADAPT BELIEVES TEXAS SHOULD ESTABLISHED A CONSUMER OVERSIGHT BOARD (COB) MADE UP OF CONSUMERS WHO USE HHSC SERVICES AND SUPPORTS, TO REVIEW ALL POLICY RECOMMENDATIONS THAT GO TO THE HHSC EXECUTIVE COMMISSIONER. THE COB SHOULD BE THE LAST REVIEW BEFORE ANY POLICY GOES TO THE EXECUTIVE COMMISSIONER. HHSC IS A MASSIVE AGENCY AND CONSUMER INPUT IS ESSENTIAL TO ASSURE THAT PROGRAMS AND SERVICES MEET THE NEEDS OF PEOPLE WITH DISABILITIES AND OLDER TEXANS. THE CURRENT CONSUMER ADVISORY MECHANISMS ARE INADEQUATE AND FREQUENTLY IGNORED. IF YOU EXPAND HHSC'S ROLE TO CONTROL ALL SERVICES AND SUPPORTS, A CONSUMER OVERSIGHT BOARD WILL ASSURE SOME ACCOUNTABILITY TO CONSUMERS. (MORE COMMENTS – RECOMMENDATION 13)

NOTHING ABOUT US WITHOUT US!

RECOMMENDATION 1

ADAPT SUPPORTS REFORMING HHSC BY CREATING SERVICES AND SUPPORTS BASED ON FUNCTIONAL CATEGORIES SUCH AS: COMMUNITY LONG TERM SERVICES AND SUPPORTS AND INTEGRATED COMMUNITY EMPLOYMENT SERVICES.

HOW YOU DESIGN THE BUREACRATIC BOXES IS NOT AS IMPORTANT TO US AS COMBINING SIMILAR SERVICES AND SUPPORTS AND SERVING THE PEOPLE WHO CURRENTLY FALL

HHSC SUNSET RECOMMENDATIONS

ADAPT OF TEXAS COMMENTS

THROUGH THE CRACKS IN THIS NON-FUNCTIONAL SYSTEM. WE HAVE WITNESSED SEVERAL REARRANGEMENTS OF THE BUREAUCRATIC BOXES BUT LITTLE CONVERSION TO FUNCTIONAL CATEGORIES.

COMMUNITY LTSS

WE NEED TO ACCELERATE INTEGRATING OUR MULTIPLE 1915-C WAIVERS (TxHL, CLASS, HCS, MDCP, DBMT) AS WELL AS OTHER FEDERAL AND STATE HCBS PROGRAMS (CAS, CMPAS, FAMILY CARE) INTO STARPLUS AS OUTLINED IN SB7. AS DIFFERENT POPULATIONS ARE INTEGRATED INTO STARPLUS THE MENU OF SERVICES AVAILABLE SHOULD BE EXPANDED. EACH INDIVIDUAL SHOULD RECEIVE A PACKAGE OF SERVICES BASED ON A PERSON CENTERED PLAN BASED ON THEIR FUNCTIONAL NEED NOT THEIR DISABILITY AND/OR AGE.

COMMUNITY INTEGRATION QUALITY INDICATORS

AS STARPLUS BECOMES THE STATEWIDE COMMUNITY LTSS PROGRAM THAT INCLUDES ALL POPULATIONS, YOU NEED TO ESTABLISH AND ENFORCE WHAT ADAPT CALLS “COMMUNITY INTEGRATION QUALITY INDICATORS” (CIQI). THESE INDICATORS WILL GIVE THE STATE AND ADVOCATES A WAY TO MEASURE IF THE STARPLUS HMO’S ARE COMPLYING WITH THE OLMSTEAD DECISION AND THE NEW FEDERAL HCBS COMMUNITY RULES.

HHSC SUNSET RECOMMENDATIONS

ADAPT OF TEXAS COMMENTS

CFC & COMPREHENSIVE FUNCTIONAL ASSESSMENT

WE SHOULD USE THE COMMUNITY FIRST CHOICE OPTION, CFCO AS THE FOUNDATION TO BUILD ON. CFCO AS THE FOUNDATION OF STARPLUS MUST ADDRESS ALL POPULATIONS BASED ON FUNCTIONAL NEED, NOT AGE AND/OR DISABILITY. A KEY TO THIS INTEGRATION IS A COMPREHENSIVE FUNCTIONAL ASSESSMENT. A COMPREHENSIVE FUNCTIONAL ASSESSMENT WOULD CAPTURE OUR PHYSICAL, COGNITIVE, MENTAL AND SENSORY NEEDS, REGARDLESS OF AGE OR DIAGNOSIS.

FUNCTIONAL

THOUGH PEOPLE WITH DISABILITIES MAY NEED SPECIALISTS FOR OUR UNIQUE ACUTE-CARE NEEDS, IF WE NEED COGNITIVE ASSISTANCE (LIKE FINANCIAL MANAGEMENT OR OTHER SUPPORTS), IT DOESN'T MATTER IF THAT IS BECAUSE OF AN IMPAIRMENT AT BIRTH, A BRAIN INJURY AT 30, A STROKE AT 50 OR BECAUSE OF THE AGING PROCESS.

THOUGH THE TERM INTELLECTUAL DISABILITY IS USED A LOT, YOU SHOULD KNOW THAT THE FEDERAL AND STATE OF TEXAS DEFINITION OF "INTELLECTUAL" ONLY COVERS PEOPLE WHO ACQUIRED THAT LABEL BEFORE THE AGE OF 22. SO A PERSON WHO HAD A BRAIN INJURY AT 30 DOESN'T MEET THE FEDERAL OR TEXAS GOVERNMENT DEFINITION OF INTELLECTUAL DISABILITY, IRREGARLESS OF HIS OR HER NEEDS.

HHSC SUNSET RECOMMENDATIONS

ADAPT OF TEXAS COMMENTS

THOUGH INTEREST GROUPS ARE PUSHING TO CONTINUE THE OLD DIAGNOSTIC AND AGE-RELATED SERVICE CATEGORIES, THE “SILOS”, WE HOPE THE SUNSET COMMISSION WILL CONTINUE TO PUSH TO ELIMINATE UNNECESSARY BUREAUCRACY AND PROMOTE MORE:

- PERSON-CENTERED/CONSUMER-DIRECTED PROGRAMS,
- COMPETITION AMONG PROVIDERS,
- AND DELIVERY OF SERVICES AND SUPPORTS BASED ON FUNCTIONAL NEED, NOT DISABILITY AND/OR AGE.

COMMUNITY ATTENDANTS

ANOTHER BENEFIT OF COMBINING SERVICES UNDER THE CATEGORY OF COMMUNITY LONG TERM SERVICES AND SUPPORTS IS THAT SERVICE CATEGORY DEFINITIONS CAN BE UNIFORM AND COMMUNITY ATTENDANTS CAN BE PAID ON WHAT ADAPT CALLS: “EQUAL PAY FOR EQUAL WORK”.

RIGHT NOW, AN ATTENDANT’S PAY FOR ANY ACTIVITY (ASSISTING WITH BATHING, FOR EXAMPLE) DEPENDS ON THE AGE OF ONSET OF THEIR “CLIENT’S” DISABILITY, IN WHICH PROGRAM THEY ARE ENROLLED. THERE SHOULD BE A BLENDED RATE FOR ATTENDANT AND HABILITATION SERVICES SINCE ASSESSING THEM INTO TWO SEPARATE CATEGORIES IS DIFFICULT.

SINCE RECRUITING AND RETAINING COMMUNITY ATTENDANTS WILL BE A MAJOR ISSUE THIS LEGISLATIVE SESSION AND IN THE

HHSC SUNSET RECOMMENDATIONS

ADAPT OF TEXAS COMMENTS

YEARS TO COME, ADAPT BELIEVES “EQUAL PAY FOR EQUAL WORK” LEVELS THE PLAYING FIELD FOR ALL PROGRAMS.

INTEGRATED COMMUNITY EMPLOYMENT OF PEOPLE WITH DISABILITIES

ADAPT ALSO BELIEVES THAT INTEGRATED EMPLOYMENT SERVICES AND FUNDING SHOULD BE CONSOLIDATED UNDER ONE EMPLOYMENT CATEGORY IN HHSC . THOUGH IT IS HARD TO GET ACCURATE NUMBERS, TEXAS CURRENTLY SPENDS A LOT OF MEDICAID AND VOCATIONAL REHABILITATION DOLLARS FOR EMPLOYMENT SERVICES IN AT LEAST THREE AGENCIES (DARS, DADS, HHSC, & DSHS?) ALL THE DOLLARS FOR INTEGRATED COMMUNITY EMPLOYMENT SHOULD BE ADMINISTERED IN ONE EMPLOYMENT CATEGORY IN HHSC.

THE INTEGRATED COMMUNITY EMPLOYMENT CATEGORY CREATED SHOULD PROHIBIT HHSC FROM CONTRACTING WITH ANY ENTITY THAT PAYS PEOPLE WITH DISABILITIES SUB-MINIMUM WAGE. THE DEPARTMENT OF LABOR CERTIFIES SOME ENTITIES AS “14-C” WHICH ALLOWS THEM TO PAY SUB-MINIMUM WAGES; THIS IS WRONG. ALL CURRENT HOLDERS OF THESE CERTIFICATES SHOULD PROVIDE HHSC A TRANSITION PLAN ON HOW THEY WILL PHASE OUT THIS DISCRIMNATORY PRACTICE.

HHSC SUNSET RECOMMENDATIONS

ADAPT OF TEXAS COMMENTS

INDEPENDENT LIVING SERVICES/CENTERS

ON OCTOBER 1, 2014 THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES CREATED AN *ADMINISTRATION ON INDEPENDENT LIVING* UNDER ITS *ADMINISTRATION ON COMMUNITY LIVING*. EACH STATE'S PLAN FOR INDEPENDENT LIVING, SPIL, DESIGNATES WHICH STATE AGENCY, DESIGNATED STATE UNIT (DSU) RECEIVES AND ADMINISTERS THE INDEPENDENT LIVING FUNDS. ADAPT WILL RESPECT THE FINAL DECISION OF THE TEXAS SPIL (WHEN DECIDED), HOWEVER OUR CURRENT POSITION IS THAT HHSC SHOULD RECEIVE AND ADMINISTER THESE FUNDS.

COMBINING THE NEW ADMINISTRATION ON INDEPENDENT LIVING AND THE EXISTING ADMINISTRATION ON DEVELOPMENTAL DISABILITIES INTO A NEW ADMINISTRATION ON DISABILITY IS ALSO UNDER DISCUSSION AT THE FEDERAL LEVEL. IN ANTICIPATION OF THIS HAPPENING YOU SHOULD REDESIGNATE *THE TEXAS COUNCIL ON DEVELOPMENTAL DISABILITIES* AS THE *TEXAS COUNCIL ON DISABILITIES* AND BROADEN ITS FOCUS. FOUR OTHER STATES CURRENTLY USE THE "DISABILITIES" DESIGNATION.

HHSC SUNSET RECOMMENDATIONS

ADAPT OF TEXAS COMMENTS

RECOMMENDATION 2

ADMINISTRATIVE SAVINGS INTO COMMUNITY INTEGRATION PROGRAMS

ADAPT SUPPORTS CONSOLIDATION OF ADMINISTRATIVE FUNCTIONS BY FUNCTIONAL CATEGORIES (i.e. COMMUNITY LTSS, INTEGRATED COMMUNITY EMPLOYMENT). SPENDING SCARCE RESOURCES ON DUPLICATIVE ADMINISTRATIVE FUNCTIONS (i.e. HHSC, DADS) WHEN WE HAVE LONG WAITING LISTS FOR SERVICES AND SUPPORTS IS FOOLISH. PUT ALL SAVINGS BACK INTO SERVICES AND SUPPORTS - COMMUNITY LTSS AND INTEGRATED COMMUNITY EMPLOYMENT.

PROVIDER COMPETITION

COMPETITION AMONG PROVIDERS INCREASES THE QUALITY OF SERVICES AND LOWERS COSTS. HOWEVER, PROVIDERS SHOULD COMPETE ON A LEVEL PLAYING FIELD. UNIFORM CONTRACTING FOR FUNCTIONALLY DETERMINED SERVICES AND SUPPORTS WILL ALLOW FOR ADMINISTRATIVE SAVINGS AND LOGIC IN DATA COLLECTION. ADVOCATES WILL BENEFIT BECAUSE IT WILL BE EASIER TO TRACK WHAT IS GOING ON.

HHSC SUNSET RECOMMENDATIONS

ADAPT OF TEXAS COMMENTS

CONSUMER DIRECTED/SELF DETERMINED SERVICE DELIVERY

TEXAS DOES A POOR JOB IN PROMOTING A CONSUMER DIRECTED/SELF DETERMINED DELIVERY SYSTEM. IN MOST PROGRAMS THERE IS ABOUT 1% OF THE CLIENTS WHO HAVE SELECTED THIS OPTION. HHSC SHOULD REVIEW OF WHY THIS IS AND PROMULGATE SOME REQUIREMENTS IN STARPLUS TO ENCOURAGE THIS COST EFFECTIVE OPTION. REVIEW OF THE RATE STRUCTURE AND THE “EVERY WILLING PROVIDER” MIGHT BE HELPFUL IN IDENTIFYING THE PROBLEM.

DATA COLLECTION

ADAPT SUPPORTS CONSOLIDATION OF “IT” FUNCTIONS. ADAPT RECOMMENDS COLLECTING DATA ON THE PAY RATE, BENEFITS, RECRUITMENT AND RETENTION OF COMMUNITY ATTENDANTS. MAKE THIS DATA EASILY AVAILABLE TO THE PUBLIC. EASILY ACCESSIBLE DATA WILL IMPROVE THE OVERSIGHT OF COMMUNITY LTSS PROGRAMS. IT IS AMAZING THAT IN THE APPENDIXES THERE IS NO DATA/INFORMATION ON PEOPLE WITH DISABILITIES OR OLDER TEXANS. AN EXAMPLE OF DATA HHSC DOESN'T HAVE BUT WE NEED IS INFORMATION NEEDED TO ADDRESS THE NEW DEPARTMENT OF LABOR COMPANION RULES EXCLUSION. AS WE MOVE TOWARD ALL LTSS COMING UNDER

HHSC SUNSET RECOMMENDATIONS

ADAPT OF TEXAS COMMENTS

MANAGED CARE IT IS ESSENTIAL WE HAVE A WAY TO GET
UNIFORM/CONSISTENT DATA FROM THE HMO's.

RECOMMENDATION 3

MANAGED CARE EXPANSION

AS STARPLUS EXPANDS STATEWIDE, IT IS ESSENTIAL THAT:

- IT INCLUDES NURSING FACILITIES AND ALL OF THE DD PROGRAMS
- PROGRAM PARTICIPANTS ARE ASSESSED WITH A
COMPREHENSIVE FUNCTIONAL TOOL
- SERVICES & SUPPORTS ARE PROVIDED ON FUNCTIONAL BASIS
- ATTENDANTS ARE PAID EQUALLY FOR EQUAL WORK
- PROVIDERS COMPETE ON A LEVEL PLAYING FIELD
- COMMUNITY INTEGRATION QUALITY INDICATORS ENSURES
ACCOUNTABILITY
- UNIFORM/CONSISTENT DATA COLLECTION ACROSS ALL HMO's

AS PRESIDENT REAGAN SAID "TRUST BUT VERIFY"

HHSC SUNSET RECOMMENDATIONS

ADAPT OF TEXAS COMMENTS

COMMUNITY INTEGRATION QUALITY INDICATORS

1. # of people out of nursing facilities/institutions;
2. # of people going into nursing facilities/institutions;
3. # of people getting face to face service coordination;
4. # of people getting phone service coordination;
5. # of people offered consumer directed services;
6. # of people selecting consumer directed services;
7. # of people living in their own home or apartment;
8. # of people living in assisted living;
9. # of people in adult foster care;
10. # of people living in group homes;
11. Availability/use of architectural barrier modifications;
12. Length of time receiving services;
13. Length of time keeping an attendant;
14. System of back up for attendants;
15. Range of wages; \$7.86 - \$15.00
16. Access to durable medical equipment

HHSC SUNSET RECOMMENDATIONS

ADAPT OF TEXAS COMMENTS

Recommendation 13

ADVISORY COMMITTEES

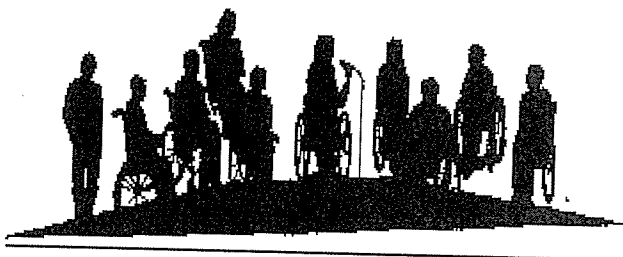
CONSUMER INPUT INTO HHSC'S PROGRAMS AND SERVICES IS ESSENTIAL IF HHSC IS EXPANDED TO COVER MORE THAN IT DOES NOW. ADVISORY COMMITTEES LIKE THE PROMOTING INDEPENDENCE ADVISORY COMMITTEE (PIAC), CONSUMER DIRECTED WORKGROUP (CDW), MANAGED CARE ADVISORY COMMITTEE AND CHILDRENS SERVICES COMMITTEE ARE CRITICAL TO REMAIN. MORE IMPORTANTLY THAN JUST CREATING COMMITTEES IS HOW HHSC DEALS WITH THE INPUT RECEIVED. REPORTS SITTING ON A SHELF WITH NO FEEDBACK ARE USELESS AND A WASTE OF PAPER. EACH ESTABLISHED COMMITTEE SHOULD HAVE AN OPPORTUNITY TO REPORT TO THE HHSC COUNCIL AS A STANDARD AGENDA ITEM.

System Reform (1115 Waiver)

1. Services rather than Programs - Community First Choice Option
2. Single Point of ENTRY - No Wrong Door
3. Functional Assessment—Get what you need, person-centered
4. Unified Contracting
5. Uniform service definitions and rates
6. Service coordination
7. Consumer Directed—Self Determination
8. Competition
9. Capitation
10. Workforce recruitment and retention

REFORM

Long Term Support Services **LTSS**



Funding Streams

Personal Care Option (Primary Home Care)	DAHS
Community Attendant Services	Balancing Initiat
1915 c Waivers	Dual Eligible
Community First Choice Option	Title XX
STAR Plus	State
ICF-MR	Nursing Home

Single Point of Entry

NO WRONG DOOR

ADRC's ILC's AAA's Authorities

FUNCTIONAL ASSESSMENT

Person-Centered
Modular
Service Plan
Service Coordinator

Menu of Services & Supports

Community Based:

Dressing
Bathing
Cognitive Assistance
Therapies
Medical Supplies
Durable Equipment

Residential Based:

Assisted Living
Shared Housing
Small Group Homes
Foster Care
Day Habilitation
Behavioral Supports

Delivery Systems

Agency
SRO
Consumer Directed
Services

Workforce

Recruitment
Retention