

SENATE BILL 7

PPAT Webinar

Tuesday, April 2, 2013

Presented By:

**The Private Providers Association of Texas (PPAT)
Carole Smith, Executive Director**

Welcome

**Get involved in politics as if your life depended on it,
because it does!**

-- Justin Dart



Author & Current Status

- **January 13, 2013:** SB 7 filed by Senator Jane Nelson (Plano).
 - SB 7 replaced SB 57 (Nelson) filed November 12, 2012.
- **January 23, 2013:** Senator Dan Patrick (Houston) signed as co-author.
- **February 26, 2013:** Senate Health and Human Services Committee Hearing.
 - Representative Raymond named to carry SB 7 in the House.
- **March 25, 2013:** Passed by Senate as amended.
- **March 26, 2013:** Received in the House.

Notes:

- 1) HB 2721 (Raymond) filed March 6, 2013; referred to House Human Services March 25, 2013.
- 2) SB 7 to be set for House Human Services Committee hearing as early as April 9, 2013.



Directive and Applicability

- **Directive:** Redesign of IDD service and supports system

- **Applicability**
 - IDD programs included in the transition to a managed care model of care:
 - Community-based ICF/IID
 - HCS Waiver
 - TxHmL Waiver
 - CLASS Waiver
 - DBMD Waiver

 - The transition **DOES NOT** apply to the SSLCs.

 - Nursing Homes included.



Impetus for Bill: Stated and Silent

- **Stated ...**

- Assure more cost efficient service provision
- Provide services to more people
- Improve access to services
- Increase quality of care
- Promote person centered planning

- **Silent ...**

- Achieve budget predictability (eliminate fee-for-service)
- Eliminate number of Medicaid programs under DADS (eliminate 'silos')
- Strengthen assessment and utilization processes



What's New or Has Changed?

- **Timelines for Implementation**
- **IDD Advisory Committee Composition**
- **CFC Provider Qualifications**
- **Service Coordination Designation**
- **Functional Assessment Tool Clarification**
- **Parental Co-pay for Children Removed**
- **Voluntary Pilot Participation & Transition Option Included for Certain Persons**



Transition Initiatives & Timelines

- **Revised timelines under CSSB 7...**
 - **September 1, 2013 (most likely, 9-1-14 to coincide with CFC):** Transfer IDD acute care service management under the State's current Medicaid managed care system (STAR +PLUS)
 - **By October 1, 2013:** Appoint IDD Advisory Committee
 - **As soon as practicable, but not later than 9/1/16:** IDD pilots
[Previously to start as soon as practicable after 9/1/13, but not later than 9/1/14; may only operate for 24 months; must end 9/1/18.]
 - **September 1, 2014:** Implement Community First Choice Option (CFC) [No change]



Transition Initiatives & Timelines

- **Revised timelines under CSSB 7, cont'd...**
 - **Not later than September 1, 2017:** Transfer TxHmL under a managed care model
[Previously not later than 9-1-16]
 - **Not later than Sept. 1, 2020:** Transfer all IDD programs under a managed care model
(Acute care and long term care services and supports)
[Previously not later than 9-1-18]
 - **Not specified – assume not later than September 1, 2013:** Flexible Housing & Behavioral Supports [No change]
 - **Not specified – assume not later than September 1, 2013:** Functional assessment & resource allocation process [No change]



Transition Specifics

- **Acute Care Services...**
 - **Persons medical services managed under STAR +PLUS**
 - ❑ Includes transition of STAR/MRSA under STAR +PLUS (164 counties)

- **IDD Advisory Committee...**
 - **Composition revised to more appropriately reflect and execute committee charge; i.e., persons and entities not relevant to provision of IDD services removed; persons and entities with an interest in and experience with IDD services added.**
 - ❑ Adds at least 3 persons from IDD advocacy organizations
 - ❑ Adds representatives of and SCs or CMs from private and public HCS providers
 - ❑ Removes NorthSTAR representation



Transition Specifics

- **IDD Pilots (by September 1, 2016)...**
 - **Purpose:** Test effectiveness and efficiencies of a managed care (capitated) strategy
 - **Development:** IDD Advisory Committee and Statewide Stakeholder Input
 - **Design:**
 - Allows (not requires) DADS to select one or more private providers
 - Must operate for not less than 24 months
 - Must be conducted in one or more regions selected by DADS
 - Voluntary consumer participation (must be determined by individual or LAR)**

- **Community First Choice (CFC) Option (by September 1, 2014)...**
 - **Authorized under Affordable Care Act; States receive 6% enhanced FMAP.**



Transition Specifics

- **Community First Choice (CFC) Option, cont'd....**
 - **Provision of person-centered home and community based attendant services and supports for Medicaid eligible individuals.**
 - ❑ Other long-term care services through other Medicaid State plans, waivers, etc. not offered under CFC may be provided.
 - **States MUST provide the following:**
 - ❑ Assistance with ADLs, IADLs, and health-related tasks through hands-on assistance, supervision, and/or cueing.
 - ❑ Acquisition, maintenance and enhancement of skills to accomplish above tasks.
 - ❑ Voluntary training on how to select, manage and dismiss attendants.
 - ❑ Backup systems or mechanisms to ensure continuity of services and supports.
(electronic or mobile communication devices, other available technology, personal emergency response systems, and persons identified by the individual)



Transition Specifics

- **Community First Choice (CFC) Option, cont'd...**
 - **Other covered services:** Moving from institution to community, such as security and utility deposits, first month's rent, and basic household supplies.
 - ❑ Room and Board not an allowable cost.

- **CFC Option in Texas via SB 7**
 - **'Attendant' & 'Habilitation' services to about 11,902 persons on current Interest Lists.**
 - ❑ HCS (8,478), CLASS (3,403) and DBMD (21)
 - **'Attendant' services:** Assistance with ADL and instrumental ADL because of a physical, cognitive or behavioral limitation related to a person's disability or chronic health condition.
 - **'Habilitation' services:** Assistance with requiring, retaining or improving skills related to ADL and social and adaptive skills necessary to live and fully participate in the community.



Transition Specifics

- **CFC Option in Texas via SB 7, cont'd...**
 - **Voluntary training for persons or their LAR**
 - ❑ Selecting, managing and dismissing an attendant
 - **Significant Traditional Providers**
 - ❑ HCS, TxHmL or CLASS providers
 - ❑ STP designation applies ONLY for first 3 years of CFC, and ONLY to those certified or licensed on September 1, 2013
 - ❑ MCOs required to contract ONLY with these STPs and ONLY for CFC service provision
 - **Service Coordination**
 - ❑ Provided by LAs under contract with DADS – not with MCOs
 - ❑ LAs may NOT also be a CFC provider.



Transition Specifics

- **Provider, Agency, MCO & LA Roles under CFC Option via SB 7...**
 - **Provider**
 - Contracts with MCO - not DADS
 - Must accept MCO conditions for contracting
 - Must be an HCS, TxHmL or CLASS provider (HCSSA licensed NOT required)
 - **MCO**
 - Must contract with all eligible providers (Significant Traditional Providers)
 - Must adhere to contract requirement ONLY for first 3 years
 - Authority to cancel contracts for non-compliance.
 - **DADS**
 - Conducts licensing surveys and complaint investigations
 - Authority to revoke provider's license



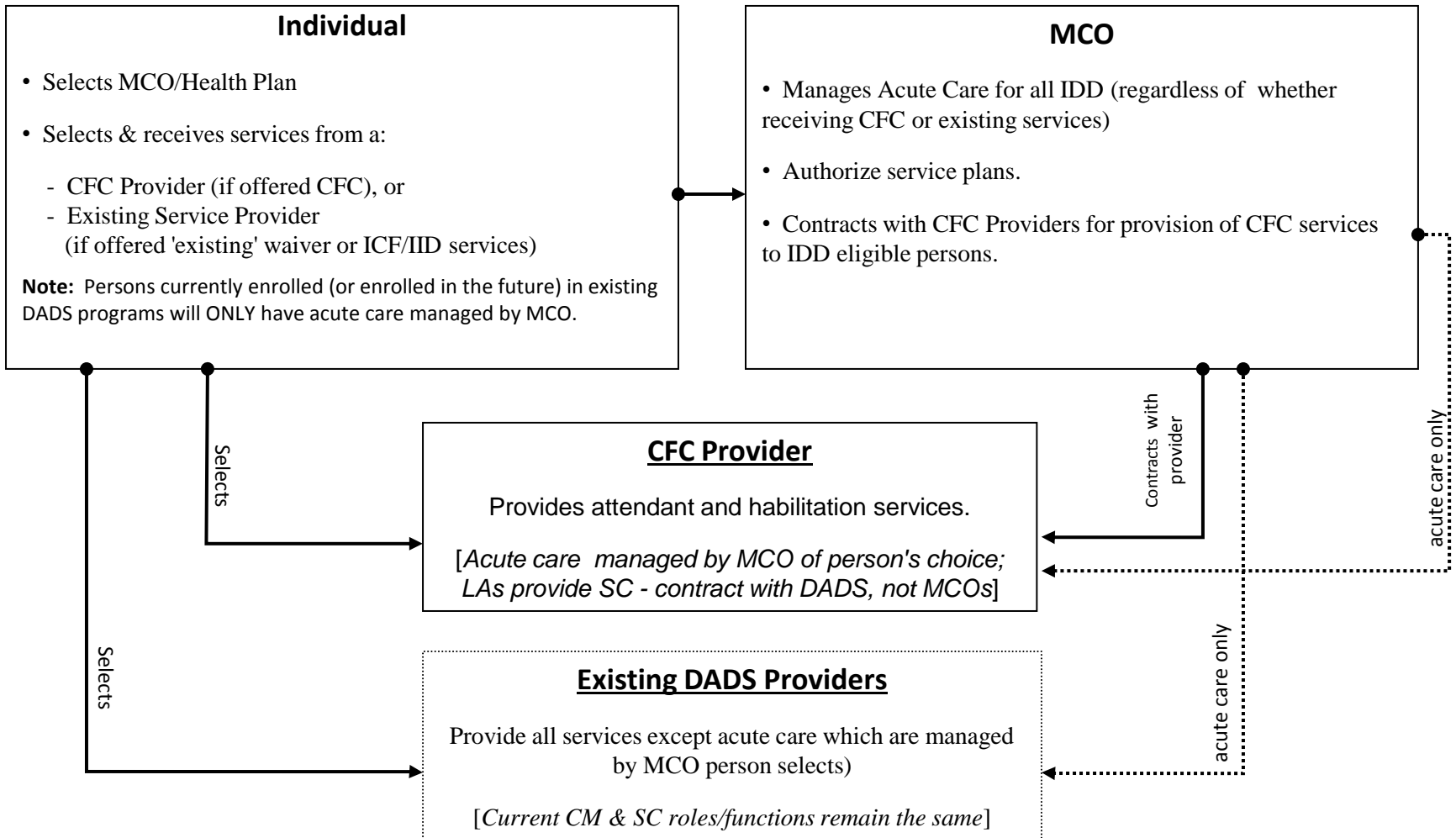
Transition Specifics

- **Provider, Agency, MCO & LA Roles under CFC Option via SB 7...**
 - **Service Coordination**
 - ❑ Conducted by Local Authorities (minimally, assessments and plan development)
 - **Other**
 - ❑ Providers bill MCOs - MCOs have up to 30 days to pay claims.
 - ❑ HHSC sets fee schedules; NO requirement for MCOs to use.
 - ❑ Assess consumer satisfaction and approve & monitor service authorizations & claims



SB 7: Initial (9/1/14) Impact on Individuals

[For CFC and Existing (ICF/IID, HCS, CLASS, TxHmL & DBMD) Services]



Transition Specifics

- **Transfer of TxHmL (not later than September 1, 2017)...**
 - HHSC determination to continue TxHmL or provide all or portion of services via MC model.

 - **Transfer of ICF, HCS, CLASS & DBMD (not later than September 1, 2020)...**
 - **Option 1:** Continue the programs only for purposes of providing:
 - ❑ Supplemental services and supports not available under MC model, or
 - ❑ Services and supports to persons in waivers choosing not to transfer to MC model.
 - OR**
 - **Option 2:** Continue to provide all or portion of services previously **ONLY** available in these programs via MC model.
- Note:** Under Option 2, persons in waiver services may choose to remain in the waiver or receive services via MC model. Latter choice precludes return to previous service model.



Related Initiatives

- **Comprehensive Assessment**

- Applies to HCS, TxHmL, CLASS and ICF-IID
- Requires evaluation of current assessment tools
- Allows use of new tool including evidenced-based, nationally recognized, tool
- Defines 'functional' need (measurement of one's services and supports needs, including intellectual, psychiatric, medical and physical).

- **Resource Allocation Process**

- Prior authorization for residential services - HCS ONLY

- **Housing Options** (permits flexible, low-cost residential options)

- Non-provider owned residential settings
- Rental properties with on-site supports
- Assistance with living more independently



Related Initiatives

- **Access to Behavioral Supports** (subject to availability of funding)
 - Establishes behavioral intervention teams for persons at risk of institutionalization
 - Calls for specialized training for providers, families and 1st responders
 - Requires study to identify crisis intervention programs, evaluate appropriate housing for and developing strategies for serving persons with Prader-Willi Syndrome

- **Medicaid Managed Care Advisory Committee**
 - Restores and expands committee
 - Charged with providing ongoing input to HHSC related to Medicaid managed care



Recap - Concerns Removed

- Mandatory participation of persons in pilots.
- Lack of local safety net to prevent and intervene early in behavioral and other crises.
- Lack of meaningful stakeholder input process.
- Perceived HCSSA license requirement for CFC participation by IDD providers
- Parental co-pay for children.



Concerns Remaining

- Creates another layer of bureaucracy.
- Is silent on the changing service needs of persons over time.
- Transition timelines remain *loose*.
 - ❑ No specified legislative review or decision-making authority.
- Pilots continue to lack clear intent, goals and expected outcomes
 - ❑ No 'apples' to 'apples' comparison
 - ❑ Limited to no valid analysis
 - ❑ Vague reference to compliance requirements (rules, licensing, etc.)
- Excludes critical component of the IDD system; i.e., the SSLCs.



Concerns Remaining

- Does not recognize value of existing provider network (both large and small; expertise and longstanding relationships with families and persons served)
 - ❑ Protections extended to nursing homes not applicable to IDD providers
- Application to ICF-IID community-based program remains somewhat unclear.
- Excludes persons in ICFs-IID from option to remain in ICF or move to STAR +PLUS.
- Ignores MCOs lack of experience with the IDD population.
- **Ignores access to medical care concerns.**
- Lacks sufficient directives to assure MCO accountability.



PPAT Position

- **PPAT Role vs Member Role**
 - **Referee vs Objector (Good Cop vs Bad Cop)**

- **Position (or, MUSTs)**
 - **Assure access to medical care**
 - ❑ Impact on individuals and families (unintended consequences)

 - **Extend protections afforded to persons in waiver services to persons in ICFs-IID**
 - ❑ Voluntary transfer option to MCOs and continuity of care following pilots, **OR**
 - ❑ Carve out community-based ICFs-IID



PPAT Position

- **Position (or, MUSTs), continued...**
 - **Assure stable provider base under STAR +PLUS** (extend nursing home protections to all providers)
 - ❑ Payment not later than 10th day after submission of claims
 - ❑ Establishment of single portal for submission of claims to MCOs
 - ❑ Minimum rates (including rate enhancement) set by HHSC – not MCOs
 - **Assure thoughtful, measured planning**
 - ❑ Tighten transition timeframes
 - **Increase HHSC oversight of MCOs**
 - ❑ Strengthen MCO contracts



Member Action Needed

DOs...

- Update families and persons you serve **NOW!**
- Contact House members **NOW!**
 - Your Representatives
 - House Human Services Committee
- Urge legislative contacts by your families and persons you serve **NOW!**
- Share your concerns with SB 7 and its impact on your services and those served
 - Must be individualized... Your story; your concerns - **NOT** your colleagues' stories.



Member Action Needed

DON'Ts...

- Wait until tomorrow to take action. Begin **TODAY!**
- Assume others will take care of it!

Remember... No action tells legislators you are okay with the proposed change.

A lot of people are waiting for Martin Luther King or Mahatma Gandhi to come back -- but they are gone. We are it. It is up to us. It is up to you.

Marian Wright Edelman



Q & A

Questions & Answers



House Human Services Committee

House Human Services	Room #	Phone #	Fax #	Email
Committee Office	E2.152	512.463.0786	512.463.8981	N/A
Richard Raymond, Chair, Laredo	1W.4	512.463.0558	512.463.6296	Richard.Raymond@house.state.tx.us
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Elliott Naishtat, Austin	GW.16	512.463.0668	512.463.8022	Elliott.Naishtat@house.state.tx.us
Toni Rose, Dallas	E2.302	512.463.0664	512.463.0476	Toni.Rose@house.state.tx.us
Scott Sanford, McKinney	E1.422	512.463.0356	512.463.0701	Scott.Sanford@house.state.tx.us
Scott Turner, Rockwall	E1.318	512.463.0484	512.463.7834	Scott.Turner@house.state.tx.us
+ John Zerwas, Katy	E2.310	512.463.0657	512.236.0713	John.Zerwas@house.state.tx.us

(+) Member also of House Appropriations Committee (Pitts - Chair; Sylvester Turner - V-Chair)

Address for all House Members

The Honorable Full Name:

Texas House of Representatives
P.O. Box 2910
Austin, Texas 78768

Dear Representative Last Name:



Advocacy & Support for Community-Based Services to Texans with Intellectual & Developmental Disabilities

Senate Health & Human Services Committee

Senate Health & Human Services	Room#	Phone #	Fax #	Email
Committee Office	SHB 420	512.463.0370	512.463.9889	N/A
+ Jane Nelson, Chair, Lewisville	1E.5	512.463.0112	512.463.0923	jane.nelson@senate.state.tx.us
+ Bob Deuell, V-Chair, Greenville	E1.704	512.463.0102	512.463.7202	bob.deuell@senate.state.tx.us
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+ Royce West, Dallas	1E.12	512.463.0123	512.463.0299	royce.west@senate.state.tx.us
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(+) Member also of Senate Finance Committee (Williams – Chair; Hinojosa – Vice-Chair)

Address for all Senate Members

The Honorable Full Name:

Texas Senate
P.O. Box 12068
Austin, Texas 78711

Dear Senator Last Name:



Advocacy & Support for Community-Based Services to Texans with Intellectual & Developmental Disabilities

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Immediate Past-President, Donald Taft, Tejas Management Systems, Inc., 361.994.7770

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Phil Haas, Beautiful Abilities, 979.571.4900
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