

**Background:**

Title IV, Chapter 531, Section 531.0235 of the Texas Government Code requires TCDD, jointly with the Texas Office of Prevention of Developmental Disabilities, to prepare a biennial report on the state of services to persons with disabilities in this state. This report is due to the governor, lieutenant governor, speaker of the house of representatives, and commissioner of health and human services no later than December 1<sup>st</sup> of even-numbered years, prior to the beginning of each regular session of the Texas Legislature. The next report is therefore due by December 1, 2010.

Five reports have been submitted by TCDD and TOP to date. TCDD has tailored recommendations in each report to focus on an area that significantly impacts persons with disabilities. Key focus areas of previous Biennial Disability Reports were:

- ✓ Overview of Current Services, Supports, and Needs (2000)
- ✓ Special Focus on Personal Assistance Services (2002)
- ✓ Special Focus on Housing (2004)
- ✓ Employment (2006)
- ✓ The state’s allocation of resources to provide long term services and supports for people with developmental disabilities (2008)

The Council has approved a special focus for the 2010 Biennial Report is: *Representative profiles of the needs and situations of people with disabilities, and their families, who are waiting for services in Texas.*

Staff will review preliminary recommendations for the 2010 Biennial Disability Report with the Committee of the Whole. The Public Policy Committee will also receive an update on the status of Biennial Report activities and may provide additional guidance as appropriate. Final approval of these recommendations will occur at the November Council meeting. Additional information is included in the meeting materials.

**Committee of the Whole**

**Agenda Item 11.**

**Expected Action:**

The Committee of the Whole will review the preliminary recommendations and may provide guidance. No action is anticipated.

**Public Policy Committee**

**Agenda Item 4.**

**Expected Action:**

The Committee will receive an update regarding Biennial Report activities and provide guidance as needed. No action is anticipated.

**Council**

**Agenda Item 16. A.**

**Expected Action:**

The Council will receive a report of discussions of the Committee of the Whole, and of the Public Policy Committee. No action is anticipated.

## 2010 BIENNIAL DISABILITY REPORT RECOMMENDATIONS

### Fiscal and Programmatic Barriers to Consumer Friendly Services

1. Develop and implement a comprehensive plan to reduce the institutional bias in long-term services and support systems by 2018 and redirect funds to community services infrastructure.
2. Address insufficiencies in provider reimbursements that impact the availability and quality of community support services. Specifically:
  - a. Increase rates and expand rate enhancements for community service providers to ensure that providers can recruit, train, and retain quality direct care staff and compete with other employers in the workplace.
  - b. Create a hierarchical structure of reimbursement rates that recognizes case mix, complexity of care, family supports, and individual needs.
  - c. Adjust reimbursement mechanisms to provide incentives for providers to implement innovative approaches in service delivery to improve quality and cost effectiveness.
  - d. Use existing cost data as a basis for increases in payment rates for community agencies to catch up with underlying changes in the cost of doing business in Texas.
  - e. Implement low-cost or no-cost workplace improvements to increase retention of direct care workers.
  - f. Initiate a comprehensive study of community wages and benefits in 2011 and target for completion during 2012.

### Progress toward Individualized Service Delivery Based on Functional Needs

3. Develop specialized programs and services in the community, to meet the identified needs of individuals at risk of institutionalization.
4. Modify the Community Living Options Information Process (CLOIP) to ensure that residents of state supported living centers who express interest in community living arrangements receive appropriate education about, and are able to access community options. Specifically:
  - a. Improve the required documentation of mandated discussions with residents regarding their options for community supports and services, and include documentation concerning supports and services needed to successfully transition to a community setting, efforts to secure those services, and documentation of the reasons for not providing community living arrangements when requested.
  - b. Revise procedures to require local Mental Retardation Authorities to provide choice options to residents in community ICFs/MR and fully reimburse local authority costs to for those activities.
  - c. Expand "transition assistance services" for participants in all HCBS waivers, including the HCS waiver program.

Expand efforts to provide community respite alternatives to avoid reliance on state institutions for support, including an expansion of respite services to include caregivers under the age of 65. Progress in Development of Local Cross-Disability Access Structure

5. Provide sufficient funds to ensure that the Community Safety Net of community support services has the capacity to meet the needs of all individuals with intellectual and development disabilities (ID/DD). Specifically:
  - a. Build capacity and fund the Mental Retardation (MR) safety net services to support individuals with ID/DD in the community. Build capacity and fund the community mental health and substance abuse supports network to deter unnecessary placements in hospitals, criminal justice systems, and nursing facilities.

6. Ensure that individuals are able to receive adequate amounts of needed services, based on their functional needs.
  - a. Amend the eligibility requirements and service array of Medicaid waiver programs to serve individuals who have cognitive/emotional-behavioral/psychosocial disabilities with or without accompanying physical disabilities.
  - b. Update and enhance the assessment of needs by replacing the Inventory for Client and Agency Planning (ICAP) tool with more current protocols such as the Supports Intensity Scale (SIS).
7. Expand services and community living options for youth with disabilities transitioning from education settings to post-education activities.
8. Direct HHSC and its Departments (DADS, DARS, DFPS, DSHS) to develop the infrastructure to collect and share common information about individuals receiving services across access and intake systems at the state and local level.
9. Ensure that individuals with developmental disabilities, including children with special health care needs, are not negatively impacted in efforts to reform the Texas Medicaid system, expand managed care initiatives, and/or restructure the service eligibility infrastructure.

### **Projection of Future Long-Term Care Service Needs**

10. Periodically review and use data on the types of services selected by individuals with disabilities when they are offered Medicaid waiver supports to more efficiently fund future long-term supports based on consumer needs.
11. Develop specialized services and supports to allow individuals with developmental disabilities to age in place following the loss of a family caregiver.
12. Build expertise among service providers to assist individuals with developmental disabilities who are aging and their family caregivers in actively planning for their future long-term care needs.

### **Consumer Satisfaction and Consumer Preferences**

13. Expand options for Self-Directed Services (CDS, SRO) in Medicaid and non-Medicaid programs (including waivers) that provide long-term services and supports including fee-for-service and managed care programs (STAR+Plus). Extend self-directed options to additional services beyond personal assistant services and respite services. Make necessary program changes to allow participants increased control over their individual service budget.
14. Explore quality-improvement strategies such as using self-advocates to provide peer support to consumers to increase safety, prevent abuse and neglect, and improve awareness of community living options.
15. Ensure system-wide participation of people with disabilities and family members on state and local level committees that make recommendations regarding policy and the development and implementation of service programs and allocate resources necessary for representatives to participate in meetings.

### **Serving People in the Most Integrated Setting**

16. Reduce the number of people served at state supported living centers. During the 2010-2018 period, the SSLC population should be reduced to not more than 1,465 individuals for Texas to simply meet the projected nationwide averages.
17. Cease admissions of children to state supported living centers.
  - a. Provide resources to bolster in-home support services for children living at home with families.

- b. Continue and expand efforts to accommodate all children under the age of 22 who are in state supported living centers and seek community placement utilizing mechanisms such as “Money Follows the Person” to provide opportunities for children to leave institutional settings in favor of HCBS alternatives.
  - c. Based on an assessment of risks leading to institutional placement, provide necessary community services to maintain children in the community.
18. Further develop the “Money Follows the Person” initiatives to accommodate a stronger transition of people living in ICFs/MR who prefer to receive services in the most integrated setting.
- a. Expand opportunities for relocation of people with ID/DD living in smaller ICFs/MR of eight beds or fewer.
  - b. Enhance activities to educate individuals with ID/DD who are eligible for Medicaid waiver services and their families about the choices they have for relocating from ICFs/MR.
  - c. Expand and promote opportunities for ICFs/MR providers to transition to supporting individuals in the most integrated setting.

### **Expanding System Capacity**

19. Enroll an average of 4,604 additional individuals each year in HCBS waivers for individuals with ID/DD, increasing the 2006 capacity of 13,999 to approximately 64,085 individuals by 2018 in order to meet the service demand in our state.
20. Expand home-based services as the primary tool for addressing service demand, including consideration of expanding the Texas Home Living (TxHmL) HCBS “supports” waiver.
- a. Enlarge the current TxHmL HCBS waiver program.
  - b. Expand TxHmL to include a broader array of services and a more robust level of services.

### **Strengthening Existing Community Services**

21. Develop a reliable and accurate means for tracking service demand and associated trends.
22. Build capacity and fund the community infrastructure to support individuals with behavioral needs in order to reduce reliance on institutional settings for specialized services and support.

### **Comprehensive 10-Year Plan to Rebalance the Long-Term Services and Supports System**

23. Continue and formalize the redesign of LTSS for people with ID/DD with executive and legislative branch sponsorship and pursue redesign through a collaborative process that engages people with intellectual and developmental disabilities and other appropriate stakeholders as primary constituents of the system.