

Background:

The Public Policy Committee previously approved a schedule to review TCDD's Position Statements every four years. Staff solicited input this quarter regarding proposed revisions from Council members on the following position statements:

- Access to Health Care
- Community Living

Revisions suggested by Council members and/or staff are included in the draft materials.

Public Policy Committee

Agenda Item 5.

Expected Action:

The Committee will review and consider any revisions to recommend to the Council on two Position Statements.

Council Meeting

Agenda Item 7.

Expected Action:

The Council will consider revisions to TCDD Position Statements as recommended by the Public Policy Committee and determine final action.



Access to Health Care Position Statement

The Texas Council for Developmental Disabilities believes that all people, regardless of their disability, age, or ability to pay, should have access to affordable, comprehensive health care. TCDD supports efforts to increase the access and affordability of health insurance for employer groups and its employees and for those not eligible for employer coverage. The Council believes that full access to health care must be based on the following critical principles:

Comprehensiveness - All people, regardless of their disability, age of onset, or age, must have access to a comprehensive, integrated array of health, behavioral health, rehabilitation, personal, and support services across all service categories and sites of service delivery. To be comprehensive, these services should be provided in the context of a medical home, where the clinician works in partnership with the individual and/or family to ensure that all of the medical and nonmedical needs of the patient are met. A medical home is defined as primary care that is comprehensive, accessible, continuous, consumer-centered, coordinated, compassionate, and culturally effective. Through this partnership, the clinician helps the individual and/or family coordinate and access specialty care, educational services, out-of-home care, family supports, and other public and private community services that are important to the overall health of the individual and/or family. In addition to the traditional acute care hospital and physician services, comprehensive health-related services include, but are not limited to the following:

- wellness and preventive services, including services to prevent secondary conditions or a loss of functional ability;
- health promotion/education services;
- diagnostic services;
- long and short term home and community-based services;
- prescription drugs, biologicals and medical foods;
- mental health and counseling services;
- rehabilitation services and specialty care, including audiology, occupational, physical and respiratory therapy, speech-language pathology services, cognitive therapy, vision and hearing care, behavioral therapies, and therapeutic recreation;
- personal assistance services and independent living services; and
- durable medical equipment and other assistive technology devices, equipment and related services.

Choice - All people, regardless of their disability or age, must be assured that comprehensive health, rehabilitation, personal and support services are provided on the basis of individual need, preference and choice which:

- ensure a level of consumer choice in relation to services and providers;
- ensure a range of service settings through an integrated delivery system;
- ensure an appropriate amount, scope and duration of services; and
- ensure the availability of trained personnel.

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Equity - All people, regardless of their disability or age, must be ensured equitable participation in all available health care systems and not be burdened with disproportionate costs. An equitable system:

- limits out-of-pocket expenses and cost sharing requirements;
- provides access to services based on health care need, not income level or employment status;
- ensures adequate reimbursement for service; and
- ensures equity in coverage between mental health and physical health benefits.

Efficiency - All people, regardless of their disability or age, must have access to a comprehensive health care system - including wellness, prevention and treatment services - that provides appropriate, effective, quality services and which minimizes administrative waste. An efficient system:

- reduces administrative complexity and minimizes administrative costs;
- allocates resources in a more balanced way between preventive services, acute care, rehabilitation and chronic care management; and
- maintains effective cost controls so that all people can get the health care services which they need.

Non-Discrimination - All people, regardless of their disability or age, must be able to fully participate in all health care systems and have access to health care services:

- provided in locations and facilities that fully comply with the Americans with Disabilities Act and other applicable accessibility requirements;
- that embrace research that recognizes and includes people with disabilities as a disparity population; and
- that are affiliated with health care training programs which include developmental and mental health disease and best practices.

Transition and Coordination – All people, regardless of their disability or age, must have access to and receive services needed to enable and facilitate sensitive and planned transition and coordination from one health service provider or setting to another, including at least the following situations:

- among primary care and specialty care providers;
- upon discharge from one setting to another, such as from acute inpatient care to less intensive care settings, including to care provided in the home;
- when moving from a pediatric to an adult-serving medical home; and
- when considering and upon entering palliative or hospice care settings.

Reviewed August 6, 2010



Access to Health Care Position Statement

The Council believes that full access to health care must be based on the following critical principles:

Non-Discrimination - All people, regardless of their disability, age, ethnic background, or ability to pay, must be able to fully participate in all health care systems generally available to citizens of Texas. They must have access to health care which:

- complies with the Health Insurance Portability and Accountability Act;
- prohibits rating practices that discriminate against higher users of health care;
- ensures that all persons, regardless of income or health status, have access to needed health-related services;
- ensures continuity and portability of coverage to and from group, individual and government plans; and
- ensures an appeals process when disagreements exist.

Comprehensiveness - All people, regardless of their disability, age of onset, or age, must have access to affordable and available health care programs that ensure a comprehensive array of health, rehabilitation, personal, and support services across all service categories and sites of service delivery. To be comprehensive, these services should be provided in the context of a medical home, where the clinician works in partnership with the individual and/or family to ensure that all of the medical and nonmedical needs of the patient are met. A medical home is defined as primary care that is comprehensive, accessible, continuous, consumer-centered, coordinated, compassionate, and culturally effective. Through this partnership, the clinician helps the individual and/or family coordinate and access specialty care, educational services, out-of-home care, family supports, and other public and private community services that are important to the overall health of the individual and/or family. In addition to the traditional acute care hospital and physician services, comprehensive health-related services include, but are not limited to the following:

- wellness and preventive services, including services to prevent secondary conditions or a loss of functional ability;
- health promotion/education services;
- diagnostic services;
- long and short term home and community-based services;
- prescription drugs, biologicals and medical foods;
- mental health and counseling services;
- rehabilitation services and specialty care, including audiology, occupational therapy, physical therapy, respiratory therapy, speech-language pathology services, cognitive therapy, vision care, behavioral therapies, and therapeutic recreation;
- personal assistance services and independent living services; and
- durable medical equipment and other assistive technology devices, equipment and related services.

(Continued)

Choice - All people, regardless of their disability or age, must be assured that comprehensive health, rehabilitation, personal and support services are provided on the basis of individual need, preference and choice which:

- ensure a level of consumer choice in relation to services and providers;
- ensure a range of service settings through an integrated delivery system;
- ensure an appropriate amount, scope and duration of services; and
- ensure the availability of trained personnel.

Equity - All people, regardless of their disability or age, must be ensured equitable participation in all available health care systems and not be burdened with disproportionate costs. An equitable system:

- limits out-of-pocket expenses and cost sharing requirements for participants to a reasonable non-discriminatory level;
- provides access to services based on health care need, not income level or employment status;
- ensures adequate reimbursement for service; and
- ensures equity in coverage between mental health and physical health benefits.

Efficiency - All people, regardless of their disability or age, must have access to a comprehensive health care system - including wellness, prevention and treatment services - that provides appropriate, effective, quality services and which minimizes administrative waste. An efficient system:

- reduces administrative complexity and minimizes administrative costs;
- allocates resources in a more balanced way between preventive services, acute care, rehabilitation and chronic care management; and
- maintains effective cost controls so that all people can get the health care services which they need.

Reviewed November 3, 2006



Community Living Position Statement

The Texas Council for Developmental Disabilities believes that individuals with disabilities should have access to opportunities and the supports needed to be included in community life, have interdependent relationships, live in homes and communities, and make contributions to their families, communities, the state, and the nation.

Individuals with disabilities must have access to the full range of accommodations necessary to ensure that living in their natural community is possible. These accommodations may take various forms such as personal attendant services, medication monitoring, respite, durable medical equipment, employment services, transportation, and/or minor home modifications. Accommodations may be sustained for either longer or shorter duration or may be of greater or lesser intensity depending on the need of the individual. ~~Examples of accommodations include physical accessibility, attendant services, medication monitoring, supported living, assistive technology and employment services.~~

Services to children should be provided in their natural family setting. When children cannot remain with their natural families, they must be cared for using principles, policies and processes akin to those of permanency planning and have access to family-based alternatives that ensure enduring and nurturing parental relationships.

Adults with disabilities shall exercise choice and control about where, how, and with whom they live. They must be provided with assistance that may be needed to make these choices and to sustain choices regarding community living. Adults should have access to the services and supports they need to live in the community. The state of Texas must allocate the requisite resources to support community living for people with disabilities. In addition, the state must rapidly expand the availability of individualized community options, transition all individuals in state institutions to community living, commit to a transition plan to close state schools and transfer any cost savings to quality community programs. Communities must also be cultivated to ensure local systems foster accessibility within and across all facets of community life, so that maintaining community placement is a feasible outcome for individuals with disabilities.

Reviewed ~~November 3, 2006~~August 5, 2010