

***The Long-Term Care Plan for  
Individuals with Intellectual Disabilities  
and Related Conditions***

As required under Texas Civil Statutes, Article  
4413(502), §19

**Fiscal Years 2014 – 15  
Proposed**

**September 2012**

***Texas Health and Human Services Commission***

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## **Introduction**

Section 533.062 of the Texas Health and Safety Code requires the Long-Term Care Plan for Individuals with Intellectual Disabilities and Related Conditions to be developed prior to each legislative session and adjusted following legislative action on appropriations for long-term care services specific to this population.

HHSC publishes the plan solely to reflect the legislative appropriations for the 1) state supported living centers and licensed/certified community-based intermediate care facilities serving persons with intellectual disabilities & related conditions (ICFs/IID), and 2) the various waiver programs serving individuals with intellectual disabilities and related conditions. Data in this plan represent the average monthly number of persons expected to participate in each service. They do not necessarily represent the number of institutional beds or waiver slots available.

DADS legislative appropriations request (LAR) contains two exceptional items, Promoting Independence and Community Expansion, totaling approximately \$291.6 million in general revenue and \$976.3 million in all funds. The items focus on providing community-based services for aging individuals and those with intellectual disabilities and related conditions.

- Promoting Independence – DADS is requesting funds to:
  - Expand waiver services for transition of 400 persons from ICFs/IID (including state supported living centers);
  - Expand waiver services to support 192 children aging out of foster care;
  - Expand waiver services to support 300 persons at imminent risk of entering an ICF/IID;
  - Expand waiver services to support 100 individuals at imminent risk of entering a nursing facility; and
  - Expand waiver services to support 360 individuals with intellectual and developmental disabilities moving from nursing facilities during the biennium.
- Community Expansion – DADS is requesting an increase in funding to support 9,210 new individuals in DADS community-based services currently on interest lists.

### **COMMUNITY FIRST CHOICE**

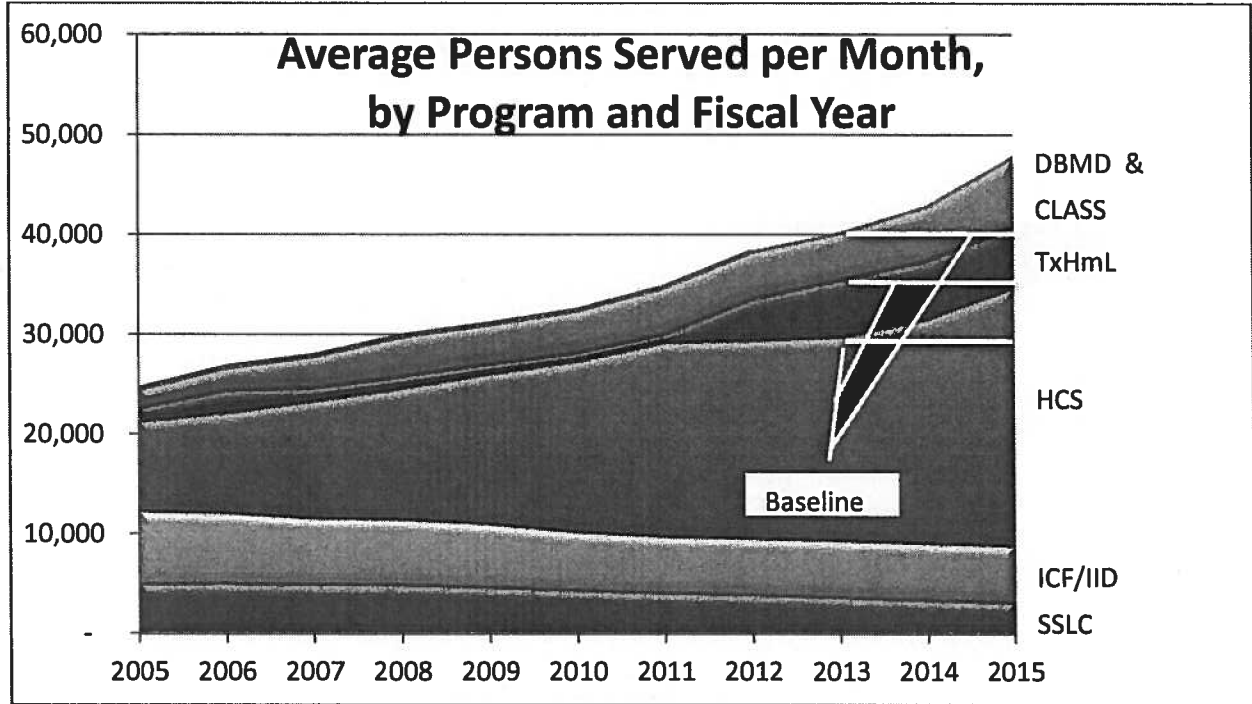
The Community First Choice (CFC) program has potential to change the service system capacity. Currently, Texas provides up to 50 hours per week of attendant care for adults with physical disabilities under its Medicaid state plan through the Primary Home Care (PHC) and Community Attendant Services (CAS) programs. No analogous state plan program exists for individuals with intellectual disabilities or related conditions. Federal law now gives states the option under the CFC to provide Medicaid state plan home and community based attendant services, habilitation and personal emergency response services in exchange for a 6 percent enhanced federal medical assistance percentage (FMAP).

Under federal statute, individuals eligible for CFC must already be eligible for Medicaid under the state plan and meet an institutional level of care. The design and development of this program is under discussion and may provide the opportunity for further increases in service capacity. With CFC, adults with a primary diagnosis of an intellectual or developmental disability currently eligible for Medicaid but not receiving attendant care services would have access to attendant care,

habilitation and personal emergency response services through the state plan. This option may reduce the need for waiver services and may also result in diversion from costlier institutional settings by providing these basic services in the individual's home. Growth in the CFC program is not reflected in this plan.

Figure 1 and Table 1 show historical enrollment changes, plus further changes if DADS exceptional items are approved the legislature.

**Figure 1**

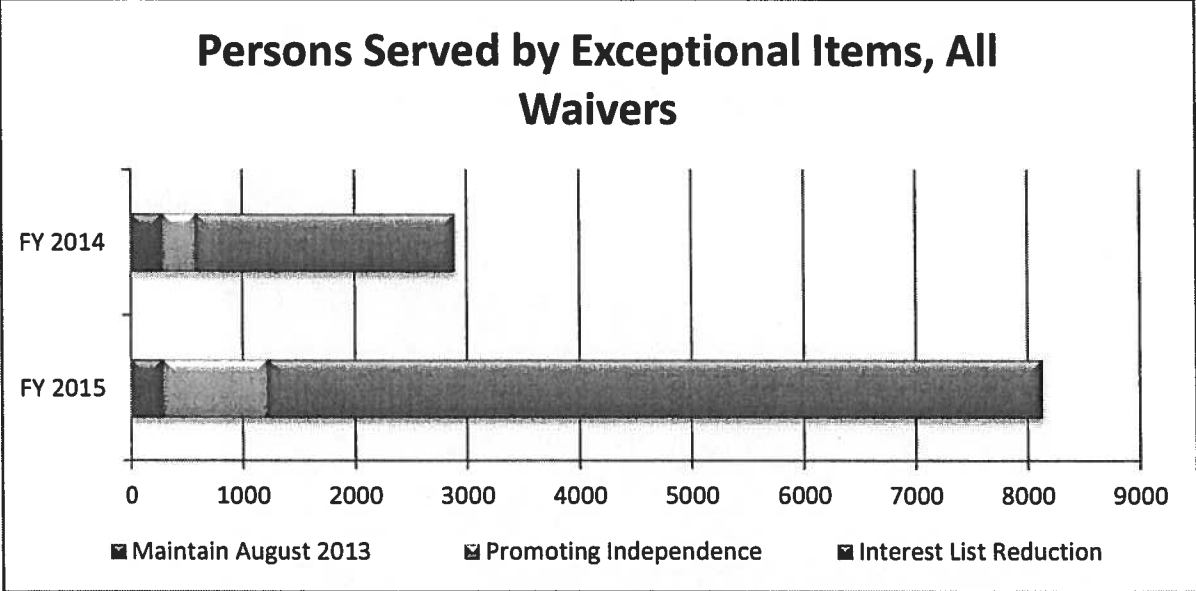


**Table 1 Persons Served, by Program and Fiscal Year**

	Fiscal Year	SSLC	ICF/IID	HCS	TxHmL	CLASS	DBMD	CWP	Total
<i>Historical Data</i>	2005	4,977	7,200	9,040	1,482	1,795	136	177	24,807
	2006	5,007	7,009	10,104	2,331	2,228	148	194	27,021
	2007	4,909	6,608	11,796	1,392	3,113	138	184	28,140
	2008	4,881	6,486	13,202	1,308	3,900	160	199	30,136
	2009	4,627	6,297	15,107	1,052	3,897	152	171	31,303
	2010	4,337	5,778	17,172	914	4,167	153	161	32,682
<i>Budgeted</i>	2011	4,072	5,610	19,485	911	4,630	153	149	35,010
	2012	3,875	5,599	19,893	4,200	4,676	158	154	38,555
<i>At Baseline</i>	2013	3,628	5,625	20,471	5,738	4,655	158	0	40,275
	2014	3,381	5,624	20,511	5,738	4,655	158	0	40,067
<i>All Exceptional Items</i>	2015	3,134	5,624	20,511	5,738	4,655	158	0	39,820
	2014	3,381	5,624	22,492	5,881	5,419	162	0	42,959
	2015	3,134	5,624	25,906	6,168	6,947	170	0	47,949

Figure 2 and Table 2 show the impact of the individual exceptional items on planned service growth.

**Figure 2**



**Table 2 Exceptional Items**

Year	2014	2015
Maintain August 2013	284	284
Promoting Independence	306	937
Interest List Reduction	2,302	6,908
Total	2,892	8,129



**Intermediate Care Facilities for Individuals with Intellectual Disabilities & Related Conditions (ICF/IID)**

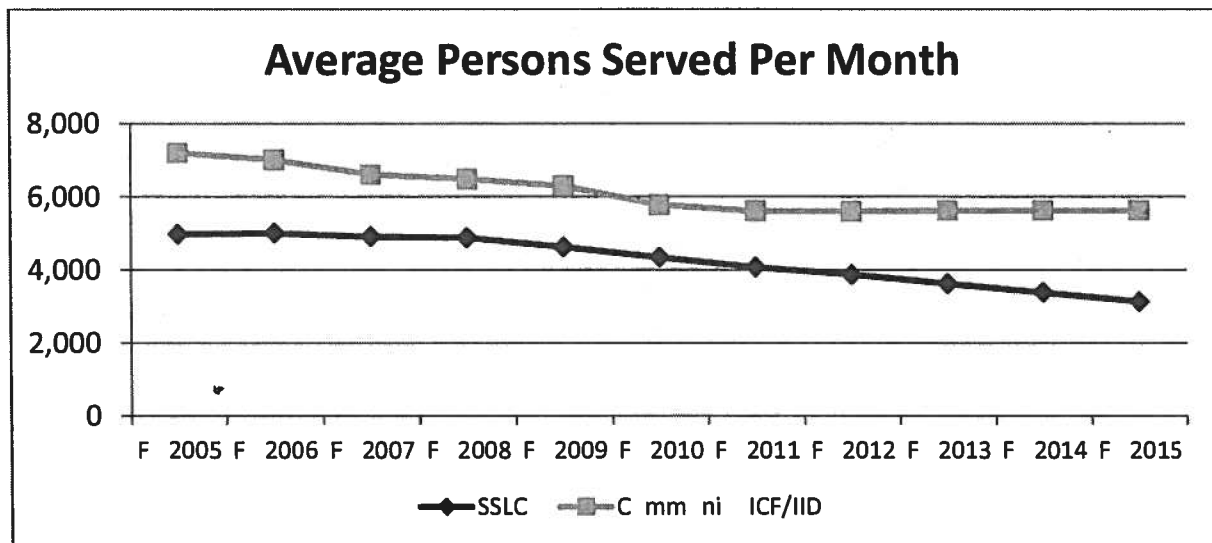
The ICF/IID program is a Medicaid-funded program that provides 24-hour residential services and supports for individuals with intellectual disabilities and related conditions in settings of four or more persons. ICF/IID services are provided in two settings: state supported living centers and community-based facilities.

The primary purpose of the Medicaid ICF/IID program is the provision of health and habilitation services. Provision of active treatment is the core requirement for certification as an ICF/IID. Each facility must comply with federal and state standards, applicable laws, and regulations.

While the number of persons served by the ICF/IID programs has been declining for the past decade, there has been a slight increase in enrollment since the beginning of Fiscal Year 2012. Estimates for 2013 through 2015 reflect this increase. The increase may result from the lack of additional HCS slots. Individuals on the interest list may be choosing ICF/IID services because they are unable to wait for HCS services.

Figure 3 and Table 3 show enrollment, past and future, in the ICF/IID settings.

**Figure 3**



**Table 3 Persons Served in SSLCs and ICFs/IID**

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
<b>SSLC</b>	4,977	5,007	4,909	4,881	4,627	4,337	4,072	3,875	3,628	3,381	3,134
<b>ICF/IID</b>	7,200	7,009	6,608	6,486	6,297	5,778	5,610	5,599	5,625	5,624	5,624

## **Waiver Programs**

Section 1915(c) of the Social Security Act provides that upon federal approval states may "waive" various federal Medicaid requirements to provide an array of support services in the community as an alternative to institutional care. Medicaid expenses for individuals in waiver programs cannot exceed, in the aggregate, Medicaid expenses for institutional services for individuals with similar needs.

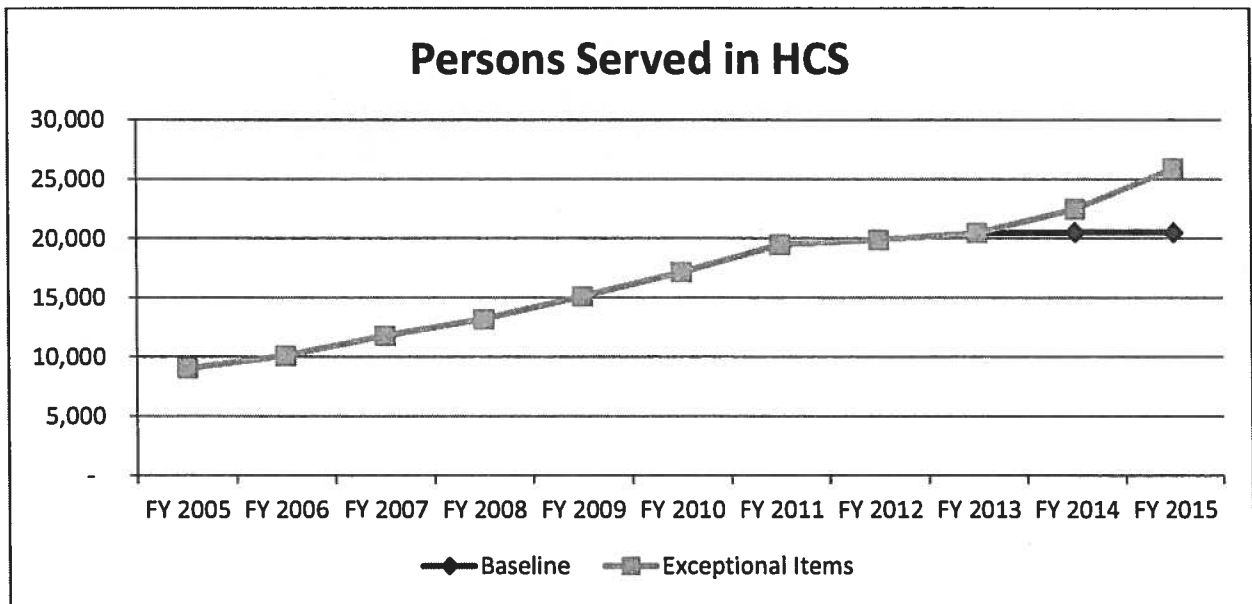
- The 2006-07 General Appropriations Act (Article II, Department of Aging and Disability Services, S.B. 1, 79<sup>th</sup> Legislature, Regular Session, 2005) authorized appropriations for a significant expansion of all waiver programs administered by the Department of Aging and Disability Services (DADS).
- The 2008-09 General Appropriations Act (Article II, Department of Aging and Disability Services, H.B. 1, 80<sup>th</sup> Legislature, Regular Session, 2007) allocated additional funds in D.1.1. Strategy: Waiting/Interest List Reduction in the amounts of \$42,605,333 for fiscal year 2008 and \$130,632,915 for fiscal year 2009.
- The 2010-11 General Appropriations Act (Article II, Department of Aging and Disability Services, S.B. 1, 81<sup>st</sup> Legislature, Regular Session, 2009) authorized appropriations of \$92.5 million for fiscal year 2010 and \$270.8 million for fiscal year 2011 for expanding community based services.

**HOME AND COMMUNITY-BASED SERVICES (HCS) PROGRAM**

The HCS program serves individuals with a primary diagnosis of intellectual disability or related condition who qualify for a Level of Care I. The HCS program provides individualized services and supports for persons living in their family home, their own home, in a foster/companion care setting, or in a residence with no more than four individuals who receive similar services.

Figure 4 and Table 4 show past and future enrollment in HCS, with and without the impact of exceptional items.

**Figure 4**

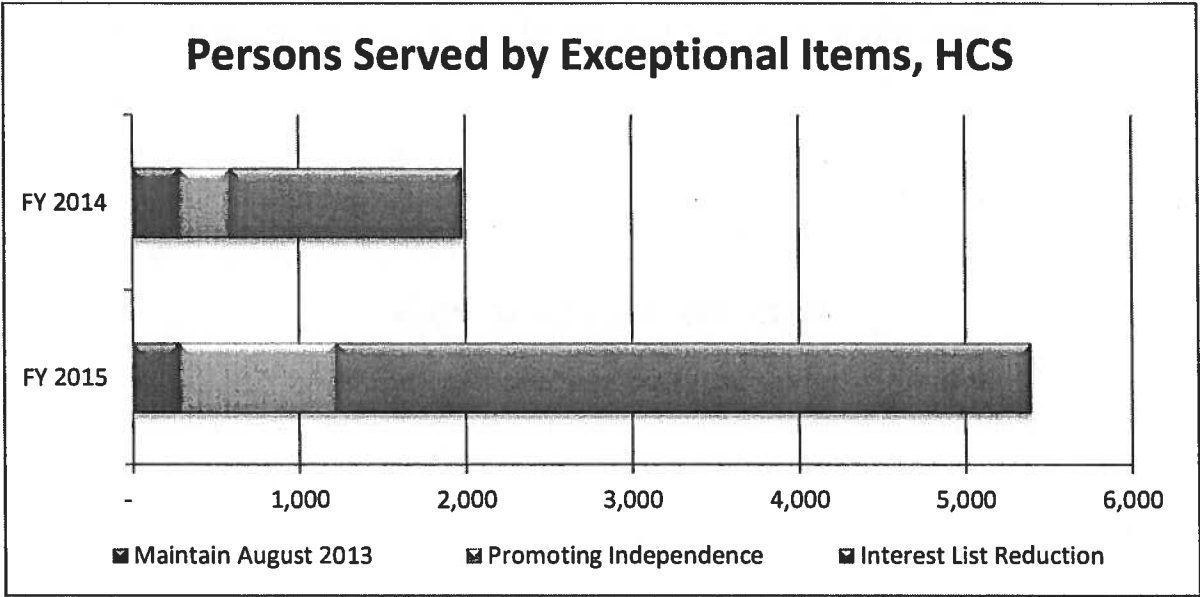


**Table 4 HCS Persons Served**

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
<b>Baseline</b>	9,040	10,104	11,796	13,202	15,107	17,172	19,485	19,893	20,471	20,511	20,511
<b>Exceptional Items</b>	9,040	10,104	11,796	13,202	15,107	17,172	19,485	19,893	20,471	22,492	25,906

Figure 5 and Table 5 show the number of persons served in HCS by each exceptional item.

**Figure 5**



**Table 5 HCS Exceptional Items**

Initiative	2014	2015
Maintain August 2013	284	284
Promoting Independence	306	937
Interest List Reduction	1,391	4,174

**TEXAS HOME LIVING (TxHmL) PROGRAM**

The TxHmL program provides individualized community-based services and supports for individuals with a primary diagnosis of intellectual or developmental disability or related condition who qualify for a Level of Care I. Selected essential services and supports are provided for individuals so they can continue to live with their families or in their own homes.

The sharp increase in the number of persons served by TxHmL beginning in 2012 reflects legislative direction to refinance services formerly provided by local authorities using only general revenue (GR) funds. Individuals who received GR services in the past are now enrolled in the TxHmL waiver which allows federal matching funds to support this as Medicaid program.

Figure 6 and Table 6 show past and future enrollment in TxHmL, with and without the impact of exceptional items.

**Figure 6**

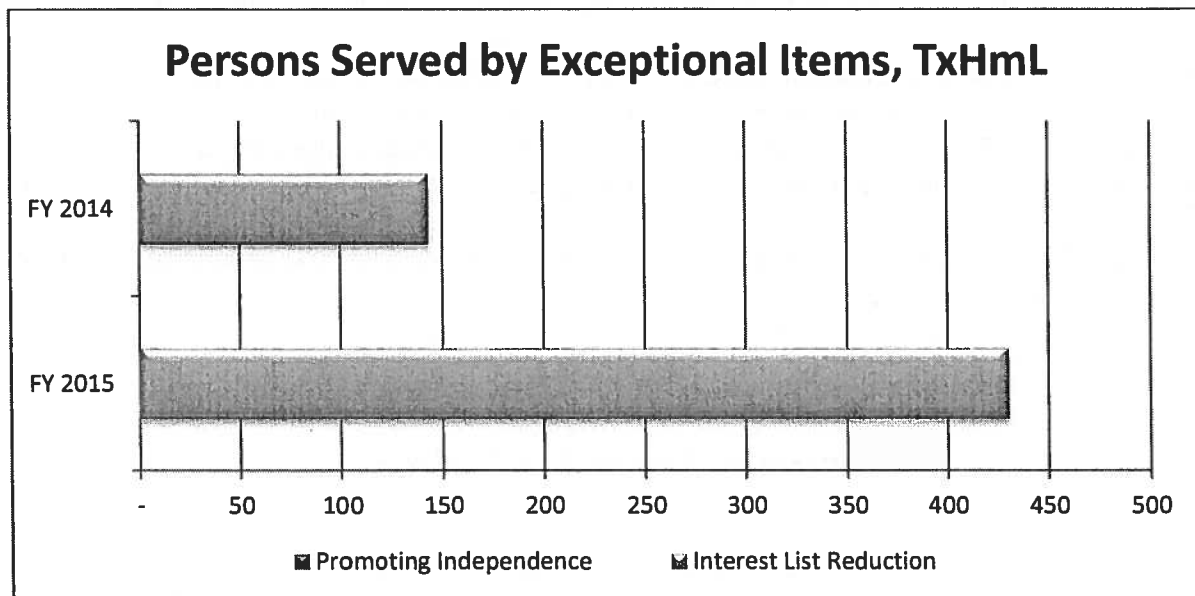


**Table 6 Persons Served in TxHmL**

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
<b>Baseline</b>	1,482	2,331	1,392	1,308	1,052	914	911	4,200	5,738	5,738	5,738
<b>Exceptional Items</b>	1,482	2,331	1,392	1,308	1,052	914	911	4,200	5,738	5,881	6,168

Figure 7 and Table 7 show that the number of persons served in TxHmL is only affected by the interest list reduction item.

**Figure 7**



**Table 7 TxHmL Exceptional Items**

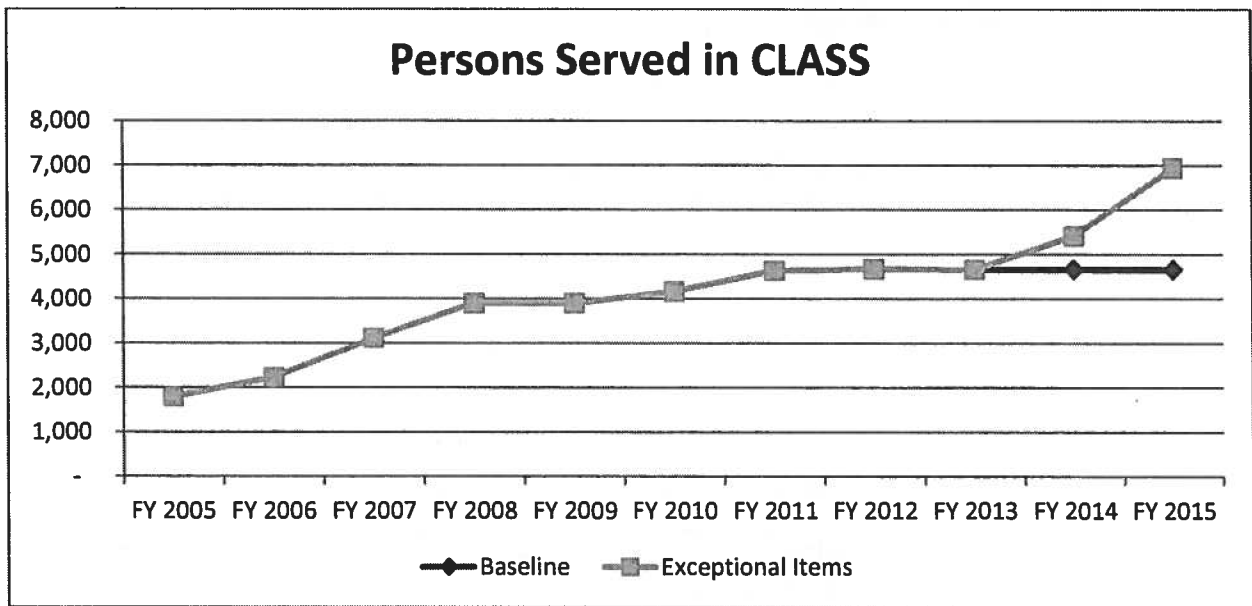
Initiative	2014	2015
Promoting Independence	-	-
Interest List Reduction	143	430

**COMMUNITY LIVING ASSISTANCE AND SUPPORT SERVICES (CLASS) PROGRAM**

The CLASS program provides home and community based services for adults and children with related conditions so they can live with their families or in their own homes as a cost-effective alternative to ICF/IID services. Individuals with related conditions have a diagnosis listed on the DADS Approved Diagnostic Codes for Persons with Related Conditions. The diagnosis must originate before age 22 and limit the individual's ability to perform activities of daily living.

Figure 8 and Table 8 show past and future enrollment in CLASS, with and without the impact of exceptional items.

**Figure 8**

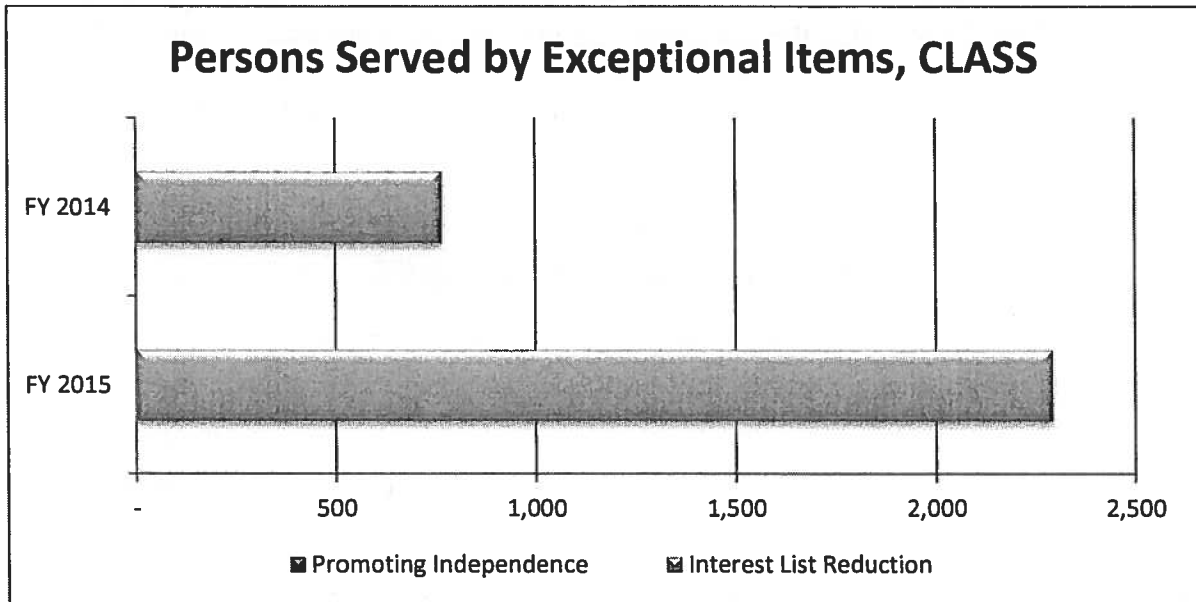


**Table 8 Persons Served in Class**

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
<b>Baseline</b>	1,795	2,228	3,113	3,900	3,897	4,167	4,630	4,676	4,655	4,655	4,655
<b>Exceptional Items</b>	1,795	2,228	3,113	3,900	3,897	4,167	4,630	4,676	4,655	5,419	6,947

Figure 9 and Table 9 show that the number of persons served in CLASS is only affected by the interest list reduction item.

**Figure 9**



**Table 9 CLASS Exceptional Items**

Initiative	2014	2015
Promoting Independence	-	-
Interest List Reduction	764	2,292

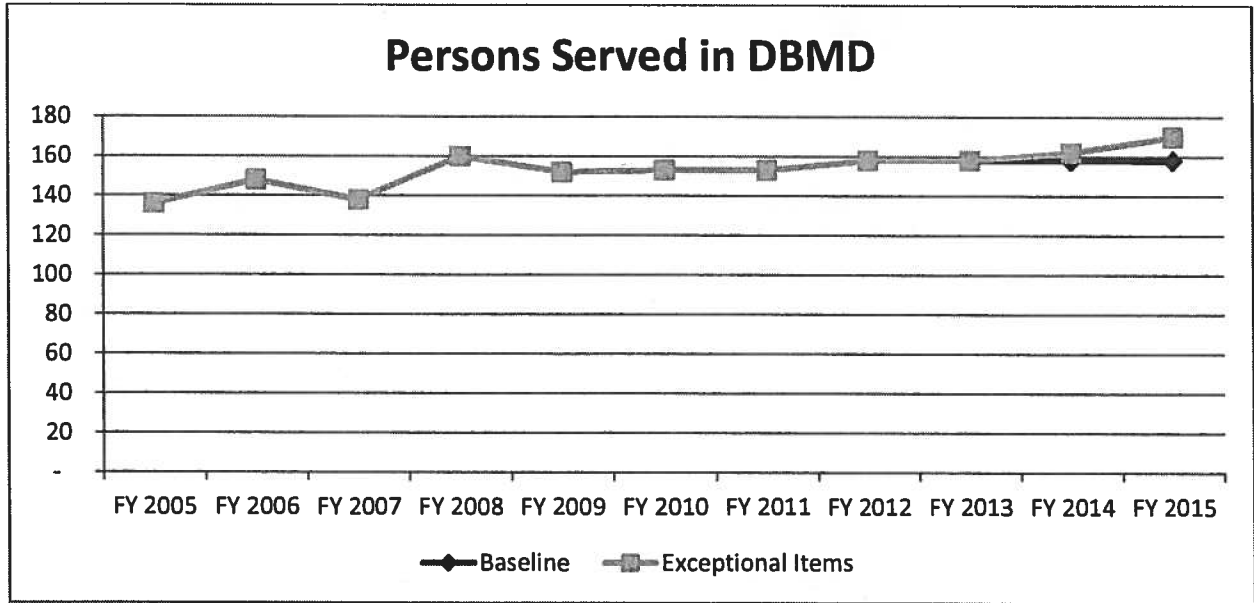


**DEAF-BLIND WITH MULTIPLE DISABILITIES (DBMD) PROGRAM**

The DBMD program provides home and community-based services for individuals who are deaf-blind with multiple disabilities. Individuals live with their families, in their own homes, or in residences with no more than six individuals. The program focuses on increasing opportunities for individuals to communicate and interact with their environment.

Figure 10 and Table 10 show past and future enrollment in DBMD, with and without the impact of initiatives and exceptional items.

**Figure 10**

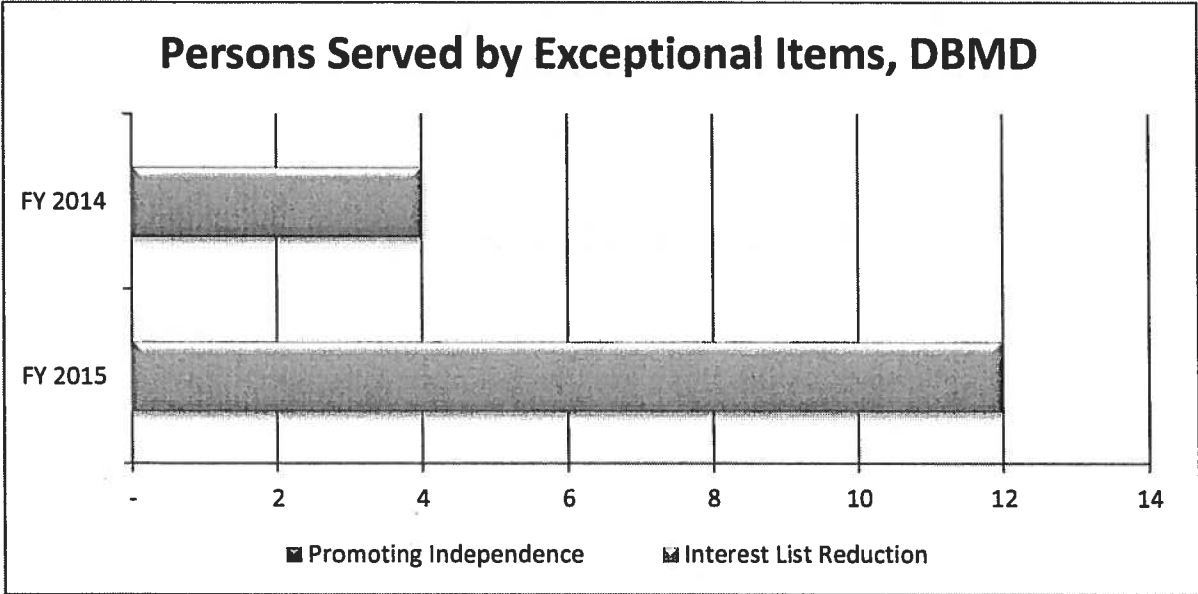


**Table 10 Persons Served in DBMD**

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
<b>Baseline</b>	136	148	138	160	152	153	153	158	158	158	158
<b>Exceptional Items</b>	136	148	138	160	152	153	153	158	158	162	170

As shown in Figure 11 and Table 11, the number of people served in DBMD is only affected by the Interest List Reduction item.

**Figure 11**



**Table 11 DBMD Exceptional Items**

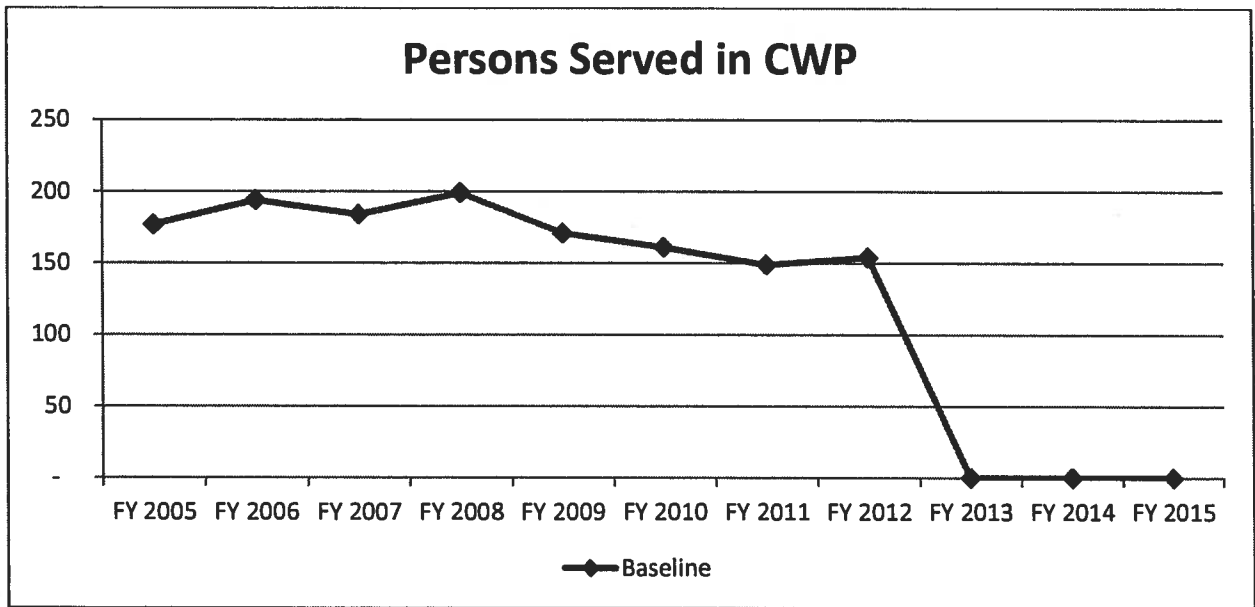
Initiative	2014	2015
Promoting Independence	-	-
Interest List Reduction	4	12

**CONSOLIDATED WAIVER PROGRAM (CWP)**

The Consolidated Waiver Program was a pilot 1915(c) Medicaid waiver limited to Bexar County. The 2010-11 General Appropriations Act (Article II, Department of Aging and Disability Services, S.B. 1, 81st Legislature, Regular Session, 2009) did not re-authorize funding for this program, in effect directing DADS to discontinue the CWP waiver. Individuals receiving services in this program transferred to other waiver programs.

Figure 12 and Table 12 show past and future enrollment in CWP.

**Figure 12**



**Table 12 Persons Served in CWP**

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
<b>Baseline</b>	177	194	184	199	171	161	149	154	-	-	-

