

Background:

A. State Policy Issues

TCDD staff will provide an update regarding recent public policy activities, including an update on legislation and the budget adopted by the 83nd Legislature as well as plans for the upcoming interim.

Discussion topics include:

- Public Policy Recommendations Update
- SB 7
- Budget

B. Update on State Supported Living Center Activities

The Committee will receive an update on the status of funding for Austin State Supported Living Center.

C. Federal Policy Issues

TCDD Public Policy staff will provide an overview of the status and implementation of various federal legislative initiatives that impact people with developmental disabilities.

Committee of the Whole

Agenda Item 5.

Expected Action:

The Committee will receive an update on activity from the Texas Legislature.

Public Policy Committee

Agenda Item 6.

Expected Action:

The Committee will receive updates on these items and may make recommendations for consideration by the Council.

Council

Agenda Item 14. B.

Expected Action:

The Council will receive a report from the Public Policy Committee and consider any recommendations offered from the Committee.

Employment-First

It is the policy of the state that earning a living wage through competitive employment in the general workforce is the priority and preferred outcome for working-age individuals with disabilities who receive public benefits.

Employment-First Policy:

- 1) Affirms that an individual with a disability is able to meet the same employment standards as an individual who does not have a disability;
- 2) Ensures that all working-age individuals with disabilities, including young adults, are offered factual information about employment as an individual with a disability, including the relationship between earned income and public benefits;
- 3) Ensures that individuals with disabilities are given the opportunity to understand and explore options for education or training, including postsecondary, graduate, and postgraduate education, vocational or technical training, or other training, as pathways to employment;
- 4) Promotes the availability and accessibility of individualized training designed to prepare an individual with a disability for the individual's preferred employment;
- 5) Promotes partnerships with employers to overcome barriers to meeting workforce needs with the creative use of technology and innovation;
- 6) Ensures that the staff of public schools, vocational service programs, and community providers are trained and supported to assist in achieving the goal of competitive employment for all individuals with disabilities; and
- 7) Ensures that competitive employment, while being the priority and preferred outcome, is not required of an individual with a disability to secure or maintain public benefits for which the individual is otherwise eligible.

Employment-First Task Force

Health and Human Services Executive Commissioner will establish an interagency Employment-First Task Force, likely the already established Promoting Independence Advisory Council's employment subcommittee, to promote the competitive employment of individuals with disabilities and the expectation that individuals with disabilities are able to meet the same employment standards, responsibilities, and expectations as any other working-age adult.

Purpose of the Task Force

The Task Force will:

- 1) design an education and outreach process targeted at working-age individuals with disabilities, including young adults with disabilities, the families of those individuals, the seven assigned state agencies, and service providers, that is aimed at raising expectations of the success of individuals with disabilities in integrated, individualized, and competitive employment;
- 2) develop recommendations for policy, procedure, and rules changes that are necessary to allow the employment-first policy to be fully implemented; and
- 3) not later than September 1 of each even-numbered year, prepare and submit to the office of the governor, the legislature, and the executive commissioner a report regarding the Task Force's findings and recommendations, including:
 - a. information that reflects the potential and actual impact of the employment-first policy on the employment outcomes for individuals with disabilities; and

- b. recommendations for improvement of employment services and outcomes, including employment rates, for individuals with disabilities based on the reported impact of an employment-first policy that may include:
 - i. recommendations relating to using any savings to the state resulting from the implementation of the employment-first policy to further improve the services and outcomes; and
 - ii. recommendations developed regarding necessary policy, procedure, and rules changes.

Task Force Membership

The executive commissioner will determine the number of members on the Task Force including:

- (1) an individual with a disability;
- (2) a family member of an individual with a disability;
- (3) - (9) 7 agency reps;
- (10) an advocate for individuals with disabilities;
- (11) a representative of a provider of integrated and competitive employment services; and
- (12) an employer or a representative of an employer in an industry in which individuals with disabilities might be employed.

At least one-third of the Task Force must be composed of individuals with disabilities, and no more than one-third of the Task Force may be composed of advocates for individuals with disabilities.

Managed Care Transition for Persons with IDD

Senate Bill 7, as passed by the 83rd Texas Legislature, provides a comprehensive and long range plan for the Medicaid long term services and supports system (LTSS) used by persons with intellectual and developmental disabilities, among others. It is designed to integrate Medicaid medical (acute) and LTSS in an effort to create a more efficient system.

The legislation requires mandatory Medicaid STAR+PLUS (capitated managed care) for all medical benefits unless alternative models (fee-for-service) are more cost-effective or efficient. It is anticipated that STAR+PLUS will be the single system for Medicaid acute medical services for all adults with disabilities. STAR KIDS will be the system for children with disabilities.

SB 7 is a complex mix of provisions with overlapping timelines. The following summary was adapted from multiple sources and is not a comprehensive list of provisions, but an outline of the provisions important to persons with developmental disabilities.

System Transition

STAR+PLUS Statewide Expansion

- HHSC must expand Medicaid STAR+PLUS benefits (both medical and LTSS) for seniors and persons with physical disabilities to all areas of the state no sooner than 9.1.14.
- All recipients of IDD Medicaid waiver services will receive medical services through STAR+PLUS.

Community First Choice (CFC)

- Habilitation/attendant services will become a state plan benefit and will be available to all eligible persons with disabilities in STAR+PLUS
- MCOs must contract with significant traditional providers for at least 3 years - CLASS home and community support services agencies (HCSSAs) and certified HCS/TxHmL providers.
- MCOs must consider IDD Local Authority (LA) assessments and contract with LAs re: service coordination.
- DADS must contract with, and pay, LAs to:
 - provide IDD service coordination to CFC clients with IDD by helping individuals eligible to receive community services, including individuals transitioning to a community setting;
 - provide assessments to the individuals' MCO re: whether the individual needs attendant and/or habilitation services based on functional need, risk factors, and desired outcomes;
 - assist individuals with developing individual plans of care; and
 - provide the MCO and DADS information re: recommended plans of care and outcomes based on the individual's plan of care.
- LAs may not provide CFC attendant or habilitation services.
- LA may subcontract with an eligible person (e.g., a nonprofit) to coordinate services of individuals with IDD receiving CFC services. HHSC must set minimum qualifications to be considered an "eligible person."
- HHSC must submit CFC report to Legislature by 6.1.16.

STAR KIDS

- Establishes Medicaid STAR Kids for children with disabilities.
- STAR Kids requirements: customized benefits; care coordination; improved outcomes and access; cost efficiency; reduce administrative complexity, unnecessary institutionalizations and

potentially preventable events; health home; and coordination with LTSS providers, if children receiving STAR Kids services receive LTSS outside of the MCO.

- HHSC may require STAR Kids care management services to incorporate best practices; integrate with a nurse line; identify enrollees with the greatest need for services; provide a comprehensive evidence-based assessment; be delivered through multidisciplinary care teams throughout the state; identify immediate interventions for care transition; include monitoring and reporting of outcomes; and use innovations in the provision of services.
- Requires continuity of care for children transitioning from STAR Kids to STAR+PLUS.
- HHSC must seek ongoing input from the Children’s Policy Council re: STAR Kids implementation.

MDCP Benefits Transfer to STAR KIDS

- Transitions MDCP benefits into STAR Kids. HHSC and DADS must evaluate the transition and submit annual reports to the Legislature 12.1.16—12.1.20.

IDD Pilots

- Allows HHSC and DADS to implement one or more private provider pilots to test Medicaid managed care strategies based on capitation.
- Requires stakeholder input process.
- DADS must analyze information from pilot providers to make recommendations re: future system design.
- DADS must identify pilot goals and strategies designed to improve outcomes.
- HHSC and DADS must implement pilots by 9.1.16 and operate pilots for at least 24 months (DADS selects regions). Provider may terminate contract before agreed termination date.
- Participation of waiver participants in pilots is voluntary.
- Pilot providers must:
 - coordinate ICF and Medicaid waiver services;
 - work with MCOs to provide integrated service coordination;
 - have a process to prevent inappropriate institutionalizations; and
 - accept risk of inappropriate institutionalizations.
- HHSC and DADS must collect certain pilot data and pilot providers must provide pilot data 30 days before pilots end.
- HHSC and DADS must evaluate IDD pilot progress and outcomes by 12.1.16 and 12.1.17 and submit reports to Legislature.
- Pilot participants must have access to a person-centered plan that identifies outcomes and drives development of the individualized budget.
- HHSC must ensure person-centered planning and continuity of care during transition from a waiver to a pilot.
- Terminates pilots by 9.1.18 unless terminated at an earlier date by provider.

TxHmL → STAR+PLUS

- HHSC must transition the provision of some or all TxHmL benefits to STAR+PLUS by 9.1.17.
- HHSC must determine whether to provide supplemental Medicaid LTSS through TxHmL or some/all TxHmL through STAR+PLUS.
- Requires statewide stakeholder input and continuity of care.
- MCOs must ensure choice of providers; ensure continuity of care re: access to primary care providers (including use of single-case agreements with out-of-network providers); and provide access to a member services phone line.

HCS, CLASS, DBMD & ICF → STAR+PLUS

- HHSC must transition the provision of some or all HCS, CLASS, DBMD, and community ICF benefits into STAR+PLUS by 9.1.20, subject to provisions allowing individuals to remain in their current waivers and allowing HHSC to continue operating the waivers or ICF program only for purposes of providing supplemental LTSS not available in managed care.
 - HHSC must determine whether to:
 - continue operation of waivers or ICF program only to:
 - provide supplemental LTSS through waivers and ICF program, or
 - provide LTSS to individuals who choose to continue receiving 1915(c) waiver services through their current waiver program; or
 - provide some/all LTSS previously available under the waivers or ICF program through STAR+PLUS (subject to provision allowing individuals to continue receiving 1915(c) waiver services).
 - Requires statewide stakeholder input and continuity of care.
 - Individuals receiving Medicaid waiver services can continue to receive LTSS through their waiver. If an individual chooses STAR+PLUS, that individual cannot later choose to receive LTSS under the waiver.
 - MCOs must have expertise serving children and adults with IDD before HHSC transitions individuals with IDD into STAR+PLUS.
 - MCOs must ensure choice of providers; ensure continuity of care re: access to PCPs (including use of single-case agreements with out-of-network providers); and provide access to a member services phone line.
- HHSC must:
 - set minimum reimbursement rates for ICF and HCS group home providers under managed care, including staff enhancement;
 - ensure payment within 10 days of ICF or HCS group home provider submitting a clean claim; and
 - establish a portal for ICF and HCS group home providers to submit LTSS claims.
- HHSC and DADS must evaluate STAR+PLUS transition outcomes and submit a report to the Legislature in September 30, 2018, 2019 and 2020.

Other Provisions

Comprehensive Assessment and Resource Allocation Process - DADS must evaluate existing assessments and implement a comprehensive assessment and resource allocation process for individuals with IDD who receive Medicaid waiver or ICF services (including SSLC services).

Prior Authorization for HCS Group Home - Requires prior authorization process for HCS group home to be developed by DADS in cooperation with IDD system redesign advisory committee.

Flexible Low-Cost Housing Options for Persons with Disabilities

- HHSC must adopt rules to allow for additional housing supports for individuals with disabilities, including individuals with IDD, including:
 - community housing options including the most restrictive settings;
 - provider-owned and non-provider owned residential settings;
 - assistance with living more independently; and
 - rental properties with onsite supports.
- DADS, other state agencies and the IDD system redesign advisory committee must work with public housing entities to expand opportunities for affordable, accessible and integrated housing to meet the complex needs of individuals with disabilities, including individuals with IDD.

- Requires statewide stakeholder input process to ensure the most comprehensive review of opportunities and options for housing services.

Behavioral Intervention Teams - Implements specialized training (including trauma informed care) and one or more BITs for individuals with IDD at risk of institutionalization.

Income Disregards Study - Directs HHSC to study the need for applying income disregards to individuals with IDD receiving Medicaid benefits and submit a report by 1.15.15 to the governor, lieutenant governor, House speaker, and Senate HHS and House Human Services chairs.

DSHS MH Priority Populations and Jail Diversion Strategies

- LMHA may ensure, to the extent feasible, provision of assessment, crisis and intensive and comprehensive services for children and adults experiencing significant functional impairment due to certain mental health disorders. Effective 1.1.14.
- HHSC must amend MCO contracts to require network adequacy

Reports

- HHSC must submit annual report re: **IDD LTSS redesign** implementation and recommendations to Legislature 9.30.14. Final report due 9.30.23.
- HHSC must study **automatic managed care enrollment** and report to Legislature by 12.1.14. Allows automatic enrollment if feasible.
- Requires study of service and support needs of individuals with **Prader-Willi** (including stakeholder input) and report by 12.1.14 re: housing needs, available crisis intervention programs and strategies to serve these individuals
- HHSC and DADS must submit report to Legislature re: **LA role as service provider** 12.1.14.
- Directs HHSC to study the need for applying **income disregards** to individuals with IDD receiving Medicaid benefits and submit a report by 1.15.15
- HHSC must submit **CFC report** to Legislature by 6.1.16.
- HHSC and DADS must evaluate **STAR+PLUS transition outcomes** and submit a report to the Legislature in September 30, 2018, 2019 and 2020.

Stakeholder Input

IDD System Redesign Advisory Committee

- HHSC and DADS must consult with committee on all provisions impacting individuals with IDD.
- Membership: IDD waiver and intermediate care facility (ICF) clients, IDD advocates; managed care and non-managed care providers (primary and specialty care, mental health, LTSS providers, direct service workers); aging and disability resource centers (ADRCs); local authorities (LAs); local mental health authorities (LMHAs); private and public IDD and ICF providers; and managed care organizations (MCOs) that provide IDD services.
- HHSC and DADS must appoint members by 10.1.13.
- Committee abolished 1.1.24.

STAR Kids Managed Care Advisory Committee (MCAC).

- Membership: families of children receiving STAR Kids private duty nursing; providers including at least one private duty nursing provider and one pediatric therapy provider; and other stakeholders as HHSC sees fit.
- Abolishes committee 9.1.16.

New Medicaid MCAC Members

- New Medicaid Managed Care Advisory Committee (MCAC) members: participating providers (not just MCOs); specialty providers; NF attendants; managed care recipients age 65+; managed care recipients with mental illness; managed care mental health providers; and independent living centers, area agencies on aging, ADRCs, LAs, LMHAs, and NorthSTAR.
- Members may also include low-income managed care recipients and recipients with disabilities.
- MCAC must provide ongoing input re: managed care program design and benefits; concerns; service efficiency and quality; contract requirements and network adequacy; trends in claims processing and other issues.
- HHSC must make new MCAC appointments by 10.1.13.
- Requires first MCAC meeting with new members by 12.1.13.
- Requires coordination between MCAC, regional advisory committees and other committees or groups. MCAC to act as a central source of agency information and stakeholder input re: Medicaid managed care implementation and operation.

STAR+PLUS QUALITY COUNCIL

- Establishes the STAR+PLUS Quality Council to advise HHSC on recommendations to ensure individuals receive quality, person-centered, consumer-directed acute care and LTSS in an integrated setting under STAR+PLUS.
- HHSC must appoint members by 10.1.13.
- Membership: HHS agencies, recipients of STAR+PLUS services, advocates, HMOs, providers.
- Council must submit annual reports 11.1.14—11.1.16 to HHSC with analysis of STAR+PLUS acute care and LTSS quality and recommendations.
- HHSC must submit bi-annual reports 12.1.14 and 12.1.16 to the Legislature re: the Council's assessments and recommendations.
- Council abolished 1.1.17.

SB 1

The 83rd Texas Legislature passed and the Texas Comptroller certified SB 1, the 2014-2015 biennial budget. It includes \$94.6 billion in General Revenue, and \$197 billion in All Funds. Combined with the supplemental appropriation, the \$95 billion GR budget is an increase of less than 8 percent compared to 2012-13 GR spending. However, after adjusting for population and inflation, the GR for 2014-2015 is 8.4% below the levels in the 2010-2011 budget. For people with disabilities the budget funds many of the requested health and human services Exceptional Items to restore or expand services. This document includes a summary of the decisions made for selected health and human service programs important for people with developmental disabilities.

Department of Aging and Disability Services (DADS)

Medicaid Waiver Programs

DADS requested funding to provide services to 20% of the persons waiting on HCS and CLASS interest lists who are likely eligible for services, and funding to increase services by 10% over August 2013 caseload levels for the other waivers. As of April 30, 2013, there were 105,032 unduplicated persons waiting on interest lists.

Promoting Independence

The budget fully funds the DADS request for diversions and transitions from institutions into community waiver programs. New this session are HCS services for persons with IDD to transition from nursing facilities and Child Protective Services group homes. The \$28.1M for promoting independence will be used to:

- Transition 400 people from large and medium ICFs into HCS services
- Transition 192 children aging out of foster care into HCS services
- Provide HCS services to 300 persons in crisis to prevent SSLC placement
- Provide CBA services to 100 persons in crisis to prevent nursing home placement
- Provide HCS services to 360 people with IDD in nursing homes
- Provide HCS services to 25 kids living in Child Protective Services group homes

Community Expansion

Waiver	Request	Funded 2014-2015
HCS	5,566	1,324
CLASS	3,056	712
TxHmL	574	3,000
CBA	982	100
STAR+PLUS	1,116	490
MDCP	238	120
DBMD	16	100
Total Svcs	11,548	5,846

Community First Choice

The budget includes a new basic attendant and habilitation service for 11,902 people with IDD that would be delivered by managed care organizations (insurance companies). The new service will be made available to persons with a functional need who are also Medicaid eligible.

Department of Assistive and Rehabilitative Services (DARS)

Early Childhood Intervention

ECI provides services to eligible children with developmental delays that assist them to gain skills or improve development. The ECI request was fully funded to address the increase in the average cost of services that occurred as a result of the 82nd Legislature's decision to narrow eligibility. The budget also includes a rider that makes \$63M of the total ECI appropriation contingent on a requirement that families earning above 400% of the federal poverty level pay 100% of the cost of ECI services. That means that a family of four earning more than \$94,200 would be required to pay approximately \$400 per month for ECI services.

Autism Program

The DARS Autism Program provides intensive, evidence-based treatment to children ages 3-8 with a diagnosis of Autism Spectrum Disorder. The budget funds \$2.4M to establish two additional autism service locations and makes the funding contingent upon a plan to provide services more efficiently to more children.

Comprehensive Rehabilitation Services

Individuals with a traumatic brain injury or spinal cord injury can receive post-acute rehabilitative services in the CRS program. The budget includes added funding to provide CRS services to an additional 103 persons.

Department of Assistive and Rehabilitative Services (DARS)		
Exceptional Items	General Revenue	
	Request	Funded 2014-2015
1. Maintain ECI Current Services	\$10.8M	\$10.8M
2. Expand Autism Services to Unserved Areas	\$4.8M	\$2.4M
3. Expand Independent Living Centers	\$2M	\$0
4. Access to Interpreter Services for the Deaf	\$1.3M	\$700K
5. Deaf & Hard of Hearing Resource Specialists	\$840K	\$200K
6. Comprehensive Rehab Services for 206 persons	\$11.8M	\$5.9M

Independent Living Centers

The Legislature did not fund the DARS request for \$2M for three new ILCs primarily because no evidence was presented to support the request. Instead, a rider was added to require DARS to report on the actual and projected numbers of recipients served by each center and the types of services provided and make recommendations to improve the measurement, collection, and reporting of outcome data related to the centers.

Deaf and Hard of Hearing Services

The legislature funded about 42% of the DARS combined requests for Access to Interpreter Services and Access to Deaf and Hard of Hearing Services.

Department of State Health Services (DSHS)

Children with Special Health Care Needs

The CSHCN program covers services to children with extraordinary medical needs, disabilities, and chronic health conditions needs across the state. The program

pays for medical care, family support services, and related services not otherwise covered. The budget includes an additional \$6.6M.

Department of State Health Services (DSHS) (Cont.)

Mental Health Funding

The budget includes an additional \$154.8M to address mental health. This includes funds to eliminate the adult and children's waiting lists for mental health services.

Department of State Health Services (DSHS)	
Workgroup Initiatives	Funded 2014-2015
Public MH Awareness Campaign	\$1.6M
School-based training for teachers and staff in prevention and early identification of MH.	\$5M
Crisis Services	\$25M
Expand Community MH for 6,242 Adults and 286 Children	\$20M
Youth Empowerment Service (YES) Waiver Statewide Expansion	\$24.4M
Collaborative Public-Private Partnerships	\$25M
Expand Local MH Authorities to Serve Persons Who Are Underserved	\$17M
Expand NorthSTAR to Serve Persons Who Are Underserved	\$6M
Fund MH Services for Veterans	\$4M
1915i Home & Community Based Services Including Rental Assistance	\$20M
10 beds in private residential treatment centers (RTCs) for youth at risk for parental relinquishment of custody to DFPS	\$2.1M
NEW Investment in Mental Health Services	\$154.8M

Health and Human Services Enterprise

Acquired Brain Injury

The budget provides \$2.1M to the Office of Acquired Brain Injury and to increase services and supports for persons with an acquired brain injury.

Attendant Wages

121,000 attendants will receive wage increases. The lowest wages will be raised to \$7.50 per hour in FY 2014 and to 7.86 an hour in FY 2015. The \$88.7M GR appropriation to increase wages also includes \$20 million for provider rate enhancement. The original request was for \$176M for a 50 cent an hour across the board wage increase.

Texas Department of Housing and Community Affairs (TDHCA)

\$3.8M of the \$11.8M appropriated to the Housing Trust Fund will be used to fund the Amy Young Barrier Removal Program. This funding will be available to fund architectural accessibility modifications in individual homes or rental units.



Tx Council/Developmental Dis. Bill Status Report

06-28-2013 - 08:50:18

- Action in the date range - Link to Related Information () - Priority

1. 83R Passed LTSS

SB 7 Nelson, Jane(R)
Raymond, Richard(D) Relating to improving the delivery and quality of certain health and human services, including the delivery and quality of Medicaid acute care services and long-term care services and supports.

Remarks: [**Bill History:** 09-01-13 G Earliest effective date](http://www.t added supported employment and employment assistance to all Medicaid waivers.</p>
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SB 45 Zaffirini, Judith(D)
Naishtat, Elliott(D) Relating to the provision of employment assistance and supported employment to certain Medicaid waiver program participants.

Remarks: Will add supported employment and employment assistance to all Medicaid waivers.

Bill History: 06-14-13 G Earliest effective date

SB 49 Zaffirini, Judith(D)
Burkett, Cindy(R) Relating to transitional living assistance for children with disabilities who reside in general residential operations.

Remarks: Will provide promoting independence for children with developmental disabilities in Department of Family and Protective Services General Residential Operations.

Bill History: 06-14-13 G Earliest effective date

SB 50 Zaffirini, Judith(D)
Guillen, Ryan(D) Relating to the Children's Policy Council, including the composition of the council.

Remarks: Will add a consumer of mental health services, up to 25 years of age, to the membership of the Children's Policy Council.

Bill History: 09-01-13 G Earliest effective date

SB 1226 Zaffirini, Judith(D)
Perez, Mary Ann(D) Relating to the establishment of an employment-first policy and task force that promote opportunities for individuals with disabilities to earn a living wage with competitive employment.

Remarks: Will require Employment First Policy.

Bill History: 06-14-13 G Earliest effective date

2. 83R Passed Education

HB 617 Rodriguez, Eddie(D)
Zaffirini, Judith(D) Relating to transition and employment services for public school students enrolled in special education programs.

Companions: SB 37 Zaffirini, Judith (Identical)
1-28-13 S Introduced and referred to committee on Senate Education

Remarks: Will require an independent school district to designate one staff for transition and employment; collaborate with other state agencies to produce a statewide transition guide; and that transition planning include employment information. Ricky Broussard act. headed to Governor

Bill History: 06-14-13 G Earliest effective date

HB 642 Patrick, Diane(R)
Lucio, Eddie(D) Relating to continuing education requirements for certain educators.

Remarks: Will add continuing education requirements for teachers, counselors and principals. It includes instruction in educating diverse populations, including students with disabilities.

Bill History: 06-14-13 G Earliest effective date

SB 460 Deuell, Bob(R)
Coleman, Garnet(D) Relating to inclusion of instruction in the detection and education of students with mental or emotional disorders in the requirements for educator training programs.

Companions: HB 3224 Coleman, Garnet (Identical)
4-30-13 H Committee action pending House Public Education

Remarks: Requires training in mental health and positive behavior supports for educator training; training for school personnel in early warning signs of suicide and bullying; and the addition of mental health concerns to school health advisory councils.

Bill History: 06-14-13 G Earliest effective date

3. 83R Passed SSLCs

SB 33 Zaffirini, Judith(D)
Naishtat, Elliott(D) Relating to the electronic monitoring of residents at state supported living centers.

Companions: HB 1740 Naishtat, Elliott (Identical)
4-23-13 H Committee action pending House Human Services

Remarks: Will allow an SSLC resident or guardian to install private cameras in private spaces.

Bill History: 05-25-13 G Earliest effective date

SB 34 Zaffirini, Judith(D)
Naishtat, Elliott(D) Relating to the administration of psychoactive medications to persons receiving services in certain facilities.

Companions: HB 1739 Naishtat, Elliott (Identical)
4-30-13 S Referred to Senate Committee on Senate Health and Human Services

Remarks: Will allow an SSLC resident the right to refuse psychoactives unless under guardianship or court ordered with due process.

Bill History: 09-01-13 G Earliest effective date

4. 83R Passed Mental Health

HB 376	Strama, Mark(D) Zaffirini, Judith(D)	Relating to the regulation of child-care providers by the Texas Workforce Commission and local workforce development boards.
	Companions:	<p>SB 1588 Zaffirini, Judith (Identical) 3-19-13 S Introduced and referred to committee on Senate Health and Human Services</p>
	Remarks:	Will improve the child care subsidy system by creating the Texas Rising Star rating for high quality early learning, school readiness preparation and social emotional development.
	Bill History:	09-01-13 G Earliest effective date
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SB 44	Zaffirini, Judith(D) Burkett, Cindy(R)	Relating to maintaining and reporting certain information regarding certain child abuse or neglect cases.
	Remarks:	Will have prohibited the inclusion of parents in the abuse and neglect registry (RAPR) if parents relinquished custody as the only option to access MH treatment. Because DFPS added a fiscal note, substitute removes exclusion of names from the registry; but requires the Council on Children and Families to recommend solutions; requires DFPS to offer joint conservatorship; and requires DFPS and DSHS to implement changes to prevent RAPR.
	Bill History:	09-01-13 G Earliest effective date
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SB 58	Nelson, Jane(R) Zerwas, John(R)	Relating to integrating behavioral health and physical health services provided under the Medicaid program using managed care organizations.
	Remarks:	Will integrate health and behavioral health into Medicaid managed care. Does not include NorthStar.
	Bill History:	09-01-13 G Earliest effective date
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SB 126	Nelson, Jane(R) Davis, John(R)	Relating to the creation of a mental health and substance abuse public reporting system.
	Remarks:	Will require a public reporting system for adult and children's mental health services provided by local mental health authorities, managed care mental health and contractors for substance abuse services.
	Bill History:	09-01-13 G Earliest effective date
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SB 152	Nelson, Jane(R) Kolkhorst, Lois(R)	Relating to the protection and care of persons who are elderly or disabled or who are children.
	Remarks:	A mental health hospital patient safety bill that will require employee training in recognizing and reporting abuse. Adds trauma informed care training and extends the deadline for Inspector General to hire investigators.
	Bill History:	06-14-13 G Earliest effective date

SB 421 Zaffirini, Judith(D) Naishtat, Elliott(D) Relating to the Texas System of Care and the development of local mental health systems of care for certain children.

Companions: [HB 3684](#) Naishtat, Elliott (Identical)
4-19-13 H Committee action pending House Public Health

Remarks: Will expand statewide the Texas Integrated Funding Initiative (TIFI) that integrates state, federal, local and other funds to establish local systems of care for children and youth with complex mental health needs.

Bill History: 09-01-13 G Earliest effective date

5. 83R Did Not Pass

HB 3312 Collier, Nicole(D) Relating to an evaluation of the state supported living center system.

Companions: [SB 1045](#) Rodriguez, Jose (Identical)
3-12-13 S Introduced and referred to committee on Senate Health and Human Services

Remarks: Will require evaluation of SSLCs for closure or consolidation based on proximity to each other; marketability of property; condition of buildings; ease of client transfer and other employment options for employees.

Bill History: 03-19-13 H Introduced and referred to committee on House Human Services

HB 3527 Klick, Stephanie(R) Relating to the criteria and requirements for the closure, consolidation, or consolidation plan of state supported living centers.

Remarks: Will require criteria for closure or consolidation of SSLCs based on costs, census, compliance with federal law and a strategy to minimize adverse effects on community, employees and residents.

Bill History: 03-20-13 H Introduced and referred to committee on House Human Services

HB 3528 Klick, Stephanie(R) Relating to the creation of the State Supported Living Center Realignment Commission.

Companions: [SB 729](#) Rodriguez, Jose (Identical)
2-25-13 S Introduced and referred to committee on Senate Health and Human Services

Remarks: Will establish the State Supported Living Center Realignment Commission comprised of public, agency, parent and community services stakeholders to evaluate and recommend consolidation or closure of SSLCs.

Bill History: 03-20-13 H Introduced and referred to committee on House Human Services

HB 3791 Zerwas, John(R) Relating to the creation of a "Texas" solution to issues related to Medicaid, including flexibility in the administration of the Medicaid program, tailored to the needs of the state.

Bill History: 04-30-13 H Reported from committee as substituted House

Appropriations

SB 32	Zaffirini, Judith(D)	Relating to individuals with intellectual disabilities committed to state supported living centers.
	Remarks:	Will require that an SSLC commitment order expire after 12 months.
	Bill History:	01-28-13 S Introduced and referred to committee on Senate Health and Human Services
SB 41	Zaffirini, Judith(D)	Relating to the administration and provision of consumer-directed services under certain health and human services programs.
	Remarks:	Will add individualized budgeting for the purchase of goods and services - a Consumer Directed Services workgroup recommendation.
	Bill History:	01-28-13 S Introduced and referred to committee on Senate Health and Human Services
SB 115	Williams, Tommy(R)	Relating to a school choice program for certain students with disabilities.
	Companions:	HB 1175 Capriglione, Giovanni (Identical) 2-20-13 H Introduced and referred to committee on House Public Education
	Remarks:	Will allow the use of vouchers for elementary and secondary students with disabilities to attend private special education schools.
	Bill History:	05-02-13 S Placed on the Senate Calendar for
SB 1112	Zaffirini, Judith(D)	Relating to prohibiting organ transplant recipient discrimination on the basis of certain disabilities.
	Remarks:	Will prohibit discrimination based on disability in order to qualify for an organ transplant.
	Bill History:	03-12-13 S Introduced and referred to committee on Senate Health and Human Services
SB 1361	Rodriguez, Jose(D)	Relating to a bill of rights for persons receiving Medicaid long-term services and supports under state benefits programs.
	Remarks:	Will establish a bill of rights for persons receiving Medicaid long-term services and supports.
	Bill History:	04-23-13 S Committee action pending Senate Health and Human Services

- End of Report -

Texas Teachers to Study Mental Health, Positive Behavioral Interventions

June 26, 2013

New state requirements for teacher training and a website developed by a Texas Council for Developmental Disabilities project, Project IDEAL, will complement each other and improve education for students with disabilities. Senate Bill 460, which is effective September 1, requires Texas school teachers to learn about detecting and educating students with mental or emotional disorders and providing positive behavioral interventions and supports. PBIS is a systematic approach to changing behavior.

Under SB 460, college students training to be educators will study characteristics of mental and emotional disorders among children, as well as effective strategies for teaching, intervening with students, de-escalation techniques and PBIS. School districts will also provide training for current teachers, counselors, principals and other personnel about early warning signs of suicide, bullying and the need for early intervention. Additionally, SB 460 instructs school health advisory councils to address mental

health concerns.

“I think SB 460 will greatly benefit all students, not just those with disabilities,” said DeAnn Lechtenberger with Texas Tech University, which redesigned its teacher training program under Project IDEAL (Informing and Designing Education For All Learners) so that students receive comprehensive training on teaching all students in inclusive classrooms. The university also created an accessible website, [Project IDEAL Online](#), to help prepare general education teachers to work more effectively with students who have disabilities.

This website includes training modules on Managing Student Behavior, Classroom Management and many other topics. Additionally, there is a video clip of an interview with a teacher who uses positive behavioral support in her classroom, as well as other

references to PBIS. Other resources include PowerPoint presentations, classroom activities for pre-service teachers and school administrators, sample quizzes, and resource lists.

More teaching videos are planned for the website in July, in a new section on Project IDEAL in Action. These interviews and classroom videos will show teachers in grades K-12 using best practices to help include students with disabilities, including individuals with behavioral issues. Several teachers talk about how they use PBIS to organize their classrooms, publicize their expectations



Under SB 460, college students training to be educators will study characteristics of mental and emotional disorders among children, as well as effective strategies for teaching, intervening with students, de-escalation techniques and PBIS.

and routines, and manage off task behaviors.

“Using PBIS gives teachers more time to teach by using more proactive approaches to discipline and reducing office referrals and negative student behavior,” Lechtenberger explained. “It also takes away many punitive and unnecessary rules, creating a more positive and productive environment so students learn more.”

PBIS can target an individual student or an entire school, as it does not focus exclusively on the student, but also includes changing environmental variables such as the physical setting, task demands, curriculum, instructional pace and individualized reinforcement.

“Under SB 460, teacher education programs will actually be teaching behavior just like any other subject so that students and teachers all know what expectations there are for the classroom, the gym, dismissal procedures, etc. throughout the school day,” described Lechtenberger, who has a doctorate in Special Education Leadership. She currently works at the Burkhart Center for Autism Education and Research at Texas Tech and was a public school teacher in general and special education for 16 years.

SB 460, as finally passed, included three bills. SB 460 filed by Senator Robert Deuell (R-Greenville) with co-sponsor

Senator Judith Zaffirini (D-Laredo) addressed future educator training. Its companion bill was HB 3224 by Rep. Garnet Coleman (D-Houston). Language from HB 3225 by Coleman and its companion SB 1178 by Deuell adds the requirement for training current teachers in early intervention. Additionally, language from SB 1352 by Senator Leticia Van de Putte (D-San Antonio) and its companion HB 2477 by Rep. Carol Alvarado (D-Houston) adds the requirement to include mental health concerns in school health advisory councils. TCDD staff provided input to Senate and House committees regarding SB 460.

TCDD also funded two five-year PBIS projects that ended in May 2013 through the Region 17 Education Service Center. Both projects demonstrated increases in students’ social emotional development; a more critical assessment of self, other people and situations; and fewer referrals, expulsions and suspensions. One project focused on Impacting Disproportionality across all races and ethnicities in all grades and levels of behavior concerns.

The other project, Head Start PBIS, focused on preschool children with developmental disabilities ages 2-5. It provided PBIS training to staff at Head Start programs, early childhood settings, child care settings and pre-school settings, improving their behavior intervention skills and knowledge.

For More Information

- [Project IDEAL Online](#) training modules for teachers on Informing and Designing Education For All Learners
- [SB 460](#) relating to instruction regarding the education of students with mental or emotional disorders
- [OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports \(PBIS\)](#)
- [Positive Behavioral Supports: Information for Educators](#)

Related TCDD Content

- [Public Comment - Senate Committee on Higher Education SB 460](#)
- [Region 17 Education Service Center - Impacting Disproportionality](#)
- [Region 17 Education Service Center - Head Start](#)

Legislature Helps Kids, Adults Obtain Community-Based Services

The Texas Legislature preserved three budget riders this year to help children like Bryan, Joey and Tiffany to obtain Medicaid waivers and live in families, instead of institutions. The Legislature also approved \$28.1 million to help 1,377 individuals move out of facilities in fiscal years 2014 - 2015, new funding to serve 5,846 individuals on interest lists for community-based services, and other Promoting Independence activities. As of April 30, 2013, there were 105,032 persons on the state's interest lists for Medicaid waivers. About 800 children and young adults lived in non-waiver facilities in Texas that have shift staff, as of August of 2012.

Budget Rider 34: Services under a Medicaid Waiver

This budget rider allows the Department of Aging and Disability Services to offer the Home and Community-based Services (HCS) waiver to children and young adults living in nursing homes so they can move into the community. Without this rider, children could not leave a nursing facility unless they were going back home to their family with services from the Community Living Assistance and Support (CLASS) or Medically Dependent Children Program (MDCP) waiver. Since returning home is not an option for many children, like Bryan, access to a Support Family funded by HCS is essential for children to enjoy family life.

Bryan's Story

Bryan is a 10-year-old boy with multiple disabilities and complex medical needs who lived in a nursing home 115 miles away from his family for the first 10 years of his life.

Poverty, distance and language barriers limited his loving parents from being involved in his life. They saw him very little until recently when Bryan had to begin traveling to a dialysis clinic close to their home three days a week.

EveryChild, Inc., a non-profit that works to ensure children with disabilities grow up in families instead of institutions, met with the family to explore how to make family life possible for Bryan. While the family was unprepared to have Bryan re-



After 10 years in an institution, Bryan received help from a legislative budget rider that allows children in nursing homes to get Medicaid waiver services and he lives with a family now.

turn home, they wanted to be more involved in his life and wanted Bryan to live with a family. After careful consideration, his parents chose a Spanish-speaking Support Family, paid for and supervised by an HCS provider, to care for him in their home. The Support Family and Bryan's parents and siblings have become like one big extended family, sharing the ordinary activities of daily life. Without HCS funding, this would not have been possible.

Budget Rider 35: Services under HCS Medicaid Waiver Program

As part of the Promoting Independence Plan since 2001, individuals living in large Intermediate Care Facilities have had the ability to move into the community with the support of the HCS waiver. There are some individuals, however, living in these facilities who do not qualify for HCS based on disability. Rider 35 allows DADS to offer individuals who are 21 or younger another waiver such as the Community Living Assistance and Support Services waiver or the Deaf Blind and Multiple Disabilities waiver if they qualify. EveryChild, Inc., used this rider to help a child move out of an ICF and return home with the support of the CLASS waiver because he did not qualify for HCS. He returned home to live with his mother.

Rider 37: Promoting Medicaid Community Services for Children

This Money Follows the Person rider allows 50 children and young adults, 21 or younger, to move from small and medium Intermediate Care Facilities into the community using the HCS Medicaid waiver for support. The rider has changed the lives of many children, including Tiffany.

Tiffany's Story

Tiffany is a tender hearted, compassionate, social and sweet 22 year old who loves George Strait and hates scary movies. Tiffany has cerebral palsy and an intellectual disability. In August 2010, 19-year-old Tiffany lived in an 8-bed ICF where she had lived since she was 16. EveryChild worked with Tiffany and her grandmother to

explore family based alternatives. Tiffany wanted to live with a family and chose to have Carol become her Support Family. Carol is a special education teacher who is paid and supervised through an HCS provider to care for Tiffany. According to Tiffany's grandmother, "Carol is an absolute godsend. Living with Carol opened up so many avenues for Tiffany. She gets to go places and do things. Tiffany absolutely loves Carol and they have a very close bond. ... It was a perfect match and I am so glad that EveryChild matched us together."

Promoting Independence and Expansion of Community-based Services

The Texas budget for fiscal years 2014 - 2015 includes funding for the state's Promoting Independence Initiative to prevent institutional placement and help individuals transition from facilities into the community using Medicaid waiver programs. In addition to ongoing programs, the budget adds new funding for HCS services for persons with intellectual and developmental disabilities to move from nursing facilities and Child Protective Services facilities.

The budget also includes \$28.1 million for Promoting Independence activities to help 1,377 individuals move out of institutions, including:

- Transition 400 people from large and medium-sized ICF/DD into HCS services
- Transition 192 children aging out of foster care into HCS services
- Provide HCS services to 300 persons in crisis to prevent placement in a state supported living center (SSLC) (See Joey's story, below)



Tiffany obtained HCS waiver services to move out of an intermediate care facility and chose Carol to provide care and be her Support Family.

- Provide Community Based Alternatives (CBA) services to 100 persons in crisis to prevent nursing home placement
- Provide HCS services to 360 people with IDD in nursing homes
- Provide HCS services to 25 children living in Child Protective Services group homes

Expanding Community Services

Additional funding was approved to expand community-based services in FY 2014 - 2015 by providing services for 5,846 additional individuals who are on Medicaid waiver interest lists.

<u>Waiver</u>	<u>New Openings</u>
HCS	1,324
CLASS	712
TxHmL	3,000
CBA	100
STAR+PLUS	490
MDCP	120
DBMD	100

SSLC Diversion Waivers: Joey's Story

About a year ago, EveryChild, Inc., received a call from the social worker at a nursing home for chil-

dren. The mother of an 8-year-old boy was looking at facility placement for her son, Joey. He was not eating, was crying all the time, and was screaming, hitting, kicking and biting his family. Joey had just gotten back from his fourth visit to the emergency room that month for agitation and aggression and his mother said that things were getting worse. The family was in crisis and did not know what to do. The nursing facility staff did not believe that placement in a nursing home was appropriate.

EveryChild helped Joey's mother explore alternatives. She felt the best option was for her son to live with a Support Family and to share parenting of him until she and her husband were able to bring Joey back home. With the assistance of the local IDD authority, the family applied for Home and Community-based Services waiver services for individuals in a crisis situation who are eligible for diversion from a state supported living center.

Joey moved in with a wonderful Support Family funded by HCS and supervised by an HCS provider. His service plan included behavioral supports. Joey flourished and his mother said, "I'm so happy that my little angel Joey is so happy. I am finally seeing a better future for him." Joey recently returned home to live with his parents, receiving HCS services in his home.

Senate Bill 49: Expansion of Promoting Independence Populations

SB 49 by Judith Zaffirini (D-Laredo) adds children living in institutions licensed by the Texas Department of Family and Protective Services as a priority population under the Texas Promoting Independence Plan. The bill, which became effective June 14, 2013, allows children



living in “general residential operations” timely access to Medicaid waiver services to move out of DFPS institutions. The Legislature also appropriated funds under Promoting Independence for 25 children to leave the facilities with HCS waiver services. Last year DADS and DFPS authorized funding for 10 children living in these facilities to move to family settings using HCS, and EveryChild assisted seven of those children, ages 7-16, in moving to families.

For More Information

- [EveryChild, Inc.](#)
- [Budget Rider Helps Children Move Out of Nursing Homes](http://www.tcdd.texas.gov/budget-rider-helps-children-move-out-of-nursing-homes) (Bryan’s Story) at <http://www.tcdd.texas.gov/budget-rider-helps-children-move-out-of-nursing-homes>
- [Texas Promoting Independence Plan](http://www.dads.state.tx.us/providers/pi) at <http://www.dads.state.tx.us/providers/pi>



To avoid admission to a state supported living center, Joey’s family used shared parenting until he could return home.



With the help of a legislative budget rider that allows children living in nursing homes to get a Medicaid waiver, Bryan moved and is now living with a family.

Budget Rider Helps Children Move Out of Nursing Homes

June 24, 2013

Bryan is a beautiful 10-year-old little boy who loves to blow kisses, flirt with whoever is in the room, and yell “Hey” to get attention and then laugh when a person turns around. He is quite fond of saying “I’ll be back,” “Hi,” “Bye” and “Mama.” He has an amazing belly laugh that is contagious. Bryan is also a child with multiple disabilities and complex medical needs who lived in a nursing home for the first 10 years of his life. With the help of a legislative budget rider that allows children living in nursing homes to get a Medicaid waiver, Bryan moved out of the facility recently and is now living with a family.

When Bryan was 4 months old he was admitted to a nursing home. His twin died at birth and the doctors didn’t expect Bryan to survive either. They recommended hospice or transfer to a nursing facility for palliative care. Bryan’s heartbroken family followed the recommendation.

Poverty and language barriers limited Bryan’s loving parents from being involved. They couldn’t afford the travel costs to visit the rural nursing home 115 miles away. His parents often called to check on Bryan, but no one at the facility could speak Spanish.

When Bryan was almost 2 years old, a doctor suggested that he would do well in medical foster care closer to home.

Bryan’s family feared that meant giving up their son. They wanted their son home, but didn’t think they could meet his needs. The family was offered Home and Community-based Services (HCS) waiver services when Bryan was 4, but they declined. It is unclear if they understood what possibilities the Medicaid waiver offered.

Bryan’s family started seeing him more when he was 10 because the nursing facility began to transport him for dialysis to a nephrology clinic near their home. With the clinic’s encouragement, they agreed to talk to someone about the possibility of bringing Bryan home. They contacted the social worker at the

nursing home who called EveryChild, Inc., a non-profit that works to ensure children with disabilities grow up in families instead of institutions.

EveryChild staff met with the family in their home, along with a service coordinator from the local authority who spoke Spanish and learned that they really wanted Bryan to be closer to them but didn't see how it would be possible for him to return home. They needed a bigger apartment, were having trouble getting work, and have two other children. The staff at EveryChild started working with the family to explore waiver services and find other needed resources.

While this was happening, Bryan's dialysis needs increased to three days a week. The nephrology clinic talked to his family about the urgent need for Bryan to be closer to the clinic, but the family was still unprepared to have him return home. EveryChild reintroduced the concept of a Support Family, explaining that another family would care for Bryan while enabling his parents and siblings to be fully involved in his life.

EveryChild introduced Bryan's family to the Spanish speaking director of an HCS provider organization. The director had a potential Support Family who spoke Spanish and lived near the clinic.

Bryan's worried father was only willing to consider the family when he was assured they were not trying to take his son from him.

When Bryan's parents met the Support Family, they hit it off right away. It was clear that the Support Family welcomed Bryan's family's involvement, and the two families agreed to move forward. Careful preparation of the Support Family involved pre-placement visits and training at the nursing home, the nephrology clinic, and the Support Family's home. Funding from the HCS waiver designated for children living in nursing homes made it possible.

The Support Family and Bryan's family have become like one big extended family. They get together every week and share the ordinary activities of daily life, like when Bryan's two dads took him to get his first "big boy buzz" haircut. The care of another family did not mean losing their son; it meant gaining a closer place in his life.

For more information about helping children moving into families, see [EveryChild, Inc.'s website](#).

Budget Rider Makes Shared Parenting Feasible

In 2007, the Texas Legislature added a budget rider to the State's Appropriations Bill, which made it possible for children to move from nursing homes by using the Home and Community-based Services (HCS) waiver. Prior to the passage of the rider, children and young adults under the age of 22 who lived in Texas nursing homes could only access the Community Living Assistance and Support (CLASS) waiver and the Medically Dependent Children Program (MDCP) waiver to help them move to the community. While both of these waivers support children who move home to their families, they do not offer the host home services available in HCS that allow a child to live in a Support Family with Shared Parenting.

Since 2002, there has been a 73% decrease in the number of children and young adults living in nursing facilities. The number of children in Texas nursing homes dropped tremendously when the rider was introduced, from 131 children in 2007 to 63 in 2013. This rider is one of three budget riders that the Texas Legislature preserved this year, to help children move out of institutions. The Texas Council for Developmental Disabilities will provide more information this summer on these budget riders and other new funding to decrease Medicaid waiver interest lists.