Preparing for the IDD Future

One Center’s Approach to Maximizing Resources for IDD Services

*Texana Center*
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Our Sad, Sad Story . . .

- GR reduced 27.9%
- IHFS funding eliminated
- HCS & THL received an additional 1% rate reduction on top of the 2% reduction effective 2/1/11
- HCS Supported Home Living received a 25% rate reduction
- HCS Foster Care hit with a $1.42/day reduction
- New service coordination payment methodology
- MAC moving from TAFI to RMTS
- Large amount of change to our system of care
- Compounded by occurring in a compressed amount of time
Challenges

- Facilitate THL enrollments for 134 individuals
- Meet revenue projections for new THL enrollments to replace GR reduction of $929,858
- Meet performance target: Target reduced by 77, but 134 refinanced resulting in 57 new GR clients to be served
- Serve a growing population
Tool Kit = Data + Data + Data

- Reviewed all services for FY 2011 for all IDD programs
- Authority + Provider =
  - 59% of services to those over age 21
  - 41% of services to those under age 21
- Provider Only Programs =
  - 81% of services to those over 21
  - 19% of services to those under age 21
- Intake and Referral Services =
  - 72% provided to those under the age of 21
- Conclusion: Our service array and funding for programs did not match the demographics/needs of our population
Paradigm Shift

- GR pays for services to individuals based on their needs and preferences
- **Hypothesis**: the distribution of GR dollars on a fee foe service model would increase the capacity in our service delivery system to provide more *services* to more *individuals* and reduce the *waiting list*
- Moved from paying for *programs* to paying for *services to individuals*
- Tested this in FY 2010 with a single program and experienced a 35% increase in the number of services provided with the same level of staff resources
Infrastructure

- Implemented a GR pay source in our data system which assigns a contract payment for each GR service that is provided.
- Modeled the GR rates based on the THL rates where equivalent.
- Used other Medicaid Card and Service Coordination rates as the basis to establish rates for some Authority services.
- Revenue is earned by each program based on the services that are delivered to eligible GR clients.
Authority Infrastructure

- **Service Coordination Units** –
  - Budget based on Capacity and History
  - GR Benchmark for Non-Medicaid Population
  - Medicaid Benchmark

- **Front Door Unit**
  - Benchmark All Human Touch Services
  - Budget GR based on Benchmark

- **Benchmark Examples (Monthly)**
  - Intake – 125 Hours
  - DMRs – 20 DMRs per month
  - Transition – 50 Hours
  - Continuity/Interest List/Outreach – 120 Hours
Authority Role in Paradigm Shift

- Established Internal GR Waiting List – sort by age, location, primary service interest at time of screening
- Analyzed Waiting List and Current Services to provide Provider Services data for decision making – by age, location, diagnosis, program (Waiting List, GR, HCS, TxHmL)
- Assessed Capacity in Existing Programs/Potential for Expansion
- Prioritized DMRs for Immediate Enrollment
- Shortened enrollment period/6wks to 2wks
Wait List Analysis

Enrolled in SC, Waiting for GR Service

- Ages 3-17: 41%
- Ages 18-21: 23%
- Ages 22-59: 34%
- Ages 60+: 2%
Wait List Analysis

DMR Waiting List

- Ages 3-17: 67%
- Ages 18-21: 16%
- Ages 22-59: 15%
- Ages 60+: 2%
**Wait List Analysis**

HCS Waiting List

- Ages 3-17: 52%
- Ages 18-21: 29%
- Ages 22-59: 17%
- Ages 60+: 2%

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Location Analysis by Age/DMR

- Wharton
- Waller
- Matagorda
- Fort Bend 3
- Fort Bend 2
- Fort Bend 1
- Colorado
- Austin

Ages 3-10
Ages 11-15
Ages 16-21
Location Analysis by Age/Enrolled

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Ages 3-10
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IPC Development

- Excluded Authority Services from IPC Authorization
- Established IPC Funding Levels based on Priority Need of Individual
- Developed Internal Appeal Process
- Established implementation schedule
- Designated support staff for entry
- Completed staff training
## IPC Funding Levels

<table>
<thead>
<tr>
<th>Service Package</th>
<th>Maximum Funding</th>
<th>Typical Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior Supports</td>
<td>$12,000</td>
<td>Behavior Supports, Respite, Community Supports</td>
</tr>
<tr>
<td>Day Habilitation</td>
<td>$9,000</td>
<td>Day Habilitation, Respite</td>
</tr>
<tr>
<td>Community Supports</td>
<td>$7,000</td>
<td>Community Supports, Respite</td>
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</table>
Developing Individual Services to Match Demand
Children with IDD in Need of Behavior Supports

- **Crisis Prevention and Intervention – Behavior Improvement Center (BIC) Behavior Supports**
  - Responding to events that are expected to lead to an unstable and dangerous situation affecting an individual
  - Teach the skills needed to be successful and avoid crisis

- **Crisis Stabilization – BIC Community Supports**
  - Generalize across people, places
  - Development of related appropriate behaviors
  - Maintenance over time
Expand and Enhance Existing Program - BIC Behavior Supports

- Applied behavior analysis services by a BCBA
- Short term typically 3-9 months
- Teach appropriate behavior to replace challenging behaviors
  - social skills, self-care, participation in the community, functional communication, toileting, etc.
- Individual sessions with client and parent, 1 ½ hours twice per week
- Setting is in the clinic, stores, restaurants, libraries, home, etc.
- Added small group social skills training weekly
- Expanded from 4 behavior analysis staff in September to 7 behavior analysis staff by May 2012
Typical Behavior Improvement Center Sessions

1. BCBA working with a child

2. BCBA working with a child and parent

3. Parent working with his child
New Program – BIC Community Support

- Crisis Intervention step down to stabilization:
  - generalize across people, places, development of related appropriate behaviors, maintenance over time
- Focus on peer interaction and social skills
- Rosenberg afterschool and summer program for ages 8-12 in serving up to 12 children (October 2011)
- New Stafford after-school program for 6 children (March 2012)
- Wharton summer program
- Expanded CS staff from 1 in 9/2011 to 16 in 4/2012
Behavior Improvement Center - Community Supports

Number of Hours

Months


66  100  150  150  300  400  500
Expanded BIC Locations

- Analysis of need indicated large numbers of clients needing behavior supports in
  - Sugarland / Stafford area
  - Katy / Fulshear
  - followed by more rural areas including Wharton area

- March 2012 opened Sugarland / Stafford Clinic for BS and CS

- June to open Wharton location
Number of Clients Served per Month in BIC

- 9/1/2011: 36
- 10/1/2011: 36
- 11/1/2011: 36
- 12/1/2011: 36
- 1/1/2012: 40
- 2/1/2012: 50
- 3/1/2012: 61

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Adults with IDD

- Identified Adults without Medicaid in need of services.
- Assessed capacity for new enrollments in existing programs.
- Identified those needing GR services who are eligible and can be immediately admitted.
Adults and Children with IDD in Need Respite Services

- **Out of Home Respite**
  - Provided in designated Respite Homes.
  - Families waiting to receive BIC services.
  - Families who need services to prevent placement out of the home.

- **In Home Respite**
  - Provided in the Families Home
  - Families who need flexibility in the utilization of services.
  - Provided by Non-Traditional Providers
Adults and Children with IDD in Need
Respite Services

Expansion of In-Home Respite Services

• Non-Traditional Providers Selected by the Person/Family
• The Non-Traditional Provider is familiar with the needs of the Individual
• The Service is Provided in the Home
• The Service is Directed by the Person/Family
• Provided on an hourly basis.
In-Home Respite

Total Served GR Funded
In-Home Respite

- Total Services GR
  In-Home Respite

Sept  Oct  Nov  Dec  Jan  Feb  Mar  April

- 130
- 125
- 120
- 115
- 110
- 105

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Adults with IDD Transitioning from the School System

• Identified those who are no longer in school and are not engaged in services.
• Identified those at risk for placement.
Adult Day Habilitation Services

- Identified capacity in various locations.
- Partnered with a local non-profit to increase service capacity at one Day Habilitation site.
Adult Day Habilitation

Day Habilitation - Clients Served

- **DH GR Clients**
- **DH TxHmL Clients**

Axis Title

<table>
<thead>
<tr>
<th>Month</th>
<th>DH GR Clients</th>
<th>DH TxHmL Clients</th>
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<tbody>
<tr>
<td>Sept.</td>
<td>37</td>
<td></td>
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<tr>
<td>Oct</td>
<td>66</td>
<td></td>
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<tr>
<td>Nov</td>
<td>43</td>
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Adult Day Habilitation

Day Habilitation - Days of Service

- Days of GR DH Service
- Days of TxHmL DH Service

Graph showing Days of Service from Sept. to April:
- Sept.: 399
- Oct.: 534
- Nov.: 566
- Dec.: 982
Expanded the In-Home Respite Services for the Texas Home Living Waiver using the Non-Traditional Provider Service model.

Developed billable unit benchmarks for hourly services.

- Community Supports/Supported Home Living – 100 hours/ 400 Units
- Employment Assistance/ Supported Employment – 100 hours/ 400 Units
- Behavior Supports – 90 hours/ 360 Units
- Nursing – 70 Hours/ 280 Units
Adult IDD Provider Services Paradigm Shift

IDD Adult Provider Service Hours

- Sept: 1556
- Oct: 1556
- Nov: 1556
- Dec: 1556
- Jan: 1556
- Feb: 1556
- Mar: 2212

IDD Adult Provider Service Hours (2212 hours in March)
The Role of Leadership

• It takes buy-in from the Board and the Executive Management Team.

• It starts with having a strong core team.
  • Texana Center Directors and Managers of IDD Services and the Chief Financial Officer.
  • Meet monthly to review our contract performance, review service data, address challenges, brainstorm, and make changes.
The Role of Leadership

• It means making decisions based upon data.
  • Although the bulk of GR funding was allocated towards Adult IDD Services, our data showed that the majority of the population coming through intake were children in need of behavior support services and respite services.
  • Mid year we made the decision to reallocate GR funds from IDD Adult Services to Children’s services to address the behavior support needs.
The Role of Leadership

• It requires an understanding of the Medicaid Waiver rate structures and knowing how your actual cost of the services for your center compares to the rate.

• It requires building a culture of discipline.
  • Enforcing Benchmarks for Productivity Standards.
  • Enforcing Timely submission of documentation.
  • Regularly review IPC’s and Monitor service utilization.
  • Using financial and service reports to monitor progress and identify challenges and areas of potential growth.

• It requires confronting the brutal facts of your current reality while retaining the faith that you will prevail regardless of the difficulties*. (*In reference to the Stockdale Paradox from the book “Good to Great” by Jim Collins)
Confronting the Brutal Facts of Your Current Reality.

- Meeting GR targets does not mean you will be successful in the competitive market.
- Applying a rate structure to GR services you provide will give you a glimpse at how your center will fare in the competitive market.
- Increasing capacity means changing how you do business and may result in reducing and consolidating programs to increase services.
Knowing when things aren't working and when to try something different.

- We continue to evaluate intake and access services and make changes to insure people have access to available services.
- We know that programs using a non-traditional service provider model are cost effective and allow increased choice to families who prefer to select their own provider.
- We continue look at additional funding sources to pay for services whose rate structure is well below the actual cost (E.g. Day Habilitation).
- We continue evaluate the billable unit benchmarks for services.
Results in IDD Services

- We enrolled 134 people in Texas Home Living between July - December 2011.
- We currently serve 254 people in GR services through IDD Services.
- We are creating new programs and expanding existing programs.
- We have been able to do this despite losing $929,858 in general revenue funds.
Thank You for Attending Our Presentation