

- SUBJECT:** Medicaid waiver services for disabled and special-needs children
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 6 ayes — Gray, Coleman, Delisi, Glaze, Hilderbran, Maxey
0 nays
3 absent — Capelo, McClendon, Uresti
- WITNESSES:** For — Patty Anderson, United Cerebral Palsy of Texas; Kathy Cunningham
Against — None
On — Susan Penfield, M.D., Texas Department of Health
- BACKGROUND:** Medicaid is a health-benefit program for the uninsured poor, elderly, and disabled, paid for by state and federal contributions. For fiscal 2000, the state/federal matching rate will be 38.6/61.4. Federal law allows states to obtain certain waivers from federal requirements.
- Medicaid Section 1915(c) waivers allow states to provide community-based services to people who otherwise would require care in an institution, such as a nursing home, an intermediate care for the mentally retarded (ICF/MR) facility, or a hospital. Section 1915(c) waivers are used for various community services programs in the Texas Department of Health (TDH), Texas Department of Human Services, Texas Department of Mental Health and Mental Retardation, and Texas Rehabilitation Commission.
- Texas now operates eight Section 1915(c) Medicaid waiver programs:
- ! the Medically Dependent Children’s Program (MDCP) for children under age 21 whose disabilities qualify them for skilled nursing care;
 - ! the Community Living Assistance and Support Services (CLASS) program for people with disabilities incurred before age 22 who qualify for ICF/MR care;
 - ! two Home and Community-Based Services (HCS) programs that provide services to people with mental retardation and other developmental

disabilities;

- ! the Deaf, Blind, and Multiply Disabled (DBMD) program for adults over age 18 with multisensory disabling conditions incurred before age 22;
- ! the Community-Based Alternatives (CBA) waiver for adults over age 21 who qualify for nursing-facility care, and a CBA component in the STAR+PLUS pilot program; and
- ! the Mental Retardation-Local Authority (MRLA) pilot project for people with mental retardation and developmental disabilities.

The Texas Health and Human Services Commission (HHSC) is the federally required, designated state agency for the Medicaid program.

The Texas Health Steps Comprehensive Care Program is a Medicaid program administered by TDH that provides medical and dental services for children under age 21 and case management and special equipment and nursing for children who have special health-care needs.

DIGEST:

CSHB 2873 would require HHSC to fully assess children with disabilities and special health-care needs who apply for Medicaid assistance under a Section 1915(c) waiver to determine all the appropriate services available under the Medicaid program, including waiver and nonwaiver programs. The bill also would require HHSC to establish an advisory committee made up of parents of disabled children and appropriate advocacy groups to make recommendations on the delivery of services.

The bill would define “permanency planning” as a philosophy and planning process designed to achieve family support through the facilitation of a permanent living arrangement that has as its primary feature an enduring and nurturing parental relationship.

The bill also would require HHSC to:

- ! ensure that permanency planning is implemented to establish the family support necessary to maintain a child’s permanent living arrangement with the family;
- ! implement a transition and referral process to prevent breaks in services when a child is leaving a Medicaid waiver program, moving between service delivery systems or geographic areas in the state, or changing disability or age status or needs;

- ! identify and provide core services to strengthen and maintain the child's family;
- ! provide for comprehensive coordination and use of available services;
- ! ensure that eligibility requirements, assessments, and other components are fair and equitable for all families;
- ! provide a broad array of service options and a reasonable choice of providers; and
- ! coordinate with the Texas Health Steps Comprehensive Care Program to ensure that services subject to the bill's provisions are cost-neutral and do not duplicate other state services.

The advisory committee would have to provide recommendations to HHSC concerning:

- ! administration and coordination of services to eliminate duplication and gaps in service delivery;
- ! encouraging the use of Section 1915(c) waivers;
- ! policies to ensure a child's access to care when the child ages and loses Medicaid eligibility for services to children;
- ! ensuring that the waiver programs serve the interest of the child and support families; and
- ! evaluating the quality and effectiveness of services.

A member of the advisory committee who was the parent of a child receiving these services would be entitled to reimbursement of travel expenses incurred while conducting the committee's business.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house.

SUPPORTERS
SAY:

CSHB 2873 would give families with severely disabled and ill children better access to available Medicaid services and would help them tailor those services to meet their specific needs. The ideal situation for most children is to live with their family, and this bill will help families who wish to care for their children at home.

Children eligible for Section 1915(c) waivers require constant care and oversight to survive. These waiver programs allow children to receive needed medical and support services at home and help families stay intact, and some

children are eligible for services under more than one program. However, because these programs are offered through several state agencies, coordination of services across programs to meet the child's needs is often lacking and there are inconsistencies in the interpretation of what can be provided for these children.

For example, in one program respite care is available to families with a stay-at-home parent, even if that parent works at home, but such care is not available to families with two working parents who are trying to fully support their families. Respite care — a service, provided either in the home or in a center, that gives parents a break from caretaking so they can attend to other family priorities — is a critical factor in maintaining family cohesiveness because it alleviates some of the stress of caring for a critically ill or disabled child.

Permanency planning also would help families obtain needed services. Not only would it take a comprehensive look at the child's current needs, but it also would consider the availability of services and the child's possible future needs due to aging and the likely progression of any medical conditions. For example, it could help plan for a smooth transition as the child ages from services provided under one waiver targeting services for children, such as the MDCP, to the HCS waiver program, which targets adults.

CSHB 2873 would help the state provide more effective, coordinated services to families without spending additional dollars.

OPPONENTS
SAY:

No apparent opposition.

NOTES:

Major changes made by the committee substitute to the original bill include:

- ! specifying that children receiving these services would have to be younger than 23 years of age;
- ! adding requirements relating to advisory committee recommendations; and

- ! adding the provision that advisory committee members who were parents of children receiving services would be entitled to travel reimbursement

as authorized under the general appropriations act.

HB 2148 by Maxey, which would require HHSC to make the functions of Section 1915(c) waivers as uniform as possible, was considered by the House on second reading on April 27.