

SUBJECT: Requiring HHSC to review bed reallocation for intermediate care facilities

COMMITTEE: Human Services — committee substitute recommended

VOTE: 7 ayes — Frank, Hinojosa, Clardy, Deshotel, Klick, Meza, Noble

0 nays

2 absent — Miller, Rose

WITNESSES: For — Steven Campbell, Breckenridge Village of Tyler

Against — (*Registered, but did not testify*: Dennis Borel, Coalition of Texans with Disabilities)

On — Susan Murphree, Disability Rights TX; Stephanie Allred and Molly Lester, Health and Human Services Commission

BACKGROUND: Health and Safety Code sec. 533A.062 requires the Health and Human Services Commission to biennially develop a proposed plan on the long-term care of persons with an intellectual disability. The plan must specify the capacity of the home and community-based services waiver program for persons with an intellectual disability and the number and levels of new beds in intermediate care facilities to be authorized in each region.

Sec. 531.002 defines "ICF-IID" as a medical assistance program serving individuals with an intellectual or developmental disability who receive care in intermediate care facilities.

DIGEST: CSHB 3117 would require the Health and Human Services Commission (HHSC) to review the statewide bed capacity of community ICF-IID facilities for individuals with an intellectual disability or a related condition and to develop a process to reallocate beds held in suspension by HHSC. This process would be part of the state's long-term care plan for persons with an intellectual disability and could include:

- criteria by which IFC-IID program providers could apply to HHSC to receive reallocated beds; and
- a means to reallocate the beds among health services regions.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2019.

**SUPPORTERS
SAY:**

CSHB 3117 would allow intermediate care facilities to meet the needs of more individuals with intellectual or developmental disabilities by requiring the state to develop a plan to reallocate licensed beds that were out of use. It also would allow intermediate care facilities to maximize their resources and available space by eliminating the prohibitive expense of buying licensed beds under suspension.

Intermediate care facilities face long interest lists for admission due to the statewide scarcity of licensed beds. More individuals could be served by requiring the Health and Human Services Commission to identify the number of beds in suspension and develop a plan for reallocating them. Eliminating the need to buy expensive licensed beds under suspension from other facilities also would help intermediate care facilities utilize existing resources. Eliminating this expense would allow them to redirect their resources to better serve residents, residents' families, and the community.

The bill would help direct the use of beds already licensed by the state for use in intermediate care facilities, a prudent use of state resources. It also would come at no cost to the state because the reallocation process would be developed using funds already appropriated. Although the bill would not directly address the large interest list for the Medicaid community-based waiver program, it would be a first step toward improving access to care for individuals with intellectual or developmental disabilities.

**OPPONENTS
SAY:**

CSHB 3117 would not fully address the lack of services for individuals with intellectual or developmental disabilities because it would focus only on a small part of this population. There is currently a large statewide

interest list for the Medicaid community-based waiver program for individuals with intellectual or developmental disabilities. Because the bill would focus only on the reallocation of beds in a handful of intermediate care facilities, it would not address this larger problem. Instead of focusing simply on beds in suspension, the state should direct its attention toward developing a comprehensive plan on access to community-based services.