

Texas: Home and Community Based Services Spending Plan Narrative



TEXAS
Health and Human
Services

Quarterly Update – September 21, 2023

Quarterly Spending Plan Narrative Update

The Texas Health and Human Services Commission (HHSC) is working internally to ensure appropriate controls are in place to accurately attribute general revenue funds to the increased federal medical assistance percentage (FMAP) and will deposit funds into a specific account as general revenue is accrued. HHSC also continues to work to set up appropriate identification for each project to ensure controls are in place to track all dollars attributable to Section 9817 of the American Rescue Plan Act. HHSC received necessary state approvals before claiming increased FMAP.

On September 21, 2023, HHSC submitted a request to the Texas Legislative Budget Board (LBB) to request necessary approvals to continue the state's HCBS ARPA spending plan and to continue to maintain compliance with maintenance of effort requirements through the spending period. HHSC is awaiting approval from the LBB to continue projects noted in this spending plan.

HHSC is making changes using red-line methodology, rather than highlighting, to ensure clarity. HHSC provides the latest updates available for each project. As Texas spends the state general revenue savings attributable to the increased FMAP, Texas assures CMS:

- The state is using the federal funds attributable to the increased FMAP to supplement and not supplant existing state funds for HCBS in effect as of April 1, 2021;
- The state is using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance and strengthen HCBS under the Medicaid program;
- The state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021 during the expenditure period;
- The state is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- The state is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

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Provider Supports

1. Provider Retention Bonuses

Texas proposes to provide time-limited reimbursement increases aimed at strengthening and stabilizing the HCBS workforce. Providers and provider agencies will be required to use at least 90 percent of these funds for one-time financial compensation for their direct care workforce, including, but not limited to, lump sum bonuses, retention bonuses, and paid time off for a COVID-19 vaccination. Providers eligible for the bonus are direct care attendants delivering: personal care services, self-directed personal care services, rehabilitative providers (day activity and health services under Texas’s state plan), Section 1915(k), direct care and residential services provided in 1915(c) and 1915(i) programs, and nursing services delivered in non-institutional, community-based settings by registered or licensed vocational nurses through a 1915(c), 1915(i), or 1115 waiver HCBS program. Providers would be prohibited from using the funds for other methodologies that will result in future reductions in hourly wages when the temporary reimbursement increases are discontinued.

HHSC continued to ~~review provider compliance with required attestations and~~ process claims from fee-for-service providers who submit claims before the 365-day filing deadline.

**Amount of General Revenue projected: \$266,885,123 million
(\$721,175,047 million All Funds)**

2. Enhance Technology to Support Waiver Providers

Texas is redesigning the long term services and supports (LTSS) delivery system for people with intellectual or developmental disabilities (IDD) or other similar functional needs. Texas proposes to enhance technology that supports providers of LTSS to people with IDD, Local IDD Authorities (LIDDAs), and service coordinators. Texas is migrating aging systems to a more modern platform. This proposal will fund critical functionality to prevent gaps in eligibility or services for individuals enrolled in waiver programs. Enhanced functionality includes automation of reports regarding clients served by the provider and integration of summaries of historical information necessary to ensure there are no disruptions in a person’s care. This will improve provider experience and ensure more efficient service delivery.

HHSC received approval for enhanced funding through approved APD TX-2022-01-11. Enhancements to the system to support providers deployed on July 3, 2023 and maintenance and support for any issues will continue through August.

Amount of General Revenue projected: \$1,312,960 (\$11,891,197 All Funds)

3. Enhance Technology to Support Other LTSS Providers

Texas proposes to enhance the long-term care (LTC) portal used by all community-based services programs. Today, a provider can submit certain eligibility

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assessments or service plans for state review using the state’s LTC portal. If additional documentation is needed to review an individual service plan or some assessments, a provider must mail, fax, or email the documentation directly to state staff. Texas plans to use funds to enhance the LTC portal to allow attachments to be appended to a service plan or assessment directly in the portal. This will improve efficiency for providers and service delivery for recipients by ensuring documentation stays with a plan of care, is appropriately stored, and can be easily retrieved in the future. In addition, funds for this project will be allocated to program the state’s claims system to recognize a new provider type, delivering individualized skills and socialization services described in the “Recipient Support” section of this spending plan. The project will be complete by August 31, 2023.

Texas began implementation assuming the basic administrative match for this activity. Changes needed for implementation of individualized skills and socialization are complete and deployment of enhancements to allow providers to submit attachments directly in the portal **deployed in** July 2023.

Amount of General Revenue projected: \$500,000 (\$1 million All Funds)

4. Support Providers of Mental Health Services in Home and Community Based Settings

Texas proposes to make enhancements to the Youth Empowerment Services waiver and HCBS Adult Mental Health program (AMH is under 1915(i) authority). These program providers have requested technical assistance in recruiting providers of specialized therapy and support services and training. This work, which will be contracted out by the state, will include identifying and recruiting service providers across the state and strategizing with provider agencies to identify innovative solutions to provider shortages, created in part by the COVID-19 public health emergency. Funding would also be used to bring trainings to locations across the state that are convenient for providers to reduce travel costs and time. Trainings will focus on program requirements and specific topics identified by providers and stakeholders such as cognitive behavioral therapy, group and meeting facilitation, and peer support. By funding quality training for needs that are identified in real time, recipients may see improved quality in service delivery. Providing additional training opportunities will also assist provider agencies in recruiting new providers who can continue delivering HCBS-AMH and YES services even after the training initiative has ceased.

HHSC executed a contract in June 2022 with a vendor to develop outreach and recruitment of providers and to develop training modules to support providers. The contractor completed development of training modules and is implementing them statewide by the end of August 2023. HHSC is evaluating adding more training modules and may extend this project through 2024.

Amount of General Revenue projected: \$625,000 (\$1.25 million All Funds)

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5. Increase Technology Use by HCBS Providers of Mental Health Services

Texas proposes to purchase technology for providers in the YES and HCBS-AMH program to increase the availability of remote-delivery for mental health services. With the onset of COVID-19, remote service delivery became commonplace for providers and recipients when the technology existed to deliver services. It was found to be particularly beneficial in rural areas and for people without access to their own transportation or with childcare needs. Texas plans to purchase devices to assist providers in connecting their recipients with needed technology, including tablets and computers for use in both programs. The state will not provide ongoing internet connectivity costs but will provide information about programs which may assist with these costs. The devices will be available to providers for use by enrollees.

HHSC continues to process invoices from providers who purchase technology to ensure remote delivery of services is available. **HHSC anticipates all funds will be spent by the end of December 2024. Amount of General Revenue projected: \$625,000 (\$1.25 million All Funds)**

6. Enhance Efficiency through Electronic Data Interfaces

Texas proposes to fund the development of an electronic data interface (EDI) between the LIDDAs and the LTC portal. LIDDAs provide service coordination to individuals with IDD in the community and in some Medicaid waiver programs. Each LIDDA chooses their systems and software to complete assessments, develop services plans, and store documentation. There is not an electronic data interface (EDI) with the state's LTC portal and LIDDA's systems. As a result, service coordinators who enter information in the LIDDA's system must manually enter the same information in the state's LTC portal. Funds will be distributed in grants to LIDDAs to allow them to build an EDI with the LTC portal, gaining efficiencies as dual entry into multiple systems will no longer be necessary. State resources are allocated in an existing project to build the EDI in the state's LTC portal. The development of an EDI will reduce manual work for service coordinators, creating efficiencies in their work processes and allowing staff more time to work directly with the clients they serve. This project includes \$2.145 million in state general revenue to support changes to LIDDA systems. This project also includes the changes needed to the state MMIS system to interface with the LIDDAs. HHSC plans to submit an Advanced Planning Document for the MMIS changes for this project, requesting enhanced federal funding. HHSC estimates requesting \$3,624,741 in federal funds to match \$417,796 in state general revenue for this purpose.

Texas received approval for enhanced federal funding for the state system updates through APD TX-2022-06-29. HHSC provided funding to LIDDAs to support system changes they need to make to interface with the state's system. Work on the state's system is paused as HHSC evaluates vendor transition and turnover of the state's current MMIS vendor and moves towards new MES vendors.

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Amount of General Revenue projected: \$2,562,796 (\$6,187,536 All Funds)

Recipient Supports

7. Implement Individualized Skills and Socialization

To comply with federal HCBS settings requirements, Texas proposes to create a new benefit available in the Home and Community based Services (HCS), Texas Home Living (TxHmL), and Deaf-Blind with Multiple Disabilities (DBMD) 1915(c) waiver programs called individualized skills and socialization (ISS). This service will provide on and off-site, activities to develop skills and gain greater independence, socialization, community participation, or an individual's future employment or volunteer goals identified in their person-centered plan. HHSC plans to implement ISS by March 1, 2023.

Individualized skills and socialization became available on January 1, 2023 and fully replaced day habilitation in waiver programs effective March 1, 2023. HHSC intends to continue to support this new service using HCBS ARPA state general revenue through March 31, 2025.

Amount of General Revenue projected: \$35 million (\$91 million All Funds)

8. Provide HCBS Services to More Texans

Texas proposes to fund additional slots in Medicaid HCBS waiver programs. Specifically, Texas seeks to add the following number of slots to the respective programs:

- Home and Community-based Services- 1,686
- Texas Home Living- 776
- Community Living Assistance and Support Services- 686
- STAR+PLUS HCBS- 107
- Medically Dependent Children Program- 42
- Deaf-Blind with Multiple Disabilities- 14

This allows the state to serve and help keep more Texans in the community. Individuals served by these programs must reside in the community and not an institution. This will increase enrollment in each program and the state will submit these changes through the appropriate waiver amendments. Individuals enrolled in these programs must reside in the community; institutional services are not covered through these programs. Program services are included in the descriptions in Appendix B of the May 13, 2021 State Medicaid Director Letter. Texas intends to continue serving this population after the expenditure period.

HHSC continues to release individuals from interest lists and assess individuals for programmatic and financial eligibility. The state is developing estimates of the cost of services for newly enrolled Texans. HHSC intends to continue to use these funds to support enrollees in new slots through March 31, 2025. and is working to obtain approval from CMS for the methodology.

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Amount of General Revenue projected: \$30.08 million (\$76.9 million All Funds)

9. Assess the Needs of Texans on Waiver Interest Lists

Texas operates interest lists for its Medicaid 1915(c) and 1115 HCBS waiver programs. Individuals are placed on the interest list on a first come, first serve basis and are released to be assessed for the waiver program as funded slots become available. Texas proposes to fund a contract for the administration of a questionnaire for individuals who are on interest lists to determine individuals' needs and refer them for appropriate services until a waiver slot is available. Texas would contract with a vendor to assess all individuals while developing an integrated portal. The portal would allow individuals to see their place on the interest list, update their contact and demographic information, and update their needs assessment. On an ongoing basis, when a new person requests to be added to an interest list, Texas will conduct the needs assessment questionnaire and inform the individual of the availability of the portal.

HHSC is evaluating options to implement this project as the "no wrong door" portal deployment was moved to the end of August 2023. HHSC plans to contract with a vendor to conduct screenings of all individuals currently on the interest list through 2024. Ongoing, new screenings and updates to existing screenings will be completed by state staff.

Amount of General Revenue projected: \$6.5 million (\$13 million All Funds)

10. Enhance the "No Wrong Door" System

Texas proposes to expand the "no wrong door" portal infrastructure to allow individuals or their families to request placement on an interest list, complete or update a needs assessment, update contact information, and to view their placement on any interest list.

Development work is underway and the interest list "no wrong door" portal is set to go live at the end of August 2023. HHSC has limited resources and prioritized work around ending continuous coverage and the interest list portal. HHSC continues to evaluate resources to complete work integrating all MLTSS MCOs into the state's long-term services and supports (LTSS) referral portal.

Amount of General Revenue projected: \$1.9 million (\$3.8 million All Funds)

11. Campaign to Support Caregivers

Texas proposes to use funds for the development a one-time public health and educational awareness campaign and related materials for older adults and their family caregivers. The campaign would focus on aging issues and available services and supports with emphasis on public health, mental health/support, and emergency/disaster related resources to help the target audiences plan and prepare. This effort would complement existing caregiver efforts and ensure materials are relevant for older adults, family caregivers and Medicaid beneficiaries. A temporary staff person would oversee the one-time project and tasks would

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include: coordinating the media and design; developing content for print and electronic materials; disseminating resources and developing a plan to ensure funding is maximized. This one-time project would include a robust media contract to create turnkey, evergreen campaign materials that will lead the target audiences to well known, established organizations for resources. Awareness materials designed for regional/community use will be digital, editable "template" resources to allow for local resource/information inclusion and extend the life of the items. The project will include a vast media campaign, including television and radio platforms. The project will be complete by August 31, 2023.

HHSC launched the "Strengthen the care you give" campaign in February and concluded a tour of major Texas cities on July 1, 2023. The campaign includes a dedicated website containing resources for caregiver self-care and television commercials highlighting resources. The website is:

<https://www.hhs.texas.gov/services/health/support-caregivers>

Amount of General Revenue projected: \$1 million (\$2 million All Funds)

12. Direct Care Employer Registry

Texas proposes to use funds for the development of a registry system that will assist in matching direct care attendants with employers, including home health agencies and employers participating in the consumer directed services model. The services supported by this registry include state plan personal care services, community first choice, and other HCBS programs. Texas will seek a vendor offering this service with capabilities to customize the platform to meet the state's ongoing needs. To support ongoing operation of the registry, Texas will seek legislative approval to secure ongoing funding, if necessary.

HHSC executed a contract with a vendor and the registry is under development. Website launch is anticipated in August 2023. HHSC will use HCBS ARPA state general revenue to support the system through 2024. Following 2024, HHSC will sustain the website using state funds.

Amount of General Revenue projected: \$350,000 (\$700,000 All Funds)

Enhance and Strengthen the HCBS Infrastructure

13. Update Licensing Systems to Enhance Provider Oversight

Texas proposes to fund system changes to recognize a new type of licensed provider delivering ISS services to comply with HCBS settings regulations, provide enhanced oversight of the new ISS service, and ensure service delivery is based on a recipient's person-centered plan. Texas will oversee provider agencies which subcontract with providers of ISS. Funding will be used to update a licensing database that the state maintains and operates (The Texas Unified Licensure Information Portal (TULIP)). HHSC also proposes to update the database to recognize providers who will deliver services in the LTSS Redesign Pilot Program outlined elsewhere in this spending plan. The state will pursue approval of an

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Advanced Planning Document, if appropriate. The project will be complete by August 31, 2023.

The ISS license application launched on January 1, 2023 and the pilot license type is slated to go live by August 20, 2023. HHSC is not moving forward with the pilot at this time but the functionality exists in the system should HHSC need it for another initiative in the future.

Amount of General Revenue projected: \$1,276,311 million (\$2,552,623 All Funds)

14. Build the Infrastructure for the LTSS Redesign Pilot Program

Texas proposes to develop critical infrastructure to support the operation of a pilot program to inform the future transition of 1915(c) waivers to managed care. The pilot will test the delivery of LTSS through managed care for people with IDD, traumatic brain injury that occurred after age 21, or people with similar functional needs as a person with IDD. The pilot evaluation will inform the future transition of the 1915(c) waivers to managed care. Funds will be used for information technology system changes needed to start the pilot, automation of a person-centered assessment, and automation of a service planning tool. Outreach materials and activities for potential pilot participants are included in this request. In addition, Texas proposes to begin outreach and mailings to potential pilot participants in the managed care service delivery area where the pilot will operate. The state will use data about Medicaid enrollees to determine who may be eligible for the pilot and begin outreach activities this summer through the existing enrollment broker contractor to ensure a sufficient pilot population to obtain a meaningful evaluation of pilot outcomes. This project will be complete by August 31, 2023.

HHSC received approval for enhanced funding for the systems portion of this project through APD TX-2022-04-18. HHSC is working with existing vendors on system changes necessary to support the pilot.

The state legislature did not appropriate funding for the pilot in the upcoming biennium, so HHSC is not currently moving forward with pilot implementation. However, the additional functionality in HHSC's system will continue to support providers. HHSC is documenting the changes and lessons learned in the work developing the pilot for potential use in future projects.

Amount of General Revenue projected: \$5,654,000 million (\$20.15 million All Funds)

15. Digitize Provider Oversight Tools

Texas proposes to develop an interoperable provider monitoring tool to oversee providers in community-based programs, including HCBS and consumer-directed services. The tool is currently completed on paper, then manually entered into a siloed database. Staff must run queries on multiple systems to complete oversight

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activities and to produce ongoing reports used for state and federal oversight. The development of a secure, interoperable portal will create efficiencies in the oversight process, allowing state staff to focus on provider monitoring and oversight and less on paperwork. Texas also plans to hire contractors to digitize all contract documents, allowing for easy retrieval of older contract documents. This will create more efficient provider oversight processes.

HHSC received approval for enhanced funding through APD TX-22-06-17 and began programming work. Phase I of the project is anticipated to deploy late August 2023. HHSC is working on Phase 2 of the system to improve system functionality, which will complete by the end of December 2024.

Amount of General Revenue projected: \$287,321 (\$2,872,308 All Funds)

16. Digitize Contract Documents

Texas proposes to hire contractors to digitize all contract documents, allowing for immediate retrieval of contract documents and historical contract information. The contracts are with providers of long term services and supports, including home and community based waiver programs, as well as hospice programs. HHSC will not use the state equivalent funds under ARP section 9817 to pay for the costs of digitizing contract documents for long-term care facility programs. HHSC will allocate costs of community-based service provider contracts separately from facility-based contracts and use state general revenue funds to pay for any facility contracts digitized by contractors. This will facilitate more effective contract administration and oversight functions while improving records management.

HHSC hired temporary contractors and they began working to digitize documentation in late June 2023. HHSC is tracking contract types to ensure cost allocation for any institution-related contracts. HHSC anticipates completing this project before the summer of 2024.

Amount of General Revenue projected: \$1 million (\$2 million All Funds)

17. Assess Compliance with HCBS Settings

Texas proposes to contract with one or more organizations to assess and support Texas' compliance with the HCBS settings rule. The contractors would assist the state in ensuring timely implementation of the statewide transition plan and compliance with the heightened scrutiny process. The contractors will also support the development of heightened scrutiny templates and complete templates for settings which must undergo heightened security, under the supervision of the state. The contractors will assist with site visits to ensure provider owned and controlled settings are assessed and validated for compliance with the settings requirements. HHSC will also allocate funding to increased state staff travel and overtime costs needed to complete site visits for certain provider owned and controlled settings.

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CMS approved HHSC's statewide transition plan on July 20, 2023. HHSC will continue to rely on contractors to close out this project before the end of December 2024.

Amount of General Revenue projected: \$2,746,000 (\$5,492,000 All Funds)

18. Enhance the PASRR Portal to Support Diversion and Transition from Nursing Facilities

Texas proposes to enhance the pre-admission screening and resident review (PASRR) Portal to enhance the identification, diversion, and transition of individuals from nursing facilities. Enhancements include improving the identification of individuals who could benefit from diversion from a facility to the community, edits to ensure all sections of the assessment are complete, and updates to lists of community programs. To implement, HHSC will use contractors to assist in project management and business analysis. State staff will oversee the contractors and develop requirements for system changes. The enhancements will improve usability and add functionality to ensure that specialized services are appropriately assessed, recommended, authorized, verified, and delivered, which will better prepare nursing facility residents to transition to community-based service settings.

HHSC received approval for enhanced federal funding through APD TX-2022-05-16. The updates deployed on June 30 and post-deployment support continued until August 11, 2023.

Amount of General Revenue projected: \$420,268 (\$4,067,262 All Funds)

19. Conduct a Comprehensive Evaluation of the HCBS-AMH Program

Funding will be used to evaluate the operational structure of the HCBS-AMH Program (active for five years) to determine if individuals' needs are being met in their communities, which aspects of the program are the most efficient/effective, if specific priority populations need to be addressed, and if person centered approaches/goals are being met as intended. Texas would partner with the University of Texas Health Science Center – San Antonio to conduct the assessment over a two-year period. HCBS-AMH staff will partner with the Texas Institute for Excellence in Mental Health (affiliated with the University of Texas) to develop evaluation & reviewing findings. An effective program could potentially reduce psychiatric hospitals stays, emergency room visits, and arrests/justice involvement.

HHSC contracted for this study and the study is underway.

Amount of General Revenue projected: \$250,000 (\$500,000 All Funds)

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20. Conduct a Comprehensive Evaluation of Transportation in HCBS Programs

Texas proposes to contract with an independent entity to conduct a comprehensive study of transportation needs for enrollees in all HCBS programs. The study will examine the availability and awareness of existing transportation services across Medicaid. The study will also examine barriers to transportation and employment and provide the state actionable recommendations to reduce barriers and increase the availability and awareness of transportation services for HCBS enrollees, and other potential programmatic improvements. The study will conclude by August 31, 2023.

HHSC contracted for this study and the study is underway.

Amount of General Revenue projected: \$250,000 (\$500,000 All Funds)

21. Improve Efficiency for Program Enrollment Activities

Texas proposes to make system enhancements to the Service Authorization System Online, the system of record for enrollment into the STAR+PLUS Home and Community Based Services (HCBS) program. Automation of corrected eligibility and enrollment information will reduce staff time making manual updates to ensure accurate information is relayed to trading partners, including the state's administrative services contractor and managed care organizations. This efficiency will allow staff more time to conduct outreach to potential enrollees working through eligibility and enrollment processes. Texas intends to complete this project by August 31, 2023.

HHSC is using base hours in an existing contract, matched at the standard administrative rate, to complete this project; the project work **deployed** on July 13, 2023.

Amount of General Revenue projected: \$250,000 (\$500,000 All Funds)

22. Support Local Intellectual and Developmental Disability Authorities

HHSC proposes to fund two projects to support both potential enrollees with intellectual and developmental disabilities (IDD) and the direct support professionals that deliver services to potential enrollees who may not yet be eligible for Medicaid. The first project will dedicate state general revenue funds, which are savings attributable to increased FMAP available under Section 9817 of ARPA, to address individuals who are waiting for a determination of intellectual disability (DID) assessment. These assessments are used to determine eligibility for some state-general revenue services for individuals who are not eligible for Medicaid and may be on a 1915(c) interest list and are also used as one component of eligibility

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for some state Home and Community Based Programs (HCBS). These funds will be distributed to Local IDD Authorities (LIDDAs) to hire temporary or contracted psychologists or other providers authorized by the state to conduct these assessments and submit them to the state for eligibility determination. Because not all individuals who will be assessed are currently eligible for Medicaid, the state will not seek federal matching funds. HHSC also proposes to fund one-time recruitment and retention bonuses for direct support providers employed by LIDDAs who deliver non-Medicaid services to individuals who may or may not be eligible for Medicaid. These staff provide crisis intervention, crisis respite, state-funded habilitation, specialized services under preadmission screening and resident review to ensure eligible individuals have the skills needed to transition to the community. Because individuals receiving supports from these providers may or may not be eligible for Medicaid, the state will not seek federal matching funds. Projects will be implemented through contract amendments with LIDDAs.

Contract amendments were executed in April 2023.

Amount of General Revenue Projected (\$10 million)

23. Update the HCBS Provider Contracting Process

Texas proposes to hire a contracted project manager to oversee the agency digitization project for open-enrollment contracts of HCBS providers and fiscal intermediaries who support enrollees electing to self-direct their services to move from enrollment via paper processes, primarily using mail and fax, to an online platform. This digitalization project will drive better contract oversight and state audit compliance, reduce errors and redundancy, and increase employee productivity while improving the provider's enrollment experience. HHSC will also use funds for technology costs to help support the digitization process.

HHSC executed a contract to begin work developing a provider-facing portal and electronic contracting system for home and community-based services. **HHSC is working on Phase 2 of the system to improve system functionality, which will complete by the end of December 2024.**

Amount of General Revenue projected: HHSC is working to determine the amount of funding needed

24. Enhance Oversight of a New Provider Type

Texas proposes to fund contractors to assist the agency in providing oversight of a new provider of 1915(c) waiver service, individualized skills and socialization. The agency is requesting funding in the upcoming legislative session to continue this work following the close of the ARPA spending period. Funds would be used on a temporary basis to bolster the agency's regulatory services division, tasked with

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overseeing regulated entities, specifically providers of individualized skills and socialization. HHSC is evaluating whether these contractors may be eligible for federal matching funds. The contractors will work exclusively on oversight of home and community-based providers and ARPA funds will be set aside in a separate department to ensure no funds are used for oversight on non-HCBS providers.

HHSC executed contracts with a staffing vendor to assist in the oversight of newly licensed providers. HHSC is working to onboard new state staff and will phase out use of contractors by the end of December 2024.

Amount of General Revenue Projected: \$2,183,504

25. Enhance the Infrastructure for Employment Supports for Home and Community-based Services (HCBS) Enrollees with Intellectual and Developmental Disabilities (IDD)

HHSC offers supported employment and employment assistance in all HCBS programs. HHSC proposes using funds for certain projects to improve the infrastructure for employment supports provided for enrollees of Medicaid 1915(c) waiver programs serving individuals with IDD. HHSC will seek administrative match for these projects.

- First, HHSC will provide funds for travel expenses for the agency's employment recruitment coordinator (ERC). The coordinator is a state employee who provides training and technical assistance on the Employment First policy to HCBS providers and connects with civic organizations to inform them on the benefits of employing individuals with disabilities. Funding will allow the ERC to travel throughout the state, providing training and technical assistance to HCBS providers and employers. Additionally, the ERC will recruit and work to retain employers that offer competitive integrated employment.
- Second, HHSC proposes funding state employees' travel and associated costs to provide detailed trainings to community-based providers, waiver service coordinators, and other community partners about employment services available throughout the state and through HCBS programs. Training includes an overview of billable services, HCBS settings rules, building relationships with employers, job coaching, and soft skills development and training. The training will be in person, with funding used for travel and contracted interpreter services.

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- Finally, to assist in compliance with the HCBS settings rules, HHSC proposes funding research and content development for training and technical assistance to providers about integrated employment. HHSC will develop a toolkit and training focused on helping providers of employment services transition from day habilitation and sheltered workshop focus to providing employment services that support competitive, integrated employment. HHSC will employ temporary contracted staff to assist in the development of the tool kit and training.

HHSC hired temporary contractors in May 2023 and travel for the employment recruitment coordinator has begun, HHSC plans to continue these activities through 2024.

Amount of General Revenue Projected: \$270,500 (\$541,000 All Funds)

26. Pilot Employment Supports in HCBS Programs

HHSC proposes funding two pilots to test expansion of employment support services to people with IDD served in 1915(c) waiver programs. The state will not seek federal matching funds for these activities.

- HHSC proposes to fund the expansion of an existing pilot using tablets and job coaching software with ten Local IDD Authorities who provide community transition and vocational services. The software is individualized to the user's needs and assists in entering a new or different workplace, allows the user to preview the work setting including coworkers, job responsibilities, job expectations, all before their arrival. HHSC proposes to fund 10 pilot sites and does not intend to use funds for ongoing internet connectivity.
- HHSC proposes to fund the expansion of an existing pilot providing apprenticeship and internships, paying a competitive wage at or above the state's minimum wage of \$7.25, which provides employment supports through a vocational apprenticeship program. Funding will be used to hire temporary contractors at selected sites who will provide intensive training and technical assistance to the sites, including assistance with classroom education as pre-vocational training to potential apprentices and interns. Training may be customized to the vocation selected by the apprentice (i.e., working in retail versus hospitality). Following training, the apprentices are connected with employers offering an apprenticeship paid at a competitive wage to provide the apprentice with work experience. The local sites will

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have classroom guides and experience to continue the programs moving forward.

HHSC has begun training LIDDAs to assist individuals interested in employment with technology and is working to expand the pilot providing apprenticeship and internship opportunities. **HHSC plans to continue these activities through 2024.** **Amount of General Revenue Projected: \$9.1 million**

27. Provide Education to Community Partners about Special Populations

HHSC proposes using funds to convene a series of conferences. First, HHSC will fund three one-time conferences for HCBS providers, service coordinators, caregivers, and local partners to provide up-to-date education and information for individuals caring for special populations. Information and education will include providing services and supports in the most integrated setting for individuals who may be diagnosed with fragile x syndrome, Prader-Willi syndrome, Pica, and other intellectual and developmental disabilities. Based on the results of these conferences, HHSC may offer additional opportunities. Funding will be used for speakers and interpreter services. Second, HHSC proposes convening a conference to provide cross training about individuals with intellectual and developmental disabilities and individuals experiencing a crisis. The conference audience is first responders, including law enforcement, fire and rescue service providers, emergency medical staff, and Local IDD Authorities (LIDDAs), Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs), service providers and caregivers. This conference will provide education and information so that individuals caring for or providing services in crisis situations may be better prepared to meet the needs of the person experiencing a crisis. Based on the results of the one-time conference, HHSC may offer additional opportunities. Funding will be used for speakers and interpreter services. Because the audience is not specific to Medicaid, HHSC proposes to use state funds for this project.

Planning for educational events has begun and HHSC is working to recruit experts in their field to come speak at the educational conference. **HHSC is evaluating conducting additional trainings.**

Amount of General Revenue Projected: \$45,000

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28. Enhance Critical Incident Management System

HHSC proposes using funds to add enhancements to the state's critical incident management system (CIMS). To streamline and standardize the submission of critical incident information by all §1915(c) Medicaid waiver program providers, HHSC used Medicaid Management Information System funding to contract to develop the new CIMS. During the configuration of the new CIMS, funded through APD TX-2021-09-27, waiver program providers indicated they already use other vendor systems for tracking critical incident information. Reporting information into the new CIMS would create redundant reporting and increased administrative burden for these providers but is necessary to ensure HHSC collects all critical incident information in a single system and meets the required CMS assurance. A solution to this administrative burden is for the existing CIMS contractor to accept data from other vendors' systems which would eliminate duplicate reporting while ensuring all data is collected in CIMS. This solution would greatly benefit providers at a time when staff shortages and the effects of the public health emergency are significantly impacting their operations. HHSC proposes using state funds freed up as a result of 9817 of ARPA to fund these enhancements and support reducing providers' administrative burden. HHSC is evaluating whether the additional scope for CIMS is eligible for an update to the existing APD.

HHSC is working with the existing vendor on the changes necessary to enhance the CIMS, HHSC anticipates executing the contract before the end of 2023.

Amount of General Revenue Projected: \$93,500 (\$187,000 All Funds)

HHSC hired a new Medicaid dental director in June 2023 and will not undertake this project.

29. Update the State Guardianship On-Line Database

HHSC proposes using funds to upgrade the state's existing guardianship case management system (Guardianship On-Line Database (GOLD)). GOLD stores court records, medical documentation, financial records and other documentation for Texans who have court-appointed guardians. This information must be accessible 24 hours a day, 7 days a week to guardianship staff located across the state to make decisions at any given moment related to an individual's health and safety, financial, legal, and social aspects of their lives. The guardianship services program makes decisions for people with functional limitations who need assistance with

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everyday activities and offers person-centered care delivered in the home and community. Medicaid enrollees make up 91 percent of those served in the program. GOLD was built on software components that are nearing end of life and risking its ability to be interoperable with state eligibility systems. This poses risks to program staff's ability to access information quickly when making decisions that impact the Texans with court appointed guardians and their ability to remain in the community setting of their choice. HHSC proposes to use HCBS ARPA funds to cover the entirety of the project since the vast majority are Medicaid enrollees.

Amount of General Revenue Projected: \$3.7 million