This report is largely based on information obtained by Texas legislative reports, discussions with Texas HHS executive staff, directors of SSLCs, and the Draft of the HHSC August 2018 State Supported Living Center Long Range Planning Report. The report indicates that total enrollment within Texas SSLCs has decreased between 2010 and 2017. However, the percentage declined has decreased from +6% in 2010 to -3% in 2017. During this time, the increase in number of admissions has exceeded the overall decline of enrollment. Anecdotal information reveals that more than 50% of the centers are at or near capacity.

Community transitions have declined due to the improvements in the quality of services in our SSLCs when compared to the community setting. This comparison is included in the HHS report which shows 330 transitions in 2010 versus 109 transitions in 2017; an average of eight transitions per SSLC per year. The rate of decrease in transitions during this period has reached a level of 67%, causing new admissions to remain stable. Deaths during this time have declined by 37% despite a concurrent decrease in enrollment by 30%.

The ratio of admissions to residents transitioning to the community in 2010 was 170 compared to 330 or 170:330 which showed a decline of 48%, while the same ratio in 2017 was 145 to 109 or 330:109 an increase 33%, the difference between 2010 and 2017 was an increase of 85 %. More residents and their families are choosing to live in a residential center rather than the community despite constant pressure to the contrary.

Due to a shortfall of $50 million dollars HHSC has been attempting to manage these costs in various ways. There has been better utilization of telemedicine services for doctors as well some improved recruitment methods however SSLC entry level staff wages are meager and it is well known that many employees cannot make ends meet and require government assistance. The Texas State Employees Union which supports our SSLCs and counts on the support of its 11,000 plus members will again make efforts to increase wages, secure what are considered good benefits, and incentivize staff based on professional development and qualifications. By doing so it is felt that better retention rates will help avoid expensive overtime and contracting for services.

It has long been recognized that SSLCs provide unique services that are not available through community service providers. Senator Kolkhorst Tx created and passed SB 547 and recently in 2018 revised this bill that HHSC has authorized and agreed to; this included the idea of expanding all specialty medical and mental health services to the community including dental services and wheelchair repair by contracting with CMS and Medicaid directly. The idea is to provide support services that are not currently being provided in the community while increasing the value of our SSLCs.

It is perceived that once CMS approval is obtained, other services such as audiology screening, rehabilitation services, medical services, and even behavioral services can be contracted with Medicaid providers. Direct contracting to the ever-expanding commercial insurance providers who have assumed control of the Medicaid contracts now stands at about 80%. HHSC is now actively contacting more services directly through its Managed

Care Department. HHSC has begun several initiatives for 2018 and beyond in order to implement changes that are compatible with the CMS and Medicaid managed care goals of promoting best practices across the state. This will affect SSLCs positively and the community groups adversely. HHS controls the majority of provider services to the community via local IDD agencies or LIDDAs while private vendors control the minority. However, the assigned guardian remains the ultimate decision maker in deciding who provides the services. Best practices are ultimately determined by “outcomes”- based Quality Improvement (QI) programs. Within the SSLCs, the existing electronic record provides the individual support plans (ISDs) and medical services provide services to meet these desired outcomes within Texas SSLCs. This is in contrast to private providers in the community where payments to will be based on these computerized data measurements which are not yet in place.

HHSC has contracted with the University of Florida Department of Health Outcomes and Biomedical Informatics (HOBI) and HIHIT UT Health Informatics to,” track and trend physical and behavioral healthcare administrative and clinical outcome measures and develop annual quality care reports.” The purpose of which is to track and trend quality measures and costs of community services. It is important to understand that community groups being serviced by providers will have difficulty managing these measures without electronic health records.

In 2017, 45 guardianship bills were introduced, and 15 of those bills were signed by the governor who had vetoed bill (SB 667). However, SB39, involving SDMAs (Supported Decision-Making Administrators), passed. There has been a trend toward more state involvement and outside scrutiny and initiatives focused on guardianship reforms in a less restrictive environment. This session was characterized by more consensus on guardianship issues, largely due to P&A pressures. These reforms were directed at the guardianship assignment process under the guise of removing “impersonal terms” such as “ward” and “person under guardianship”; through this process, there is an intent to change or remove all duties of our guardians to “improve protection” for those in SSLCs. Under the pretense of providing more protections to ALL the disabled population, the SDM (shared decision making) system was established. However, due to the inclusion of considerable requirements in data collection and enforcement, auditing, and education of the court, this legislation received little support by the governor and remains under funded.

Submitted by Dr. Thomas G. Diaz, MD
June 4th, 2018