TEXAS INSIGHT
HEALTHCARE INTELLIGENCE

Health and Human Services

Intellectual and Developmental Disability System Redesign Advisory Committee

October 23, 2025

This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.

Intellectual and Developmental Disability System Redesign Advisory Committee advises on implementing an acute care services and long-term services and supports system redesign for individuals with intellectual and developmental disabilities.

Members

- **Sheri Talbot (Chair)**
  Representative of Medicaid LTSS provider
  Katy, TX
- **Susan (Sue) Burek (Vice-Chair)**
  Advocate for individuals with IDD receiving Medicaid waiver services or ICF services
  Austin, TX
- **Linda Bailey**
  Representative of Medicaid LTSS provider or other Medicaid service delivery
  Texarkana, TX
- **Kyle Cox**
  Individual with an IDD receiving services under the Medicaid waiver programs
  College Station, TX
- **Jordan Drake**
  Representative of LTSS providers, including direct service workers (Medicaid managed care and non-managed care health care providers)
  Lewisville, TX
- **Dr. Amy Foxman**
  Representative of LTSS providers, including direct service workers (Medicaid managed care and non-managed care health care
- **Kimberly Lile Dowty**
  Representative of Medicaid LTSS provider or other Medicaid service delivery
  Austin, TX
- **Carla Hughes**
  Representative of Medicaid non-managed care LTSS providers
  Amarillo, TX
- **Charles Kerlegon**
  Representative of Community Mental Health and Intellectual Disability Centers
  Richmond, TX
- **Dr. Fredrick McCurdy**
  Advocate for individuals with IDD receiving services
  Corpus Christi, TX
- **Anna Yvette Moore-Simon**
  Advocacy organization for individuals with IDD receiving Medicaid waiver or ICF services
  Duncanville, TX
- **Mark Olson**
  Advocate for individuals with IDD receiving waiver or ICF services
  Boerne, TX
- **Linda Pemberton**
  Advocate for individuals with IDD receiving waiver or ICF services
  Highland Village, TX

providers)
Dallas, TX

Dr. Ellen Fremion
Representative of physicians who are primary care providers and physicians who are specialty care providers (Medicaid managed care or non-managed care health care providers)
Houston, TX

- **Gilda Gil**
  Advocate for individuals with IDD receiving services
  El Paso, TX

Gina Pena
Representative of Medicaid LTSS provider or other Medicaid service delivery
Corpus Christi, TX

- **Allan Turner**
  Advocate for individuals with IDD receiving services
  Mansfield, TX
- **Janet Vega**
  Representative of Public ICF-IID
  Laredo, TX

System Redesign for Individuals with Intellectual and Developmental Disabilities Report (PDF)

Publications

- **Prescription Information Booklet (PDF in English)**
- **Prescription Information Booklet (PDF in Spanish)**
- **Prescription Information Sheet (PDF in English)**
- **Prescription Information Sheet (PDF in Spanish)**

1. Welcome, call to order, introductions, and roll call. The meeting was convened by Shari Talbot, Chair. A quorum was present.

2. Consideration of July 24, 2025, draft meeting minutes. The minutes were approved as drafted.

3, 2022-2023 National Core Indicators®-Intellectual and Developmental Disabilities In Person survey results.

In Summary. Victoria Schluter presented 2022-2023 National Core Indicators for IDD survey results. Texas has participated in multiple surveys: In-Person IDD, Child and

Family, and Aging and Disability surveys, using data for quality improvement and federal reporting.

- 420 respondents; majority Hispanic/Latino, male, average age 32; 23% move without aids, 25% use non-spoken communication, 52% receive 24-hour support.
- Majority live with family, in metro areas; 64% have no guardianship.
- Only about half report having choice in living arrangements and roommates; 53% say staff turnover is too high; low use of self-directed supports.

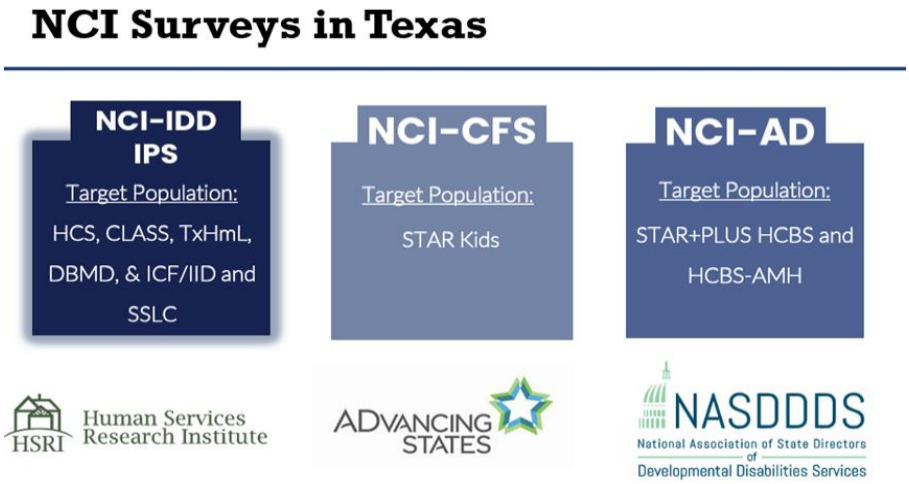
Areas where Texas outperformed national averages: community participation, religious/spiritual activities, telehealth satisfaction, physical activity, rights/respect.

Areas below national averages: decision-making and choice, satisfaction with daily activities, service coordination/contact, staff doing things as desired, access to community, adequate transportation.

The CMS Access Rule will require more detailed HCBS quality reporting in coming years; Texas baseline is below national averages in several mandatory domains. The survey allows for adding state-specific questions; committee invited to suggest topics.

Clarifications to the survey discussed were proxy responses are used for those unable to self-respond; distinctions between self-directed and consumer-directed supports were noted; calls for clearer residence type definitions in reporting.

NCI Surveys in Texas



Purpose of Surveys

- Inform Strategic Planning & Quality Improvement
- Enhance Federal Compliance
- Support CMS and Legislative Reporting

NCI-IDD IPS Domains and Sub-Domains --Individual Outcomes

Sub-domain	Indicator
Work	People have paid jobs in community-based settings or have otherwise meaningful day activities.
Community Inclusion, Participation and Leisure	People participate in activities in their community and have opportunities to do things that they enjoy in the community.
Choice and Decision-Making	People make choices about their lives and are actively engaged in planning their services and supports.
Self-Direction	People participate in directing their own supports and services.
Relationships	People have friends and relationships and are able to maintain their friendships and relationships.
Satisfaction	People are satisfied with their everyday lives – where they live, work, and what they do during the day.

NCI-IDD IPS Domains and Sub-Domains

System Coordination

Sub-domain	Indicator
Service Coordination	Service coordinators are accessible and responsive to people. The service plan is responsive to people's goals and needs. People participate in the service planning process.
Access	Services and supports of quality are readily available.

Health, Welfare, and Rights

Sub-domain	Indicator
Safety	People feel safe.
Health	People secure recommended health services.
Medications	Medications are used effectively and appropriately.
Wellness	People maintain healthy habits.
Respect/Rights	People receive the same respect and protections as others in the community.

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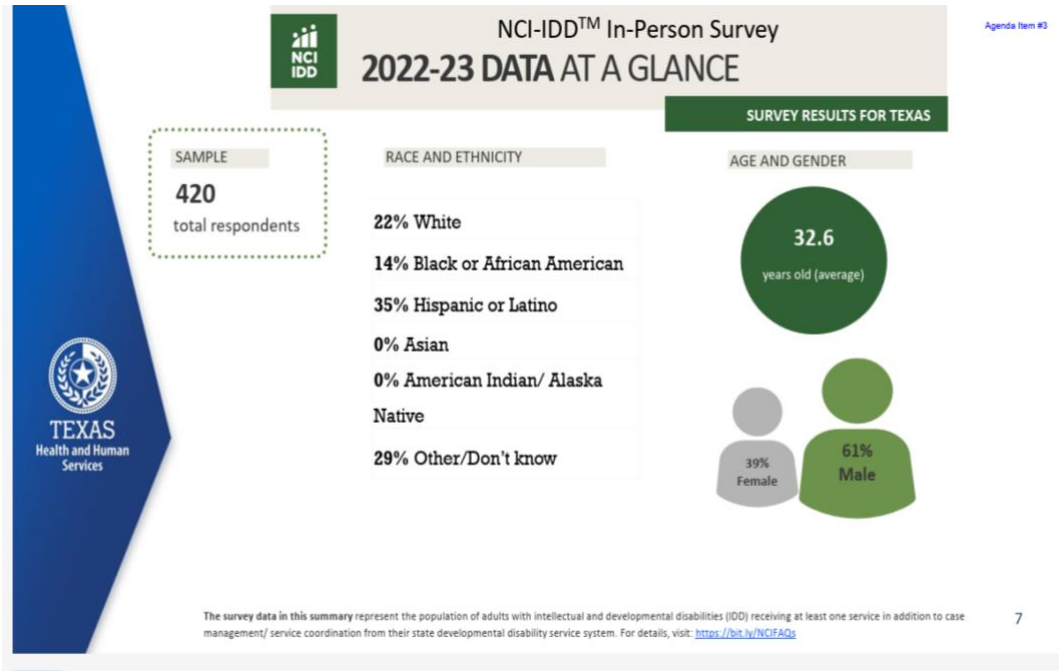
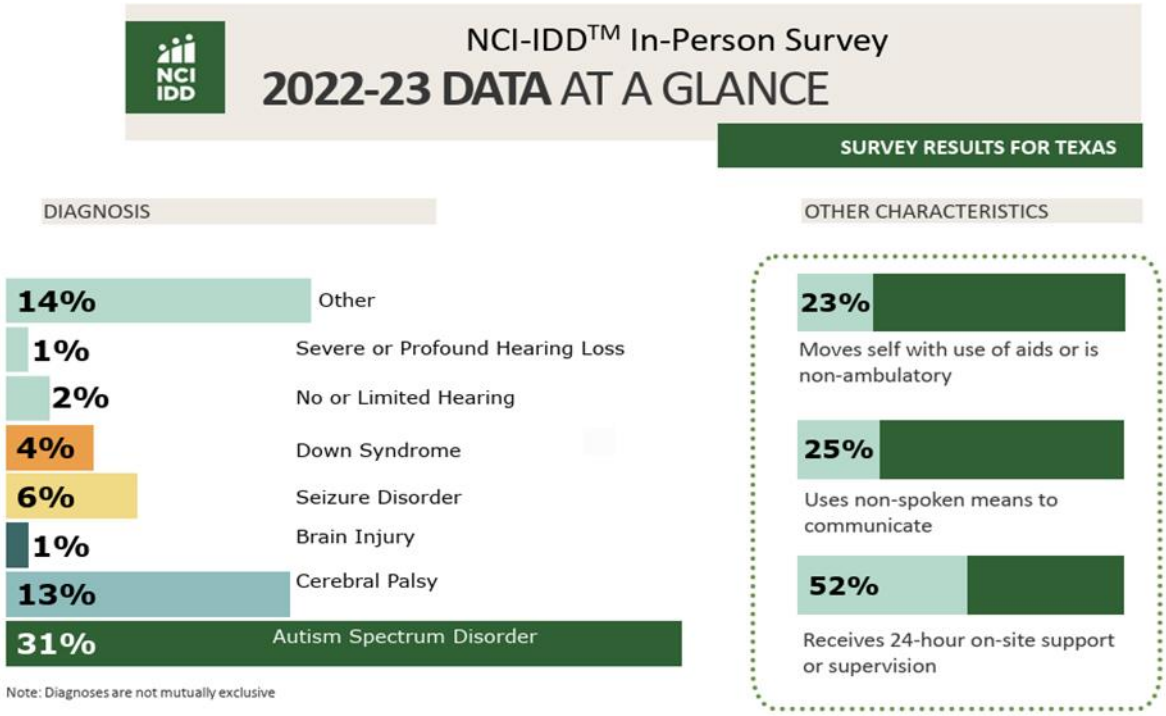
Data At-A-Glance 2022-23 Results



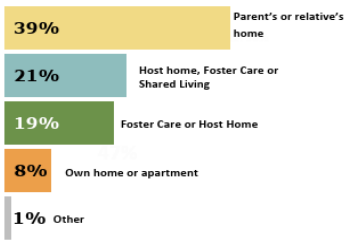


NCI-IDD™ In-Person Survey

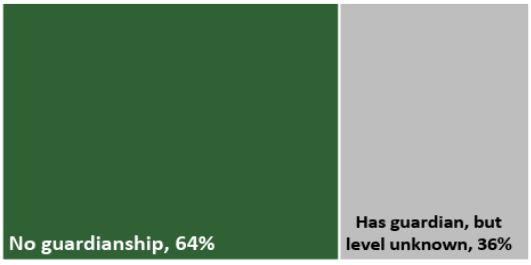
2022-23 DATA AT A GLANCE

SURVEY RESULTS FOR TEXAS

RESIDENCE TYPE & LOCATION



LEVEL OF GUARDIANSHIP



Agenda Item #3

NCI-IDD™ In-Person Survey

2022-23 DATA AT A GLANCE

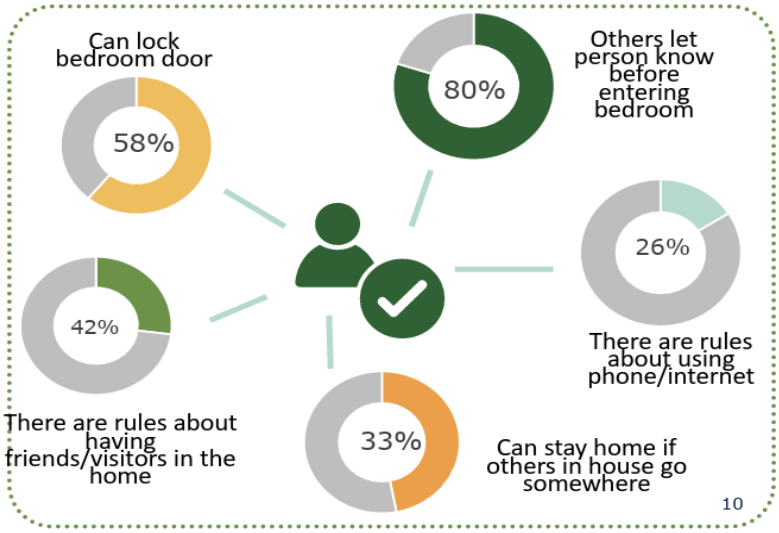
SURVEY RESULTS FOR TEXAS

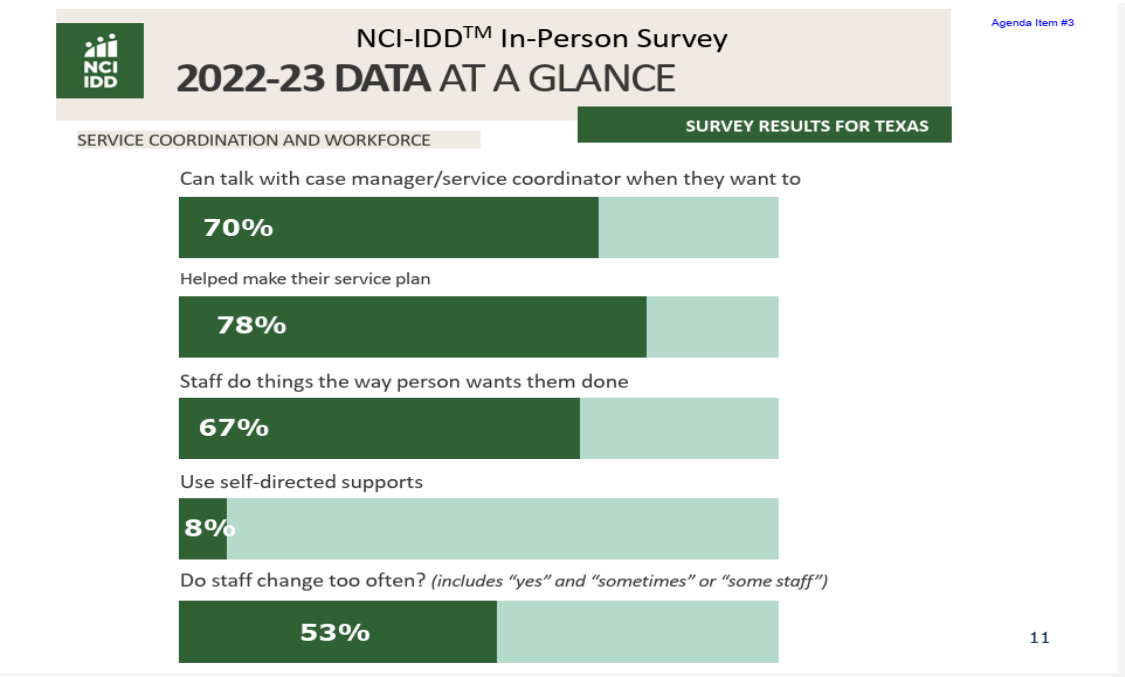
CHOICE

Respondents who had at least some input into key life decisions:

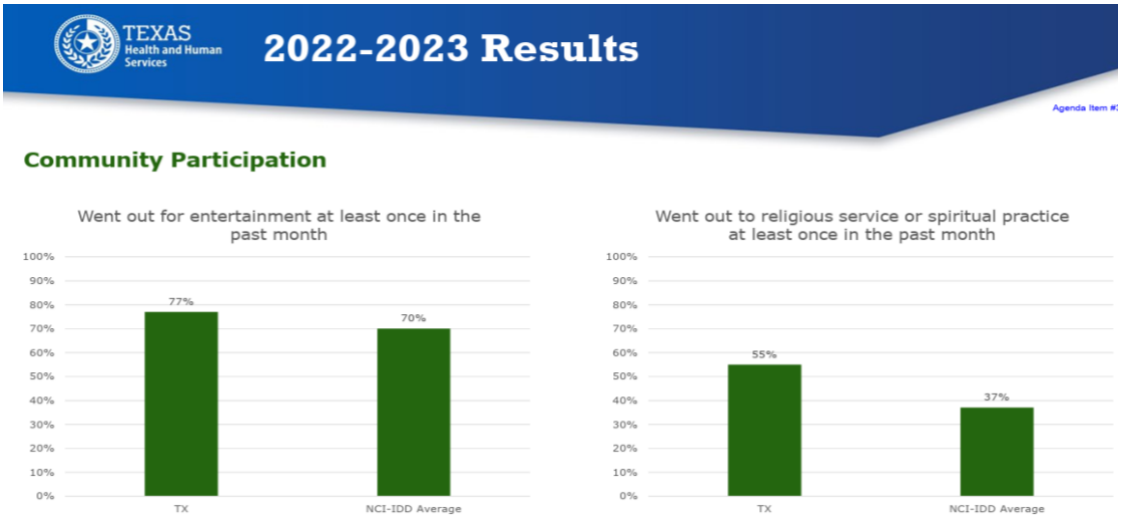
53%
Chose **where they live**

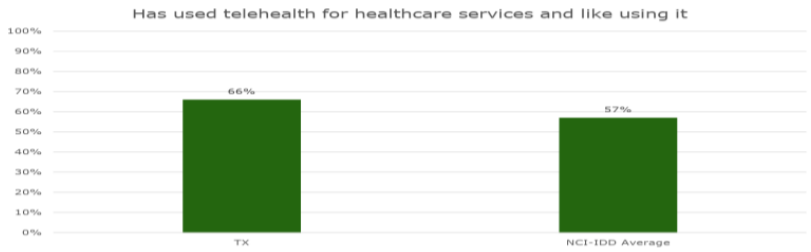
46%
Chose **who they live with**



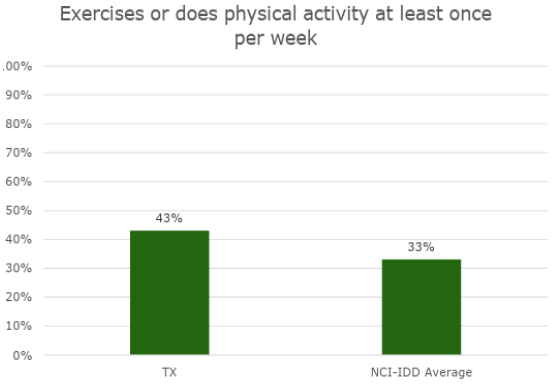


Outcomes Significantly Above the National Average 2022-2023 Results

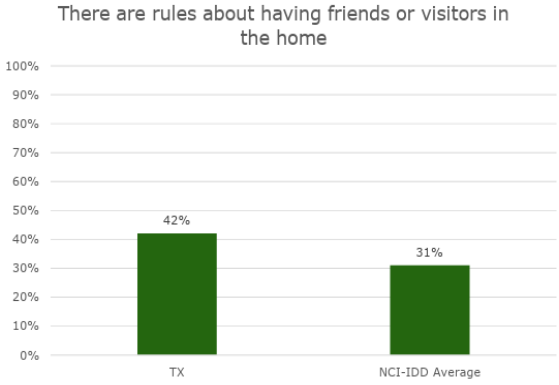




Wellness

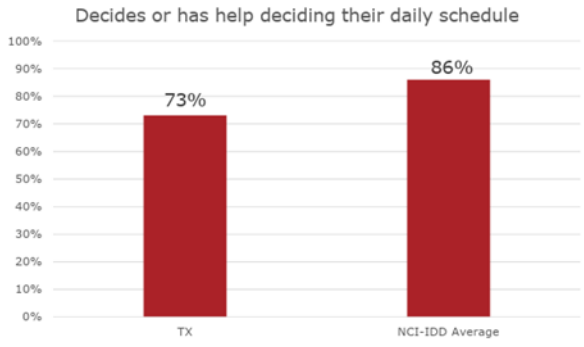


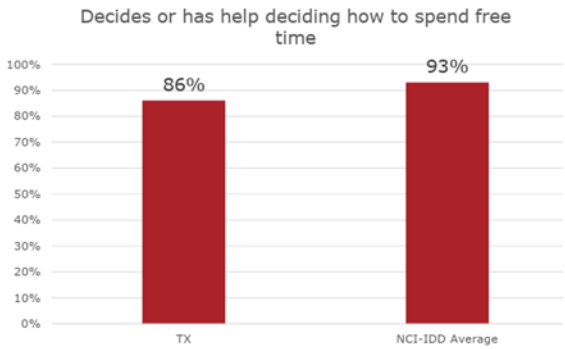
Rights and Respect



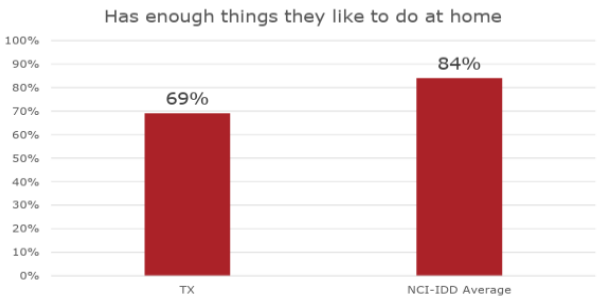
Outcomes Significantly Below the National Average 2022-2023 Results

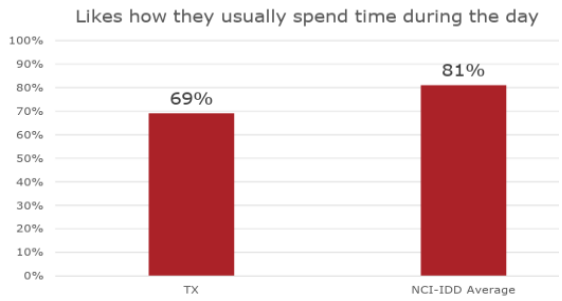
Choice and Decision Making



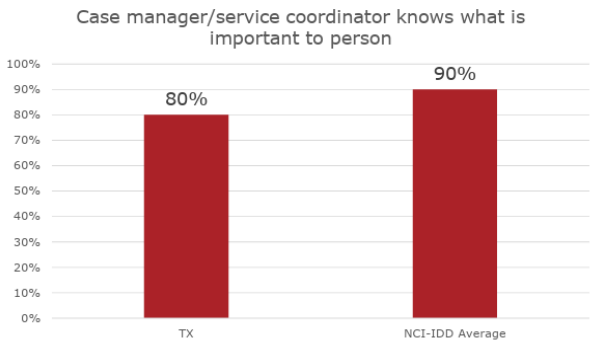


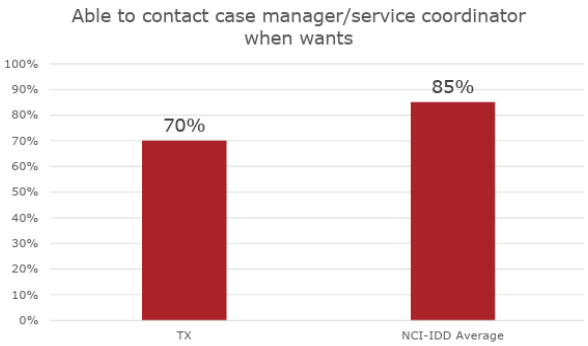
Satisfaction



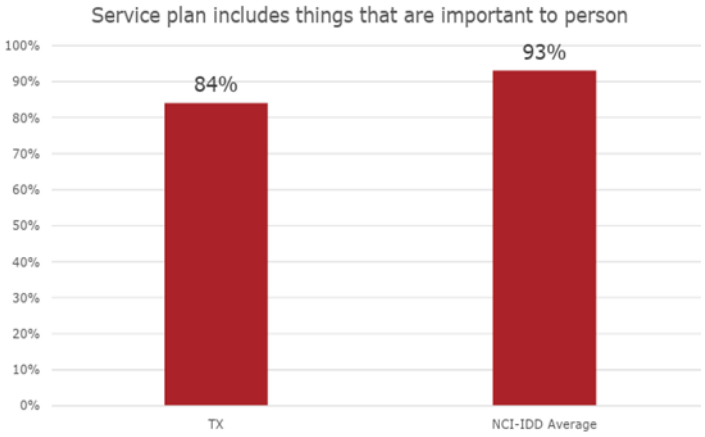


Service Coordination





Service Coordination

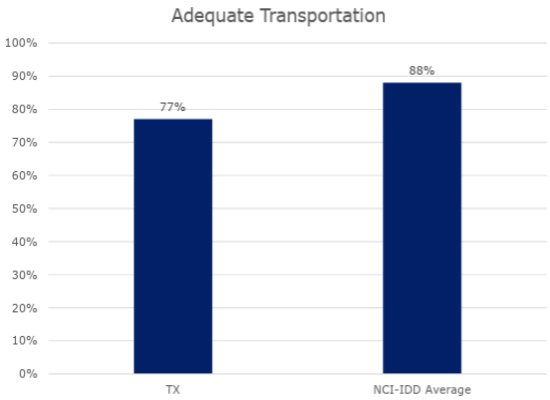


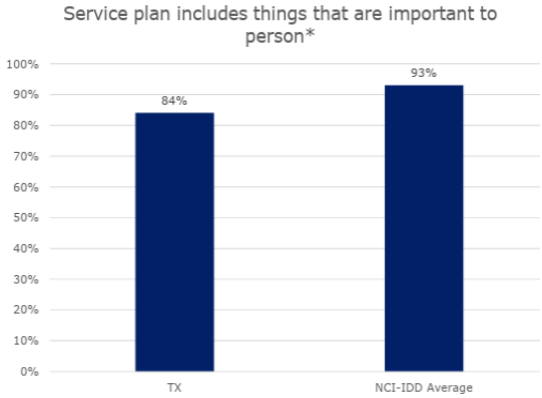
Looking Ahead Home and Community Bases Services Quality Measure Set

Mandatory NCI Measures for MFP States 2022-2023 Results Domains

1. Transportation
2. Person-centeredness
3. Community Inclusion
4. Safety

2022-2023 Results





*significantly below national average

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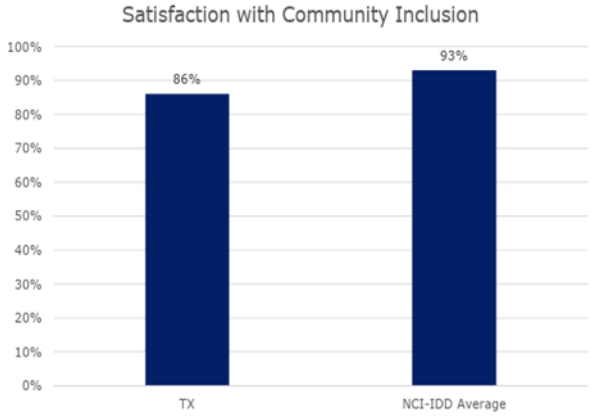
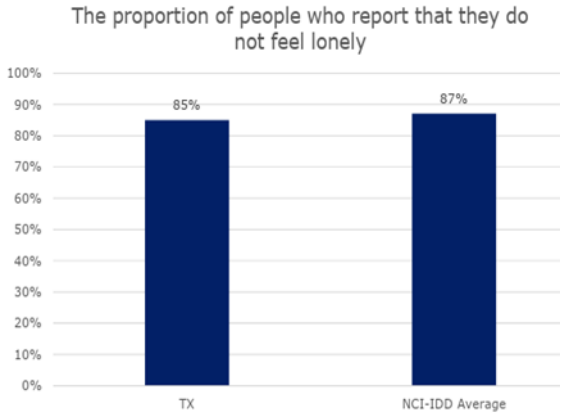
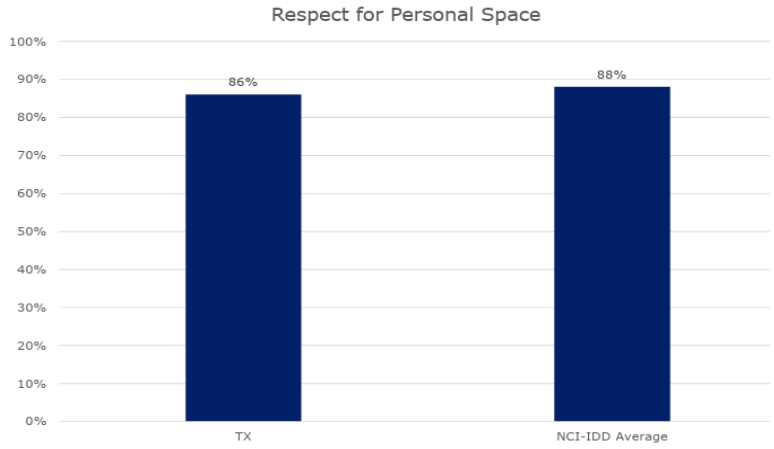






NCI Resources

- NCI-IDD Website: idd.nationalcoreindicators.org NCI-IDD - National Core Indicators People Driven Data
- NCI for Aging and Physical Disabilities (NCIAD): https://nci-ad.org/
- 2022-2023 NCI National Reports: https://www.nationalcoreindicators.org
- Frequently Asked Questions: (nationalcoreindicators.org) Frequently Asked Questions Frequently Asked Questions
- NASDDDS: https://www.nasddds.org/
- Advancing States: www.advancingstates.org
- HSRI: www.hsri.org

Discussion.

Diagnoses of individuals. We saw there is a lot of funding for mental illness diagnoses (co-occurring). Is there information breaking this out? HHSC stated the information does exist but is not in this presentation.

Self-direction supports: Do people understand what this means. Do people confuse this with CDS? HHSC stated that there is a need to clarify the definitions of self-direction and CDS.

How are host homes differentiated from foster care home? HHSC stated they would have to go back and look at the data. It could be a labeling error in the charts.

Regarding methodology. Some questions would not be appropriate for self-respondent due to degree of impairment. HHSC stated that there is a proxy determination process that provides a survey adaptation for the person responding on the member's behalf.

What is missing appears to be SSLC and ICF. Staff stated they will look at those two resident types.

4.Review of the Legislative Appropriations Request process and discussion of 89th Texas Legislature, Regular Session, 2025, HHSC Legislative Appropriations Request decisions

In Summary. HHSC CFO Trey Wood presented updates on the legislative appropriations request for the 89th Texas Legislature Regular Session 2025. The session concluded successfully with significant increases in funding for various agency initiatives, though not all requests were met. Notable funding included an increase in average wage for community attendants from $10.60 to $13 per hour, shifting from a minimum to an average wage to allow providers more flexibility, while 90% of funds must go to salary-related items and providers must report usage to HHSC.

There was discussion regarding barriers to further wage increases (e.g., to $17.50/hr.) centered on limited available funding and tough legislative decisions, with prior increases representing multi-billion dollar commitments.

The "One Big Beautiful Bill" has indirect but significant impacts on Texas Medicaid, mainly affecting hospital and physician reimbursement rates through changes in federal requirements for directed payment programs. Texas, not having Medicaid expansion, will need to reduce some rates to 110% of Medicare over time; the modeling of long-term effects is ongoing.

Current approach to releasing waiver slots is on a month-to-month basis, pending guidance from the legislative budget board, with ongoing concerns about keeping pace with population growth and demand. The agency uses population growth models to project slot needs but recognizes that the state is likely losing ground as new residents with disabilities increased demand. Details about regional distribution of slots are not fully available from the finance team but will be provided by Medicaid/community

services. Budgeting for Medicaid relies on delivered services and historical trends, as full authorized service data is not available; Medicaid typically underfunded at session outset, requiring later supplemental appropriations.

The exceptional item development process for the next session has begun; HHSC is soliciting public input through November 24. Input can be sent to CFOSTAKEHOLDERFEEDBACK@hhs.texas.gov;

Early stages of collaboration with the Texas Regulatory Efficiency Office were acknowledged, but specific impacts on HHSC are not yet clear.

Presentation and Discussion.

Attendant care average wage increased to $13.00 per hour from $10.60 per hour. This was based on average as opposed to minimum wage. A report is required. A question was asked about the failure of the Legislature to expand to $17.00 per hour. HHSC stated that it had to do with the amount they had to spend. A question was asked about dementia research and that got funded. Staff stated they can't speak t how that will work.

Impact on Medicaid from the cuts through One Big Beautiful Bill. HHSC stated this will impact rates in directed payment programs. States like Texas who have not expanded Medicaid they have to ramp down to 110% of the Medicare rate.

Regarding waiver slots, HHSC is still awaiting guidance from the LBB on how many slots are actually included in the appropriations bill. The Chair stated that slots were released to local authorities. HHSC stated the slot releases are on a month to month basis. A member stated we are losing slots, it appears, on a day to day basis. Staff stated that HHSC uses a population growth model in requesting slots.

Medicaid is an entitlement that is never completely funded by the legislature. A supplemental appropriation is always used to back fill the full funding for Medicaid.

Exceptional item development has begun, and ideas are being solicited by the agency from stakeholders. The solicitation is until November 24, 2025.

5, Consideration of the nonemergency medical transportation brochure recommendation

(Nonemergency Medical Transportation Program | Texas Health and Human Services)

In Summary. The committee reviewed a draft brochure (previously approved by subcommittee) aimed at demystifying non-emergency medical transportation for Medicaid and eligible populations. The brochure outlines eligibility, covered services (e.g., curb-to-curb rides, mileage reimbursement, meal/lodging when needed), and instructions on setting up a ride, including 48-hour notice requirements and exceptions.

FAQs address gas reimbursement, appeals, and ability to take attendants; ombudsman and complaints contacts is included.

Rural members raised concerns about rides not showing up or being cancelled without notice; HHSC guidance is to contact MCO immediately and follow up with ombudsman if unresolved.

The brochure was formally approved via roll call vote.

Presentation and Discussion: Consideration and Vote on Proposed NEMT Brochure

ORIGINAL BROCHURE PROVIDED BY IDD SRAC How to Access Nonemergency Medical Transportation (NEMT) Services

Introduction Nonemergency medical transportation services provide transportation for a Medicaid beneficiary or their child to and from Medicaid-covered health care and dental services. NEMT services are for people who have no other way to get to their health care visits, including people enrolled in: • Medicaid • Children with Special Health Care Needs program (CSHCN) • Transportation for Indigent Cancer Patient (TICP) NEMT services are not for emergencies or transportation by stretcher or ambulance. If you need a nonemergency ride in an ambulance or by stretcher, call your health plan or the provider of the health care service you need the ambulance to access. If you need emergency transportation, call 911.

NEMT Services NEMT services must be delivered in a manner that meets your needs, including accessibility.

- Demand response transportation service, which provides curb-to-curb transportation to and from a health care service in an accessible passenger vehicle, bus, van, sedan, or ride-share vehicle.
- Mass transit, which provides tickets or tokens to people to use to travel to allowable services.
- Individual Transportation Participant (ITP) services, which provides mileage reimbursement to a designated driver, who can be the individual receiving the health care service, for trips to and from a health care service.
- Meals and lodging for eligible overnight stays for people ages birth through 20 years.
- Advanced funds for ride and travel-related expenses for people ages birth through 20 years. If an individual requires an attendant, the attendant is covered.
- Airline fare when it is medically necessary and the most cost-efficient means of travel.

Setting up a Ride You should request NEMT services as early as possible, and at least two working days before you need a ride. The MCO, and its subcontractor, and HHSC must offer and arrange NEMT services to the individual and as applicable, to his or her NEMT attendant. If an attendant is required, you must mention this when scheduling your ride. In certain circumstances you may request an NEMT service with less than 48 hours' notice.

These circumstances include being picked up after being discharged from a hospital; trips to the pharmacy to pick up medication or approved medical supplies; and trips to receive treatment for urgent conditions. An urgent condition is a health condition that is not an emergency but is severe or painful enough to require treatment within 24 hours. (NB. Bold added for emphasis.) The MCO or HHSC may allow other exceptions to the 48-hour rule.

If your trip will take you out of town, call at least five working days before your appointment to schedule a ride.

Parental Accompaniment Children 17 years and younger who receive NEMT services must be accompanied by a parent or legal guardian, or by another

responsible adult approved by the parent or legal guardian. Parents or legal guardians who cannot travel with their child should provide the documentation required by their health plan or HHSC to designate another adult to travel with their child. Exceptions to parental accompaniment requirements are granted for confidential appointments based on the type of appointment.

Children between the ages of 15-17 may travel without an adult with the written permission from a parent, guardian, or other responsible adult. If you have a reason for going to an appointment without your parent or without parental consent, please contact HHSC or your health plan's designated transportation resource for information on your NEMT options.

FAQs

If I drive myself, can I be reimbursed for gas? Medicaid may be able to pay you or someone else who drives you to a health care service if your trip is approved before you travel. Payments are made by the mile at the HHSC-established mileage rate. To participate, drivers must sign up through the appropriate health plan or TMHP. Drivers must provide: • Copy of valid driver's license • Copy of the driver's Social Security card (the name must match the driver's license) • Copy of the current vehicle insurance and registration for the vehicle that will be used for mileage reimbursement

If my trip request is denied, how can I appeal? You may ask your health plan or HHSC to conduct an internal review of the denied services. People with a health plan should follow their health plan's process for submitting complaints and appeals. People without a Medicaid health plan should call 877-633-8747 (877-MED-TRIP).

You also have the right to request a fair hearing at any time. The request must be made through one of the following:

- in writing via mail, fax, or email to the fax/email must be sent to the HHSC by entering the appeal in TIERS. The Fair and Fraud Hearings Department does not receive appeal requests directly.
- verbally through: o calling 2-1-1, o speaking to your transportation provider or MCO, or o contacting your local HHSC Medicaid office; or
- in person, by visiting your local HHSC Medicaid office. If the issue is not resolved you can contact the HHS Office of the Ombudsman.

You can contact them by calling 877-787-8999. You can also send a fax to 888-780-8099 or write to: HHS Office of the Ombudsman P.O. Box 13247 Austin, Texas 78711-3247

Can I take an attendant when I use NEMT services? Yes, if approved by HHSC or the health plan. If you will be traveling with an attendant, please include this in your request for NEMT services.

How do I schedule an NEMT service? If you or your child is enrolled in a Medicaid health plan, contact your health plan's designated transportation resource. This information can be found on the HHSC website for each MCO at https://www.hhs.texas.gov/services/health/medicaid-chip/programsservices/medical-transportation-program/health-plan-contact-information. If you or your child is not enrolled in a Medicaid health plan, call the toll-free HHSC MTP hotline at 877-633-8747 (877-MED-TRIP).

To report fraud, waste, and abuse, call the Office of the Inspector General at 800-436-6184 or visit oig.hhsc.gov.

Discussion.

People in rural areas often experience no shows or cancellations. The brochure does not address what to do if the scheduled transportation does not show up. HHSC stated that they should contact the MCO immediately. If it goes unresolved then the ombudsman should be contacted.

MOTION: Approval of the brochure prevailed.

6. Consideration of updates and revisions to draft IDD SRAC bylaws.

Cathy Montalbano presented a detailed walkthrough of revisions to the committee's bylaws to align with updated statutes and agency policy. Bylaws have been updated to comply with the HHSC general bylaws updates.

Changes included: statutory references, updated definitions (conflict of interest, reasonable accommodations), clarified membership/subcategories, meeting frequency and quorum/voting rules, committee member expectations, subject matter expert participation, support staff responsibilities, and travel reimbursement procedures.

Questions addressed regarding government code references and meaning of committee abolishment; statutory context explained.

Revised bylaws were unanimously approved by roll call vote.

MOTION: approval of the bylaws prevailed

7. Senate Bill 1, 89th Texas Legislature, Regular Session, 2025, General Appropriations Act, Article II - HHSC Rider 23 project update on Attendant Rate Increases and Individual Cost limit changes

23. Base Wage Increase for Personal Attendant Services.

(a) Included in the amounts appropriated above in Goal A, Medicaid Client Services, Strategy D.2.3, Behavioral Health Waiver & Amendment, and Strategy F.1.2, Non-Medicaid Services, is $470,883,027 from the General Revenue Fund and $716,822,548 from Federal Funds ($1,187,705,575 from All Funds) in fiscal year 2026 and $494,762,919 from the General Revenue Fund and $753,159,237 from Federal Funds ($1,247,922,156 from All Funds) in fiscal year 2027 to increase the base wage for personal attendant services to $13.00 per hour, increase the associated payroll costs, taxes, and benefits percentage to 15.0 percent for services provided in residential settings and 14.0 percent for services provided in non-residential settings, and increase the associated administrative rate by $0.24 per hour.

(b) The Health and Human Services Commission (HHSC) shall utilize any funds that were previously expended for the attendant compensation rate enhancement programs for the base wage increase described in subsection (a) and shall discontinue the attendant compensation rate enhancement programs for community care services, intermediate care facility services, and intellectual and developmental disability services.

(c) Out of funds appropriated in Strategy B.1.1, Medicaid & CHIP Contracts and Administration, HHSC shall continue to collect biennial cost reports from providers to

monitor the average hourly wage and associated payroll costs, taxes, and benefits. HHSC shall calculate for each provider the total amount that was paid to the provider that is attributable to the direct care wages, payroll costs, taxes, and benefits, the amount expended by the provider for that purpose, and the ratio of expenses to revenue to determine a direct care wage and benefits expense ratio. HHSC shall report to the Legislative Budget Board, the Lieutenant Governor, the Speaker of the House of Representatives, and the Office of the Governor on an annual basis by November 1 of each year on the findings, including a list of providers whose calculated direct care staff wage and benefits expense ratio is less than 0.90.

In Summary. Senate Bill 1 (Texas Legislature 2025) and HHSC Rider 23 provided appropriations to increase personal attendant rates and discontinue the Attendant Care Rate Enhancement (ACRE) programs. This affected waivers including CLASS, DBMD, HCS, Texas Home Living (TXHML), STAR+ HCBS, and MDCP. The rate increases also impact state plan and non-waiver services (Primary Home Care, Community Attendant Services, Family Care, HCBS ,Title 20 DAHS and Residential Care, ICFs, and Nursing Facilities).

Cost limits for IDD waivers were raised as follows:

- DBMD and CLASS: $114,736.07 → $149,774
- Texas Home Living: $17,000 → $31,684
- HCS: varied based on Level of Need (e.g., limited LON 1/5/8: $167,468 → $169,182; pervasive plus LON 9: $305,877 → $392,318)

CMS approved waiver and state plan amendments with an effective date of September 1, 2025; CLASS, DBMD, HCS, Texas Home Living, MDCP, amendments were all approved in late August 2025. Related rules in the Texas Administrative Code were updated with the new cost limits, and these became effective September 17, 2025. Information letters and provider/MCO notices were sent out to communicate these changes.

Stakeholder Engagement and Communication. Multiple webinars were held for FMSAs, Texas Home Living HCS, local authorities, and the IDD System Redesign Advisory Committee throughout June–July 2025. Weekly updates were provided to external stakeholders during late August–early September 2025 and calls and notices were issued to providers, MCOs, and others regarding implementation status and CMS approvals. GovDelivery alerts were sent regarding form revisions.

HHSC Communications.

Direction on Implementation of Medicaid Waiver Cost Limit and Rate Changes Effective Sept. 1, 2025

On Aug. 28, 2025, HHSC published the following information letters (ILs) on the intellectual and developmental disability waiver cost limit increases, discontinuation of Attendant Care Rate Enhancement, and individual plan of care revision process to update attendant rates effective Sept. 1, 2025: Deaf Blind with Multiple Disabilities IL 2025-22, Community Living Assistance and Support Services IL 2025-23, Home and Community-based Services IL 2025-21, and Texas Home Living IL 2025-19.
Please review the ILs for more information on implementation of these changes and where to direct questions.

Updated ICF/IID and STAR+PLUS Fee Schedules for Personal Attendant Services Payment Rates

HHSC has published updated fee schedules for Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID) and STAR+PLUS - Home and Community-Based Services Assisted Living, regarding the approved payment rates for personal attendant services in various programs.
The HHSC Provider Finance Department (PFD) webpage has more information about the approved payment rates.

If you have further questions, email HHSC PFD, Long-term Services and Supports (LTSS), Center for Information and Training, or call us at (737) 867-7817.

Discussion.

Regarding the attendant rate increase. There is confusion about the average rate vs the minimum rate. Staff answered they have to talk with rate setting in provider finance and they will get back to the committee.

Local authorities are trying to interpret how the cap increase for TxHML will work especially regarding the therapies and utilization review. They will look at the processes and see if there are any changes.

Will there be an opportunity to comment on a rate that will be related more to real world conditions. Staff stated that through the rule revision process, the rules were reviewed and adopted, and a comment period was afforded to stakeholders. Future rule revisions will have an opportunity for stakeholder input as well. The waiver amendment process also affords an opportunity for comment. The waiver amendments were approved with the new cost limits which were implemented in September.

8. HHSC response to public comment on Deaf Blind with Multiple Disabilities recommendations.

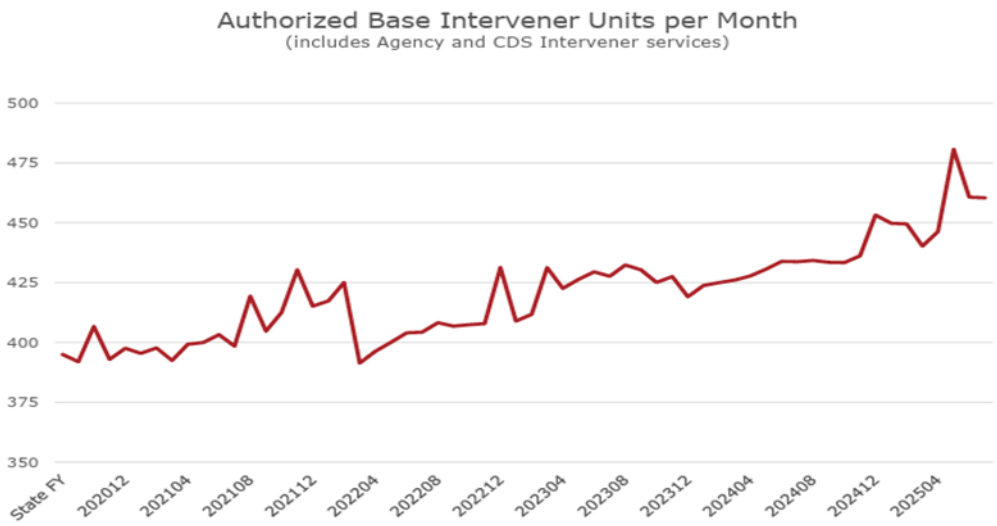
In Summary. An overview of intervener service was provided: these are specialized support for deafblind individuals, delivered by trained staff with career ladder levels defined in Texas statute. The program serves 300–315 people; and the number has increased only slightly in recent years. HHSC data shows a gradual increase in authorized intervener service units (hourly basis) since 2020.

- Small but steady rise in average units authorized per person.
- Number of people served is relatively stable, with a minor increase each legislative session.
- Adverse actions (e.g., service denials) have increased in line with user numbers but remain low overall (e.g., 15 adverse actions in FY25 among 181 users).
- Remands (requests for more information or corrections) are common but stable, reflecting normal administrative processes.
- Clarification was requested whether "average units per person" was computed yearly or monthly; Kate Layman will take this back to verify.

Presentation.

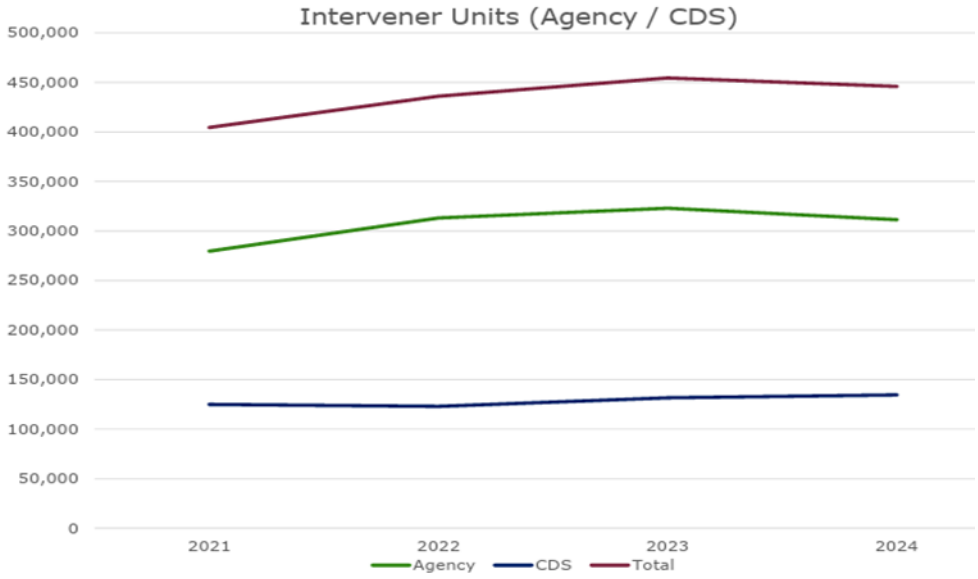
Intervener Services

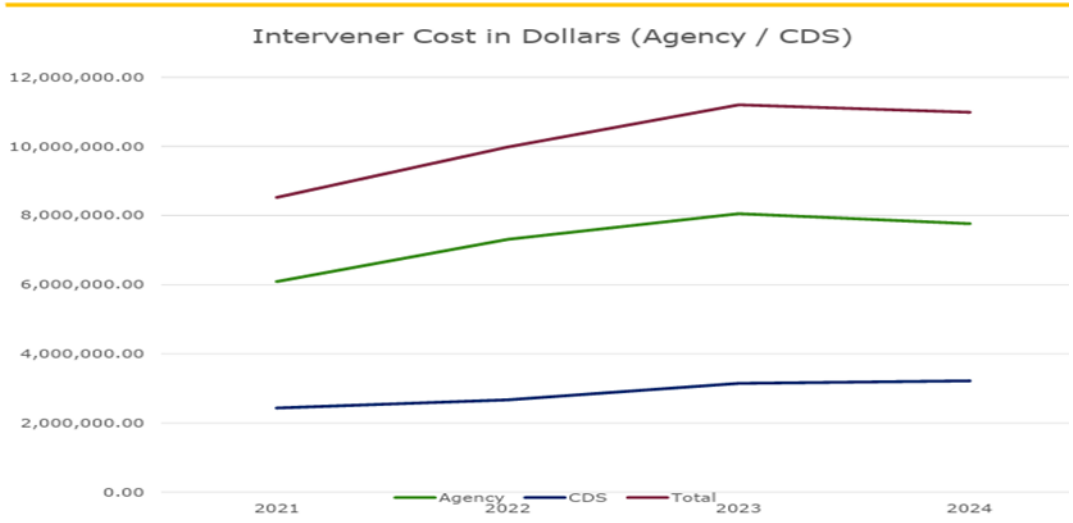
- Service provider must have specialized training and skills in deaf blindness
- Works with one individual at a time, serving as a facilitator to involve an individual in home and community services and activities
- Service provider must be classified as an Intervener, Intervener I, Intervener II, or Intervener III in accordance with Texas Government Code §526.0404

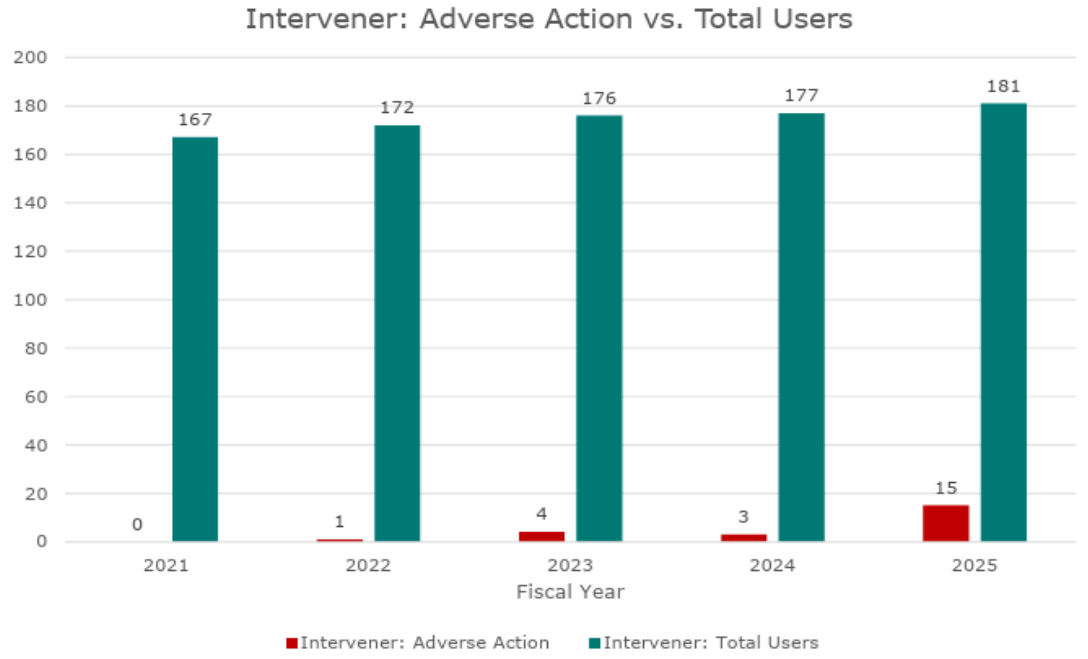


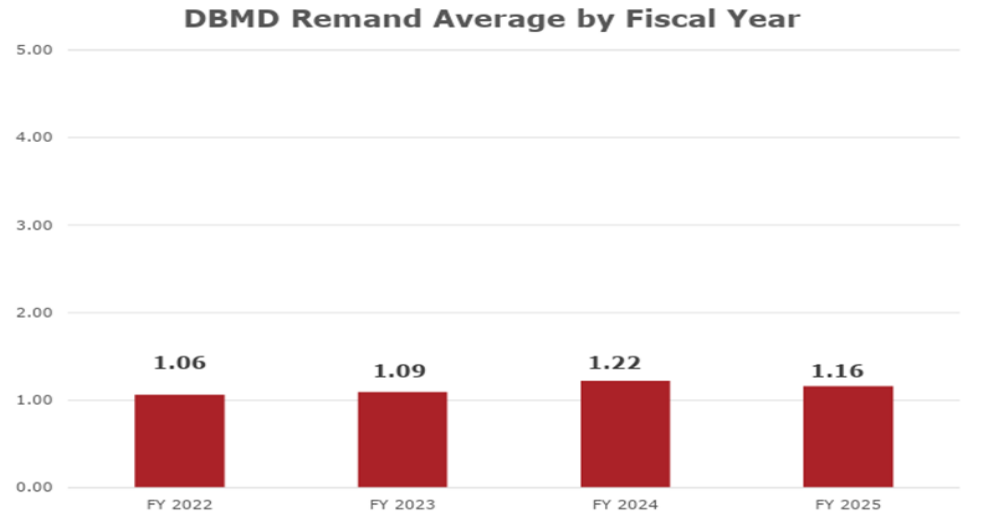
Intervener Hours – Average Units per Person

Fiscal Year	Agency Option	CDS Option
FY 2021	220	178
FY 2022	228	182
FY 2023	233	186
FY 2024	240	188
FY 2025	246	203


Intervener Units (Agency / CDS)
500,000
450,000
400,000
350,000
300,000
250,000
200,000
150,000
100,000
50,000
0
2021
2022
2023
2024
Agency
CDS
Total


Intervener Cost in Dollars (Agency / CDS)
12,000,000.00
10,000,000.00
8,000,000.00
6,000,000.00
4,000,000.00
2,000,000.00
0.00
2021
2022
2023
2024
Agency
CDS
Total


Intervener: Adverse Action vs. Total Users
200
180
160
140
120
100
80
60
40
20
0
167
172
176
177
181
0
1
4
3
15
2021
2022
2023
2024
2025
Fiscal Year
Intervener: Adverse Action
Intervener: Total Users


DBMD Remand Average by Fiscal Year
5.00
4.00
3.00
2.00
1.00
0.00
1.06
1.09
1.22
1.16
FY 2022
FY 2023
FY 2024
FY 2025

Discussion.

What are the average hours presented (monthly or annually). Staff stated it appears to be monthly, but they will verify.

Broadcasting issues prevented Texas Insight from providing full coverage of the Q and A portion of this section.

9. Review of available Medicaid employment services and process to obtain services

In Summary. HHSC's waiver-based employment services include pre-vocational readiness, employment assistance, and supported employment. Services are time-limited, non-job-specific, initially focused on skill-building for those not yet ready for employment.

Employment readiness and pre-vocational services are delivered in settings simulating employment environments and are not tied to job placement. The service planning team uses person-centered planning to determine service duration and content based on individual strengths and needs.

Employment assistance is job-specific, time-limited (up to 180 hours per year), and supports job search, application, and interview skills for individuals ready to seek employment. Supported employment is individualized and ongoing, designed for job retention, independence, and includes job coaching and problem-solving support. Employment services are coordinated between HHSC waivers and Texas Workforce Commission (TWC), with TWC as primary provider when eligible, and a "warm handoff" to waiver services for long-term supports.

Texas is an Employment First state; employment is prioritized for people with disabilities in publicly funded services. Service coordinators/case managers must regularly ask and document individuals' employment interests via the HHSC Form 8401 (Employment First Discovery Tool). The process includes early and repeated inquiry at enrollment, annual renewals, significant change, and person-centered planning meetings. Employment assistance via HHSC waivers can begin while TWC eligibility is determined and resumes if TWC finds the individual ineligible or ends services. Some of the HHSC supports are unavailable through TWC and may include transportation

(certain waivers), pre-vocational services, and adaptive aides. Coordination is needed to prevent service gaps during transitions between agencies.

Discussion.

Attendees highlighted gaps between individualized skills/socialization (ISS) and employment readiness services, and the challenge of transitioning between them without service interruption.

Questions were raised about whether individuals can alternate ISS and employment readiness in the same week; Staff answered in the affirmative acknowledging that flexible, gradual transition is possible within program restrictions.

There is a need for clearer provider training and tools to explain and differentiate employment-related services to individuals and families.

Concerns were raised about TWC's Start My VR online portal not functioning reliably, causing access issues

Inter-agency consent forms and coordination remain a barrier; various agencies require different consent forms and processes, complicating navigation.

Delays or gaps in supported employment services were noted, especially during transitions from TWC to waiver services (e.g., 30-day wait issues with CLASS waiver).

10.IDD SRAC subcommittees updates

System Adequacy-- System adequacy work groups focus on wage rates, access to waivers, needs in CLASS waiver, and service delivery inefficiencies. ***Texas Insight*** covered this subcommittee meeting in its entirety and the summary can be found at IDDSRAC System Adequacy Subcommittee – Texas Insight

Collaboration with Managed Care. ***Texas Insight*** covered this subcommittee meeting in its entirety and the summary can be found at IDDSRAC Collaboration with Managed Care Subcommittee – Texas Insight

Meaningful Skills Development and Employment Services. The meaningful skills subcommittee did not meet.

11. Public comment.

Linda Litzinger, Texas Parent to Parent commented on system adequacy. Utilization reviews were changed from five ear to annually. This has the impact of delaying renewal. There should be person centered planning to access the best time for the review. This is having negative service impact on services for clients. CLASS raises were not realized.

12. Review of action items and agenda items for next meeting. Next meeting February 5th.

Agenda Items

- Review of the interest list questionnaires
- Preparing recommendations for a draft for the next meeting for discussion (but not a vote)
- ISS update and data sharing
- Medicare to Medicaid brokering
- Update on slot release plan
- Exceptional Item Development
- follow up on Ms. Litzingers comments and avoidance of a potential gap in services.

13. Adjourn. There being no further business, the meeting was adjourned.