



Health and Human Services IDD SRAC) | System Adequacy Subcommittee

April 23, 2026

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.





Members of the Subcommittee:

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

Members Present Sue Burick, Sheri Talbot, Amy Foxman, Kimberly Dowty, Mark Olson, Jena Pena

2. Consideration of October 8, 2025, subcommittee draft meeting minutes. The minutes were approved as drafted

3. IDD SRAC CMC discussion on data needed from HHSC to support the recommendations and focus on system redesign



HHSC walked through limitations and status of the subcommittee's large data request.

Pending/in progress items included EVV data for the CLASS program, interest list questionnaire data (not yet available), data on transfers, crisis respite use, and inpatient psychiatric stays.

Items identified as not tracked/not available to HHSC included quarterly listening session attendance counts, wage data (HHSC can provide rates but not actual worker wages), staff turnover rates (SSLCs/ICFs/waivers), CLASS participant functional need/mobility detail, attendant "multi-person at the same time" utilization, and reliable authorization-but-not-used comparisons (HHSC generally has utilization, not authorization data).

HHSC flagged that some requested items (e.g., ER visits, hospital stays, psych inpatient, arrests/incarceration) require complex cross-matching and may be incomplete due to waiver/Medicaid disenrollment rules; the subcommittee was asked to confirm what is truly essential for recommendations. They expressed privacy constraints explaining when counts fall below 30, HHSC suppresses values (shown with a "#") to avoid potential HIPAA-identification risk; HHSC offered to explore alternative aggregation if needed.

"Inactive" on the interest list was clarified as individuals unreachable after three attempts (coded "code 6"); HHSC noted the interest list website includes categories like "unable to locate" and "no response" and committed to confirm what's available.

The "311 calls" request was clarified later as a local authority "311 screening encounter code," not city/municipal 3-1-1 calls.

Pending items

SA	FY 2024, FY 2025, FY 2026 1st and 2nd Quarter	Unmet needs of people in CLASS Waiver	Access	Number of CLASS participants with more than one authorized service requiring Electronic Visit Verification (EVV)	HHSC is still reviewing this data for accuracy.
SA	FY 2024, FY 2025, FY 2026 1st and 2nd Quarter	System inefficiencies - Interest List Process	Unmet needs	Interest List Questionnaire data on needs	The interest list questionnaire data is not available at this time.
SA	FY 2024, FY 2025, FY 2026 1st and 2nd Quarter	System inefficiencies - complex needs not met in community settings	Unmet needs: Transfers	Number of people, by Waiver, who transferred Number of people, by Waiver, who transferred more than once	
SA	FY 2024, FY 2025, FY 2026 1st and 2nd Quarter	System inefficiencies - complex needs not met in community settings	Unmet needs: Crisis	Comparison data by Waiver of number of people using crisis respite to number of people with inpatient psychiatric stays	

Not Available

Requested Timeframe	Recommendation	Data Indicator	Requested Data	HHSC response
FY 2024, FY 2025, FY 2026 1st and 2nd Quarter	IDD System Crisis	Outreach (future data request)	Number of attendees at quarterly listening sessions (capturing participation by legislators, waiver recipients, family members and stakeholders)	HHSC is unable to provide this information
FY 2024, FY 2025, FY 2026 1st and 2nd Quarter	IDD System Crisis - Workforce wages	Livable wages	Comparison of nursing wages by SSLC, ICF/ID, IDD Waivers and Private Duty Nursing	HHSC is unable to provide information on wages. The only information that HHSC can provide related to this are the established rates. Rate information is publically available.
FY 2024, FY 2025, FY 2026 1st and 2nd Quarter	IDD System Crisis - Workforce wages	Livable wages	Comparison of Direct Support Professional (DSP)/Attendant wages by SSLC, ICF/ID and IDD Waivers (Provider Cost Reports)	HHSC is unable to provide information on wages. The only information that HHSC can provide related to this are the established rates. Rate information is publically available.
FY 2024, FY 2025, FY 2026 1st and 2nd Quarter	IDD System Crisis - hire, train, retain	Continuity of staff	Comparison of turnover rates by SSLC, ICF/ID and IDD Waivers	HHSC does not have access to this information.
FY 2024, FY 2025, FY 2026 1st and 2nd Quarter	Unmet needs of people in CLASS Waiver	Unmet need: Protective Supervision	Number of CLASS participants by age, by functional need, and by mobility need	HHSC does not have this information.
FY 2024, FY 2025, FY 2026 1st and 2nd Quarter	Unmet needs of people in CLASS Waiver	Access	Number of attendants who provide services to multiple people at the same time	HHSC does not have this information.

Processed for the Subcommittee (incomplete Listing)

FY 2024, FY 2025, FY 2026 1st and 2nd Quarter	IDD System Crisis - hire, train, retain	Provider Capacity	Number of contracts capped Number of contracts issued by year for the past 10 years Number of contracts with zero enrollees for the past 18 months (snapshot)	Refer to Tab 1. Provider Contracts
FY 2024, FY 2025, FY 2026 1st and 2nd Quarter	IDD System Crisis	Establish baseline: Impact of IDD System Crisis	Number of enrolled unusual client deaths by waiver program	Refer to Tab 2. Death & ANE
FY 2024, FY 2025, FY 2026 1st and 2nd Quarter	IDD System Crisis	Establish baseline: Impact of IDD System Crisis	Comparison of Abuse, Neglect, and Exploitation (ANE) by setting (Residential, program site, other community setting), and if possible, by program (SSLC, ICF/ID, IDD Waivers)	HHSC can provide this information by program but are not able to provide this information by setting. Refer to Tab 2. Death & ANE
FY 2024, FY 2025, FY 2026 1st and 2nd Quarter <i>Note from HHSC: For utilization data, only 2024 data is available at this time. 2025 data will be available in May 2026. 2026 data is not yet available</i>	IDD System Crisis	Establish baseline: Impact of IDD System Crisis	Number of Emergency Room visits related to a behavioral health event (available through encounters/claims)	This level of detail is not available. HHSC can pull data on the number of ER visits, but won't be able to provide information on why each visit occurred. Refer to Tab 3. BH ER Visits
Data from the past 10 years (2015 to 2025)	IDD System Crisis - hire, train, retain	Provider Capacity: Residential	Number of people served by residential type (Group home [ICF/ID and HCS] and HHCC) by year for the past 10 years Total number of people served for each of the 10 years	Refer to Tab 4. Clients by Residence. Still obtaining total number served and ICF data.
Snapshot in time: September 1 of each year 2020-2025	IDD System Crisis - hire, train, retain	Provider Capacity: Residential	Number of vacancies by residential type (Group home [ICF/ID and HCS])	HHSC does not require unused capacity of bedrooms at any given time. Refer to Tab 4. Clients by Residence
FY 2024, FY 2025, FY 2026 1st and 2nd Quarter	IDD System Crisis - hire, train, retain	Provider Capacity	Providers offering benefits per cost reports	Committee clarified that this request from the Provider Cost Reports is for the reported costs of health insurance, retirement plans, and PPO if these benefits are offered.
FY 2024, FY 2025, FY 2026 1st and 2nd Quarter	Unmet needs of people in CLASS Waiver	Unmet need: ISS	Number of CLASS participants with no authorized employment support: prevocational, employment assistance, or supported employment.	Individualized Skills and Socialization is not an employment service but can provide the number of people in CLASS receiving employment services. Refer to Tab 9. Employment Services by Waiver
FY 2024, FY 2025, FY 2026 1st and 2nd Quarter	System inefficiencies - Interest List Process	Accuracy of Interest List	Number of people receiving a Long Term Care Medicaid program while waiting for a Waiver	Refer to Tab 10. Interest List
FY 2024, FY 2025, FY 2026 1st and 2nd Quarter	System inefficiencies - Assessment of level of need	Utilization Review	Number of Utilization Review events by Waiver Number of Utilization Review events resulting in reduction in services by Waiver Number of appeals to Utilization Review decisions by Waiver	Refer to Tab 11. UR by Waiver
FY 2024, FY 2025, FY 2026 1st and 2nd Quarter <i>Note from HHSC: For utilization data, only 2024 data is available at this time. 2025 data will be available in May 2026. 2026 data is not yet available.</i>	System inefficiencies - dental needs not met in community settings	Unmet needs: Dental	Number of adults accessing one or more dental services by waiver Number of children accessing one or more dental services by waiver	Refer to Tab 12. Dental
FY 2024, FY 2025, FY 2026 1st and 2nd Quarter	Unmet needs of people in CLASS Waiver	Access	Number of CLASS participants with more than one authorized service requiring Electronic Visit Verification (EVV)	HHSC is still reviewing this data for accuracy.
FY 2024, FY 2025, FY 2026 1st and 2nd Quarter	System inefficiencies - Interest List Process	Unmet needs	Interest List Questionnaire data on needs	The interest list questionnaire data is not available at this time.

Highlights of the data HHSC shared (Tables Below)

- Provider contract terminations/voluntary terminations and executed contracts.

- Deaths (with small-number suppression as needed).
- Emergency department visits and behavioral-health-related ED visits, including definitions using claims/encounter data.
- HCS clients by residence type (3-person, 4-person, host home/companion care labeled “foster,” and own/family home) across ~10 years; note that movement across settings can affect totals.
- Clients served (2017–2025) for IDD waivers and ICFs; Sherry asked whether ICF counts include SSLCs (HHSC to confirm they should not).
- Discussion of Texas Home Living (TxHmL) “shrinkage” vs. HCS growth: HHSC noted more people at the top of the TxHmL interest list choose to wait for HCS, potentially influenced by access to Community First Choice (CFC); another factor raised was earlier “refinance” impacts that created a temporary bubble; HHSC noted the increased TxHmL cost ceiling may change future trends.
- SSLC admissions data (not perfectly unduplicated if individuals moved across SSLCs within a year).
- CLASS service plan submissions/authorizations and days between them.
- Employment services utilization, noting Employment Readiness was new (starting partway through FY25) and FY25/FY26 are partial year.
- Interest list individuals receiving Medicaid services.
- Additional data noted as pulled but undergoing quality checks before release: target group releases (e.g., promoting independence, diversion/DFPS-related target groups) and dental services (ensuring correct interpretation for adults vs. children and state plan vs. waiver).

Detailed Data Provided

Contract Termination Data

Provider Contract Terminations			
Terminations/ FY	FY24	FY25	FY26 (Q1 & Q2)
Voluntary Terminations	21	71	22
Terminations/ FY	12	4	17

**Involuntary terminations include contracts terminated due to failure to deliver services for a consecutive 12-month period. Of the involuntary terminations, 5 of the 12 in FY24, 3 of 4 in FY25, and 15 of the 17 in FY26 were due to contracts not serving individuals for at least a consecutive 12-month period.*

Contract Executions	
2026	74
2025	230
2024	257
2023	74
2022	53
2021	33
2020	100
2019	97
2018	237
2017	173
2016	83

Deaths

Number of enrolled unusual client deaths by waiver program

Program	FY 2024	FY 2025	1st Qtr 2026	2nd Qtr 2026
CLASS	62	44	#	#
DBMD	#	#	#	#
HCS	303	344	81	141
TxHmL	#	#	#	#
LIDDA	66	30	#	#

Note: Provide Death Information for FY 2024, FY 2025, FY 2026, 1st and 2nd Quarter from CIMS.

Number Abuse, Neglect, and Exploitation (ANE) by program

Program	FY 2024	FY 2025	1st Qtr 2026	2nd Qtr 2026
CLASS	36	59	#	#
DBMD	#	#	#	#
HCS	1953	1563	356	261
TxHmL	#	#	#	0
LIDDA	209	213	45	#

Note: Information not available by community setting.

Emergency Department Data

TX Medicaid IDD Waiver Clients, Specific Medicaid Utilization, SFY 2024

Medicaid Behavioral Health (BH) Emergency Department (ED) Visits

Waiver	Clients	Claims/Encounters	Amount Paid	Visits
Community Living Assistance and Support Services (CLASS)	#	#	#	#
Home and Community-Based Services (HCS)	#	36	\$9,538.82	32
Medically Dependent Children Program (MDCP)	#	32	\$8,763.40	#
STAR+PLUS HCBS	1,395	3,158	\$985,067.20	2,283
Texas Home Living Waiver (TxHML)	0	0	\$0.00	0

Notes

Cannot share due to the small number of users.

Data includes paid and partially paid (header claim status P, E) Medicaid Fee for Service claims and managed care encounters for emergency department visits related to behavioral health diagnoses, provided during SFY 2024 Medicaid LTSS waiver enrollment months (September 2023 - August 2024), based on header from date of service. ED visits are defined as inpatient, outpatient, or professional claim types (transaction type 837 codes I, P) where procedure code is 99281-99285 or revenue code is 450-9, 761-2, 981 or place of service is 23 (among professional MC encounters). These were limited to claims/encounters where primary diagnosis code on the claim starting with F% (behavioral health includes mental health F2-F6, F9, and substance use disorders (F1, F11), and intellectual and developmental disabilities (F7, F8)). This includes diagnoses with symptoms and signs constituting part of a pattern of mental disorder (does not include diagnoses listed under symptoms and signs, involving cognition, perception, emotional state and behavior, .e.g R45.851 Suicidal ideations).

Amount paid is the sum of the detail paid amount on the managed care encounter or fee-for-service claim.

Medicaid managed care is paid on a capitation basis. The managed care paid amount represents the cost of services as reported by the managed care health plans, not amounts included in capitation and paid by the state.

Clients by Residence type

Clients By Residence Type

Date Range: 09/01/2016-02/28/2026

Notes: This sheet contains client counts of HCS and TxHML waiver clients by Residence Type and Service Category. Residency within a specific Residence Type does not signify services rendered or provided. This is why unduplicated totals between Clients by Residence Type and Clients by Service Category tabs will not match.

RSS and SI are only related to 3 and 4 bed homes.

TxHML does not have group homes and thus does not have any related service categories.

State FY	Service Group Desc	Service	Residence Type	Clients
2016		21 Home and Community-Based Services	3 Bed Home	4797
2016		21 Home and Community-Based Services	4 Bed Home	5165
2016		21 Home and Community-Based Services	Foster/Companion Care	13944
2016		21 Home and Community-Based Services	Own Home/Family Home	5404
2016		21 Home and Community-Based Services	Yearly Waiver Total	26860
2017		21 Home and Community-Based Services	3 Bed Home	5013
2017		21 Home and Community-Based Services	4 Bed Home	5307
2017		21 Home and Community-Based Services	Foster/Companion Care	14534
2017		21 Home and Community-Based Services	Own Home/Family Home	5147
2017		21 Home and Community-Based Services	Yearly Waiver Total	27619
2018		21 Home and Community-Based Services	3 Bed Home	4988
2018		21 Home and Community-Based Services	4 Bed Home	5236
2018		21 Home and Community-Based Services	Foster/Companion Care	14701
2018		21 Home and Community-Based Services	Own Home/Family Home	4841
2018		21 Home and Community-Based Services	Yearly Waiver Total	27544
2019		21 Home and Community-Based Services	3 Bed Home	5110
2019		21 Home and Community-Based Services	4 Bed Home	5250
2019		21 Home and Community-Based Services	Foster/Companion Care	14750
2019		21 Home and Community-Based Services	Own Home/Family Home	4648
2019		21 Home and Community-Based Services	Yearly Waiver Total	27652
2020		21 Home and Community-Based Services	3 Bed Home	5002
2020		21 Home and Community-Based Services	4 Bed Home	5208
2020		21 Home and Community-Based Services	Foster/Companion Care	15217

Clients Served

Medicaid IDD Waiver and ICF Clients Served

SFY	CLASS	DBMD	TxHML	HCS	ICF IID
2017	5,513	321	5,698	25,839	4,896
2018	5,637	333	5,453	26,044	4,862
2019	5,513	339	5,290	26,089	4,773
2020	5,382	335	4,572	26,223	4,709
2021	5,544	320	3,672	26,957	4,538
2022	6,070	313	3,082	28,066	4,429
2023	6,214	310	2,756	28,733	4,287
2024	6,054	295	2,547	28,657	4,081
2025	6,007	310	2,532	29,476	3,980

Notes:

Figures represent average monthly clients served and are not yet final (subject to continued retroactive adjustments), based on Feb 2026 report data.

ICF client served figures are estimated based on paid(filled) bed days per month data.

FY2020-2024 are impacted by the Covid Public Health Emergency and related federal policies, volatility in served and enrollments occurred during this period.

SSLC Admissions

State Supported Living Center (SSLC) Admissions

Total Served by Fiscal Year as of 8/31/2020						
Total Served by Facility						
SSLC	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020
Brenham	300	292	280	270	263	251
Lubbock	214	208	202	197	200	195
Austin	266	193	187	185	188	181
Abilene	362	323	300	287	273	272
Mexia	348	301	300	306	295	284
San Angelo	240	237	240	226	219	206
Corpus Christi	239	230	225	214	209	193
Lufkin	338	322	311	304	294	284
Richmond	355	340	340	338	331	319
El Paso	114	111	111	98	97	100
Denton	488	475	471	464	469	454
Rio Grande	80	74	68	69	69	65
San Antonio	259	243	241	233	228	208
Totals	3603	3349	3276	3191	3135	3012

State-wide	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020
Total Served (Unduplicated)	3541	3328	3237	3165	3087	3000

Total Served by Fiscal Year as of 2/28/2026						
Total Served by Facility						
SSLC	FY2021	FY2022	FY2023	FY2024	FY2025	FY2026
Abilene	266	264	264	260	260	247
Austin	181	175	170	168	182	179
Brenham	247	241	235	236	231	224
Corpus Christi	192	188	180	176	171	171
Denton	437	420	393	387	410	401
El Paso	104	106	103	103	106	104
Lubbock	198	204	205	208	206	199
Lufkin	267	262	246	239	237	219
Mexia	269	269	271	278	286	255
Richmond	314	306	320	313	317	310
Rio Grande	66	72	73	72	72	68
San Angelo	194	185	158	151	149	127
San Antonio	197	193	204	204	197	188
Totals	2932	2885	2822	2797	2824	2692

State-wide	FY2021	FY2022	FY2023	FY2024	FY2025	FY2026
Total Served (Unduplicated)	2869	2818	2787	2765	2779	2678

New SSLC Admissions	
Fiscal Year	New Admissions
FY2016	160
FY2017	139
FY2018	149
FY2019	129
FY2020	89
FY2021	104
FY2022	120
FY2023	133
FY2024	174
FY2025	170
FY2026	70

Total served by facilities includes all served per facility, including those residents that transferred to another facility. If a resident was served at any time in the facility and has moved to another facility, the resident is counted as being served in both facilities.

Service plan Submissions vs authorizations

Days pending between authorization submission and authorization approval				
FY	Program	Utilization Review	Program Provider	Provider Claims Support
2024	CLASS	9.4112	9.5196	2.6859
2025	CLASS	8.0847	7.5049	2.0845
2026 (Q1&Q2)	CLASS	8.4792	4.8922	1.2738

Notes:

- Number of days pending, reflects an average number of days with each entity
- Day count for UR and PCS is measured in business days, count for ext. program provider is measured in calendar days
- Queried only data from "complete" cases
- Queried only data involving Renewals, Revisions, Rate Change IPCs
- Selected only UR staff
- UR processing time includes initial review and subsequent reviews tied to remands.**

Employment Services

Date Range: 09/01/2023-02/28/2026

Note: Employment Readiness (ER) was implemented by HHSC on January 1, 2025 for the HCS, TxHML, and DBMD waivers. This service is not yet being utilized/ billed for, therefore there is no data available at this time.

CLASS

State FY	Service Group Cd	Service Group	Service Desc	Client Count
2024		2 CLASS	SE	#
2024		2 CLASS	EA	0
2024		2 CLASS	Pre-Voc Hab	500
2025		2 CLASS	SE	#
2025		2 CLASS	EA	0
2025		2 CLASS	Pre-Voc Hab	563
2026		2 CLASS	SE	#
2026		2 CLASS	EA	0
2026		2 CLASS	Pre-Voc Hab	417

DBMD

State FY	Service Group Cd	Service Group	Service Desc	Client Count
2024		16 DBMD	SE	0
2024		16 DBMD	EA	0
2025		16 DBMD	SE	#
2025		16 DBMD	EA	0
2025		16 DBMD	ER	0
2026		16 DBMD	SE	#
2026		16 DBMD	EA	0
2026		16 DBMD	ER	0

Interest list Data

Interest List Clients with Overlapping Medicaid Services

Fiscal Year	Program ID	Program	Interest List Count	Receiving Medicaid Services Overlap
FY2024	2001	CLASS	91,951	16,303
	2002	DBMD	2,367	340
	2003	MDCP	10,250	390
	2004	HCS	128,196	26,877
	2517	STAR+	28,537	13,911
	2544	TXHML	116,863	21,787
FY2024 Total		ALL PROGRAMS	205,359	49,228
FY2025	2001	CLASS	97,628	16,876
	2002	DBMD	2,839	372
	2003	MDCP	9,671	375
	2004	HCS	133,437	26,394
	2517	STAR+	36,968	16,758
	2544	TXHML	120,549	21,060
FY2025 Total		ALL PROGRAMS	219,672	52,020
FY2026 (Q1+Q2)	2001	CLASS	99,977	16,530
	2002	DBMD	2,545	328
	2003	MDCP	9,699	339
	2004	HCS	132,546	24,097
	2517	STAR+	26,317	13,540
	2544	TXHML	120,958	19,782
FY2026 (Q1+Q2) Total		ALL PROGRAMS	210,663	46,889

General

This workbook sheet includes Community Services Interest List and Long Term Services and Supports data for the time frame of Calendar Years 2024, 2025, & 2024 Q1 and Q2.

Counting

Client counts represent the unduplicated count of clients and were calculated as the distinct count of clients using the clients' identification number. Unduplicated subtotals may not sum to unduplicated totals because a client may be present in multiple strata, e.g., they may have received services from more than one managed care organization in the same period of time; the unduplicated total counts them only once.

Recommendations and Benchmarks Were Discussed.

The group discussed how to present recommendations and supporting data in a way legislators will actually read. Mr. Olson emphasized the need to narrow/prioritize recommendations, avoid long lists of “fund this/fund that,” and create a concise “abstract” up front with detailed tables/backup in an appendix.

Ms. Dowty (with prior legislative office experience) reinforced that anything beyond a front/back one-pager risks not being seen, advocating for key points first and deeper detail in the back.

Ms. Tucker, subject matter expert, shared the Children and Families Policy Council approach: subcommittees draft recommendations, then a writing group (typically 1–2 people per subcommittee) reframes/organizes content; they separate needs by individual/family vs. community vs. systems vs. legislature/funding, and use small callout boxes for key data with an appendix for detail.

Ms. Talbot noted the challenge of redundancy across subcommittees (example: CFC efficiency appearing under another group) and suggested a “scrub” across the total document to reduce duplication while keeping prior work intact.

IDD System Crisis Created by Inadequate Rates and Wages

Recommendations

Recommendation 1 Provide sustainable funding to address the workforce crisis by funding attendant and Direct Service Professional (DSP) wages to be competitive market wages (at least \$1719.50 per hour or parity with SSLC DSP rates) 1 2 across all community-based settings which include group homes, host homes, family homes, and individuals’ own residences.

Benchmarks:

- HHSC completes analysis of the impact of the 89th legislature inadequately raising the DSP wages to a less than a competitive market level (nursing shortages, group home closures, deaths, health emergencies, LTSS contract closures (ICF, HCS, TxHmL)



- Data Needs: Provider Contract Closure (# Closures, Voluntary or Involuntary), # of clients impacted, # of clients impacted receiving residential services
 - Data Needs: Deaths (Form 8493/HCS), # of deaths for clients by waiver,
 - Data Need: ER Visits through encounters/claims,CIMS data
- Attendance numbers at quarterly listening sessions coordinated by HHSC for legislators, waiver recipients, their families and IDD Provider Stakeholders beginning Quarter 1, Fiscal Year 2026 through Quarter 4, Fiscal Year 2027.
- Data Needs: Are attendance records available. Yes, for events sponsored by Policy, others would be dependent on the program and software used.
- HHSC completes market analysis of livable wages for nurses, DSPs, and attendants to inform the 90th legislative session by June 2027.
- Survey of nursing wages by SSLC, HCS, PDN
 - Survey of DSP/Attendant wages - SSLC, Provider cost reports
- HHSC completes rate analysis for DSPs delivering CFC through a rate structure equivalent to residential and Individualized Skills and Socialization rates based on LON by June 2027.
- HHSC completes rate analysis for sustainable CFC rates that allow for hiring and retention of DSPs with skills and abilities in teaching habilitation to persons with complex needs by June 2026. Requests rate increases in the 90th Legislative Appropriations Request (LAR).

The group started reviewing System Adequacy recommendations live, focusing on what data is realistically available and what to cut. There was agreement to remove benchmarks that are not likely obtainable (example: quarterly listening session attendance counts).

There was discussion on "rates vs. wages": HHSC advised rates are more actionable/within legislative/HHSC control; members noted "wages" remains important for legislators' understanding and can be discussed as downstream from rates even if direct wage data isn't available.



Ms. Talbot requested a crosswalk/cross-reference between benchmarks, and which data requests can/ cannot be supported; HHSC offered to help.

Recommendation 2 In addition to funding for wages, fund strategies to hire, train and retain DSPs to ensure the health and safety of persons with IDD. Fund a Workforce Survey, an Access to IDD Services Monitoring Plan, a Training Curriculum, and a Benefits Study.

Benchmarks:

- HHSC completes DSP Workforce Survey and analysis to inform the 90th legislative session by June 2027. The survey obtains information to assess direct care workers, attendant, and nurse staffing issues among employers of community-based IDD waiver, community-based ICF/IID and other Medicaid-funded disability services. The Survey informs the 'Access to IDD Services Monitoring Plan.'

- DATA: What data would be used to establish a baseline

- HHSC implements an ongoing 'Access to IDD Services Monitoring Plan' to gather data reported by HHSC to the 90th Legislature and future sessions. HHSC should monitor quarterly and report annually to the legislature on the following factors impacting the stability of the IDD workforce:

- Turnover and retention of DSPs and attendants. (Survey of Private providers, SSLC)
- Contract terminations, voluntary and involuntary, across all IDD Waivers and facilities.
- Group home closures not associated with a contract termination. (Can this be tracked by closed location codes? HCS and ICF. Important to know this in order to understand the gap. If not available through HHSC, request Private Provider Associations)
- Capacity in IDD Waivers and ICF/ID facilities: Contracts at capacity; contracts requesting HHSC to cap capacity; Contracts requesting expansion into new contract areas; Contracts requesting to lift cap; and the number of new (first-time) contracts.

- HHSC develops and implements a training curriculum for staff delivering CFC services to persons with complex needs by August 2027. DATA: Strategies that have been



developed for workforce development. State had a workgroup. What was recommended, what has been implemented?

- HHSC completes a study of health and dental benefit options for IDD Waiver and ICF/ID providers to offer employees. The study should consider mental health benefits, impact on rates, experience in other states, and pooled insurance programs.

Workforce survey benchmark feasibility was questioned; HHSC noted post-Dec 2026 capacity constraints and that a survey would require significant resources and could displace other priorities; suggestion raised to consider longer-term planning (e.g., for a later session) or use external sources. Ms. Smith agreed to locate ANCOR workforce reports (potentially state-breakout if available); Sue noted Texas advocacy orgs may have wage analyses from prior sessions.

Recommendation 3 Fund the expansion of critical professional services such as nursing and behavior supports to better support DSPs caring for persons with complex medical and behavioral needs. Fund amendments to 1915 © HCBS Waivers (HCS, CLASS, TxHmL, DBMD) for the implementation of flexibilities, incentives, add-on rates, and other process improvement initiatives to retain staff.

- HHSC completes cost analysis for expansion of nursing and behavior supports and staff retention measures HCBS Waivers (HCS, CLASS, TxHmL, DBMD) by August 2028.
- DATA: Strategies that have been developed for workforce development. State had a workgroup. What was recommended, what has been implemented?
- HHSC completes public notice and public comment period by June 2029
- HHSC submits request for an amendment to 1915 (c) HCBS Waivers (HCS, CLASS, TxHmL, DBMD) for the expansion of nursing and behavior support benefits and staff retention measures by December 2029.

Access to IDD Medicaid Waivers

Mr. Olson volunteered to review and cut further if possible; Mr. Olson raised a question about the Texas v. Kennedy (Section 504-related) lawsuit and potential impact on “promoting independence”; HHSC staff present were not familiar.



Interest list “encounters” metric discussion clarified that LA “311” is a screening encounter code used broadly (initial outreach/options counseling, biennial contact, inquiries), so it may not be “clean” as a pure outreach measure.

Recommendation

- 1) Fully fund sufficient slots to reduce the waiver Interest Lists, enrolling all eligible persons currently on the interest list by August 31, 2035 and by minimally funding a 10 percent reduction per year. Manage the interest lists moving forward by setting policy to limit wait times to no more than 5 years to plan for future needs. Access funds through all current and future available initiatives.
- 2) Fully fund sufficient slots for the Promoting Independence Plan to transition from or prevent unnecessary institutionalization, provide comprehensive and accurate information, and support timely access to services for children and adults in the most integrated setting.
- 3) Implement strategies to identify gaps and unmet needs of people currently on Waiver Interest Lists that will validate the accuracy of the Interest List, establish a level of need, and refer people to available resources while waiting for a Medicaid Waiver program. Publish timely information and data gathered through the Interest List Questionnaire process. Streamline and simplify the eligibility and enrollment process.
- 4) Implement strategies to reduce the growth rates of the waiver interest list by providing the right community-based service at the right time. Prioritize funding to address the following: aligning financial eligibility in the TxHmL Waiver with other waiver programs, strengthening the CFC program with the addition of transportation and respite, and increasing awareness through a concerted, statewide outreach effort.
- 5) Establish outreach programs for families and training for Local Authority staff responsible for assisting persons to access Medicaid 3 Waiver programs. Implement strategies to provide information about the Medicaid Waiver Interest Lists at annual ARD meetings schools and to community and acute care service providers.
- 6) Update research on other states interest list reduction strategies and prioritize development and implementation of interest list reduction strategies in Texas.

Benchmarks

1) Number of appropriated slots by legislative biennium by Medicaid Waiver programs. Actual (range), rather than average, length of time on the Medicaid Interest List by Medicaid Waiver program. Comparison reporting of persons currently served and persons waiting for waiver services. a. Data Needs: Described

2) Number of appropriated slots by legislative biennium to support the Texas Promoting Independence Plan and prevent institutionalization. Number of attrition slots authorized by Health and Human Services to prevent institutionalization in the absence of appropriated slots. b.a. Data Needs: Described

3) Standardized processes for assessing initial and ongoing needs for persons on the Medicaid Waiver Interest Lists. Quarterly data reporting on Interest List Questionnaire. c.a. Data Needs: Described

4) Number of outreach encounters by Local Authorities to inform families about the Medicaid Waiver Interest Lists and available services and supports. d.a. Comment: LIDDAs currently capture this as a Code 311 Encounter. However, it is used for multiple actions: PEII, Adding to IL, Completion of IOP, Biennial Contacts. The Encounter is captured in MBOW but not CARE. Texana FY 2025 - 3,011

5) Number of trainings and number of persons trained in the standardized processes for accessing Medicaid Waiver programs. 2)6) Question: Could this be captured through HHSC Learning Portal? 3)7) Number of states researched for implementation of interest list reduction strategies since 2019.

CLASS unmet needs recommendations were recognized as complex with many recommendations; Olson and Burick will streamline the recommendations. Data constraints were reiterated: HHSC cannot pull data on attendants serving multiple people at the same time; CLASS functional/mobility need detail not tracked. HHSC stated that ages can be provided.

Addressing inefficiencies in the IDD delivery system/programs recommendation Identified as having the most overlap with other recommendations (interest list, service array expansion, behavioral supports, CDS, EVV/EBB).



Recommendations to address inefficiencies in the IDD service delivery system and programs.

Recommendations

Recommendation 3 - Elizabeth, Anna Fund the addition of enhanced behavioral health service benefits within all IDD Medicaid Waiver programs, to include a short-term crisis and stabilization setting, to support children and adults dually diagnosed with IDD and behavioral health diagnoses. The benefit would provide short-term enhanced support for persons in crisis and at risk for psychiatric hospitalization or admission to institutional care, as well as those transitioning from institutional care or from jail.

Benchmarks: TBD

Recommendation 1 Fund improvements to the existing Interest List processes.

Secret Shopper/Protocol developed by SRAC

Move recommendations about the IL process included in the recommendations for Access to Waivers to this recommendation.

Benchmarks: [Ohio Assessment for Immediate Need and Current Need | Department of Developmental Disabilities](#)

[Ohio's Waiver Waiting List | Department of Developmental Disabilities](#)

Recommendation 6 Fund improvements to the CDS option. –

Benchmarks: TBD Data: # of clients using CDS Option by Waiver and by age

Recommendation 7 Fund improvements to the EVW system. –

Benchmarks: TBD

Recommendation 2 - Replace the ICAP and fund the implementation of the Inter-RAI-ID assessment or other assessment tool.



Benchmarks: TBD Data: # of UR, # of UR resulting in reduction in Services, # of appeals to UR decisions

Recommendation 3 - Fund development of housing initiatives for persons with IDD.

Benchmarks: TBD

Recommendation 3 - Improve access to dental services for adult Medicaid waiver recipients ages 21 and older.

Benchmarks:

- Provide adult waiver recipients with a list of contracted waiver dental providers at least once a year and upon request.
- Document that dental services were discussed at least once a year, including asking the waiver recipient if they used waiver dental services during the prior year and asking if they have a list of dental providers who can provider dental services through the waiver.

4. Public comment. There was no public comment offered

5. Review of action items and agenda items for next meeting

There was a lot of unfinished business in editing the recommendations that will have to be addressed at the next 2 meetings.

Next Meetings: Meet twice between now and July. June 18th and July 16th

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

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