

RIDER 28 COST COMPARISON REPORT

INTRODUCTION

The 2012-2013 General Appropriations Act (Article II, Department of Aging and Disability Services, Rider 28, H.B. 1, 82nd Legislature, Regular Session, 2011) directs the Department of Aging and Disability Services to prepare a report analyzing the costs of state and federally funded residential and non-residential services for persons with intellectual disabilities and related conditions for which it is the Medicaid operating agency.

Institutional services are delivered at state-operated and non-state-operated Intermediate Care Facilities for Individuals with Intellectual Disability or Related Conditions (ICF/IID). ICF/IID services include residential services, habilitation services, medical services, skills training and adjunctive therapy services.

Non-institutional services are provided by two 1915(c) Medicaid waiver programs: Home and Community-based Services (HCS), and Texas Home Living (TxHmL). HCS and TxHmL services include adaptive aids, case management, counseling and therapies (audiology, speech/language pathology, occupational therapy, physical therapy, dietary services, social work and psychology), minor home modifications, dental treatment, nursing, residential assistance, respite, day habilitation and supported employment. The HCS service array also includes residential services provided in three-bed and four-bed group homes.

Medicaid reimbursed acute care services, such as hospitalization and doctor visits, provided to consumers in non-state operated ICFs/IID, HCS, and TxHmL are paid by the Texas Health and Human Services Commission (HHSC). For the State Supported Living Centers (SSLCs), these costs are covered in the per diem reimbursement rate.

SCOPE OF THE REPORT

This report includes an analysis of the total average monthly Medicaid costs for persons served in each of the following settings:

- 1. SSLCs
- 2. ICFs/IID other than SSLCs
- 3. HCS Residential
- 4. HCS Non-residential
- 5. TxHmL

The cost data includes all Medicaid expenditures, both programmatic and acute care for these populations, as well as the distribution of each population by Level of Need (LON). The costs for State Supported Living Centers include SWICAP (statewide indirect cost allocation plan), DICAP (department indirect cost allocation plan), maintenance and construction costs, employee benefit costs and other federally allowable administrative, medical and overhead costs. The data in this report covers the time period of State Fiscal Year 2011 (September 1, 2010 through August 31, 2011).

This report shows monthly Medicaid costs per consumer for the five different settings identified above. Where the State is the service provider (SSLCs), these costs are not intended to be used for the purpose of determining the incremental impact to the State of increasing or reducing the number of consumers in that setting. As a service provider, the SSLCs have certain operating costs that will not be impacted with a small increase or decrease in the number of consumers served. When the change in numbers of consumers is significant enough to impact these operating costs, they will be impacted to different degrees depending on how many consumers are admitted or discharged and the number of facilities involved.

Where the State is paying providers for services, such as ICFs/IID other than SSLCs and the HCS/TxHmL waivers, the annual costs per consumer lend themselves more readily to determining incremental budget impact of changing caseloads.

LEVELS OF NEED

Five levels of need (LON) have been developed to ensure that consumers' individual needs are met. The consumer's LON is based on his/her score on the Inventory for Client and Agency Planning (ICAP). In the ICF/IID program, a consumer's LON may be adjusted upward to account for special medical or behavioral conditions. An adjustment may be made for an HCS consumer to account for behavioral conditions.

• <u>Intermittent</u> (LON 1)

This individual does not need 24-hour care, demonstrates very independent living skills, with no significant maladaptive behavior noted. Staff intervention is typically reminders with some guidance required.

• Limited (LON 5)

The skill level of a person at a Limited LON ranges from fairly independent to some personal care reminders/guidance needed. Behavior intervention or hands-on personal care assistance may be required. Individuals may have psychiatric disorders, which may be fairly well-controlled with medication. Staff intervention ranges from reminders to 24-hour guidance and support.

• Extensive (LON 8)

The skill level of a person at an Extensive LON ranges from no self-help skills (due to physical limitations) to demonstrating some basic self-help skills. Staff intervention includes personal care assistance utilizing hands-on techniques and/or implementation of behavioral interventions.

• Pervasive (LON 6)

This individual may have some basic self-help skills and demonstrates challenging behavior requiring intervention. Consumers in this level of need may even require one-on-one supervision or care for safety reasons, but not 16 hours a day.

• Pervasive Plus (LON 9)

Individuals at this LON require one-on-one staff supervision within arm's length of the consumer during all waking hours due to their life-threatening behavior.

- **28.** Cost Comparison Report. Out of funds appropriated above, the Department of Aging and Disability Services (DADS) shall develop a report for the Legislature analyzing state and federally funded residential and nonresidential services in Home and Community-based Services (HCS), Texas Home Living, and Intermediate Care Facilities for individuals with Mental Retardation and Related Conditions (ICF-MR/RC).
- a. The report shall include the following:
 - (1) the monthly average cost to the state per person for individuals residing in state operated and non-state operated ICF-MR/RC, HCS waiver program, and Texas Home Living waiver program by Level of Need (LON), and facility size (private ICF-MR only);
 - (2) a comparison of severity across settings;
 - (3) the total number of persons, by LON, who transitioned from state-operated ICF-MR/RC to the HCS residential waiver program for the previous biennium, and their average monthly cost of service in the HCS waiver program.
- b. With respect to the cost to the state per person residing in a state operated ICF-MR/RC facility, the department shall include all costs, such as Statewide Indirect Cost Allocation Plan (SWICAP), Departmental Indirect Cost Allocation Plan (DICAP), maintenance and construction costs, employee benefit costs and other federally allowable administrative, medical and overhead costs. With respect to the cost to the state per person in state-operated ICF-MR/RC facilities, non-state operated ICF-MR/RC facilities, and the HCS and Texas Home Living waivers, the department shall include all Medicaid costs including acute care costs that are not included in the waiver rate for those programs and all costs to administer and license those programs. For state-operated ICF-MR/RC facilities, the average monthly administrative and overhead costs shall be reported separately from the average monthly client care costs. The department shall identify the types of costs included in each category.
- c. Cost for waiver recipients will cover the time a person enrolled in the waiver through the time they are terminated from waiver services. The cost for ICF/MR services will cover the time a person is admitted to the facility to the time of discharge unless the person is admitted to an ICF/MR or waiver within 60 days of discharge. In that case the Medicaid costs incurred during discharge will be counted toward the ICF/MR costs:

Monthly Average Cost per Individual Served by Setting Fiscal Year 2011

		ge Monthly Cost dividual Served
State Operated ICF-IID/RC (State Supported Living Center [SSLC]	7)	
Client Care Costs		13,119.84
Administrative/Overhead Costs		4,401.20
Total State operated ICF-IID/RC costs	\$	17,521.04
Non -State Operated ICF-IID/RC (Community ICF/IID)		
Long-Term Care Costs		4,466.49
Acute Care Costs		346.58
Total non-State operated ICF-IID/RC costs	\$	4,813.07
HCS Waiver: Residential		
Long-Term Care Costs		5,098.83
Acute Care Costs		955.44
Total HCS: Residential costs	\$	6,054.27
HCS Waiver: Non-Residential		
Long-Term Care Costs		2,631.21
Acute Care Costs		712.14
Total HCS: Non-Residential costs	\$	3,343.35
HCS waiver: All Settings		
Long-Term Care Costs		3,465.31
Acute Care Costs		793.71
Total HCS: All Settings costs	\$	4,259.02
Texas Home Living Waiver (TxHmL)		
Long-Term Care Costs		678.94
Acute Care Costs		695.32
Total TxHmL Costs	\$	1,374.26

Non-state Operated ICF/MR by Facility Size Fiscal Year 2011

Average number of individuals served per Month:

	Small	Medium	Large	Total
Intermittent (LON 1)	1,062	220	75	1,357
Limited (LON 5)	2,301	294	382	2,977
Extensive (LON 8)	789	37	113	939
Pervasive (LON 6)	301	3	97	401
Pervasive Plus (LON 9)	<u>13</u>	<u>0</u>	<u>2</u>	<u>15</u>
Total	4,466	554	669	5,689
Monthly Average cost per in	dividual:			
Intermittent (LON 1)	\$4,013.30	\$3,187.12	\$2,807.31	\$3,812.94
Limited (LON 5)	\$4,560.24	\$3,625.52	\$3,308.46	\$4,307.14
Extensive (LON 8)	\$5,223.67	\$4,370.65	\$4,156.19	\$5,061.12
Pervasive (LON 6)	\$6,472.08	\$5,552.90	\$5,444.06	\$6,216.15
Pervasive Plus (LON 9)	\$11,608.18	<u>N/A</u>	\$9,781.68	\$11,400.62
Total	\$4,696.57	\$3,510.23	\$3,723.05	\$4,466.49

Source: Ad Hoc Report from DADS claims payment data.

	State Operated ICF-IID/RC IO		Opei	Non-state Operated ICF-IID/RC Total ICF-IID/RC		HCS V	Waiver	Texas Home Living Waiver		Total V	Waiver	
Level of Need	#	%	#	%	#	%	#	%	#	%		
Intermittent (LON 1) % of Total	263	5.23%	1,320	19.53%	1,583	13.43%	2,725	29.19%	894	47.13%	3,619	32.22%
Limited (LON 5) % of Total	1,923	38.26%	3,358	49.68%	5,281	44.81%	4,073	43.64%	744	39.22%	4,817	42.89%
Extensive (LON 8) % of Total	1,738	34.58%	1,287	19.04%	3,025	25.67%	1,808	19.37%	210	11.07%	2,018	17.97%
Pervasive (LON 6) % of Total	1,085	21.59%	773	11.44%	1,858	15.77%	703	7.53%	49	2.58%	752	6.70%
Pervasive Plus (LON % of Total	17	0.34%	21	0.31%	38	0.32%	25	0.27%	-	0.00%	25	0.22%
Total	5,026	100%	6,759	100%	11,785	100%	9,334	100%	1,897	100%	11,231	100%

	State Operated Operate ICF-IID/RC ICF-IID/		Non-state Operated ICF-IID/RC Total ICF-IID/RC		HCS V	Waiver	Texas Home Living Waiver		Total V	Waiver		
Level of Need	#	%	#	%	#	%	#	%	#	%		
Intermittent (LON 1) % of Total	249	5.05%	1,305	19.59%	1,554	13.40%	3,225	29.45%	872	47.42%	4,097	32.03%
Limited (LON 5) % of Total	1,863	37.75%	3,296	49.49%	5,159	44.49%	4,757	43.43%	720	39.15%	5,477	42.82%
Extensive (LON 8) % of Total	1,740	35.26%	1,283	19.26%	3,023	26.07%	2,088	19.07%	202	10.98%	2,290	17.90%
Pervasive (LON 6) % of Total	1,065	21.58%	751	11.28%	1,816	15.66%	852	7.78%	45	2.45%	897	7.01%
Pervasive Plus (LON % of Total	18	0.36%	25	0.38%	43	0.37%	30	0.27%	-	0.00%	30	0.23%
Total	4,935	100%	6,660	100%	11,595	100%	10,952	100%	1,839	100%	12,791	100%

	State Operated ICF-IID/RC		Opei	Operated UF-IID/RC Total ICF-IID/RC		HCS V	Waiver	Texas Home Living Waiver		Total V	Waiver	
Level of Need	#	%	#	%	#	%	#	%	#	%		
Intermittent (LON 1) % of Total	194	4.03%	1,318	20.33%	1,512	13.38%	3,720	29.68%	899	48.94%	4,619	32.14%
Limited (LON 5) % of Total	1,787	37.08%	3,262	50.32%	5,049	44.67%	5,406	43.13%	703	38.27%	6,109	42.51%
Extensive (LON 8) % of Total	1,770	36.73%	1,208	18.63%	2,978	26.35%	2,385	19.03%	186	10.13%	2,571	17.89%
Pervasive (LON 6) % of Total	1,047	21.73%	674	10.40%	1,721	15.23%	977	7.80%	49	2.67%	1,026	7.14%
Pervasive Plus (LON % of Total	21	0.44%	21	0.32%	42	0.37%	45	0.36%	-	0.00%	45	0.31%
Total	4,819	100%	6,483	100%	11,302	100%	12,533	100%	1,837	100%	14,370	100%

	State O ICF-II	perated D/RC	Ope	state rated ID/RC	Total ICI	F-IID/RC	HCS V	Waiver		Home Waiver	Total V	Waiver
Level of Need	#	%	#	%	#	%	#	%	#	%		
Intermittent (LON 1) % of Total	197	4.20%	1,363	21.52%	1,560	14.15%	4,158	29.23%	759	51.46%	4,917	31.32%
Limited (LON 5) % of Total	1,791	38.16%	3,212	50.70%	5,003	45.37%	6,205	43.62%	547	37.08%	6,752	43.00%
Extensive (LON 8) % of Total	1,700	36.22%	1,130	17.84%	2,830	25.66%	2,687	18.89%	133	9.02%	2,820	17.96%
Pervasive (LON 6) % of Total	982	20.92%	612	9.66%	1,594	14.45%	1,129	7.94%	36	2.44%	1,165	7.42%
Pervasive Plus (LON % of Total	23	0.49%	18	0.28%	41	0.37%	47	0.33%	-	0.00%	47	0.30%
Total	4,693	100%	6,335	100%	11,028	100%	14,226	100%	1,475	100%	15,701	100%

	State O ICF-II	perated D/RC	Opei	state rated ID/RC	Total ICI	F-IID/RC	HCS V	Vaiver		Home Waiver	Total V	Waiver
Level of Need	#	%	#	%	#	%	#	%	#	%		
Intermittent (LON 1) % of Total	232	5.25%	1,431	22.86%	1,663	15.57%	4,543	28.95%	679	54.45%	5,222	30.82%
Limited (LON 5) % of Total	1,710	38.66%	3,178	50.77%	4,888	45.75%	6,868	43.76%	437	35.04%	7,305	43.12%
Extensive (LON 8) % of Total	1,586	35.86%	1,076	17.19%	2,662	24.92%	3,008	19.17%	104	8.34%	3,112	18.37%
Pervasive (LON 6) % of Total	872	19.72%	556	8.88%	1,428	13.37%	1,225	7.81%	27	2.17%	1,252	7.39%
Pervasive Plus (LON % of Total	23	0.52%	19	0.30%	42	0.39%	51	0.32%	-	0.00%	51	0.30%
Total	4,423	100%	6,260	100%	10,683	100%	15,695	100%	1,247	100%	16,942	100%

	State O ICF-II	perated D/RC	Ope	state rated ID/RC			HCS V	Waiver	Texas Home Living Waiver		Total V	Waiver
Level of Need	#	%	#	%	#	%	#	%	#	%		
Intermittent (LON 1) % of Total	241	5.91%	1,356	23.53%	1,597	16.23%	5,308	28.76%	573	54.31%	5,881	30.14%
Limited (LON 5) % of Total	1,587	38.93%	2,982	51.75%	4,569	46.44%	8,050	43.61%	376	35.64%	8,426	43.18%
Extensive (LON 8) % of Total	1,423	34.90%	986	17.11%	2,409	24.48%	3,566	19.32%	90	8.53%	3,656	18.74%
Pervasive (LON 6) % of Total	806	19.77%	420	7.29%	1,226	12.46%	1,466	7.94%	16	1.52%	1,482	7.60%
Pervasive Plus (LON % of Total	20	0.49%	18	0.31%	38	0.39%	67	0.36%	-	0.00%	67	0.34%
Total	4,077	100%	5,762	100%	9,839	100%	18,457	100%	1,055	100%	19,512	100%

Level of Need	State O ICF-II #	perated D/RC %		e Operated IID/RC %	Total IC	F-IID/RC %	HCS V	Waiver %		s Home g Waiver %	Total #	Waiver %
Devel of ficed	11	/0	11	70	II	70	Ir	70	11	70	11	70
Intermittent (LON 1) % of Total	555	13.78%	703	30.82%	1,258	19.94%	5,688	28.02%	2,328	42.72%	8,016	31.13%
Limited (LON 5) % of Total	1,594	39.58%	1,155	50.65%	2,749	43.59%	8,846	43.58%	2,378	43.63%	11,224	43.60%
Extensive (LON 8) % of Total	985	24.46%	282	12.36%	1,267	20.09%	3,987	19.64%	612	11.23%	4,599	17.86%
Pervasive (LON 6) % of Total	859	21.33%	125	5.48%	984	15.60%	1,680	8.28%	132	2.42%	1,812	7.04%
Pervasive Plus (LON 9) % of Total	34	0.84%	16	0.70%	50	0.79%	95	0.47%	-	0.00%	95	0.37%
Total	4,027	99.99%	2,281	100.01%	6,308	100.01%	20,296	99.99%	5,450	100.00%	25,746	100.00%

Note: The data for this report was prepared as of August 31, 2011

Review of Selected Physical and Mental Health Conditions (State Supported Living Centers, Community ICFs/MR, and HCS) Data Reported as of August 31, 2011

Comparison of Consumers with Selected Health Conditions and Mental Health Diagnosis by Setting

	State -C	Operated	State O	perated	Non-State	Operated				
	ICF-M	IR/RC	ICF/MR: B	ond Homes	ICF/MR	:private	H	CS	All Cor	sumers
	Number of	% of								
	Consumers									
SELECTED HEA	LTH CON	DITIONS:								
Ambulatory	2,728	70.42%	12	70.59%	5,351	95.11%	18,230	89.27%	26,321	87.92%
Non-ambulatory	1,138	29.38%	5	29.41%	273	4.85%	2,136	10.46%	3,552	11.86%
No MR/RC										
Assessment	8	0.21%	0	0.00%	2	0.04%	55	0.27%	65	0.22%
Total										
Ambulatory/										
Non-ambulatory	3,874	100.00%	17	100.00%	5,626	100.00%	20,421	100.00%	29,938	100.00%
SELECTED MEN	NTAL HEA	LTH DIAG	NOSES:							
Schizophrenia										
or Bipolar	622	16.06%	1	5.88%	485	8.62%	1,450	7.10%	2,558	8.54%

Note: Percentages are based on data from the MR/RC assessment regarding diagnosis of schizophrenia or bipolar disorder as well as ambulatory and non-ambulatory status for consumers in the above setting with a current valid MR/RC assessment as of 08/31/2011.

Average Dollars Paid by Month for Home and Community-based Waiver Services for People who Transitioned from State Supported Living Centers in FY2011

Residence Type	LON		Mean	Number of People	Std. Deviation	Minimum	Maximum
Non-Residential		1	\$2,232.80	2	\$40.16	\$2,204.40	\$2,261.20
		5	\$2,176.80	8	\$674.74	\$629.65	\$2,767.47
		8	\$3,800.95	3	\$627.03	\$3,402.10	\$4,523.69
	Total		\$2,560.22	13	\$912.12	\$629.65	\$4,523.69
Residential			\$4,808.18	1		\$4,808.18	\$4,808.18
		1	\$4,256.47	19	\$1,079.65	\$2,649.40	\$8,136.74
		5	\$4,374.79	43	\$715.37	\$560.46	\$5,059.74
		6	\$5,004.17	7	\$1,211.58	\$3,359.73	\$6,419.31
		8	\$4,879.60	30	\$560.21	\$3,076.75	\$5,801.83
		9	\$8,876.33	7	\$1,087.64	\$7,309.95	\$10,352.56
	Total		\$4,835.03	107	\$1,365.12	\$560.46	\$10,352.56
Total			\$4,808.18	1		\$4,808.18	\$4,808.18
		1	\$4,063.74	21	\$1,191.50	\$2,204.40	\$8,136.74
		5	\$4,030.01	51	\$1,070.21	\$560.46	\$5,059.74
		6	\$5,004.17	7	\$1,211.58	\$3,359.73	\$6,419.31
		8	\$4,781.55	33	\$638.87	\$3,076.75	\$5,801.83
		9	\$8,876.33	7	\$1,087.64	\$7,309.95	\$10,352.56
	Total		\$4,588.60	120	\$1,499.31	\$560.46	\$10,352.56

<u>Notes</u>

People were identified as having transitioned from a State Supported Living Center (SSLC) to the Home and Community-based Services Waiver (HCS) if they began HCS services either slightly before ending SSLC services or within a year of ending SSLC services and HCS services began in FY2011.

Non-Residential is defined as Foster/Companion Care and Own Home/Family Home.

Residential is defined as 3 Bed Home and 4 Bed Home.

Payment is only counted in months during which HCS was authorized for the entire month. If an authorization for HCS did not begin until the middle of the month, HCS Dollars Paid are not included for that month.

Residential is defined as 3 Bed Home and 4 Bed Home.

Payment is only counted in months during which HCS was authorized for the entire month. If an authorization for HCS did not begin until the middle of the month, HCS Dollars Paid are not included for that month.

Data Source: QAI Datamart August, 2012

Average Dollars Paid by Month for Home and Community-based Waiver Services for People who Came off the Interest List in FY2011

Residence Type	LON	Mean	Number of People	Std. Deviation	Minimum	Maximum
Non-Residential	1	\$1,853.19		\$941.54	\$4.85	\$4,381.23
	5	\$2,347.48	523	\$938.27	\$9.28	\$6,940.14
	6	\$3,666.85	78	\$1,193.78	\$318.89	\$7,860.82
	8	\$2,999.34	172	\$1,286.87	\$24.12	\$9,894.47
	Total	\$2,360.51	1177	\$1,135.80	\$4.85	\$9,894.47
Residential	1	\$4,219.51	92	\$845.29	\$194.23	\$4,930.83
	5	\$4,643.97	187	\$780.49	\$607.51	\$6,982.72
	6	\$5,875.86	22	\$699.48	\$4,044.66	\$7,035.47
	8	\$5,016.21	67	\$782.49	\$1,095.35	\$5,857.33
	9	\$8,244.57	7	\$2,326.70	\$3,874.69	\$11,248.37
	Total	\$4,745.82	375	\$1,043.95	\$194.23	\$11,248.37
Total	1	\$2,292.10	496	\$1,304.13	\$4.85	\$4,930.83
	5	\$2,952.33	710	\$1,353.73	\$9.28	\$6,982.72
	6	\$4,152.83	100	\$1,434.58	\$318.89	\$7,860.82
	8	\$3,564.74	239	\$1,477.75	\$24.12	\$9,894.47
	9	\$8,244.57	7	\$2,326.70	\$3,874.69	\$11,248.37
	Total	\$2,936.86	1552	\$1,511.36	\$4.85	\$11,248.37

Notes

People were identified as having come off the interest list if they had a closed date in CSIL and as having enrolled in the Home and Community-based Services Waiver (HCS) if they began HCS services after the CSIL closed date.

Non-Residential is defined as Foster/Companion Care and Own Home/Family Home.

Residential is defined as 3 Bed Home and 4 Bed Home.

Payment is only counted in months during which HCS was authorized for the entire month. If an authorization for HCS did not begin until the middle of the month, HCS Dollars Paid are not included for that month. Payments were included for the first twelve months of participation or the duration if it was less than twelve months.

People were identified as having come from the interest list if they had a closed date in the Community Services Interest List database (CSIL) and were enrolled in the Home and Community-based Services Waiver (HCS) after the CSIL closed date.

Non-Residential is defined as Foster/Companion Care and Own Home/Family Home.

Residential is defined as 3 Bed Home and 4 Bed Home.

Data Source: QAI Datamart September, 2012