

Consolidated Waiver Program Evaluation
As Required by House Bill 2148, 76th Legislative Session

Prepared by
Texas Health and Human Services Commission, State Medicaid Office
With Support from the Public Policy Research Institute of Texas A&M University

December 16, 2003

Table Of Contents

Executive Summary.....	3
Legislative Charge.....	6
Background.....	6
National Perspective.....	8
Implementation And Operation Of CWP.....	8
Evaluation Goals And Measures.....	9
Principal Findings.....	11
Recommendations.....	19
Appendix A: §1915 (C) Waivers In Texas	
Appendix B: CWP Waiver Service Definitions	
Appendix C: CWP and CBA, CLASS and HCS Service Costs & Units	
Appendix D: Program Administration Costs	
Appendix E: Results and Methodology of Satisfaction Surveys and Copies of Instruments	
Appendix F: Utilization Of New Services By CWP Clients	
Appendix G: Providers Serving New Populations	
Appendix H: Transcript of Focus Group with CWP Staff	
Appendix I: Consolidation Model of §1915 (c) Waivers	

Executive Summary

House Bill 2148 (76th Legislature) directed the Texas Health and Human Services Commission (HHSC) to develop and implement a pilot program that would serve individuals eligible for the state's existing §1915 (c) Medicaid waivers in a single program. In addition to establishing the Consolidated Waiver Program (CWP), HB 2148 required HHSC to submit a report to the Legislature by January 1, 2004 that evaluates "the administrative efficiencies and effectiveness of serving in a single program individuals eligible for a §1915 (c) waiver program."

The existing 1915 (c) home and community-based waivers included in CWP are:

- Medically Dependent Children Program (MDCP) waiver, which serves children under 21 who qualify for nursing facility care;
- Community Living Assistance and Support Services (CLASS) waiver, which serves people with a developmental disability other than mental retardation who qualify for ICF/MR care;
- Home and Community-based Services (HCS) waiver, which serves people with mental retardation who qualify for ICF/MR care; and
- Community Based Alternatives (CBA) waiver, which serves adults age 21 and over who qualify for nursing facility care (NF adults).

The Deaf/Blind Multiple Disabilities (DBMD) waiver, which serves adults age 18 and over who are blind/deaf and have a third developmental disability and qualify for ICF/MR care; was not included in CWP because there were no available individuals eligible for DBMD in Bexar County.

STAR+PLUS, the state's integrated managed care/long-term care pilot, has a §1915 (c) waiver to provide services to CBA clients in Harris County. It also has a §1915 (b) managed care waiver. Given its service area and model design, this waiver was not included in CWP.

Following approval of the Center for Medicare and Medicaid Services (CMS), the Texas Department of Human Services (DHS) under the direction of HHSC, began enrolling clients in CWP in Bexar County in December 2001. CWP enrollees were taken from a consolidated interest list composed of persons in Bexar County who had requested services in the existing home and community-based waivers. CWP reached its full capacity in February 2003. The program is funded through SFY 2005.

To determine if one program could cost-effectively and efficiently serve the needs of individuals eligible for all of the state's existing §1915 (c) waiver programs at least as well as those existing waiver programs, HHSC developed measures related to the program's cost and quality of service.¹

¹ A description of these measures can be found in the body of the report. The evaluation measures and tools were developed with the input of staff from DHS, Texas Department of Mental Health and Mental Retardation (TDMHMR), waiver clients and family

Findings

Program data is inconclusive regarding whether a single program is administratively efficient and effective. This may be due to the program's small size, its lack of maturity, the limited data available for the analysis and other factors identified in this report. Continuation of the existing pilot is recommended as the basis for a more definitive evaluation and policy assessment. Some conclusions useful for future policy and program decisions related to CWP can be drawn from this report.

Comparable Service Costs CWP's average service costs are comparable to the combined average costs of the CBA, CLASS, HCS and MDCP waiver programs. The per capita service costs for three of the four CWP client groups (people with mental retardation, people with developmental disabilities and medically fragile children) were considerably lower than per capita costs for the corresponding waiver clients. For the fourth group (adults who meet nursing facility level of care), service costs increased.

Slightly Lower Administration Costs CWP administration costs were slightly lower than the program administration costs of the other waivers combined.

Overall Rates of Satisfaction from Clients Providers and Staff The program received high marks from both its clients and its DHS case managers. Clients appear to be more satisfied than their counterparts in the state's other §1915 (c) waivers largely due to the intensive case management they have received. DHS case managers cited both reasonably-sized caseloads and the complexity of the clients as reasons they found the program satisfying.

In general, providers were satisfied with the program, but found CWP more difficult and expensive to operate than other waivers due to the program's diverse population.

Improved Access to Services Under CWP, individuals were able to more quickly access the appropriate waiver at the time of their assessment and eligibility determination. In the current system, individuals may sign up for an interest list but due to a change in age or diagnosis or simply not understanding the waiver's criteria, they may not be eligible when assessed for enrollment. At that time, individuals may experience significant delays by having to place their names on other interest lists or wait until a slot is available in another waiver. Under CWP, clients can qualify for services under multiple eligibility criteria.

While the findings demonstrate that CWP costs are comparable to those of the other waiver programs, the program's small size and the short period in which it has provided services suggest that caution should be exercised in interpreting these findings.

members, waiver providers, and advocacy and provider organizations. Public meetings regarding the evaluation were held in Austin and San Antonio.

Recommendations for CWP

- **Additional Evaluation Needed.** Since the short pilot period and resulting data were limiting factors in the current analysis, HHSC should analyze additional data and provide an updated evaluation to the Legislature prior to next session. HHSC will hold public meetings to inform interested stakeholders of this process and gather additional stakeholder input regarding evaluation parameters.
- **Continue CWP.** CWP should continue to operate in Bexar County with program adjustments made based on client, provider and staff input.
- **Consider Further Consolidation.** If the additional findings confirm the program is meeting legislative objectives, MDCP, HCS and CLASS clients in a metropolitan service area should be considered for consolidation under one program. An evaluation of this expanded pilot program will enable the Legislature to consider whether statewide consolidation is advisable. If service cost trends for CWP adult clients eligible for nursing facility care decrease without compromising quality, the state may also want to consider consolidating CBA with other waiver programs.
- **DHS should finalize CWP standards immediately to improve the program's day-to-day operations.** Quarterly meetings between CWP staff and provider agencies should be established. Efforts should be made to expand the types of CWP providers.

Other Recommendation

- **The state should consider offering personal assistant services (PAS) as a separate service in CLASS, HCS and DBMD waivers.** PAS would be offered as an additional service distinct from habilitation when warranted. Currently, providers in these waivers are paid for more costly habilitation regardless of whether they are providing habilitation or a mix of habilitation and PAS. The change would provide additional flexibility to clients and cost savings to the state.

Consolidated Waiver Program Evaluation

Legislative Charge

House Bill 2148 (76th Legislature) directed the Texas Health and Human Services Commission (HHSC) to develop and implement a pilot program that would serve individuals eligible for the state's existing §1915 (c) Medicaid waivers in a single program. In addition to establishing the Consolidated Waiver Program (CWP), HB 2148 required HHSC to submit a report to the Legislature by January 1, 2004 that evaluates "the administrative efficiencies and effectiveness of serving in a single program individuals eligible for a §1915 (c) waiver program."

Background

Federal law allows states to apply for waivers of certain Medicaid requirements. One such waiver authorized by Section §1915 (c) of the Social Security Act, allows states to provide home and community-based services to individuals who qualify for care in an institution. Historically, these home and community-based waivers have been limited to a specific group based on age and/or disability. In addition to CWP, Texas currently operates six §1915 (c) waiver programs. These waivers are operated by two state agencies, have multiple providers and disparate reimbursement rates. A description of the state's §1915 (c) waiver programs can be found in Table One

Table One: §1915 (c) Waivers in Texas						
<u>Year of Inception</u>	<u>Program</u>	<u>Operating Agency</u>	<u>Population Served</u>	<u>Covered Services</u>	<u>Service Area</u>	<u>No. of Clients</u>
1984	MDCP (Medically Dependent Children Program)	DHS	Children under 21 who qualify for nursing facility care	Respite; Minor Home Modifications; Adaptive Aids; Adjunct Support Services	Statewide	1,042 (as of 9/30/03)
1990	CLASS (Community Living Assistance and Support Services)	DHS	People with Related Conditions, Developmental Disabilities other than Mental Retardation, (incurred before age 22) who qualify for ICF/MR,RC Level-of-Care VIII.	Case Management, Habilitation, Respite Care, Nursing Services, Psychological Services, Speech, Physical & Occupational Therapy, Adaptive Aids, Supplies, Minor Home Modifications, Supportive Employment, Specialized Therapies, Consumer Directed Services	124 counties (as of January 2003)	1,803 (as of 9/30/03)

Table One: §1915 (c) Waivers in Texas

<u>Year of Inception</u>	<u>Program</u>	<u>Operating Agency</u>	<u>Population Served</u>	<u>Covered Services</u>	<u>Service Area</u>	<u>No. of Clients</u>
1985	HCS (Home and Community-based Waiver Services) ²	TDMHMR	People with Mental Retardation who qualify for ICF/MR Level-of-Care I or a member of a specifically named group of individuals with mental retardation or a related condition who were found to be inappropriately placed in nursing facilities, in need of specialized services and qualify for ICF/MR level of care VIII or I.	Case Management, Respite Care, Nursing Services, Psychological Services, Speech, Physical & Occupational Therapy, Adaptive Aids, Dietary, Audiology, Minor Home Modifications, Supported Employment, Residential Assistance, Dental Treatment, Social Work and Day Habilitation	Statewide	8,070 (as of 10/31/03)
1994	CBA (Community-Based Alternatives)	DHS	Adults age 21 and over who qualify for nursing facility care.	Respite Care, Adult Foster Care, Nursing Services, Speech, Physical & Occupational Therapy, Adaptive Aids and Medical Supplies, Minor Home Modifications, Personal Assistance Services, Emergency Response Services, Assisted Living, Home Delivered Meals, and Consumer Directed Services	Statewide	30,742 (as of 9/30/03)
2001	CWP (Consolidated Waiver Program)	DHS	People of all ages who meet medical necessity for nursing facility care or qualify for care in an intermediate care facility for persons who have mental retardation or related conditions. This three-year pilot in Bexar County will test the feasibility of serving persons in CBA, MDCP, CLASS, and HCS in one waiver.	Personal Assistance Services, Respite Care, Nursing Services, Psychological Services, Speech, Physical & Occupational Therapy, Adaptive Aids and Medical Supplies, Minor Home Modifications, Assisted Living, Residential Care, Habilitation, Dental Services, Adult Foster Care, Transportation, Home Delivered Meals, Emergency Response Service, Child Support Services, Orientation and Mobility, Behavior Communication Services, Independent Advocacy, 24-Hour Residential Habilitation, Family Surrogate Services, Social Work, Audiology	Bexar County	191 of 200 (as of 9/30/03)

² HCS was temporarily replaced with the Mental Retardation Local Authority (MRLA) waiver in Bexar County in 2002. The two programs had a similar service array.

Table One: §1915 (c) Waivers in Texas						
<u>Year of Inception</u>	<u>Program</u>	<u>Operating Agency</u>	<u>Population Served</u>	<u>Covered Services</u>	<u>Service Area</u>	<u>No. of Clients</u>
1998	CBA – STAR+PLUS (State of Texas Access Reform PLUS Long Term Care Pilot Project) ³ <i>Not included in CWP.</i>	DHS	CBA waiver clients in Harris County are included in the STAR+PLUS program.	CBA waiver clients receive services through HMOs. All CBA services in the statewide waiver are included.	Harris County	2,650 CBA waiver enrollees (as of 11/03)
1995	DBMD (Deaf Blind, Multiple Disabilities) ⁴ <i>Not included in CWP.</i>	DHS	Adults age 18 and over with multi-sensory disabling conditions incurred before age 22 who qualify for ICF/MR, RC Level-of-Care VIII	Case Management, Assisted Living, Day Habilitation, Speech, Physical & Occupational Therapy, Respite Care, Nursing Services, Adaptive Aids, Supplies, Chore Provider, Environmental Accessibility, Orientation and Mobility, Behavior Communication Services, Consumer Directed Services	statewide	141 (as of 9/30/03)

Additional information regarding §1915 (c) waivers can be found in Appendix A.

National Perspective

Texas is one of two states that are serving clients with physical and cognitive disabilities in one waiver program. Since 1999, Wisconsin's Family Care program has served the frail elderly, adults with physical disabilities and adults with cognitive disabilities. Unlike CWP, Family Care does not serve children. The program is an integrated long-term care/managed care pilot serving nearly 8,000 adults in nine counties. An evaluation of Family Care found that consumer choice and consumer satisfaction increased, but the report did not examine these in the context of serving multiple populations in one program. The program's cost-effectiveness could not be determined due to the program's newness.⁵ A report comparing Family Care's cost to the state's existing §1915 (c) waivers is due in mid-December 2003.

Implementation and Operation of the Texas Consolidated Waiver Program

HHSC directed the Texas Department of Human Services (DHS) to operate the 200-person CWP pilot in Bexar County. The waiver was designed to serve 100 individuals who qualify for nursing home care (50 adults and 50 children) and 100 individuals who qualify for care in an intermediate care facility for persons with mental retardation (ICF/MR) (50 adults and 50 children). The second group was evenly divided between

³ STAR+PLUS, the state's integrated managed care/long-term care pilot, has a §1915 (c) waiver to provide services to CBA clients in Harris County. It also has a §1915 (b) managed care waiver. Given its service area and model design, this waiver was not included in CWP.

⁴ DBMD population was not included in CWP because there were no available individuals eligible for DBMD in Bexar County.

⁵ Completed in July 2003, a copy of the Wisconsin Family Care Final Evaluation Report can be found at <http://www.dhfs.state.wi.us/LTCare/INDEX.HTM> under Research and Reports.

individuals with mental retardation and individuals with related conditions.⁶ The composition of the waiver ensured that no eligibility group from the existing waivers was disproportionately represented.⁷ CWP enrollees were taken from a consolidated interest list composed of persons in Bexar County who had requested services in the existing home and community-based waivers. At the time of enrollment, individuals were given the option of receiving services through CWP while remaining on the original interest list until a slot became available in the waiver to which they had applied. If a slot subsequently became available in the original waiver, they could opt to leave CWP and enroll in the other waiver or remain in CWP.

The Center for Medicare and Medicaid Services (CMS), the federal oversight agency, approved CWP in September 2001 for three years.⁸ The first client was enrolled in December 2001 and the waiver reached full capacity in February 2003. The day-to-day operations of the waiver are administered by a nine-person staff in the DHS San Antonio Regional Office and by two staff in the DHS Central Office in Austin. HHSC serves as the lead on project development and evaluation and provides ongoing oversight.

Under CWP, there is one set of providers,⁹ one comprehensive service array, one consistent set of rates¹⁰ and one state administrative agency (DHS). CWP offers the broadest service array of the state's §1915 (c) waivers. Descriptions of the CWP waiver services can be found in Appendix B.

Evaluation Goals and Measures

HHSC and DHS developed the following evaluation goals in order to fulfill the legislative mandate of H.B. 2148:

- Can a single program meet the needs of individuals eligible for all the state's existing §1915 (c) waiver programs at least as well as the individual needs are met if served separately in the existing waiver programs?
- Is a single program administratively efficient and effective?
- What is the overall impact of consolidating the state's §1915 (c) waivers into one program?

⁶ A related condition is a disability other than mental retardation, which manifests itself before age 22, and results in substantial functional limitations. Examples of these disabilities include cerebral palsy, epilepsy and spina bifida.

⁷ Two of the 50 slots for individuals with related conditions were designated to be filled by persons who would qualify for the Deaf/Blind Multiple Disabilities (DBMD) waiver. Due to the small number of individuals who qualify for this waiver and due to full funding for the DBMD interest list, CWP staff were unable to find DBMD eligible clients for these two slots. Individuals with other related conditions ultimately filled them.

⁸ Due to the fact that CWP is serving individuals who qualify for nursing facility level of care (LOC) and ICF/MR LOC, Texas had to obtain two §1915 (c) waivers from CMS, one for each population. Clients served in the NF waiver have an individual cost ceiling of 150 percent of the TILE payment rate (adults up to \$83,187; children up to \$41,594); clients served in the ICF/MR waiver have an individual cost ceiling of 125 percent of the ICF/MR average aggregate LOC cost (\$85,296).

⁹ Providers participating in CWP were required to serve all eligible populations.

¹⁰ In CWP, the same rate is paid for the same service to all providers in the waiver. For services available under existing DHS waivers, the DHS approved rate was used; for services not available under DHS waivers, the HCS rate was paid. Unlike HCS, providers were not paid a monthly administrative fee per client in addition to the rates for the individual services.

In turn, the following indicators and definitions were developed to address these goals:

INDICATOR	DEFINITION
1. Service Costs	a. Average service costs per CWP client compared to average costs per client for all other waivers combined
	b. Average service costs per CWP client by interest list group compared to average costs per client for corresponding existing waiver
2. Program Administration Costs	a. Average administration cost per CWP client compared to average administration cost per client for all other waivers combined
3. Consumer Satisfaction	a. Satisfaction of CWP clients (as a group and by interest list group) with waiver services, compared to satisfaction of other waiver clients
	b. Reasons why CWP clients leave program.
4. Provider Satisfaction	a. Satisfaction rates of providers with CWP, compared to their satisfaction rates with other waivers
	b. Reasons why CWP providers leave program
5. Service Patterns	a. Number and percentage of CWP clients receiving services they would not be able to get in the waiver they would otherwise have been enrolled.
	b. Differences in units/types of services approved between CWP and other waivers
	c. Number of CWP providers serving populations they would not have served as a provider in other waiver programs
6. Other	a. Satisfaction of CWP DHS regional staff
	b Effects of a Consolidated Waiting List

Principal Findings

Methodology for Cost Data

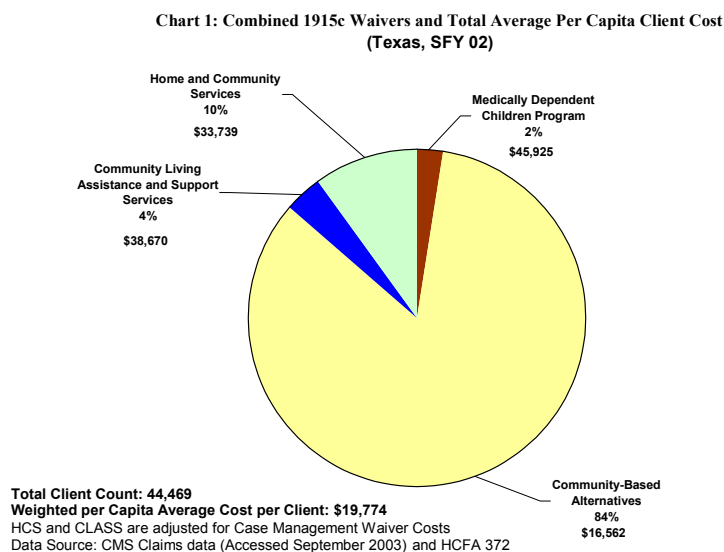
In order to analyze services costs, HHSC studied Medicaid long-term care claims data and HCFA 372 cost reports for the state's 1915 (c) waivers.¹¹ The costs were adjusted to reflect case mix differences between CWP and the state's other waiver programs. In the case of CWP clients with mental retardation (MR), the data was adjusted to reflect the lower usage of residential services compared to HCS clients.

In order to analyze program administration costs, HHSC developed criteria with DHS and TDMHMR regarding the type of data to be incorporated. This ensured data comparability between the two agencies. The criteria are listed in Appendix D.

Service Costs

The average cost of CWP services was comparable to the combined average costs of CBA, CLASS, MDCP and HCS services. The average waiver and acute care costs¹² per CWP client for SFY 2003 were \$21,038 while these same costs per combined waiver client were \$19,774 for SFY 2002.¹³

In order to obtain a fair cost comparison between CWP and the other waivers, the evaluation compared similar populations. Thus the cost comparisons looked at the average costs of clients in the CWP program vs. the average client costs in the waiver those CWP clients would have otherwise been enrolled.



¹¹ Claims data and the 372 reports were for SFY 2002 and/or SFY 2003.

¹² These are cost estimates based on HCFA 372 reports.

¹³ Due to the fact that significant CWP enrollment did not begin until the middle of SFY 2002, SFY 2003 CWP cost data was used. However, since SFY 2003 cost data was not available for CBA, CLASS and HCS, SFY 2002 data was used.

Medically Fragile Children

The average cost per MDCP client for SFY 2002 was about \$45,924 compared to \$36,638 for medically fragile children in CWP in SFY 2003.

People with Developmental Disabilities

CWP clients with mental retardation and developmental disabilities proved to be less inexpensive (\$22, 229 and \$18,671, respectively) per capita compared to their counterparts in the HCS and CLASS waivers (\$33,739 and \$38,669, respectively).

One contributing factor to the lower cost for services for clients with developmental disabilities and mental retardation appears to be the use of personal assistant services (PAS) and habilitation in CWP.¹⁴ About 67 percent of the CWP clients with developmental disabilities (DD) and 50 percent of CWP clients with mental retardation (MR) used PAS, which is not available in CLASS and HCS as a distinct waiver service.¹⁵ This in turn affected the use of habilitation services for CWP DD clients (18 percent) and CWP MR clients (35 percent), which were markedly lower than habilitation in CLASS and HCS (66 and 100 percent, respectively). In addition, since the rate for PAS services is lower than habilitation (\$9.93/hr v. \$12.15/hr) and the rate for CWP habilitation is lower than the HCS rate (\$12.15 v. \$25.58), CWP per capita costs were lower.

Adults Who Require Nursing Facility Level of Care (Adult/NF)

The average CWP adult/NF service costs were higher (\$22,428) than the average CBA service costs (\$16,561). This appears to be due to greater utilization of home modifications and adaptive aids (52 and 82 percent, respectively) by CWP adult/NF clients compared to CBA clients statewide (18 and 40 percent, respectively). In addition, CWP adult/NF clients received a great number of PAS hours than CBA clients. A contributing factor to these higher costs for home modifications and adaptive aids is that the majority of CWP/CBA clients were in their first year of enrollment. It is common for new CBA enrollees to utilize high cost services such as home modifications over the first year as they would not have had means to adapt to their environment while waiting for services (For example, a client may need a wheelchair as an adaptive aid initially). Since there is a lifetime cap of \$7,500 for minor home modifications, the cost would not be ongoing. In addition, the majority of CWP adult/NF clients have been enrolled in the waiver the shortest amount of time compared to the other client groups. Over time these CBA service costs should decrease based on historical trends.

A table of all service costs can be found in Appendix C.

¹⁴ PAS is when an attendant helps a person to bathe, get dressed, etc.; habilitation is when an attendant trains a person to perform similar tasks.

¹⁵ PAS is provided to HCS and CLASS clients as a component of habilitation or residential services, but unlike CWP, it is not billed as a distinct service.

Program Administration Costs

The average administration cost per CWP client (\$1,775) was slightly less than that of the combined average administrative cost per combined waiver client (\$1,941). If CWP was expanded, the program could take advantage of economies of scale and additional cost efficiencies could be achieved.¹⁶

A table of all program administration costs and the accompanying methodology can be found in Appendix D.

Consumer and Provider Satisfaction Surveys

HHSC contracted with the Public Policy Research Institute (PPRI) of Texas A&M University to administer consumer and provider satisfaction surveys as part of the CWP Evaluation. Client and provider participation was voluntary. The consumer satisfaction surveys were administered to CWP clients and to Bexar County residents enrolled in the state's other §1915 (c) waivers: CBA, CLASS, MDCP, DBMD and Mental Retardation Local Authority (MRLA)^{17 18}

Consumer Satisfaction

The majority of the 1,140 consumer satisfaction surveys¹⁹ were administered in person with 146 CWP clients completing a survey.²⁰ Clients were asked to evaluate their waiver program in seven areas of satisfaction:

- how independent the program helped them to be;
- how large of a role they played in deciding their services;
- how much choice they had in selecting services;
- how much choice they had in selecting providers;
- how much help their case manager provided;
- how well the waiver program responded to complaints and/or requests; and
- how satisfied were they with the program overall.

¹⁶ The CWP case manager/client ratio is approximately 1:33. CBA, the state's largest waiver, has an average case manager/client ratio of 1:65, although CBA case managers often have other responsibilities; DBMD, the state's smallest waiver, has an average case manager/client ratio of 1:15; MDCP, 1:71; and CLASS, 1:39. An average case manager/client could not be determined for HCS, but provider agencies cannot exceed a 1:30 ratio. The service rate is based on a 1:18 ratio.

¹⁷ All clients who participated in the survey had been receiving waiver services for at least six months.

¹⁸ The Mental Retardation Local Authority is a §1915 (c) waiver program that served individuals with mental retardation who qualified for ICF/MR care. The program was discontinued in September 2003 as the result of legislation (H.B. 2292/78th Legislature). Clients enrolled in this program during the time of the survey have since been moved into the Home and Community-based Services (HCS) Program, which has similar eligibility requirements.

¹⁹ Clients were randomly selected from among participants in each program, with the number of surveys to be completed determined by the size of the program. A proportionally larger number of responses was needed to conduct statistical analyses for smaller programs.

²⁰ Multiple attempts were made by the contractor to reach all selected clients. If the field interviewer could not reach a participant in person, or the participant requested a non-personal interview, attempts were made to conduct the survey over the telephone. In cases in which the client could not respond due to age or a cognitive disability, a person familiar with the client's care responded. Providers were not permitted to respond on behalf of clients due to a potential conflict of interest.

Completion rates were different for the various programs, ranging from a high of 79 percent for CWP to a low of 41 percent for MRLA. The response rate across all waiver programs was 63 percent.²¹ With the exception of DBMD, the samples sizes were large enough to conduct statistical analyses and the response rates are consistent with similar research projects. Participants responded to the 11-question survey using a four-item likert scale ranging from “very dissatisfied” to “very satisfied.”

Client evaluations were generally high with the average evaluation of all groups falling between “satisfied” and “very satisfied.” Although some clients had undesirable experiences, there was no indication of systematic problems undermining program effectiveness.

CWP clients had a higher average satisfaction level in the overall program evaluation than any other group. CWP clients also had a higher than average satisfaction regarding program response to complaints and requests, helpfulness of the case manager and help in deciding services needed. Clients in the MRLA waiver had the lowest overall satisfaction level and reported lower satisfaction than other waiver clients with all areas except the choice of service providers. However, MRLA clients still had an average evaluation level of greater than “satisfied.”

Provider Satisfaction

PPRI mailed a 40-item survey to all 35 CWP providers, with 74 percent returning completed surveys. Providers were asked to evaluate the CWP program in three broad areas: general satisfaction, reimbursement and comparison of CWP to other waiver programs.

General satisfaction was measured through seven questions regarding provider training and orientation, the amount of work necessary to approve or change care plans, the timeliness of getting care plans authorized, assistance provided by CWP staff, and overall satisfaction with CWP. Reimbursement was evaluated by having providers rate whether the CWP reimbursement level was adequate for 25 common provider services.

CWP was compared to other waiver programs by asking multiple-waiver program providers four questions examining how services across different programs impact ability to meet consumer needs, how administrative costs compare across different programs, the impact on administrative costs if CWP replaced all long-term care waivers, and whether CWP should replace all §1915 (c) waivers.

The majority of providers reported they were “satisfied” with various aspects of the CWP. Slightly more than half of providers (54 percent) reported that overall CWP services were adequately reimbursed. When compared to other waiver programs, most providers felt administrative costs were higher, but remained divided on how much the array of services in CWP affected their ability to meet consumer needs. About 24 percent

²¹Nearly 10 percent were not completed because the person died, the only person to interview was the provider, or there was more than one client in the house.

indicated that the service array had no effect, while nearly 29 percent said it helped a lot or somewhat and 47 percent said that it made it somewhat harder or a lot harder.

Only 17percent of providers recommended replacing all waiver programs with CWP and 42 percent said they would not recommend this (with the remainder being unsure).

A more detailed discussion of the survey methodology and results and copies of the survey instruments can be found in Appendix E.

Former CWP clients

Overall, few clients left CWP. Eight clients decided to leave CWP after they had begun receiving services. Half of those decided to enroll in another §1915 (c) waiver when they became eligible. Two moved out of the program's service area; one lost Medicaid eligibility and one voluntarily withdrew from the program. The small number of clients who left the program cited as factors the uncertainty of CWP's future since it is a pilot as well as the desire to receive services through their original waiver.

Former CWP Providers

Two of the 35 CWP providers left the program. The first agency provided services to two clients over a five-month period and did not indicate why it discontinued services. The second provider served 19 clients over a 14-month period. The agency administrator cited program disorganization, late reimbursement for services and a low reimbursement rate²² as the primary reasons for not continuing with the program.

Service Patterns

New Services

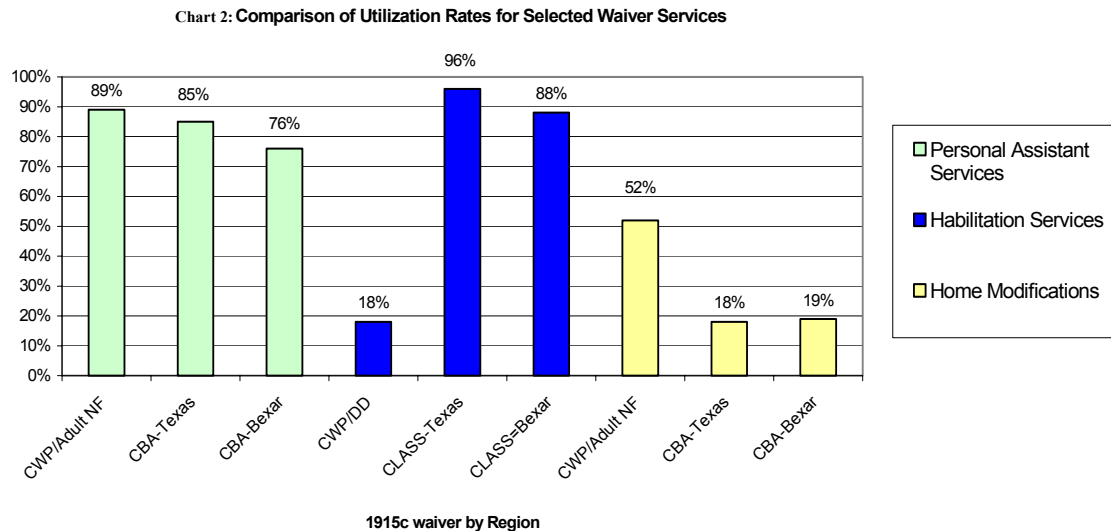
CWP offers its clients the opportunity to select from the entire service array of all other §1915 (c) waiver programs. As a result, CWP clients with developmental disabilities, for example, have the opportunity to receive services not available to CLASS clients. However, the majority of the CWP clients did not use many of these "new" services. Medical supplies was the most requested with 19 of a possible 52 clients using this service. The second most requested service was habilitation with 19 of a possible 108 clients utilizing the service.

A breakdown of these services is listed in Appendix F.

²² This agency also serves clients in the HCS waiver, which offers higher reimbursement rates for many services.

Units of Services

PAS was the most common service for CWP/NF adult clients and CBA clients, alike, but the former received more. CWP clients received 1,343 PAS units annually while CBA clients received 991. This makes sense given the higher services costs for CWP/CBA clients.



On the other hand, CWP clients with developmental disabilities received an average 519 units of habilitation compared to 1,578 units per CLASS client. With the existence of PAS as a distinct service in CWP, CWP clients with developmental disabilities received less units of habilitation compared to CLASS clients.

Rates for many of the units of service could not be estimated due to incomplete data.

A breakdown of the units and types of services approved can be found in Appendix C.

New Populations

All of the CWP home health provider agencies²³ offer services to new populations as a result of their participation in CWP. Seven of these 11 agencies offer services to all four of the client groups. As a result, the program has given agencies the opportunity to serve several different types of clients. The volume of providers has given CWP more choices. However, since the majority of these home health providers has historically served CBA, the type of providers has been more limited.

A table of the CWP providers and the new populations they are serving can be found in Appendix G

²³ Of the 29 providers listed in Appendix G, all CWP clients have accessed the 11 home health providers, but only a small percent have had a need to access the remaining 18 providers.

Focus Group with CWP DHS Regional Office staff

HHSC staff conducted group discussions with CWP's six case managers and with the case managers' supervisor and the program manager in August 2003.²⁴ These focus group discussions provided valuable insights from the individuals who are primarily responsible for the CWP day-to-day operations and have frequent contact with its clients and providers. Each group was asked the same questions regarding the advantages and disadvantages of aspects of the program, how their experience compared to working on CWP versus another waiver program, how the program might be improved and whether all home and community-based waivers should be consolidated into one program.

Five of the six CWP case managers and the program manager have been with the program since its inception in fall 2001; the sixth case manager and the case managers' supervisor had each been with the program approximately one year at the time of the group discussions. All of the CWP staff at in San Antonio DHS Regional Office had extensive previous experience with the state's other §1915 (c) waiver programs.²⁵

In the discussions some common themes emerged regarding the program's strengths and weaknesses. The majority of the staff noted that the relatively small case manager to client ratio (1:33) in CWP enables case managers to provide more attention to client needs.²⁶ The fact that the case managers have previous experience with different populations has also proven to be an asset in resolving client requests and fosters a team approach. The case managers welcomed the diversity of the CWP clients, stating that it expanded their own knowledge base and made them better at their jobs. The larger array of services available to CWP clients was seen as a program strength. The fact that the waiver serves clients of all ages is also seen as a benefit. "I like the idea that the client can start in the program as a child and continue an adult," one participant noted. "There is a continuance of service." Four of state's six other §1915 (c) waivers serve either children or adults exclusively.²⁷ Person-directed planning, an approach also offered in HCS, was also seen as a way to better serve clients.²⁸

Some of the program's weaknesses may be a result of the program's newness. The fact that standards remain in draft form and a lack of ongoing training for provider agency

²⁴ The discussion with the case managers was held separately from their supervisors in order to encourage the case managers to speak more freely regarding the program.

²⁵ One criterion for staff was that they had previously worked with children with special health care needs, persons with developmental disabilities including mental retardation and the elderly to ensure a thorough understanding of the needs and services of the different waiver populations.

²⁶ CBA, the state's largest waiver, has an average case manager/client ratio of 1:65; DBMD has an average case manager/client ratio of 1:15; MDCP, 1:71; and CLASS, 1:39. An average case manager/client could not be determined for HCS, but provider agencies cannot exceed a 1:30 ratio. The service rate is based on a 1:18 ratio.

²⁷ While MDCP clients aging out of the waiver are given priority over other eligibles who are currently waiting for services, there maybe an interruption of services as the client enrolls in the new program. If the client has complex medical needs, it may be difficult to find a CBA provider willing to assume his/her care. They are forced to change providers, rates, services, case managers and programs simply because they age out of MDCP.

²⁸ A person-directed planning process empowers an individual (and the individual's representative) to direct the development of a plan for supports and services that meet the outcomes identified by the individual and the individual's representative. The process results in an appropriate mix of paid and non-paid services and supports that assist the individual in achieving these personally defined outcomes.

staff were viewed as hampering the program's success. Clearly defined standards, a more consistent approach to contracts and provider training were all suggested as ways to improve the program. When the program began, an initial goal was to meet frequently with providers, but this goal has not been carried out. In addition, two staff members stated that having more diverse providers would make it easier to serve clients.

Staff were unanimous in their support of serving multiple populations in one program, replicating the CWP model and ultimately consolidating all of the home and community-based waivers. Several cited the model as a way to provide more streamlined, uninterrupted services, but with the caveat that the success of the program was tied to the relatively small client load of the case managers. Staff indicated the quality of their work could be maintained if their caseloads did not rise above 50 or 60 clients.

A transcript of these two discussions can be found in Appendix H.²⁹

The Effects of a Consolidated Waiting List

Sometimes individuals wait for years on a waiver interest list without realizing the eligibility requirements for the waiver do not match their specific needs or age or disability. They then may have to wait on another list for several more years for the appropriate services based on their eligibility when they might have been receiving services had they been on the correct list.

CWP alleviated that situation by allowing individuals to fill slots in the waiver based on their individual level of care as long as it met criteria for any slot available in the waiver. The CWP consolidated waiting list ensured that 11 individuals received services in a waiver program. In the present interest list system, the majority of these individuals would have had to apply to another interest list and continue to wait for services or apply to several interest lists simultaneously.

Number of Clients	Original Interest List	Eligibility Established
4	MDCP	CLASS
1	MDCP	CBA
1	CLASS	MDCP
1	CLASS	CBA
1	DBMD	HCS
2	CBA	CLASS
1	HCS	CBA

²⁹ The two discussions have been combined into one document to protect the confidentiality of the participants.

Consolidation of §1915 (c) waivers

It would cost the state an additional \$106 million to consolidate all of the state's §1915 (c) waivers under the CWP model as currently operated. While the current model serves HCS, MDCP and CLASS clients more cheaply, its higher than average CBA client costs coupled with the latter's size (37,351 clients in SFY 2002) make it more costly than the individual waivers.

A breakdown of costs for consolidation and the methodology used can be found in Appendix I.

Conclusions

Based on satisfaction surveys, service patterns, service access and other data, it appears that CWP is serving the needs of individuals as well, if not slightly better, than the existing waiver programs.

The data is inconclusive regarding whether a single program is administratively efficient and effective. CWP program administration costs are lower than the administration costs of the combined waivers. The program's single point of entry ensures that clients could be eligible under multiple criteria unlike the current system. Providers were generally satisfied with the program and its reimbursement rates, but indicated that serving different client populations could result in higher administrative costs. Both providers and CWP staff felt changes were needed in order for the program to function more efficiently.

It is also premature to determine the overall impact of consolidating the state's §1915 (c) waivers into one program. From a client perspective, CWP offers a greater service array, intensive case management, continuation of care and person-directed planning. For providers, the benefit is less clear. Serving multiple populations may require additional staff training, be more costly and administratively complex. Consolidation of some waiver populations could result in cost savings to the state.

Recommendations for CWP

Additional Evaluation Needed. Since the short pilot period and resulting data were limiting factors in the current analysis, HHSC should analyze additional data and provide an updated evaluation to the Legislature prior to next session. The data will be used to validate cost findings in this report. It will also provide an opportunity to further analyze service patterns and gain a better understanding of their underlying causes. HHSC will hold public meetings to inform interested stakeholders of this process and gather additional stakeholder input regarding evaluation parameters.

Continue to operate CWP in Bexar County. Standards should be finalized to provide greater clarity to staff, providers and clients and ensure greater consistency in their application. Quarterly meetings of CWP regional and central office staff with providers should be held. Efforts should be made to expand the types of CWP providers.

Consider Further Consolidation. If the additional findings confirm the program is meeting legislative objectives, MDCP, HCS and CLASS clients in a metropolitan service area should be considered for consolidation under one program. An evaluation of this expanded pilot program will enable the Legislature to consider whether statewide consolidation is advisable. If service cost trends for CWP adult clients eligible for nursing facility care decrease without compromising quality, the state may also want to consider consolidating CBA with other waiver programs.

More clients would also allow for greater comparability to the state's other §1915 (c) waivers.³⁰ It would also provide a greater volume of clients to providers, which would ensure a larger provider base. Savings from consolidation could be used to finance additional slots, which would also increase the provider client base. The Attendant Compensation Rate Enhancement could also be introduced with the expansion of this program to reduce attendant turnover and provide some rate relief if funds are available.

Any attempts at consolidation must take into account the extensive planning that would be needed for such an initiative. Clients and staff would have to be re-educated and trained. TIERS and the consolidation of the health and human service system could also be affected by and affect CWP expansion.

Other Recommendation

Offer personal assistant services (PAS) as a separate waiver service option in CLASS, HCS and DBMD. Currently, PAS is offered in these waivers as a component of other services (e.g. habilitation, residential services). While a distinction is made on the individual service plan as to whether a client will receive PAS or habilitation, no distinction is made in the rate paid in these waivers. The change could result in cost savings to the state since PAS reimbursement is lower than habilitation. It could also provide additional flexibility to clients.

³⁰ Three of the state's other four waivers are considerably larger than CWP.