House Human Services

March 7, 2023

ADVOCACY UPDATE
TAHP

Roll Call

Frank, James B. - Chair - Present
Rose, Toni - Vice Chair - Present
Frank, James B. - Present
Klick, Stephanie - Present
Noble, Candy - Present
Campos, Elizabeth - Present
"Liz" Hull, Lacey - Present
Manuel, Christian - Present
Ramos, Ana-Maria - Present
Shaheen, Matt - Present

Resources

Hearing notice
Video of hearing

- Part 1
- Part 2

Invited Testimony

Jordan Dickson, HHSC (Part, 19:25)
Going to dig into the backlog and solutions (many of these are approps related, but going to focus on statutory solutions).

Directives from CMS impacted workload in 2020. Were directed to stop doing recertification surveys and investigations. Told to do focused infection control surveys. Covid cases skyrocketed. Process started in April 2020 in nursing facilities to do rapid assessments on the outbreak. Sept 2020, still doing these surveys and rapid assessments. March of 2021 kind of went back to normal, but the backlog was immense.

Survey backlog. March 2021- assisted living backlog was 2500. Nursing was over 600.

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Medicaid waiver providers- HCS (25% of those are traditional 3-4 bed group home waiver providers, 75% are one or two individuals who are actually living with family/guardian). We have an annual survey we do and statutory requirements for HCS providers. Backlog is close to 5800. This was at 8800 in March 2021.

Complaint backlog. Backlog of complaint intakes increased significantly since 2020. Nursing and assisted living facilities especially. ROR (desk review cases), for CMS providers we are required to do these assessments. For nursing facilities, intake is mostly under 6 months. For assisted living, it's more concerning how long we've had a backlog.

Slide 7- Provider investigations. All that are not abuse and neglect are taken on by HHSC. Abuse and neglect, half taken on by HHSC and half taken on by DFPS. Backlog doesn't mean we haven't opened the case, it just means the case has been opened for more than 30 days.

Slide 9- solutions. During transformation, the way lege was drafted, the responsibility to take care of abuse and neglect came to us, but the way to organize and assign half went to DFPS. Inefficient system and have to send out two people to certain providers to do the job of one. Sometimes victims have to be interviewed multiple times.

In addition to statutory initiatives, we asked the team to go through statutes for other provider types and see if we could find flexibilities that are safe and effective. Proposed flexibilities: 1. Don't always have to go on site for investigation if it is not abuse or neglect. 2. Assisted living, nursing, intermediate care facilities. Requirement where before we can initiate training, they have to go observe for 10 days. Have to find a provider that will allow observation. This adds two weeks that are unnecessary. 3. Day activity health services. Also don't always have to go on site for investigation if it is not abuse or neglect. 4. Intermediate care facilities. Annual conference for ICF providers is duplicative, because we already have joint training. 5. Home health and hospice, waiver providers. Don't always have to go on site for investigation if it is not abuse or neglect.

Turnover by region is shown in the slides.

Noble: Important that folks understand the timeline for someone getting ready to be an investigator. Why do we need these waivers to get people out in the field faster?
Dickson: Training is from 3-9 months. Don't have a high vacancy rate but have 30% turnover. Then we have to train someone new, for 3-9 months.

Rose: Are these recs that you're giving us?
Dickson: Yes, these proposals are statutory changes.
Rose: Backlog numbers?
Dickson: About 2800 for long term care facilities. Complaint intakes, about 9015.

Molly Lester, HHSC (Part 1, 47:22)
Update on end of continuous Medicaid coverage. April 1st, states can start disenrolling. Phase out enhanced FMAP through the rest of this year.

CMS set parameters. States have 12 months to initiate renewal. Conduct full redetermination, about 3-4 month process. There is a minimum 30 days for people to respond to renewal packets, etc.

Vast undertaking. 5.9 members we must sustain by May of next year.

Staggering the redeterminations. Those with continuous coverage, there are three cohorts. People not in continuous coverage, we will initiate renewal on the normal timeline.

Slide 8- workload and workforce with the redetermination. We have increased eligibility workers (numbers and salaries). Implemented case assistance affiliate program, online password reset program, etc. Prioritizing communications and outreach (ambassador program etc).

Next steps. We continue to work with CMS. We do monthly reporting. Cross-checks. Continued communication.

Frank: If you put this down in a one-pager, I think it would be super helpful. Would be good for members.

Ramos: What is some info you are seeking from people?
Lester: Yes, so far we have sent informational notices. Then we will send renewal information. This could be income verification, school records, etc.
Ramos: If you send us an example of these packets you're sending, we can help constituents that call us and have questions.

Bills

HB 54: Personal needs allowance

Rep. Senfronia Thompson (Part 1, 1:02:35)
Committee substitute: add a section to the bill that allows HHSC to adjust the amount of personal needs allowance by rule to reflect a percentage increase. Basically inflation adjustment.

Federal law requires Medicaid recipients in nursing homes to attain a certain amount of money for personal needs. $60 was set in 2001, reduced in 2003, restored in 2005. Cost of living has increased. Texas seniors deserve an increase so they can purchase things like haircuts, bar of soap… the basics. That's the essence of the bill.

Debrah Cane, patient at Elgin Nursing and Rehab (Part 1, 1:06:15)
Supports the bill. Increase PNA amount to 85 dollars. Part of my PNA goes to my cell phone coverage. Usually my funds are gone by the middle of the month.

Loretta Hill, member of Residence Counsel at Elgin Nursing and Rehab (Part 1, 1:10:00)
Supports the bill. Being in a nursing home can be a demeaning lifestyle. PNA is mostly used to provide food, to supplement the food provided that doesn't cover my other health needs. I need to spend this money on my pull-up style briefs, because the facility doesn't provide this.

Alexa Schuman, Texas Long-Term Care Ombudsman Program (Part 1, 1:13:48)
Supports the bill. A person's spending money sometimes feels like the last thing residents have control over. Residents spending money often goes to basic things that are necessary.

Gary Gerstenhaber, Texas Silver Haired Legislature (Part 1, 1:17:10)
Supports the bill. This has been a top 10 resolution for us for years, now reaching our number one resolution.

Frederick Malone (Part 1, 1:22:00)
Supports the bill. The money I get is saved for months for the things I need. My son cuts my hair because I can't afford it. I put my needs on my family, and my family has needs. We are just existing in nursing homes. We are not asking for much, just 25 dollars.

Thompson (Part 1, 1:27:35)
Appreciate the indulgence of this committee.

Bill left pending.

HB 465: Doula Pilot

Rep. Shawn Thierry (Part 1, 1:29:20)
Excellent progress is being made, but the work is not done. ACOG has addressed ways to improve maternal health outcomes. Recommend an increase in access to doula care in Medicaid. Right now in Medicaid, doula support is financially out of reach. This bill would cover the scope. Want to help moms and babies achieve the healthiest outcomes, and doula assisted mothers have significantly better outcomes. Private insurance has begun to recognize the value of this coverage, and Medicaid can follow suit. Many of these deaths are preventable. Bill would fill a gap in maternal health care while simultaneously reducing costs. Cost to implement would be offset by the reduced costs from savings of having less C-sections, etc.

Frank: Concern seeing C-section rates increase on Fridays, when health care professionals get tired, etc.
Thierry: This is very well documented. I had this happen with my firstborn. It wasn't until later that I learned this C-section was entirely unnecessary and it was an unnecessary risk.

Terra Kimble, Amerigroup (Part 1, 1:38:13)
In support of the bill. Amerigroup is an MCO that supports STAR and CHIP, where doula would benefit. We have had several pilot programs and grant programs. Our public policy

institute has a report looking at three states that were early adopters of doula services. Has significant savings and improved outcomes.

Frank: Is this not something you can do as a Managed Care organization, if it's a cost savings? You're getting a capitated rate, can't you already do this?
Kimble: We can do it in small pilots, but we don't have a CPT code. Currently they are not certified as Medicaid providers, so we can't contract. Currently they are just a support system.

Samantha Parrish, Austin Doula (Part 1, 1:41:32)
Labor assistant. Support is often us preparing families and providing educational support. C-section rates reveal these rates increase at 4pm, not just Fridays. Mothers need advocates because our system does not support them. Average cost is 1500-2500 depending on experience of the doula.

Recess. Will meet after floor.

Morgan Miles, GALS (Part 2, 1:30)
In support of the bill. Wear a lot of hats as doulas. Several organizations train doulas.

Hull: I had a doula so I know the benefits of it. You talked about prenatal and postpartum. Benefits of doula postpartum?
Miles: We are on call so people are able to reach out to us and we can catch things, sometimes life-saving, and refer them to talk to their care provider, etc.

Ramos: Is this a service that people of lower economic status or those who don't have insurance commonly use?
Miles: GALS has worked with 8000 families who are of lower economic status or are under-resourced.

Dr. Ramalingam, Baylor Scott & White (Part 2, 12:45)
In support of the bill. Texas is ranked 50th in access to prenatal and maternity care. Baylor Scott & White started a doula pilot program in Waco and has had positive outcomes.

Presence of continuous 1 on 1 support during labor reduces cesarean delivery and improves patient satisfaction.

Frank: So Baylor Scott & White Health Plan, not the hospital, started this pilot program? Do y'all have full results?
Ramalingam: Yes. Only been in place for about 4 months, so it's early to talk about. But with a full year of data we can offer better information. Overall, complications and outcomes have improved.
Frank: But y'all aren't getting paid by Medicaid.
Ramalingam: No, though we can show ROI.

Ramos: Discussion with **Ramalingam** about benefits of doulas helping with breastfeeding. This is a very positive thing.

Thierry
We are all confident this would improve positive outcomes. Despite compelling evidence, I emphasize that these aren't just statistics. Women don't need to give life while sacrificing theirs.

Bill left pending.

HB 113: Medicaid Community Health Worker Expenses

Rep. Lina Ortega (27:40)
Community health workers are trained liaisons that assist people in gaining access to needed health care and social services. Help with advocacy, patient navigation, and follow up. Bill is clarifying what is already permissible. Will allow MCOs to categorize community health workers as medical expenses instead of as administrative expenses, because there is a cap on administrative expenses that is currently a barrier.

Noble: Notice there is no fiscal note, can you explain how there is no added expense?
Ortega: The money is available, this will be routing them as a cost not an administrative expense, because there's a cap with administrative expenses. Clarification in terms of where they need to be placed.

Kate Ghahremani, Texas Association of Community Health Plans (32:35)
Bill doesn't create new benefits, it makes it clear. There's a medical side and an administrative side. Administrative side has a cap. These health workers provide many resources: home visits for high risk pregnant women, etc. Help many patients on Medicaid.

Frank: What training do these workers have?
Ghahremani: Not medical professionals but receive training and then certification comes from DSHS.
Frank: How many dollars is this?
Ghahremani: Will get that info to you. Sometimes auditors aren't entirely sure what these workers are, so this would just clarify.

Ortega (37:30)
These people provide services that benefit mothers and more. Just a matter of reclassifying it. Would be a win-win for the state.

Bill left pending.