



August 09, 2024

Texas Health and Human Services Commission

Re: HHSC Rate Methodology / DSP Wages (Public Comment)

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I write today to urge the Texas Health and Human Services Commission (HHSC) to adjust the Home and Community-based Service (HCS) (and Intermediate Care Facility (ICF)) rates and their associated methodologies. Increasingly, for the past several years, these rates, continue to fall short of what is the true cost of delivering services to people with IDD in Texas. Critical contributions by frontline workers, the direct support professionals (DSP), are continuously minimized by a rate methodology that does not reflect the long, hard hours put in every day by DSPs to ensure that people with IDD in our communities live in dignity.

The current methodology for calculating wage reimbursements for community-based DSPs continues to compound an ongoing workforce crisis. The results of this exacerbation are seen by service coordinators of this LIDDA (and LIDDAs across the state) on a regular basis. These results include private group home providers who are left with a staffing ratio that often can neither ensure the safety of their clients nor their own staff. As a result, situations that can typically be handled by appropriate levels of well-trained staff results in unnecessary law enforcement or emergency services involvement with clients ending up in an emergency department or worse in the local jail from where to divert them back to the community is almost impossible for lack of appropriate community resources. This leaves mostly institutional options for people with IDD who have challenging behaviors but who are neither homicidal, suicidal or in many instances not aggressive. These are clients who may need a medium-to-moderate level of medical monitoring, tend to leave the premises if not watched, may indulge in self-injurious behaviors, may engage in social interactions that require a higher staffing ratio or a one-on-one, none of these behaviors warrant a recommendation to an institutional setting. Yet, we and other local authorities see an increase in the number of people with IDD being recommended and admitted to state hospitals and SSLCs. Further exacerbating the issue is the closures of group home providers across the state. In Travis County alone 6 group homes have closed in the past few years, with no replacements.

The history of people with IDD in this country is a sad one. Deinstitutionalization was the natural outcome of decades of work by people with IDD, their families, and other advocates. Society recognized the humanity inherent in people living with other people in their community, regardless of disabilities, in the least restrictive setting. This meant people with IDD were provided with the resources they needed to live in the community independently or quasi-independently, or completely dependent on staff with access to virtually all the benefits and resources that a community has to offer to any other member of that community. And this was the commendable state for several decades. In the past several years, however, funding for IDD services in Texas has barely kept up with inflation. The methodology that determines reimbursement rates for community-based providers is outdated.

The existing rates are insufficient to recruit and retain DSPs, supervisors, quality assurance staff, and nurses. This results in a severe workforce shortage that destabilizes care for individuals with IDD and compromises service

quality. With fewer workers familiar with the complex rules, regulations, and billing requirements associated with IDD services, the standard of care diminishes significantly.

People with IDD, their families and advocates fought hard for their right to live in the community, in the least restrictive environment. To now see families and advocates of people with IDD increasingly supporting their admission to an institutional setting simply because of a lack of options is tragic. Institutions such as the SSLC are valuable and have a place to support people who demonstrably cannot live in the community either because they are a danger to themselves or others. People should not be at risk of being institutionalized simply because community providers are unable to hire or retain staff due to an inadequate funding methodology.

Additionally, given that Texas does not credential DSPs, but still requires certain expertise and experience to ensure the health and safety of people with IDD living in group homes, compensation should be modeled on state-supported living centers (SSLCs), where staff qualifications and responsibilities are similar. This is especially crucial since community group homes have fewer backup staff for assistance in crises or routine maintenance compared to SSLCs.

As inflation continues to impact our economy and the cost of living rises, the reimbursement rate has not been recalculated to keep pace. The current reporting lag fails to incorporate a mechanism for adequate inflationary adjustments for wages, the cost of food, gasoline, property maintenance, or vehicle upkeep. These new costs necessitate an immediate adjustment in rates.

As a social worker and an administrator serving people with IDD for over thirty years, I urge you to take immediate action to address these critical issues with current rates and rate methodology. Without an upward revision, comparable to that used for the SSLCs some of our most vulnerable fellow Texans are at risk of being unnecessarily incarcerated, hospitalized, unhoused, abused, neglected or exploited, all of which has a higher cost on the back end than if the program was funded appropriately to begin with.

Sincerely,

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