



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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***Broadcast MSG BHP#102  
(Updated with Additional Information)***

June 7, 2013

**To:** Executive Director, Texas Council of Community MHMR Centers  
Executive Directors, Local Mental Health Authorities  
Superintendents, State Mental Health Facilities  
Executive Director, Disability Rights Texas  
Members of the Local Area Network Advisory Committee (LANAC)  
Members of the Council for Advising and Planning (CAP) for the Prevention and Treatment of Mental Health and Substance Use Disorders

**From:** Lauren Lacefield-Lewis, Acting Director  
Community Mental Health and Substance Abuse, Program Services

### ***Request for Comments***

## **New Chapter 416, Subchapter B, concerning Home and Community-based Services**

**Due: June 28, 2013**

### **Purpose**

The purpose of the HCBS program is to provide home and community-based services to adults with extended tenure in state mental health hospitals in lieu of their remaining long term residents of state facilities. An HCBS program could help free needed bed space to serve more individuals with acute inpatient needs.

### **Who is affected?**

A number of adults have resided in Texas psychiatric facilities for extended periods of time, in some cases, for years. These individuals no longer require an inpatient level of treatment, but need specialized supports that are not available through existing community-based mental health and disability programs. Characteristics of this population include:

- A history of unstable housing / homelessness;

- Co-occurring physical health issues including hypertension, obesity, diabetes, high cholesterol, mobility impairment and suspected developmental disabilities;
- Cognitive issues including dementias, traumatic brain injuries, cognitive processing issues due to mental illness and complex mental health diagnoses such as schizoaffective disorder; and
- Less family support than other individuals with mental illness, in general.

### **Background**

In September 2010, the Continuity of Care Task Force, which was charged by the department with developing recommendations for resolving barriers to discharging individuals with complex needs from state psychiatric facilities, advised that the state consider implementing an HCBS program. The task force, which included Local Mental Health Authority (LMHA) leadership, advocates, consumers, law enforcement, judges, inpatient providers and agency staff, conducted public meetings, key informant interviews, meetings with key professional groups and four public forums in various locations of the state.

The department sought and obtained funding to implement an HCBS program during the 83<sup>rd</sup> Regular Legislative Session via Article II, Rider 81 of the General Appropriations Act for the 2014-15 Biennium. The rider requires that the department implement an HCBS program for individuals with extended stay(s) in state mental health facilities. The department would operate the program, contracting for services with provider agencies, approving the individual service plans, paying claims for HCBS and performing quality assurance activities. DSHS estimates that a total of 106 individuals could be served during the biennium.

Community-based services could potentially include:

- Residential assistance (foster/companion care, supervised living, residential support services);
- Assisted living;
- Cognitive adaptation training (an evidence-based rehabilitative service that uses tools and motivational techniques to establish and refine daily living skills such as taking prescribed medications, keeping appointments, paying bills, cooking, cleaning, bathing, etc.);
- Psychosocial rehabilitation;
- Supported employment;
- Minor home modifications;
- Home delivered meals;
- Transition assistance (assistance to establish a basic household, including security deposits, essential furnishings, moving expenses, bed and bath linens);
- Adaptive aids (e.g., medication-adherence equipment, communication equipment, etc.);
- Non-medical transportation;
- Specialized behavioral therapies:
  - Cognitive behavioral therapy (an empirically supported treatment that focuses on maladaptive patterns of thinking and the beliefs that underlie such thinking); and
  - Dialectical behavior therapy (a treatment program, derived from cognitive behavioral therapy, that provides support in managing chronic crisis and stress to keep individuals in outpatient treatment settings);
- Prescription medications beyond those available through Medicaid or other insurance;

- Peer support (a service that models successful independent living behaviors, provided by certified peer specialists who are in recovery from mental illness and/or substance use disorders);
- Respite care (short term);
- Specialized substance abuse treatment services;
- Nursing;
- Occupational therapy, speech and language therapy, and physical therapy.

**Services will be individualized to the evolving needs and preferences of the consumer and will be recovery-focused.** The goal is to achieve the maximum level of independence and functioning possible for each individual.

For Medicaid-eligible individuals within this population, Section 1915(i) of the Social Security Act could potentially enable Texas to obtain federal matching funds for HCBS via a Medicaid State Plan Amendment (SPA), if the amendment were approved by the federal Medicaid agency. The department is working closely with HHSC to develop and obtain approval for the 1915(i) State Plan Amendment and to explore other options for obtaining federal Medicaid matching funds.

Please submit your comments via email to [MHSArules@dshs.state.tx.us](mailto:MHSArules@dshs.state.tx.us) with the phrase “HCBS (416-A), 6-7-13, Informal Comments” in the subject line or by US mail to Janet Fletcher, Department of State Health Services, P.O. Box 149347, Mail Code 2018, Austin, TX 78714.

Call Janet Fletcher with questions or concerns at 512/206-5044. Thank you.