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## Gilbert named to HHSC post



HHSC Commissioner Don A. Gilbert

and Mental Retardation Center and Superintendent of the Terrell State Hospital. He is a member of the Board of Directors of the National Association of State Mental Health Program Directors.

Gilbert served as Assistant Deputy Commissioner for Mental Health Services at TXMHMR from October 1978 to May 1980. In this capacity, he was responsible for liaison and oversight of five state hospitals, budget analysis, policy dissemination and working with the Legislature.

From May 1974 to June 1978, Gilbert held various administrative posts at Terrell State Hospital. His job titles included Personnel Assistant and Personnel Officer and Assistant Administrator, Auxiliary Services.

Gilbert earned a Bachelor's degree in Business Administration from Sam Houston State University

and a Master's degree in Business Administration (MBA) with honors from East Texas State University.

The third HHSC Commissioner, Gilbert will fill the unexpired term of Dr. Michael D. McKinney, who resigned in March after three years to accept a position in the private sector.

"My goal is to enhance the Commission's ability to provide effective leadership in the areas of strategic direction, service coordination, fiscal oversight and Medicaid administration. The Commission must serve as a catalyst to effect synergistic collaboration among the 11 agencies. As we begin to view the design and delivery of health and human services from an enterprise perspective, I am convinced that the efficiency and the effectiveness of our work will be greatly enhanced," says Gilbert. ■

**G**overnor George W. Bush has named Don A. Gilbert of Austin as Commissioner of Health and Human Services. Prior to this appointment, Gilbert had served as Commissioner of the Texas Department of Mental Health and Mental Retardation (TXMHMR), a position he had held since 1995. Gilbert also served as the Acting Deputy Commissioner for mental health services at TXMHMR from 1991 to 1992.

His work experience also includes Chief Executive Officer of the Dallas County Mental Health

**Medicaid watch**  
To report Medicaid provider fraud, waste or abuse in our state, please call the Medicaid Program Integrity Division of the Texas Health and Human Services Commission at 512/424-6519.

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## Medicaid managed care initiative expands

Transforming Texas' Medicaid program from the current fee-for-service payment system to a managed care delivery system is becoming a reality. The next sites targeted for managed care are:

- ◆ Dallas Service Delivery Area (SDA) (Dallas, Ellis, Kaufman, Rockwell, Hunt, Collin and Navarro)—Implementation is set for July 1, 1999. The managed care models the state will use in the Dallas SDA are HMO (Health Maintenance Organization) and state-administered plan. Mental health services will be carved out into a separate HMO model.
- ◆ Hill Country SDA (Giles, Kert, Bandera, Real, Edwards, Kimble, Mason, Llano and San Saba)—Implementation is set for September 1, 1999. The model to be used in the Hill Country will be a state-administered plan.
- ◆ El Paso SDA (El Paso, Hudspeth and Culberson)—Implementation is set for December 1, 1999. The models to be used in the El Paso SDA are HMO and state-administered plan.

Requests for Application (RFAs) were released on June 17, 1998 for the Dallas and El Paso SDAs to identify HMOs that will provide health and behavioral health care services. The Hill Country was not included in the RFA since it does not include an HMO model.

In the Dallas SDA, mental health and chemical dependency services will be separated or "carved out" from the physical healthcare

plans to evaluate the effectiveness of a different approach to managed care. This approach was designed to provide public mental health and chemical dependency services. The pilot will be implemented on July 1, 1999. It will serve Medicaid and medically indigent people with mental illness, emotional disturbance and substance abuse/dependency disorders currently served by the public and private mental health and chemical dependency systems. The Texas Department of Mental Health and Mental Retardation (TXMHMR) and the Texas Commission on Alcohol and Drug Abuse (TCADA) in a joint effort with the Health and Human Services Commission and the Texas Department of Health (TDH), developed this model. TXMHMR and TCADA will procure and administer the managed care contracts for NorthStar. This pilot aims to create a single public behavioral healthcare system which maximizes the use of all available funds. The blending of state, local and federal funds from TXMHMR and TCADA is expected to bear benefits, including cost efficiency, comprehensive planning across the spectrum of behavioral health needs and uniform performance measurement and monitoring.

In the El Paso SDA, TDH will procure medical health and behavioral health from the same HMOs. Applicants submitting an application for the El Paso SDA must respond to the Behavioral Health Section. ■



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## More Texas children to be insured

Following federal approval of Texas' Phase I plan for the Children's Health Insurance Program (CHIP) on June 15th, enrollment and outreach activities for the new program are well underway.

The initial plan, which was submitted in March of this year to the federal Health Care Financing Administration, expanded existing Texas Medicaid eligibility to children ages 15-18 in families with incomes below 100 percent of the federal poverty level (the federal

poverty level [FPL] is \$16,450 for a family of four). Previously Medicaid had covered children ages 15-18 up to 25 percent FPL. The Medicaid program also covers children ages 6-14 up to 100 percent FPL, ages 1-5 up to 133 percent FPL and infants under 1 year of age up to 185 percent FPL. Approval of the plan also secured Texas' fiscal 1998 allotment of \$564 million in federal funds which were made available through passage of the Balanced Budget Act of 1997.

Enrollment began in July and the state will initially cover an additional 63,000 children by the end of the year.

"This expansion of Medicaid is the beginning of our effort to construct a children's health insurance program to assure access to health care for the uninsured children of our state," said Health and Human Services Commissioner Don A. Gilbert.

"We continue to work with the Governor, legislative leadership and

*See Children to be insured, page 5*

### It's for the children: A look at "blended funding"

For some children with disabilities, services do not come easy. They are specialized, complex and expensive. More often than not, the assistance they need falls into categories that overlap the boundaries of traditional service systems.

In some cases, the needs do not fall into any clear cut category and even though the need can be identified, it falls through the cracks because no one can agree on who will provide the funding. Consequently, the outcome for these children's service delivery is often less than desirable.

The Families Are Valued project is working to bridge the gaps for these children by identifying innovative ways of providing services and funding for programs. The project also provides technical assistance to

four demonstration sites. The site locations are Richmond, Amarillo, El Paso and Austin. Each of the sites are busy developing new approaches to service delivery that includes family-focused and community-based programs. In addition, the Richmond site is working on a new funding approach known as "blended funding." Blended funding is a new way to provide services to children with special needs. It simplifies and streamlines the service delivery process by making use of available funding in an innovative way that gathers funds from all participating agencies into a single resource pool.

The objectives of the blended funding initiative are to:

- ◆ Define and describe current pathways children with disabilities use to enter the

service delivery system.

- ◆ Develop an instrument to use in retrospective and prospective assessment of appropriateness of care.
- ◆ Identify factors that predict service use in an ideal system of care and develop a support model that matches individual/family characteristics to type and setting of care.

Texas is the first state in the country to develop a funding initiative focused on children with developmental disabilities.

Previous projects had focused primarily on children with mental health conditions. A critical component of these projects centers on the management and planning of services to achieve permanency and enhance the quality of life for children and their families. ■





## Comments sought at hearing:

**"Guardianship is a legal process whereby a court appoints a person to make housing, medical and financial decisions for an individual who is incapacitated..."**

For some Texans, decisions regarding such important issues as housing, medical needs and financial obligations cannot be made without the assistance of a family member or some other responsible individual.

"Guardianship is a legal process whereby a court appoints a person to make housing, medical and financial decisions for an individual who is incapacitated and unable to make prudent decisions due to Alzheimer's, dementia, mental retardation, closed head injuries or chronic mental illness," says Steven Fields, Director of the Guardianship Alliance of Texas. Many incapacitated people in Texas do not have family members who are willing or able to be appointed as guardians. Different types of guardianship programs have been developed statewide to solve this problem.

The Guardianship Advisory Board consists of 11 members who represent the state's health and human services regions. They were appointed on December 1, 1997, to advise the Texas Health and Human Services Commission on the development of a guardianship plan for Texas. "The Guardianship Advisory Board has chosen the name *Guardianship Alliance of Texas* for the plan which will coordinate existing guardianship programs and encourage the development of new local volunteer guardianship programs.

The Guardianship Advisory Board is mandated by Senate Bill

586 (75th Legislature) to provide opportunities for the public to comment on such issues as: developing and implementing a plan to ensure that incapacitated people in Texas who need a guardianship or another less restrictive type of assistance to make decisions on the individual's welfare and financial affairs receives that assistance; fostering the establishment and growth of local volunteer guardianship programs, including the possibility of awarding grants to local volunteer guardianship programs; and adopting minimum standards for the provision of guardianship services by guardianship programs, volunteer guardians and private professional guardians.

In an attempt to address the many issues that impact on guardianship choices in our state, the Guardianship Advisory Board hosted public hearings in Lubbock, Austin, Houston and El Paso during March through June 1998.

The Board received the following comments:

- ◆ The Board and the Guardianship Alliance of Texas should continue at the state level in the future as a clearinghouse for guardianship information, as a referral source for attorneys who offer free or low cost guardianship services and as a source by which the state could funnel money to various guardianship programs.
- ◆ The Board should consider the development of a statewide



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## Guardianship issues addressed

non-profit organization that could provide technical assistance and raise funds for local guardianship programs.

- ◆ Legislation and subsequent grants should not discriminate in favor of volunteer guardianship programs as these types of programs may not be the most appropriate in all areas of the state.
- ◆ Diversifying in the types of guardianship programs is important because no one type of guardianship program will work in all areas of the state.
- ◆ Many family members would apply to serve as guardians of their incapacitated family members were it not for the cost of legal fees associated with a guardianship proceeding.
- ◆ Money management programs should be offered by every

guardianship program as a less restrictive and less expensive alternative to guardianship.

- ◆ Many residents of the state schools could be placed in the community if such residents had guardians.
- ◆ The Surrogate Decision Making statutes should be expanded to include incapacitated persons in nursing homes and in the Home and Community Based Services program of the Texas Department of Mental Health and Mental Retardation.
- ◆ Guardianships for incapacitated minors should continue when the minor becomes an adult without the current necessity of another guardianship proceeding. ■

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## Children to be insured

*Continued from page 3*

other state agencies to develop Phase II of our plan which will provide insurance to additional children above 100 percent of the federal poverty level," he added.

CHIP is financed through federal and state funding and costs for the first full year of the program, fiscal year 1999, are expected to total \$80,081,079 of which the state share is \$21,045,308.

It is estimated that there are 1.3 million uninsured children living in Texas. ■





# Charting a course for the future: Strategic plan offers a blueprint

Who are our customers? What is our mission? What threats do we face? What are our strengths/weaknesses? Answers to these and other critical questions will help shape the delivery of health and human services in Texas for years to come.

The process that explores this type of self-assessment is known as "strategic planning" and it offers a blueprint for the future of health and human services in Texas. The formal document that reflects the Health and Human Services Commission's (HHSC) goals, directions and outcomes to various audiences is called the HHSC Strategic Plan (for fiscal years 1999 to 2003). The document is particularly important because it serves as the basis for HHSC's strategic planning and budgeting process. It is also the primary guide used to develop an appropriations request which ultimately determines

how monies will be allocated for services in our state.

The ultimate goal of the strategic planning process is to anticipate and accommodate the challenges of the future by identifying issues, problems and opportunities. The process serves numerous critical purposes:

- ◆ Establish statewide direction.
- ◆ Align use of resources.
- ◆ Make state government more responsive.
- ◆ Put a focus on key issues.
- ◆ Offer a forum for communication between constituents and service providers.

The plan identifies two critical issues for HHSC:

- ◆ Clarify the mission, scope and authority of HHSC.
- ◆ Use HHSC's leadership ability, expertise and good working relationships to meet future challenges and

opportunities, which include:

- ◆ Establishing HHSC as a research resource for demographic and other information and data across health and human services agencies.
- ◆ Continuing Medicaid leadership at state and federal level to improve services to Texans.
- ◆ Influencing development of the health care system through policy development in the areas such as managed care, health insurance for children, long-term care, waste, fraud and abuse, and other appropriate areas.
- ◆ Applying the consensus building and partnership building approach used in service integration projects to new areas.
- ◆ Automating business functions through application of new technologies in the areas of fraud detection, integrated enrollment and information and referral.
- ◆ Improving contract management functions across agencies.

The entire process offers an invaluable opportunity for HHSC to closely examine its past and chart out a clear course for its future. In doing so, service delivery will be made more effective and efficient as HHSC prepares for the challenges of the next century!

The HHSC Strategic Plan is available on our home page at [www.hhsc.state.tx.us](http://www.hhsc.state.tx.us). ■





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## See you at the summit: A CRCG conference

Community leaders, public and private providers, juvenile justice personnel, parents, educators and other interested individuals from throughout Texas will convene in Austin on October 5-8, 1998 for the statewide summit of the Community Resource Coordination Groups (CRCG) of Texas. "Making a Difference—One at a Time," will be the theme for this year's gathering. The conference will feature a special institute for CRCG chairpersons and coordinators as well as a trainers' seminar on the "No Place Like Home," permanency planning training curricula. Dr. John VanDenberg, part owner of the Community Partnerships Group, will be the keynote speaker. VanDenberg is known for his work on the *wraparound* process, which is based on a philosophy in which services are highly individualized to

meet the needs of children and families. Breakout sessions include workshops from all participating CRCG state agencies, private sector organizations and families. A few examples are as follows:

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**...interested individuals from throughout Texas will convene in Austin on October 5-8, 1998 for the statewide summit...**

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- ◆ CRCG Program Evaluation Update: Preliminary Findings and Practice Implications.

- ◆ Writing for Dollars.
- ◆ Interagency integrated funding projects in Texas.
- ◆ Managing Antisocial and Aggressive Behavior in Youth.
- ◆ What is the wraparound process?
- ◆ 1998 legislative issues for children.

Libby Doggett, Executive Director of the federal Interagency Coordinating Council; Garnet Coleman, Texas State Representative, District 147; Sheila Savannah, Executive Director, People in Partnership; and Connie Bell, a parent whose child was served by a CRCG will close the summit with a panel presentation that addresses the value of community collaboration.

For more information, contact the State CRCG Office at 512/424-6561 or visit the [www.hhsc.state.tx.us/crcg/crcg.htm](http://www.hhsc.state.tx.us/crcg/crcg.htm). ■

## Dentist agrees to settle Medicaid fraud case

U.S. Attorney Mike Bradford announced on August 21 that a Beaumont dentist has agreed to settle a Medicaid fraud case. Jon Kent Dezelle, D.D.S., agreed to pay the United States and the state of Texas \$518,906.61 to settle allegations that he charged the Texas Medicaid program for children's dental procedures which were not medically necessary. The questionable claims were submitted from June 1, 1992 through June 1, 1998. In entering

into the agreement with the United States Attorney's Office (USAO) for the Eastern Division of Texas, the United States Department of Health and Human Services (HHS) Office of Inspector General, and the Texas Health and Human Services Commission (HHSC), Dezelle has also agreed to be permanently excluded from future participation in Medicare, Medicaid and all other federal health care programs. Dezelle made no admission of wrong

doing as part of the settlement.

USAO, HHS and HHSC cited violations of various federal and state statutes including the False Claims Act. The case was investigated by HHSC and the Texas Attorney General's Medicaid Fraud Control Unit. The United States was represented during litigation by Assistant U.S. Attorney Ruth Yeager, USAO, and Theresa Howald, Office of Inspector General for Health and Human Services. ■



# Second Notice

## We are updating our mailing list

State law requires us to update our mailing list annually by placing a notice in three consecutive issues. So, if you would like to continue receiving future issues of *The Service Connection*, please fill out the form below and return it to:

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P. O. Box 13247, Austin, Texas 78711

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Dr. Michael D. McKinney, Commissioner.

*The Service Connection* informs consumers, advocates, health and human services agencies and service providers about agency goals and initiatives. HHSC accepts complaints on its functions and on the 11 health and human services agencies. Send complaints or comments to HHSC at P.O. Box 13247, Austin, Texas 78711 or call 512/424-6500 (Voice) or 512/424-6597 (TDD). To obtain this newsletter in alternate format, call or write the Commission.

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