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New technology to ease consumer access

The year is 2001. A pregnant mother of a child with multiple disabilities discovers that she is eligible for medical assistance when she reports for her first prenatal visit. She set out to get needed medications for her child.

She consults a multimedia kiosk at the doctor's office regarding what public transportation can take her to the preferred pharmacy. She touches icons on the screen to indicate her needs because she can't read. The kiosk asks for her destination and, based on her voice response, gives verbal instructions on which bus to take and when it will arrive.

Her prescription is electronically forwarded to the pharmacy. It is ready for her when she arrives. At the drugstore, she runs into a friend who tells her he is unable to work because of injuries suffered from an accident.

She suggests that he use the multi-media kiosk in the drugstore to find out what services might be available to help him get a job. He is able to communicate with the terminal in Spanish, his preferred language. After answering a few

questions, the terminal prints out a receipt in Spanish. The receipt confirms a telephone appointment with a rehabilitation counselor for the following week and it suggests other programs for which he may be eligible. He applies for services using the video/keyboard attachment on his home telephone.

The counselor is ready for the man's telephone appointment. An automated inquiry confirming the man's birthdate is already underway. The information entered at the drugstore, as well as information concerning the man's medical diagnosis and prognosis for recovery have been forwarded from Medicaid to the counselor's screen.

In 1991, the 72nd Legislature passed House Bill 7 which directed the development of an integrated database network. The network would serve as a health and human service computer system that can track an individual through all services provided by the system, assist workers in delivering unduplicated and well-coordinated services and make available appropriate information to workers while protecting the consumer's privacy and streamlining consumer

See *New Technology*, p. 4

Blue Ribbon Group advises Ladd

Texas Health and Human Services Commissioner Dick Ladd named a Blue Ribbon Policy Group to set strategic direction and priorities for the six-year coordinated strategic plan for health and human services. Co-chaired by Senator Judith Zaffirini of Laredo and Representative Jack Vowell of El Paso, the Blue Ribbon Policy Group was composed of House Bill 7 agency board chairs and others with an expertise in government and health and human services.

The Group met three times and produced strategic directions for health and human services with an emphasis on prevention and local and community involvement. The Group also recommended criteria for setting funding priorities.

These recommendations will serve as the foundation for the *Health and Human Services Coordinated Strategic Plan*.

Consumer input from several statewide public hearings will also be included in the strategic plan. ■

Agencies work to share resources and save money

By Richard C. Ladd, Health and Human Services Commissioner

The Health and Human Services Commission recently released its first progress report. Staff have been working very hard documenting everything that has been accomplished over the last two years. Most of us who have seen the report are surprised by the magnitude of the changes that the health and human service system has completed.

The 12 agencies that make up the Texas health and human service system are keenly aware of the tight fiscal environment in which we are required to operate. The agency heads and I know that we must become as efficient as possible, both within our individual agencies and across the health and human services system. We know that by sharing resources, we can take advantage of the economies of scale, and not spend any more than necessary to get the job done.

An excellent model in this regard is the approved plan to combine the six agency print shops into one consolidated print shop by the first of September. The plan was mostly completed by the print shops themselves, and is a prototype of how we can use existing resources to become more efficient. The consolidated print shop will have the lowest unit costs of any private or government printing operation now in

existence in Texas. This print shop will be self-sufficient, needing no funds other than payment for print jobs.

In times of tight resources, legislatures tend to look for alternative methods to provide services. Perhaps a good option would be to replicate what the print shops have accomplished. We should collaborate on more cost-saving initiatives. This way we can operate efficiently and effectively.

Finding innovative ways to save money is crucial as we are preparing to face what may be another tough legislative session. Even though the Texas economy has improved greatly, it has not kept pace with our budget needs. Medicaid remains the driving force for health and human service expenditures and the federal mandates continue to require states to greatly expand their coverage.

The Senate Health and Human Services Committee, chaired by Senator Judith Zaffirini, held hearings on May 31 and June 1 to discuss ways to restructure the traditional Medicaid program to meet the needs of Texas. State Medicaid Director DeAnn Friedholm provided an overview of the Texas Medicaid program. Following her testimony, the Committee passed six motions designed to allow Texas flexibility in delivering services by getting out of some federal mandates. ■

Knowledge as a defense

Knowledge is the best insurance. That's the motto of a unique, interagency effort among the Texas Department of Insurance, the Texas Department on Aging and the Texas Legal Services Center called the Health Information Counseling and Advocacy Program (HICAP). Thanks largely to a grant from the Health Care Financing Administration, older Texans now have somewhere to turn for information on public benefits such as Medicaid and Medicare, as well as private insurance. Clients and volunteers get the added benefit of learning about changes in public benefits as they occur.

HICAP's one-on-one counseling also teaches elderly persons how to protect themselves from fraud. It is estimated that insurance fraud against elderly persons accounts for \$3 billion in losses per year in Texas and \$17 billion nation-wide.

In the program's first year, trainers Kay Wachs and Wayne Sneed from the Texas Department of Insurance made more than 60 trips throughout Texas to train staff of the Area Agencies on Aging and community volunteers to be benefit counselors. After 16 hours of training and some hands-on counseling, volunteers become certified to advise clients. HICAP is recruiting more volunteer benefit counselors, especially in rural areas.

"I think the strength of this program is the volunteer. They are the nucleus. Without them, HICAP would not be successful," said Wayne Sneed. Sneed says they depend heavily on volunteers because there is not enough agency staff to assist clients.

For more information, contact your local Area Agency on Aging or the Department on Aging at 1-800-252-9240. ■

Overcoming the country mile: Transportation

Ask anyone in rural Texas what the greatest human service need is and they are likely to reply in one word: transportation.

Where population is sparse and public transit limited, a visit to a doctor or a food stamp office can pose major problems. Big cities can be just as daunting for people who are elderly or who have disabilities.

That was the reason the Legislature in 1991 created the Office of Client Transportation Services in the Governor's Office. Staff came on board and the office started to operate in October, 1992, and in 1993, the office was moved to the Health and Human Services Commission.

The office, headed by Tina Janek, is well underway in preparing a statewide plan to coordinate the many transportation programs that help Texans get the health care and other services they need.

There are a number of federal programs which fund transportation for the needy. The federal Intermodal Surface Transportation Efficiency Act (ISTEA) provides capital funds to private, non-profit organizations that transport elderly citizens and persons with disabilities. The Rural Transit Assistance Program, funded through ISTEA, provides training, technical assistance and support for non-urban transit. The act also provides planning funds, training funds and capital funds for bus purchase and replacement.

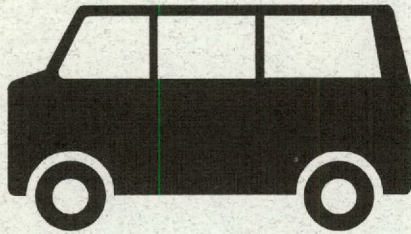
A number of other federal programs either provide transportation or reimburse clients,

including Head Start, Medicaid and the JOBS Program.

Because of its size, Texas is a big participant in these and other grant programs, but until now, there has been neither a real assessment of all the transportation needs nor coordination among the many programs.

The Health and Human Services Commission created the Agency Transportation Coordinating Council to accomplish this. The Council has members from major health and human service agencies as well as the Texas Department of Transportation.

"Our first step is to compile information on the programs we now operate," Janek said. "And one of the problems we're addressing is that agencies collect data in different ways." The Council has committees looking at the legislative mandates on client transportation.



Meanwhile, the Office of Client Transportation is looking at new ways to pull in more federal dollars and stretch existing resources, perhaps by pooling resources to purchase equipment and insurance.

"We've been very fortunate to have the close cooperation of the Texas Department of Transportation," Janek said. "They're very interested in providing better services to those who need them."

The Council has committees looking at the legislative mandates on client transportation. They include:

- ◆ Collecting data on client transportation needs, services and expenditures.
 - ◆ Creating a statewide coordination plan.
 - ◆ Establishing standards of reporting and accounting.
- The Office of Client Transportation plans to have a draft state coordination plan prepared in the fall and a complete report prepared for the upcoming 74th Legislature. ■

Telecommunications project

The health and human service agencies have determined that economies of scale can be realized if they share resources used to transmit information. The big players are the Texas Department of Human Services, the Texas Department of Health, the Texas Department of Mental Health and Mental Retardation, the Texas Rehabilitation Commission and the Texas Department of Protective and Regulatory Services. But, all agencies will benefit from the availability of advanced technology to even the smallest agencies.

New technology to ease consumer access

Continued from page 1

accessibility to services. When considering the properties of such a computerized system, several general characteristics emerge:

The system should minimize redundant data. The first step must be a common data dictionary for the 12 agencies. Today, individual program rules and regulations create nuances that make it difficult to recognize common data elements.

The system should provide universal access across all 12 health and human service agencies. This means removing technical barriers to accessing information and presenting the data in understandable terms to the user.

In addition, House Bill 7 speaks directly to the development of integrated eligibility determination. Agency eligibility requirements vary. Specifying software that meets all of these diverse criteria and removing legal barriers to generic eligibility determination will take time. A computer program called the Texas Eligibility Screening System, known as TESS, has been developed to screen for eligibility for most health and human service agencies. The system will be available during 1994.

There is a clear expectation in the bill for greater accountability from the agencies at all levels. Some measures of accountability have been determined by the Legislature. Managers will need effective ways to determine whether those or other measures are being met, and if not, where the problems exist.

These goals come in an era of low funding, organizational uncertainty and in an environment of legacy systems that represent years of effort. Still, there are ways we can lay the groundwork for a

successful integrated database network.

- ◆ New technologies emerging today promise far greater performance for the same or fewer dollars. In some cases, cost benefit can be realized when older systems are redesigned for the new technology.
- ◆ The spirit of accommodation expressed by the administration in Washington D.C. suggests that rules and regulations that artificially separate services can be eliminated through a waiver process. It will be important to seek waivers where these types of rules and regulations prevent Texas from harvesting the benefits of integrated service systems.
- ◆ Through the power of integrated strategic planning, we can evolve into an integrated database network by setting up standards and processes for new systems. The result should be a system that is integrated logically, irrespective of its physical properties.

An Interagency Work Group established in 1991 proposed some basic principles and concepts for the evolution of the Integrated Database Network. In August, 1993, the health and human service agencies published an Information Systems Plan that spanned all 11 agencies. The plan included a business analysis of the services we deliver, a technology architecture plan that will make our systems more compatible and a strategic analysis of our business systems.

This analysis will serve as the basis for an integrated strategic plan for information technology. The analysis includes standards that will vastly improve our opportunities to connect and interchange data.



It will also identify discrete functions that are performed across the agencies. From this list of functions, the Commission and its constituent agencies have prioritized areas for implementation.

New technologies emerging today promise far greater performance for the same or fewer dollars.

Upon completion of the analysis, the agencies elected to fund a prototype of the Integrated Data Base Network, an index providing interagency access to client services. The Department of Human Services is providing the infrastructure for the project. Other agencies are providing funds to procure professional services for the design and construction phases. The Casey Foundation is providing additional financial support, and the Department of Information Resources will provide contract management. ■

Project helps clients stay in the community

The Texas Supported Housing Demonstration Project was selected as the winner of the 1994 Special Program Award presented by the National Community Mental Healthcare Council. The demonstration sites, which received grants from the Texas Department of Mental Health and Mental Retardation, have helped over 700 adults with serious mental illness to find, rent and keep a house or apartment.

Ernest M. McKenney, formerly of the Texas Department of Human Services, has been named new Director of the Medicaid Office of the Texas Department of Mental Health and Mental Retardation. Mr. McKenney assumed office in May.

The Texas Juvenile Probation

Commission (TJPC) and the Juvenile Law Section of the State Bar of Texas are collaborating in a joint project to produce and publish a manual of juvenile justice legal and administrative forms. The juvenile forms manual is being developed as a resource to assist all practitioners working in the juvenile justice system. For further information, contact Lisa Capers at TJPC at 512/443-2001.

The Health and Human Services Commission would like to congratulate several former staff who have gone on to other endeavors. We appreciate their contributions and wish them well.

Bryan Sperry is the new Executive Director of the Texas Children's Hospital Association. Saralee Tiede is the Project

Coordinator for former Lieutenant Governor Bill Hobby who holds the Sid Richards Chair at the LBJ School of Public Affairs at the University of Texas. Carolyn Purcell is the new Executive Director of the Texas Department of Information Resources.

"Although we will miss the contributions of these staff, they represent the level of expertise we have here at the Commission. I am confident that our diligent leadership will continue to guide us," said Commissioner Ladd.

Tim Graves, former Associate Commissioner of Budget and Support at HHSC, and Carole Anderson, former Associate Commissioner for Service Delivery, have both been promoted to Deputy Commissioner. ■

Texas battles rising Medicaid costs

Texas is facing a Medicaid dilemma. The cost of this health insurance program for the neediest citizens is growing rapidly--from \$2 billion in fiscal 1987 to an estimated \$8.7 billion this fiscal year.

Texas isn't alone. Growing health care costs are the primary source of fiscal pressure on states. The National Conference of State Legislatures estimates that state Medicaid budgets increased 11.8 percent in 1993 compared to a 4.6 percent increase in general revenue appropriations.

Most of that growth is outside the states' ability to control. The

primary reason is federal mandates.

Since 1987, the federal government has expanded coverage to more low-income elderly people and more pregnant women and children, and to aliens with emergency conditions. It has required reimbursement for a longer list of children's services and required higher payments to nursing homes and hospitals.

"These were needed services," said State Medicaid Director DeAnn Friedholm. "They are cost effective services. If we provide adequate pre-natal care, we prevent the birth of many premature babies. If we identify and treat children's health

problems early, we avoid many developmental problems later." "But they weren't services Texas was offering, so we had to finance them with extra dollars." Medicaid is paid 64 percent with federal funds and 36 percent with state funds.

There are other factors. Texas has a high population living in poverty, almost one in five. It has a high birth rate and one in four people lack private or public health insurance. About 44 percent of all births in this state are now paid for by Medicaid.

And health care costs have been

See Medicaid Costs, page 7

Project links people to services

Many state employees find themselves feverishly flipping through numerous reference books and phone books trying to find help for a caller in need of services they don't provide. There are organizations, information and referral providers, who are knowledgeable about local resources and skilled in assessing which are most appropriate for a given individual. They link people with services.

The Texas Information and Referral Project, which is part of the Health and Human Services Commission, is developing a statewide network of information and referral providers to establish clear and easy access to health and human services for all Texans.

The Project focuses its efforts in several areas:

- ◆ **Local Information and Referral (I&R) Networking.** Local information and referral providers select a primary contact, called a hub. The hub serves as the "front door" for people who need up-to-date information about local health and human services. So far, 49 counties have identified hubs.
- ◆ **Texas I&R Support Center.** Project staff provide technical assistance to help I&R providers improve the quality of their service. The National Standards for Information and Referral serves as their benchmark of quality.
- ◆ **Database of State Agency Programs.** When complete, this automated system will provide easy access to information on local, state-funded health and human services programs and eligibility criteria.

- ◆ **Statewide Directory of Information and Referral Providers.** The Project publishes an annual directory which identifies I&R providers for each county in the state. *Finding Help in Texas: A Directory of Information and Referral Providers* costs \$15 plus tax for the printed version and \$10 for the automated version.

In addition, the Health and Human Services Commission publishes a reference guide of Texas state health and human services. The guide, *Health and Human Services in Texas: A Reference Guide*, also includes a statewide listing of information and referral providers.

To order a copy, contact the Health and Human Services Commission at 512/502-3200. The cost is \$18.

To expand the visibility of information and referral even further, the Project is working with Southwestern Bell to publish the name of local hubs and their phone numbers consistently in local telephone directories.

The Information and Referral Project is also involved in an interagency effort to establish an 800 number for health and human services. They hope to pilot this idea in the coming months.

Last year, the Alliance of Information and Referral Systems awarded its Achievement Award to the Texas Information and Referral Project for their efforts. The Texas Planning Council for Developmental Disabilities provides funding.

For more information, please contact the Texas Information and Referral Project in Austin at 512/475-2661. ■



Human services hero

Senator Zaffirini—Hearing the voice of children in nursing homes

In December, after the *Austin American-Statesman* detailed the plight of medically fragile children in nursing homes, Lieutenant Governor Bob Bullock asked Senator Judith Zaffirini, Chair of the Senate Health and Human Services Committee, to tackle this difficult problem.

With characteristic energy and thoroughness, the Senator made herself an expert. She visited nursing homes unannounced. She talked to parents and program directors. With her committee staff director, Camille Miller, she mobilized the seven agencies that

serve these children. She asked the Health and Human Services Commission to work with these agencies to develop a plan.

In one ten-hour meeting, the committee heard from parents, doctors, nursing home operators and out-of-state experts. They adopted 21 motions.

The goal is to create a coordinated system of care and case management which makes information far more accessible to parents of medically fragile children.

We salute Senator Zaffirini for her leadership. ■

running at two to three times the general inflation rate for the past two decades.

"We are trying to contain those costs," Friedholm said. "But Medicaid is only one part of the whole health care system. It really requires a national solution."

Concerned by the fast-growing Medicaid budget, Lieutenant Governor Bob Bullock has asked the Senate Health and Human Services Committee to work with the State Medicaid Director in recommending state or federal action that could curb costs in the short term.

He has also asked for a review of programs in Tennessee and Oregon aimed at saving money on Medicaid.

"We'll be doing our best to find the kind of innovative solutions which will stretch our health care dollars," Friedholm added. ■

Information at your fingertips

by the Information Resource Management Division at the Texas Department of Health

In April 1994, the Texas Department of Health (TDH) implemented another phase of its plan to connect Internet services throughout the agency. TDH connected the first segment of the Texas Health Information Network (THIN) to the Internet in December 1992, with a master plan to provide Internet services to all of its more than 3000 workstations.

Today, TDH provides Internet services to 90 local and wide area networks, 11 regional headquarters and 3 additional health and human service agencies. With national attention on the Information Superhighway and health care reform, TDH has positioned itself as a forerunner in providing the connectivity necessary to access

the most current information on health care. TDH views the Internet as the vehicle for the most effective and extensive information interchange.

Currently, electronic mail or Email is the most popular Internet service. Employees also have the ability to login to foreign hosts, execute remote programs and share information with other health-related organizations. This ability to access a wide array of information allows TDH to obtain the most up-to-date information about public health conditions and direct resources to areas needing improvement in public health.

"News" is the latest addition available to TDH network users. It provides the latest local and worldwide information covering

more than 1500 topics. This service, along with the other Internet features, will enhance TDH's efforts to ensure the availability of vital information for public health. The Internet provides TDH with an information exchange, permitting TDH to electronically obtain a wealth of information with local, state and national research centers; medical libraries; hospitals and clinics; and, federal agencies such as the Centers for Disease Control in Atlanta. This information is then made available to TDH health care providers statewide.

For information on how to get connected to the Texas Health Information Network, call Clark Johnson in Austin at 512/458-7793. ■

A real alternative to nursing homes

A new Medicaid waiver program currently underway in Texas gives adults the chance to choose to remain in their own homes or live in the community as opposed to nursing home placement.

The waiver not only offers consumers a real alternative but also saves money. A number of elderly citizens and people with disabilities do not have any choices now other than moving to a nursing home when they can no longer live at home. In June of last year, the federal government's Health Care Financing Administration granted Texas a 22,000-slot Nursing Facility Waiver. The waiver program is a federal Medicaid program which offers living assistance to people who are elderly or who have disabilities so that they may remain in their communities. Services that will be reimbursed include attendant care, adaptive

aids and medical supplies, adult foster care, nursing services, respite care and emergency response services.

The Texas Board of Human Services recently approved this waiver program to serve up to 2,000 people the first year. The board also approved the transfer of \$3.2 million in state funds from other Department of Human Services programs to cover the first year costs.

Staff from the Department of Human Services began implementing the new program in March in such counties as Lubbock, Potter, Randall, Tarrant, Wise, Smith, Gregg, Bowie, Lamar, Harrison, Bell, Cameron and Hidalgo.

To qualify for the waiver, a person would have to have an income of no more than \$1,338 a month and countable resources of \$2,000, and have needs that cannot be met through other Texas Medicaid community care



programs or other resources like Medicare or insurance. Persons would have to meet the medical necessity determination for nursing facility care and be determined appropriate for nursing facility care through the Preadmission Screening and Annual Resident Review (PASARR) process. Also, applicants must be at least 21 years old.

For more information, please contact Anita Anderson at 512/450-3195 or Gerardo Cantu at 512/450-3693. ■



Helping people help themselves

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The Service Connection informs consumers, advocates, health and human service agencies and providers about agency goals, activities and the progress of House Bill 7. Send comments to the Texas Health and Human Services Commission, P.O. Box 13247, Austin, Texas 78711 or call 512/502-3200 (Voice or TDD). To obtain this newsletter in alternate format, call or write the Commission.

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