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Managed care in Texas: The Star + plus approach

A new approach to acute and long term managed care services in Texas has been approved by the federal government. The first of its kind in the nation, the 1915 (b)(c) waivers integrate acute care and long term care services into one system of managed care. This is the main objective of the STAR+PLUS pilot program of the Texas Health and Human Services Commission (HHSC) which has recently received a grant of \$292,844 by the Robert Wood Johnson Foundation to support the development of the program.

STAR+PLUS is a new pilot program to introduce Medicaid managed care to Texans who receive Supplemental Security Income (SSI), a federal financial assistance program for low-income people who are elderly, blind or disabled. STAR+PLUS brings together medical and preventive health care with long term care which is often needed. This program includes all acute care and long term care services currently covered by Medicaid. Examples of acute care services are hospitalization, physician services,

lab and x-ray. Long term care services include adult foster care, assisted living/residential care, nursing facility services, home health attendant care, respite, in-home modifications and durable medical equipment.

"There are a few programs across the country that have attempted to integrate acute and long term care using research and demonstration (1115) waivers. STAR+PLUS is unique because this is the first time the Health Care Financing Administration (HCFA) has approved a combination of the 1915 (b) and (c) waivers to implement a program," says Health and Human Services Commissioner Dr. Michael D. McKinney.

The Robert Wood Johnson Foundation is the nation's largest philanthropy devoted exclusively to health care. It concentrates its grantmaking in three areas: to assure that all Americans have access to basic health care; to improve the way services are provided to people with chronic health conditions; and to reduce the personal, social and economic harm caused by substance abuse-tobacco, alcohol and illicit drugs. ■

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Texas turns to "telemedicine": A new approach to health care

It's a relatively new method of health care delivery. Its anticipated use is not fully known. However, all indications are that the use of "telemedicine" will result in a decrease in expenditures for medical transportation costs. Savings may also result because of earlier interventions that telemedicine may effectively provide by allowing clients in rural and medically underserved areas to access services more quickly and conveniently.

What exactly is "telemedicine?"

It is a method of health care delivery used to facilitate medical consultations by physicians to health care providers in rural or underserved areas for patient diagnosis or treatment that requires advanced telecommunications technologies, including interactive video consultation, teleradiology and telepathology.

As mandated by House Bill 2386 and House Bill 2017 which were enacted by the 75th Texas Legislature, the Texas Health and Human Services Commission

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(HHSC) is directed to establish a system within the state's Medicaid program for reimbursing providers of services performed using

telemedicine.

Recently HHSC issued a proposed rule which outlines the proposed reimbursement for telemedicine services for the Medicaid program. The rule calls for reimbursement for an attending provider for evaluation and management services and for the consulting provider for consulting services and outlines the requirements of providers claiming reimbursement for services performed using telemedicine.

Following a 30-day comment period, a public hearing regarding the proposed rule was held on February 19, 1998.

"It is anticipated that the deployment of telemedicine will result in improved access to health care for eligible recipients," says Deputy Commissioner for Medicaid Linda Wertz. ■

Plan offers key strategies to long-term care

A coordinated system of long-term care services that offers such features as an expanded array of services, enhanced access to services, reduced length of waiting lists, service delivery in the least restrictive setting and maximized funding is detailed in the *Texas Long-Term Care Plan*.

Along with the eleven member agencies, the Health and Human Services Commission (HHSC) was

directed to develop this plan under Senate Concurrent Resolution 14 passed by the 75th Texas Legislature.

In this plan provided to the Governor, Lieutenant Governor, Speaker of the House of Representatives, the Senate Health and Human Services Committee, the House Human Services and Public Health Committees and the Sunset Advisory Committee,

HHSC identifies strategies to coordinate long-term care service delivery and administration. The plan also summarizes agencies' initiatives that are part of the coordinated plan.

"As with any other plan for health and human service delivery, the thing to remember is that people are the foundation of the long-term care system," notes Dr. McKinney, Commissioner. ■

There's "No Place Like Home"

There's truly "No Place Like Home." Passage of House Bill 885 by the 75th Texas Legislature paved the way for each appropriate health and human services agency to develop procedures to ensure that a permanency plan is created for each child residing in an institution in the state on a temporary or long-term basis or for whom institutional care is sought.

Designed to assist state agencies educate their staff on the needs of families with children with developmental disabilities, the "No Place Like Home" training curriculum is based on the belief that all children grow and develop better in family settings where they can build lasting relationships.

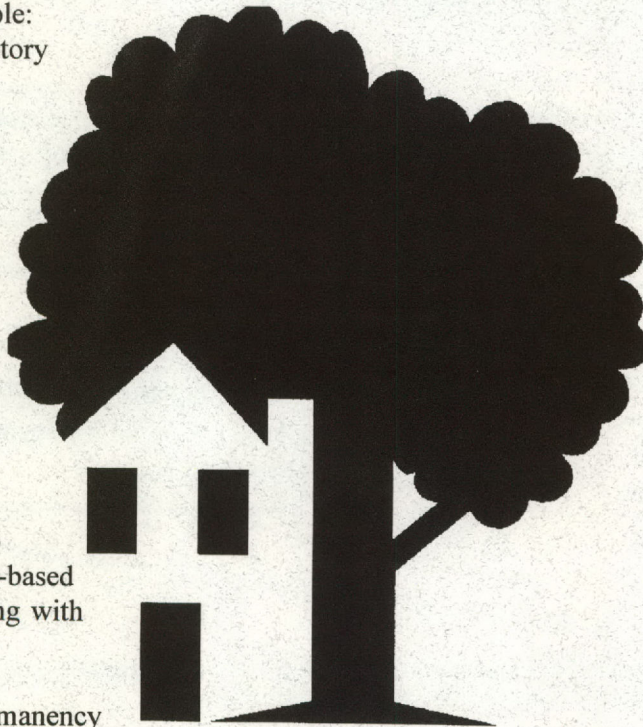
The interactive training course provides comprehensive information on permanency planning and is designed to help people:

- ◆ Understand the history of permanency planning in Texas.
- ◆ Understand the values and philosophy of permanency planning.
- ◆ Increase awareness of the situations that families raising children with disabilities face.
- ◆ Understand how to include a strengths-based approach in working with families.
- ◆ Practice writing a comprehensive permanency

plan for an identified family. Families of children with developmental disabilities are key participants in their kids' development. Often serving as lifelong caregivers and advocates for their children, they are involved in all aspects of planning and intervention on their behalf.

Currently, more than 20 trainers are certified to provide training in all regions in Texas. Trainers represent different agencies interested in offering training to any agency, organization or service provider willing to coordinate a workshop.

For more information on the "No Place Like Home" initiative, please contact Ms. Yolanda Montoya with the Texas Health and Human Services Commission at 512/424-6528. ■



Families of children with developmental disabilities are key participants in their kids' development.

MFADS

Zeroes in on waste, fraud and abuse

It is perhaps the best tool available to help fight Medicaid fraud and abuse in our state. On December 30, 1997, two days prior to the January 1, 1998 date mandated by Senate Bill 30, the Medicaid Fraud and Abuse Detection System (MFADS) officially became operational. Developed as an automated system to enhance detection, identification and investigation of fraud, abuse

and waste in the Texas Medicaid program, the MFADS is expected to increase the frequency, scope and volume of recoveries and cost savings to Texas.

By the end of February 1998, the MFADS database contained extensive information, including acute care data for 1995 and 1996, covering 65 of the state's 254 counties. The data will include:

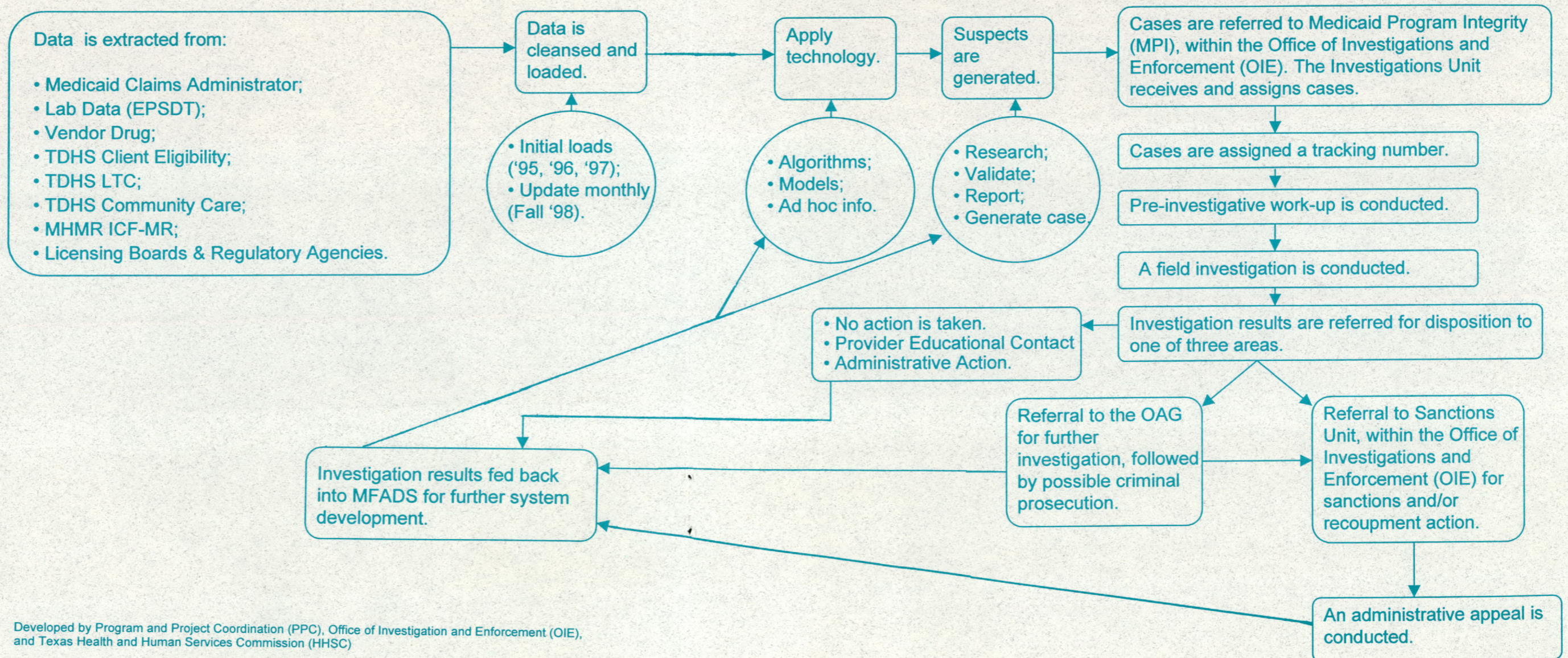
- ◆ recipient eligibility

- ◆ provider files
- ◆ acute care claims
- ◆ vendor drug (claims, providers and contracts)
- ◆ Early Periodic Screening Diagnosis and Treatment (EPSDT) lab data
- ◆ various tables (such as procedure codes).

By the end of May 1998, MFADS will have 1995 and 1996 acute care data for all 254 counties.

"This new system will give HHSC the ability to access and analyze Medicaid data across agency lines and apply a neutral, unbiased identification process that will increase HHSC's ability to detect and eliminate opportunities for fraud, waste and abuse," notes HHSC Commissioner Dr. Michael D. McKinney.

A flowchart of the MFADS process is illustrated below. ■



Developed by Program and Project Coordination (PPC), Office of Investigation and Enforcement (OIE), and Texas Health and Human Services Commission (HHSC)



The group aims to change the way we do business in the area of internal auditing.

Workgroup to address auditing issues in health & human services



Improving the efficiency and quality of health and human services is the goal of a workgroup of health and human services auditors. The group aims to change the way we do business in the area of internal auditing. In a time of great need and scarce resources, identifying ways to improve services and at the same time save money takes on added importance.

The Texas Health and Human Services Commission (HHSC) oversees the workgroup's efforts in internal audit functions of health and human services agencies. Currently, work is underway in three areas. One deals with coordinating the single audit review process among health and human services agencies. At this time, a single vendor may provide services to several health and human services agencies and may be required to submit a single audit report which in turn is reviewed by each agency. The Internal Audit Workgroup will develop procedures to allow one agency to review the report, so that its findings will be shared with the other agencies and thus eliminate any duplication of effort.

Also, the workgroup is coordinating continuing educational training for health and human services internal auditors which is specific to this area and more cost effective. The training will be tailored to health and human services issues and structured in a manner that will be cost effective and enhance auditors' skill levels.

Still another area that the workgroup is addressing centers on expanding relations with the State Auditor's Office. Their audit reports on health and human services agencies are used by the Legislature to make decisions affecting health and human services. The workgroup hopes to facilitate future cooperation in an effort to impact the quality of information used by decision makers by fostering better communication between the State Auditor's Office and health and human services agencies; developing more uniform procedures in working with the State Auditor's Office and being more proactive as internal auditors to bridge the gap between health and human services management and the State Auditor's Office.

Through continued evaluation of the internal audit functions of health and human services agencies, continuing efforts will be made to improve the effectiveness and the quality of services for citizens of Texas. ■

A "sign" of the times...

Estimates indicate that 1.5 million Texans have difficulty hearing. Nearly 41,000 Texans who are deaf may use sign language interpreters to communicate in medical, legal, educational, employment and other settings. The demand for interpreter services in Texas exceeds the supply and more interpreters will be needed in the future.

"The demand for interpreters, particularly at advanced licensure levels, has increased in settings such as education, courts, medical and government agencies," notes David Myers, Executive Director of the Texas Commission for the Deaf and Hard of Hearing. He adds that with passage of the federal Americans with Disabilities

Act in 1990 agencies, businesses and service providers have increased communication access by providing sign language interpreters.

Data compiled by the Texas Governor's Committee on People with Disabilities highlights a need for increased training opportunities for higher interpreter skills levels; improved skills levels for beginner interpreters to achieve a higher level of certification and more emphasis on promoting sign language interpreting as a career.

For more information on sign language interpreting contact the Governor's Committee on People with Disabilities at 512/463-5741 or the Texas Commission for the Deaf and Hard of Hearing at 512/451-8494. ■

Estimates indicate that 1.5 million Texans have difficulty hearing.

A matter of "trust!"

Slated for May 4-6 in Austin, a statewide gathering is being sponsored by the Texas Interagency Council on Early Childhood Intervention (ECI) and will draw more than 1,000 participants. Sessions on such topics as brain development, cultural diversity, nutrition, genetics, managed care and advocacy will be offered during the conference. For more information, please contact Stephanie Herrman at 512/424-6783. ■

AAP promotes breastfeeding

Recent findings by the American Academy of Pediatrics (AAP) reveal conclusive advantages to infants, mothers, families and society from breastfeeding and the use of human milk for infant feeding.

These include health, nutritional, immunologic, developmental, psychological, social, economic and environmental benefits.

Increasing the rates of breastfeeding initiation and duration is a national health objective. The

target is to increase to at least 75% the proportion of mothers who breastfeed in early postpartum and to at least 50% the proportion who continue breastfeeding until their babies are five to six months old. "Exclusive breastfeeding is ideal nutrition... It is recommended that breastfeeding continue for at least 12 months, and thereafter for as long as mutually desired," says an AAP workgroup.

To become a "mother-friendly" employer, call TDH 512/406-0744. ■

First 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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Helping people help themselves

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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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