

Testimony Bullet Points For Texas House of Representatives Committee Hearing

Select those points you can use with your own personal experience or anecdotes to reinforce the vividness of the testimony. Your time limit is 3-MINUTES.

- The system is being weakened by the waste, fraud and abuse that is part of the frequent transfer of patients by unscrupulous agencies and some attendants.
- We believe in Patient Choice when it really is **THE PATIENT'S TRUE CHOICE** and not that of an unscrupulous agency or attendant. Patient Choice is meaningless unless we can guarantee that it truly is the Patient's own choices driving the health care system.
- MCOs should be required to have the MCO service coordinator and/or an MCO representative visit the member in-person to confirm the request to transfer is real and informed. This will also allow the MCOs to focus on the quality of services that the attendant and provider agency may be providing.
- We believe that there should be an open discussion before a transfer is approved. This allows agencies to take corrective action if needed and would help to improve services. These repeated transfers can severely impact the continuum of care for members and may, in fact, lead to an increase in emergency room visits, hospitalizations and re-admissions because of the interruption of care.
- The attendant is a lynchpin for the Medicaid system. They are the eyes and ears for us in the home. They are in the home every single day and, at times, are the only outside contact some members have for months. It is critical that we treat them as the valuable team members that they can be.
- We support the expanded training, education and utilization of the special role attendants play in enhancing a member's health care outcomes. However, we expect the attendant to be fairly compensated for the time and effort they put into earning extra training credits. Additionally, we expect our agencies to be fairly compensated for the time, effort and cost of implementing the extensive training regime that will be required for attendants in the future.
- We believe that most attendants want to pursue training beyond the current minimum state requirements because they seek validation for their profession and see it as a career or a step to a more advanced position. We want to support their efforts at self-improvement.
- For the past three years, our group of agencies have been working to develop best practices and improve the quality of our services and the work our attendants perform. We have researched what other states have done to improve attendant services and have identified those that have proven effective. We have also developed innovative proposals of our own. We have shared these ideas to several MCOs with little to no interest in improving the system. In the cases where the MCOs have shown some interest, they have focused on small elements that require extra work on our part and on the attendants' part but with minimal compensation. In one proposal, we were offered what amounted to approximately two-cents per hour increase, at best. This would translate for approximately \$23 per attendant per year.
- We are committed to real Value Based Purchasing based on true partnerships that work in a transparent environment where all critical information is shared in real-time with all the

team members. We believe that we can be successful in improving the health outcomes for members and successful as a competitive business in a Value Based Purchasing environment.

- Some MCOs are creating roadblocks to members being able to receive adequate services. For example, one MCO is now requiring that we get a Physician's Statement of Need (PSON) before services can be provided to the member even though they have already been qualified for services. The staff time and work done to secure the PSON by us is not reimbursed by the MCO. This requirement is not part of the Texas Medicaid program and only serve to delay the access to services while the MCO continues to receive their capitation fees for the member.
- We seek strong partnerships with the MCOs in developing new models and approaches to improving the quality of life for our members and to improving their health outcomes.
- If the MCOs genuinely want to see improved services, they must be willing to invest the time, effort and resources necessary to make improvements in the services provided by the attendants and the agencies that employ them.
- Improvements in member health outcomes can and must be tied to metrics and attendants and the agencies that employ them must be adequately compensated.
- MCOs are failing their members when they fail to adequately provide for Inter-Disciplinary Team meetings to discuss and develop a service plan for a member.
- MCOs must play an active role in tracking frequent member transfers that indicate such transfers are being done for reasons other than service issues.
- MCOs must play an active role in tracking agencies that show an unusually rapid increase census counts that might indicate member poaching, violations of state laws and program regulations, kick-backs and serious violations of HIPPA rules.
- MCOs have refused to develop the guidelines for a preferred provider program that will identify high-performing agencies to can provide superior service, particularly for high-risk clients that frequently visit emergency rooms.
- MCOs must work together to develop and implement a program wide attendant "Do Not Hire" list in coordination with HHSC and the agencies.