

Texas Department of Aging and
Disability Services (DADS)



2015 REFERENCE GUIDE

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Per DADS Budget Strategies





2015 Reference Guide

Per DADS Budget Strategies

Texas Department of Aging and Disability Services

P.O. Box 149030 • Austin, Texas 78714-9030

512-438-3011

www.dads.state.tx.us

Jon Weizenbaum

Commissioner



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Introduction

The DADS Reference Guide provides an overview of the programs and services administered by DADS. The publication compiles information from a variety of sources into one comprehensive reference document.

The level of detail in the DADS Reference Guide is intended to help DADS employees and Texas residents become better acquainted with services available through DADS. The publication is an accurate, comprehensive and easily accessible reference for frequently asked questions. However, caution must be exercised in basing significant decisions on this information before first verifying the details with the appropriate agency personnel. Although efforts have been made to ensure the accuracy of the information, the printed version may not reflect the most current policies and procedures.




The DADS Reference Guide is organized into four major sections:

Section I • Agency Overview is an overview of the state's health and human services system, the background of DADS and the DADS vision, mission, key responsibilities and guiding principles. The DADS organizational structure is described and an organizational chart is provided. DADS strategic planning goals, as well as budget and staffing summaries, are also included.

Section II • Programs and Services provides detailed descriptions for each of the programs and services administered by DADS, categorized by DADS FY 2014–15 Legislative Appropriations Request (LAR) strategies. Standard information is presented for each of the programs or services, including descriptions, eligibility requirements and statewide caseload data.

Section III • Demographic/Economic Data contains data that are crucial to DADS planning functions. Included are total and poverty population data for Texas by age group and by region; Texas population that is older and has disabilities, broken down by region and poverty status; Texas total population by region, race and gender; Texas labor force statistics by region, and per capita personal income amounts. In some instances, national data are also provided for comparison.

Other data in this section include the poverty income guidelines for the continental United States and Texas state median income. State ranking information that may be of interest to DADS is also included at the end of this section.



Section IV • Appendices contains directories for DADS headquarters, area agencies on aging (AAAs), local authorities (LAs), state supported living centers, regional directors for community services and regional directors for regulatory services. There is a list of contacts for additional information about specific DADS programs or services, and a list of toll-free hotline phone numbers. Brief descriptions of the functional assessment process, the medical necessity determination process and interest lists are also provided. A STAR+PLUS map and contact information have been added as a new reference tool. In addition, a table showing each of Texas' 254 counties by region, a glossary of frequently used terms and a table of commonly used acronyms are included.

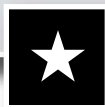
Note: This publication is available online at www.dads.state.tx.us/news_info/budget/



Section 1:

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Overview



Health and Human Services in Texas

Overview

Health and human services in Texas are organized into five state agencies:

- Texas Health and Human Services Commission (HHSC)
- Texas Department of Aging and Disability Services (DADS)
- Texas Department of Assistive and Rehabilitative Services (DARS)
- Texas Department of Family and Protective Services (DFPS)
- Texas Department of State Health Services (DSHS)

Each agency has a nine-member, governor-appointed council that makes recommendations regarding rules and policies. Final approval rests with the Texas Health and Human Services Commission (HHSC).

The Texas Health and Human Services Commission oversees the operations of the health and human services system and provides administrative oversight of Texas health and human services programs. HHSC also provides direct administration of Medicaid, the Children's Health Insurance Program, Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps), Temporary Assistance for Needy Families, and various other assistance programs.

The Texas Department of Aging and Disability Services provides long-term services and supports to a wide range of people, including:

- People with physical disabilities.
- People with intellectual and developmental disabilities and related conditions.
- People age 60 and older.

DADS also regulates providers of long-term services and supports and administers the state's guardianship program.

The Texas Department of Assistive and Rehabilitative Services works with Texans with disabilities and families with children who have developmental delays to improve the quality of their lives and to enable their full participation in society. This includes:

- Working with Texans who are blind or visually impaired to help them reach their goals.
- Helping people with disabilities achieve employment goals and independent living.
- Assuring that families with young children with developmental delays have the resources and support they need to reach their goals.
- Working to improve the quality of life for Texans with disabilities who apply for or receive Social Security Administration disability benefits, by making timely and accurate disability determinations.

The Texas Department of Family and Protective Services is charged with protecting children, adults who are aging or have disabilities living at home or in state facilities, and licensing group day care homes, day care centers, and registered family homes. DFPS is also charged with managing community-based programs that prevent delinquency, abuse, neglect and exploitation of Texas children, aging Texans and adults with disabilities. The agency's services are provided through its Adult Protective Services, Child Protective Services and Child Care Licensing divisions.



The Texas Department of State Health Services promotes optimal health for people and communities while providing effective health, mental health and substance abuse services to Texans. DSHS administers programs that:

- Focus on substance abuse prevention and assistance to people with mental health or substance abuse problems.
- Protect consumer health and safety.
- Provide essential public health services focusing on population-based prevention and health promotion.
- Provide a health care “safety net,” generally for people who do not have health care coverage through private insurance, Medicaid or the Children’s Health Insurance Program (CHIP).
- Provide public health leadership and coordination across the state for public health issues, including disaster preparedness and response.
- Collect, maintain, analyze and report health information about vital records, health status and health care in Texas.

Texas Department of Aging and Disability Services

Overview

The Texas Department of Aging and Disability Services (DADS) was created to administer long-term services and supports to people who are older and to people with intellectual and developmental disabilities. DADS also licenses and regulates providers of these services and administers the state's guardianship program. DADS began formal operations on Sept. 1, 2004.

Vision

Texans who are older and people with disabilities will be supported by a comprehensive and cost-effective service delivery system that promotes and enhances individual well-being, dignity and choice.

Mission

The DADS mission is to provide a comprehensive array of aging and disability services, supports, and opportunities that are easily accessed in local communities.

Our key responsibilities to the citizens of Texas include:

- Working in partnership with individuals, caregivers, service providers and other stakeholders.
- Developing and improving service options that are responsive to individual needs and preferences.
- Ensuring and protecting self-determination, individual rights and safety.

Strategic Planning and Budgeting Goals

FY 2013 – 14

Goal 1 – Long-term Services and Supports

To enable Texans who are older and those with disabilities to live dignified, independent and productive lives in a safe living environment through an accessible, locally based, comprehensive and coordinated continuum of services and opportunities; to provide appropriate services and supports based on individual needs, ranging from in-home and community-based services for those who are older or who have disabilities and request help maintaining their independence and increasing their quality of life, to institutional services for those who require that level of support, seeking to ensure health and safety and to maintain maximum independence for the recipient while providing necessary services and supports.

Goal 2 – Regulation, Certification and Outreach

Provide licensing, certification, contract enrollment services, financial monitoring and complaint investigation to ensure that residential facilities, home and community support services agencies and people providing services in facilities or home settings comply with state and federal standards, and that people receive high-quality services and are protected from abuse, neglect and exploitation.

Goal 3 – Indirect Administration

Assure the efficient, quality and effective administration of services provided to people who are older and those with disabilities.

Guiding Principles

The following principles guide DADS daily operations:

Customer Focus – The individual needs, preferences and rights of those served by DADS are key to the design, development and implementation of all programs and service delivery systems.

Accountability – DADS provides good stewardship of public resources and has systems to measure performance and allow for accountability to those we serve, the Legislature, other stakeholders and the general public.

Best Business Decision – DADS strives to evaluate all available options and costs in light of its guiding principles to make the best business decisions, while balancing customer priorities, best practices, standards of excellence and budgetary constraints.

Integrity – DADS staff adhere to a code of professionalism based on integrity and ethical behavior in all internal and external communications and daily operations. DADS maintains an ethical environment, which includes the use of high standards, sound judgment and discretion in the decision-making process.

Continual Improvement – DADS is committed to achieving excellence in everything we do. Continual improvement is expected in all agency operations, activities and services. DADS will develop and implement innovative ideas, measure performance and evaluate results to continually improve.

Teamwork and Partnerships – DADS collaborates with individuals, advocates, other federal and state agencies, elected officials and the general public to achieve positive results. Employees will foster a teamwork environment both within and outside the agency.

Respect – DADS staff honor the value, dignity, privacy and individuality of DADS staff members and the individuals we serve.



DADS Organizational Structure

DADS is under the leadership of Commissioner Jon Weizenbaum, who has been appointed by the executive commissioner of the Texas Health and Human Services Commission with the approval of the governor.

The agency is divided into the following program and support divisions that report to the commissioner:

- Office of the Deputy Commissioner
- Office of the Associate Commissioner
- Internal Audit
- Legal Services
- Office of the Chief Operating Officer
- Office of the Chief Financial Officer
- Access and Intake
- Regulatory Services
- State Supported Living Centers

For contact information, see page 110.

The Deputy Commissioner oversees the Center for Policy and Innovation, which is responsible for providing policy direction and technical assistance to improve services. The Deputy Commissioner also oversees the Promoting Independence initiative.

- *The Center for Policy and Innovation* develops, coordinates and directs policy initiatives in long-term services and supports. It also includes the Quality Reporting unit and the Quality Monitoring program, as well as other staff who conduct research and analysis and support agency councils, such as the Texas Council on Autism and Pervasive Developmental Disorders and the Aging Texas Well Advisory Committee.
- *The Texas Promoting Independence initiative* supports allowing people with disabilities to live in the most appropriate care setting available. The statewide initiative began in 1999 when Gov. George W. Bush affirmed the value of community-based alternatives for people with disabilities in an executive order. More recently, Gov. Rick Perry signed Executive Order RP 13 on April 18, 2002, also relating to community-based alternatives for people with disabilities.

The Associate Commissioner oversees the Center for Consumer and External Affairs and the office of the Texas Long-term Care Ombudsman.

- *The Center for Consumer and External Affairs* coordinates and ensures timely and effective external communications to a variety of stakeholders, including legislators, consumers, provider organizations and associations, and the media. Stakeholder Relations, Media Relations, Government Relations, the Communications Office and Volunteer and Community Engagement are the units in the Center for Consumer and External Affairs.
- *The Texas Long-term Care Ombudsman Program* advocates for quality of life and care for nursing home and assisted living facility residents. Federal and state authority mandates ombudsmen to

identify, investigate and resolve complaints made by, or on behalf of, people living in nursing homes and assisted living facilities and to provide services to help in protecting their health, safety, welfare and rights. Information and assistance in choosing the most appropriate living residence is also a valuable service.



Internal Audit is an independent, objective assurance and consulting activity designed to add value and improve DADS operations. It helps DADS accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes. This provides assurance that DADS is operating in the most effective and efficient manner possible, is complying with written policies, procedures, laws, and regulations, is properly safeguarding assets and is complying with contracts and achieving fiscal integrity. Internal Audit reports directly to the commissioner to ensure independence.

Legal Services provides legal support to all program and support divisions of DADS and is made up of four units — Enforcement Services, Administrative Services, Litigation Services, and Policy and Rules.

The Chief Operating Officer (COO) oversees Consumer Rights and Services, Information Technology, Contract Oversight and Support, and Executive and Staff Operations. The COO is also responsible for some program and service-related administrative support activities and for coordination with HHSC to ensure the effective and efficient delivery of administrative support services to other health and human service departments. The COO division includes the four following sections:

- *Consumer Rights and Services* is responsible for Consumer Rights / Surrogate Decision Making programs, Complaint Intake, and Professional Review, and for tracking DADS suspected provider fraud referrals to the HHSC Office of the Inspector General and resulting investigations of the Office of the Attorney General.
- *Information Technology (IT)* is responsible for the DADS IT Security Office, IT Project Management Office, Application Management, Infrastructure Operations, and Business Operations, including Customer Service, Technology Goods and Services, and IT Planning, Budget and Accounting.
- *Contract Oversight and Support* is responsible for Contract Review and Technical Assistance, Contract Sanctions Review, and Nursing Facility Trust Fund Monitoring.
- *Executive and Staff Operations* is responsible for Administrative Management Services, Educational Services and Support Services Coordination, including preparing and maintaining the agency's business continuity and emergency response plans and coordinating the agency's response to emergencies that can affect essential functions.

The Chief Financial Officer is responsible for Budget and Data Management, Accounting and Claims Management. Specific responsibilities include:

- Preparing the agency’s biennial Legislative Appropriations Request.
- Preparing fiscal notes and analyzing the financial effect of proposed legislation.
- Preparing, managing and overseeing the development of DADS annual operating budget.
- Managing the daily budget function within DADS.
- Preparing analyses describing the fiscal effect of new or changed rules.
- Conducting work measurement studies to determine the resources needed to deliver services.
- Validating, recording and processing payments to vendors, consumers and providers for goods and services rendered on behalf of DADS.
- Validating, recording and processing payments to reimburse traveling DADS staff and vendors for direct billing for travel.
- Recording and processing requisition requests.
- Recording and tracking all DADS capitalized, controlled or leased assets and inventory.
- Managing, processing and recording daily cash flow and ensuring cash or its equivalent is tracked and deposited to the appropriate account of the state treasury.
- Ensuring accurate collections from over-payment of Long-Term Care (LTC) Medicaid services.
- Ensuring proper recoupment of denied payments for new LTC admissions.

Access and Intake (A&I) – The assistant commissioner for Access and Intake is responsible for contracting and oversight for community services and for initiatives carried out within the A&I division. The division includes area agencies on aging (AAA), local authorities (LA), community services and program operations (CSPO), community services contracts, guardianship services, strategic operations and grants, and utilization management and review (UMR).

- There are 28 AAAs across the state that provide access and assistance services and contract with service providers to deliver nutrition, in-home services, transportation and other support services, including services specifically targeted for informal caregivers. This section ensures compliance with the Older Americans Act federal programs.
- There are 39 LAs across the state that provide community-based services for people with intellectual disabilities. Authorities help consumers and families access Medicaid-funded services — primarily community ICFs, HCS and Texas Home Living Waiver services when capacity is made available; state supported living centers; nursing facilities through the preadmission screening and resident review (PASRR) process; and other available services and supports.
- There are 11 community services regions across the state that provide access and assistance for community services programs administered by DADS. These programs include community care services for older Texans and those with disabilities to support independent living in the community and as an alternative to institutional care in nursing facilities.
- The community services contracts section contracts with and oversees community services providers. The array of community services includes Medicaid state plan services — Primary Home Care, Community Attendant Services, Day Activity and Health Services; and Medicaid 1915(c) waivers —

Home and Community-based Services (HCS), Community Living Assistance and Support Services (CLASS), Texas Home Living (TxHmL), Medically Dependent Children Program (MDCP) and the Deaf Blind with Multiple Disabilities (DBMD) program. The Community-based Alternatives (CBA) program has now transitioned to managed care and is overseen by HHSC.

- The Guardianship Services program provides guardianship services to people referred by the Texas Department of Family and Protective Services, or by a court under limited circumstances as described in the Estate Code. A guardian is a court-appointed person or entity charged with making decisions for someone with diminished capacity. Guardianship may include, but is not limited to, overseeing services, arranging for community or institutional placement, managing estates and making medical decisions.
- The Strategic Operations and Grants section administers programs and services affecting multiple areas of the organization. The section administers the aging and disability resource centers, the Texas Lifespan Respite Care program, federal grants, the Electronic Visit Verification initiative, the Medicaid Estate Recovery Program, and Consumer Directed Services operations. The section coordinates agency-wide planning and reporting activities and conducts community access projects.

Regulatory Services – The assistant commissioner for Regulatory Services is responsible for professional licensing and credentialing operations, survey operations and enforcement operations.

- Professional licensing and credentialing operations is responsible for technical and professional review of licensing and credentialing facility, agency and individual long-term care service providers.
- Survey operations is responsible for administration of local survey operations, policy development and support, and compliance, oversight and analysis.
- Enforcement operations is responsible for provider licensing enforcement, professional credentialing enforcement and survey and certification enforcement.

State Supported Living Centers – The assistant commissioner for state supported living centers is responsible for the operation of Texas' state-run residential facilities for people with intellectual and developmental disabilities. The 81st Texas Legislature authorized the creation of this new division, which provides campus-based direct services and supports to people with intellectual and developmental disabilities at 13 locations — Abilene, Austin, Brenham, Corpus Christi, Denton, El Paso, Lubbock, Lufkin, Mexia, Richmond, Rio Grande, San Angelo and San Antonio.

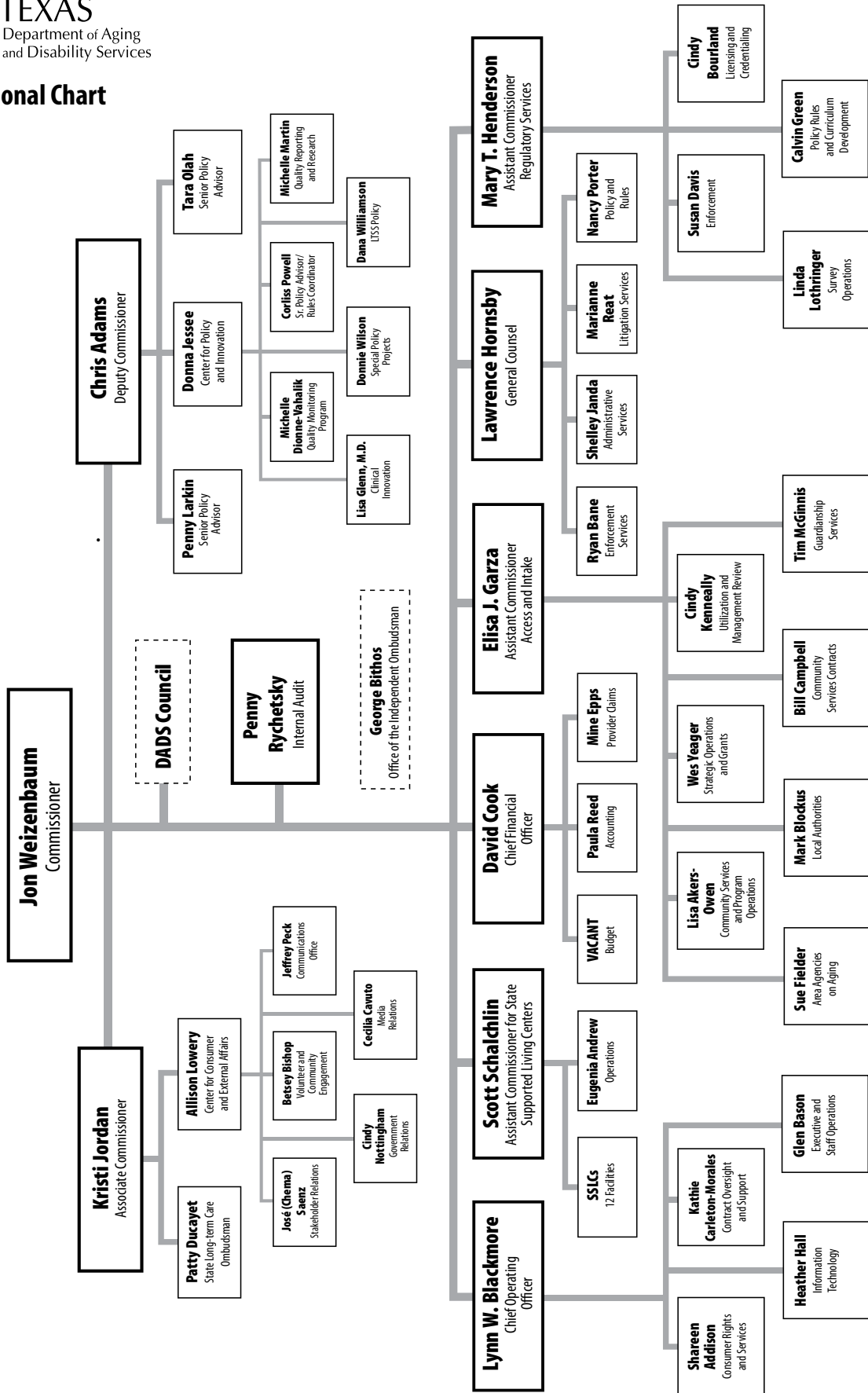
State office operations provide coordination and support to state supported living centers in the areas of medical, nursing, behavioral, habilitation, dental, pharmacy, physical and nutritional management, community placement, living options, quality assurance, policy and rules, budget, contracts, government and media relations, staff resources, training and special projects.

To comply with a 2009 settlement agreement with the U.S. Department of Justice, center staff, along with state office staff, continue to initiate or revise statewide and facility-specific improvement plans for services and supports that includes protection from harm, medical, dental, nursing, safe medication practices, physical and occupational therapy, transition of residents seeking more integrated community residential services, skills and training programs, consent, record-keeping and communication.



Organizational Chart

October 2014



DADS Budget Summary Goal / Strategy	FY2014		FY2015	
	Estimated State Expenditures	Estimated Total Expenditures	Estimated State Expenditures	Estimated Total Expenditures
■ GOAL 1: Long-term Services and Supports				
Intake, Access, and Eligibility to Services and Supports	119,431,798	239,763,277	130,730,120	266,532,981
Guardianship	398,221	7,393,444	850,779	7,846,002
Primary Home Care (PHC)	37,934,854	96,624,692	6,154,681	14,688,977
Community Attendant Services (CAS)	214,716,945	546,910,200	233,899,863	586,215,195
Day Activity and Health Services (DAHS)	4,372,692	11,137,779	2,901,265	6,924,261
Community-based Alternatives (CBA)	61,005,750	155,249,965	0	0
Home and Community-based Services (HCS)	345,475,010	885,501,250	383,897,959	977,566,068
Community Living Assistance and Support Services (CLASS)	82,437,050	209,977,202	85,969,918	225,301,068
Deaf Blind with Multiple Disabilities (DBMD)	3,448,564	8,783,912	4,604,758	11,776,215
Medically Dependent Children Program (MDCP)	15,894,973	40,486,431	16,545,625	44,001,299
Texas Home Living Waiver (TxHML)	22,407,654	57,075,024	31,874,169	80,883,385
Non-Medicaid Services	17,492,370	152,859,080	19,249,843	154,676,295
ID Community Services	34,398,920	34,401,920	34,398,920	34,401,920
Promoting Independence through Outreach, Awareness, and Relocation	2,713,698	4,161,537	2,713,698	4,161,537
In-Home and Family Support – Community Services (IHFS)	4,989,907	4,989,907	4,989,907	4,989,907
Program of All-Inclusive Care for the Elderly (PACE)	14,158,364	37,731,395	14,404,799	36,063,842
Nursing Facility Payments	947,469,347	2,286,729,014	541,145,878	1,284,604,394
Medicare Skilled Nursing Facility	57,777,292	139,862,725	40,353,670	96,309,475
Hospice	100,428,796	243,110,133	108,686,451	259,394,872
Promoting Independence by Providing Community-based Client Services	32,375,558	84,072,867	24,320,718	64,627,979
Intermediate Care Facilities – ID	118,294,092	280,912,477	123,311,763	281,011,219
State Supported Living Centers Services	282,072,788	677,050,452	287,197,761	679,774,904
Capital Repairs and Renovations	4,139,096	10,608,186	19,565,275	38,924,834
GOAL 1 Total	2,523,833,739	6,215,392,869	2,117,767,820	5,160,676,629
■ GOAL 2: Regulation, Certification and Outreach				
Facility and Community-based Regulation	22,640,431	69,278,774	22,980,140	70,120,810
Credentialing / Certification	927,352	1,345,724	887,268	1,309,008
Long-term Services and Supports Quality Outreach	2,085,616	5,113,103	1,993,113	5,286,749
Goal 2 Total	25,653,399	75,737,601	25,860,521	76,716,567
■ GOAL 3: Indirect Administration				
Central Administration	15,262,193	36,352,899	16,376,560	37,809,624
Information Technology Program Support	28,365,934	68,420,529	23,147,036	51,293,248
Goal 3 Total	43,628,127	104,773,428	39,523,596	89,102,872
Grand Total	2,593,115,265	6,395,903,898	2,183,151,937	5,326,496,068

Data Source: DADS FY 2016-17 Legislative Appropriation Request

¹The CBA program was transitioned to HHSC Managed Care, effective Sept. 1, 2014.

DADS Staffing Summary	FY2014	FY2015
	Estimated Number of Positions	Estimated Number of Positions
Goal / Strategy		
■ GOAL 1: Long-term Services and Supports		
Intake, Access, and Eligibility to Supports and Services	1,341.6	1,273
Guardianship	107.9	118.0
Primary Home Care (PHC)	0.0	0.0
Community Attendant Services (CAS)	0.0	0.0
Day Activity and Health Services (DAHS)	0.0	0.0
Community-based Alternatives (CBA)	0.0	0.0
Home and Community-based Services (HCS)	0.0	0.0
Community Living Assistance and Support Services (CLASS)	0.0	0.0
Deaf Blind with Multiple Disabilities (DBMD)	0.0	0.0
Medically Dependent Children Program (MDCP)	0.0	0.0
Texas Home Living Waiver (TxHmL)	0.0	0.0
Non-Medicaid Services	0.0	0.0
ID Community Services	0.0	0.0
Promoting Independence through Outreach, Awareness, and Relocation	0.0	0.0
In-Home and Family Support - (IHFS)	0.0	0.0
Program of All-Inclusive Care for the Elderly (PACE)	0.0	0.0
Nursing Facility Payments	0.0	0.0
Medicare Skilled Nursing Facility	0.0	0.0
Hospice	0.0	0.0
Promoting Independence by Providing Community-based Client Services	0.0	0.0
Intermediate Care Facilities	30.7	32.0
State Supported Living Centers Services	12,793.6	13,754.9
Capital Repairs and Renovations	0.0	0.0
Goal 1 Total	14,273.8	15,177.9
■ GOAL 2: Regulation, Certification and Outreach		
Facility and Community-based Regulation	1,051.2	1,124.0
Credentialing / Certification	26.2	28.0
Long-term Services and Supports Quality Outreach	59.0	66.0
Goal 2 Total	1,136.4	1,218.0
■ GOAL 3: Regulation, Certification and Outreach		
Central Administration	367.9	456.5
Information Technology Program Support	116.1	115.8
Goal 3 Total	484.0	572.3
Grand Total	15,894.2	16,968.2

Data Source: DADS FY 2016-17 Legislative Appropriation Request

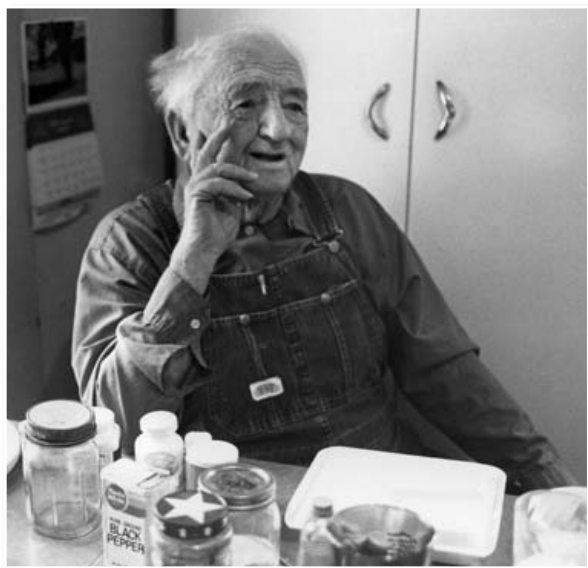


Section II.

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*Programs
and Services*





Intake, Access, and Eligibility

DADS provides functional and financial eligibility determination, development of service plans based on individual needs and preferences, assistance in obtaining information and authorization of appropriate services and supports through effective and efficient management of DADS staff.

DADS provides these services through:

- Community services (CS).
- Regional staff located in offices around the state.
- Contracts with local area agencies on aging (AAA) and local authorities (LA).

DADS CS regional staff determine functional eligibility for Title XIX, and functional and financial eligibility for Title XX and general revenue funded community services and supports programs to allow people to remain in the most integrated community settings, and delay or prevent institutionalization.

LAs determine eligibility for general revenue funded services and help consumers with intellectual or developmental disabilities access appropriate services and supports.

AAAs help older people, their family members or other caregivers by providing information, referral and assistance in accessing services and supports. The AAAs are also part of the State Health Insurance Assistance Program (SHIP) in Texas, a national program funded by the Centers for Medicare & Medicaid Services (CMS). Through legal assistance services, AAAs provide information, counseling and assistance to Medicare beneficiaries and/or their representatives about Medicare, Medicaid, public benefits, entitlements and other types of health insurance.

Aging and disability resource centers (ADRCs) play a key role in streamlining access to DADS programs and services by promoting better coordination and integration in aging and disability service systems. ADRCs serve as a “no wrong door” access point into the long-term services and supports system for older adults and people with disabilities. Individuals, family members, friends or professionals can receive information and person-centered assistance to empower them to make informed decisions about long-term services and supports.

The utilization management and review (UMR) section is responsible for utilization review activities in DADS 1915(c) waiver programs, the hospice program and community entitlement programs to ensure services are the most appropriate and cost-effective. This section performs program enrollment activities, which include ongoing work with people and providers in the Home and Community-based Services (HCS), the Texas Home Living (TxHmL), the Community Living Assistance and Support Services (CLASS) and the Deaf Blind with Multiple Disabilities waiver programs. Additionally, UMR is responsible for managing provider transfers, individual suspensions, program terminations and fair hearing representation in the IDD waiver programs, as well as level of need reviews in HCS and TxHmL programs. Lastly, the area performs eligibility reviews and level of need provider cost increase requests for the intermediate care facility (ICF) program. The UMR section conducts desk reviews and face-to-face reviews to determine that recipients are getting the services they need — no more, no less.

Intake, Access, and Eligibility for Services and Supports

Community Services and Program Operations (CSPO)

DADS community services staff, managed by the CSPO section in the Access and Intake division, is responsible for administering community services programs in 11 regions. Staff determine functional and financial eligibility and enroll eligible people in the community service programs, which include:

- Title XX programs
 - Residential Care (RC)
 - Home Delivered Meals (HDM)
 - Emergency Response Service (ERS)
 - Adult Foster Care (AFC)
 - Family Care (FC)
 - Day Activity and Health Services (DAHS)
 - Consumer Managed Personal Attendant Services (CMPAS)
 - Special Services to Persons with Disabilities (SSPD)
 - 24-Hour Shared Attendant Care (SSPD-SAC)
- The general revenue funded program
 - In-home and Family Support Program (IHFSP)
- Medicaid entitlement programs
 - Primary Home Care (PHC)
 - Community Attendant Services (CAS)
 - Day Activity and Health Services (DAHS)

Staff also determine the functional capabilities of those who would be eligible for Medicaid-funded nursing facility care, but choose to live in the community.

- Community services waiver programs covered under this function are
 - Community-based Alternatives (CBA)²
 - Medically Dependent Children Program (MDCP)

CSPO section staff also provide oversight for the Medicaid Hospice Program policy and the Program of All-inclusive Care for the Elderly (PACE) located in El Paso, Amarillo/Canyon and Lubbock. DADS announced tentative awards for three new PACE sites in the Dallas, western San Antonio and Houston areas.

Funding for many community programs or services is limited, and this affects how many people can receive them. Consequently, the names of those interested in applying for these programs or services are placed on the appropriate interest lists.

Eligibility Requirements

Eligibility for some CS programs requires a functional assessment score be determined through an assessment completed by DADS staff (see appendices for description of this assessment process). Applicants for most programs must have appropriate financial categorical status or meet the DADS

²The CBA program was transitioned to HHSC Managed Care, effective Sept. 1, 2014.

income and resource guidelines. Other programs determine functional eligibility through an assessment of non-financial, program-specific criteria. The CBA,³ MDCP and PACE programs require that those receiving services have a medical necessity for eligibility, along with meeting the financial eligibility requirements of the respective programs. In CBA and PACE, contractors conduct the medical necessity assessments.

— *Statutory Authority*. Social Security Act Titles XIX and XX [42 U.S. C. §§ 1396-1396w-2; §§ 1397-1397f]; Texas Human Resources Code chapters 32 and 35 and § 161.071(1).

Local Authorities (LA)

DADS is the state agency responsible for oversight of the publicly funded intellectual and developmental disability service delivery system in Texas. Each county in Texas is served by one of 39 LAs, which provide general revenue services directly or through a network of local providers. LAs have the primary responsibility of providing intellectual and developmental disability services to members of the priority population living in counties they serve. LAs help consumers get appropriate services and supports. The mix of services delivered at the local level varies, with each LA identifying service needs and priorities for the service area through a local planning process.

Services include:

- Eligibility determination, which determines if a person has an intellectual disability or related condition and is a member of the intellectual and developmental disability priority population.
- Service coordination, which is help in accessing medical, social, educational and other appropriate services and supports to help them maintain or improve their quality of life and to remain within their chosen community.

LAs are also responsible for:

- Helping enroll people in the Intermediate Care Facilities (ICF) program, including state supported living centers (SSLC), and the Home and Community-based Services (HCS) and Texas Home Living (TxHmL) Medicaid waiver programs.
- Conducting permanency planning for children under the age of 22 who live in an ICF or residential setting of the HCS program.
- Conducting the annual community living options information process (CLOIP) for all adults living in state supported living centers.
- Conducting Preadmission Screening and Resident Review (PASRR) for people residing in or being admitted to a nursing facility, including:
- Evaluating whether people being admitted to a nursing facility have intellectual or developmental disabilities and if so, assigning a service coordinator to ensure they receive:
 - Needed specialized services through the LA and nursing facility.
 - Alternate placement services if requested.

DADS oversees community programs and services delivered through contracts with the LA. Oversight is focused on ensuring recipients of community services are provided quality services appropriate to their needs and preferences, and that each LA ensures that services are provided effectively and efficiently. DADS also ensures that LAs have systems in place to fulfill responsibilities delegated to them by the state authority. Oversight also includes ensuring LAs fulfill their contracts with DADS, and are operating in compliance with state law and DADS rules.

³The CBA program was transitioned to HHSC Managed Care, effective Sept. 1, 2014.

DADS uses a variety of methods to fulfill its oversight responsibility, including:

- Monitoring data related to service delivery and fiscal monitoring.
- Promulgating rules for compliance.
- Interviewing service recipients and their families during on-site visits.
- Interviewing providers of services and administrators.
- Reviewing service records and administrative documentation.

Health and Safety Code § 550.0355 includes a provision limiting the number of people an LA may serve in its HCS waiver program. The provision reflects a negotiated agreement between representatives of the LAs and private providers. The bill also required the adoption of rules governing the role and responsibilities of an LA. The rules took effect on Dec. 1, 2008.

Eligibility Requirements

All members of the DADS intellectual and developmental disability priority population.

— *Statutory Authority.* Texas Health & Safety Code §§ 533.035 and 533.0355; Texas Human Resources Code § 161.071(1) and (3).

— *Rules.* 40 T.A.C. chapter 2; and chapter 4, subchapter C, K and L.



Area Agencies on Aging (AAA)

The Access and Intake Division, in collaboration with the 28 AAAs under contract with DADS, supports a comprehensive system of access to information and resources, as well as help coordinating and arranging for services to people 60 and older, as mandated under the Older Americans Act (OAA). Access and assistance services include:

- Information, referral and assistance.
- Care coordination.
- Caregiver support coordination.
- Benefits counseling (legal assistance and legal awareness).
- Caregiver education and training.
- Caregiver information services.
- Caregiver respite services.
- Advocacy for residents of nursing homes and assisted living facilities through the Long-term Care Ombudsman Program.

The National Family Caregiver Support Program (NFCSP)

Authorized by the OAA amendments of 2006, the NFCSP provides critical supports to help families maintain their caregiver roles. Under this program, a family caregiver is defined as an adult family member or other person, who is an informal provider of in-home and community care to an aging person or to someone with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction, or a grandparent or step-grandparent of a child, or other relative of a child by blood, marriage or adoption who is 55 or older, who cares for a child 18 or younger or an adult age 18-59 with a disability.



Through the NFCSP, the AAAs support caregivers under most service categories. Implementation of the 2006 OAA reauthorization established priority populations for a caregiver who is caring for an aging person with Alzheimer's disease or a related disorder, and a grandparent or relative caregiver caring for a child.

Access and assistance services

Access and assistance services provided by the AAA (directly and through contractor and vendor agreements) help older people, their family members or other caregivers get the information and assistance they need in obtaining community services, both public and private, formal and informal.

The needs identified for an older person may include a wide range of support services. Support services include assistance with transportation to congregate meal sites or to medical appointments, homemaker or personal care services in the home, help with prescription drugs, and providing emergency response systems.

Access and assistance services include:

- Information, referral and assistance – Assessing consumers' needs, finding organizations capable of meeting those needs, evaluating all appropriate resources, providing enough information about each resource to help consumers make informed choices, helping consumers find alternative resources, actively linking people to needed services and performing follow-up to ensure the services are provided.
- Benefits counseling/legal assistance – AAA staff and volunteers in the benefits counseling program are certified to help older people gain information about public benefits, private benefits and a variety of community programs. Benefits counseling services include helping older people and Medicare beneficiaries or their representative(s) with understanding their rights, applying for benefits, receiving appropriate referrals, exercising choice, benefiting from services and opportunities authorized by law and maintaining their rights, especially the rights of those with reduced capacities. Consumer-fraud protection issues are a major theme in a benefits counselor's work, along with basic information about rights, benefits and entitlements. Legal assistance activities provided by the AAA are counseling, document preparation and representation. Assistance with other issues, such as money management, representative payee and guardianship (local service providers, not DADS guardianship services) and accessing resources for those issues, are also provided as needed.
- Benefits counseling/ legal awareness – The dissemination of accurate, timely and relevant information, eligibility criteria, requirements and procedures for older people about public entitlements, health/ long-term care services, individual rights, planning/protection options, housing and consumer issues in a group setting.
- Care coordination – An ongoing process to include assessing the needs of older people and effectively planning, arranging, coordinating and following up on services that most appropriately meet the needs as defined by the recipient, the access and assistance staff and, where appropriate, a family member or other caregiver(s).

- Caregiver support coordination – Assessing the needs of a caregiver and care recipient, effectively planning, arranging, coordinating and following up on services that most appropriately meet the identified needs as mutually defined by the caregiver, the recipient and the access and assistance staff.
- Caregiver education and training – Counseling for caregivers to help them make decisions and solve problems related to their caregiver roles. This includes, providing counseling to people and support groups; and caregiver training for individual caregivers and families.
- Caregiver information services – The dissemination of accurate, timely and relevant information for informal caregivers, grandparents or relatives caring for children 18 and younger, and the public through publications, large group presentations, seminars, health fairs and mass media. Developing a resource library and other informational resources for use in the dissemination of caregiver information is a component of this service.
- Long-term Care (LTC) Ombudsman Program – 635 volunteers and 75 full-time equivalents (61 full-time and 120 part-time staff) serve as certified LTC ombudsmen across Texas. LTC ombudsmen are advocates for residents of nursing homes and assisted living facilities. The Office of the State LTC Ombudsman administers statewide ombudsman operations, which are provided directly by a AAA, or by contract with a local organization. The LTC Ombudsman Program provides services to protect the health, safety, welfare and rights of residents. Services include complaint resolution by an LTC ombudsman, who represents the residents' interests to the management of the facility. Advocacy activities also include development of resident and family councils, as well as education for LTC facility staff and community organizations. Education sessions focus on topics such as resident rights, long-term care ombudsman services, resident-directed care, recognizing elder abuse and neglect, and how to select a care facility. To resolve problems, the program coordinates with other programs and agencies, such as DADS Regulatory Services, Texas Legal Services Center, Texas Adult Protective Services, local authorities, centers for independent living, city and county governments and local health and service organizations. LTC ombudsmen also protect residents' rights by advocating for change in policy, rule and law.

Eligibility Requirements.

Services are provided for people 60 and older and are targeted to those with greatest economic and social need. Emphasis is on providing services to older people with low income who are members of minority groups, older people with limited English proficiency and older people living in rural areas. Additionally, family members or other caregivers may receive information and services on behalf of the older people for whom they are providing care. Services may also be provided to certain caregivers who are under age 60, as described in the National Family Caregiver Support Program section above.

- *Statutory Authority.* Older Americans Act of 1965 [42 U.S.C. chapter 35]; Texas Government Code § 531.02481(e); Texas Human Resources Code §§ 101.022(d), 101.025, 101.030 and 161.071(5)(A).
- *Rules.* 45 C.F.R. part 1321; 40 T.A.C. chapters, 81, 83 and 85.





Strategic Operations and Grants

The Access and Intake Division, through the Strategic Operations and Grants section, administers certain programs and innovative grant projects that promote streamlined access to community-based long-term services and supports for eligible Texans and their caregivers. Among the programs administered by Strategic Operations and Grants are the Aging and Disability Resource Centers (ADRC), the Texas Lifespan Respite Care Program (TLRCP) and the Medicaid Estate Recovery Program (MERP).

Aging and Disability Resource Centers (ADRCs)

ADRC services may be provided at the center, over the phone or in the home, depending on the needs of the recipient. Trained ADRC staff help people determine their needs and identify resources to address those needs. ADRCs help people connect to services such as home care, meals, transportation, prescription drug assistance, legal services, attendant services, care transition support, respite or caregiver support, health and wellness resources housing.

Effective Sept. 1, 2014, ADRC services expanded statewide.

For more information about ADRCs or to find an ADRC in your area, please visit the ADRC website at www.dads.state.tx.us/services/adrc.

Texas Lifespan Respite Care Program (TLRCP)

TLRCP supports family and informal caregivers by increasing awareness and the availability of respite services.

The Take Time Texas website (www.taketimetexas.org) is a key component of this program, streamlining access to information about local respite care services. The website includes the state's only comprehensive, searchable database (inventory) of Texas respite care providers. Caregivers can search the inventory by name, county served, type of respite provided, age group served or type of provider. The website also provides a wide range of caregiver education and training materials, including self-assessment tools, information on identifying and managing stress related to caregiving, disease-specific information and educational programs.

Medicaid Estate Recovery Program (MERP)

In 1993, the federal government enacted legislation that required each state to develop a Medicaid Estate Recovery Program. The federal law requires state Medicaid programs to recover a portion of the money spent on services provided to long-term care Medicaid recipients. The enabling federal legislation sets forth certain mandatory requirements but also provides the states with local decision-making authority in how their recovery program is implemented.

MERP was written into Texas law as part of House Bill 2292, 78th Legislature, Regular Session, 2003. As the state's Medicaid agency, the Texas Health and Human Services Commission (HHSC) was responsible for developing the program requirements. The MERP rule was finalized in the Texas Administrative Code in December 2004.

The Texas MERP implementation date was March 1, 2005. At that time, HHSC delegated operation of the program to the DADS Access and Intake division. A contract for the claims-filing component of the program was awarded to a private entity through a competitive procurement process. The DADS state office retains responsibility for contract oversight, program policy issues and public educational efforts.

MERP applies only to services provided to people 55 or older who applied for certain long-term care services on or after March 1, 2005. MERP does not affect Medicaid recipients who applied for these services before March 1, 2005. The following long-term care services are subject to MERP:

- Nursing Facility Care.
- Intermediate Care Facility for Persons with ID.
- Medicaid 1915(c) waiver programs:⁴ Community-based Alternatives, Home and Community-based Services, Community Living Assistance and Support Services, Deaf Blind with Multiple Disabilities Waiver, Consolidated Waiver Program, and the Texas Home Living Waiver, Integrated Care Management and STAR+PLUS.
- Community Attendant Services (a 1929(b) program).

MERP also affects hospital and prescription drug services provided through nursing facility or home and community-based services.

Although Community Attendant Services (CAS) is subject to MERP, Primary Home Care (PHC) is not because it is established under a different federal statutory authority.

For more detailed information, go to www.dads.state.tx.us/services/estate_recovery/index.html.

— *Statutory Authority.* Social Security Act § 1917(b)(1) [42 U.S.C. § 1396p(b)(1)]; Texas Government Code § 531.077.

— *Rules.* 42 C.F.R. § 433.36; 1 T.A.C. chapter 373.

Statewide Intake, Access, and Eligibility • Statistics	FY 2013	FY 2014
Number of certified ombudsmen	805	816
Number of people receiving care coordination	17,302	16,888
Statewide average cost per care coordination recipient	\$234.00	\$232.09
Number of people receiving legal assistance	23,893	24,930
Statewide average cost per person receiving legal assistance	\$133.59	\$129.15
Average monthly number of people with intellectual and developmental disabilities receiving assessment and service coordination	28,791	31,341
Average monthly cost per person with intellectual and developmental disabilities receiving assessment and service coordination	\$169.15	\$169.71
Average number of people eligible per month: Community Services and Supports	110,056	112,213
Average monthly cost per case: Community Services and Supports	\$29.60	\$29.59

Data Sources: DADS Legislative Appropriations Request 2016/2017

Local Authorities • Average Served per Month

FY 2014

**Service Target • Average Number of People with ID Receiving
Assessment and Service Coordination per Month**

Local Authority	Service Target • Average Number of People with ID Receiving Assessment and Service Coordination per Month
ACCESS	114
Andrews Center	427
Austin-Travis County Integral Care	838
Betty Hardwick Center	454
Alamo Local Authority for Intellectual and Developmental Disabilities	1668
Bluebonnet Trails Community Services	763
Border Region Behavior Health Center	236
Burke Center	429
Camino Real Community Services	321
Center for Life Resources	239
Central Counties Services	373
Central Plains Center	129
Coastal Plains Community Center	232
Community Healthcore	590
Denton County MHMR Center	639
Emergence Health Network	743
Gulf Bend Center	143
Gulf Coast Center	569
Heart of Texas Region MHMR Center	632
Helen Farabee Centers	299
Hill Country Mental Health and Developmental Disabilities Centers	661
Lakes Regional MHMR Center	1007
LifePath Systems	549
Metrocare Services	2595
MHMR Authority of Brazos Valley	371
MHMR Authority of Harris County	3377
MHMR Center of Nueces County	550
MHMR of Tarrant County	1998
MHMR Services for the Concho Valley	330
Pecan Valley Centers	262
Permian Basin Community Centers	257
Spindletop Center	627
StarCare Specialty Health System	528
Texana Center	844
Texas Panhandle Centers	557
Texoma Community Center	171
Tri-County Services	434
Tropical Texas Behavioral Health	977
West Texas Centers	260
State Total	26,193

Data Sources: DADS Legislative Appropriation Request 2016/2017 • Claims Management System Payment Data • DADS Program Areas

Area Agencies on Aging • Statistics

FY 2014

Area Agency on Aging	Number of Certified Ombudsman	People Receiving Care Coordination	People Receiving Legal Assistance
Alamo Area	25	872	627
Ark-Tex	13	134	653
Bexar County	48	989	2,480
Brazos Valley	25	102	247
Capital Area	32	381	767
Central Texas	41	97	491
Coastal Bend	34	192	821
Concho Valley	13	335	642
Dallas County	49	1,563	488
Deep East Texas	30	238	1,274
East Texas	46	287	849
Golden Crescent Region	24	110	372
Harris County	87	3,478	1,341
Heart of Texas	29	905	988
Houston - Galveston	41	500	4,485
Lower Rio Grande Valley	18	1,434	1,034
Middle Rio Grande	7	147	289
North Central Texas	58	350	851
North Texas	24	141	638
Panhandle	11	332	538
Permian Basin	20	226	960
Rio Grande	8	838	824
Southeast Texas	23	109	304
South Plains	4	217	740
South Texas	9	263	629
Tarrant County	42	1,353	535
Texoma	16	1,098	793
West Central Texas	39	191	270
Total	816	16,888	24,930

Data Sources: DADS Legislative Appropriation Request 2016/2017



Guardianship Services

A guardian is a court-appointed person or entity (such as a state agency) responsible for making decisions on behalf of someone with diminished capacity. Title III of the Texas Estates Code defines the purpose, laws, and responsibilities of a guardian. Depending upon the powers granted by the court, guardianship responsibilities may include:

- Providing or arranging for services for adults with diminished capacity who otherwise qualify for guardianship services under Texas law.
- Arranging for placement in facilities, such as long-term care facilities, hospitals or foster homes.
- Managing estates.
- Making medical decisions.

The DADS Guardianship Services Program provides guardianship services, directly or through contracts with local guardianship programs, to people in need of a guardian who are:

- Referred to the program by the Texas Department of Family and Protective Services.
- Referred to the program by courts with probate authority under certain circumstances outlined in statute.

DADS staff providing guardianship services are required to be certified by the Texas Judicial Branch Certification Commission.

— *Statutory Authority.* Human Resources Code §§161.071(10) and 161.101-161.113;

— *Rules.* 40 T.A.C. Chapter 10.

Guardianship Services • Statistics	FY 2013	FY 2014
Average number of people receiving guardianship services from DADS staff	944	928
Average number of wards receiving guardianship services – Private guardianship programs	422	419
Average monthly cost per adult guardianship recipient served by DADS staff	\$522.24	\$ 561.35
Average monthly cost per adult– DADS contractors	\$212.62	\$ 213.93
Average monthly cost per adult guardianship recipient	\$ 426.62	\$ 453.20
Average monthly number of referrals from Texas Department of Family and Protective Services to DADS for assessment/need guardianship	37	32

Data Sources: DADS Legislative Appropriation Request 2016/2017

Community Services – Medicaid Entitlement

Established in Texas in 1967, Medicaid is a jointly funded state-federal program and is administered by the Texas Health and Human Services Commission (HHSC). Some Medicaid programs are entitlement programs, for which the federal government does not, and a state cannot, limit the number of eligible enrollees. Everyone who meets eligibility requirements must be served, and Medicaid must pay for any service included in the Medicaid State Plan.

Community Services entitlement programs are provided for people who are older and those with disabilities so they may continue to live in the community. Entitlement services include Primary Home Care (PHC), Community Attendant Services (CAS), Day Activity and Health Services (DAHS) and Hospice.

People receiving PHC and CAS may choose a provider agency or use the Consumer Directed Services (CDS) option. The CDS option allows the recipient or the recipient's legally authorized representative (LAR) to serve as the employer and assume responsibility for screening, hiring, training and dismissing providers. Those choosing the CDS option must select a financial management services agency (FMSA) to provide financial management services such as payroll and employer taxes

Financial eligibility for these programs is determined by HHSC or, if the recipient gets Supplemental Security Income (SSI), through the Social Security Administration. Functional eligibility is determined by DADS. See the appendices for a description of the Functional Needs Assessment Process.

Community Services • Entitlement Statistics				
Region	FY2013 • Monthly Average		FY2014 • Monthly Average	
	Number Served	Percent of State Total	Number Served	Percent of State Total
Lubbock	1,277	2.1%	1,245	2.0%
2 Abilene	2,668	4.4%	2,663	4.3%
3 Grand Prairie	8,455	13.9%	8,773	14.1%
4 Tyler	4,902	8.0%	4,925	7.9%
5 Beaumont	2,475	4.1%	2,539	4.1%
6 Houston	11,084	18.2%	10,849	17.4%
7 Austin	5,478	9.0%	5,426	8.7%
8 San Antonio	7,885	12.9%	8,211	13.2%
9 Midland	2,213	3.6%	2,037	3.3%
10 El Paso	2,417	4.0%	2,580	4.1%
11 Edinburg	12,122	19.9%	12,942	20.8%
State Total	60,977	100.0%	62,190	100.0%

Data Source: DADS Legislative Appropriations Request 2016/2017

Community Services • Entitlement Statistics

FY 2013

FY 2014

Average number served per month	60,977	62,190
Average monthly cost per recipient	\$ 832.35	\$ 878.87

Data Source: DADS FY 2014 Operating Budgets

Primary Home Care (PHC)

PHC provides attendant services for people with an approved medical need for assistance with personal care tasks. PHC is available to eligible adults whose health problems cause them to be functionally limited in performing activities of daily living according to a medical practitioner's statement of medical need. Attendants help recipients with activities of daily living, such as bathing, grooming, meal preparation and housekeeping. On average, recipients are authorized to receive approximately 16.6 hours of assistance per week. They may choose a provider agency or use the Consumer Directed Services (CDS) option.

Eligibility Requirements

Recipients must:

- Be at least 21 years old.
- Be a full Medicaid recipient.
- Have a monthly income of \$721/month per person (\$1,082 per couple).
- Have countable resources of no more than \$2,000 per person or \$3,000 per couple.
- Have a functional assessment score of 24 or greater.
- Have a functional limitation with at least one personal care task based on a medical condition.
- Have a medical practitioner's statement of medical need.
- Have an unmet need for purchased task(s).

— *Statutory Authority.* Social Security Act, § 1905(a)(23)[42 U.S.C. § 1396 (d) (23)]; Human Resources Code, Chapter 32 and § 161.071 (1) and (3).

— *Rules.* 40 TAC. Chapter 47 and Chapter 48.

Primary Home Care • Statistics

FY 2013

FY 2014

Average number served per month	11,127	10,936
Average monthly cost per recipient	\$ 732.00	\$ 740.05

Footnote: Because of the significant expansion of STAR+PLUS in FY 2012 the average number of recipients dropped significantly.

Primary Home Care • Monthly Averages by Region

Region	FY2013 • Monthly Average		FY2014 • Monthly Average	
	Number Served	Percent of State Total	Number Served	Percent of State Total
1 Lubbock	180	1.6%%	172	1.6%
2 Abilene	1,130	10.2%	1,120	10.2%%
3 Grand Prairie	652	5.9%	562	5.1%%
4 Tyler	2,209	19.9 %	2,178	19.9 %
5 Beaumont	631	5.7%	615	5.6%%
6 Houston	253	2.3%	266	2.4%%
7 Austin	1,741	15.6%	1,709	15.6%
8 San Antonio	1,732	15.6%	1,753	16.0%
9 Midland	1,160	10.4%	1,100	10.1%
10 El Paso	319	2.9 %	313	2.9%
11 Edinburg	1,119	10.1%	1,148	10.5%
State Total	11,127	100.0%	10,936	100.0%

Data Sources: • DADS Legislative Appropriations Request 2016/2017 • Claims Management System Payment Data • DADS Program Areas

Footnote: The significant shifts in regional distribution are the result of STAR+PLUS expansion in FY 2012.

Community Attendant Services (CAS)

CAS provides attendant services for people with an approved medical need for assistance with personal care tasks. CAS is available to eligible adults and children whose health problems cause them to be functionally limited in performing activities of daily living according to a medical practitioner's statement of medical need. Attendants assist with activities of daily living, such as bathing, grooming, meal preparation and housekeeping. On average, recipients are authorized to receive approximately 16.4 hours of assistance per week. They may choose a provider agency or use the Consumer Directed Services (CDS) option.

Eligibility Requirements

Recipients may be any age, and must:

- Not be eligible for Medicaid.
- Have a monthly income within 300 percent of the monthly income limit for SSI (\$2,163/month per person, \$4,326 per couple).*



- Have countable resources of no more than \$2,000 per person or \$3,000 per couple.
- Have a functional assessment score of 24 or greater.
- Have a medical practitioner's statement of medical need.
- Have a functional limitation with at least one personal care task based on a medical condition.
- Have an unmet need for home management and personal care task(s).

* SSI levels are adjusted at the federal level each year based upon annual changes in the Consumer Price Index.

— *Statutory Authority.* Social Security Act § 1929(b) [42 U.S.C. § 1396t(b)]; Texas Human Resources Code §§ 32.061 and 161.071(1) and (3).

— *Rules.* 40 TAC. Chapters 47 and 48.

Community Attendant Services • Monthly Averages				
<i>by Region</i>				
Region	FY2013 • Monthly Average		FY2014 • Monthly Average	
	Number Served	Percent of State Total	Number Served	Percent of State Total
1 Lubbock	1,018	2.1%%	987	2.0%
2 Abilene	1,427	3.0 %	1,434	2.9%
3 Grand Prairie	7,830	16.3%	8,245	16.7%
4 Tyler	2,279	4.8 %	2,365	4.8%
5 Beaumont	1,803	3.8%	1,886	3.8%
6 Houston	10,946	22.8%	10,667	21.6%
7 Austin	3,528	7.4%	3,506	7.1%
8 San Antonio	5,485	11.4%	5,826	11.8%
9 Midland	919	1.9 %	811	1.6%
10 El Paso	2,078	4.3 %	2,251	4.6%
11 Edinburg	10,649	22.2%	11,429	23.1%
State Total	47,964	100.0%	49,408	100.0%

Data Sources: DADS Legislative Appropriations Request 2016/2017 • Claims Management System Payment Data • DADS Program Areas

Day Activity and Health Services (DAHS)

To provide an alternative to placement in a nursing facility or other institution, licensed adult day care facilities with a DAHS contract provide daytime services Monday through Friday to people living in the community. People who meet Title XX eligibility guidelines are also eligible. Services address recipients' physical, mental, medical and social needs. Services include:

- Nursing and personal care.
- A noontime meal and snacks.
- Transportation.
- Social, educational and recreational activities.



Services are provided in three-hour to six-hour units. Recipients may receive a maximum of 10 units of service per week.

Eligibility Requirements

Recipients must be 18 or older and must:

- Be a full Medicaid recipient. (For people without Medicaid, see Community Services and Supports – Non-Medicaid section for the Title XX DAHS requirements)
- Have a medical diagnosis and physician's orders requiring the care of a licensed vocational nurse or a registered nurse.
- Have a functional disability related to the medical diagnosis.
- Have one or more personal care or restorative needs that can be stabilized, maintained or improved by participation in DAHS.
- Have an unmet need for services and not be eligible for other services that duplicate DAHS.
- Have prior approval granted by a DADS regional nurse.

** People younger than 18 are not ineligible; however, they are not eligible to participate in DAHS in a licensed adult day care facility due to state licensure limitations.*

— *Statutory Authority.* Social Security Act § 1905(a)(13) [42 U.S.C. § 1396(d)(13)]; Texas Human Resources Code Chapter 32 and § 161.071(1) and (3).

— *Rules.* 40 TAC. Chapter 98, Subchapter H.

Day Activity and Health Services • Statistics

	FY 2013	FY 2014
Average number of recipients per month	1,886	1,846
Average monthly cost per recipient	\$ 492.29	\$ 502.82

Footnote: Because of the significant expansion of STAR+PLUS in FY 2012 the average number of recipients dropped significantly.

Day Activity and Health Services • Monthly Averages

by Region

Region	FY2013 • Monthly Average		FY2014 • Monthly Average	
	Number Served	Percent of State Total	Number Served	Percent of State Total
1 Lubbock	88	4.7%%	96	5.2%
2 Abilene	34	1.8%	33	1.8%
3 Grand Prairie	66	3.5%	56	3.0%
4 Tyler	267	14.2%	247	13.4%
5 Beaumont	17	0.9%	13	0.7%
6 Houston	77	4.1%	75	4.1%
7 Austin	121	6.4%	123	6.7%
8 San Antonio	651	34.5%	633	34.3%
9 Midland	47	2.5%	42	2.3%
10 El Paso	32	1.7%%	27	1.5%
11 Edinburg	485	25.7%	501	27.1%
State Total	1,886	100.0%	1,846	100.0%

Data Sources: • DADS Legislative Appropriations Request 2016/2017 • Claims Management System Payment Data • DADS Program Areas

Footnote: The significant shifts in regional distribution are the result of STAR+PLUS expansion in FY 2012.

Community First Choice (CFC)

In 2013, the 83rd legislature (SB 7) directed HHSC to implement the most cost-effective option for the delivery of basic attendant and habilitation services for individuals with disabilities to maximize federal funding. Community First Choice (CFC) is a federal option that allows states to provide home and community-based attendant services and supports to Medicaid recipients with disabilities.

Services include:

- Personal Assistance Services to help an individual with activities of daily living and health-related tasks through hands-on assistance, supervision or cueing.
- Habilitation Services to help the individual learn how to care for themselves.
- Emergency Response services that provides back-up systems and supports including electronic devices with a backup support plan to ensure continuity of services and supports, and;
- Support Consultation for individuals self-directing their services through the Consumer Directed Services (CDS) option which provides training on how to select, manage and dismiss attendants.

Texas is planning to implement the CFC program March 1, 2015, upon approval from the Centers for Medicare and Medicaid Services (CMS).

Eligibility Requirements

Recipients must:

- Be a child or an adult who is eligible for Medicaid,
- Need help with activities of daily living, such as dressing, bathing and eating, and;
- Require an institutional level of care (e.g. a nursing facility, an institution for mental disease, or an intermediate care facility for individuals with an intellectual disability or related condition).

Community Services and Supports Waiver Programs

Medicaid waiver programs are exceptions to the usual Medicaid requirements. They are granted to a state by the Centers for Medicare & Medicaid Services (CMS), the federal agency responsible for administering Medicare and overseeing state administration of Medicaid. Section 1915(c) of the federal Social Security Act is one section through which CMS authorizes waiver programs.



Waiver programs provide community-based services and supports for people who qualify for admission to a nursing facility or to an intermediate care facility for individuals with intellectual and developmental disabilities, but have made an informed choice to receive waiver services. Waivers are intended to provide services in the home or in a community setting and to be cost-effective alternatives to institutional settings. DADS administers six waiver programs and maintains interest lists for most programs. A person can be enrolled in only one §1915(c) waiver program at a time.

Recipients can choose a provider agency or use the consumer directed services (CDS) option. The CDS option allows the recipient or a legally authorized representative (LAR) to serve as the employer and assume responsibility for screening, hiring, training and dismissing providers. Those who choose the CDS option must select a financial management services agency (FMSA) to provide financial management services, such as payroll and employer taxes.

Community Services and Supports Waiver Programs

- Community-based Alternatives⁵
- Home and Community-based Services
- Community Living Assistance and Support Services
- Deaf Blind with Multiple Disabilities
- Medically Dependent Children Program
- Texas Home Living

⁵The CBA program was transitioned to HHSC Managed Care, effective Sept. 1, 2014.

Community-based Alternatives (CBA)⁶

The Community-based Alternatives (CBA) program, a 1915(c) nursing facility waiver, was terminated Sept. 1, 2014. It has been replaced by the STAR+PLUS Home and Community-based Services (HCBS) waiver, administered by the Texas Health and Human Service Commission (HHSC). For more information, please refer to the HHSC Medicaid Managed Care Initiatives webpage.

The CBA program provides services and supports for people who are older and those who have disabilities as an alternative to living in a nursing facility. Services include:

- Adaptive aids.
- Dental treatment.
- Assisted living/residential care.
- Nursing.
- Occupational therapy.
- Home delivered meals.
- Respite care.
- Transition assistance services.
- Support consultation for the consumer directed services (CDS) option.
- Financial management services for the consumer directed services (CDS) option.
- Medical supplies.
- Adult foster care.
- Emergency response services.
- Minor home modifications.
- Personal assistance services.
- Physical therapy.
- Speech pathology.

Recipients can use choose a provider agency or use the consumer directed services (CDS) option. The CDS option allows a recipient or a legally authorized representative to serve as the employer and assume responsibility for screening, hiring, training and dismissing providers. The consumer directed services delivery option is available for personal assistance services, respite, nursing, physical therapy, occupation therapy and speech and language therapy.

Recipients using the CDS option must select a financial management services agency (FMSA) to provide financial management services, such as payroll and employer taxes, and can use support consultation to help them manage the requirements of this service delivery option.

Eligibility Requirements.

Recipients must:

- Be a U.S. citizen or legal permanent resident.
- Be a Texas resident.
- Be eligible for Medicaid.
- Have a monthly income within 300 percent of the monthly income limit for SSI (\$2,163/month per person, \$4,326/month per couple).*
- Have countable resources of no more than \$2,000 per person or \$3,000 per couple.
- Be 21 or older.
- Not be enrolled in another Medicaid 1915(c) waiver program.
- Meet the medical necessity determination for nursing facility care (see the appendices for a description of the medical necessity determination process).
- Live either in the applicant's or individual's own home, a licensed assisted living facility, an adult foster care home contracted with DADS to provide CBA services or, for an applicant only, in a nursing facility and wanting to return to the community.

⁶The CBA program was transitioned to HHSC Managed Care, effective Sept. 1, 2014.

- Receive CBA services within 30 days after waiver eligibility is established.
- Live in a non-STAR+PLUS service area.
- Have an Individual Service Plan (ISP) at or below 200 percent of the reimbursement rate that would have been paid for the same services in a nursing facility.
- Choose waiver services instead of nursing facility care based on an informed choice.

* SSI levels are adjusted at the federal level each year based upon annual changes in the Consumer Price Index.

— *Statutory Authority.* Social Security Act § 1915(c) [42 U.S.C. § 1396n(c)]; Texas Human Resources Code Chapter 32 and § 161.071(1) and (3).

— *Rules.* 40 TAC Chapter 48, Subchapter J.

Community-based Alternatives • Statistics	FY 2013	FY 2014
Average number served per month	9,562	9,939
Average monthly cost per recipient	\$ 1,404.09	\$ 1,301.69

Footnote: Because of the significant expansion of STAR+PLUS in FY 2012 the average number of recipients dropped significantly.

Community-based Alternatives • Monthly Averages				
<i>by Region</i>				
Region	FY2013 • Monthly Average		FY2014 • Monthly Average	
	Number Served	Percent of State Total	Number Served	Percent of State Total
1 Lubbock	2,58	2.7%	249	2.5 %
2 Abilene	1,403	14.7%%	1,384	13.9%
3 Grand Prairie	433	4.5%%	455	4.6%
4 Tyler	4,187	43.8%%	4,346	43.7%
5 Beaumont	699	7.3%%	766	7.7%
6 Houston	17	0.2%%	17	0.2%
7 Austin	1,167	12.2%	1,294	13.0%
8 San Antonio	621	6.5%%	668	6.7%
9 Midland	743	7.8%%	730	7.3%
10 El Paso	32	0.3%%	30	0.3%
11 Edinburg	1	0.0%	2	0.0%
State Total	9,562	100.0%	9,939	100.0%

Data Sources: • DADS Legislative Appropriations Request 2016/2017 • Claims Management System Payment Data

• DADS Program Areas



Home and Community-based Services (HCS)

The HCS program provides services and supports for people with intellectual and developmental disabilities as an alternative to living in an intermediate care facility for individuals with an intellectual disability or related conditions (ICF/IID). Recipients can live in their own or family home, in a host home/ companion care setting or in a residence with no more than four others who receive similar services. As appropriate to the recipient's needs, services include:

- Residential assistance.
 - Day habilitation.
 - Respite care.
 - Dental treatment.
 - Employment assistance and supported employment.
 - Dietary services.
 - Licensed nursing services.
 - Adaptive aids.
 - Minor home modifications.
 - Supported home living.
- Professional therapies such as social work, behavioral support, occupational therapy, physical therapy, audiology, cognitive rehabilitation, speech and language therapy.
 - Financial Management Services and Support Consultation for the Consumer Directed Services Option. Service Coordination is provided by the local authority. The CDS option is available for those who live in their own or family home for supported home living, respite, employment assistance, supported employment, cognitive rehabilitation therapy, and nursing. Recipients using the CDS option must select a financial management services agency (FMSA) to provide financial management services, such as payroll and employer taxes, and can use support consultation to help them manage the requirements of this service delivery option.

Eligibility Requirements

Recipients may be any age, and must:

- Have a determination of an intellectual disability made in accordance with state law or have been diagnosed by a physician as having a related condition.
- Meet the ICF/IID Level of Care I criteria.
- Have a monthly income within 300 percent of the SSI monthly income limit (\$2,163/month*) or be Medicaid eligible.
- Have an Individual Plan of Care (IPC) for which the IPC cost does not exceed 200 percent of the annual ICF/IID reimbursement rate paid to a small ICF/IID for the recipient's level of need or 200 percent of the estimated annualized per capita cost for ICF/IID services, whichever is greater.

* SSI levels are adjusted at the federal level each year based upon annual changes in the Consumer Price Index.

— *Statutory Authority.* Social Security Act § 1915(c) [42 U.S.C. § 1396n(c)];

Texas Human Resources Code chapter 32 and § 161.071(1) and (3).

— *Rules.* 40 TAC Chapter 9, Subchapter D.

Home and Community-based Services • Statistics

	FY 2013	FY 2014
Average number of recipients served per month	20,171	20,903
Average monthly cost per recipient	\$3,490.03	\$3,530.20

Home and Community-based Services • Monthly Averages by Local Authority Service Area

Local Authority	Monthly Average • Recipients Served	
	FY 2013	FY 2014
Anderson/Cherokee (ACCESS)	48	48
Andrews Center	289	307
Austin-Travis County Integral Care Center	709	740
Betty Hardwick Center	291	318
Alamo Local Authority for Intellectual and Developmental Disabilities	1,733	1,779
Bluebonnet Trails Community MHMR Center	608	645
Border Region MHMR Community Center	157	161
Burke Center	323	312
Camino Real Community MHMR Center	126	123
Center for Life Resources	185	181
Central Counties Center for MHMR Services	276	294
Central Plains Center	41	41
Coastal Plains Community MHMR Center	105	106
Community Healthcore	411	431
Denton County MHMR	481	492
El Paso MHMR Center (Emergence)	627	639
Gulf Bend MHMR Center	126	136
Gulf Coast Center	631	643
Heart of Texas Regional MHMR Center	327	336
Helen Farabee Regional MHMR Centers	208	217
Hill Country Community MHMR Center	491	519
Lakes Regional MHMR Center	709	734
LifePath Systems	424	440
Dallas Metrocare Services	1,599	1,679
MHMR Authority of Brazos Valley	327	335
MHMR Authority of Harris County	2,791	2,909
MHMR Center of Nueces County	475	498
MHMR of Tarrant County	1,335	1,416
MHMR Services for the Concho Valley	309	344
MHMR Services of Texoma (Texoma Community Center)	102	114
Pecan Valley MHMR Region	301	312
Permian Basin Community Centers for MHMR	203	200
Spindletop MHMR Services	382	385
Starcare Specialty Health System	437	459
Texana Center	933	930
Texas Panhandle MHMR	369	371
Tri-County Services	293	300
Tropical Texas Behavioral Health	824	851
West Texas Centers	151	148
State Total	20,171	20,903

Data Source: DADS Legislative Appropriations Request 2016/2017 • Claims Management System Payment Data • DADS Program Areas

Community Living Assistance and Support Services (CLASS)

The CLASS program provides services and supports for people with related conditions as an alternative to living in an ICF/IID. Recipients can live in their own or family home.

Services include:

- Adaptive aids and medical supplies.
- Case management.
- Habilitation.
- Minor home modifications.
- Nursing services.
- Behavioral support services.
- Respite.
- Occupational therapy.
- Physical therapy.
- Speech and language therapy.
- Prevocational services.
- Supported employment.
- Prescriptions.
- Support family services.
- Transition assistance services.
- Dental services.
- Dietary services.
- Employment assistance.
- Continued family services.
- Financial management services and support consultation for the CDS option.
- Specialized therapies (such as recreation therapy, music therapy, massage therapy, aquatic therapy, and therapeutic horseback riding).



Case management services are delivered through a contracted case management agency. Recipients may choose to receive services from a licensed home health agency to provide all services or they may use the consumer directed services delivery option. The consumer directed services delivery option is available for habilitation, respite, nursing, physical therapy, occupation therapy, supported employment and speech and language therapy. Recipients using the CDS option must select a financial management services agency (FMSA) to provide financial management services, such as payroll and employer taxes, and can use support consultation to help them manage the requirements of this service delivery option.

Eligibility Requirements

Recipients may be any age, and must:

- Have a monthly income within 300 percent of the monthly income limit for SSI (\$2,163/month*).
- Have countable resources of no more than \$2,000.
- Have an Individual Plan of Care (IPC) that does not exceed \$114,736.07

* SSI levels are adjusted at the federal level each year based upon annual changes in the Consumer Price Index.

— *Statutory Authority.* Social Security Act § 1915(c) [42 U.S.C. § 1396n(c)]; Texas Human Resources Code chapter 32 and § 161.071(1) and (3).

— *Rules.* 40 TAC Chapter 45.

Community Living Assistance and Support • Statistics

	FY 2013	FY 2014
Average number of recipients served per month	4,668	4,712
Average monthly cost per recipient	\$3609.08	\$3723.00

Community Living Assistance and Support Services • Monthly Averages by Region

Region	FY2013 • Monthly Average		FY2014 • Monthly Average	
	Number Served	Percent of State Total	Number Served	Percent of State Total
1 Lubbock	194	4.2%%	181	3.8%
2 Abilene	91	1.9%	87	1.8%
3 Grand Prairie	1,096	23.5%%	1,1124	23.6%
4 Tyler	185	4.0%	183	3.9%
5 Beaumont	149	3.2%	148	3.1%
6 Houston	809	17.3%%	830	17.6
7 Austin	616	13.2%	632	13.4%
8 San Antonio	657	14.1%	667	14.1%
9 Midland	86	1.8%	86	1.8%
10 El Paso	243	5.2%	247	5.2%
11 Edinburg	542	11.6%%	539	11.5%
State Total	4,668	100.0%	4,712	100.0%

Data Sources: DADS Legislative Appropriations Request 2016/2017 • Claims Management System Payment Data • DADS Program Areas

Deaf Blind with Multiple Disabilities (DBMD)

The DBMD Program provides services and supports as an alternative to living in an ICF/IID to people with deaf-blindness and one or more other disabilities. Recipients may live in their own or family home or in group homes of no more than six persons.

Services include:

- Adaptive aids and medical supplies.
- Dental services and dental sedation.
- Assisted living.
- Behavioral support services.
- Case management.
- Chore services.
- Minor home modifications.
- Residential habilitation.
- Day habilitation.
- Intervener services.
- Nursing services.
- Occupational therapy.
- Physical therapy.
- Orientation and mobility.
- Respite.
- Speech, language and audiology therapy.
- Supported employment.
- Employment assistance.
- Dietary services.
- Transition assistance services.
- Support consultation for the consumer directed services (CDS) option.
- Financial management services for the consumer directed services (CDS) option.



The CDS option is available for residential habilitation, respite and intervener⁷ services. Recipients using the CDS option must select a financial management services agency (FMSA) to provide financial management services, such as payroll and employer taxes, and can use support consultation to help them manage the requirements of this service delivery option.

Eligibility Requirements

Recipients may be any age (but their condition must manifest before age 22) and must:

- Have a condition that will result in deaf-blindness, or have deaf-blindness with one or more other disabilities impairing independent functioning.
- Have a monthly income that is within 300 percent of the monthly income limit for SSI (\$2,163/month*).
- Have countable resources of no more than \$2,000.
- Have an Individual Plan of Care (IPC) with a cost for DBMD Program services at or below \$114,736.

* SSI levels are adjusted at the federal level each year based upon annual changes in the Consumer Price Index.

— *Statutory Authority.* Social Security Act § 1915(c) [42 U.S.C. § 1396n(c)]; Texas Human Resources Code chapter 32 and § 161.071(1) and (3).

— *Rules.* 40 Chapter 42.

Deaf Blind with Multiple Disabilities • Statistics

	FY 2013	FY 2014
Average number of recipients served per month	151	169
Average monthly cost per recipient	\$ 4,315.25	\$ 4,301.73

Data Source: DADS Legislative Appropriations Request 2016/2017

⁷An intervener provides a bridge to the world for the student who is deaf-blind. The intervener helps the student gather information, learn concepts and skills, develop communication and language, and establish relationships that lead to greater independence. The intervener is a support person who does with, not for, the student.

Deaf Blind with Multiple Disabilities • Monthly Averages by Region

Region	FY2013 • Monthly Average		FY2014 • Monthly Average	
	Number Served	Percent of State Total	Number Served	Percent of State Total
1 Lubbock	7	4.9%	8	5.0%
2 Abilene	1	0.7%	1	0.7%
3 Grand Prairie	21	13.9	23	13.3%
4 Tyler	9	5.8.0%	8	4.9%
5 Beaumont	2	1.4%	3	1.7%
6 Houston	42	28%	48	28.7%
7 Austin	21	14.1%	26	15.3%
8 San Antonio	28	18.5%	30	17.8%
9 Midland	5	3.1%	5	2.8%
10 El Paso	5	3.5%	6	3.7%
11 Edinburg	9	6.1%	10	6.0%
State Total	151	100.0%	169	100.0%

Data Source: DADS Legislative Appropriations Request 2016/2017 • Claims Management System Payment Data • DADS Program

Medically Dependent Children Program (MDCP)

The MDCP provides a variety of services to support families caring for children who are medically dependent, and to encourage de-institutionalization of children who are receiving services in nursing facilities.

Specific services include:

- Adaptive aids.
- Employment assistance.
- Flexible family support services.
- Minor home modifications.
- Respite.
- Supported employment.
- Financial management services for the consumer directed services (CDS) option.
- Transition assistance services.

The CDS option is available for respite, flexible family support services, employment assistance, and supported employment.. Recipients using the consumer directed services delivery option must select a financial management services agency (FMSA) to provide financial management services, such as payroll taxes.



Eligibility Requirements

Recipients must:

- Be under 21.
- Be a Texas resident.
- Be a citizen of the United States or an alien with approved status.
- Meet the medical necessity requirements* for nursing facility care.
- Meet financial eligibility based on Medicaid eligibility: Recipients of SSI or Medical Assistance Only based on the income and resources of the child (a monthly income that is within 300 percent of the monthly income limit for SSI [\$2,163/month**] and countable resources of no more than \$2,000), or all other mandatory and optional TANF-related groups in the Texas Medicaid State Plan.
- Have an Individual Plan of Care (IPC) not exceeding 50 percent of the reimbursement rate that would have been paid for the same services in a nursing facility.

*See the appendices for a description of the medical necessity determination process.

** SSI levels are adjusted at the federal level each year based upon annual changes in the Consumer Price Index.

— *Statutory Authority.* Social Security Act § 1915(c) [42 U.S.C. § 1396n(c)]; Texas Human Resources Code chapter 32 and § 161.071(1) and (3).

— *Rules.* 40 TAC Chapter 51.

Medically Dependent Children Program • Monthly Averages by Region

Region	FY2013 • Monthly Average		FY2014 • Monthly Average	
	Number Served	Percent of State Total	Number Served	Percent of State Total
1 Lubbock	121	5.3%	117	5.0%
2 Abilene	51	2.2%	46	2.0%
3 Grand Prairie	691	30.3%	781	30.4%
4 Tyler	149	6.5%	146	6.2%
5 Beaumont	78	3.4%	77	3.3%
6 Houston	448	19.6%	508	21.5%
7 Austin	223	9.8%	218	9.2%
8 San Antonio	286	12.5%	293	12.4%
9 Midland	54	2.4%	51	2.1%
10 El Paso	48	2.1%	53	2.3%
11 Edinburg	132	5.8%	133	5.6%
State Total	2,280	100.0%	2,361	100.0%

Data Sources: DADS Legislative Appropriations Request 2016/2017 • Claims Management System Payment Data • DADS Program Areas

Medically Dependent Children Program • Statistics

	FY 2013	FY 2014
Average number of recipients served per month	2,280	2,361
Average monthly cost per recipient	\$ 1,449.01	\$ 1,429.00

Data Sources: DADS Legislative Appropriations Request 2016/2017

Texas Home Living (TxHmL)

The TxHmL Program provides essential services and supports for people with intellectual or developmental disabilities as an alternative to living in an ICF/IID. Recipients must live in their own or family homes.

Services include:

- Community support.
- Respite services.
- Skilled nursing.
- Minor home modifications.
- Professional therapies such as occupational therapy, physical therapy, audiology, speech/language pathology, dietary services and behavioral support services.
- Financial management services and support consultation for the consumer directed services (CDS) option.
- Day habilitation.
- Employment assistance and supported employment.
- Adaptive aids.
- Dental treatment.

Services are coordinated by the local authority service coordinator. The CDS option is available for all services. Recipients must select a financial management services agency (FMSA) to provide financial management services, such as payroll and employer taxes, and may use support consultation to assist them in managing the requirements of this service delivery option.

Eligibility Requirements.

A recipient may be of any age, and must:

- Have a determination of an intellectual disability made in accordance with state law or have physician's diagnosis as having a related condition.
- Live in their own or their family's home.
- Be Medicaid eligible.
- Meet the requirements for ICF/IID Level of Care I.
- Have an Individual Service Plan (ISP) not exceeding \$17,000.
- Not be assigned a Pervasive Plus Level of Need (LON) 9.
- Not be enrolled in another 1915(c) waiver program.

— *Statutory Authority.* Social Security Act § 1915(c) [42 U.S.C. § 1396n(c)]; Texas Human Resources Code Chapter 32 and § 161.071(1) and (3).

— *Rules.* 40 TAC. Chapter 9, Subchapter N.

Texas Home Living • Monthly Averages by Local Authority Service Area

Local Authority	Monthly Average • Recipients Served	
	FY 2013	FY 2014
Anderson/Cherokee (ACCESS)	44	52
Andrews Center	53	94
Austin-Travis County Integral Care Center	94	153
Betty Hardwick Center	68	89
Alamo Local Authority for Intellectual and Developmental Disabilities	224	389
Bluebonnet Trails Community MHMR Center	159	209
Border Region MHMR Community Center	83	97
Burke Center	72	88
Camino Real Community MHMR Center	84	122
Center for Life Resources	28	41
Central Counties Center for MHMR Services	91	112
Central Plains Center	36	63
Coastal Plains Community MHMR Center	76	80
Community Healthcore	70	72
Denton County MHMR	81	98
El Paso MHMR Center (Emergence)	101	112
Gulf Bend MHMR Center	38	50
Gulf Coast Center	97	112
Heart of Texas Regional MHMR Center	152	194
Helen Farabee Regional MHMR Centers	54	64
Hill Country Community MHMR Center	89	90
Lakes Regional MHMR Center	136	196
LifePath Systems	66	88
Dallas Metrocare Services	558	633
MHMR Authority of Brazos Valley	57	74
MHMR Authority of Harris County	526	639
MHMR Center of Nueces County	88	126
MHMR of Tarrant County	362	462
MHMR Services for the Concho Valley	36	51
MHMR Services of Texoma (Texoma Community Center)	35	31
Pecan Valley MHMR Region	42	45
Permian Basin Community Centers for MHMR	66	73
Spindletop MHMR Services	176	192
Starcare Specialty Health System	72	84
Texana Center	142	203
Texas Panhandle MHMR	135	134
Tri-County Services	73	82
Tropical Texas Behavioral Health	186	267
West Texas Centers	81	85
State Total	4,629	5,845

Data Source: DADS Legislative Appropriations Request 2016/2017 • Claims Management System Payment Data • DADS Program Areas

Texas Home Living • Waiver Statistics

	FY 2013	FY 2014
Average number of recipients served per month	4,629	5,845
Average monthly cost per recipient	\$ 872.42	\$ 813.73



Community Services and Supports – Non-Medicaid

Non-Medicaid services and supports are provided in community settings to help people who are aging and those with disabilities to remain in the community, maintain their independence and avoid institutionalization.

Community Services and Supports – Non-Medicaid

- Non-Medicaid Services
- ID Community Services
- Promoting Independence through Outreach, Awareness and Relocation
- In-Home and Family Support Program (IHFSP)

Non-Medicaid Services

Title XX – Social Services

Adult Foster Care (AFC) • Provides a 24-hour living arrangement with supervision in an adult foster home for people who, because of physical, mental or emotional limitations are unable to continue independent functioning in their own homes. AFC providers must live in the household and share a common living area with the recipient. Providers may serve no more than three adults in a DADS-enrolled AFC home unless it is licensed by DADS as a Type C Assisted Living Facility or as a Type A Small Group Home. Services may include help with activities of daily living, and provision of or arrangement for transportation. Those receiving services pay the provider for room and board.

Consumer Managed Personal Attendant Services • Provides personal attendant services to people with physical disabilities who are willing and able to supervise their attendant or who have someone who can do so. Recipients interview, select, train, supervise and release their attendants. The CDS option is available for this service, which is available in various counties in eight regions.

Day Activity and Health Services • Licensed facilities provide daytime services Monday through Friday to people living in the community. Services are designed to address individuals' physical, mental, medical and social needs.

Emergency Response Services • Provides a 24-hour electronic monitoring system for functionally impaired adults who live alone or are socially isolated in the community. In an emergency, the recipient can press a call button to signal for help.

Family Care • Attendant care service available to eligible adults who are functionally limited in performing activities of daily living. Services include assistance with personal care activities, home management tasks, meal preparation and escort services. The CDS option is available for Family Care, and in some areas of the state, the Service Responsibility Option is also available.

Home-Delivered Meals • Provides a nutritious meal delivered by community-based provider agencies to the recipient's home.

Residential Care • Provides services for eligible adults who require 24-hour access to care, but who do not require daily nursing intervention. Care is provided in DADS-licensed assisted living facilities. The recipient pays the provider for room and board and may also have co-payment liability. Services are provided through residential care or emergency care. Emergency care is a temporary arrangement.

Special Services to Persons with Disabilities • Services provided in a variety of settings. Services are not available statewide. These services are designed to help recipients develop the skills needed to remain in the community as independently as possible.

Eligibility Requirements.

Recipients must:

- Be at least 18 years old.
- Be Medicaid eligible or have a monthly income of no more than three times the standard SSI payment level (\$2,163).
- Have resources of no more than \$5,000.
- Meet the functional assessment score requirements of the specific service.

** SSI levels are adjusted at the federal level each year based upon annual changes in the Consumer Price Index.*

— *Statutory Authority.* Social Security Act Title XX [42 U.S.C. §§ 1397-1397f]; Texas Human Resources Code § 161.071(1) and (3)

— *Rules.* 45 C.F.R. part 96; 40 T.A.C. chapters 44, 46, 48, 52, 55, and 58.



Non-Medicaid Services (Title XX) • Statistics

At End of FY 2013

Service	Age			Sex			Ethnicity			
	0–17	18–64	+65	Female	Male	Unknown	Hispanic	African American (not Hispanic)	White (not Hispanic)	Unknown or Other
Adult Foster Care	0	15	8	7	16	0	2	5	13	1
Client Managed Personal Attendant Services	0	146	212	222	134	2	114	69	129	40
Day Activity and Health Services	0	588	2008	1528	1063	5	2074	247	218	35
Emergency Response	1	2493	9077	9655	1914	1	2532	3342	4809	747
Family Care	2	1333	3621	3417	1536	1	1550	871	2320	174
Home Delivered Meals	1	5301	7739	8501	4532	8	3187	3738	5059	948
Residential Care	0	289	78	141	226	0	40	82	212	19
Special Services to Persons with Disabilities	0	66	7	35	38	0	7	29	28	5

Data Source: Claims Management System payment data

Non-Medicaid Services (Title XX) • Monthly Averages

by Service

Service	FY 2013		FY2014	
	Number Served	Cost per Person	Number Served	Cost per Person
Adult Foster Care	33	\$439.29	25	\$436.99
Client Managed Personal Attendant Services	399	\$1,092.84	394	\$1,130.81
Day Activity and Health Services	2348	\$506.96	2858	\$511.34
Emergency Response Services	12482	\$23.23	12740	\$23.27
Family Care	514	\$551.69	5457	\$595.34
Home Delivered Meals	14571	\$101.39	14359	\$102.39
Residential Care	420	\$754.49	404	\$735.69
Special Services to Persons with Disabilities	75	\$1,037.75	80	\$1,011.76
Total (Unduplicated) Non-Medicaid Services	35,475	\$205.70	36,317	\$218.08

Data Source: Claims Management System payment data

Non-Medicaid Community Services and Supports (Title XX) • Monthly Averages by Region

Region	FY2013		FY2014	
	Number Served	Percent of State Total	Number Served	Percent of State Total
1 Lubbock	1,593	4.5%	1,543	4.7%
2 Abilene	3,946	11.0%	3,482	10.6%
3 Grande Prairie	5,517	15.4%	4,935	15.0%
4 Tyler	5,144	14.4%	4,536	13.8%
5 Beaumont	2,482	6.9%	2,101	6.4%
6 Houston	1,696	4.7%	1,715	5.2%
7 Austin	2,429	6.8%	2,354	7.1%
8 San Antonio	4,113	11.5%	4,037	12.2%
9 Midland	1,846	5.2%	1,594	4.8%
10 El Paso	2,521	7.0%	2,610	7.9%
11 Edinburg	4,491	12.6%	4,078	12.4%
State Total	35,778	100%	32,985	100%

Data Source: Claims Management System payment data

Nutrition Services

DADS Access and Intake and the 28 area agencies on aging (AAA) with which it contracts to support a statewide system of nutrition services funded through the Older Americans Act (OAA).

These services include:

- Congregate meals.
- Home delivered meals.
- Nutrition education.
- Nutrition counseling.
- Nutrition consultation.

Because adequate nutrition is vital to maintaining the health and independence of older people, nutrition services are the most-used services authorized under the OAA. AAA congregate and home-delivered meal services represent the “social model” of preventive services promoted by the OAA. They reflect the vital role of diet in the health and independence of people who are older by promoting health and well-being.

Services are provided through subcontractors or vendors, who must comply with the most recent Dietary Guidelines for Americans published by the Secretary of Agriculture. These meal providers serve each recipient a meal based on a minimum of 33 1/3 percent of the dietary reference intakes established



by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Science. Approximately 384 providers across the state deliver these services through the AAA network. The objective of the nutrition services program is to help participants sustain healthy, independent lives.

Congregate Meals • A hot or other appropriate meal served to an eligible person in congregate settings, which include nutrition sites, multipurpose senior centers, adult day care facilities and multi-generational meal sites. Both standard meals and therapeutic meals/liquid supplements may be provided.

Home Delivered Meals • A meal including hot, cold, frozen, dried, canned, fresh or a supplemental food (with a satisfactory storage

life) provided to older people who are assessed as frail and homebound. Meals are delivered to eligible recipients in their homes. The objective is to reduce food insecurity and help recipients sustain independent living in a safe and healthful environment. There are two types of home-delivered meals: standard meals and therapeutic meals/liquid supplements.

Nutrition Education • Information provided to older people to promote nutritional well-being and to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

Nutrition Counseling • Individualized advice or guidance about options and methods for improving their nutritional status for those at nutritional risk because of their health or nutritional history, dietary intake, medication use or chronic illness, counseling is performed by a health professional in accordance with state law and policy.

Nutrition Consultation • The provision of information related to nutrition by a licensed dietitian or other qualified person. Services are to be provided to AAAs or nutrition providers.

Eligibility Requirements

- Services are provided to people 60 and older and are targeted to those with greatest economic and social need, and at risk for institutional placement, with particular attention to low-income minority aging people with limited English proficiency, and those who live in rural areas.
- In congregate settings, the spouse of someone 60 years of age or older is eligible for a meal at the meal site.
- If the nutrition service provided is a home-delivered meal, the older person must be homebound and have difficulty in performing activities of daily living. Family members and/or other caregivers may also receive nutrition services through a home-delivered meal when it is identified as a method of providing respite. Additionally, in accordance with the OAA, a meal may be provided to those with disabilities who live at home with an eligible older person.
- In cases where a congregate nutrition site is in a housing facility occupied primarily by older people, a person with disabilities under the age of 60 may attend the site and receive a congregate meal.

— *Statutory Authority*. Older Americans Act of 1965 [42 U.S.C. chapter 35]; Texas Human Resources Code §§ 101.025, 101.030, and 161.071(5).

— *Rules*. 45 C.F.R. part 1321; 40 T.A.C. §§ 85.302, and 85.306(e)(3).

Statewide Nutrition Services • Statistics

	FY 2013	FY 2014
Number of congregate meals recipients	52,891	52,528
Number of congregate meals served	3,258,433	3,135,693
Statewide average cost per congregate meal	\$5.35	\$5.47
Number of home-delivered meal recipients	38,865	37,150
Number of home-delivered meals served	4,558,192	4,321,783
Statewide average cost per home-delivered meal	\$4.97	\$5.08

Data Sources: DADS Legislative Appropriation Request 2016/2017

Number of Meals Provided by Area Agencies on Aging • FY 2014

Area Agency on Aging	Congregate Meals	Home-delivered Meals
Area Agency on Aging of the Alamo Area	64,843	124,485
Area Agency on Aging of Ark-Tex Area	48,274	70,723
Area Agency on Aging of Bexar County	319,208	272,886
Area Agency on Aging of Brazos Valley	49,416	74,398
Area Agency on Aging of the Capital Area	101,402	277,806
Area Agency on Aging of Central Texas	40,342	49,417
Area Agency on Aging of the Coastal Bend	142,471	153,033
Area Agency on Aging of Concho Valley	47,816	32,749
Area Agency on Aging of Dallas County	291,024	175,588
Area Agency on Aging of Deep East Texas	64,256	116,339
Area Agency on Aging of East Texas	67,078	249,910
Area Agency on Aging of the Golden Crescent Region	30,465	82,615
Area Agency on Aging of Harris County	326,847	734,716
Area Agency on Aging of the Heart of Texas	43,751	97,684
Area Agency on Aging of Houston – Galveston	173,356	270,133
Area Agency on Aging of the Lower Rio Grande Valley	174,163	207,937
Area Agency on Aging of the Middle Rio Grande Area	70,636	58,809
Area Agency on Aging of North Central Texas	87,958	463,151
Area Agency on Aging of North Texas	52,194	68,718
Area Agency on Aging of the Panhandle Area	62,175	57,273
Area Agency on Aging of the Permian Basin	77,084	95,713
Area Agency on Aging of the Rio Grande Area	225,594	99,721
Area Agency on Aging of Southeast Texas	77,294	40,651
Area Agency on Aging of South Plains	73,501	43,411
Area Agency on Aging of South Texas	134,235	69,349
Area Agency on Aging of Tarrant County	173,922	215,427
Area Agency on Aging of Texoma	27,952	60,396
Area Agency on Aging of West Central Texas	88,436	58,745
Total	3,135,693	4,321,783

Data Sources: DADS Legislative Appropriation Request 2016/2017



Services to Assist Independent Living

The OAA authorizes a wide range of support services that allow older people to lead independent, meaningful and dignified lives in their own homes and communities as long as possible. Services are provided through subcontractors, or may be authorized by the AAAs through coordination of care and/or caregiver support.

DADS Access and Intake, and the 28 AAAs with which it contracts, support a statewide system of supportive and in-home services under the OAA.

These services support a comprehensive, coordinated

community-based system that results in a continuum of services for older people and their caregivers. The OAA emphasizes prevention and wellness through its wide variety of evidence-based disease prevention programs offered by AAAs directly and through partnerships. It is the intent of the OAA that allocated funds be used as a catalyst in bringing together public/private and formal/informal resources in the community to assure the provision of a full range of efficient, well-coordinated and accessible services for older people.

In-home and other support services include:

Adult Day Services • Services provided in a congregate, non-residential setting to dependent older people who need supervision but do not require institutionalization. These services may include any combination of social or recreational activities, health maintenance, transportation, meals and other supportive services.

Caregiver Respite Care – In-home • Temporary relief for caregivers, including an array of services provided to dependent older people who need supervision. Services are provided in the recipient's home on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. In addition to supervision, services may include meal preparation, housekeeping, assistance with personal care and/or social and recreational activities.

Caregiver Respite Care – Institutional • Temporary relief for caregivers, including services provided in a congregate or residential setting (e.g., hospital, nursing home, adult day care center) to dependent older people who need supervision. Services are offered on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. Services may include meals, social and recreational activities, personal care, monitoring of health status, medical procedures and/or transportation.

Caregiver Respite Care – Non-residential • Temporary relief for caregivers by providing supervised care at senior centers or other non-residential program locations that are not licensed as adult-day care facilities. Activities may include lunch and supervised recreational and/or social activities for dependent older people who require supervision. Services are intermittent or temporary while the primary caregiver is unavailable or needs relief.

Chore Maintenance • Performance of household chores such as heavy cleaning (e.g., scrubbing floors, washing walls and outside windows), moving heavy furniture, yard and walk maintenance, which an older person is unable to handle on their own and which do not require the services of a trained homemaker.

Emergency Response Services (ERS) • Services provided to homebound and frail older people to establish an automatic monitoring system, which links to emergency medical services when personal safety is in jeopardy. ERS services include the installation of the individual monitoring unit, training in the use of the system, periodic checking to ensure that the unit is functioning properly, equipment maintenance calls, response to emergency calls by a medical professional, paraprofessional or volunteer, and follow-up with the older person.

Evidence-based Disease Prevention • Activities and programs that provide intervention to older people based on evidence-based programming, which is the application of principles of scientific reasoning, behavior change theory, and program planning proven effective in reducing the risk of disease, disability and injury among older people to maintain or improve health.

Health Maintenance • The provision of medications, nutritional supplements, glasses dentures, hearing aids and/or durable medical equipment to prevent or reduce the effects of chronic disabling conditions. Services may also include health education and counseling services, as well as home health services including, nursing, physical, speech or occupation therapy.

Health Screening/Monitoring • Activities assess the health and wellness of older people. Services may be provided at senior centers, nutrition sites and other community settings or in the recipient's home. These services may include blood-pressure monitoring, hearing and vision impairments, nutritional status, home safety, etc.

Homemaker • Trained and supervised homemakers perform housekeeping/home management, meal preparation and/or escort tasks and shopping assistance for older people who require help with these activities in their home. The objective is to help them live independently in a safe and healthful home environment.

Instruction and Training • These services provide opportunities for people or professionals working with the older person to acquire skills in a formal, informal, individual or group setting.

Personal Assistance • Helping an older person who is having difficulty performing a minimum of two activities of daily living identified in the assessment process, with tasks the person would typically perform if they were able. This covers hands-on assistance in all activities of daily living.

Residential Repair • Services consist of repairs or modifications of dwellings occupied by older people that are essential to the health and safety of the occupants.

Senior Center Operations • The operation of community facilities where older people gather to pursue mutual interests, receive services or take part in activities that will enhance their quality of life, support their independence, and encourage their continued involvement in and with the community.

Transportation – Assisted • Assistance and transportation, including escort, provided to older people with physical or cognitive disabilities that make it difficult to use regular transportation. The “trip” includes assisting them prepare for the trip; assisting them from their home into the vehicle; providing the transportation; assisting them from the vehicle to the destination, such as the doctor's office; staying with them at the destination; and the reverse for a return trip.

Transportation Demand/Response • Transportation services that carry older people from a specific origin to a specific destination upon request. Recipients request transportation services 24 to 48 hours before the trip.

Transportation Fixed Route • Transportation service that operates on a predetermined route with permanent transit stops and clearly marked route numbers and departure schedules. The fixed route does not vary and the provider strives to reach each transit stop at the scheduled time.

Caregiver Respite Care-Voucher • A service provided through the consumer directed services option in which the caregiver chooses an individual provider. Services are intermittent or temporary while the primary caregiver is unavailable or needs relief. Respite vouchers may be used for in-home, institutional and non-residential respite services. The care recipient must be unable to perform two or more activities of daily living or, due to cognitive impairment, require substantial supervision.

Homemaker-Voucher • A service provided through the consumer directed services option in which the program participant chooses an individual provider. Services may include performing housekeeping/home management, meal preparation, escort tasks and shopping assistance. Services are provided to older people who require assistance with these activities in their home. The objective is to help participants sustain independent living in a safe and healthful home environment.

Eligibility Requirements • Services are provided for people 60 and older and are targeted to those with greatest economic and social need. Emphasis is on providing services to older members of low-income minority groups, those with limited English proficiency and those living in rural areas. Additionally, family members or other caregivers may receive information and services on behalf of the older person for whom they are providing care. Services may also be provided to family caregivers caring for people of any age when diagnosed with Alzheimer's disease or related dementia.

— *Statutory Authority.* Older Americans Act of 1965 [42 U.S.C. chapter 35]; Texas Human Resources Code chapter 101, Subchapter C, and §§ 101.025, 101.030 and 161.071(5).

— *Rules.* 45 C.F.R. part 1321; 40 T.A.C. § 83.3(k)(2) and (o)(1)(C).

Services to Assist Independent Living • Statistics

	FY 2013	FY 2014
Number of homemaker services recipients	1,520	1,337
Average cost per homemaker services recipient	\$ 582.80	\$584.80
Number of personal assistance recipients	864	793
Average cost per personal assistance recipient	\$ 1,078.02	\$ 1079.85
Number of homes repaired or modified	1,700	1,700
Average cost per repaired/modified home	\$ 1,080.00	\$ 1,031.00
Number of one-way trips	726,112	688,778
Number of Retired and Senior Volunteer Program volunteers (RSVP)	16,292	20,000

Data Sources: DADS Legislative Appropriation Request 2016/2017

Services Provided by Area Agencies on Aging • FY 2014

Area Agency on Aging	Homemaker Services Recipients	Personal Assistance Recipients	Homes Repaired or Modified	Transportation One-Way Trips
Area Agency on Aging of the Alamo Area	52	28	61	5,839
Area Agency on Aging of Ark-Tex	39	12	22	25,204
Area Agency on Aging of Bexar County	99	64	119	18,611
Area Agency on Aging of Brazos Valley	55	0	1	10,536
Area Agency on Aging of the Capital Area	112	22	26	40,5923
Area Agency on Aging of Central Texas	41	27	0	3,563
Area Agency on Aging of the Coastal Bend	0	49	98	17,179
Area Agency on Aging of Concho Valley	38	0	0	3,521
Area Agency on Aging of Dallas County	0	1	232	76,169
Area Agency on Aging of Deep East Texas	50	0	43	5,550
Area Agency on Aging of East Texas	133	39	12	16,187
Area Agency on Aging of the Golden Crescent Region	21	0	10	9,780
Area Agency on Aging of Harris County	3	114	7	110,462
Area Agency on Aging of the Heart of Texas	22	68	108	0
Area Agency on Aging of Houston – Galveston	106	69	54	97,051
Area Agency on Aging of the Lower Rio Grande Valley	91	23	96	58,953
Area Agency on Aging of the Middle Rio Grande Area	53	47	36	16,918
Area Agency on Aging of North Central Texas	126	0	159	18,103
Area Agency on Aging of North Texas	0	1	29	17,977
Area Agency on Aging of the Panhandle Area	69	7	24	3,704
Area Agency on Aging of the Permian Basin	0	9	20	13,657
Area Agency on Aging of the Rio Grande Area	74	150	18	14,436
Area Agency on Aging of Southeast Texas	6	24	15	1,991
Area Agency on Aging of South Plains	12	0	47	10,513
Area Agency on Aging of South Texas	64	27	146	60,097
Area Agency on Aging of Tarrant County	0	0	274	19,247
Area Agency on Aging of Texoma	1	0	14	289
Area Agency on Aging of West Central Texas	40	6	7	11,946
Total	1,137	793	1,700	688,778

Data Sources: DADS Legislative Appropriation Request 2016/2017



Intellectual Disability Community Services

Intellectual Disability Community Services include services and supports provided to those in the DADS intellectual and developmental disability priority population who live in the community. These services do not include those provided through an ICF/IID or Medicaid waiver program. These services help people participate in age-appropriate community activities and services.

Services include:

Community Supports. Individualized activities provided in the recipient's home or at community locations to help them perform functional living skills and other daily living activities.

Day Habilitation Services. Services provided in a group setting away from the recipient's home to help them develop and refine skills necessary to live and work in the community.

Eligibility Determination. Assessment or endorsement conducted by the local authority to determine if a person has an intellectual disability or related condition and is a member of the DADS intellectual and developmental disability priority population.

Employment Services. Support services to help people secure and maintain community employment.

Respite. Services that can be provided in or outside of the recipient's home to temporarily relieve family members or other unpaid primary caregiver of their responsibilities.

Behavioral Support. Specialized interventions by professionals with required credentials to help recipient increase adaptive behaviors and to replace or modify maladaptive behaviors that prevent or interfere with the recipient's inclusion in home and family life or community life.

Therapies. Support services provided by licensed or certified professionals, including psychology, nursing, social work, occupational therapy, speech therapy, physical therapy, dietary services and certain behavioral health services.

Eligibility Requirements

The DADS intellectual and developmental disability priority population consists of people who meet one or more of the following descriptions:

- People with an intellectual disability as defined by Health and Safety Code, §591.003.
- People with a pervasive developmental disorder, including autism, or autism spectrum disorder as defined in the Diagnostic and Statistical Manual for Mental Disorders.
- People with a related condition who are enrolling in the ICF/IID program, Home and Community-based Services (HCS) program, or the Texas Home Living (TxHmL) program.

- Nursing facility residents who are eligible for specialized services for an intellectual and developmental disability pursuant to Section 1919(e)(7) of the Social Security Act.
- Children who are eligible for Early Childhood Intervention services through the Texas Department of Assistive and Rehabilitative Services (DARS).

— *Statutory Authority.* Texas Health and Safety Code §§ 533.035 and 533.0355 and chapter 534.

— *Rules.* 40 T.A.C. chapter 2; and chapter 4, subchapters C, K, and L.

Intellectual Disability Community Services • Monthly Averages

	FY 2013	FY 2014
Number receiving assessment and service coordination	28,791	31,341
Cost per person for assessment and service coordination	\$ 169.15	\$ 169.71
Number eligible for community services and supports	110,056	112,213
Cost per case for community services and supports	\$ 29.60	\$ 29.54

Intellectual Disability Community Services • Statistics

	FY 2013	FY 2014
Average number of recipients served per month*	5,911	5,743
Average monthly cost per recipient	\$463.69	\$477.26

* Data for this measure are not comparable to publications prior to 2007 due to a change in the calculation methodology.

Intellectual Disability Community Services • Average Served per Month by Local Authority Service Area

Monthly Average Receiving Non-Medicaid Community Services

Local Authority	FY 2014
ACCESS	62
Alamo Local Authority for Intellectual and Developmental Disabilities	178
Andrews	86
Austin-Travis County Integral Care	131
Betty Hardwick Center	91
Bluebonnet Trails Community Services	169
Border Region Behavior Health Center	60
Burke Center	53
Camino Real Community Services	71
Center for Life Resources	43
Central Counties Services	116
Central Plains Center	44
Coastal Plains Community Center	93
Community Healthcore	93
Denton County MHMR Center	126
Emergence Health Network	79
Gulf Bend Center	21
Gulf Coast Center	116
Heart of Texas Region MHMR Center	86
Helen Farabee Centers	73
Hill Country Community Mental Health and Developmental Disabilities Centers	141
Lakes Regional MHMR Center	150
LifePath Systems	118
Metrocare Services	883
MHMR Authority of Brazos Valley	49
MHMR Authority of Harris County	819
MHMR of Nueces County	63
MHMR Tarrant County	538
MHMR Services for Concho Valley	42
Pecan Valley Centers	48
Permian Basin Community Centers	74
Spindletop Center	203
StarCare	40
Texana Center	231
Texas Panhandle Centers	150
Texoma Community Center	54
Tri-County Services	135
Tropical Texas Behavioral Health	132
West Texas Centers	82
Total	5,743

Promoting Independence

Outreach, Awareness and Relocation

The Texas Promoting Independence Plan was developed in response to the U.S. Supreme Court ruling in *Olmstead v. L.C.* and two executive orders, GWB99-2 and RP13. Two activities under the larger Promoting Independence Plan include community outreach and awareness and relocation services.

Community outreach and awareness is a systematic program of public information developed to target groups that are most likely to be involved in decisions regarding long-term services and supports.

Relocation services involve assessment and case management to assist nursing facilities residents who choose to relocate to community-based services and supports. It includes funding for Transition to Living in the Community (TLC) services to cover establishing and moving to a community residence.

Residents of nursing facilities who relocate to the most integrated community setting of their choice require a thorough assessment, intensive case management, housing assistance and funds to set up a community residence. Intensive case management may be needed to help build and implement the service and support systems so they can return to the community. With limited income and resources, Medicaid recipients in facilities may require help, such as security deposits, to set up community households, and assistance to purchase household goods and groceries.

Relocation assistance and relocation funding, in combination or separately, allow more people to return to the community. Community outreach activities raise awareness and improve processes for informing decision makers about long-term services and support options.

Eligibility Requirements

- Living in a nursing facility and requesting community placement.

Promoting Independence – Relocation Services • Statistics

FY 2014

Total number of contacts made with nursing facility residents	7401
Total number of assessments completed to evaluate for potential relocation	2443
Total number of relocations to the community with the assistance of relocation services	1105

Promoting Independence – Relocation Services • Estimated Expenditures

FY 2014

Annual Cost for Relocation Contractor Assistance	\$3,313,631
Annual Cost for Transition to Life in the Community (TLC) Services	\$847,905

Data Sources: DADS FY 2014 Operating Budget • DADS Program Areas



In-Home and Family Support Program (IHFSP)

The IHFSP provides people with physical disabilities (without a primary diagnosis of intellectual disability) with a means to purchase the support they need in order to remain in the community. Direct grant benefits are provided to eligible recipients with physical disabilities to purchase services that enable them to live in the community.

Services include:

- Attendant care, home health services, home health aide services, homemaker services and chore services.
- Medical, surgical, therapeutic, diagnostic and other health services.
- Pre-approved transportation and room and board cost incurred by the person with a physical disability or his family during evaluation or treatment.
- Purchase or lease of special equipment or architectural modifications of a home to facilitate the care, treatment therapy or general living conditions of a person with a disability.
- Respite care.
- Counseling and training programs that help provide proper care of a person with a disability.

The IHFSP provides up to \$1,200 per certification year in funds for eligible people.

The recipient of IHFSP services has unique needs based on functional limitations resulting from a physical disability. Recipients are empowered to make decisions about their own service needs and to make choices based on those needs, which enable them to live independently in their communities. The IHFSP empowers them by upholding the value of the family and helping the family serve as the primary mainstay of support. IHFSP service recipients can exercise their options and are encouraged to take personal responsibility for their choices. IHFSP services may supplement, but not supplant, services received through other funding sources.

Eligibility Requirements.

Recipients must:

- Be age 4 or older.
- Have a physical disability that substantially limits one or more major life activities.
- Meet income eligibility criteria based on the State Median Income (SMI). Co-payments begin when an applicant's income is at or above 105 percent of the SMI.

There are no resource eligibility requirements.

— *Statutory Authority.* Texas Human Resources Code chapter 35 and § 161.071(1) and (3).

— *Rules.* 40 T.A.C. chapter 48, subchapter F.

In-Home and Family Support Program • Statistics

	FY 2013	FY 2014
Average number of recipients served per month*	6,170	6,031
Average monthly cost per recipient	\$ 63.66	\$ 67.58

Data Sources: DADS Legislative Appropriation Request 2016/2017

In-Home and Family Support Program • Monthly Averages by Region

Region	FY2013 • Monthly Average		FY2014 • Monthly Average	
	Number Served	Percent of State Total	Number Served	Percent of State Total
1 Lubbock	185	3.0%	145	2.40%
2 Abilene	327	5.3%	387	6.41%
3 Grand Prairie	833	13.5%	773	12.82%
4 Tyler	1,185	19.2%	1,159	19.22%
5 Beaumont	234	3.8%	252	4.18%
6 Houston	1,043	16.9%	908	15.05%
7 Austin	222	3.6%	278	4.61%
8 San Antonio	543	8.8%	461	7.64%
9 Midland	185	3.0%	213	3.53%
10 El Paso	290	4.7%	277	4.60%
11 Edinburg	1,123	18.2%	1,178	19.54%
State Total	6,170	100%	6,031	100.00%

Data Sources: DADS Legislative Appropriation Request 2016/2017



Program of All-inclusive Care for the Elderly (PACE)

DADS promotes the development of integrated managed care systems for people who are older and those with disabilities by supporting the Program of All-inclusive Care for the Elderly (PACE).

PACE provides community-based services in El Paso, Amarillo/Canyon and Lubbock for people 55 or older who qualify for nursing facility admission.

PACE uses a comprehensive care approach, providing an array of services for a capitated monthly fee. PACE provides all health-related services, including in-patient and out-patient

medical care, and specialty services such as dentistry, podiatry, social services, in-home care, meals, transportation, day activities and housing assistance.

Eligibility Requirements

A recipient must:

- Be 55 or older.
- Meet the medical necessity for nursing facility admission (see appendices for a description of the medical necessity determination process).
- Live in a PACE service area (Amarillo/Canyon, El Paso or Lubbock).
- Be determined by the PACE Interdisciplinary Team as able to reside safely in the community.
- Have a monthly income within 300 percent of the Supplemental Security Income (SSI) monthly income limit (\$2,163 for an individual and \$4,326 for a couple*).
- Have countable resources of no more than \$2,000 for an individual and \$3,000 for a couple.

* SSI levels are adjusted at the federal level each year based upon annual changes in the Consumer Price Index.

— Statutory Authority. Social Security Act § 1934 [42 U.S.C. § 1396u-4]; Texas Human Resources Code §§ 32.053 and 161.071(1) and (3).

— Rules. 42 CFR. Part 460; 40 TAC. Chapter 60.

Program of All-Inclusive Care for the Elderly • Statistics

	FY 2013	FY 2014
Average number of recipients served per month		
El Paso	853	865
Amarillo	146	142
Lubbock	47	92
Total	1,046	1,099
Average monthly cost per recipient		
El Paso	\$2,973.84	\$2,972.42
Amarillo	\$2,347.75	\$2,293.39
Lubbock	\$2,404.05	\$2,688.85
Total	\$2,861.04	\$2,861.04

Data Sources: Claims Management System Payment Data • DADS Program Areas • DADS Legislative Appropriations Request 2016/2017

Nursing Facility and Hospice Payments

Nursing facility and hospice payments are provided to promote quality of care for people whose medical problems require nursing facility or hospice care.

Nursing Facility Payments

Nursing Facility Care • Provides institutional nursing care for people whose medical condition regularly requires the skills of a licensed nurse. The nursing facility must provide for the medical, nursing and psychosocial needs of each recipient, including room and board, social services, over-the-counter drugs (prescription drugs are covered through the Medicaid Vendor Drug program or Medicare Part D), medical supplies and equipment, personal needs items and rehabilitative therapies. Daily Medicare skilled nursing facility co-insurance payments are also paid for those who are eligible for both Medicare and Medicaid.

Starting March 1, 2015, people covered by Medicaid who are eligible for STAR+PLUS and live in a nursing facility will get their basic health services (acute care) and long-term care services through STAR+PLUS. People who get both Medicaid and Medicare (dual eligible) will get their basic health services through Medicare and their long-term care services through STAR+PLUS Medicaid.

Medicaid requires health plans to pay nursing facilities within 10 days of submission of a clean claim and provide discharge planning, transitional care, and other education programs about all long-term care settings.

Medicaid Swing Bed • Permits participating rural hospitals to use their beds interchangeably to provide acute hospital and long-term nursing facility care for people who are eligible for Medicaid when Medicaid beds are not available in skilled nursing facilities in the same area.

Services Available to Eligible Residents of a Medicaid Nursing Facility

Augmentative Communication Device Systems • Provides reimbursement to the nursing facility for a communication device (also referred to as a speech-generating device system) so the resident can communicate. The request must be documented to be medically necessary by the resident's physician and receive authorization from DADS for reimbursement.

Customized Power Wheelchairs • Provides reimbursement to the nursing facility for a customized power wheelchair that is designed, adapted and fabricated to meet the resident's physical and medical needs; the resident must be able to operate the wheelchair. A customized power wheelchair must be documented by the resident's physician to be medically necessary and for the exclusive use of the resident for which it is designed. The nursing facility must receive authorization through Texas Medicaid and Healthcare Partnership (TMHP) to ensure reimbursement before purchasing a customized power wheelchair.



Emergency Dental Services • Provides reimbursement for emergency dental services for nursing facility residents who are eligible for Medicaid.

Rehabilitative Services • Provides reimbursement for physical, occupational and speech therapy when ordered by the resident's physician for an initial evaluation. The physician may request approval for additional evaluations and services with documentation of a new illness, an acute onset of illness, an injury or a substantive change in a pre-existing condition.

Eligibility Requirements

To be eligible for Medicaid coverage in a nursing facility, a resident must:

- Live in a Medicaid-certified facility for 30 consecutive days.
- Be eligible for Supplemental Security Income (SSI) from the Social Security Administration or be determined by the Texas Health and Human Services Commission to be financially eligible for Medicaid.
- Meet medical necessity requirements.*

* See the appendices for a description of the medical necessity determination process.

Specialized Services for Individuals with an Intellectual or Developmental Disability

The implementation of an individualized plan of care, developed under and supervised by the interdisciplinary team consisting of a physician and other qualified intellectual disabilities professionals, that includes services directed toward:

- The acquisition of the behaviors necessary for the resident to function with as much self-determination and independence as possible.
- The prevention or deceleration of regression or loss of current optimal functional status.

Specialized services do not include services to maintain generally independent residents who can function with little supervision or in the absence of a continuous specialized services program.

Specialized Service Array (provided/arranged for by NF)

- Maintenance-focused physical therapy, occupational therapy, speech therapy.
- Customized durable medical equipment.

Eligibility Requirements.

- Residents who have an intellectual or developmental disability, have an approved level medical necessity determination, and also have a preadmission screening and resident review (PASRR) screening form on file are eligible for specialized services.

— *Statutory Authority.* Social Security Act §§ 1905(a)(4)(A) and 1919(a) [42 U.S.C. §§ 1396d(a)(4)(A) and 1396r(a)]; Texas Human Resources Code chapter 32 and § 161.071(2).

— *Rules.* 40 T.A.C. chapter 19.

Nursing Facility Program • Statistics

	FY 2013	FY 2014
Average number receiving Medicaid-funded services per month	56,255	55,915
Average daily nursing home rate	\$131.75	\$136.03
Average amount of individual income applied to the cost of care per day	\$24.26	\$24.55
Net nursing facility cost per Medicaid resident per month	\$3,269.34	\$3,390.84
Average number receiving personal needs allowance per month	12,695	12,695
Average monthly cost per recipient of personal needs allowance	\$30.00	\$30.0

Medicaid-Funded Nursing Facility Services • Monthly Averages by Region

Region	FY2013 • Monthly Average		FY2014 • Monthly Average	
	Number of Recipients	Percent of State Total	Number of Recipients	Percent of State Total
1 Lubbock	2,415	4.3%	2,382	4.3%
2 Abilene	2,417	4.3%	2,412	4.3%
3 Grand Prairie	13,525	24.0%	13,475	24.1%
4 Tyler	4,879	8.7%	4,772	8.5%
5 Beaumont	3,101	5.5%	3,118	5.6%
6 Houston	8,641	15.4%	8,677	15.5%
7 Austin	7,269	12.9%	7,030	12.6%
8 San Antonio	6,965	12.4%	6,950	12.4%
9 Midland	1,581	2.8%	1,547	2.8%
10 El Paso	935	1.7%	949	1.7%
11 Edinburg	4,527	8.0%	4,603	8.2%
State Total	56,255	100.0%	55,915	100.0%

Data Sources: DADS Legislative Appropriations Request 2016/2017 • Claims Management System Payment Data • DADS Program Areas



Medicare Skilled Nursing Facility (SNF)

Medicaid pays the Medicare Skilled Nursing Facility (SNF) co-insurance for people who are eligible for Medicaid in Medicare (XVIII) facilities. Medicaid also pays the co-payment for those determined to be a Medicaid Qualified Medicare Beneficiary (QMB), and for those who are determined to be a “pure” (i.e., Medicare-only) QMB. For residents of facilities certified for both Medicaid and Medicare, Medicaid pays the co-insurance, less the applied income amount for residents who are both Medicaid only and Medicaid QMB. For residents who are “pure” QMB, the entire co-insurance amount is paid. The amount of Medicare co-insurance per day is set by the federal government at one-eighth of the hospital deductible.

Eligibility Requirements

To be eligible for Medicaid coverage in a nursing facility, an resident must:

- Live in a Medicaid-certified facility for 30 consecutive days.
- Be eligible for Supplemental Security Income (SSI) from the Social Security Administration or be determined by the Texas Health and Human Services Commission to be financially eligible for Medicaid.
- Meet medical necessity requirements*.

* See the appendices for a description of the medical necessity determination process.

— *Statutory Authority.* Social Security Act § 1902(a)(10)(E) [42 U.S.C. § 1396a(a)(10)(E)]; Texas Human Resources Code chapter 32 and § 161.071(2).

— *Rules.* 1 T.A.C. chapter 359

Medicare Skilled Nursing Facility • Statistics

	FY 2013	FY 2014
Average number receiving nursing facility co-payments per month	5,823	5,255
Net Medicaid/Medicare co-pay per resident for nursing facility services per month	\$2152.34	\$2259.53

Data Source: Claims Management System payment data

Nursing Facility Co-payments • Monthly Averages by Region

Region	FY2013 • Monthly Average		FY2014 • Monthly Average	
	Number of Recipients	Percent of State Total	Number of Recipients	Percent of State Total
1 Lubbock	205	3.5%	180	3.4%
2 Abilene	244	4.2%	217	4.1%
3 Grand Prairie	1,367	23.5%	1,226	23.3%
4 Tyler	553	9.5%	484	9.2%
5 Beaumont	316	5.4%	297	5.7%
6 Houston	941	16.2%	920	17.5%
7 Austin	596	10.2%	478	9.1%
8 San Antonio	647	11.1%	578	11.0%
9 Midland	141	2.4%	126	2.4%
10 El Paso	127	2.2%	118	2.2%
11 Edinburg	686	11.8%	630	12.0%
State Total	5,823	100.0%	5,255	100.0%

Data Sources: DADS Legislative Appropriations Request 2016/2017 • Claims Management System Payment Data • DADS Program Areas

Hospice

A program of palliative care that allows for care to be provided at the recipient's home and consists of medical, social and support services to a terminally ill patient, when curative treatment is no longer possible. Recipients must be eligible for Medicaid and must have a physician's prognosis of six months or less to live if the terminal illness runs its normal course. Eligible recipients 21 or older must agree to waive Medicaid payment for services related to the terminal illness.

Services include:

- Physician services and nursing care.
- Medical social services.
- Counseling.
- Home health aide services.
- Homemaker and household services.
- Physical, occupational or speech language pathology services.
- Bereavement counseling; medical appliances and supplies.
- Drugs and biologicals; volunteer services.
- General inpatient care (short-term); and respite care.

Service settings can be in the home, in a community-based residential location or in a long-term care facility.

Medicaid rates for Community-based Hospice are based on Medicare rates set by the Centers for Medicare & Medicaid Services (CMS). For residents of a nursing facility receiving hospice services, the nursing facility also receives a payment of no less than 95 percent of the established nursing facility room and board rate.

Eligibility Requirements

- Hospice is for all age groups, including children, during their final stages of life.
- Statutory Authority. Social Security Act § 1905(a)(18) [42 U.S.C. §§ 1396d(a)(18)]; Texas Human Resources Code chapter 32 and § 161.071(1) and (2).
- Rules. 42 C.F.R. part 418; 40 T.A.C. chapter 30

Hospice Services • Statistics

	FY 2013	FY 2014
Average number of recipients per month	6,917	6,956
Average net payment per recipients per month	\$ 2,796.89	\$ 2878.24

Data Source: Claims Management System payment data

Hospice Services • Monthly Averages by Region

Region	FY2013 • Monthly Average		FY2014 • Monthly Average	
	Number of Recipients	Percent of State Total	Number of Recipients	Percent of State Total
1 Lubbock	326	4.7%	354	5.1%
2 Abilene	398	5.8%	359	5.2%
3 Grand Prairie	1,849	26.7%	1,950	28.0%
4 Tyler	697	10.1%	739	10.6%
5 Beaumont	377	5.4%	401	5.8%
6 Houston	832	12.0%	783	11.3%
7 Austin	870	12.6%	821	11.8%
8 San Antonio	800	11.6%	786	11.3%
9 Midland	239	3.5%	205	2.9%
10 El Paso	123	1.8%	119	1.7%
11 Edinburg	407	5.9%	439	6.3%
State Total	6,917	100.0%	6,956	100.0%

Data Sources: DADS Legislative Appropriations Request 2016/2017 Budget • Claims Management System Payment Data • DADS Program Areas

Promoting Independence

by Providing Community-based Individual Services

In January 2000, Texas implemented a Promoting Independence Initiative, developed in response to the U.S. Supreme Court ruling in *Olmstead v. L.C.* and two Executive Orders, GWB 99-2 (1999) and RP13 (2002).

The court ruled in June 1999 that states must provide community-based services to people with disabilities who would otherwise be entitled to institutional services when:

- The state's treatment professionals determine that such placement is appropriate.
- The affected do not oppose such treatment.
- The placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others who are receiving state-supported disability services.



Senate Bill (S.B.) 367, 77th Legislature, Regular Session, 2001, codified the Initiative. S.B. 367 and included:

- The creation of a statewide advisory committee (Promoting Independence Advisory Committee).
- A required annual status report submitted by this advisory committee to the executive commissioner of the Texas Health and Human Services Commission (HHSC).
- A revised Promoting Independence Plan submitted by the executive commissioner of HHSC to the governor and the legislature prior to the legislative session (the most recent Promoting Independence Plan can be found at www.dads.state.tx.us/providers/pi/index.html).

S.B. 367 directed that HHSC have responsibility for the initiative because it involves all of the health and human services operating agencies; Gov. Rick Perry's Executive Order RP-13 (2002) added the Texas Department of Housing and Community Affairs and the Texas Workforce Commission to the Promoting Independence Advisory Committee.

Administration of the Initiative

Effective June 1, 2004, the administration of the initiative was delegated by HHSC to the former Texas Department of Human Services. DADS assumed responsibility for the initiative on Sept. 1, 2004 because it is the designated long-term services and supports health and human services operating agency. The HHSC executive commissioner directed and authorized DADS to act on behalf of and in consultation with HHSC in all matters relating to the Promoting Independence Initiative through an October 2004 Health and Human Services Circular, C-002.

Texas' Promoting Independence Initiative supports allowing aging Texans or those with disabilities to make a choice in the residential setting where they want to receive their long-term services and supports, which is often the most integrated residential setting available.

Among the many goals of the initiative, the following continue to have a significant impact:

- Providing opportunities for residents of state supported living centers to move to a community



alternative within 180 days of their request and recommendation for movement to a community-based living arrangement.

- Providing opportunities for residents of intermediate care facilities for people with an intellectual disability (ICF/IID) that serve nine or more residents to move to an alternative living arrangement within 12 months of their request to relocate into a community-based living arrangement.
- Providing opportunities for people with IDD who are aging out of the Texas Department of Family and Protective Services (DFPS) foster care system; living in DFPS' General Residential Operations facilities; or living in nursing facilities to enroll in the Home and Community-Based Services (HCS) waiver.
- Providing opportunities for children living in small ICF/IID to enroll in the HCS waiver
- Providing opportunities for residents of Medicaid-certified nursing facilities to move to a community-based integrated living arrangement without going on a waiver interest list (Money Follows the Person).
- Providing intensive services for people with three or more state mental hospital facility admissions within a 180-day period.

Community Living Options Information Process (CLOIP)

In 2000, the Community Living Options process was implemented for residents of large ICF/IID. The Community Living Options process was designed to provide information to individuals and their legally authorized representatives about alternative settings in which they can receive services, review residents' goals and identify individuals who indicate a preference for an alternative residence outside the institutional setting. Anyone who indicates a desire for alternative services is referred to the local authority to receive more information about service options for which they may be eligible.

Senate Bill. 27, 80th Legislature, Regular Session, 2007, directed DADS to delegate to local authorities the Community Living Options function for adult residents at state supported living centers. This process was renamed the Community Living Options Information Process (CLOIP). This legislation required the development of an effective CLOIP, creation of uniform procedures for the implementation of the CLOIP to minimize any potential conflict of interest regarding the CLOIP between a state supported living center and an adult resident, an adult resident's legally authorized representative, or a local authority. The process was fully operational by January 2008.

Relocation Services

In order to support the relocation activities of those leaving a nursing facility through "Money Follows the Person," the following support activities have been developed:

- Relocation specialists have been employed to help identify people wanting to relocate into the community and to facilitate their relocation.
- Transition Assistance Services stipends up to \$2,500 are being provided to people within a specified local community, to help establish a new household.

- The Project Access Program helps establish linkages to Section 8 housing voucher options for residents leaving a nursing facility and who do not have a community residence.
- Community transition teams, a local public-private entity, have been created to help identify barriers to relocation and promote systemic changes to overcome those barriers.
- Community outreach and awareness activities help provide public information for target groups most likely to be involved in long-term services and supports decisions.

Eligibility Requirements

Residents eligible for Medicaid who live in a nursing facility or ICF/IID can request services in the community. To take advantage of this opportunity, the resident must live in an institutional setting until a written eligibility determination by a community care worker approves specific community services and indicates when those services will begin.

— Statutory Authority. Social Security Act Title XIX [42 U.S.C. §§ 1396-1396w-2]; Texas Government Code §§ 531.0244-531.02443, § 531.082, and chapter 531, subchapter D-1; Texas Human Resources Code § 161.071(1).

— Rules. 40 T.A.C. §§ 48.2721-48.2725 and chapter 62

Promoting Independence – Community-based Services • Statistics

	FY 2013	FY 2014
Average number of recipients per month	5,221	4,968
Average cost per recipients per month	\$ 1404.79	\$ 1410.24

Data Sources: DADS FY 2014 Operating Budget



Intermediate Care Facilities – Individuals With Intellectual Disability Services

DADS provides residential services and supports for residents of intermediate care facilities for persons with intellectual or developmental disabilities (ICF/IID).

Intermediate Care Facilities – IID Services

An intermediate care facility for individuals with intellectual or developmental disabilities or

related conditions (ICF/IID) is a residential facility serving four or more people with intellectual and developmental disabilities. Providing active treatment is the core requirement of certification as an ICF. Active treatment is the aggressive, consistent implementation of a program of specialized and generic training, treatment and health services. Active treatment does not include services to maintain generally independent residents who are able to function with little supervision or in the absence of a continual active treatment program.

Section 1905(d) of the Social Security Act created this optional Medicaid benefit to certify and fund these facilities. Each facility must comply with federal and state standards, applicable laws and regulations. ICF/IID are operated by both private and public (community centers and a state agency) entities. These facilities provide diagnosis, treatment, rehabilitation, ongoing evaluation, planning, 24-hour supervision, coordination and integration of health or rehabilitative services to help residents function at their greatest capacity.

Eligibility Requirements

To be eligible for the ICF/IID Program, a person must:

- Have a diagnosis of ID with a full-scale intelligence quotient (IQ) score of 69 or below, as determined by a standardized individual intelligence test, and have an adaptive behavior level with mild to extreme deficits in adaptive behavior as determined by a standardized assessment of adaptive behavior.

OR

- Have a full-scale IQ score of 75 or below and a primary diagnosis by a licensed physician of a related condition (manifesting before age 22), and have an adaptive behavior level with mild to extreme deficits in adaptive behavior as determined by a standardized assessment of adaptive behavior.

OR

- Have a primary diagnosis of a related condition (manifesting before age 22) diagnosed by a licensed physician regardless of IQ and have an adaptive behavior level with moderate to extreme deficits in adaptive behavior as determined by a standardized assessment of adaptive behavior.

AND

- Be in need of and able to benefit from the active treatment provided in the 24-hour supervised residential setting of an ICF.
- Be eligible for Supplemental Security Income (SSI) or be determined to be financially eligible for Medicaid by the Texas Health and Human Services Commission.

— Statutory Authority. Social Security Act § 1905(d)(15) [42 U.S.C. §§ 1396d(15)]; Texas Human Resources Code § 161.071(2).

— Rules. 40 T.A.C. chapter 9, subchapter E.

Intermediate Care Facilities – IID Services • Statistics

	FY 2013	FY 2014
Average number of people in ICF Medicaid beds per month	5,519	5,403
Average number of ICF Medicaid beds per month	5,980	5,898
Average monthly cost per Medicaid-eligible ICF resident	4343.07	\$4356.38

Data Sources: DADS Legislative Appropriations Request 2016/2017 • DADS Program Areas

People in ICF/IID Medicaid Beds • Monthly Averages by Local Authority Service Area

Local Authority	FY 2013	FY 2014
ACCESS	65	65
Andrews Center	559	540
Austin-Travis County Integral Care	119	105
Betty Hardwick Center	271	262
Alamo Local Authority for Intellectual and Developmental Disabilities	77	81
Bluebonnet Trails Community Services	184	180
Border Region Behavioral Health Center	349	326
Burke Center	0	0
Camino Real Community Services	115	123
Center for Life Resources	0	0
Central Counties Center for MHMR Services	50	43
Central Plains Center	44	43
Coastal Plains Community Center	11	11
Community Healthcore	23	26
Denton County MHMR	231	232
El Paso MHMR Center	182	183
Gulf Bend Center	75	75
Gulf Coast Center	23	20
Heart of Texas Regional MHMR Center	34	42
Helen Farabee Centers	38	39
Hill Country Community Mental Health and Developmental Disabilities Centers	92	89
Lakes Regional MHMR Center	259	266
LifePath Systems	145	141
Metrocare Services	30	29
MHMR Authority of Brazos Valley	274	274
MHMR Authority of Harris County	17	19
MHMR Center of Nueces County	636	549
MHMR of Tarrant County	517	496
MHMR Services for the Concho Valley	103	104
Pecan Valley Centers	216	212
Permian Basin Community Centers	97	94
Spindletop Centers	164	176
Starcare Specialty Health System	138	170
Texana Center	74	88
Texoma Community Center	51	47
Texas Panhandle MHMR	52	50
Tri-County Services	44	44
Tropical Texas Behavioral Health	116	117
West Texas Centers	44	42
State Total	5,519	5,403

Data Sources: Claims Management System Payment Data • DADS Program Area

State Supported Living Centers Services

DADS provides specialized assessment, treatment, support and health care services in state supported living centers and state supported living center programs for people with intellectual and developmental disabilities.

State Supported Living Centers (SSLC) Services

This program provides direct services and supports for people with intellectual and developmental disabilities admitted to the 12 state supported living centers and the Rio Grande State Center, which provides campus-based intellectual and developmental disability residential services along with mental health services.

State supported living centers are located in Abilene, Austin, Brenham, Corpus Christi, Denton, El Paso, Lubbock, Lufkin, Mexia, Richmond, San Angelo and San Antonio. The Rio Grande State Center, located in Harlingen, is operated by the Texas Department of State Health Services (DSHS). The Texas Department of Aging and Disability Services (DADS) has contracted with DSHS to provide services to people with intellectual and developmental disabilities at this location.

Each center is certified as an intermediate care facility for individuals with ID (ICF/IID), a Medicaid-funded federal/state service. Approximately 60 percent of the operating funds for the facilities are received from the federal government and 40 percent are provided through State General Revenue or third-party revenue sources.

State supported living centers and the Rio Grande State Center provide 24-hour residential services, comprehensive behavioral treatment and health care, including medical, psychiatry, nursing and dental services. Other services include skills training; occupational, physical and speech therapies; adaptive aids; day habilitation; vocational programs and employment; participation in community activities and services to maintain connections between residents and their families/natural support systems.

Eligibility Requirements

Residential services in a state supported living center serve people with severe or profound intellectual and developmental disabilities and those with intellectual and developmental disabilities who have significant medical or behavioral health needs.

Local Authorities (LA) serve as the point of entry for SSLCs and other publicly funded services and supports for persons with intellectual or developmental disabilities. The LA determines an individual's eligibility for admission to an SSLC.

- Statutory Authority. Texas Health and Safety Code § 533.038 and chapter 555; Texas Human Resources Code § 161.071(2)
- Rules. 40 T.A.C. chapter 4, subchapter P; chapter 5 subchapters A, C, H and I; chapter 7, subchapters C, D and K; chapter 8 subchapters C, I, K and L.



State Supported Living Centers • Statistics

	FY 2013	FY 2014
Average number of ID campus residents per month	3,649	3,439
Average cost per ID campus resident per month	\$15,112.84	\$16,034.43

Data Sources: DADS FY 2014 Operating Budget • DADS Program Areas

Number of SSLC Campus Residents • Monthly Averages

State Supported Living Center	FY 2013	FY 2014
Abilene	398	369
Austin	308	278
Brenham	292	288
Corpus Christi	248	233
Denton	488	467
El Paso	119	114
Lubbock	211	205
Lufkin	352	335
Mexia	342	300
Richmond	342	334
San Angelo	220	211
San Antonio	264	240
Rio Grande	66	65
Total Residents	3,649	3,439

Data Sources: Claims Management System Payment Data • DADS Program Areas • Care Data System • Client Assignment Registration System

Capital Repairs and Renovations

For DADS, funding in this strategy is for the construction and renovation of facilities at the state supported living centers (SSLC) and state-owned bond homes for people with intellectual and developmental disabilities. The vast majority of projects funded and underway are to bring facilities into compliance with the requirements in the Life Safety Code and/or other critical repairs and renovations, including fire sprinkler systems, fire alarm systems, emergency generators, fire/smoke walls, roofing, air conditioning, heating, electrical, plumbing, etc.

The large number of buildings on SSLC campuses and the age of many of these buildings necessitate ongoing capital investments to ensure that they are functional, safe and comply with all pertinent standards. Compliance with such standards is mandatory to avoid the loss of federal funding for the state facilities.



Regulation, Certification and Outreach

DADS provides licensing, certification and/or contract enrollment services, as well as financial monitoring and complaint investigation, to ensure that service providers in facilities or home settings, including nursing facilities, assisted living facilities, adult day care facilities, intermediate care facilities for individuals with intellectual disabilities or a related condition (ICF/IID), home and community support services agencies (HCSSA) and providers of Home and Community-based services waiver and Texas Home Living waiver services, comply with state and federal standards and that residents receive high-quality services and are protected from abuse, neglect and exploitation.

One method of outreach DADS provides is the Quality Monitoring program, which promotes partnerships with providers to assess and strengthen systems to improve outcomes for residents. The program is not a regulatory program. The goal is to collaborate with providers to implement best practice approaches. Quality monitoring staff schedule visits in advance with facility staff or upon request by providers.

Facility and Community-based Regulation

According to the Texas Health and Safety Code, Chapters 142, 242, 247 and 252, and the Texas Human Resources Code, Chapter 103, all long-term care facilities/agencies that meet the definition of nursing facilities, assisted living facilities, adult day care facilities, privately owned ICFs and HCSSAs must be licensed and maintain compliance with all licensure rules in order to operate in Texas.

Licensed facilities/agencies wishing to participate in the Medicare and/or Medicaid programs must be certified and comply with certification regulations according to Titles XVIII and/or XIX of the Social Security Act. Government-owned/operated ICFs and hospital-based skilled nursing facilities are also required to be certified in order to participate in Medicare and/or Medicaid.

Types of regulated programs

Nursing Facility • DADS licenses and certifies nursing facilities that serve people through Medicare and Medicaid. DADS is also responsible for conducting an annual inspection, investigating complaints and provider self-reported incidents, as well as monitoring facilities that are out of compliance with state and federal regulations.

Most nursing facility residents are advanced in age; a small number are children and/or young adults. Many residents enter a nursing facility to recuperate after surgery or receive rehabilitation after a stroke or a hip fracture. Some residents leave the facility shortly after admission; others remain for the rest of their lives. In some cases, residents return to their homes or to a lower level of care in the community;

in other cases, residents may need hospitalization. Most residents are over 65, but some are young adults with traumatic brain injury or other disabilities. Most residents need help with one or more basic activities of daily living, such as dressing and grooming, bathing, toileting, getting into and out of bed, and eating. Many residents have dementia, have periods of confusion, or have memory impairments. All residents have a plan of care directed by a physician and require licensed nursing supervision 24 hours a day.

Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) • All privately owned/operated non-government owned/operated facilities must be licensed by DADS. Government-owned/operated facilities and licensed facilities serving Medicaid recipients must be certified. DADS conducts an annual survey, investigates complaints and provider self-reported incidents, as well as monitors facilities that are out of compliance with regulations.

All consumers must have a diagnosis of an intellectual or developmental disability or a related condition. Some may be unable to move without the assistance of a wheelchair or other mobility device. Some have seizure disorders, behavior problems, mental illness, visual or hearing impairments, or a combination of these. All must be financially eligible for Medicaid. People of any age may receive services in an ICF.

Assisted Living Facility • DADS is responsible for licensing these facilities, conducting annual inspections, investigating complaints and self-reported incidents, and monitoring facilities that are out of compliance with regulations.

The average resident may:

- Exhibit symptoms of mental or emotional disturbance, but is not considered at risk of imminent harm to self or others.
- Need assistance with movement.
- Require established therapeutic diets.
- Require assistance with bathing, dressing and grooming.
- Require assistance with routine skin care, such as application of lotions or treatment of minor cuts and burns.
- Need reminders to encourage toilet routine and prevent incontinence.
- Require temporary services by professional personnel.
- Need assistance with medications, supervision of self-medication or administration of medication.
- Require encouragement to eat or monitoring due to social or psychological reasons or temporary illness.
- Be hearing or speech impaired.
- Be incontinent without pressure sores.
- Require established therapeutic diets.
- Require self-help devices.
- Need assistance with meals, which may include feeding.

Adult Day Care Facility • DADS is responsible for licensing these facilities, conducting annual inspections, investigating complaints and provider self-reported incidents and monitoring facilities that are out of compliance with regulations.

Licensing rules do not provide a description of consumers who are appropriate for adult day care facilities. Per the Day Activity Health Services contract, the average consumer may need day care services for the following:

- Assistance with bathing, dressing, and routine hair and skin care.
- Assistance transferring from a chair or walking.
- Assistance with toileting.
- Assistance with meals.
- Assistance with fluid intake.
- A therapeutic diet.
- Supervision or administration of ordered medications.
- Treatments (e.g., application of sterile dressings, bandages).
- Restorative nursing procedures (range of motion exercises or proper positioning).
- Assistance with management of behavioral problems.

Home and Community Support Services Agency (HCSSA) • DADS is responsible for licensing home health and hospice agencies and may make recommendations to the Centers for Medicare & Medicaid Services regarding an agency's initial certification and their ongoing participation in the Medicare program. DADS also investigates complaints and provider self-reported incidents, and monitors agencies that are out of compliance with regulations.

An HCSSA (home health or hospice) consumer may be an adult of any age, a child, or an infant receiving care in their home, place of residence or in-patient hospice facility. An HCSSA consumer may need any of the following services:

- Home dialysis.
- Skilled nursing.
- Therapy (physical, occupational or speech therapy).
- Medical social services.
- Personal assistance services.
- Coordination of short-term inpatient care.
- Physician services.
- Volunteer services.
- Counseling services (nutritional, bereavement, spiritual).

Waiver Programs • DADS Regulatory Services conducts initial and annual on-site certification reviews of the Home and Community-based Services (HCS) waiver contracts and the Texas Home Living (TxHmL) waiver contracts. DADS Regulatory Services also receives complaints from DADS Consumer Rights and Services related to HCS and TxHmL services. DADS also receives and follows up on Texas Department of Family and Protective Services (DFPS) findings related to abuse, neglect or exploitation investigations of recipients of HCS or TxHmL services.

The HCS recipient has intellectual or developmental disabilities and may be non-ambulatory or have seizure disorders, behavior problems, mental illness, visual or hearing impairments, or a combination of these conditions.

The TxHmL recipient has intellectual and developmental disabilities and may have other disabilities and must be financially eligible for Medicaid.

- Statutory Authority. Social Security Act §§ 1864, 1902(a)(9) and (33), and 1919(g) [42 U.S.C. §§ 1396a(a)(9) and (33) and 1396r(g)]; Texas Health and Safety Code chapters 142, 242, 247 and 252; Texas Human Resources Code chapter 48, chapter 103, and § 161.071(1), (6), (7), (8) and (9); and § 161.076 (as added by Acts 2009, 81st Leg., ch. 284, § 37 [S.B. 643]).
- Rules. 42 C.F.R. parts 483, 484, 488 and 498; 40 T.A.C. chapters 19, 30, 90, 92, 96, 97, 98 and 99.

Regulation • Statistics	FY 2013	FY 2014
Facility inspections completed	3,964	4,031
Facility investigations completed	17,176	17,944
HCCSA licenses issued (two-year license)	3,312	3,255
HCCSA inspections completed	1,099	1,291
HCCSA investigations completed	2,211	2,479
HCS/TxHmL certification surveys conducted	1,138	1,364
HCS/TxHmL complaints requiring regulatory follow-up	87	88
HCS/TxHmL follow-ups to findings related to abuse, neglect or exploitation	3,317	3,467
ICF follow-ups to findings related to abuse, neglect or exploitation	3,659	3,447
HCS residential reviews	11,636	12,471

Data Sources: Regulatory Services Central Data Repository • Regulatory Services Waiver Survey & Certification Report Log, Complaint, and ANE Databases • Regulatory Services Sunset Report

Number of Facilities/Agencies Regulated by Region • FY 2014					
Region	Nursing Facilities	Intermediate Care Facilities	Assisted Living Facilities	Adult Day Care Facilities	Home and Community Support Services Agencies
1 Lubbock	73	37	84	6	170
2 Abilene	77	43	51	1	140
3 Grand Prairie	273	217	512	37	1,843
4 Tyler	100	72	95	9	278
5 Beaumont	86	48	49	10	193
6 Houston	168	125	453	48	1,755
7 Austin	147	116	169	5	436
8 San Antonio	159	124	249	57	518
9 Midland	41	34	27	2	94
10 El Paso	15	14	40	27	157
11 Edinburg	85	33	42	276	768
State Total	1,224	863	1,771	478	6,352

Data Source: DADS Fiscal Year 2014 Regulatory Services Annual Report • Regulatory Services Sunset Report

Facility and Community-based Regulation • Statistics

	FY 2013	FY 2014
Facilities/Agencies Regulated		
Nursing Facilities	1,218	1,224
ICF/IID	862	863
Assisted Living Facilities	1,792	1,771
Adult Day Care Facilities	479	478
Home and Community Support Services Agencies (Total)	6,296	6,352
Home Health and Hospice Parent Agencies	5,339	5,413
Home Health Branches	780	769
Alternate Delivery Sites (Hospice Branches)	177	170
Complaint and Incident Intakes		
Nursing Facilities	18,898	20,437
ICF/IID	1,286	1,207
Assisted Living Facilities	3,052	3,296
Unlicensed Facilities	347	306
Adult Day Care Facilities	692	797
Home and Community Support Services Agencies	6,749	7,219
Total	31,024	33,172
Enforcement Actions – Nursing Facilities		
Proposed Action to Deny or Revoke License	16	6
Administrative Penalties Imposed	75	39
Civil Monetary Penalties Imposed	240	294
Referrals to the Attorney General for Civil Penalties	6	1
Emergency Closure and Suspension of License	0	0
Suspension of Admissions	0	0
Facilities Under Trusteeship	0	0
Facilities Closed by Trustee	0	0
Enforcement Actions – ICF/IID		
Administrative Penalties Imposed	15	6
Proposed Action to Deny or Revoke License	1	0
Referrals to the Attorney General for Civil Penalties	1	1
Suspension of License	0	0
Facilities Under Trusteeship	0	0
Enforcement Actions – Assisted Living Facilities		
Proposed Action to Deny or Revoke a License	63	60
Administrative Penalties Imposed	47	34
Referral to Attorney General for Civil Penalties or Injunctive/Other Relief	6	9
Facilities Under Trusteeship	0	0
Facilities Closed by Trustee	0	0
Enforcement Actions – Unlicensed Facilities		
Referral to Attorney General for Civil Penalties or Injunctive/Other Relief Referral to Cnty/Dist. Attorney for Civil Penalties or Injunctive/Other Relief	19	15
	0	0
Enforcement Actions – Adult Day Care Facilities		
Proposed Action to Revoke or Deny a License	17	16
Administrative Penalties Imposed	N/A	9
Referral to Attorney General for Injunctive/Other Relief	0	0
Emergency Suspension of License and Closing Order	0	0
Enforcement Actions – Home and Community Support Services Agencies		
Administrative Penalties Imposed	426	545
Recommended Action to Revoke a License	248	135
Recommended Emergency Suspension of License	0	0
Surrender of License in Lieu of Further Action	28	31
Expiration of License in Lieu of Further Action	11	8
Recommended Denial of License Renewal	5	13
Referrals to Attorney General for Civil Penalties or Injunctive Relief	0	0

Data Sources: Annual Report FY 2014

Credentialing / Certification

Under the authority of federal and state law, DADS licenses, certifies, permits and monitors applicants for the purpose of employability in facilities and agencies regulated by DADS. The four credentialing programs are:

Nursing Facility Administrator Licensing and Enforcement • Responsibilities include licensing and continuing education activities; investigating complaints or referrals; coordinating sanction recommendations and other licensure activities with the governor-appointed Nursing Facility Administrators Advisory Committee; imposing and monitoring sanctions; providing due process considerations; and developing educational, training and testing curricula.

Nurse Aide Registry and Nurse Aide Training and Competency Evaluation Program (NATCEP) • Responsibilities include nurse aide certification and sanction activities; approving or renewing NATCEPs; withdrawing NATCEP approval; and providing due process considerations and a determination of nurse aide employability in nursing facilities regulated by DADS via the Nurse Aide Registry.

Employee Misconduct Registry (EMR) • Responsibilities include providing due process considerations and a determination of unlicensed staff employability in facilities and agencies regulated by DADS via the EMR.

Medication Aide Program • Responsibilities include continuing education activities; issuing and renewing medication aide permits; imposing and monitoring of sanctions; providing due process considerations; approving and monitoring medication aide training programs in educational institutions; developing educational, training and testing curricula; and coordinating and administering examinations.

— Statutory Authority. Social Security Act § 1919 [42 U.S.C. § 1396r]; Texas Health and Safety Code chapter 142, subchapter B; chapter 242, subchapter I (as added by Acts 1997 75th Leg., ch. 1280, § 1.01) and subchapter N; chapter 250; and chapter 253; Texas Human Resources Code § 161.071(6) and (9).

— Rules. 40 T.A.C. chapter 18, 93, 94, and 95

Statewide Credentialing / Certification • Statistics

	FY 2013	FY 2014
Nursing facility administrators licensed	2,194	2,057
Disciplinary actions imposed	56	40
Nurse aides certified	138,755	127,709
Disciplinary actions imposed	43	44
Nurse aide training and competency evaluation programs approved	811	783
Medication aides permitted	10,565	9,977
Disciplinary actions imposed	6	6
Medication aide training programs conducted	150	158
Persons on employee misconduct registry	2,789	3002
Disciplinary actions imposed	27	25

Data Sources: Regulatory Credentialing Enforcement • DADS Fiscal Year 2014 Regulatory Services Annual Report

<http://cfoweb.dads.state.tx.us/ReferenceGuide/guides/FY13ReferenceGuide.pdf>



Long-Term Services and Supports Quality Outreach

The Quality Monitoring Program and Quality Reporting sections of the Center for Policy and Innovation perform a variety of functions designed to enhance the quality of services and supports. Major initiatives are described below.

The Quality Monitoring Program

The Quality Monitoring Program represents an educational rather than regulatory approach to quality improvement. Quality monitors, who are

nurses, pharmacists and dietitians, provide technical assistance to long-term facility staff. Monitoring staff perform structured assessments to promote best practices in service delivery. In addition, they provide in-service education programs. Quality monitoring team visits are also provided to facilities and may include more than one discipline during the same visit. The technical assistance visits focus on specific, statewide quality improvement priorities for which evidence-based best practices can be identified from published clinical research.

Best practice topics evaluated during the visits are:

- Restraint reduction.
- Improving vaccination rates.
- Enhancing advance-care planning.
- Improving fall-risk management.
- Decreasing inappropriate use of artificial nutrition and hydration.
- Improving routine hydration practices and preventing unintended weight loss or weight gain.
- Improving pain assessment and management.
- Improving the appropriateness of psychoactive drug use.
- Preventing pressure ulcers.
- Improving medication safety through the reduction of medications that have poor safety profiles for older residents.

The Quality Monitoring Program has led to measurable statewide improvements in the quality of life of residents of nursing facilities. With the help of the quality monitors, facilities have reduced the prevalence of restraint usage from one in every five in 2002 to one in every 50 in 2010. There was also modest improvement in the proportion of residents with unintended weight loss, and in the proportion of residents who received anti-psychotic medications.

A related website, www.TexasQualityMatters.org, supports the program by providing online access to best-practice information and links to related research.

Quality Review

DADS also administers multiple long-term services and support programs for the aging, for people with intellectual and developmental disabilities (IDD) and for people with physical disabilities. CPI staff conduct two large-scale surveys:

- The Nursing Facility Quality Review is a statewide survey used to benchmark the quality of care and quality of life of Texas nursing facility residents across the state.
- The Long-Term Services and Supports Quality Review (LTSS) is a statewide survey of people receiving services and supports through home and community-based and institutional programs offered by DADS. The purpose of the LTSS survey is to describe the perceived quality and adequacy of long-term services and supports administered by DADS, consumer quality of life, and trends in long-term services and supports over time.

The quality review process has been in effect since 2005 as a continued activity of a Real Choice Systems Change Grant awarded by the Centers for Medicare & Medicaid Services (CMS). The review process is not regulatory in nature, but rather a discovery method to identify areas in need of improvement.

People receiving services and supports, or their family members and guardians, provide valuable feedback through face-to-face and mailed interviews. These surveys obtain the individuals' perspective about their lives, services and supports. The LTSS survey provides baseline information for continuous quality improvement, monitoring and intervention, helping the agency build a quality management strategy, identify trends, develop innovations and provide information to stakeholders and CMS.

The LTSS survey uses three nationally recognized survey instruments designed for measuring specific consumer indicators:

- National Core Indicators Adult Consumer (NCI).
- National Core Indicators Child and Family Survey (CF) for the I/DD population.
- Participant Experience Survey Elderly/Disabled (PES) version for the elderly disabled.

Data is collected on the following broad domains:

- Services satisfaction.
- Systems performance.
- Health and welfare.
- Individual choice and respect.
- Work and community inclusion.

From these surveys and other data, CPI staff have developed the Long-Term Services and Supports Quality Reporting System (QRS) website, which allows the public to view, evaluate and compare the quality of long-term services and supports providers. The QRS website continues to evolve as new information about long-term services and supports within the purview of DADS is added.



Rapid Response Teams

Facilities that are identified as needing extra assistance to improve one or more of their services will be visited by a Rapid Response Team (RRT). An RRT consists of more than one quality monitor and most often will include a nurse, dietitian and a pharmacist. The DADS Regulatory Services liason is part of the team as well, with LTC ombudsman staff and other professionals assisting the team as needed. The purpose of an RRT visit is to help nursing facilities improve services and supports, so the right thing is done for the right person at the right time. The RRT visit is conducted in an atmosphere that encourages learning and team building, which promotes positive relationships with providers through the use of diverse teaching techniques.

— Statutory Authority. Texas Health and Safety Code chapter 255; Texas Human Resources Code § 161.071(2), (3), and (4).

Long-Term Care Quality Outreach • Statistics

	FY 2013	FY 2014
Number of quality monitoring visits to nursing facilities	3,568	3,500
Average cost per visit	\$740.15	\$769.25

Note: Data reflects the number of visits, regardless of the number of monitors and/or the number of days involved.

Data Source: DADS FY 2016-17 Legislative Appropriation Request

Facility Information, Vacancy and Evacuation System

To assist facilities with large-scale evacuations during natural disasters, CPI created the Facility Information, Vacancy and Evacuation System (FIVES). FIVES is a web-based system developed to help long-term services and support facilities help each other during disasters that require some facilities to evacuate.

FIVES allows facilities to easily record their number of vacancies and create reports by provider type, county or city that show vacancies throughout the state. The evacuating facilities using FIVES can quickly identify facilities in other areas of Texas that are able to accept evacuees.

DADS cannot warrant that information voluntarily submitted by facilities is current or complete. The value of FIVES depends entirely on the participation of facility providers. FIVES is available at www.texasqualitymatters.org.

Indirect Administration

Central Administration

Central Administration supports administrative functions for all DADS programs, including:

- Executive direction and leadership.
- Legal.
- Civil rights.
- Hearings of provider appeals.
- Planning.
- Budget management.
- Fiscal accounting and reporting.
- Asset management.
- Program statistics.
- Public information.
- State and federal government relations.
- Internal audit.
- Program support.

Under the Older Americans Act, central administration supports functions such as:

- Building system capacity to meet service needs.
- Serving as a comprehensive resource on issues affecting older Texans via research, policy analysis, public information and marketing.
- Advocating for the needs of older Texans through the Long-term Care Ombudsman Program and in partnership with public and private organizations.

In addition, Central Administration performs statewide policy and oversight of support services, including:

- Contract management policy.
- Forms and handbook management.
- Records management and storage.
- Building maintenance.
- Mailroom.
- Inventory.



This strategy also includes direct support to staff in all programs in the state office. Although HHSC has assumed responsibility for procurement and facility acquisition and management, DADS continues to be responsible for implementing appropriate process and procedures within service level agreements.

— Statutory Authority. Texas Human Resources Code, Chapter 161. Texas Government Code, Chapters 2155; and Texas Human Resources Code, Chapter 161.

Information Technology (IT).

IT provides technology products, services and support to all DADS divisions to help them achieve the DADS mission. This responsibility extends to:

- Establishing, managing and monitoring agreements for IT products.
- Coordinating services and/or support supplied by external organizations.
- Coordinating all technology requests for goods and services (including technical contractors).
- Publishing technology policies and procedures in the DADS IT Handbook.

Services include:

- Application management and support.
- Desktop and network support and troubleshooting.
- Coordination of cabling and hardware repair, and liaison with external automation services providers (such as mainframe and mid-tier data center processing and telecommunications services).

These services are distributed in a network-computing environment that spans DADS offices statewide. Included are:

- Staff costs.
- Professional services and contracted staff costs.
- Network data circuits, mainframe, mid-tier, and network equipment costs.
- Software licenses and computer equipment maintenance related to the support of DADS programs.

The application systems developed, deployed and supported under this strategy cover financial systems, including:

- Revenue systems.
- Consumer information systems that support the authorization of DADS services to those who qualify.
- Facility management systems.
- Decision support systems.
- Long term services provider oversight and contracting, including certification, survey, licensing, and other regulatory information.

Functions performed include:

- Project management.
- Software applications development and documentation.
- Determination and listing of hardware and software that can be used in the DADS environment.

— Statutory Authority. Texas Human Resources Code, Chapter 161, Texas Government Code, Chapter 2054.



Section III.

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*Demographic
and Economic Data*



Region and Age Group		Calendar Year 2014			Calendar Year 2015
		Total Population	Poverty Population	Poverty Percent	Total Population
1 Lubbock	Age 0-17	230,700	58,000	25.1%	233,300
	Age 18-64	534,700	89,000	16.6%	539,000
	Age 65 +	114,000	13,000	11.4%	117,100
	Total	879,400	160,000	18.2%	889,400
2/9 Abilene	Age 0-17	289,900	62,000	21.4%	292,400
	Age 18-64	700,200	90,000	12.9%	703,000
	Age 65 +	172,600	17,000	9.8%	177,400
	Total	1,162,700	169,000	14.5%	1,172,800
3 Grand Prairie	Age 0-17	1,979,200	425,000	21.5%	2,010,000
	Age 18-64	4,577,500	588,000	12.8%	4,663,800
	Age 65 +	749,500	71,000	9.5%	785,700
	Total	7,306,200	1,084,000	14.8%	7,459,500
4 Tyler	Age 0-17	277,700	79,000	28.4%	279,900
	Age 18-64	687,300	123,000	17.9%	691,800
	Age 65 +	196,300	20,000	10.2%	202,500
	Total	1,161,300	222,000	19.1%	1,174,200
5 Beaumont	Age 0-17	188,500	51,000	27.1%	189,700
	Age 18-64	479,900	77,000	16.0%	481,500
	Age 65 +	125,400	13,000	10.4%	129,100
	Total	793,800	141,000	17.8%	800,300
6 Houston	Age 0-17	1,797,300	426,000	23.7%	1,826,800
	Age 18-64	4,210,500	586,000	13.9%	4,297,800
	Age 65 +	647,600	66,000	10.2%	682,900
	Total	6,655,400	1,078,000	16.2%	6,807,500
7 Austin	Age 0-17	818,300	187,000	22.9%	839,100
	Age 18-64	2,081,800	325,000	15.6%	2,123,600
	Age 65 +	355,700	30,000	8.4%	374,600
	Total	3,255,800	542,000	16.6%	3,337,300
8 San Antonio	Age 0-17	731,700	190,000	26.0%	740,800
	Age 18-64	1,720,900	254,000	14.8%	1,751,100
	Age 65 +	364,700	44,000	12.1%	380,600
	Total	2,817,300	488,000	17.3%	2,872,500
10 El Paso	Age 0-17	254,200	84,000	33.0%	256,700
	Age 18-64	531,900	107,000	20.1%	541,100
	Age 65 +	99,200	19,000	19.2%	102,800
	Total	885,300	210,000	23.7%	900,600
11 Edinburg	Age 0-17	699,200	300,000	42.9%	707,200
	Age 18-64	1,316,700	333,000	25.3%	1,341,900
	Age 65 +	261,200	56,000	21.4%	272,300
	Total	2,277,100	689,000	30.3%	2,321,400
State Total	Age 0-17	7,266,700	1,862,000	25.6%	7,375,900
	Age 18-64	16,841,400	2,572,000	15.3%	17,134,600
	Age 65 +	3,086,200	349,000	11.3%	3,225,000
	Total	27,194,300	4,783,000	17.6%	27,735,500

Data Sources: Census Bureau, 2012 American Community Survey (ACS); Texas State Data Center; and Texas Health and Human Services Commission.

Note: The sum of values may not add to total due to rounding.

Texas Population Trends by Age Group

Year	Total	Age 0-17	Age 18-64	Age 65 +
2015 Total Projected Population	27,735,500	7,375,900	17,134,600	3,225,000
2014 Total Projected Population	27,194,300	7,266,700	16,841,400	3,086,200
2013				
Total Population *	26,382,000	7,066,000	16,316,000	3,000,000
Poverty Population	4,424,000	1,710,000	2,351,000	363,000
Poverty Rate	16.8%	24.2%	14.4%	12.1%
2012				
Total Population *	26,064,000	6,939,000	16,314,000	2,810,000
Poverty Population	4,444,000	1,728,000	2,414,000	301,000
Poverty Rate	17.1%	24.9%	14.8%	10.7%
2011				
Total Population *	25,554,000	6,948,000	15,892,000	2,714,000
Poverty Population	4,458,000	1,793,000	2,360,000	305,000
Poverty Rate	17.44%	25.81%	14.85%	11.23%

* Population for whom poverty income status was determined (civilian population).

Data Sources: Texas State Data Center; U.S. Census Bureau - March 2012 and 2013 Current Population Survey (CPS); and Texas Health and Human Services Commission.

U.S. Population Trends by Age Group

Year	Total	Age 0-17	Age 18-64	Age 65 +
2015 Total Projected Population	321,363,000	74,518,000	199,150,000	47,695,000
2014 Total Projected Population	318,892,000	74,251,000	198,462,000	46,179,000
2013 Total Estimated Population*				
Poverty Population	45,319,000	14,659,000	26,429,000	4,231,000
Poverty Rate	14.5%	19.9%	13.6%	9.5%
2012 Total Estimated Population*				
Poverty Population	46,496,000	16,073,000	26,497,000	3,926,000
Poverty Rate	15.0%	21.8%	13.7%	9.1%
2011 Total Estimated Population*				
Poverty Population	46,247,000	16,134,000	26,492,000	3,621,000
Poverty Rate	15.0%	21.9%	13.7%	8.7%

* Estimated population for whom poverty income status was determined (civilian population).

Data Sources: Texas State Data Center; U.S. Census Bureau - March 2012-2014 Current Population Surveys (CPS); and Texas Health and Human Services Commission.

2015 Texas Population by Region and Race

Region	White	African American	Hispanic	Other
1 Lubbock	476,500	46,800	332,300	33,800
2/9 Abilene	668,800	58,800	411,000	34,200
3 Grand Prairie	3,553,200	1,084,000	2,205,900	616,400
4 Tyler	775,200	178,000	185,800	35,100
5 Beaumont	492,300	158,200	121,200	28,700
6 Houston	2,477,900	1,127,500	2,588,200	614,000
7 Austin	1,821,600	319,500	975,500	220,700
8 San Antonio	1,002,900	160,400	1,597,200	112,000
10 El Paso	109,200	21,700	749,100	20,500
11 Edinburg	309,500	23,800	1,952,300	35,800
State Total	11,687,100	3,178,700	11,118,500	1,751,200

Data Sources: Texas State Data Center; and Texas Health and Human Services Commission..

2015 Texas Population by Region and Sex

Region	Male	Female
1 Lubbock	440,100	449,300
2/9 Abilene	577,700	595,100
3 Grand Prairie	3,774,600	3,684,900
4 Tyler	584,900	589,300
5 Beaumont	395,400	405,000
6 Houston	3,407,900	3,399,600
7 Austin	1,667,500	1,669,800
8 San Antonio	1,452,600	1,419,900
10 El Paso	462,100	438,400
11 Edinburg	1,180,500	1,140,900
State Total	13,943,300	13,792,200

Note: Sums may not add up exactly to total due to rounding.

Data Sources: Texas State Data Center; and Texas Health and Human Services Commission.

2015 Texas Aged and Disabled (A&D) Population***by Region and Poverty Status**

Region	Total A&D Population	Percent of State Total	A&D Population Below Poverty	Percent of State Total
1 Lubbock	189,000	3.6%	29,000	3.2%
2/9 Abilene	287,000	5.5%	40,000	4.4%
3 Grand Prairie	1,243,000	23.6%	178,000	19.7%
4 Tyler	323,000	6.1%	56,000	6.2%
5 Beaumont	209,000	4.0%	30,000	3.4%
6 Houston	1,114,000	21.1%	184,000	20.3%
7 Austin	614,000	11.6%	95,000	10.5%
8 San Antonio	627,000	11.9%	105,000	11.6%
10 El Paso	171,000	3.3%	38,000	4.2%
11 Edinburg	493,000	9.4%	149,000	16.4%
State Total	5,271,000	100%	905,000	100%

* The older population includes people 65 and older. The disabled population includes people under 65 with one or more limitations in a functional activity or a social role.

Data Sources: Census Bureau, 2012 American Community Survey (ACS), Public Use Microdata Sample; Texas State Data Center; and HHSC.

Note: Sums may not add up exactly to total due to rounding.

2015 Texas Non-Older Disabled Population***by Region and Poverty Status**

Region	Total A&D Population	Percent of State Total	A&D Population Below Poverty	Percent of State Total
1 Lubbock	72,000	3.5%	17,000	3.2%
2/9 Abilene	110,000	5.4%	21,000	3.8%
3 Grand Prairie	457,000	22.3%	111,000	20.4%
4 Tyler	121,000	5.9%	33,000	6.0%
5 Beaumont	80,000	3.9%	18,000	3.3%
6 Houston	431,000	21.1%	111,000	20.4%
7 Austin	239,000	11.7%	64,000	11.7%
8 San Antonio	246,000	12.0%	67,000	12.3%
10 El Paso	69,000	3.4%	19,000	3.4%
11 Edinburg	221,000	10.8%	85,000	15.6%
State Total	2,046,000	100%	545,000	100%

* The disabled population includes people under 65 with one or more limitations in a functional activity or a social role.

Data Sources: Census Bureau, 2012 American Community Survey (ACS), Public Use Microdata Sample; Texas State Data Center; and HHSC.

Note: Sums may not add up exactly to total due to rounding.

Poverty Income Guidelines for the Continental United States • Actual by Year

Family Size	2011	2012	2013	2014
1	\$10,890	\$11,170	\$11,490	\$11,670
2	\$14,710	\$15,130	\$15,510	\$15,730
3	\$18,530	\$19,090	\$19,530	\$19,790
4	\$22,350	\$23,050	\$23,550	\$23,850
5	\$26,170	\$27,010	\$27,570	\$27,910
6	\$29,990	\$30,970	\$31,590	\$31,970
7	\$33,810	\$34,930	\$35,610	\$36,030
8	\$37,630	\$38,890	\$39,630	\$40,090

Note - For each additional family member, \$3,820 for 2011, \$3,960 for 2012, \$4,020 for 2013 and \$4,060 for 2014.

Data Source: U.S. Department of Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE).

Median Income for Texas • Estimated by Federal Fiscal Year

Family Size	2012	2013	2014	2015
1	\$34,064	\$34,368	\$34,778	\$35,234
2	\$44,545	\$44,943	\$45,478	\$46,075
3	\$55,027	\$55,518	\$56,179	\$56,916
4	\$65,508	\$66,093	\$66,880	\$67,757
5	\$75,989	\$76,668	\$77,581	\$78,598
6	\$86,471	\$87,243	\$88,282	\$89,439

Note - For each additional household member above six people, add 3 percentage points to the percentage for a six-person household (132 percent), and multiply the new percentage by the State's estimated median income for a four-person household.

Source: U.S. Department of Health and Human Services, Administration for Children and Families

Per Capita Personal Income • Estimated/Projected by Year

Geographic Area	2012 Estimated	2013 Estimated	2014 Projected	2015 Projected
Texas	\$42,549	\$43,335	\$45,072	\$46,980
U.S.	\$43,689	\$44,582	\$46,242	\$48,346

Data Sources: Texas Workforce Commission, Global Insight, September 2014 U.S. Regional Economic Forecast. And U.S. Bureau of Economic Analysis (BEA).

Labor Force Statistics for Texas and the U.S. by Federal Fiscal Year

FFY Year	Civilian Labor Force	Number of Unemployed	Unemployment Rate
Texas			
2012	12,597,000	855,000	6.80%
2013	12,772,000	807,000	6.32%
2014 (Projected)	13,008,000	675,000	5.2%
2015 (Projected)	13,260,000	652,000	4.9%
U.S.			
2012	154,975,000	12,506,000	8.10%
2013	155,389,000	11,460,000	7.4%
2014 (Projected)	156,042,000	9,756,000	6.3%
2015 (Projected)	158,227,000	9,155,000	5.8%

Data Sources: Texas Workforce Commission; IHS Global Insight and Texas Health and Human Services Commission.

Labor Force Statistics for Texas • Calendar Year 2013 by HHS Region

Calendar Year	Civilian Labor Force	Number of Unemployed	Unemployment Rate
1 Lubbock	433,719	22,331	5.1
2/9 Abilene	602,577	28,376	4.7
3 Grand Prairie	3581430	221,946	6.2
4 Tyler	539,493	35,456	6.6
5 Beaumont	348,393	31,037	8.9
6 Houston	3,181,657	196,949	6.2
7 Austin	1,587,198	88,292	5.6
8 San Antonio	1,278,622	77,221	6.0
10 El Paso	338,799	29,717	8.8
11 Edinburg	928,008	81,230	8.8
State Total	12,819,896	812,555	6.3

Data Source: Texas Workforce Commission.

State Rankings

(based on the most current information available)

- In 2012, Texas had the second largest population (26.1 million) among the states and DC. The only state with a larger population was California, with a population of 38 million.

Data Source: U.S. Census Bureau, Population Division. Annual Estimates of the Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2012 (NST-EST2012-01)

- In 2012, Texas had the 13th highest rate of poverty among the states (including DC), with a rate of 17.9 percent. Mississippi had the highest rate (24.2 percent) while New Hampshire had the lowest (10.0 percent). The United States poverty rate was 15.9 percent.

Data Source: U.S. Census Bureau. 2012 American Community Survey.

- During 2012, Texas ranked 26th among the states (including DC) with a median household income of \$50,740. Maryland had the highest median household income (\$71,122) and Mississippi had the lowest (\$37,095). The figure for the United States was \$51,371.

Data Source: U.S. Census Bureau. 2012 American Community Survey.

- In 2012, Texas ranked 25th among the states (including DC) with a per capita personal income of \$40,537. The District of Columbia had the highest per capita personal income (\$74,710) and Mississippi had the lowest (\$30,073). The United States per capita personal income was \$42,693.

Data Source: Bureau of Economic Analysis, U.S. Department of Commerce.

- In October 2013, Texas had the 15th lowest unemployment rate among the states (including DC), with a seasonally adjusted unemployment rate of 6.2 percent. Nevada had the highest rate (9. percent) and North Dakota had the lowest (2.7 percent). The United States unemployment rate stood at 7.3 percent.

Data Source: U.S. Bureau of Labor Statistics.

- In federal fiscal year 2011, Texas ranked 41st among the states (excluding DC) in terms of per capita welfare expenditures (\$1,220). Alaska spent the most (\$2,649) and Nevada the least (\$782). The figure for the U.S. as a whole was \$1,592.

Data Source: U.S. Census Bureau.

- In 2012, Texas ranked first among the states (including DC), with the highest percentage of the population not covered by health insurance, with a yearly average of 24.6 percent. The state with the second highest percentage of uninsured was Nevada (23.5 percent), while Massachusetts had the lowest percentage (4.1 percent). The uninsured rate in the U.S. in 2012 was 15.4 percent.

Data Source: U.S. Census Bureau.

- In federal fiscal year 2010, Texas ranked third among the states (including DC) for number of Medicaid beneficiaries (4,744,509) and for Medicaid medical care expenditures (\$20,718,003,336).

Data Source: U.S. Centers for Medicare and Medicaid Services (CMS). Medicaid Statistical Information System (MSIS).

- In federal fiscal year 2010, Texas ranked 42nd among the states (including DC) in the amount of Medicaid medical care expenditures per Beneficiary (\$4,367). Among the 15 most populous states, Texas ranked 12th in the amount of Medicaid medical care expenditures per beneficiary.

Data Source: U.S. Centers for Medicare and Medicaid Services (CMS). Medicaid Statistical Information System (MSIS).

Section IV.

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Appendices



Volunteer and Community Engagement

The Volunteer and Community Engagement (VCE) unit creates and supports DADS volunteer programs, community involvement efforts and public/private partnerships. Some programs require prospective volunteers to submit an application or to complete additional training and undergo background checks.

DADS Volunteer Opportunities

Long-term care facilities offer volunteer opportunities that benefit the residents of nursing homes and assisted living facilities. For more information call 1-800-889-8595 or visit www.volunteeratdads.org.

Community Services regional offices provide services and supports to Texans who are older and people with disabilities. Services include home-delivered meals, emergency response services, attendant and nursing care, therapies, home modifications and medical supplies. Volunteer opportunities are available in each regional office. Most opportunities involve positions that provide administrative support. For more information call 1-800-889-8595 or visit www.volunteeratdads.org.

State supported living centers help support and improve the quality of life for individuals with intellectual and/or developmental disabilities who receive 24-hour care in these residential facilities.

All living centers have comprehensive volunteer programs that provide a variety of opportunities and activities designed to enhance residents' quality of life, such as:

- Assistance with observance of holiday ceremonies
- Art classes
- Music therapy
- Recreational activities

Funds are raised to purchase equipment (such as electric wheelchairs or wheelchair accessible vans) for residents, renovate buildings for worship services, homes for family visitations and gyms for athletic events. Financial and in-kind donations are always welcomed. For more information, call 1-800-889-8595.

Texas Benefits Counseling Program volunteers to provide information, counseling, assistance and advocacy for older adults and others who are Medicare-eligible regarding their benefits, entitlements and legal rights. If you are interested in becoming a volunteer benefits counselor, contact your local area agency on aging (AAA) at 1-800-252-9240 to discuss how you can serve others in your community.

DADS Community Engagement Opportunities

Texercise, a statewide health promotions program, educates and involves people and communities in physical activity and proper nutrition. The Texercise program promotes policies and activities that support fitness in all areas of life, including individual activities, community events, environmental changes and worksite wellness initiatives.

To help people and communities create positive lifestyle changes, the Texercise program provides educational, motivational and recognition tools and resources at no charge to people 45 and older.

For more information, call 1-800-889-8595 or visit www.Texercise.com.

Public/private partnerships help promote statewide opportunities for volunteerism and build collaborations that create public awareness for DADS programs. Texans benefit from increased resources, connections and services through the generous contributions of partners. These supports provide DADS programs and services with strategic, state-level and local area growth opportunities. For more information call 1-800-889-8595.



Age Well Live Well (AWLW) is a collaborative community initiative that enhances the quality of life for older Texans and people with disabilities by:

- Providing health and wellness programs and policies.
- Creating volunteer and community engagement opportunities.
- Sharing information on the services and programs available.

Through Age Well Live Well, local and state organizations develop a community collaborative to provide area residents with information and opportunities on local, state and federal programs. The programs highlighted in AWLW initiatives are easily implemented in community settings, and most are free or have minimal associated costs. The initiatives are developed at the local level, with support from statewide partners. By keeping the development at the local level, the policies and programs created through the initiative will best represent each specific community.

For more information, call 1-800-889-8595.

Interest Lists

Because the demand for DADS community-based services and supports often outweighs available resources, names are placed on interest lists until services are available. However, some needs may be met through other programs or services until funding becomes available.

The names of interested parties are placed on interest lists on a first-come, first-served basis. When a name comes to the top of the list, the person will be contacted by DADS staff or a contracted provider. When eligibility is determined, the person chooses a provider agency or uses the consumer directed services (CDS) option and in certain areas of the state, the service responsibility option (SRO).

Interest lists for community-based programs are managed either locally or statewide, depending on the program. The following waiver programs have interest lists:

- Community-based Alternatives (CBA)⁸
- Community Living Assistance and Support Services (CLASS)
- Deaf Blind with Multiple Disabilities (DBMD)
- Medically Dependent Children Program (MDCP)
- Home and Community-Based Services (HCBS) STAR+PLUS Waiver
- Home and Community-based Services (HCS)

These Title XX programs also have interest lists:

- Adult Foster Care
- Consumer Managed Personal Attendant Services
- Day Activity and Health Services
- Emergency Response Services
- Family Care
- Home Delivered Meals
- Residential Care
- Special Services for Persons with Disabilities

There is also an interest list for the general revenue-funded In-Home and Family Support Program.

Allocations are based on available funding. People whose names have been on the interest lists the longest are released first unless they are a member of a specified target group. Enrollment is handled by DADS regional case managers, local authorities, CLASS providers and DBMD providers.

More information about DADS Interest lists can be found at www.dads.state.tx.us/services/interestlist/index.html#fnt3

⁸The CBA program was transitioned to HHSC Managed Care, effective Sept. 1, 2014.

Interest List (IL) Releases • Summary

FY 2013 and FY 2014

Region	CBA	HCBS STAR +PLUS Waiver	CLASS	DBMD	MDCP	HCS	Total
Total released/removed from IL*	10,091	16,336	1,377	317	3,765	1,372	33,258
Enrolled	1,363	907	187	34	307	445	3,090
In the pipeline	476	4,895	699	180	1,000	672	8,045
Denied/declined	8,252	10,534	521	103	2,458	255	22,123
IL as of Aug. 31, 2013	8,162	6,411	51,581	428	27,121	72,042	165,745

*The counts for CBA, CLASS, DBMD and MDCP include releases from FY2012–13 that were still in the pipeline as of Aug. 31, 2013. Interest list counts are taken from the Aug. 31, 2014 interest list report.

**Count is duplicated. The unduplicated count is 112,819. The unduplicated count without STAR+PLUS is 100,255.

Time on DADS Interest Lists • Percentage by Waiver

As of August 2014

Time on Interest List	Percent Distribution by Waiver					
	CBA ⁹	STAR+PLUS	CLASS	DBMD*	MDCP	HCS
0-1 years	98.0%	98.8%	8.9%	29.4%	15.4%	9.0%
1-2 years	2.0%	1.1%	10.1%	24.5%	17.6%	11.0%
2-3 years	0.0%	0.0%	10.8%	32.7%	17.5%	11.8%
3-4 years	0.0%	0.0%	13.2%	13.3%	19.4%	11.9%
4-5 years	0.0%	0.0%	13.5%	0.0%	17.0%	12.4%
5-6 years	0.0%	0.0%	12.1%	0.0%	13.1%	10.9%
6-7 years	0.0%	0.0%	10.7%	0.0%	0.0%	8.6%
7-8 Years	0.0%	0.0%	9.3%	0.0%	0.0%	7.2%
8-9 years	0.0%	0.0%	6.0%	0.0%	0.0%	5.8%
9-10 years	0.0%	0.0%	4.6%	0.0%	0.0%	4.5%
10-11 years	0.0%	0.0%	0.9%	0.0%	0.0%	4.3%
11-12 years	0.0%	0.0%	0.0	0.0%	0.0%	2.7%

* Some people on the DBMD interest list have reached the top of the list several times and declined services, yet chose to remain on the list.

⁹The CBA program was transitioned to HHSC Managed Care, effective Sept. 1, 2014.

Time on DADS Interest Lists • Count by Waiver

As of August 2014

Time on Interest List	Average Number of People by Waiver					
	CBA	STAR+PLUS	CLASS	DBMD*	MDCP	HCS
0-1 years	7,996	12,415	4,572	126	4,181	6,472
1-2 Years	164	141	5,233	105	4,769	7,923
2-3 years	N/A	3	5,574	140	4,735	8,471
3-4 years	N/A	2	6,828	57	5,253	8,584
4-5 years	N/A	N/A	6,967	N/A	4,617	8,939
5-6 years	N/A	N/A	6,243	N/A	3,566	7,834
6-7 years	N/A	N/A	5,504	N/A	N/A	6,162
7-8 years	N/A	N/A	4,779	N/A	N/A	5,210
8-9 years	N/A	N/A	3,083	N/A	N/A	4,143
9-10 years	N/A	N/A	2,348	N/A	N/A	3,209
10-11 years	N/A	N/A	450	N/A	N/A	3,132
11-12 years	N/A	N/A	N/A	N/A	N/A	1,959
12-13 years	N/A	N/A	N/A	N/A	N/A	3
13-14 years	N/A	N/A	N/A	N/A	N/A	1

* Some people on the DBMD interest list have reached the top of the list several times and declined services, yet chose to remain on the list.

More information about DADS interest lists can be found at www.dads.state.tx.us/services/interestlist/index.html#fnt3

Functional Needs Assessment Process

Functional need is defined as a requirement for assistance with activities of daily living caused by a physical or mental limitation or disability. A functional needs assessment must be performed for most applicants of community services programs before functional need can be determined. The Form 2060, Needs Assessment Questionnaire and Task/Hour Guide, is the instrument used to make this determination.

The needs assessment questionnaire determines the applicant's or functional needs and assesses ability to carry out activities of daily living. Careful assessment yields information on what the applicant can do for himself, what he should continue to do for himself to maintain his current level of self-sufficiency, and what he cannot do for himself because of physical or mental limitations, or both.

An applicant's functional level is based on:

- Physical condition.
- Medical problems and the limitations they impose.
- Mental clarity and limitations and the effect they have on performing activities of daily living.
- The condition of the home environment.

An applicant's functional capacity should always be assessed in relation to the home environment in which the tasks are performed. The age of the one being assessed for services must not be considered when determining the level of functional need.

The applicant's functional capabilities are evaluated on tasks such as bathing, dressing, exercising, feeding, grooming, toileting, mobility (including walking and transferring from bed to chair), housekeeping and cleaning, laundry, meal preparation and the need for escort. The need for assistance with activities such as shopping, assistance with medications and telephone usage is also taken into account.

The case manager conducting the assessment must decide which of four impairment levels best fits the applicant being assessed. The four levels are:

- 0 = No impairment. The applicant/individual is able to conduct activities without difficulty and has no need for assistance.
- 1 = Minimal/mild impairment. The applicant/individual is able to conduct activities with minimal difficulty and needs minimal assistance.
- 2 = Extensive/severe impairment. The applicant/individual has extensive difficulty carrying out activities and needs extensive assistance.
- 3 = Total impairment. The applicant/individual is completely unable to carry out any part of the activity.

The case manager scores each item on the questionnaire and then computes the total score to determine whether the applicant is eligible for services.

Note: A functional needs assessment is not completed for applicants for an IDD program. The local authority conducts or endorses a determination of intellectual disability (DID) for them.



Medical Necessity Determination Process

Medical necessity (MN) is a prerequisite for participation in some Medicaid Title XIX long-term services and supports programs.

To verify that medical necessity exists, an applicant must meet the conditions described in at least one of the following general qualifications:

- Must demonstrate a medical disorder or disease or both with a related impairment that limits the ability to recognize problems, changes in the applicant's condition, and the need for or side effects of prescribed medications; is of sufficient seriousness that the needs exceed the routine care that may be given by an untrained person; and requires nurses' supervision, assessment, planning, and intervention.

OR

- The applicant must require medical/nursing services that are ordered by and remain under the supervision of a physician; are dependent upon the individual's documented medical, physical, and/or functional disorders, conditions or impairments; require the skills of registered or licensed vocational nurses; are provided either directly by or under the supervision of licensed nurses in an institutional setting; and are required on a regular basis.

Specific criteria are used to determine if an applicant requires medical care in a nursing facility. Services that may qualify someone for MN determination include:

- Routine monitoring of the person to determine responses to the treatment plan and to detect problems requiring the physician's attention and/or a change in the plan of care.
- Administration of intramuscular medications and observation of the person's response and side effects.
- Administration and adjustment of medication for pain, and monitoring of result and side effects.
- Rehabilitative/restorative care, passive range-of-motion (ROM) exercises and positioning, care and assistance for application of braces/prosthetic devices or reinforcement of maintenance rehabilitative procedures.

Toll-free Hotline Numbers

Description	Hotline Number
AAA – Information on services or aging adults	1-800-252-9240
AARP Elder Care Locator	1-800-677-1116
Texas Department of Family and Protective Services (DFPS) Abuse/Neglect Reports in community settings	1-800-252-5400
Alzheimer's Association	1-800-272-3900
Area agencies on aging (AAAs)	1-800-252-9240
Consumer Rights and Services (all complaints and information regarding DADS programs and services, complaints regarding assisted living facilities and nursing home facilities, etc.)	1-800-458-9858
Texas Department of State Health Services Consumer Rights	1-800-252-8154
Emergency dental, rehab/specialized services	1-800-792-1109
Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps)	
– Complaints	1-800-252-9330
– Inquiry	1-800-448-3927
Governor's Helpline	1-800-843-5789
HHSC Office of Ombudsman Customer Assistance	1-888-834-7406
HHSC Medicaid/Managed Care Helpline	1-866-566-8989
Interest List Hotline	1-877-438-5658
Legal Hotline for Older Texans	1-800-622-2520
Long-term Care Facility Incident Reporting	1-800-458-9858
Long-term Care Ombudsman Program	1-800-252-2412
Long-term Care Credentialing (Employee Misconduct Registry, Nurse Aide Registry, and Medication Aide Program)	1-800-452-3934
Medicaid	
– Eligibility requirements	1-800-834-7106
– General (for claims, services, and providers)	1-800-252-8263
– Medically needy	1-800-335-8957
Medicare	
– Provider contact center Part A	1-866-640-9202
– Provider contact center Part B	1-866-280-6520
– Provider contact center (hearing impaired)	1-866-566-9163
– Beneficiary contact center	1-800-633-4227
Social Security Benefit Applications and Benefit Information	
1-800-772-1213	
Texas Attorney General's Consumer Helpline	1-800-621-0508
Volunteer and Community Engagement	1-800-889-8595

DADS Headquarters Directory

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Location:	John H. Winters Human Services Complex
Street Address:	701 W. 51st St. Austin, Texas 78751-2312
Mailing Address:	P.O. Box 149030 Austin, Texas 78714-9030
Phone:	512-438-3011
Fax:	512-438-4747

DADS Council Members

Name	Term Expiration Date
John A. Cuellar, chair	02/01/2017
Judy Foster, vice chair	02/01/2017
Russell Shannon	02/01/2019
Glyn S. Crane	02/01/2019
Ann Schneider	02/01/2019
Donna Stauber	02/01/2015
Sheri Harmonson	02/01/2015
Barry L. Anderson	02/01/2015
Edward E. Yosowitz	02/01/2017

DADS Executive Team

Position/Title	Name	Phone
Commissioner	Jon Weizenbaum	512-438-3030
Associate Commissioner	Kristi D. Jordan	512-438-3030
Deputy Commissioner	Chris Adams	512-438-3030
Chief Financial Officer	David Cook	512-438-3355
Chief Operating Officer	Lynn W. Blackmore	512-438-3030
Assistant Commissioner, A & I	Elisa J. Garza	512-438-4245
Assistant Commissioner, Regulatory Services	Mary T. Henderson	512-438-2625
Assistant Commissioner, State Supported Living	Scott Schalchlin	512-438-3076
General Counsel	Lawrence Hornsby	512-438-3098
Director, Internal Audit	Penny Rychetsky	512-438-5638
Director, Center for Consumer and External Affairs	Allison Lowery	512-438-4404
Director, Center for Policy and Innovation	Donna Jessee	512-438-4646
Manager, Information Resources	Heather Hall	512-438-4985

Contacts

The following list of state office contacts is provided for those individuals seeking additional information.

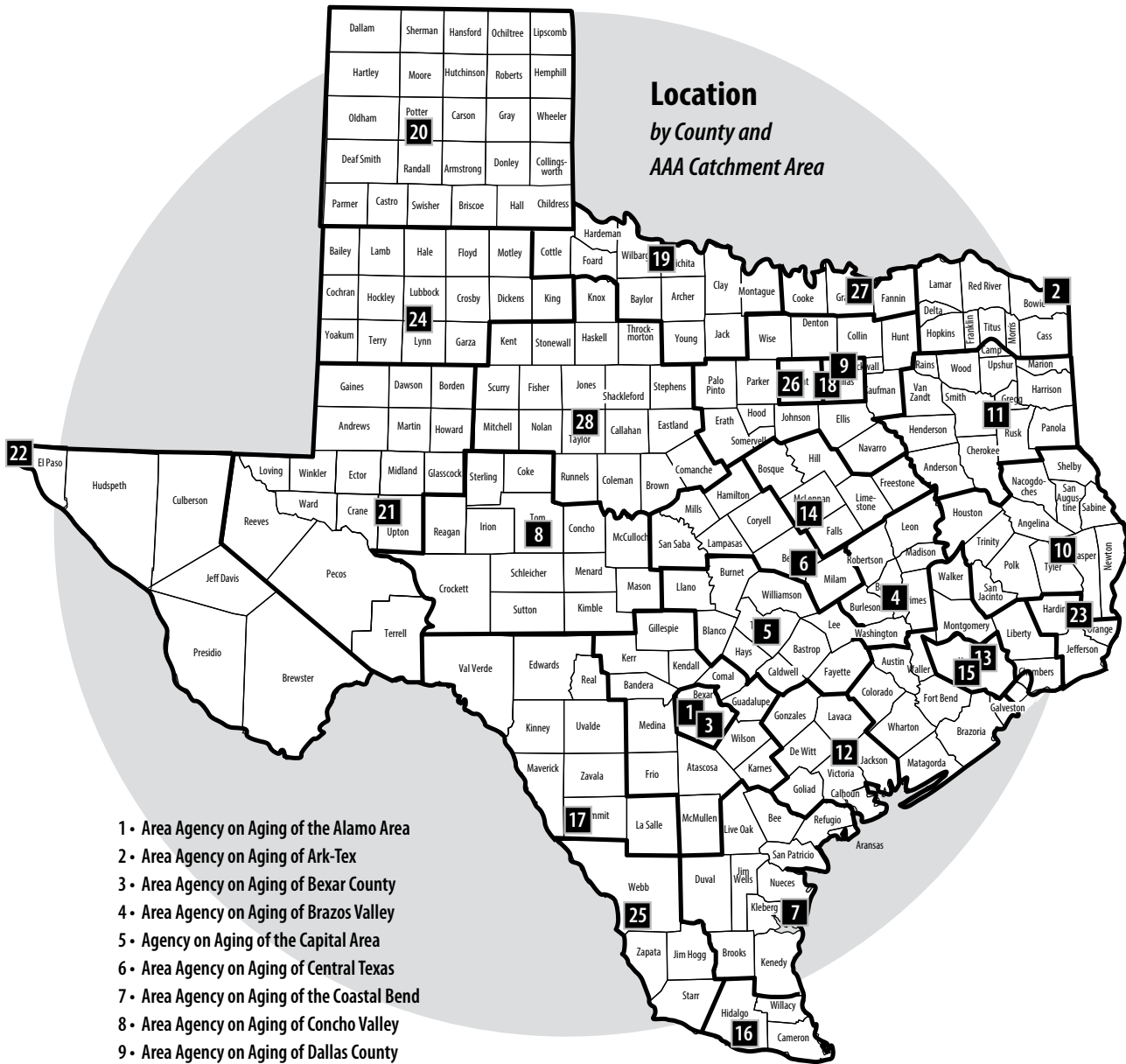
DADS State Office Contacts		
Area of Interest	Contact Person	Phone
Access & Intake	Varied Staff	512-438-5724
Accounting	Vacant	
Adult Day Care Licensing	Annie Aguirre	512-438-2348
Aging and Disability Resource Centers	Patricia Bordie	512-438-4866
Area Agencies on Aging (AAAs)	Sue Fielder	512-438-4238
Assisted Living Facility Licensing	Bill Fordyce	512-438-3544
Budget and Data Management	Vacant	
Center for Consumer and External Affairs	Allison Lowery	512-438-4404
Center for Policy and Innovation	Donna Jessee	512-438-4646
Claims Management	Mine Epps	512-438-4909
CNA licensing/renewals/Nurse Aide Registry/Medical Aide Training	Rebeca Botbyl	512-438-2016
Communications Director	Jeff Peck	512-438-2879
Community Access & Grants	Patricia Bordie	512-438-4866
Community Services Contracts	Bill Campbell	512-438-5175
Consumer Rights and Services	Shareen Addison	1-800-458-9858
Contract Oversight and Support	Kathie Carleton-Morales	512-438-5046
Executive and Staff Operations	Glen Bason	512-438-5744
Government Relations	Cynthia Nottingham	512-438-3654
Guardianship	Tim McGinnis	512-438-4727
Home Health/Hospice	Mary Jo Grassmuck	512-438-2183
Intermediate Care Facilities	Bill Fordyce	512-438-3544
Information Technology	Heather Hall	512-438-4985
Legal Services	Lawrence Hornsby	512-438-3154
Local Authorities	Mark Blockus	512-438-3528
Media Relations	Cecilia Cavuto	512-438-4404
Medicaid Estate Recovery Program	Jennifer Morrison	512-438-3383
Nursing Facility Licensing	Annie Aguirre	512-438-2348
Independent Ombudsman	George Bithos	512-438-4050

Continued on next page

DADS State Office Contacts (continued)

Area of Interest	Contact Person	Phone
Planning and Reporting	Diana Conces	512-438-4718
Pre-admission Screening and Resident Review	Geri Willems	512-438-3159
Program Business Operations (including Medicaid Estate Recovery Program)	Jennifer Morrison	512-438-3383
Promoting Independence Initiative	Vacant	512-438-2260
Quality Reporting	Michelle Martin	512-438-2116
Quality Monitoring Program	Michelle Dionne-Vahalik	512-438-2116
Regulatory Services Enforcement	Susan Davis	512-438-3099
Regulatory Services ICF Contracts	Bill Fordyce	512-438-3544
Regulatory Services NF Contracts	Annie Aguirre	512-438-2348
Regulatory Services Licensing and Credentialing	Cindy Bourland	512-438-3097
Regulatory Services Policy, Rules & Curriculum Development	Calvin Green	512-438-3603
Regulatory Services Survey Operations	Linda Lothringer	512-438-5695
SSLC Settlement Agreement Compliance	George Schock	512-438-3806
Stakeholder Relations	Jose "Chema" Saenz	512-438-3273
State Supported Living Centers	Scott Schalchlin	512-438-3076
State Supported Living Centers Operations	Eugenia Andrew	512-438-5584
Strategic Operations and Grants	Wes Yeager	512-438-4296
Texas Long-term Care Ombudsman	Patty Ducayet	512-438-4356
Utilization Management and Review	Cindy Kenneally	512-438-4151
Volunteer & Community Engagement	Betsey Bishop	512-438-2255
Waiver and State Plan Services	Dana Williamson	512-438-2116

Area Agencies on Aging



- 1 • Area Agency on Aging of the Alamo Area
- 2 • Area Agency on Aging of Ark-Tex
- 3 • Area Agency on Aging of Bexar County
- 4 • Area Agency on Aging of Brazos Valley
- 5 • Agency on Aging of the Capital Area
- 6 • Area Agency on Aging of Central Texas
- 7 • Area Agency on Aging of the Coastal Bend
- 8 • Area Agency on Aging of Concho Valley
- 9 • Area Agency on Aging of Dallas County
- 10 • Area Agency on Aging of Deep East Texas
- 11 • Area Agency on Aging of East Texas
- 12 • Area Agency on Aging of the Golden Crescent Region
- 13 • Area Agency on Aging of Harris County
- 14 • Area Agency on Aging of the Heart of Texas
- 15 • Area Agency on Aging of Houston-Galveston
- 16 • Area Agency on Aging of the Lower Rio Grande Valley
- 17 • Area Agency on Aging of the Middle Rio Grande
- 18 • Area Agency on Aging of North Central Texas
- 19 • Area Agency on Aging of North Texas
- 20 • Area Agency on Aging of the Panhandle
- 21 • Area Agency on Aging of the Permian Basin
- 22 • Area Agency on Aging of the Rio Grande Area
- 23 • Area Agency on Aging of Southeast Texas
- 24 • Area Agency on Aging of South Plains
- 25 • Area Agency on Aging of South Texas
- 26 • Area Agency on Aging of Tarrant County
- 27 • Area Agency on Aging of Texoma
- 28 • Area Agency on Aging of West Central Texas

Data sources: AAA data as of October 2012

Note: AAA of Bexar County and AAA of the Alamo Area are so close together that their icons overlap on the map. They are separate AAAs.

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Area Agency on Aging of the Alamo Area

Gloria Vasquez • *director* 210-362-5561
 8700 Tesoro, Suite 700 1-886-231-4922
 San Antonio, Texas 78217

Serves Atascosa, Bandera, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina, McMullen and Wilson counties.

.....

Area Agency on Aging of Ark-Tex

Diane McKinnon • *manager* 903-832-8636
 P.O. Box 5307 1-800-372-4464
 Texarkana, Texas 75505-5307

Serves Bowie, Cass, Delta, Franklin, Hopkins, Lamar, Morris, Red River and Titus counties.

.....

Area Agency on Aging of Bexar County

Martha Spinks • *director* 210-362-5254
 8700 Tesoro, Suite 700 1-800-960-5201
 San Antonio, Texas 78217

Serves Bexar County.

.....

Area Agency on Aging of Brazos Valley

Ronnie Gipson • *director* 979-595-2806
 3991 E. 29th St. 1-800-994-4000
 Bryan, Texas 77802-4228

Serves Brazos, Burleson, Grimes, Leon, Madison, Robertson and Washington counties.

.....

Agency on Aging of the Capital Area

Jennifer Scott • *director* 512-916-6062
 6800 Burleson Road, Bldg. 310, Suite 165 1-888-622-9111
 Austin, Texas 78744-2306

Serves Bastrop, Burnet, Blanco, Caldwell, Fayette, Hays, Lee, Llano, Travis and Williamson counties.

.....

Area Agency on Aging of Central Texas

H. Richard McGhee • *director* 254-770-2330
 2180 N. Main St. 1-800-447-7169
 Belton, Texas 76513-1919

Serves Bell, Coryell, Hamilton, Lampasas, Milam, Mills and San Saba counties.

Area Agency on Aging of the Coastal Bend

Betty Lamb • *director* 361-883-3935
 2910 Leopard 1-800-817-5743
 Corpus Christi, Texas 78408-3614

Serves Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, Nueces, Refugio and San Patricio counties.

Area Agency on Aging of Concho Valley

Toni Gutierrez • *director* 325-223-5704
 2801 W. Loop 306, Suite A 1-877-944-9666
 San Angelo, Texas 76904

Serves Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard, Reagan, Schleicher, Sterling, Sutton and Tom Green counties.

Area Agency on Aging of Dallas County

Millie DeAnda • *director* 214-871-5065
 1349 Empire Central, Suite 400 1-800-548-1873
 Dallas, Texas 75247-4033

Serves Dallas County.

Area Agency on Aging of Deep East Texas

Holly Anderson • *director* 409-384-7614
 210 Premier Drive 1-800-435-3377
 Jasper, Texas 75951-7495

Serves Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity and Tyler counties.

Area Agency on Aging of East Texas

Betty Mitchell • *director* 903-918-6500
 3800 Stone Road 1-800-442-8845
 Kilgore, Texas 75662-6927

Serves Anderson, Camp, Cherokee, Gregg, Harrison, Henderson, Marion, Panola, Rains, Rusk, Smith, Upshur, Van Zandt and Wood counties.

Area Agency on Aging of the Golden Crescent Region

Cindy Cornish • *director* 361-578-1587
 120 S. Main St., Suite 120 1-800-574-9745
 Victoria, Texas 77901

Serves Calhoun, DeWitt, Goliad, Gonzales, Jackson, Lavaca and Victoria counties.

Area Agency on Aging of Harris County

Deborah A. Moore • *director* 832-393-4301
 8000 N. Stadium Drive, 3rd Floor 1-800-213-8471
 Houston, Texas 77054

Serves Harris County.

Area Agency on Aging of the Heart of Texas

Gary W. Luft • *director* 254-292-1800
 1514 S. New Road 1-866-772-9600
 Waco, Texas 76711-1316

Serves Bosque, Falls, Freestone, Hill, Limestone and McLennan counties.

Area Agency on Aging of Houston-Galveston

Curtis M. Cooper • *manager* 713-627-3200
 3555 Timmons Lane, Ste. 120 1-800-437-7396
 Houston, Texas 77027-6468

Serves Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Liberty, Matagorda, Montgomery, Walker, Waller and Wharton counties.

Area Agency on Aging of the Lower Rio Grande Valley

Jose L. Gonzalez • *director* 956-682-3481
 301 W. Railroad St. 1-800-365-6131
 Weslaco, Texas 78596

Serves Cameron, Hidalgo and Willacy counties.

Area Agency on Aging of the Middle Rio Grande

Conrado Longoria Jr. • *director* 830-876-3533
 307 W. Nopal St. 1-800-224-4262
 Carrizo Springs, Texas 78834-3211

Serves Dimmit, Edwards, Kinney, LaSalle, Maverick, Real, Uvalde, Val Verde and Zavala counties.

Area Agency on Aging of North Central Texas

Doni Green • *manager* 817-695-9194
 616 Six Flags Drive, Ste. 200 1-800-272-3921
 Arlington, Texas 76011-6317

Serves Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell and Wise counties.

Area Agency on Aging of North Texas

Rhonda K. Pogue • *director* 940-322-5281
 4309 Jacksboro Highway, Ste. 2 1-800-460-2226
 Wichita Falls, Texas 76302-2740

Serves Archer, Baylor, Clay, Cottle, Foard, Hardeman, Jack, Montague, Wichita, Wilbarger and Young counties.

Area Agency on Aging of the Panhandle

Melissa Carter • *director* 806-331-2227
 415 SW 8th Ave. 1-800-642-6008
 Amarillo, Texas 79101-2215

Serves Armstrong, Briscoe, Carson, Castro, Childress, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher and Wheeler counties.

Area Agency on Aging of the Permian Basin

Jeannie Raglin • *director* 432-563-1061
 2910 Laforce Blvd. 1-800-491-4636
 Midland, Texas 79711-0660

Serves Andrews, Borden, Crane, Dawson, Ector, Gaines, Glasscock, Howard, Loving, Martin, Midland, Pecos, Reeves, Terrell, Upton, Ward and Winkler counties.

Area Agency on Aging of the Rio Grande Area

Yvette Lugo • *director* 915-533-0998
 8037 Lockheed, Suite 100 1-800-333-7082
 El Paso, Texas 79902-2400

Serves Brewster, Culberson, El Paso, Hudspeth, Jeff Davis and Presidio counties

Area Agency on Aging of Southeast Texas

Colleen Halliburton • *director* 409-924-3381
 2210 Eastex Freeway 1-800-395-5465
 Beaumont, Texas 77703-4929

Serves Hardin, Jefferson and Orange counties.

Area Agency on Aging of South Plains

Liz Castro • *director* 806-687-0940
 1323 58th St. 1-888-418-6564
 Lubbock, Texas 79412

Serves Bailey, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, King, Lamb, Lubbock, Lynn, Motley, Terry and Yoakum counties.

Area Agency on Aging of South Texas

Alberto Rivera Jr. • *Aging Services director* 956-722-3995
 1002 Dicky Lane 1-800-292-5426
 Laredo, Texas 78043-4237

Serves Jim Hogg, Starr, Webb and Zapata counties.

Area Agency on Aging of Tarrant County

Don Smith • *director* 817-258-8081
 1500 N. Main St., Suite 200 1-877-886-4833
 Fort Worth, Texas 76164-0448

Serves Tarrant County.

Area Agency on Aging of Texoma

Karen Bray • *director* 903-813-3505
 1117 Gallagher Drive, Suite 200 1-800-677-8264
 Sherman, Texas 75090-1797

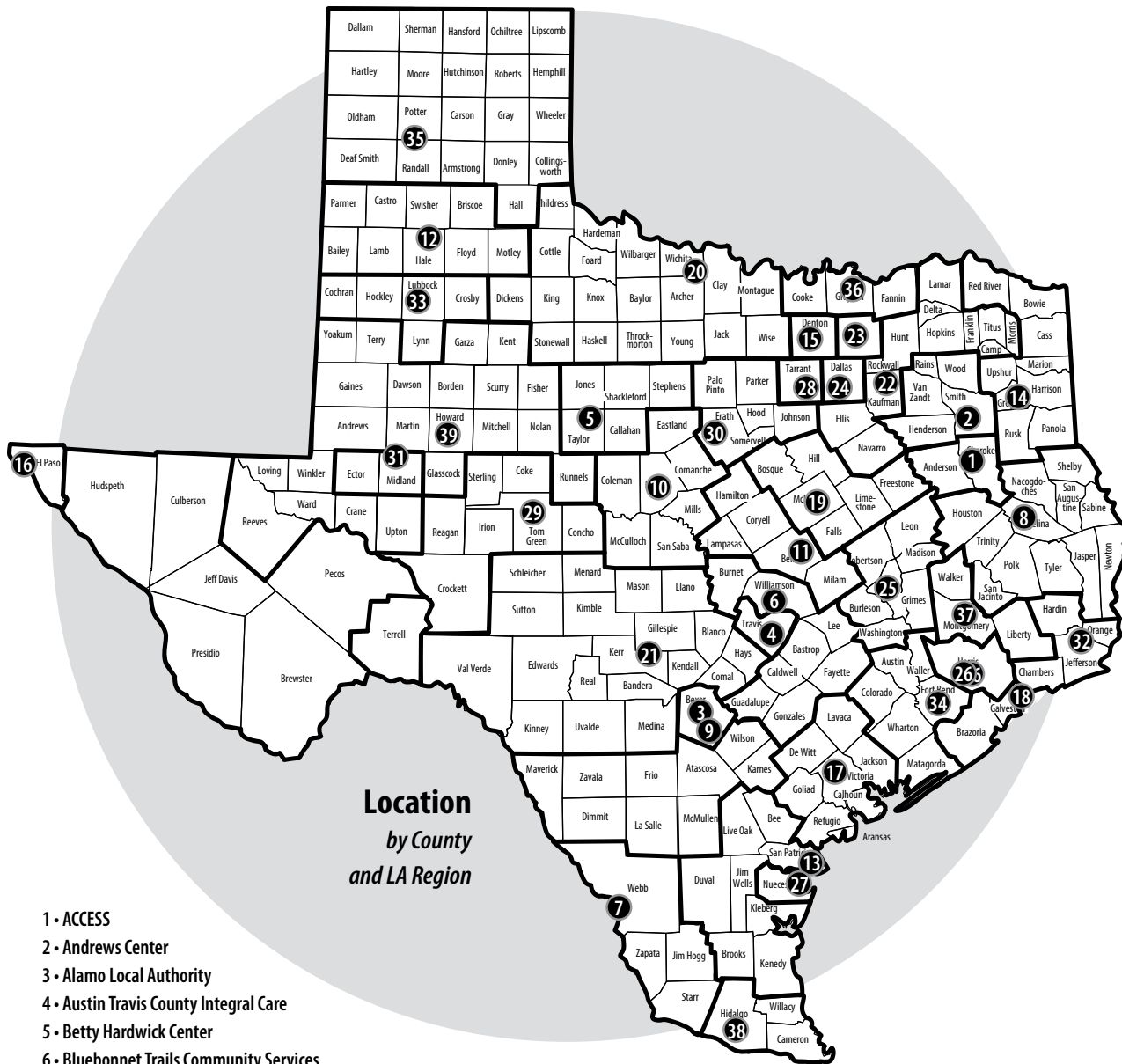
Serves Cooke, Fannin and Grayson counties.

Area Agency on Aging of West Central Texas

Michelle Parker • *director* 325-672-8544
 3702 Loop 322 1-800-928-2262
 Abilene, Texas 79602-7300

Serves Brown, Callahan, Coleman, Comanche, Eastland, Fisher, Haskell, Jones, Kent, Knox, Mitchell, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor and Throckmorton counties.

Local Authorities



**Location
by County
and LA Region**

- 1 • ACCESS
- 2 • Andrews Center
- 3 • Alamo Local Authority
- 4 • Austin Travis County Integral Care
- 5 • Betty Hardwick Center
- 6 • Bluebonnet Trails Community Services
- 7 • Border Region Behavioral Health Center
- 8 • Burke Center
- 9 • Camino Real Community Services
- 10 • Center for Life Resources
- 11 • Central Counties Services
- 12 • Central Plains Center
- 13 • Coastal Plains Community Center
- 14 • Community Healthcore
- 15 • Denton County MHMR Center
- 16 • Emergence Health Network
- 17 • Gulf Bend Center
- 18 • Gulf Coast Center
- 19 • Heart of Texas Region MHMR Center
- 20 • Helen Farabee Regional Centers
- 21 • Hill Country Community Mental Health and Developmental Disabilities Centers
- 22 • Lakes Regional MHMR
- 23 • LifePath Systems
- 24 • Metrocare SERVICES
- 25 • MHMR Authority of Brazos Valley
- 26 • MHMR Authority of Harris County
- 27 • Behavioral Health Center of Nueces County
- 28 • MHMR of Tarrant County
- 29 • MHMR Services for the Concho Valley
- 30 • Pecan Valley Centers
- 31 • Permian Basin Community Centers
- 32 • Spindletop Center
- 33 • Starcare Specialty Health System
- 34 • Texana Center
- 35 • Texas Panhandle Centers
- 36 • Texoma Community Center
- 37 • Tri-County Services
- 38 • Tropical Texas Behavioral Health
- 39 • West Texas Centers

ACCESS**903-586-5507**Ted Debbs • *executive director*Mailing: 913 N. Jackson St.
Jacksonville, Texas 75766

Physical: Same

Catchment area: Anderson and Cherokee counties

Andrews Center**903-597-1351**Waymon Stewart • *executive director*Mailing: P.O. Box 4730
Tyler, Texas 75712Physical: 2323 W. Front St.
Tyler, Texas 75702-7747

Catchment area: Henderson, Rains, Smith, Van Zandt and Wood counties

**Alamo Local Authority for Intellectual
and Developmental Disabilities****210-362-5200**Timothy Trevino • *interim executive director*Mailing: 8700 Tesoro, Ste. 700
San Antonio, Texas 78217

Physical: Same

Catchment area: Bexar County

Austin Travis County Integral Care**512-447-4141**David L. Evans • *executive director*Mailing: P.O. Box 3548
Austin, Texas 78764Physical: 1430 Collier St.
Austin, Texas 78704

Catchment area: Travis County

Betty Hardwick Center**325-690-5100**Jenny Goode • *executive director*Mailing: 2616 S. Clack
Abilene, Texas 79606-1545

Physical: Same

Catchment area: Taylor, Jones, Callahan, Shackelford and Stephens counties

Bluebonnet Trails Community Services
512-255-1720Andrea Richardson • *executive director*Mailing: 1009 N. Georgetown St.
Round Rock, Texas 78664

Physical: Same

Catchment area: Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee,
and Williamson counties

Border Region Behavioral Health Center
956-794-3000Daniel Castillon • *executive director*Mailing: P.O. Box 1835
Laredo, Texas 78044-1835Physical: 1500 Pappas St.
Laredo, Texas 78041

Catchment area: Webb, Jim Hogg, Zapata and Starr counties

Burke Center
936-639-1141Susan L. Rushing • *executive director*Mailing: 2001 S. Medford Drive
Lufkin, Texas 75901

Physical: Same

Catchment area: Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine,
San Jacinto, Shelby, Trinity and Tyler counties

Camino Real Community Services
210-357-0300Emma C. Garcia • *executive director*Mailing: P.O. Box 725
Lytle, Texas 78052Physical: 19965 FM 3175 N.
Lytle, Texas 78052Catchment area: Atascosa, Dimmit, Frio, La Salle, Karnes, Maverick, McMullen, Wilson and
Zavala counties

Center for Life Resources
325-646-9574Dion White • *executive director*Mailing: P.O. Box 250
Brownwood, Texas 76804Physical: 408 Mulberry
Brownwood, Texas 76801

Catchment area: Brown, Coleman, Comanche, San Saba, Mills, Eastland and McCulloch counties

Central Counties Services
254-298-7000Eldon L. Tietje • *executive director*Mailing: 304 S. 22nd St.
Temple, Texas 76501-4726

Physical: Same

Catchment area: Bell, Coryell, Hamilton, Lampasas and Milam counties

Central Plains Center
806-293-2636Ron Trusler • *executive director*Mailing: 2700 Yonkers
Plainview, Texas 79072-1892

Physical: Same

Catchment area: Hale, Lamb, Swisher, Bailey, Parmer, Castro, Floyd, Motely and Briscoe counties

Coastal Plains Community Center
361-777-3991Mark Durand • *executive director*Mailing: P.O. Box 1336
Portland, Texas 78374-1185Physical: 200 Marriott Drive
Portland, Texas 78374-2213Catchment area: Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak
and San Patricio counties

Community Healthcare
903-758-2471Inman White • *executive director*Mailing: P.O. Box 6800
Longview, Texas 75608Physical: 107 Woodbine Place
Longview, Texas 75601Catchment area: Gregg, Harrison, Marion, Panola, Rusk, Bowie, Cass, Red River
and Upshur counties

Denton County MHMR Center
940-381-5000Pam Gutierrez • *executive director*

Mailing: P.O. Box 2346
Denton, Texas 76202

Physical: 2519 Scripture
Denton, Texas 76201

Catchment area: Denton County

Emergence Health Network
915-887-3410Kristin Daughtery • *executive director*

Mailing: P.O. Box 9997
El Paso, Texas 79995

Physical: 1600 Montana Ave.
El Paso, Texas 79902

Catchment area: El Paso County

Gulf Bend Center
361-575-0611Donald L. Polzin • *executive director*

Mailing: 6502 Nursery Drive, Ste. 100
Victoria, Texas 77904

Physical: Same

Catchment area: Calhoun, DeWitt, Goliad, Jackson, Lavaca, Refugio and Victoria counties

Gulf Coast Center
409-763-2373G. Michael Winburn • *executive director*

Mailing: 123 Rosenberg, Ste. 6
Galveston, Texas 77550

Physical: Same

Catchment area: Brazoria and Galveston counties

Heart of Texas Region MHMR Center
254-752-3451Barbara Tate • *executive director*

Mailing: P.O. Box 890
Waco, Texas 76703-0890

Physical: 110 S. 12th St.
Waco, Texas 76701

Catchment area: McLennan, Bosque, Falls, Freestone, Hill and Limestone counties

Helen Farabee Regional Centers
940-397-3143Raymond A. Atkins • *executive director*

Mailing: P.O. Box 8266
Wichita Falls, Texas 76307-8266

Physical: 1000 Brook St.
Wichita Falls, Texas 76301

Catchment area: Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise and Young counties

**Hill Country Community Mental Health and
Developmental Disabilities Centers**
830-792-3300Linda J. Werlein • *executive director*

Mailing: 819 Water St. Ste. 300
Kerrville, Texas 78028

Physical: Same

Catchment area: Bandera, Comal, Blanco, Edwards, Gillespie, Hays, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde and Val Verde counties

Lakes Regional MHMR Center
972-388-2000John Delaney • *executive director*

Mailing: P.O. Box 747
Terrell, Texas 75160

Physical: 400 Airport Road
Terrell, Texas 75160

Catchment area: Camp, Delta, Franklin, Hopkins, Kaufman, Lamar, Morris, Rockwall, Titus, Hunt, Ellis and Navarro counties

LifePath Systems
972-562-0190Dr. J. Randy Routon • *executive director*

Mailing: P.O. Box 828
McKinney, Texas 75070

Physical: 1416 N. Church St.
McKinney, Texas 75069

Catchment area: Collin County

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Metrocare SERVICES

214-743-1200

John Burruss, M.D. • *executive director*

Mailing: 1380 River Bend Drive
Dallas, Texas 75247-4914

Physical: Same

Catchment area: Dallas County

.....

MHMR Authority of Brazos Valley

979-822-6467

Bill Kelly • *executive director*

Mailing: P.O. Box 4588
Bryan, Texas 77805

Physical: 1504 S. Texas Ave.
Bryan, Texas 77802

Catchment area: Brazos, Grimes, Madison, Washington, Burleson, Leon and Robertson counties

.....

MHMR Authority of Harris County

713-970-7000

Dr. Steven B. Schnee • *executive director*

Mailing: P.O. Box 25381
Houston, Texas 77265-5381

Physical: 7011 Southwest Freeway
Houston, Texas 77074

Catchment area: Harris County

.....

Behavioral Health Center of Nueces County

361-886-6900

Diane Lowrance • *executive director*

Mailing: 1630 S. Brownlee
Corpus Christi, Texas 78404-3178

Physical: Same

Catchment area: Nueces County

.....

MHMR of Tarrant County

817-569-4300

Susan Garnett • *executive director*

Mailing: P.O. Box 2603
Fort Worth, Texas 76113

Physical: 3840 Hulen Tower North
Fort Worth, Texas 76107

Catchment area: Tarrant County

MHMR Services for the Concho Valley**325-658-7750**Lynn Rutland • *executive director*Mailing: 1501 W. Beauregard
San Angelo, Texas 76901-4004

Physical: Same

Catchment area: Coke, Concho, Crockett, Irion, Reagan, Sterling and Tom Green counties

**Pecan Valley Centers for Behavioral
and Developmental Healthcare****817-579-4400**Coke Beatty • *executive director*Mailing: P.O. Box 729
Granbury, Texas 76048Physical: 2101 W Pearl St.
Granbury, Texas 76048

Catchment area: Erath, Somervell, Palo Pinto, Parker, Hood and Johnson counties

Permian Basin Community Centers**432-570-3333**Larry Carroll • *executive director*Mailing: 401 E. Illinois, Ste. 401
Midland, Texas 79701

Physical: Same

Catchment area: Brewster, Culberson, Ector, Hudspeth, Jeff Davis, Midland, Pecos
and Presidio counties**Spindletop Center****409-784-5400**Dr. N. Charles Harris • *executive director*Mailing: P.O. Box 3846
Beaumont, Texas 77704-3846Physical: 909 Ave. O
Beaumont, Texas 77701-4624

Catchment area: Jefferson, Orange, Hardin and Chambers counties

Starcare Specialty Health System**806-766-0310**Cathy Pope • *executive director*Mailing: P.O. Box 2828
Lubbock, Texas 79408-2828Physical: 1602 10th St.
Lubbock, Texas 79401

Catchment area: Cochran, Crosby, Hockley, Lynn and Lubbock counties

Texana Center
281-239-1300George Patterson • *executive director*

Mailing: 4910 Airport Ave.
Rosenberg, Texas 77471

Physical: Same

Catchment area: Wharton, Austin, Colorado, Fort Bend, Matagorda and Waller counties

Texas Panhandle Centers**806-358-1681**Bud Schertler • *executive director*

Mailing: P.O. Box 3250
Amarillo, Texas 79116-3250

Physical: 901 Wallace Blvd.
Amarillo, Texas 79106

Catchment area: Dallam, Sherman, Hansford, Ochiltree, Lipscomb, Hartley, Moore, Hutchinson, Roberts, Hemphill, Oldham, Potter, Carson, Gray, Wheeler, Deaf Smith, Randall, Armstrong, Collingsworth, Donley and Hall counties

Texoma Community Center**903-957-4701**Sylvia Cave • *interim executive director*

Mailing: P.O. Box 1087
Sherman, Texas 75091-1087

Physical: 315 W. McLain
Sherman, Texas 75092

Catchment area: Cooke, Fannin and Grayson counties

Tri-County Services**936-521-6100**Evan Roberson • *executive director*

Mailing: P.O. Box 3067
Conroe, Texas 77305-3067

Physical: 1506 FM 2854
Conroe, Texas 77304

Catchment area: Liberty, Montgomery and Walker counties

Tropical Texas Behavioral Health
956-289-7000Terry Crocker • *executive director*

Mailing: P.O. Drawer 1108
Edinburg, Texas 78540-1108

Physical: 1901 S. 24th Ave.
Edinburg, Texas 78539

Catchment area: Cameron, Hidalgo and Willacy counties

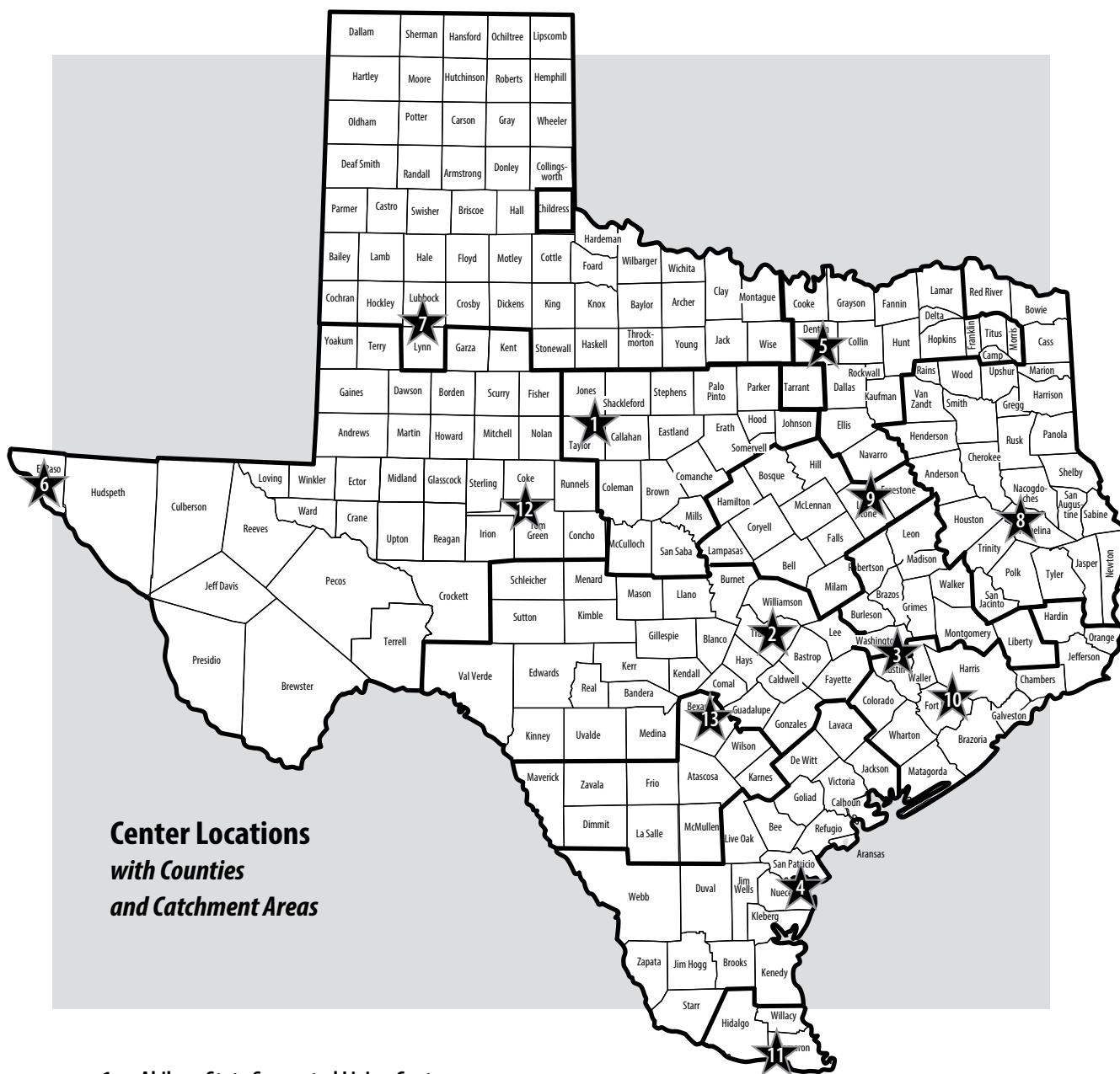
West Texas Centers**432-263-0007**Shelley Smith • *executive director*

Mailing: 319 Runnels
Big Spring, Texas 79720

Physical: Same

Catchment area: Andrews, Borden, Crane, Dawson, Fisher, Gaines, Garza, Glasscock, Howard, Kent, Loving, Martin, Mitchell, Nolan, Reeves, Runnels, Scurry, Terrell, Terry, Upton, Ward, Winkler and Yoakum counties

State Supported Living Centers



**Center Locations
with Counties
and Catchment Areas**

- 1 • Abilene State Supported Living Center
- 2 • Austin State Supported Living Center
- 3 • Brenham State Supported Living Center
- 4 • Corpus Christi State Supported Living Center
- 5 • Denton State Supported Living Center
- 6 • El Paso State Supported Living Center
- 7 • Lubbock State Supported Living Center
- 8 • Lufkin State Supported Living Center
- 9 • Mexia State Supported Living Center
- 10 • Richmond State Supported Living Center
- 11 • Rio Grande State Center
- 12 • San Angelo State Supported Living Center
- 13 • San Antonio State Supported Living Center

State Facility

Abilene State Supported Living Center

2501 Maple St.
Abilene, Texas 79602

Linda Hinshaw • *director*
325-692-4053

Austin State Supported Living Center

2203 W. 35th St.
Austin, Texas 78703

Laura Cabazon-Braly • *director*
512-454-4731

Brenham State Supported Living Center

4001 Highway 36 South
Brenham, Texas 77833

Natalie Montalvo • *director*
979-836-4511

Corpus Christi State Supported Living Center

902 Airport Blvd.
Corpus Christi, Texas 78405

Mark Cazalas • *director*
361-888-5301

Denton State Supported Living Center

3980 State School Road
Denton, Texas 76210

Nancy Condon • *director*
940-891-0342

El Paso State Supported Living Center

6700 Delta Drive
El Paso, Texas 79905

Olga Arciniega • *director*
915-782-6300

Lubbock State Supported Living Center

3401 University Ave.
Lubbock, Texas 79415

Libby Allen • *director*
806-763-7041

Local Authority

- Betty Hardwick Center
- Center for Life Resources
- Pecan Valley Centers

- Austin-Travis County Integral Care
- Bluebonnet Trails Services
- Hill Country Mental Health and Developmental Disabilities Centers

- MHMR Authority of Brazos Valley
- Tri-County MHMR Services

- Border Region Behavioral Health Center
- Coastal Plains Community Center
- Gulf Bend Center
- Behavioral Health Center of Nueces County

- Dallas MetroCare Services
- Denton County MHMR Center
- Lakes Regional MHMR Center
- LifePath Systems
- Texoma Community Centers

- Emergence Health Network

- Central Plains Center
- Helen Farabee Centers
- Starcare Specialty Health System
- Texas Panhandle Centers

State Facility

Local Authority

Lufkin State Supported Living Center

6844 Highway 69 North
Pollok, Texas 75969

Gale Wasson • *director*
936-634-3353

Mexia State Supported Living Center

540 Chapel Drive
Mexia, Texas 76667

Mike Davis • *director*
254-562-2821

Richmond State Supported Living Center

2100 Preston
Richmond, Texas 77469

Al Barrera • *director*
281-232-2075

Rio Grande State Center

1401 Rangerville Road, Bldg. 503
Harlingen, Texas 78552

Sonia Hernandez-Keeble • *director*
956-364-8000

San Angelo State Supported Living Center

6711 North U.S. Highway 87
Carlsbad, Texas 76934

Charles Njemanze • *director*
325-465-4391

San Antonio State Supported Living Center

6711 S. New Braunfels Ave.
San Antonio, Texas 78223

Ralph Henry • *director*
210-532-9610

- ACCESS
- Andrews Center
- Burke Center
- Community Healthcore
- Central Counties Services
- Heart of Texas Region MHMR Center
- MHMR of Tarrant County
- MHMR Authority of Harris County
- Spindletop Center
- Gulf Coast Center
- Texana Center
- Tropical Texas Behavioral Health
- MHMR Services for the Concho Valley
- Permian Basin Community Centers
- West Texas Centers
- Camino Real Community Services
- Alamo Area Local Authority

Regional Directors

Regulatory Services

Regional Directors

John Bertrand • Region 1

5806 34th St.
Lubbock, Texas 79407
806-783-6530

Roger Barnes • Regions 2, 9 and 10

4601 S. 1st, P.O. Box 521
Abilene, Texas 79604
325-795-5550

Paul J. Campbell • Region 3

2561 Matlock Road
Arlington, Texas 76015
817-792-7229

Dorothea Raiford • Regions 4 and 5

285 Liberty
Beaumont, Texas 77701
409-951-3236

Mark Kendall • Region 6

5425 Polk St.
Houston, Texas 77023
713-767-2291

Renee Blanch-Haley • Region 7

10205 N. Lamar
Austin, Texas 78753
512-908-9641

Janice Brister • Regions 8 and 11

1067 Bandera Road
San Antonio, Texas 78228
210-438-6300

Assistant Regional Directors

Elizabeth Tomme • Regions 2, 9 and 10

4601 S. 1st
P.O. Box 521
Abilene, Texas 79604
325-795-5577

Nicole McCown • Region 3

2561 Matlock Road
Arlington, Texas 76015
817-792-7259

Shirley Turner • Regions 4 and 5

3303 Mineola Highway
Tyler, Texas 75702
903-533-4454

Carolyn Kirkwood • Region 6

5425 Polk St.
Houston, Texas 77023
713-767-2306

Lance Blankenship • Region 7

10205 N. Lamar
Austin, Texas 78753
512-908-9635

Eric Timaeus • Regions 8 and 11

4410 Dillon Lane, Suite 28
Corpus Christi, Texas 78415
361-878-7712

Community Services

Regional Directors

William Fuller • Regions 1 and 10

401 E. Franklin, 4th Floor,
El Paso, Texas 79901

915-834-7563

Rea Barry • Regions 2 and 9

4601 S. 1st
P.O. Box 521
Abilene, Texas 79605

325-795-5724

Karen Brock • Region 3

801 S. State Hwy. 161, Suite 700
Grand Prairie, Texas 75051

972-337-6140

Lance Duckworth • Regions 4 and 5

302 E. Rieck Road,
Tyler, Texas 75703

903-509-5139

Janina Sodus • Region 6

5425 Polk St., Suite 490
Houston, Texas 77023

713-767-2155

Michael Weaver • Region 7 and 8

11307 Roszell Road
San Antonio, Texas 78217

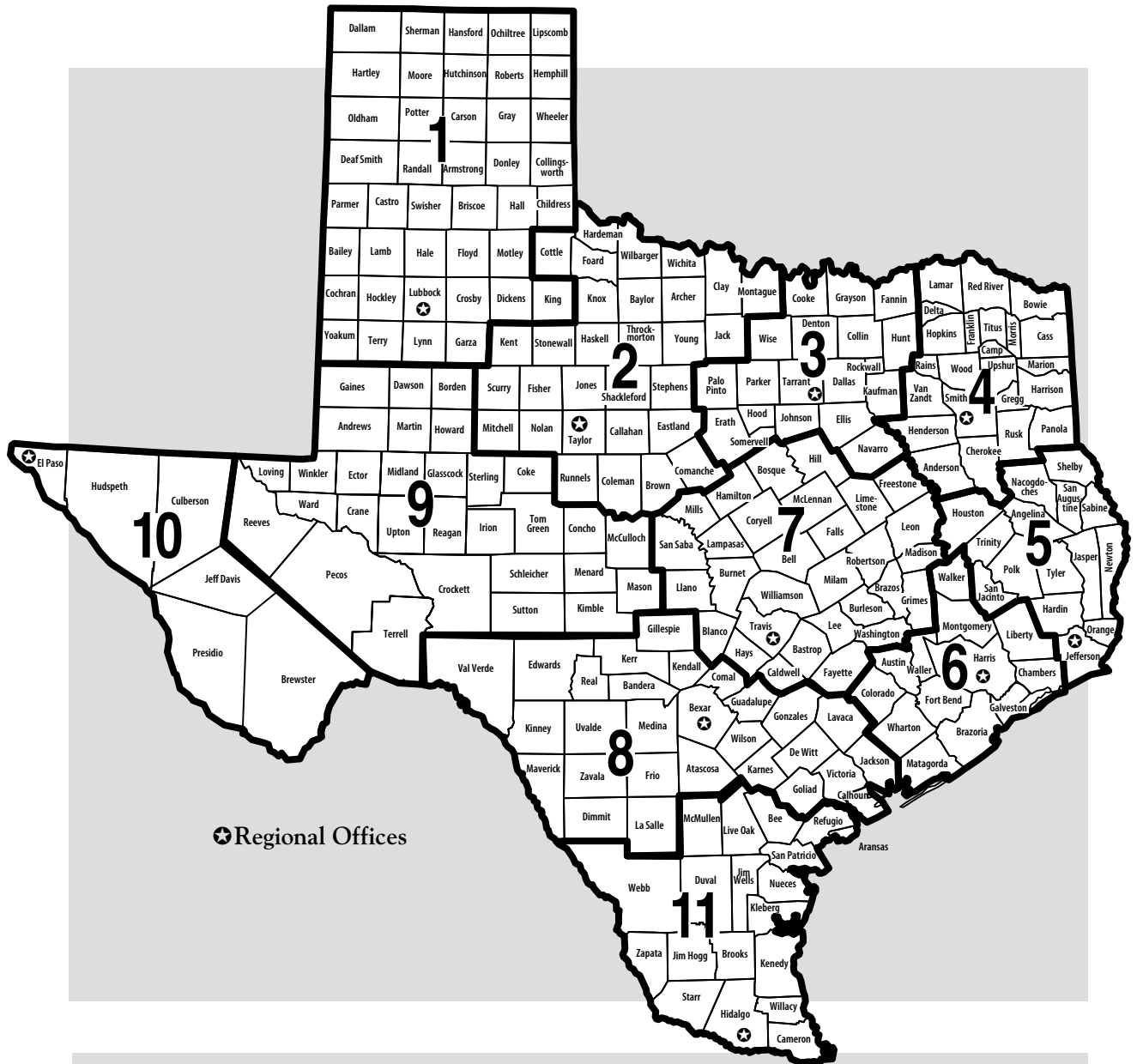
210-619-8149

Paul Ebrom • Region 11

2520 S. Veterans Blvd.
Edinburg, Texas 78540

956-316-8341

Texas Counties by Region



DADS Regions

Region Number/Name	Headquarters Location	Region Number/Name	Headquarters Location
1 High Plains	Lubbock	7 Central Texas	Austin
2 Northwest Texas	Abilene	8 Upper South Texas	San Antonio
3 Metroplex	Grand Prairie	9 West Texas	Abilene
4 Upper East Texas	Tyler	10 Upper Rio Grande	El Paso
5 Southeast Texas	Beaumont	11 Lower South Texas	Edinburg
6 Gulf Coast	Houston		

Region 1 • High Plains

Armstrong	Collingsworth	Garza	Hockley	Moore	Roberts
Bailey	Crosby	Gray	Hutchinson	Motley	Sherman
Briscoe	Dallam	Hale	King	Ochiltree	Swisher
Carson	Deaf Smith	Hall	Lamb	Oldham	Terry
Castro	Dickens	Hansford	Lipscomb	Parmer	Wheeler
Childress	Donley	Hartley	Lubbock	Potter	Yoakum
Cochran	Floyd	Hemphill	Lynn	Randall	

Region 2 • Northwest Texas

Archer	Coleman	Foard	Kent	Runnels	Taylor
Baylor	Comanche	Hardeman	Knox	Scurry	Throckmorton
Brown	Cottle	Haskell	Mitchell	Shackelford	Wichita
Callahan	Eastland	Jack	Montague	Stephens	Wilbarger
Clay	Fisher	Jones	Nolan	Stonewall	Young

Region 3 • Metroplex

Collin	Ellis	Grayson	Johnson	Palo Pinto	Somervell
Cooke	Erath	Hood	Kaufman	Parker	Tarrant
Dallas	Fannin	Hunt	Navarro	Rockwall	Wise
Denton					

Region 4 • Upper East Texas

Anderson	Cherokee	Harrison	Marion	Red River	Upshur
Bowie	Delta	Henderson	Morris	Rusk	Van Zandt
Camp	Franklin	Hopkins	Panola	Smith	Wood
Cass	Gregg	Lamar	Rains	Titus	

Region 5 • Southeast Texas

Angelina	Jasper	Newton	Sabine	Shelby	Trinity
Hardin	Jefferson	Orange	San Augustine	San Jacinto	Tyler
Houston	Nacogdoches	Polk			

Region 6 • Gulf Coast

Austin	Colorado	Galveston	Liberty	Montgomery	Waller
Brazoria	Fort Bend	Harris	Matagorda	Walker	Wharton
Chambers					

Region 7 • Central Texas

Bastrop	Burleson	Fayette	Hill	Llano	Robertson
Bell	Burnet	Freestone	Lampasas	McLennan	San Saba
Blanco	Caldwell	Grimes	Lee	Madison	Travis
Bosque	Coryell	Hamilton	Leon	Milam	Washington
Brazos	Falls	Hays	Limestone	Mills	Williamson

Region 8 • Upper South Texas

Atascosa	DeWitt	Goliad	Kendall	Maverick	Val Verde
Bandera	Dimmit	Gonzales	Kerr	Medina	Victoria
Bexar	Edwards	Guadalupe	Kinney	Real	Wilson
Calhoun	Frio	Jackson	LaSalle	Uvalde	Zavala
Comal	Gillespie	Karnes	Lavaca		

Region 9 • West Texas

Andrews	Crocket	Howard	Mason	Reagan	Terrell
Borden	Dawson	Irion	McCulloch	Reeves	Tom Green
Coke	Ector	Kimble	Menard	Schleicher	Upton
Concho	Gaines	Loving	Midland	Sterling	Ward
Crane	Glasscock	Martin	Pecos	Sutton	Winkler

Region 10 • Upper Rio Grande

Brewster	Culberson	El Paso	Hudspeth	Jeff Davis	Presidio
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Region 11 • Lower South Texas

Aransas	Duval	Jim Wells	Live Oak	Refugio	Webb
Bee	Hidalgo	Kenedy	McMullen	San Patricio	Willacy
Brooks	Jim Hogg	Kleberg	Nueces	Starr	Zapata
Cameron					

STAR+PLUS Program

STAR+PLUS is a Texas Medicaid program designed to integrate delivery of acute and long-term services through a managed care model. The STAR+PLUS program provides a continuum of care through a licensed managed care organization (MCO).

STAR+PLUS Enrollment

The Texas Health and Human Services Commission (HHSC) contracts with an independent organization, called an enrollment broker, to enroll people in the STAR+PLUS program and to ensure the MCOs do not market directly to potential STAR+PLUS members. The state's enrollment broker is MAXIMUS.



People who are eligible for Supplemental Security Income (SSI) in a STAR+PLUS service area receive an enrollment packet with instructions to select an MCO and a primary care provider. Under the HHSC STAR+PLUS contract, each MCO provides the same array of Medicaid acute care services and LTSS to Medicaid-only members. Dual eligible (i.e., Medicare and Medicaid) members will continue to receive acute care services through Medicare and will receive long-term services and supports (LTSS) services through their STAR+PLUS MCO.

A STAR+PLUS member may be eligible to receive the following LTSS services in the STAR+PLUS program.

- **HCBS STAR+PLUS Waiver** • An array of services that is very similar to the CBA¹⁰ waiver (this means DADS cannot operate the CBA waiver program in the STAR+PLUS service area counties).
- **Day Activity and Health Services (DAHS)** • DADS cannot administer Title XIX DAHS to eligible STAR+PLUS members in any of the STAR+PLUS service areas. DADS can administer DAHS services, even to those receiving full Medicaid, in managed care service areas if they are unable to access the program through managed care.
- **Primary Home Care (PHC)** • In the STAR+PLUS program, PHC services are referred to as Personal Assistance Services (PAS) and do not include Community Attendant Services (CAS) or Family Care (FC). DADS cannot administer Title XIX PHC services to eligible STAR+PLUS members in any of the STAR+PLUS service areas. DADS can administer PHC services to people receiving full Medicaid in managed care service areas if they are unable to access the program through managed care. DADS continues to operate CAS and FC statewide.

Comprehensive information about the STAR+PLUS program, service areas and MCOs, can be found at www.hhsc.state.tx.us/starplus/overview.shtml

¹⁰The CBA program was transitioned to HHSC Managed Care, effective Sept. 1, 2014.

STAR Program in the Medicaid Rural Service Area

The STAR program in the Medicaid Rural Service Area (Medicaid RSA) is an acute care Medicaid model serving people on Medicaid who do not receive Medicare and were covered by the Primary Care Case Management (PCCM) program prior to March 1, 2012 or July 1, 2012. This includes those who receive services through a DADS 1915(c) waiver program.

STAR Medicaid RSA Enrollment

As with STAR+PLUS, HHSC contracts with MAXIMUS to enroll people in the STAR Medicaid RSA program. Eligible recipients in a STAR Medicaid RSA service area receive an enrollment packet for selection of an MCO and a primary care provider. Under the HHSC STAR Medicaid RSA contract, each MCO provides the same array of Medicaid acute care services to eligible members.

Comprehensive information about STAR Medicaid RSA and MCOs can be found at www.hhsc.state.tx.us/medicaid/MMC/MRSA.shtml

Glossary

§1915(c) Medicaid Waiver – The provision of the Social Security Act that authorizes the Secretary of Health and Human Services to grant waivers of certain Medicaid statutory requirements so that a state may furnish home and community-based services to Medicaid beneficiaries who need a level of institutional care that is provided in a hospital, nursing facility or intermediate care facility.

Abuse – The infliction of injury, unreasonable confinement, intimidation, punishment, mental anguish, sexual abuse or exploitation of a person. Types of abuse include:

- Physical abuse (a physical act by one person that may cause physical injury to another).
- Psychological abuse (an act, other than verbal, that may inflict emotional harm, invoke fear or humiliate, intimidate, degrade or demean someone).
- Sexual abuse (an act or attempted act such as rape, incest, sexual molestation, sexual exploitation, sexual harassment or inappropriate or unwanted touching of another).
- Verbal abuse (using words to threaten, coerce, intimidate, degrade, demean, harass or humiliate someone).

Active treatment – A continual treatment program that each ICF resident must receive, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services, that is directed toward the acquisition of the behaviors necessary for the resident to function with as much self-determination and independence as possible while preventing or decelerating regression or loss of current optimal functional status.

Activities of daily living – Basic personal everyday activities that include bathing, dressing, transferring (e.g., from bed to chair), toileting, mobility and eating.

Adaptive aids – Devices, controls, or appliances that address a person's specific needs and enable them to increase their ability to perform activities of daily living or to perceive, control or communicate with the environment in which they live.

Adaptive behavior – In general, the effectiveness or degree with which someone meets the standards of personal independence and social responsibility expected of his or her age and cultural group.

Administrative hearing – A proceeding in which someone's legal rights, duties or privileges are to be determined by a state agency after an opportunity for an adjudicative hearing.

Adult – A person 18 or older, or an emancipated minor.

Adult day care – An array of services provided in a congregate, non-residential setting to dependent adults who need supervision but do not require institutionalization. These services may include any combination of social or recreational activities, health maintenance, transportation, meals and other supportive services.



Adult day care facility – A licensed facility that provides day activity and health services or adult day health services on a daily or regular basis, excluding overnight, to four or more people who are older or people with a disability.

Adult Foster Care (AFC) – A service that provides a 24-hour living arrangement with supervision in a home for people who are unable to continue living independently in their own homes because of physical, mental or emotional limitations.

Advocate – A person who represents his or her own interest publicly or a person who represents the interests of another.

Advance notice – A written statement describing the intent of action the state will bring against a person or their legally authorized representative at least 10 days before the date of action.

Agency model – A program payment model in which the provider agency is the employer of record.

Ambulatory – Ability to walk independently.

Amount, duration, and scope – How a Medicaid benefit is defined and limited in a state's Medicaid plan. Each state defines these parameters, so state Medicaid plans vary in what they cover.

Annual renewal – The annual activity of re-determining someone's eligibility for waiver services.

Appeal – The formal process by which an applicant, provider, person or the applicant or person's parent, guardian or legally authorized representative requests a review of an adverse action.

Applicant – Someone who has requested services and eligibility for services is in the process of being determined.

Applied income – That portion of a person's income that must be applied toward the cost of institutional care.

Area agencies on aging (AAA) – The 28 agencies that provide services to help older Texans, their family members and caregivers receive the information and assistance they need in locating and accessing community services.

Assisted living facility (ALF) – A residential facility that provides residents personal care and other assistance as needed with activities of daily living and instrumental activities of daily living but does not provide round-the-clock skilled nursing services. Assisted living facilities generally provide less intensive care than nursing facilities and emphasize resident privacy and choice.

Attendant – A person employed to perform personal care or other non-skilled services for another.

Authorization – State approval of to a provider to deliver services.

Autism – A pervasive developmental disorder characterized by qualitative impairment in reciprocal social interactions; qualitative impairment in verbal and non-verbal communications and in imaginative thinking; markedly restricted repertoire of activities and interests; and onset during infancy or childhood.

Behavioral health care – Assessment and treatment of mental or emotional disorders and chemical dependency disorders.

Beneficiary – One who benefits from a publicly funded program. Most commonly used to refer to people enrolled in the Medicare program.

Benefit level – The limit or degree of services a person is entitled to receive if the services are medically necessary.

Billable activity – A service rendered to a Medicaid beneficiary for which a provider may request payment from the state.

Biologicals – Vaccines, cultures and other preparations made from living organisms and their products, intended for use in diagnosing, immunizing or treating humans or animals or in related research.

Capitation – A prospective payment method that pays the provider of service a uniform amount for each person covered, usually on a monthly basis. Capitation is used in managed care alternatives such as MCOs.

Care coordination – An ongoing process including assessing a person's needs and effectively planning, arranging, coordinating and following up on services which most appropriately meet the identified needs as mutually defined by that person, the access and assistance staff, and where appropriate, a family member or other caregiver.

Care plan – A written plan prepared by the appropriate health care professionals.

Caregiver – A person who helps care for someone who is ill, has a disability or functional limitations and requires assistance. Informal caregivers are relatives, friends or others who provide unpaid care. Paid caregivers provide services in exchange for payment for the services rendered.

Caregiver education and training – This includes developing a resource library, developing information resources, developing and/or facilitating support groups, seminars and focus groups, facilitating individual or group counseling, and providing education services to groups or individuals.

Case manager – DADS staff who assist in the planning, coordination, monitoring, and evaluation of services for someone receiving services with an emphasis on quality of care, continuity of services and cost effectiveness. (Note: In the DBMD program, the case manager is not DADS staff.)

Case management – A set of activities undertaken to ensure the waiver participant receives appropriate and necessary services. Under a Home and Community-based Services waiver, these activities may include assessment, service plan development, service plan implementation and service plan monitoring, as well as assistance in accessing waiver, state plan and other non-Medicaid services and resources.

Centers for Medicare & Medicaid Services (CMS) – The agency in the Department of Health and Human Services that is responsible for federal administration of the Medicare, Medicaid and State Children's Health Insurance Program.

Certified Medicaid eligible – Someone who has gone through the Medicaid application process and has been determined by the state to be eligible for the Medicaid program.

Change – A request for services resulting in an update or revision to community services being received or to the plan of care for waiver services.

Chore maintenance – Performing household chores such as heavy cleaning (e.g., scrubbing floors, washing walls and outside windows), moving heavy furniture, yard and walk maintenance that an older person is unable to handle on their own and which do not require the services of a trained homemaker.

Chore services – Services needed to maintain a clean, sanitary and safe environment in an individual's home, provided in the DBMD Waiver Program.

Client Assignment and Registration System (CARE) – An online data entry system that provides demographic and other data about people served by local authorities, state supported living centers, Home and Community-based Services (HCS) program providers, Texas Home Living (TxHmL) program providers and Intermediate Care Facilities for Persons with ID (ICF/IID) Program providers.

Community Living Options Information Process (CLOIP) – Process by which DADS contracts with LAs to provide information about community living options to all adult residents of state supported living facilities and/or their legally authorized representative at least once a year. Contracted local authorities are those with a state supported living center in their service area.

Community Attendant Services (CAS) – An optional state plan benefit that allows states to provide home and community-based services to eligible adults and children whose health problems cause them to be functionally limited in performing activities of daily living according to a practitioner's statement of medical need. In Texas, this optional benefit provides personal care services to those who have income in excess of SSI limitations but who would be financially qualified for services provided in an institutional setting.

Community-based Alternatives (CBA) – A 1915(c) Medicaid waiver program that provides community-based services and supports to eligible adults as an alternative to nursing facility care.

Community-based Services – Services provided in the community, rather than in an institution.

Community Services – Assistance and care for people who are older or those with disabilities. The goal of community services is to help people remain as independent as possible.

Community Living Assistance and Support Services (CLASS) – A 1915(c) Medicaid waiver program that provides community-based services and supports to people with developmental disabilities other than intellectual disabilities as an alternative to living in an intermediate care facility.

Community Living Plan – A written agreement developed by a person's interdisciplinary team with active participation by that person and their legally authorized representative that details the responsibilities of all parties signing the plan during and after the person's move from a facility into a community living arrangement.

Community Mental Health and ID Centers – Public entities, locally governed components of the mental health and intellectual and developmental disability service delivery system located in communities throughout the state, providing community-based mental health and intellectual and developmental disability services.

Compliance, Assessment, Regulation, Enforcement System (CARES) – DADS Regulatory Services database system.

Congregate meal – Meals that comply with the Dietary Guidelines for Americans and provide a minimum of one-third of the daily recommended dietary allowances as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Science served in a congregate setting. These include standard meals and therapeutic meals/liquid supplements.

Conservator – A person appointed by the court in accordance with the Family Code for someone under the age of 18 who acts as an agent for the child’s estate or person due to physical or mental limitations.

Consumer Directed Service (CDS) – CDS allows a person or their legally authorized representative to serve as the employer and assume responsibility for screening, hiring, training and dismissing providers. Those who elect to use the CDS option must select a Financial Management Services Agency (FMSA) to conduct financial management services such as payroll and employer taxes.

Consumer Managed Personal Attendant Services (CMPAS) – Personal care program in which the attendant is supervised by the service recipient.

Continuity of services – Activities undertaken to ensure coordination of services to people within and between components of the service delivery system.

Co-pay – A cost-sharing arrangement in which a covered person pays a specified amount for a specified service. Payment is usually required at the time the service is rendered.

Contract – A formal, written agreement between DADS and a provider to deliver services to someone in exchange for payment.

Contract manager – A person who is employed by the state and has significant contract management duties for the state agency, as determined by the agency. This includes staff who enroll, monitor, manage, supervise or oversee any DADS contracts, or who investigate complaints against DADS contractors.

Contractor – A person or organization with whom the state has negotiated an agreement for the provision of required tasks.

Cost cap – A financial limit placed on a particular service or program.

Cost limit – The maximum amount available to a person for waiver services during the service plan period.

Data warehouse – A system that stores data in formats useful for structured query and analysis.

Day – Any reference to day means calendar day (including weekends and holidays) unless otherwise specified in the text.

Day Activity and Health Services (DAHS) – Daytime services designed to address the physical, mental, medical and social needs of community residents as an alternative to placement in a nursing home or other institution.

Deaf Blind with Multiple Disabilities (DBMD) – A 1915(c) Medicaid waiver program that provides community-based services and supports to people who have one or more diagnosed related conditions and, as a result are deaf-blind, have a condition that will result in deaf-blindness or function as deaf blind and have one or more additional disabilities that impair their independent functioning as an alternative to living in an intermediate care facility.

Delegated health-related task – An activity the attendant may perform for someone only under a physician or registered nurse’s delegation. Such tasks require physician’s order; must be delegated by a physician in accordance with the Teas Medical Practice Act or by a registered nurse in accordance with the Texas Nursing Practice Act; and must be supervised by the delegating authority.

Dental treatment – Emergency, preventative, therapeutic and orthodontic treatment.

Designated service area – A specific geographical region.

Developmental disability – A condition occurring before age 22 that is likely to continue indefinitely and includes a mental or physical impairment or a combination of both. There must be a substantial limitation in three or more of these major life areas: self-care, expressive or receptive language, learning, mobility, capacity for independent living, economic self-sufficiency or self-direction.

Dietary services – A therapy service that assists a person to meet basic or special therapeutic nutritional needs through the development of a personalized meal plan. The service is provided by a person licensed in accordance with Texas Occupational Code, Chapter 701, Dietician.

Direct care staff – Any person who works directly with and helps people with daily needs.

Durable medical equipment (DME) – Equipment that can stand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to anyone who is not ill or injured, and is appropriate for using at home.

Dual diagnosis – A term used to describe a person’s condition involving diagnosis of more than one type of mental disability, such as mental illness occurring with intellectual and developmental disability, or mental illness occurring with chemical dependency.

Dual eligible – Qualifying for both Medicare benefits and Medicaid assistance.

Emergency response services (ERS) – A service that provides 24-hour electronic monitoring services for adults who live alone or who are isolated in the community.

Employment assistance – A service that helps people obtain competitive, integrated employment.

Enhanced match rate – Federal matching rate that is higher than the regular federal medical assistance percentage.

Enhancement – An addition or variation to a minor home modification or an adaptive aid that is not necessary to meet a person’s needs.

Enrollment – The entry of an applicant into a program.

Exploitation – An act of depriving, defrauding or otherwise obtaining someone’s personal property by taking advantage of their disability or impairment.

Fair hearing – An administrative procedure that affords people the statutory right and opportunity to appeal adverse decisions/actions regarding program eligibility or termination, suspension or reduction of services by DADS.

Federal fiscal year (FFY) – The federal fiscal year is a 12-month period that begins on Oct. 1 and ends Sept. 30.

Federal Medicaid Assistance Percentage (FMAP) – The percentage of federal money available to a state to provide Medicaid services. This percentage is recalculated annually based on a formula designed to provide a higher federal matching rate to states with a lower per capita income.

Federal poverty levels (FPL) – Income amounts published annually by the federal government that are guidelines for determining eligibility for services.

Fee-for-service reimbursement – The traditional health care payment system under which physicians and other providers receive a payment for each unit of service they provide.

Financial Management Services (FMS) – Support provided by a financial management services agency that is provided to people who direct some or all of their services, using the consumer directed services option. This support includes operating a payroll service for the person's employed workers and making required payroll withholdings. This support may also include paying invoices for waiver goods and services and tracking expenditures against the participant-directed budget.

Fraud – An intentional deception or misrepresentation with the knowledge the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Freedom of choice – In general, a state must ensure that Medicaid beneficiaries are free to obtain services from any qualified provider. Exceptions are possible through waiver of Medicaid and special contract options.

Functional need – A person's need for assistance with activities of daily living or instrumental activities of daily living, caused by a physical or mental limitation or disability.

Guardian – A person appointed by the court to care for and/or handle the affairs of someone who is deemed incompetent or incapable of administering his/her affairs. Guardian of the estate is appointed to look after a person's property. Guardian of the person has the legal authority to make personal decisions for the person, including physical, medical and educational needs.

Habilitation – A broad term referring to procedures and intervention designed to help someone with a developmental disability achieve greater mental, physical and social development. The habilitation process enhances the person's well-being, teaches skills and increases the possibility that he or she will make progressively independent and responsible decisions about social behavior, quality of life, job satisfaction and personal relationships.

Health Information, Counseling, and Advocacy Program (HICAP) – In Texas the State Health Information and Assistance Program (SHIP) is called the Health Information, Counseling and Advocacy Program (HICAP). HICAP has been a component of the national SHIP Network since 1992.

Health maintenance – Services that include one or more of the following activities: medical treatment by a health professional; health education and counseling services for individuals or groups about lifestyles and daily activities; home health services including but not limited to nursing, physical therapy, speech or occupational therapy; and provision of medications, nutritional supplements, glasses, dentures, hearing aids or other assistive devices.

Health screening/monitoring – Investigation or analysis by a medical or health professional to determine the need for a health service, including routine testing for blood pressure, hearing, vision, diabetes and anemia, or the periodic checking/monitoring of a known condition such as monthly blood pressure checks for hypertension or tests for anemia.

Home and Community-based Services Waiver (HCS) – A 1915(c) Medicaid waiver program that provides community-based services and supports for people with an intellectual and developmental disability or related conditions as an alternative to living in an intermediate care facility.

Home and Community Support Services Agencies (HCSSA) – A licensed entity that provides one or more home health services, including home health, hospice, and personal assistance services to people in a residence or independent living environment.

Home Health Services – One or more health services required by someone in a residence or independent living environment. Health services include nursing; physical, occupational, speech or respiratory therapy; medical social services; intravenous therapies; dialysis; services by unlicensed personnel; medical equipment and supplies (excluding drugs); or nutritional counseling.

Home-delivered meal – A nutritious meal delivered to an eligible person in his/her home and that complies with the Dietary Guidelines for Americans, providing a minimum of one-third of the daily recommended dietary allowances as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Science.

Homemaker – A service provided by trained and supervised people involving the performance of housekeeping/home management, meal preparation and/or escort tasks and shopping assistance, provided to those who require assistance with these activities in their home. The objective is to help the person sustain independent living in a safe and healthful home environment.

Hospice – An array of special palliative services provided to terminally ill people and their families or caregivers when curative care is no longer possible. The goal of hospice is to care for the person and the family during the final stages of life. Hospice is available for all age groups and includes physical and emotional care provided by a team of doctors, nurses, home health aides, social workers, counselors and trained volunteers. Hospice services may be provided in the home or other residential settings.

ID/Related Condition /Assessment (ID/RC) – An assessment used by DADS for making a level of care determination and a level of need assessment.

Imminent danger – An immediate, real threat to someone's safety.

Information, referral, and assistance – Assessing persons' needs by:

- Finding organizations capable of meeting the needs.
- Evaluating all appropriate resources.
- Providing enough information about each resource to help them make informed choices.
- Helping them find alternative resources.
- Actively linking persons to needed services.
- Performing follow-up to ensure the services were provided.

Individual Plan of Care (IPC) or Individual Service Plan (ISP) – A document that describes the type and amount of services to be provided to a person.

In-Home and Family Support Program (IHFSF) – A program that disburses funds as assistance to people with physical disabilities or their families to buy services or items that are above and beyond the scope of usual needs, that are necessitated by the disability, and that directly support the person in living in his/her own home rather than living in a more restrictive setting at a higher cost.

Instruction and training – These services provide the experience and/or knowledge for those working with people to acquire skills in a formal, informal, individual or group setting.

Intellectual Disability (ID) – A condition manifested before the age of 18 that includes significantly sub-average intellectual functioning (an intelligence quotient of approximately 70 or below) and deficits or impairments in adaptive functions.

Intellectual and developmental disability (IDD) – Severe chronic disabilities that can be cognitive (appearing before age 18), or physical (appearing before age 22), or both, and are likely to be lifelong.

Intellectual and developmental disability priority population – Those groups identified by DADS as being most in need of intellectual and developmental disability services.

Interest list – Lists that are maintained by program with names of persons who have contacted DADS and expressed an interest in receiving services for which there is currently no funding. Names are released from the interest lists as funding becomes available. Interest lists for community-based programs are managed either locally or statewide, depending on the program.

Intermediate Care Facility for Persons with ID (ICF/IID) – A public or private facility that provides health and habilitation services to people with intellectual and developmental disabilities.

Intervener – A service provider with specialized training and skills in deaf blindness who, working with one individual at a time, serves as a facilitator to involve an individual in home and community services and activities, and who is classified as an “Intervener”, “Intervener I”, “Intervener II”, or “Intervener III” in accordance with Texas Government Code, § 531.0973.

Legal awareness – The dissemination of accurate, timely and relevant information, eligibility criteria, requirements and procedures to older people about public entitlements, health/long-term care, individual rights, planning/protection options, housing and individual issues in a group setting.

Legally authorized representative (LAR) – A person authorized by law to act on behalf of another person and may include a parent, guardian or managing conservator of a minor, or the guardian of an adult.

Level of care (LOC) – The specification of the minimum amount of assistance that a person must require in order to receive services in an institutional setting under the state plan.

Level of need (LON) – An assignment given to someone by DADS upon which reimbursement for specific waiver services is based. The LON assignment is derived from DADS-approved standardized tests.

Licensed Vocational Nurse (LVN) – A person licensed by the Board of Nurses for the State of Texas who works under the supervision of a registered nurse or a physician’s assistant.

Local Intellectual and Developmental Disability Authority (LIDDA) – In accordance with the Texas Health and Safety Code, §533.035, an entity to which the Texas Health and Human Services Commission executive commissioner delegates the state’s authority for planning, policy development, coordination, including coordination with criminal justice entities, resource allocation and resource development for oversight of intellectual disability services in one or more service areas.

Long-term Care Ombudsman – Provides services to help protect the health, safety, welfare and rights of residents of nursing homes and assisted living facilities and to identify, investigate and resolve complaints made by or on behalf of residents and that relate to action, inaction or decisions that may adversely affect residents.

Long-Term Services and Supports (LTSS) – Services provided to someone in the home or other community-based setting that are necessary to allow the them to remain in the most integrated setting possible.

Managed care – A system in which the overall care of a patient is overseen by a single provider or organization. Many state Medicaid programs include managed-care components as a method of improving quality and controlling costs.

Managing conservator – A court-appointed person with possession rights to a child in accordance with state law.

Medicaid – A federal medical assistance program for certain people with low income. Medicaid is financed by both federal and state funds. Each state designs and administers its own program under the general oversight of the U.S. Department of Health and Human Services. The program was enacted in 1965 under Title XIX of the Social Security Act.

Medical Assistance Only (MAO) – Someone who is eligible for Medicaid benefits but receives no cash assistance.

Medicaid eligible (ME) – Someone who has been determined eligible to receive Medicaid coverage based on Medicaid program guidelines.

Medicaid Estate Recovery Program (MERP) – A program that allows state Medicaid programs to recover a portion of the money spent on long-term care for Medicaid beneficiaries age 55 or older upon their death.

Medical Necessity (MN) – A determination given to people based on an assessment used to certify eligibility for placement in a nursing facility.

Medical Necessity and Level of Care Assessment (MN/LOC) – An assessment completed by a registered nurse and used by the contracted medical necessity determination provider to establish medical necessity and level of care for an applicant or person.

Medically Dependent Children Program (MDCP) – A 1915(c) Medicaid waiver program that provides respite, flexible family support services, minor home modifications, adaptive aids, financial management services, employment assistance, supported employment and transition assistance services to children under age 21 as an alternative to nursing facility care.

Medicare – The nation’s largest health insurance program financed by the federal government. The program provides insurance to people age 65 and older, who are disabled, or who have permanent kidney failure.

Medicare eligible – A person who is older or who has a disability who receives Social Security or railroad

retirement benefit payments and meets eligibility criteria to have certain medical expenses paid by the federal Medicare program.

Medicare Part A – Medicare hospital insurance that helps pay for medically necessary inpatient hospital care, and, after a hospital stay (for a limited period of time), for inpatient care in a skilled nursing facility, for home care by a home health agency or hospice care by a licensed and certified hospice agency.

Medicare Part B – Medicare medical insurance that helps pay for medically necessary physician services, outpatient hospital services, outpatient, physical therapy and speech pathology service, and a number of other medical services and supplies that are not covered by the hospital insurance.

Medicare Part C – Previously called Medicare+Choice, this part of the Medicare program was renamed Medicare Advantage and modified by the Medicare Prescription Drug, Improvement and Modernization Act of 2003. It provides for certain managed care coverage options in Medicare, under which managed care organizations receive a capitated monthly payment per covered beneficiary.

Medicare Part D – A voluntary Medicare prescription drug benefit created by the Medicare Prescription Drug, Improvement and Modernization Act of 2003 that began Jan. 1, 2006. Beneficiaries who remain in traditional Medicare may choose a private drug-only plan; those who choose to enroll in a managed care organization may choose a plan that offers a drug benefit.

Mental illness – A single severe mental disorder, excluding an intellectual and developmental disability, or a combination of several mental disorders as defined in the latest edition of the American Psychiatric Association’s Diagnostic and Statistical Manual on Mental Disorders.

Minor – Someone under 18 years of age.

Minor home modification (MHM) – A physical adaptation to a person’s home that is essential for the resident’s safe access to and movement within the home; facilitates self-reliance and independence; and allows the resident to remain safely in the community, return safely to the community, or function with greater independence.

Money Follows the Person (MFP) – A policy that allows residents of nursing facilities to move into certain Medicaid waiver programs without having to wait on the interest list upon determination of waiver eligibility.

Neglect – The failure to provide a person the reasonable care required, including but not limited to food, clothing, shelter, medical care, personal hygiene or protection from harm.

Nursing facility (NF) – A residential institution that primarily provides skilled nursing care and related services for residents who require medical or nursing care; rehabilitation services for the rehabilitation of a person who is injured, disabled or sick; or health-related care and services, on a regular basis, to people who, because of their mental or physical condition, require care and services, above the level of room and board, which can be made available to them only through institutional facilities.

Nursing services – A reimbursable service provided by licensed nursing personnel in accordance with Texas Occupational Code, Chapter 301.

Nutrition consultation – The provision of information related to nutrition by a licensed dietitian or other

qualified person. Services are to be provided by AAAs or nutrition providers.

Nutrition counseling - Individualized advice or guidance about options and methods for improving nutritional status for those who are at nutritional risk because of their health or nutritional history, dietary intake, medication use or chronic illness. Counseling is performed by a health professional in accordance with state law and policy.

Nutrition education – Provision of information to promote nutritional well-being.

Older person – Someone age 60 or older.

Omnibus Budget Reconciliation Act(s) (OBRA) – Federal laws that provide direction regarding how federal funds are to be spent. Amendments to Medicaid eligibility and benefit rules are frequently made in these acts.

Permanency planning – A philosophy and planning process that focuses on the services and supports needed for children with disabilities to live with families.

Person-directed Plan (PDP) – A process that empowers a person or the legally authorized representative, or both, to direct the development of a plan of services and supports that meets their desired outcomes.

Personal care tasks – Assistance with meals, dressing, movement, bathing or other personal needs or maintenance; the administration of medication by a person licensed to administer medication or the assistance with or supervision of medication; or general supervision or oversight of the physical and mental well-being of someone who needs assistance to maintain a private and independent residence in an assisted living facility or who needs assistance to manage the person's personal life, regardless of whether a guardian has been appointed for the person.

Personal leave – An absence from a residential setting for personal reasons.

Personal Needs Allowance – Money people are permitted to keep from their incomes to pay for personal items.

Personal support team (PST) – A group of people drawn from or representing those professions, disciplines, service areas or agencies that are relevant to identifying a person's needs and designing a program to meet those needs.

Preadmission Screening and Resident Review (PASRR) – A federally-mandated evaluation process to identify people with mental illness (MI) or an intellectual or and developmental disability (IDD) who are seeking admission to a nursing facility or who already live in a nursing facility. The purpose of PASRR is to ensure nursing facility placement is appropriate and people with MI or IDD receive the necessary services to meet their needs.

Preventive care – Comprehensive care that emphasizes prevention and early detection and treatment of conditions, generally including physical examination, immunization and well-person care.

Primary Home Care (PHC) – A Medicaid-funded community care program that provides non-technical attendant services to people who are older and those with disabilities. Recipients must be age 21 or older.

Prior authorization – A mechanism to control the use of covered items (e.g., durable medical equipment, prescription drugs) or services (e.g., inpatient hospital care). Payment is not made unless approval for the item or service is obtained in advance either from state agency personnel or from a state fiscal agent or other contractor.

Program of All Inclusive Care for the Elderly (PACE) – A Medicaid state plan program that allows Texas to provide comprehensive community and medical services under a capitated, risk-based system to people 55 years of age or older who qualify for nursing facility placement. PACE uses a comprehensive approach, providing an array of services as a cost-effective alternative to nursing facility services.

Program provider – An entity that provides services under a contract with DADS.

Promoting Independence (PI) – This is a state initiative in response to the U.S. Supreme Court ruling in *Olmstead v. Linn* mandating that states provide community-based services to people with disabilities who would otherwise be entitled to institutional services when certain conditions are met.

Qualified Disabled and Working Individuals (QDWI) – Medicare beneficiaries with an income limit of 200 percent of the federal poverty level who do not qualify for full Medicaid benefits. Medicaid pays Medicare Part A premiums for disabled working people.

Qualified Individuals (QI) – Medicare beneficiaries with an income limit of 175 percent of the federal poverty level who do not qualify for full Medicaid benefits. Medicaid pays their Medicare Part B premium.

Qualified Medicare Beneficiary (QMB) – Medicare beneficiaries with an income limit of 100 percent of the federal poverty level who do not qualify for full Medicaid benefits. Medicaid pays all of their Medicare Part A and B premiums, deductibles and coinsurance.

Quality Improvement (QI) – A continual process that identifies problems in service delivery, tests solutions to those problems and constantly monitors the solutions for improvements.

Quality monitor – A function that provides external review of the access to and the quality of care provided to Medicaid consumers enrolled in Medicaid managed care.

Related condition (RC) – A severe chronic disability attributed to a condition other than mental illness. This disability results in impairment of general intellectual functioning or adaptive behavior or both similar to that of an intellectual disability and requires treatment or services similar to those required by someone with an intellectual disability. The condition must be manifested before the age of 22, must be likely to continue indefinitely and must result in substantial functional limitations.

Registered Nurse (RN) – A person licensed by the Board of Nursing for the State of Texas to practice professional nursing.

Residential care – A community services and supports program that provides services to eligible adults who require access to services on a 24-hour basis, but who do not need daily nursing intervention.

Residential repair – Repairs or modifications of consumer-occupied dwellings that are essential for the health and safety of the occupants.

Resource Utilization Group (RUG) – A level of care determination that is used to establish payment levels to nursing facilities and cost limits for people receiving CBA, MDCP and HCBS STAR+PLUS Waiver services.

Respite – Care provided on a short-term basis which results in temporary relief for unpaid primary caregivers. Respite services are provided either in or out of the home.

Room and board – “Room” means shelter type expenses, including all property-related costs such as rental or purchase of real estate and furnishings, maintenance, utilities, and related administrative services. “Board” means three meals a day or any other full nutritional regimen.

Semi-ambulatory – Mobility relying on the assistance of a device, object or person.

Service coordination – A system in which a single accountable staff person provides assistance to an applicant, individual or legally authorized representative in accessing medical, social, educational and other appropriate services and supports that will help a person achieve a quality of life and community participation acceptable to them.

Service coordinator (SC) – A person who performs service coordination.

Service back-up plan – A plan that ensures continuity of services if service delivery is interrupted.

Service delivery area (SDA) – Regions of the state established by the Texas Health and Human Services Commission for the purpose of planning and providing services.

Service plan – A written document that specifies all services, waiver and others regardless of funding, along with any assistance or informal supports people require to live in the community and avoid institutionalization. At a minimum, the service plan must contain the service, amount, frequency, duration, provider and cost.

Service planning team – A planning team for each person consisting of at a minimum the person, legally authorized representative and service coordinator or case manager. The person or legally authorized representative may invite others to participate in planning.

Service Responsibility Option (SRO) – A service delivery model in which the recipient has the ability to train personal attendants.

Signature – A person’s name or mark representing his/her name on a document.

Skilled nursing facility (SNF) – An institution that is primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care, or rehabilitation services for the rehabilitation of the injured, disabled or sick, or on a regular basis, health-related care and services to those who, because of their mental or physical condition, require care and services (above room and board) that can be made available to them only through institutional facilities and is not primarily for the care and treatment of mental disorders.

Social Security Administration (SSA) – The federal agency responsible for determining eligibility for Supplemental Security Income (SSI) benefits in Texas and most other states.

Specialized therapies – A service component that provides assessment and treatment by appropriately licensed or certified professionals.

Specified Low-income Medicare Beneficiaries (SLMB) – Medicare beneficiaries with an income limit of 120 percent of the federal poverty level who do not qualify for full Medicaid benefits. Medicaid pays the Medicare Part B premium.

State fiscal year (SFY) – The Texas state fiscal year begins on Sept. 1 and runs through Aug. 31.

State Health Information and Assistance Program (SHIP) – A grant funded by the Centers for Medicare & Medicaid and traditionally referred to as the CMS Basic Grant. Funds are allocated to AAAs via a request for proposal process.

State of Texas Access Reform Plus Managed Care (STAR+PLUS) – A 1115 Medicaid waiver program approved for the managed care delivery system designed to allow people who qualify for nursing facility care to receive long-term services and supports in order to be able to live in the community.

State Supported Living Centers (SSLC) – A state-operated ICF providing campus-based residential services for people with an intellectual disability. DADS operates 12 state supported living centers as well as the ICF component of the Rio Grande State Center.

Supplemental Security Income (SSI) – A federal entitlement program established under Title XVI of the Social Security Act to provide cash assistance to certain people who are older, blind, or disabled and whose income and resources fall below the Social Security income and resources standards that are set by the federal government.

Support consultation – An optional service provided by a support advisor and provides a level of assistance and training beyond that provided by the Consumer Directed Services Agency through Financial Management Services.

Supported employment (SE) – A service that helps people to sustain competitive, integrated employment.

Suspension – A temporary cessation of any waiver service without the loss of Medicaid or program eligibility.

Termination – A term used when someone no longer meets the program's eligibility criteria and services are ended.

Texas Accessibility Standards – Federal and state standards merged to comply with the Americans with Disabilities Act.

Texas Department of Aging and Disability Services (DADS) – Texas state agency that provides long-term services and supports to people who are older and those with physical, intellectual and developmental disabilities. DADS also regulates providers of long-term services and supports and administers the state's guardianship program.

Texas Health and Human Services Commission (HHSC) – The oversight agency for health and human services in Texas and the single state Medicaid agency for Texas.

Texas Home Living (TxHML) – A 1915(c) Medicaid waiver program that provides community-based services and supports to people with intellectual disabilities or related conditions who live in their own homes or their family’s homes as an alternative to living in an intermediate care facility.

Texas Integrated Eligibility and Redesign System (TIERS) – A project created to improve the delivery of state-funded services. The project replaces several outdated automated systems with a state of the art integrated eligibility system and improves service delivery.

Third-party resource – An item, service or funds available to someone from a source other than the waiver or program such as Medicare, Medicaid Home Health, Texas Health Steps Comprehensive Care Program, private insurance, family support, community support or local school districts.

Titles of the 1965 Social Security Act:

- II – Old age, Survivors and Disability Insurance Benefits.
- IV-A – Temporary Assistance for Needy Families; WIN Social Services
- IV-B – Child Welfare
- IV-D – Child Support
- IV-E – Foster Care and Adoption
- IV-F – Job Opportunities and Basic Skills Training
- V – Maternal and Child Health Services
- XVI – Supplemental Security Income
- XVIII – Medicare
- XIX – Medicaid
- XX – Social Services
- XXI – Children’s Health Insurance Program

Transfer – The movement of someone from one program to another program; from one provider to another provider; or to change service delivery options.

Transition Assistance Services (TAS) – One-time service provided to a Medicaid-eligible resident of a nursing facility located in Texas to assist the resident in moving from the nursing facility into the community.

Trust fund – The funds of a service recipient that are managed by a provider in a specific account with specific guidelines that must be followed.

Transportation – Taking a person who is older or someone with a disability from one location to another.

Utilization Review (UR) – A formal assessment of the medical necessity, efficiency or appropriateness of services and treatment plans on a prospective, concurrent or retrospective basis.

Vendor hold – Temporary suspension of payment from DADS to a service provider.

Waiver – An exception to the usual requirements of a Medicaid grant to a state by the Centers for Medicare & Medicaid Services.

Working day – Any day DADS is open for business except Saturday, Sundays and recognized holidays.

Acronyms

A&I	Access and Intake
AA	Adaptive aids
AAA	Area agency on aging
AAIDD	American Association on Intellectual and Developmental Disabilities
AAPCC	Adjusted Average Per Capita Cost
ACS	Affiliated Computer Services
ADA	Americans with Disabilities Act
ADRC	Aging and disability resource center
AFC	Adult Foster Care
AIC	Area information center
ALF	Assisted living facility
APS	Adult Protective Services
AR	(Legally) authorized representative
BBA	Balanced Budget Act
BHO	Behavioral health organization
CARE	Client Assignment and Registration System
CARES	Compliance, Assessment, Regulation, Enforcement System
CAS	Community Attendant Services
CBA	Community-based Alternatives
CCAT	Community Care Assessment Tool
CS	Community Services
CCP	Comprehensive Care Program
CDS	Consumer Directed Services
FMSA	Financial Management Services Agency
CHIP	Children's Health Insurance Program
CLASS	Community Living Assistance and Support Services
CLO	Community Living Option
CLOIP	Community Living Options Information Process
CMPAS	Consumer Managed Personal Attendant Services
CMS	Centers for Medicare & Medicaid Services (formerly HCFA)

CMS	Claims Management System
CPI	Center for Policy and Innovation
CPS	Child Protective Services
CSHCN	Children with Special Health Care Needs
CSPO	Community Services and Program Operations
DADS	Texas Department of Aging and Disability Services
DAHS	Day Activity and Health Services
DARS	Texas Department of Assistive and Rehabilitative Services
DBMD	Deaf Blind with Multiple Disabilities
DFPS	Texas Department of Family and Protective Services
DID	Determination of Intellectual Disability
DME	Durable medical equipment
DSHS	Texas Department of State Health Services
ECI	Early Childhood Intervention
EMR	Employee Misconduct Registry
EPSDT	Early Periodic Screening, Diagnosis and Treatment
EOA	Equity of Access
ERS	Emergency Response Services
EWS	Early Warning System
FFP	Federal Financial Participation
FFS	Fee-for-service
FFY	Federal fiscal year
FGP	Foster Grandparent Program
FMAP	Federal Medicaid Assistance Percentage
FMS	Financial Management Services
FPL	Federal poverty level
GOBPP	Governor's Office of Budget, Planning and Policy
HB	House Bill
HCS	Home and Community-based Services
HCSSA	Home and Community Support Services Agencies
HDM	Home delivered meals
HHS	Texas Health and Human Services

HHSC	Texas Health and Human Services Commission
HICAP	Health Information, Counseling and Advocacy Program
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
HUB	Historically Underutilized Business
ICF/IID	Intermediate Care Facility or Facilities for Individuals with an Intellectual Disability or Related Condition
ID	Intellectual disability
IDD	Intellectual and Developmental Disability
IHFSP	In-Home and Family Support Program
IPC	Individual plan of care
ISP	Individual service plan
IT	Information technology
LIDDA	Local intellectual and developmental disability authority
LAR	Legally authorized representative
LBB	Legislative Budget Board
LOC	Level of care
LON	Level of need
LTC	Long-term care
LTSS	Long-term Services and Supports
LVN	Licensed Vocational Nurse
MAC	Medicaid Administrative Claiming
MAO	Medical Assistance Only
MCAC	Medical Care Advisory Committee
MCO	Managed care organization
MDCP	Medically Dependent Children Program
MDU	Multiple Disabilities Unit (state hospitals)
ME	Medicaid eligible
MERP	Medicaid Estate Recovery Program
MFP	Money Follows the Person
MH	Mental health
MHM	Minor home modifications

MMIS	Medicaid Management Information System
MN	Medical necessity
MN/LOC	Medical necessity/level of care
MOU	Memorandum of understanding
NAR	Nurse Aide Registry
NATCEP	Nurse Aide Training and Competency Evaluation Program
NF	Nursing facility
NFA	Nursing facility administrator
NFCSP	National Family Caregiver Support Program
OAA	Older Americans Act
OBRA	Omnibus Budget Reconciliation Act
OIG	Office of Inspector General
OT	Occupational therapy
PACE	Program of All-inclusive Care for the Elderly
PASRR	Preadmission Screening and Resident Review
PCP	Primary care physician
PDP	Person directed plan
PHC	Primary Home Care
PI	Promoting Independence
PMAB	Prevention and management of aggressive behavior
PMO	Project Management Office
PNA	Personal Needs Allowance
POS	Point of service
PCS	Provider Claims Services
PST	Personal support team
PT	Physical therapy
QMP	Quality Monitoring Program
QI	Qualified Individuals
QDWI	Qualified Disabled and Working Individuals
QI	Quality improvement
QMB	Qualified Medicare Beneficiary
QIDP	Qualified ID Professional

RC	Related condition or residential care
RDA	Recommended dietary allowance
RFO	Request for offers
RFP	Request for proposals
RN	Registered Nurse
RSA	Rural Service Area (Medicaid)
RSS	Residential Support Services (this acronym also stands for Refugee Social Services.)
RSVP	Retired and Senior Volunteer Program
RUG	Resource Utilization Group
SAO	State Auditor's Office
SAVERR	System for Application, Verification, Eligibility, Referrals and Reports
SB	Senate Bill
SC	Service coordination/coordinator
SCP	Senior Companion Program
SDA	Service delivery area
SFY	State fiscal year
SHIP	State Health Information and Assistance Program
SHL	Supported home living
SL	Supervised living
SLMB	Specified Low-Income Medicare Beneficiaries
SMI	State median income
SNF	Skilled nursing facility
SRO	Service Responsibility Option
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
SSLC	State supported living center
SSPD-SAC	Special Services to Persons with Disabilities 24-Hour Shared Attendant Care
STAR+PLUS	State of Texas Access Reform plus Managed Care
SUA	State Unit on Aging
TANF	Temporary Assistance for Needy Families
TAS	Transition Assistance Services

TIERS	Texas Integrated Eligibility Redesign System
TLC	Transition to Life in the Community
TMHP	Texas Medicaid Healthcare Partnership
TPR	Third Party Resource
TxHmL	Texas Home Living Waiver
UR	Utilization Review



P.O. Box 149030 ★ Austin, Texas 78714-9030

www.dads.state.tx.us

