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THE

SERVICE CONNECTION

Government Publications
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JUL 21 1995

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VOLUME 3, NUMBER 1 . TEXAS HEALTH AND HUMAN SERVICES COMMISSION . MARCH 1995

Governor Bush appoints new Health and Human Services Commissioner

Governor George W. Bush has named Dr. Michael D. McKinney as Commissioner of Health and Human Services. A former state legislator, Dr. McKinney was the Medical Director and Vice President of National Heritage Insurance Company (NHIC), which operates the state's payment system for Medicaid.

A native of Oklahoma, he has worked as a family practitioner in Centerville and Pasadena for 17 years. Described as a "people person," the former member of the Texas House of Representatives (District 15, 1984-1991) served on the appropriations, public health and human services committees. He was Speaker Pro-Tempore of the House of Representatives from 1989-1990. *Texas Monthly* named him one of the "Ten Best Legislators" and the *Dallas Morning News* recognized him as one of the "Ten Most Effective Legislators."

"Managing \$24 billion and 64,000 employees is a huge job, and Mike McKinney's combination of public and private sector experience uniquely qualifies him for this challenge," said Governor

Bush. "His work at NHIC," adds the Governor, "gave him a comprehensive view of how the state Medicaid system functions and how we might improve health care while controlling costs."

The Texas Senate confirmed Dr. McKinney's nomination for a 2-year term which will expire February 1, 1997. He replaces DeAnn Friedholm who has served as Interim Commissioner since September, 1994.

Among Dr. McKinney's other accomplishments are public service posts as Mayor of Centerville, City Councilman, Leon County Health Officer, Brazos Valley Development Council, President of the Centerville Chamber of Commerce and President of the Lions Club and Jaycees.

Dr. McKinney graduated as a Doctor of Medicine with honors from the University of Texas



Dr. McKinney addresses Senate Committee on Nominations
Photo: Courtesy of Texas Senate Media Services

Medical Branch in Galveston. He and his wife, Lou Ann, have three children, Stephen 19, Seth Alan 15 and Sean 5. He enjoys hunting, fishing and skiing.

Reacting to his selection, Dr. McKinney stated, "My approach will be to protect the state budget, but to do it while improving care and proving that our hearts are in the right place." ■

Texas legislature considers health and human services budget

The Texas Legislature is currently considering the 1996-1997 budget for health and human services.

The budget under review by Senate and House committees includes about an 8 percent increase over current funding for health and human services.

The 1994-1995 budget for health and human services totals \$23.1 billion, serves over 2.5 million Texans and employs 63,700 people. The process to determine the size of the budget for the 1996-1997 biennium is well underway.

From start to finish, determining and operating the biennial budget takes two-and-a-half years.

Agencies begin preparation in the Spring of even-numbered years (May 1994) by projecting how much is needed for health and human services through the last day of the biennium (August 31, 1997).

Projecting the budget does not happen overnight. A number of key events occur:

- ◆ Spring 1994—Agencies begin planning budget needs for the 1996-1997 biennium.
- ◆ Summer 1994—Agencies' budgets are submitted to the Governor's Budget Office and Legislative Budget Board.
- ◆ Fall 1994—The Health and Human Services Commission develops and presents the consolidated health and human service budget to budget offices.
- ◆ January 1995—The Legislative Budget Board makes recommendations concerning funding levels for the 1996-

1997 biennium.

- ◆ January to May 1995—House and Senate budget committees hold hearings and develop the appropriations act for the biennium.
- ◆ September 1, 1995—The 1996-1997 biennium begins.
- ◆ August 31, 1997—End of biennium.

The Senate Finance Committee began hearings January 11. The House Appropriations Committee began hearings January 31. During January, February and March, both

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the Senate Finance Committee and the House Appropriations Committee have been hearing testimony and making decisions on funding levels for the 1996-1997 biennium. Differences between the proposals will be settled by a conference committee which will likely begin meeting in April.

The Legislative Budget Board recommendations for health and

human services in the 1996-1997 biennium provide an increase of \$700.5 million in state funds for agency operations.

The Legislature's effort to stay within projected revenue estimates, makes budget writing a difficult task. As the legislative process continues, legislators will have a better idea of how much money the state expects to bring in over the next biennium. This would hopefully result in funds being added to those areas now experiencing a shortfall.

Congressional changes in federal funding, which may occur later this year, could result in the use of federal block grants to the states. The use of block grants, would most likely cause lawmakers to come back to work on the state budget during a special legislative session.

Results of the session and the health and human services budget won't be known until late Spring. The Health and Human Services Commission is working with its constituent agencies and budget committees to identify budget problems and to come up with solutions. Finding the solutions will take hard work and ingenuity.

Questions about the budget should be directed to David Knight, Associate Commissioner for Budget and Support, at the Texas Health and Human Services Commission in Austin at 512/502-3200 (Voice or TDD). ■

Remembering the forgotten children

The plight of more than 300 Texas children with severe disabilities living in nursing homes was captured by the *Austin American-Statesman* in a four-part series called "Nobody's Priority," in December 1993. Denise Gamino reported that some of the children lived in facilities that lacked the proper equipment and whose staff was not adequately trained to provide care.

Lieutenant Governor Bob Bullock charged the Senate Committee on Health and Human Services to find out why these children were in nursing homes. Further, the Committee looked at ways to help families care for their children at home or access options in the community other than institutional settings. Committee members made unannounced on-site visits to 19 nursing homes where the children lived.

Twenty-one motions directed at state agencies were issued by the Committee at a hearing in January 1994. The motions were designed to ensure that the children currently living in nursing homes and those at-risk of entering a nursing home in the future were protected and received needed services.

State agencies acted quickly to respond to the Committee's 21 motions and are taking many steps to improve the lives of families with children who are medically fragile. For example, the Department of Health (TDH) created an information system, including electronic bulletin boards and a toll-free 1-800 help line (1-800-252-8023) to offer families a new resource when problems arise. The Department of Human Services (DHS) began a pilot screening process in certain counties in all ten

health and human service regions. The project includes families who are considering placing their children in a nursing home to ensure they are aware of available alternatives.

To improve families' access to services, state agencies broadened the scope of providers who care for the children and expanded service options to include respite services, home modifications, adaptive aids and medical equipment and supplies. The Health and Human Services Commission's (HHSC) Medicaid Office and its operating agencies are examining ways to improve the Medicaid program by waiving federal rules. Improvements to the overall Medicaid program would benefit Medicaid clients, including children who are medically fragile.

Response to the Committee motions was coordinated through the Children with Severe Disabilities Agency Workgroup led by HHSC. The workgroup consists of representatives from health and human service agencies and the Texas Education Agency. The workgroup involved parents, providers and advocacy organizations to develop a bill of rights for children in nursing homes and improve service delivery.

The Committee summarized agency work and recommendations in a report entitled, "Medically Fragile Children in Texas," issued in December 1994. The report makes recommendations for improving the lives of children in nursing homes and their families. The Committee advocates that families with children who are medically fragile have access to an accountable, affordable and affable service delivery system that highly values quality services. Committee

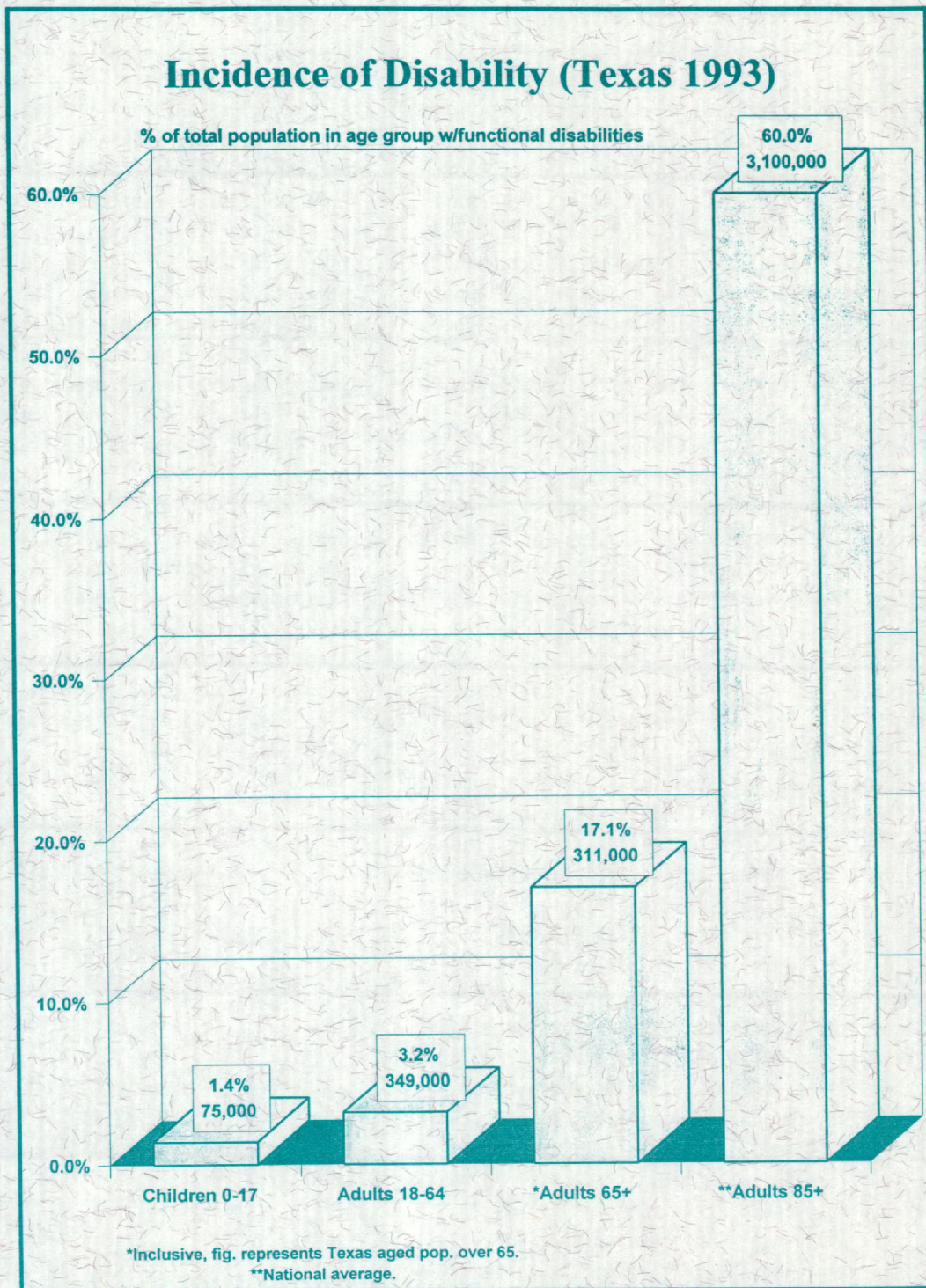
recommendations touch on funding, assessment and service delivery, nursing home regulation and prevention of disabilities.

Defined as children with a serious, ongoing illness or chronic condition that requires extensive hospitalization and use of assistive medical equipment, medically fragile children also face a continual threat to their well being. The Committee stated that it is Texas' responsibility to ensure that families with children who are medically fragile obtain sufficient information and support so that nursing home placement is not their only option.

Families with children who are medically fragile often find the health and human service system to be a fragmented, confusing and duplicative bureaucracy. The agencies are working together to create a system where services are coordinated and staff is sensitive to individual needs. ■



Texas prepares to meet



arthritis, physical disabilities, heart disease, dementia, mental retardation, long-term mental illness and AIDS are examples of conditions which may require long-term care for the individual.

In 1993, nearly 75,000 or 1.4 percent of Texas' children ages 0-17 had functional disabilities. More than 349,000 or 3.2 percent of adults ages 18-64 and nearly 311,000 or 17.1 percent of seniors age 65 and older reported functional limitations during the same period. Functional limitations are more pronounced among people over 85. National estimates suggest that 60 percent of people in this age group may require assistance, as shown in the illustration.

Growth of the aging population will undoubtedly increase the need for long-term care. By the year 2030, the population proportion of elderly Texans will double. Thus, more people will need long-term care, but a smaller percentage of people will be

working and paying taxes which support public assistance.

The Health and Human Services Commission (HHSC) appointed a Long-Term Care Task Force in 1993 to guide the Commission and

People of all ages may need long-term care services. Functional limitations can occur at birth, as a result of accidents or illness or simply due to the normal process of

aging. Any physical or mental impairment that interferes with a person's ability to live independently may create a need for long-term care services. Stroke,

long-term care needs

health and human service agencies in meeting the needs of Texans who are aging or who have disabilities. The 24-member group was comprised of consumers, service

In 1993, nearly 1.4 percent of Texas' children ages 0-17 had functional disabilities.

providers, local government officials and members of the general public along with board members from five state health and human service agencies that serve people needing long-term care. The Task Force was responsible for developing and recommending a broad vision to guide all of the state's long-term care services, regardless of age group or disability. The group's recommendations were consolidated into a report entitled, "Long-Term Care Task Force: Final Report and Recommendations," which was finalized last August.

The new vision for long-term care in Texas places the main focus for future services on consumer choice which requires more home

Functional limitations are more pronounced among people over 85.

and community service options. Recommendations for change examine such issues as resources and funding and access to long-term care services.

In the area of resources and funding, for example, the Task Force calls for the state to secure, increase and coordinate funding to better meet the long-term care needs of eligible Texans and thus provide for equitable choices. The report stresses the need for more funds to be made available for community services. Further, the report points out that community options are not adequate. It calls for the removal of barriers to accessing community services. Also, it suggests that mechanisms be developed to assist informal support systems, including family members who provide long-term care.

By the year 2030, Texans over 65 will make up 20 percent of the population.

The Task Force challenges providers and consumers to understand the level of risk involved in receiving or providing services in less structured settings.

The Task Force recommends that incentives be improved to attract and retain high quality hands-on service providers. It calls for offering the means for hands-on providers, including personal assistance attendants, to receive livable wages and benefits. This includes such benefits as health care coverage, transportation and child care. It encourages the use of qualified unlicensed people to provide services and reserve the use of professionals for services that actually need that level of expertise.

The report maintains that whenever possible long-term care

services should be provided in the setting which the client chooses. This may include the client's own home or apartment, home or apartment of family or friend, foster home, day center, personal care home or assisted living facility or

In the year 2000, almost 1 million Texans will be over age 75.

nursing home. Also, an array of services is to be provided in a seamless, coordinated and integrated delivery system, including assessment, planning and evaluation; service information; and personal assistance services.

The ultimate goal of the Task Force is to carve out a blueprint for services that will assist the person "in maintaining and achieving the greatest possible independence, autonomy and quality of life." Hundreds of hours of work by Task Force members reflect a relentless

In 1990, Texas spent about \$4,841 per year in state and federal Medicaid dollars for each person over 75.

determination to find new and innovative ways of providing quality services to people of our state. For more information on Task Force recommendations or for a copy of the report, contact Kelley Knight at HHSC at 512/502-3200. ■

Linda Vancil speaks out on uninsured children with disabilities

Linda Vancil has dedicated her life to efforts that will improve the lives of children with disabilities and their families. As Program Director for Parent Case Management at the West Texas Rehabilitation Center and as a parent of a child with a disability, Ms. Vancil is a tireless advocate.

She works the system expertly. Countless times she has worked through the maze of government-funded services and closed the gaps in service for children who would have fallen through the cracks. She supports families. Her parent case management program gives parents of children with special needs the opportunity to work in an environment that is sensitive to the demands caused by their children's health needs.

In addition to her enormous

daily responsibilities as a case manager and a parent, Ms. Vancil makes the time to work on system-wide improvements in services for children with special needs. One of her most recent efforts has been improving access to private health insurance.

Too many families are unable to obtain adequate health insurance for children who have special health care needs because of preexisting condition clauses, prohibitive premium costs and limited benefits. Ms. Vancil developed ideas for making insurance affordable by letting families of high-risk children buy into existing large insurance pools, such as the state employees' insurance pool. Last fall she took her ideas to Rep. Rob Junell, the Chair of the House Appropriations Committee. The result was a

hearing that educated the entire Committee about the problems faced by children with special needs. A subcommittee chaired by Rep. Nancy McDonald reported on means of improving access to services and to insurance. Perhaps some of their recommendations will come into being during this legislative session.

Linda Vancil is unyielding in her determination to help each individual child and to develop a system that is effective for all children with special needs. She is creative in her problem-solving. She is insightful and effective in getting each issue heard by whoever has authority to make a change, whether it be a local provider, a state agency staff person, a head of an agency, or a state legislator. We salute Ms. Vancil for her commitment. ■

Loading. Unloading. Moving. Lifting. These strenuous activities go on daily at warehouse operations of practically every state agency. Truck loads of office equipment, desks, furniture and other items are transported statewide by warehouse staff. These are the many times unseen and unheard state employees who make it possible for the wheels of government to operate well.

Recently, the spirit of interagency cooperation has yielded cost-savings through cooperative efforts of warehouse operations.

Take the case of David McCormick with the Texas Department of Health (TDH), who reports that the Department of

KUDOS for Collaboration

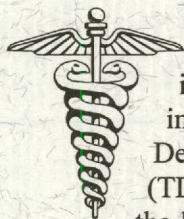
Mental Health and Mental Retardation (TXMHMR) helped deliver a truck load of computers for TDH. TXMHMR had a load of items destined for Lubbock and were returning to Austin via Big Spring. TDH staff in El Paso transported the computers to Midland and along with other surplus computers from the TDH Midland office, the equipment was transported to Austin courtesy of

TXMHMR employees. The project saved time and money.

Another example comes from Roy Wolff with the Texas Commission for the Blind (TCB). He tells how they obtained 88 computers from the Department of Human Services (DHS). The units had to be transported from Edinburg to Austin. Mr. Wolff called DHS to ask for help and found that they had a truck scheduled to go to Edinburg and return to Austin the following week. The computers were transported courtesy of DHS employees. This saved TCB and the state of Texas a few hundred dollars in driver wages, fuel costs and food/lodging expenses. ■

Around the Agencies

Shots initiative targets hard-to-reach parents



Shots Across Texas, an immunization initiative of the Texas Department of Health (TDH), is zeroing in on the hard-to-reach consumers. This phase of the project targets parents least likely to know about the importance of immunizing preschoolers, physicians most likely to be in contact with these parents and school-age children who can serve as advocates for baby brothers and sisters.

Lynn Denton, TDH Immunization Strategic Coordinator says that in order to make a lasting impact on the immunization rate, Texas must use "different strategies to make sure targeted audiences get the information about immunization."

Several unique strategies are underway. In its project for homeless children, TDH is working with the Texas Council on Family Violence, the Texas Homeless Network and the Texas Education Agency to provide immunizations and related information in local homeless shelters statewide.

TDH, in partnership with the Texas Association Concerned with School-Age Parenthood, is developing a teaching module for teenage parents. In another project, hundreds of elementary school children statewide will see a puppet show encouraging them to remind their parents about infant immunizations.

The Texas Commission on Alcohol and Drug Abuse along with the Texas Department of Criminal Justice recently held an open house at its newly established Criminal

Justice Treatment Training Center at the Jester 1 Unit in Houston. The Center provides a week-long training to help counselors prepare for the unusual demands of being a counselor in a correctional setting. This training teaches counselors the skills needed to work with offenders in a therapeutic community. More than 500 counselors are scheduled to attend the therapeutic community counselor training in the next year.

The Texas Incentive and Productivity Commission (TIPC)

Streamlined service delivery

As mandated by House Bill 7, the Health and Human Services Commission facilitated the implementation of three pilot projects designed to improve client access to services. Building on what was learned from these pilots, a streamlined service delivery model has been developed and is scheduled to be demonstrated in three sites during 1995. This model should further improve the coordination and delivery of services and has the following components:

- ◆ **Single point of entry for services.** Through a single contact, an individual or family can be screened for all health and human services provided by state agencies, referred to those services for which the person appears eligible and complete a single application for services.
- ◆ **Assessment.** An automated integrated financial eligibility determination process for need-

recently approved a cost savings suggestion from an employee of the Health and Human Services Commission. Marilyn Williams, Administrative Technician with Planning and Evaluation, automated the state travel voucher in MS Word 2.0 and 6.0.

She developed formulas and macros that automatically compute totals and place essential travel information in appropriate boxes. The TIPC board presented Marilyn with a certificate and she will soon receive a cash bonus for her contribution. ■

based programs and services will be used and other assessments will be consolidated and coordinated across agencies.

- ◆ **Integrated management and planning.** A primary service manager will be designated for those individuals or families receiving services from multiple agencies. A service plan will detail goals and objectives for services as well as responsibilities of agency staff and the individual in implementing the plan.

Each demonstration site will implement the model in ways that meet the needs of individuals and families in their communities.

There are issues that must be addressed in implementing this model such as federal requirements, accountability and cost issues. The implementation of the model will be carefully evaluated to identify the potential for statewide implementation. ■

Making ends meet

One in five eligible families do not apply for the Earned Income Credit (EIC) refund on their federal income tax returns. Some families don't know the program exists. Others don't know if they qualify. Still others don't know how to apply. Do you qualify for the Earned Income Credit? You may. Here's how it works:

The Earned Income Credit is a federal tax benefit for people who earn low or moderate incomes. To qualify for this benefit in tax year 1994, a single or married worker must earn less than \$23,755 and have a child living at home for at least six months. For some families, the credit can be as high as \$2,528. Workers without children can also receive a small credit of \$306. The income limit for this group is \$9,000 and the age requirement is 25 to 64.

Advance EIC payment is an option for workers who are raising children. Workers who choose the advance EIC option receive a portion of their EIC in each paycheck and the rest of the credit after filing the tax return. Advance payments don't cost employers money. In fact, most employers with automated payroll systems can easily program advance payment into their systems.

The Internal Revenue Service reports that in 1993 more than 7.5 million Texans filed tax returns, of which only 1.3 million filed for EIC benefits.

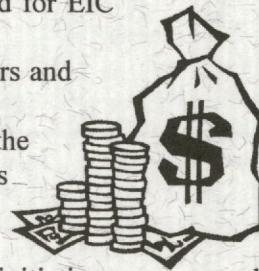
To help inform consumers and health and human service employees about the EIC, the Health and Human Services Commission (HHSC) created a work group to examine the EIC initiatives of health and human services agencies. The group

held four meetings in 1994. Its goal was to develop a comprehensive set of strategies to educate potential recipients about the credit. The group accomplished its goal by identifying ways to educate and distribute materials to eligible taxpayers.

The Commission supports the group's efforts and encourages eligible health and human services employees, consumers and providers to participate in the tax benefit program which helps working families make ends meet.

For more information on how to apply for the Earned Income Credit, call the IRS at 1-800-829-1040 or Stella Bryant at the Texas Health

and Human Services Commission in Austin at 512/502-3200. ■



THE SERVICE CONNECTION

Helping people help themselves

Published quarterly by the Texas Health and Human Services Commission (HHSC).
Dr. Michael D. McKinney, Commissioner.

The Service Connection informs consumers, advocates, health and human service agencies and providers about agency goals, activities and the progress of House Bill 7. HHSC accepts complaints on its functions and about the 11 health and human services agencies. Send complaints or comments to HHSC, External Affairs Division, P.O. Box 13247, Austin, Texas 78711 or call 512/502-3200 (Voice or TDD). To obtain this newsletter in alternate format, call or write the Commission.

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