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Texas Department  
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# Reference Guide

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TEXAS  
Department of  
Human Services

Eric M. Bost, Commissioner

THE UNIVERSITY OF TEXAS-PAN AMERICAN



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## **Reference Guide 2000**

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# Contents

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	<b>Page</b>
<b>Introduction</b> .....	iv
<b>I. Agency Overview</b>	
Mission.....	2
Philosophy.....	2
Strategic Planning Goals .....	3
Business Planning Goals .....	4
FY 2000 Budget Summary.....	6
FY 2000 Staff Summary.....	7
Agency Organization.....	8
Community Partnerships.....	8
Program Integrity.....	10
<b>II. Agency Programs and Services</b>	
Community Care Services.....	16
In-home and Family Support Program.....	23
Long-term Care Medicaid Eligibility in Texas.....	24
Nursing Facility Programs .....	28
Integrated Service Delivery (Managed Care).....	32
Long-term Care Facility Regulation.....	33
Long-term Care Credentialing.....	36
Home and Community Support Services Agencies .....	38
Temporary Assistance for Needy Families .....	39
Food Stamp Program.....	48
Medical Programs for Families and Children .....	53
Special Nutrition Programs.....	56
Refugee Resettlement Program.....	58
Individual and Family Grant Program (Disaster Assistance).....	59
Family Violence Services.....	61
Equal Employment Opportunity/Affirmative Action.....	62
Office on Services to Persons with Disabilities.....	64
Historically Underutilized Business Program.....	65
Agency Administration.....	66

	<b>Page</b>
<b>III. Special Projects</b>	
Alternative Contracting Initiative.....	68
Charitable Choice – Phase III.....	68
EBT-2 .....	69
Employment Retention and Advancement (ERA) .....	69
Income Eligibility Verification System (IEVS) Redesign.....	69
Lifeline Services.....	70
LTC Claims Management System - 2.....	70
LTC Quality Information System.....	70
LTC Quality Improvement Pilot .....	71
LTC-R Compliance, Assistance, Regulatory and Enforcement System (CARES).....	71
Online Handbooks .....	71
Rules Review.....	72
Texas Integrated Eligibility Redesign System (TIERS) .....	72
 <b>IV. Demographic/Economic Data</b>	
2000 Texas Population: Total and Poverty Population By Region and Age Group.....	74
Texas Population Trends By Age Group.....	75
U.S. Population Trends By Age Group.....	75
State Ranking: Total and Poverty Population.....	76
2000 Texas Population By Race and Region.....	76
2000 Texas Population By Sex and Region.....	76
2000 Texas Aged and Disabled Population By Region and Poverty Status.....	77
2000 Texas Disabled Population By Region and Poverty Status.....	77
Poverty Income Guidelines for the Continental United States....	78
Texas State Median Income By Federal Fiscal Year.....	78
State Ranking: Median Household Income.....	78
Per Capita Personal Income.....	78
State Ranking: Per Capita Personal Income.....	78

	<b>Page</b>
Labor Force Statistics for Texas and the U.S.....	79
Texas Labor Force Statistics By DHS Region.....	79
State-Ranking: Unemployment Rate.....	79
State Rankings: Composite Listing .....	80
 <b>V. Appendices</b>	
Texas Partners .....	84
Volunteer Services.....	85
Adopt-A-Nursing-Home.....	86
Family Pathfinders.....	87
Faith-based Liaisons.....	87
Charitable Choice .....	87
Worksheet Example Calculation of TANF Grant and Eligibility for the Food Stamp Program.....	88
Headquarters Directory.....	91
Regional Directory .....	92
Contacts.....	93
Toll-free Hotline Numbers.....	94
Texas Counties By DHS Administrative Region .....	96
Texas Department of Human Services Regional Boundaries (Map).....	98
Agency History.....	99
Glossary.....	103

## Introduction

This is the second issue of the Texas Department of Human Services (*DHS Reference Guide*). This publication has replaced the *DHS At A Glance* pamphlet. Like the former publication, the *DHS Reference Guide* provides an overview of the programs and services administered by DHS. Publications are planned for once a year, with releases issued in late spring or summer.

The level of detail in the *DHS Reference Guide* is intended to assist DHS employees and other interested persons to become better acquainted with the services that are available through DHS. The publication has been designed to serve as an accurate, comprehensive and easily accessible reference for frequently asked questions. However, caution must be exercised in basing significant (eligibility) decisions on this information without first verifying the details with the appropriate agency personnel. (A list of contacts is included as an appendix.) Although extensive efforts have been made to ensure the accuracy of the information, it is possible that the printed version may not reflect the most current policies and procedures. Situations of this nature would be due primarily to changes/revisions that were not in place at the time of publication.

The *DHS Reference Guide* is organized into five major sections. **Section I, Agency Overview**, provides global information such as the agency's mission, philosophy, and strategic planning goals. Agency Business Planning goals also are included in this section, as are budget and staffing summaries. The agency's organizational structure is described and an organizational chart is provided. DHS' efforts to ensure program integrity are also addressed in this section.

**Section II, Agency Programs and Services**, provides detailed descriptions for each of the programs and services administered by DHS. This section is organized according to the agency's Strategic Planning and Budgeting Structure, as established by the Governor's Office and the Legislative Budget Board.

Standard information are presented for each of the programs/services, including program descriptions, eligibility criteria, client profiles, and statewide caseload data. Also included as appropriate, are selected caseload data shown by DHS region, historical trends, quality control statistics, income and resource limitations, and provider reimbursement rates.

**Section III, Special Projects**, contains information on the most significant special projects that the agency is currently pursuing. A brief description of 12 projects is provided in this issue, along with a contact name for additional information.

**Section IV, Demographic/Economic Data**, contains data that are crucial to the agency's planning functions. Included are total and poverty population data for Texas by age group, and by DHS region; Texas aged and disabled population by region and poverty status; Texas total population by region and race, and by sex; Texas labor force statistics by region; and per capita personal income amounts. In some instances, U.S. data are also provided for comparative purposes.

Other data in this section are directly associated with determining financial eligibility for many of the agency's programs and services. These data include the Poverty Income Guidelines for the Continental United States and Texas State Median Income.

A composite listing of state rankings found throughout the publication is also included at the end of this section.

**Section V, Appendices**, contains various information of interest. Included are a description of DHS' efforts to partner with individuals/community organizations (Texas Partners); an example for calculating Temporary Assistance for Needy Families and Food Stamp benefits; the headquarters and regional directories; a list of toll-free phone numbers; a list of contacts for those seeking information about a specific program or topic; a listing of Texas counties by DHS administrative region; a history of the agency; and a glossary of commonly used DHS terms.

**Note:** The data contained in this booklet are available through DHS' web site,

*[www.dhs.state.tx.us](http://www.dhs.state.tx.us)*





# I. Agency Overview

	<b>Page</b>
<b>Mission .....</b>	<b>2</b>
<b>Philosophy .....</b>	<b>2</b>
<b>Strategic Planning Goals .....</b>	<b>3</b>
<b>Business Planning Goals.....</b>	<b>4</b>
<b>FY 2000 Budget Summary .....</b>	<b>6</b>
<b>FY 2000 Staff Summary.....</b>	<b>7</b>
<b>Agency Organization .....</b>	<b>8</b>
<b>Community Partnerships .....</b>	<b>8</b>
<b>Program Integrity .....</b>	<b>10</b>

## Mission

The mission of the Texas Department of Human Services is to provide financial, health, and human services that promote the greatest possible independence and personal responsibility for all clients.

Our key responsibilities to the citizens of Texas include:

- fostering of individual choices, dignity, safety and independence for the elderly, persons with disabilities, and families;
- encouraging self-sufficiency while sustaining families and individuals in times of need; and
- using public funds in a cost effective and efficient manner.

## Philosophy

**We are committed to respect for clients.** We will respect each person as an inherently valuable member of society. We will deliver services fairly, ethically, and with awareness of clients' strengths, abilities, needs, and wants.

**We are committed to excellence in staff.** We will foster personal and professional development, innovation, teamwork, accountability and a commitment to quality.

**We are committed to quality.** We will design and evaluate programs, systems and structures to assure that we are responsive to the needs of those we serve.

**We are committed to wise use of public funds.** We will make the best use of limited resources by striving to improve efficiency and productivity, and by maximizing other funding sources.

**We are committed to accountability.** We will operate programs with integrity, and be open and accountable in the administration of public funds.

**We are committed to partnership.** We will initiate partnerships with other public and private organizations, local communities and volunteers to help us achieve shared policy, funding and service goals.

**We are committed to equitable access.** We will ensure that all persons, regardless of race, color, religion, sex, national origin, age, political belief, or disability, have access to program participation and employment.

# Strategic Planning Goals

**Goal 1: Long-term Care Continuum** – To provide appropriate care based on individual needs, ranging from in-home and community-based services for elderly people and people with disabilities who request assistance in maintaining their independence and increasing their quality of life, to institutional care for those who require that level of support, seeking to ensure health and safety and to maintain maximum independence for the client while providing the support required. Specific programs and services included under this goal are:

- Community Care,
- In-home/Family Support,
- Long-term Care (LTC) Medicaid Eligibility in Texas,
- Nursing Facility Programs,
- Integrated Service Delivery (also referred to as STAR+PLUS Managed Care),
- LTC Facility Regulation,
- LTC Credentialing, and
- Home and Community Support Services Agencies.

**Goal 2: Self-sufficiency** – To encourage self-sufficiency and long-term independence from public assistance by providing prompt, accurate, comprehensive, and effective support and preventive services to low-income families. Specific programs and services administered under this goal are:

- Temporary Assistance for Needy Families (TANF) Grants,
- Food Stamps,
- Medical Programs for Families and Children,
- Special Nutrition Programs,
- Refugee Resettlement Program, and
- Individual and Family Grant Program ( also referred to as Disaster Assistance).

**Goal 3: Family Violence** – To promote self-sufficiency, safety and long-term independence from family violence for adult victims and their children by providing emergency, support and prevention services.

**Goal 4: Equitable Access** – To establish and carry out policies that provide equitable access to agency programs and employment.

**Goal 5: Historically Underutilized Businesses**—To establish and carry out policies governing purchasing that foster meaningful and substantive inclusion of historically underutilized businesses (HUBs).

**Goal 6: Agency Administration** – To provide administrative support in the areas of Central Administration, Information Resources, Other Support Services, and Regional Administration.

# **Business Planning Goals**

While the Strategic Plan reflects budgeted program and service capabilities and measures what is possible to achieve based on existing funding, the agency's Business Plan includes both business and programmatic goals, with a focus on performance accountability and continuous improvement of services and processes. Results from the Business Plan will support decision-making for future strategic planning and budget development. As such, the Business Plan links strategic, operational, administrative, and budgetary directions, and establishes an integrated planning process that supports improved administration and agency decision-making.

The Business Plan is composed of seven goals, organized around four areas of focus: Quality Public Service, Regulation and Enforcement, Skilled Workforce, and Responsible and Effective Management.

## **Quality Public Service**

- Goal 1: Foster an organizational culture that focuses on program excellence by providing easy access and highest quality service delivery to the families and individuals we serve.
- Goal 2: Increase our emphasis on prevention and early intervention, particularly in the critical areas of long-term welfare dependency, health and aging, family violence, and teen pregnancy.
- Goal 3: Work collaboratively with our stakeholder partners at the state, federal and local community levels to meet the needs of our clients and their families.

## **Regulation and Enforcement**

- Goal 4: Control fraud and abuse in the delivery of services to ensure that maximum and quality benefits are provided to the most vulnerable citizens of this state.
- Goal 5: Improve regulatory oversight of long-term care service providers to ensure that clients receive high quality care and services and are protected from abuse, neglect, and exploitation.

**Skilled Workforce**

**Goal 6: Recruit, develop and retain a skilled and diverse DHS workforce.**

**Responsible and Effective Management**

**Goal 7: Manage agency operations and funds wisely to meet the needs of Texas citizens.**

## FY 2001 Budget Summary

(Fiscal Year Ending August 31, 2001)

Goal/Strategy	Total Budget	State Dollars
<b>Long Term Care Continuum</b>		
Community Care Services	\$ 961,019,162	\$ 350,945,859
In-Home & Family Support	6,500,000	6,500,000
LTC Eligibility & Service Planning	103,619,757	45,339,196
Nursing Facility and Hospice Services	1,642,061,052	623,902,921
Integrated Service Delivery	237,642,279	92,002,416
Deaf-blind Services	4,705,962	1,950,191
LTC Facility Regulation	50,010,388	15,819,376
LTC Credentialing	1,362,177	858,577
Home and Community Support Services Agencies (HCSSA)	5,160,522	2,055,975
<b>Goal Total</b>	<b>\$3,012,081,299</b>	<b>\$1,139,374,511</b>
<b>Self-sufficiency</b>		
TANF Grants	\$ 256,728,070	\$ 133,572,594
Self-support Eligibility/Issuance Services	407,140,559	165,733,645
Special Nutrition Programs	171,393,033	921,466
Refugee Assistance	13,545,409	357,076
Disaster Assistance	0	0
<b>Goal Total</b>	<b>\$ 848,807,071</b>	<b>\$ 300,584,781</b>
<b>Family Violence Services</b>	<b>\$ 17,628,589</b>	<b>\$ 4,319,461</b>
<b>Goal Total</b>	<b>\$ 17,628,589</b>	<b>\$ 4,319,461</b>
<b>Agency Administration</b>		
Central Administration	\$ 26,345,869	\$ 9,570,518
Information Resources	59,568,985	15,204,506
Other Support Services	11,455,225	2,313,631
Regional Administration	11,825,893	4,858,212
<b>Goal Total</b>	<b>\$ 109,195,972</b>	<b>\$ 31,946,867</b>
<b>Department of Human Services – Total</b>	<b>\$3,987,712,931</b>	<b>\$1,476,225,620</b>

Source: FY 2001 Operating Budget and FY 2002-03 Legislative Appropriations Request Including Exceptional Items, July 21, 2000.

**FY 2001 Staff Summary**  
(Fiscal Year Ending August 31, 2001)

<b>Goal/Strategy</b>	<b>Authorized Positions</b>
<b>Long Term Care Continuum</b>	
Community Care Services	39.00
In-Home & Family Support	0.00
LTC Eligibility & Service Planning	2,956.25
Nursing Facility and Hospice Services	79.75
Deaf-blind Services	0.00
Integrated Service Delivery	0.00
LTC Facility Regulation	976.00
LTC Credentialing	29.00
Home and Community Support Services Agencies	113.50
<b>Goal Total</b>	<b>4,193.50</b>
<b>Self-sufficiency</b>	
TANF Grants	0.00
Self-support Eligibility/Issuance Services	9,222.00
Special Nutrition Programs	118.00
Refugee Assistance	26.14
Disaster Assistance	0.00
<b>Goal Total</b>	<b>9,366.14</b>
<b>Family Violence Services</b>	<b>9.00</b>
<b>Goal Total</b>	<b>9.00</b>
<b>Agency Administration</b>	
Central Administration	504.00
Information Resources	468.00
Other Support Services	140.00
Regional Administration	274.00
<b>Goal Total</b>	<b>1,386.00</b>
<b>Department of Human Services – Total</b>	<b>14,954.64</b>

Source: FY 2001 Operating Budget and FY 2002-03 Legislative Appropriations Request Including Exceptional Items, July 21, 2000.

## **Agency Organization**

The Texas Department of Human Services (DHS) is composed of the Texas Board of Human Services, the Commissioner of Human Services, and other personnel required to efficiently carry out the purposes of the agency as mandated by state and federal law.

The Board sets policies for DHS programs and services. The Commissioner is administratively responsible for the agency. Programmatic and support functions are led by department heads who, along with the Commissioner, constitute the agency's executive staff.

DHS is decentralized into 11 regions that follow the boundaries mandated for all of the state's health and human service agencies. For administrative purposes, DHS has combined Regions 2 and 9. A regional administrator, who is responsible for the offices and activities within his/her respective region, heads each region. State Office personnel provide management direction and support services to regional and local staff.

The agency's headquarters office is located in the John H. Winters Human Services Complex at 701 West 51<sup>st</sup> Street in Austin, Texas. Because of space limitations in the headquarters building, some state office personnel are also housed at other locations in Austin.

Regional offices are located in Abilene, Arlington, Austin, Beaumont, Edinburg, El Paso, Houston, Lubbock, San Antonio, and Tyler. Services provided by DHS are accessible at more than 400 local offices throughout the state.

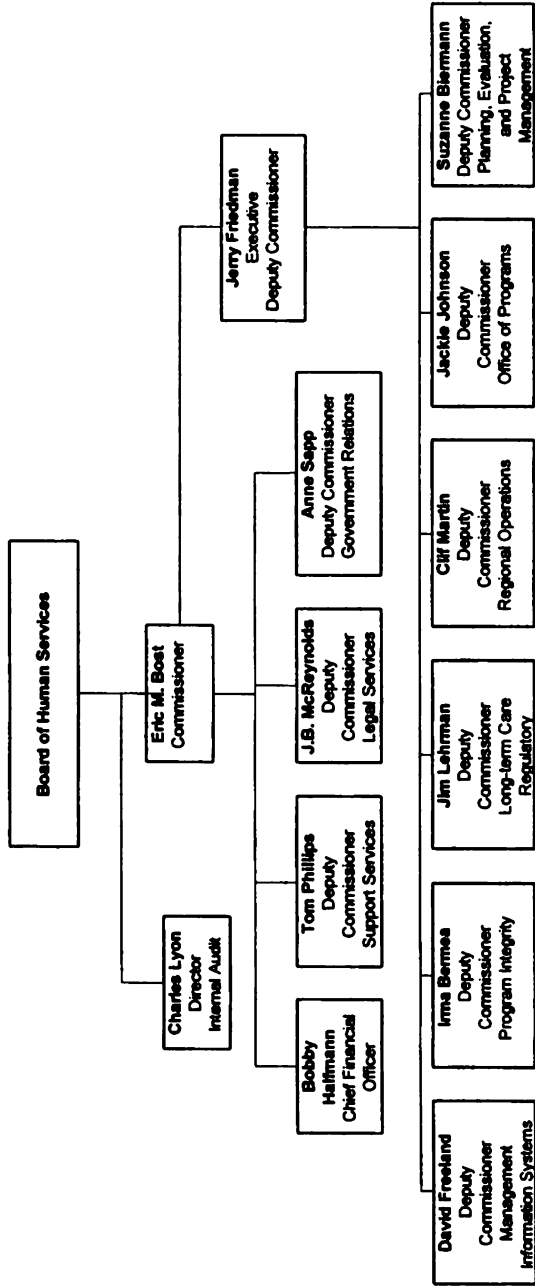
The chart on the following page shows the agency's organizational structure and identifies the areas of responsibility for members of the agency's executive staff.

## **Community Partnerships**

The Texas Department of Human Services teams with community organizations to bridge gaps in service, help families seeking self-sufficiency, and assist elderly and disabled people to remain as independent as possible, enriching their quality of life. A detailed discussion of the agency's efforts is shown as an appendix under Texas Partners.



**State Office Organization  
September 2000**



## **Program Integrity**

The agency's stewardship of public funds was enhanced with the creation of the Office of Program Integrity (OPI) in 1997. OPI provides a comprehensive, integrated approach to service excellence by preventing errors and fraud in DHS programs and by strengthening quality, accountability, and public confidence in the delivery of human services.

### **Payment Accuracy**

Accuracy in determining eligibility and correct benefit levels remains a top priority for DHS. Independent assessments of payment accuracy and service delivery are routinely conducted for the TANF, Food Stamp, and Medicaid programs. Technical assistance is also provided and corrective-action initiatives are monitored to prevent future errors and fraud.

DHS' commitment to accountability and the appropriate use of public funds has resulted in the following quality control achievements:

- During fiscal years 1994 - 1999, the state's TANF payment error rate was cut by more than 43 percent, saving millions in public funds.
- A dramatic improvement also occurred in the Food Stamp program, where Texas' error rate was reduced by 63 percent from Federal Fiscal Year (FFY) 1994 - 1999. In FFY 1999, Texas had the best payment error rate among the "Big Six" states (California, Florida, Illinois, New York, Ohio, and Texas), marking the fifth consecutive year that Texas was the best performing large issuance state. Because of Texas' excellent performance, the state will receive \$19,742,234 in federal enhanced funding for FY 1998 and \$27,941,372 in the same program for FY 1999.

The chart on the following page provides the latest quality control statistics for Texas for the TANF, Food Stamp, and Medicaid programs.

**Texas Quality Control Payment Error Rates  
By Federal Fiscal Year**

Fiscal Year	State Review	Federal Review	Sanction Tolerance	Sanction Estimate	Disposition
<b>TANF</b>					
1994	6.22	6.55	6.11	\$112,725	Reinvested
1995	5.30	1/	5.88	\$ 0	--
1996	4.36	1/	5.81	\$ 0	--
1997	3.78	1/	1/	--	--
1998	4.31	1/	1/	--	--
1999	3.70	1/	1/	--	--
<b>Food Stamps</b>					
1994	11.82	12.45	10.32	\$10,197,240	Reinvested
1995	8.07	8.71	9.72	\$0	No Liability
1996	5.47	6.45	9.22	\$0	No Liability
1997	6.40	6.81	9.88	\$0	No Liability
1998	5.24	5.27	10.69	\$0	No Liability
1999	4.50	4.56	9.88	\$0	No Liability
<b>Medicaid</b>					
1994	1.65	1.10	3.00	\$0	No Liability
1995-99	2/	2/	2/	2/	--

1/ Not applicable. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 eliminated the federal AFDC/TANF quality control system.

2/ Effective FFY 1995, Texas Medicaid Quality Control began conducting a pilot project. States with approved pilot projects are assigned an error rate equal to the most recent completed fiscal year (FFY 1994) prior to the pilot. Pilot results are utilized to enhance program performance.

### Preventing and Detecting Fraud

Senate Bill 30, enacted in 1997 by the 75<sup>th</sup> Texas Legislature, provided additional tools for preventing and detecting fraud as well as recovering overissued TANF and food stamp benefits. Key provisions implemented during FY 1998 include:

- developing annual collection goals,
- contracting with a private collection agency,
- developing a telephone collection system,
- enhancing collections through the Federal Tax Refund Offset Program,
- developing information-matching systems with bordering states and the Texas Department of Criminal Justice, and
- developing procedures to suspend the drivers licenses and certain recreational licenses of persons who fail to repay overissuances.

**Investigations**

The Office of Inspector General (OIG) within the Office of Program Integrity provides cost-effective, state-of-the-art investigative services. The fundamental duty of OIG is to support the agency’s commitment to the highest standards of accountability in its expenditure of public funds. OIG targets flagrant fraud and informs management when action is required to improve compliance and accountability, or reduce agency risks.

**Investigations Statistics for FY 1999**

<b>Investigations</b>	
TANF Investigations Completed	4,396
Amount of Overpayment	\$5,009,883
Food Stamp Investigations Completed	9,625
Amount of Overpayment	\$15,395,893
Other Investigations Completed	1,217
Amount of Overpayment	\$3,654,167
<b>Dispositions (All Programs)</b>	
Court Adjudications	13,064
Disqualification Hearings/Waivers	3,240
Restitution Arranged	9,407
Total Amount Over Issuance	417
<b>Pre-certification Fraud Investigations by Regional Staff</b>	
Number of Investigations	201,821
Resulting Changes or Benefit Denials	46,363
Total Benefit Savings (estimated)	\$8,737,222

Another aspect of responsible public stewardship includes establishing claims for the collection of wrongly issued benefits. In FY 1999, more than \$35 million in non-fraud claims and \$17 million in fraud claims were established for future collection.

Once established, DHS can collect overissuances through client agreements for recoupment or restitution; the Federal Tax Refund Offset Program; unemployment insurance benefits intercept; administrative disqualification hearings; and prosecutions. Texas continues to be a national leader in claims establishment and collections.

**Project Integrity**

Project Integrity is a comprehensive process for evaluating and analyzing innovative ideas and technologies to detect and prevent fraud, abuse, and payment errors in agency programs. By identifying new sources and methods of matching data, Project Integrity hopes to become a primary source of fraud referrals for the OIG.

To date, Project Integrity has completed felony drug, felony fugitive, water-craft, professional license, and Social Security Administration matches.

**Project Integrity Match Data  
Fiscal Year 1999**

Fraud Referrals	1,573
Investigations Completed	598
Total Theft Amount	\$753,453



## **II. Agency Programs and Services**

	<b>Page</b>
<b>Goal I. Long Term Care Continuum</b>	
Community Care Services .....	16
In-home and Family Support Program.....	23
Long-term Care Medicaid Eligibility in Texas.....	24
Nursing Facility Programs.....	28
Integrated Service Delivery.....	32
Long-term Care Facility Regulation .....	33
Long-term Care Credentialing .....	36
Home and Community Support Services Agencies .....	38
<b>Goal II. Self-sufficiency</b>	
Temporary Assistance for Needy Families .....	39
Food Stamp Program .....	48
Medical Programs for Families and Children.....	53
Special Nutrition Programs .....	56
Refugee Resettlement Program.....	58
Individual and Family Grant Program.....	59
<b>Goal III. Family Violence Services .....</b>	<b>61</b>
<b>Goal IV. Equal Employment Opportunity/Affirmative</b>	
Action.....	62
Office on Services to Persons with Disabilities.....	64
<b>Goal V. Historically Underutilized Business Program.....</b>	<b>65</b>
<b>Goal VI. Agency Administration</b>	
Central Administration .....	66
Information Resources.....	66
Other Support Services.....	66
Regional Administration .....	66

# Community Care Services

## Program Descriptions

Community Care services are designed to meet the needs of aged or disabled Texans who seek to avoid premature nursing home placement. Services are provided in the most cost-effective manner through a combination of statewide activities, regional contracts, and demonstration projects. Specific services include:

### Non-Medicaid Community Care Services

Family Care Services are provided to aged and disabled adults who are functionally limited in performing daily living activities. Services include assistance with personal care activities, housekeeping tasks, meal preparation, and escort services.

Home Delivered Meals provides hot, nutritious meals served in a client's home by community-based provider agencies.

Special Services to Persons with Disabilities contracts with public or private agencies to provide services to help persons with disabilities achieve habilitative or rehabilitative goals that encourage maximum independence.

Emergency Response Systems provide a 24-hour electronic medical emergency call system for functionally impaired elderly or disabled adults who live alone or are physically isolated from the community.

Adult Foster Care (AFC) is provided in DHS-enrolled AFC homes. This service provides 24-hour living arrangements and includes meal preparation, housekeeping, help with personal care, etc.

Day Activity and Health Services (Title XX) provides nursing, physical rehabilitative, nutrition, and supportive services in adult day-care facilities that are licensed and certified by DHS.

Residential Care provides services to eligible adults who require access to services on a 24-hour basis, but who do not need daily nursing intervention. Care is provided in DHS-licensed facilities.

Client Managed Attendant Services targets adults with disabilities who are mentally and emotionally capable of self-directing their attendant care. Clients interview, hire, train, and supervise their own attendants.

Respite provides short-term services for elderly and disabled adults who require care and/or supervision, while allowing their caregiver temporary relief.



**Non-waiver Medicaid Community Care Services**

Primary Home Care is a non-technical medical service prescribed by a physician for eligible Medicaid clients of all ages whose chronic health problems impair their daily living. If needed, care may be supervised by a registered nurse.

Services for the Frail Elderly: Section §1929 of the Social Security Act allows persons of all ages in Texas who meet the Medical Assistance Only (MAO) financial criteria for nursing home care to be financially eligible for Primary Home Care Services.

Day Activity and Health Services (Title XIX) provides nursing services, physical rehabilitative, nutrition and supportive services in adult day-care facilities that are licensed and certified by DHS.

**Medicaid Waiver Programs**

Community-Based Alternatives (CBA) Program provides an array of home and community-based services to aged and disabled adults as cost-effective alternatives to nursing facility care. Services include personal assistance, adaptive aids, medical supplies, adult foster care, assisted living/residential care, nursing, rehabilitative therapies, respite care, home-delivered meals, emergency response, and minor home modifications.

Community Living Assistance and Support Services (CLASS) provides home and community-based services to people with related conditions as a cost-effective alternative to ICF-MR/RC institutional placement. Related conditions are disabilities, other than mental retardation, that originated before age 22 and affect the ability to function in daily life. Services include respite care, rehabilitative therapies, habilitation, adaptive aids, etc.

Program for All-inclusive Care of the Elderly (PACE) provides community-based services for frail elderly people who would qualify for nursing facility placement. A comprehensive care approach is used to provide an array of medical, functional, and day activity services for a capitated monthly fee that is below the cost of comparable institutional care. Individuals must live in specific catchment areas (certain zip codes in El Paso, Texas).

Deaf-blind/Multiple Disabilities Program helps meet the specific needs of people who are deaf, blind, and have multiple disabilities by providing an opportunity to increase independence and communication.

Consolidated Wavier Project is a pilot that will provide home and community-based services to adults and children who are disabled, mentally retarded, developmentally disabled, have related conditions, or who are deaf and blind with multiple disabilities. Implementation is scheduled for the spring of 2001.

### Eligibility Requirements

For most community care services, clients must need help to perform routine activities such as bathing, dressing, preparing meals, eating, or toileting, and must meet financial criteria similar to those for nursing home care. For Medicaid-funded services, clients also must have a medical need for services. A client's degree of functional impairment is measured on a 60-point functional needs assessment to determine if the impairment is severe enough to qualify them for services. The higher the score, the more severe the impairment.

**Community Care  
Income and Resources Limits for Calendar Year 2000**

Program	Income Limit	Resources Limit
Community Care – Frail Elderly (XIX)		
Individual	\$1,536	\$2,000
Couple	\$3,072	\$3,000
Community Care (XX)		
Individual	\$1,536	\$5,000
Couple	\$3,072	\$6,000
Supplemental Security Income (SSI) <sup>1</sup>		
Individual	\$ 512	\$2,000
Couple	\$ 769	\$3,000
Specified Low-income Medicare Beneficiary (SLMB) <sup>1</sup>		
Individual	>\$696 <\$835	\$4,000
Couple	>\$938 <\$1,125	\$6,000
Qualified Medicare Beneficiary (QMB) <sup>1</sup>		
Individual	\$696	\$4,000
Couple	\$938	\$6,000
Qualified Disabled Working Individual (QDWI) <sup>1</sup>		
Individual	\$1,392	\$4,000
Couple	\$1,875	\$6,000
Qualifying Individuals QI-1 <sup>1</sup>		
Individual	=\$835<\$940	\$4,000
Couple	=\$1,125 <\$1,266	\$6,000
Qualifying Individuals QI-2 <sup>1</sup>		
Individual	=\$940<\$1,218	\$4,000
Couple	=\$1,,266<\$1,641	\$6,000

<sup>1</sup> Does not include \$20 general disregard for income test.

### Client Profile

The typical Community Care client is a woman over the age of 70 who lives in her own home either alone or with an elderly spouse. She has multiple chronic health problems, which severely impair her daily living activities. She needs daily assistance to remain in her home. She uses 52 hours of attendant care each month to help with seven daily living tasks, five of which are personal-care tasks such as bathing, dressing, toileting, and meal preparation. She receives one other community care service in addition to attendant care to support independent living in the community. She has a monthly income of \$532 or less, and less than \$2,000 in available assets.

### Community Care Clients: FY 1999

Program/Service	Clients Per Month	Cost Per Client Per Month
<b>Non-Medicaid Community Care</b>		
Family Care	7,735	\$ 403.69
Home-delivered Meals	11,226	64.60
Emergency Response Services	11,384	21.63
Adult Foster Care	291	417.85
Day Activity & Health Services (Title XX)	605	391.71
Special Services for Persons with Disabilities	115	886.17
Residential Care	825	640.92
Client Managed Attendant Services	430	898.38
Personal Attendant Services	116	1,066.75
Respite	751	158.45
<b>Total (Unduplicated)</b>	<b>15,152</b>	<b>\$ 377.00</b>
<b>Non-Waiver Medicaid Community Care</b>		
Primary Home Care	37,222	\$ 488.55
Frail Elderly	21,276	480.02
Day Activity & Health Services (Title XIX)	11,339	408.32
<b>Total</b>	<b>69,837</b>	<b>\$ 472.92</b>
<b>Medicaid Waiver Programs</b>		
Community-Based Alternatives	22,522	\$ 991.95
CLASS	984	2,431.02
Deaf-Blind with Multiple Disabilities	93	3,362.10
Medically Dependent Children's Program	673	\$1,404.02
<b>Total Community Care</b>	<b>109,261</b>	<b>\$ 593.30</b>

Source: DHS Billing System Reports.

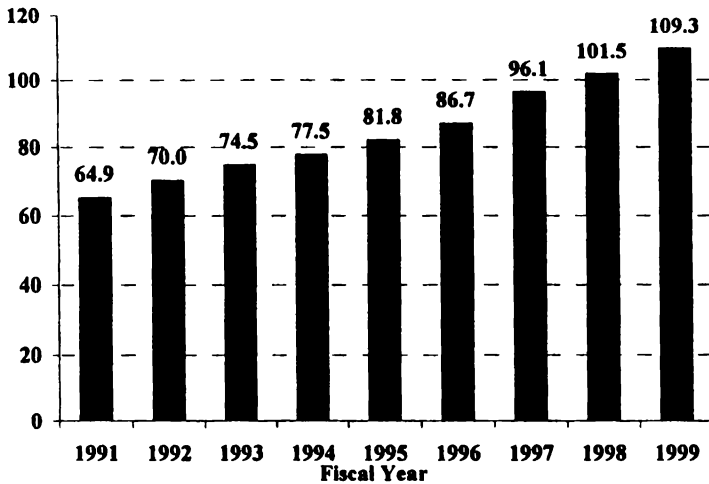
**Community Care Clients By Region: FY 1999**

Region	Average Number of Clients Per Month <sup>1</sup>	Percent of State Total
1 Lubbock	4,308	3.86
2/9 Abilene	9,752	8.75
3 Arlington	14,125	12.67
4 Tyler	8,755	7.85
5 Beaumont	6,494	5.82
6 Houston	10,807	9.69
7 Austin	9,556	8.57
8 San Antonio	14,724	13.21
10 El Paso	4,612	4.14
11 Edinburg	28,366	25.44
State Total	111,499	100.00

<sup>1</sup> Unduplicated clients without waiting list or second service.  
 Source: DHS Eligibility System Report.

**Community Care Recipients per Month  
 FY 1991-1999\***

Recipients  
 (Thousands)



\* FY 1999 includes MDCP, Deaf-blind Waiver, and Personal Attendant Services.

**Community Care Provider Reimbursement Rates**

Program	Unit of Service	Current Rate	Effective Date
Adult Foster Care	Day	\$14.13	9/1/98
Program for All Inclusive Care for the Elderly (PACE) Waiver	Month	\$2,306.25	1/1/00
Client-Managed Attendant Services	Hour	Various	9/1/99
Community-Based Alternatives Waiver			
Adult Foster Care			
Level I	Day <sup>1</sup>	\$18.31	9/1/98
Level II	Day <sup>1</sup>	\$31.58	9/1/98
Level III	Day <sup>1</sup>	\$64.13	9/1/98
Assisted Living/Residential Care			
Assisted Living Apartment --Single Occupancy	Day <sup>1</sup>	\$39.54	9/1/99
Residential Care Apartment -- Double Occupancy	Day <sup>1</sup>	\$31.27	9/1/99
Residential Care Non-Apartment	Day <sup>1</sup>	\$24.07	9/1/97
Residential Care Non-Apartment Personal Care III	Day <sup>1</sup>	\$45.66	9/1/99
Emergency Response Services	Ceiling/Mo.	\$29.34	11/1/96
Nursing	Hour	\$40.70	9/1/98
Physical Therapy	Hour	\$58.96	9/1/99
Occupational Therapy	Hour	\$57.92	9/1/99
Speech Pathology	Hour	\$57.56	9/1/99
Personal Assistance Services	Hour	\$9.89	9/1/98
Administrative Expense Fee	Once/client	\$143.61	9/1/99
Reassessment Fee	Annual	\$52.01	9/1/99
Requisition Fee	Schedule	Various	5/1/95
Respite Services			
Nursing Facility (NF)	Day	NF TILE	1/1/00
Adult Foster Home			
Level I	Day <sup>2</sup>	\$31.76	9/1/98
Level II	Day <sup>2</sup>	\$45.03	9/1/98
Level III	Day <sup>2</sup>	\$77.58	9/1/98
Assisted Living/Residential Care			
Assisted Living Apartment-- Single Occupancy	Day <sup>2</sup>	\$53.19	9/1/99
Residential Care Apartment -- Double Occupancy	Day <sup>2</sup>	\$44.92	9/1/99
Residential Care Non-Apartment	Day <sup>2</sup>	\$37.48	9/1/99
In-Home Respite	Day <sup>1</sup>	\$196.11	9/1/99

--continued on the next page--

**Community Care Provider Reimbursement Rates (continued)**

Program	Unit of Service	Current Rate	Effective Date
<b>Community Living Assistance and Support Services (CLASS)</b>			
Case Management	Month	\$174.22	9/1/99
Habilitation	Hour	\$12.07	9/1/99
Respite			
In-Home	Day	\$196.11	9/1/99
Out-of-Home	Ceiling/Day <sup>2</sup>	\$194.56	9/1/99
Nursing Services	Hour	\$38.39	9/1/98
Physical Therapy	Hour	\$58.96	9/1/99
Occupational Therapy	Hour	\$57.92	9/1/99
Speech Pathology	Hour	\$57.56	9/1/99
Psychological Services	Hour	\$81.00	9/1/98
Administrative Expense Fee	Once/Client	\$456.85	9/1/96
Reassessment Fee	Annual	\$52.01	9/1/99
Requisition Fee	Schedule	Various	9/1/98
<b>Day Activity and Health Services</b>	½ Day	\$12.68	9/1/96
<b>Emergency Response Services</b>	Month	\$29.34	11/1/96
Family Care: Non-priority	Hour	\$8.33	9/1/99
Family Care: Priority 1	Hour	\$9.89	9/1/98
Primary Home Care: Non-priority	Hour	\$8.33	9/1/99
Primary Home Care: Priority 1	Hour	\$9.89	9/1/98
Residential Care: Apartment	Day	\$39.80	9/1/99
Residential Care: Non-apartment	Day	\$33.33	9/1/97
Residential Care: Bed hold	Day	\$13.65	9/1/99

<sup>1</sup> Does not include room and board.

<sup>2</sup> Includes room and board.

Source: DHS Rate Analysis Department.

# **In-home and Family Support Program**

## **Program Description**

This program provides persons with physical disabilities (without a diagnosis of a mental disability) with a means to purchase the support they need to remain in the community. Direct grant benefits are provided to eligible individuals to purchase special equipment, medical supplies, adaptive aids, and also to modify the home or an automobile so that they are accessible and usable by the disabled individual. Grants may be provided to persons who are elderly or have disabilities to support their living independently in the community and prevent institutionalization.

## **Program Benefits**

- Up to \$3,600 one-time grant for the purchase of equipment or architectural modifications.
- Up to \$3,600 annual cash subsidy for the purchase of ongoing services.

## **Eligibility Requirements**

Eligibility is based on the individual's functional and financial need for services. People with income at or below 100 percent of the state's median income (SMI) level are eligible without co-payment. Applicants with incomes at or above 105 percent of the SMI must contribute to the cost of the services they receive based on a sliding scale. When income exceeds 150 percent of the SMI, the co-pay is 100 percent. (Texas' state median income is shown in Section IV of this publication.)

## **Client Profile**

The typical In-home and Family Support Program client:

- lives in the community in his/her own home or with family or friends,
- is 4 years of age or older,
- has a physical disability that causes a substantial limitation in one or more major life areas (self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and/or economic self-sufficiency), and
- reflects the need for lifelong or extended care, treatment, or support services.

## **Caseload Information**

During the 12-month period ending August 31, 1999, an average of 3,029 clients received a cash subsidy per month and 691 clients received capital expenditure reimbursement during the year. The average cash subsidy per client per month was \$144.64. The average annual capital expenditure per client was \$1,529.36.

# Long-term Care Medicaid Eligibility in Texas

## Program Description

The Texas Department of Human Services determines financial eligibility for all Title XIX Medicaid services provided to aged or disabled people residing in Texas.

Federal regulations require that eligibility determination be completed within 90 days for a person under age 65 applying on the basis of a disability, and within 45 days for a person who is at least age 65.

## Categories of Assistance

Title XIX provides medical care and supportive services (i.e. vendor drugs and nursing home and institutional care) to individuals that qualify for Medicaid under one of the following categories of assistance:

1. **Supplemental Security Income (SSI):** The SSI program, which provides an income supplement for low-income aged and disabled individuals and couples, is administered by the Social Security Administration (SSA). Texas (DHS) has contracted with the SSA to determine Medicaid eligibility for all individuals found eligible for SSI. Persons eligible for SSI are automatically eligible for Medicaid coverage.
2. **Three Months Prior:** Medicaid benefits may be extended backward in time to cover up to three months prior to application for assistance, if there are unpaid or reimbursable medical bills for this time period. Anyone applying for SSI or Medical Assistance Only (MAO) is potentially eligible.
3. **Two Months Prior:** Public Law 104-193, Section 3502.4 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 changed policy for retroactive Medicaid coverage for individuals found eligible for SSI. Effective July 1997, DHS automatically adds Medicaid coverage for the month prior to the first month of actual SSI payment. The individual may also apply for coverage for the two preceding months if he/she has unpaid or reimbursable medical bills and meets all Medicaid eligibility requirements for those months.
4. **Medical Assistance Only (MAO):** Medicaid eligibility is extended to certain groups that are excluded under provisions of the SSI program. Eligible groups are:
  - A. **SSI-related MAO** – Individuals residing in Title XIX approved long-term care facilities who meet SSI eligibility criteria except for income. An individual must live in one or more Title XIX long-term care



facilities at least 30 consecutive days to be eligible under the institutional income limit.

- B. **Rider 51 MAO** – Medicaid-eligible individuals whose income exceeds the department’s Title XIX institutional income limit because of a cost-of-living increase in pension or retirement benefits continue to be eligible for medical benefits.
- C. **Pickle Amendment** – Individuals denied SSI due to certain increases in Social Security benefits may continue to be eligible for Title XIX coverage. There are several groups who may be eligible under this criterion.
- D. **Disabled Adult Children (DAC)** – Persons who are at least age 18 and who became disabled before age 22 may continue to receive Medicaid if they lose SSI because of too much Social Security DAC benefits.
- E. **Widows/Widowers** – Persons between the ages of 50 and 65, ineligible for Medicare, who lose SSI because of too much Social Security widows/widowers benefits. Medicaid may be continued.
- F. **Home and Community-based Waiver** – Persons under this category are eligible through one of the state’s six Medicaid waivers. These waivers are:
  - (1.) **Medically Dependent Children Program (MDCP) Waiver** – This program, administered by the Texas Department of Health, serves children under age 21 who meet the medical necessity criteria for nursing facility care. Services consist of in-home skilled nursing or respite care provided in a hospital or nursing home. This program will be administered by DHS, effective September 1, 2001.
  - (2.) **Home and Community-based Services (HCS)** – This program provides in-home services to individuals with mental retardation. Services include homemaker, habilitation, nursing, therapies, and respite. Case management is provided by local staff associated with the Texas Department of Mental Health and Mental Retardation (TxMHMR).
  - (3.) **Community Living Assistance and Support Services (CLASS)** – This program provides home and community-based services to people with severe disabilities other than mental retardation, such as epilepsy, brain injuries, and spina bifida. The disability must have originated before the individual became age 22. Services include habilitation, nursing, therapies, minor home modifications, and respite. Case management is provided by private agencies under contract with DHS.
  - (4.) **Home and Community-based Services OBRA (HCS-O)** -- This program provides services to persons with mental retardation or related conditions who are determined to be inappropriately residing in a nursing home. Community services include habilitation, nursing, adaptive aids, minor home modifications, dietary services, respite, and therapies. This program is administered by TxMHMR.

(5.) **Community-Based Alternative (CBA) Program** – This program provides home and community-based services to aged and disabled adults as a cost-effective alternative to nursing facility care. To be eligible, persons must be age 21 or older, meet the financial and medical necessity criteria for nursing facility care, and have an ongoing need for certain types of care that cannot be delivered adequately by family, friends, other Medicaid-reimbursed services, or other sources. A participant's plan of care cannot exceed 100 percent of the cost of care the individual would receive in a nursing facility. This program is administered by DHS.

(6.) **Deaf Blind/Multiple Disability Waiver (DBMD)** – This program provides services to persons age 18 or older who have been determined as legally blind and who have multiple disabilities, are eligible for SSI, and are eligible for Medicaid in the community using the institutional income/resource limits. The individual must have an ICF-MR/RC VIII Level of Care and have an Individual Plan of Care that can be met by the services available under the waiver. The program is administered by DHS.

- G. **Program for All-Inclusive Care of the Elderly (PACE or Bien Vivir)** – This program is available to individuals age 55 or older with chronic medical problems and functional impairments who live within certain zip codes in El Paso. They must meet SSI criteria, be Medicaid eligible using the institutional income/resource limits, and meet criteria for medical necessity. This program provides community-based services for frail elderly people who would qualify for nursing facility placement. A comprehensive care approach is used to provide an array of medical, functional, and day activity services for a capitated monthly fee that is below the cost of comparable institutional care.
- H. **Aliens not eligible** -- Certain aliens with an emergency medical condition who meet all SSI criteria except citizenship and are not eligible for ongoing Medicaid coverage may be eligible for coverage for medical emergencies.
- I. **1929(b)** – This category covers individuals who are not eligible under a Medicaid program but have a functional need for Title XIX Primary Home Care services. The program's intent is to delay/prevent the need for institutional care; therefore, countable income must be equal to or less than the department's institutional income limit. Eligible persons do not receive regular Medicaid benefits. They are only entitled to Primary Home Care services.
5. **Qualified Medicare Beneficiary (QMB)** -- Federally mandated coverage for Medicare beneficiaries who have countable income of no more than 100 percent of the federal poverty level and who have limited resources. The state pays Medicare Part A and B premiums, Medicare deductibles,

and Medicare co-insurance costs. Individuals may be eligible for both Medicaid and QMB benefits.

6. **Specified Low-income Medicare Beneficiaries (SLMB)** -- A mandated federal coverage group that is an extension of the QMB group. Under this program, individuals are entitled only to the payment for Medicare Part B premium. Income must be more than 100% but less than 120% of the federal poverty level.
7. **Qualifying Individuals (QI-1 and QI-2)** -- The Balanced Budget Act of 1997 created two new Medicare cost-sharing groups. These coverage groups must meet QMB program eligibility requirements, except for the income limits, which are higher. QI-1 clients cannot be eligible for regular Medicaid and QI benefits at the same time. QI-1 clients are entitled to payment of the Medicare Part B monthly premium amount. QI-2 clients are entitled to payment of the portion of the Medicare Part B premium that results from the shift of home health benefits from Medicare Part A to Medicare Part B. Both must be enrolled in Medicare Part A.
8. **Qualified Disabled Working Individuals (QDWI)** -- A federally mandated program for individuals who have a disability and have lost free Medicare Part A coverage because of employment earnings. Countable income can be no more than 200 percent of the federal poverty level; there also is a limited resource allowance. The benefit is payment of the premium to extend the Medicare Part A coverage.
9. **SSI - denied Children** -- This program continues Medicaid benefits for children who were receiving SSI as of August 22, 1996, and were denied on or after July 1, 1997, because of the change in disability criteria. To be eligible, the person must be under age 18 and continue to meet all SSI criteria, including the disability criteria in effect prior to August 22, 1996.

# Nursing Facility Programs

## Program Description

DHS' Nursing Facility programs include the following:

**Nursing Facility Care Program** -- provides institutional nursing care to Medicaid recipients whose medical condition requires the skills of a licensed nurse on a regular basis. The nursing facility must provide for the total medical, nursing, and psychosocial needs of each client, to include room and board, social services, over-the-counter drugs (prescription drugs are covered through the Medicaid Vendor Drug program), medical supplies and equipment, personal needs items, and rehabilitative therapies. Daily Medicare skilled nursing facility co-insurance payments are also paid for persons who are eligible for both Medicare and Medicaid.

**Rehabilitative Services** -- provides physical, occupational, and speech therapy to eligible nursing facility residents who may have had an acute onset of illness or an injury and are able to participate in a rehabilitative program. Rehabilitative services for persons outside nursing facilities are provided by other agencies.

**Medicaid Swing Bed Program** – permits participating rural hospitals to use their beds interchangeably to provide acute hospital and long-term nursing facility care to Medicaid recipients, when no Medicaid beds are available in skilled nursing facilities in the same geographic area.

**Hospice Program** -- provides palliative care consisting of medical, social, and support services for a period of six months to persons who are terminally ill.

**Emergency Dental Services** – provides reimbursement for emergency dental services to Medicaid recipients residing in nursing facilities.

**Specialized Services** -- provides physical, occupational, and speech therapy, as well as restorative nursing services to Medicaid recipients who have been identified in the Pre-admission Screening and Annual Resident Review process to need such services.

### Eligibility Requirements

To be eligible for Medicaid coverage in a nursing facility, an applicant must reside in a Medicaid-certified facility, demonstrate financial eligibility, and meet appropriate medical necessity requirements. An individual (of any age) must meet the following criteria:

- Financial eligibility – income no greater than \$1,536 per month and countable assets no greater than \$2,000.
- Medical necessity – certified by a physician as having a medical condition that requires daily skilled nursing care. The need for custodial care only does not constitute medical necessity.

### Client Profile

The typical nursing facility resident in Texas is a widow over age 80. She will live in the nursing facility for about two years before her death, and will be hospitalized at least once during this period. She sold her home or gave up her lease when she entered the nursing facility. She suffers from cerebrovascular disease and diabetes and has some level of cognitive impairment. She takes six prescription drugs daily. If she has any family members, they will visit her infrequently.

### Medicaid Nursing Facility Caseloads: FY 1999

Nursing Facility Clients per Month	64,019
Average Daily Rate	\$77.42
Average Applied Income per Day	\$16.28
Average DHS Payment per Day	\$61.14
Average Cost per Client per Month	\$1,859.56
Title XVIII Co-pay Clients per Month	3,425
Average Cost per Client per Month	\$1,331.02
Clients Receiving Hospice Services per Month	1,909
Average Cost per Client per Month	\$1,792.68

Source: DHS Billing System Reports.

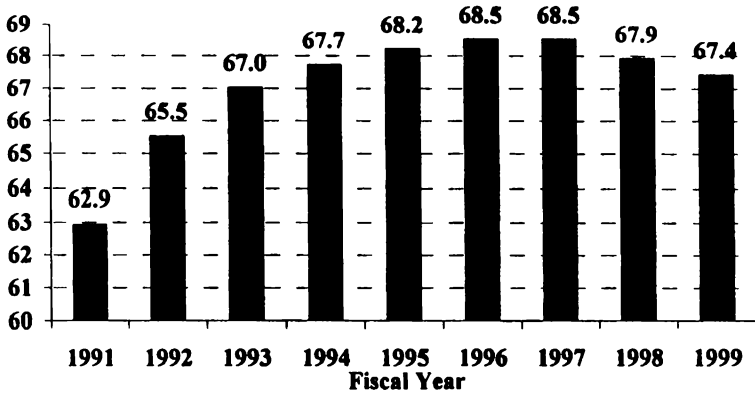
**Medicaid Nursing Facility Clients  
By Region: FY 1999**

Region	Medicaid Nursing Facility Clients per Month	Percent of State Total
1 Lubbock	3,263	4.93
2/9 Abilene	6,003	9.06
3 Arlington	14,998	22.65
4 Tyler	7,256	10.96
5 Beaumont	4,123	6.23
6 Houston	8,618	13.01
7 Austin	8,998	13.59
8 San Antonio	7,640	11.54
10 El Paso	889	1.34
11 Edinburg	4,432	6.69
State Total	66,221	100.0

Source: DHS Eligibility System Reports.

**Nursing Home Recipients per Month  
FY 1991-1999**

Recipients  
(Thousands)



## Nursing Facility and Hospice Provider Reimbursement Rates

Nursing facility and Hospice providers are reimbursed through established statewide rates by level of services for each day of service delivered. Each recipient's needs are assessed to determine the appropriate level of service required and to place the recipient in one of the 12 payment categories within the Texas Index for Level of Effort (TILE) case mix system. Current reimbursement rates for each of the TILE groups are:

TILE Class	Nursing Facility and Swing Bed Programs	Hospice Program
201	\$136.03	\$129.23
202	\$121.45	\$115.38
203	\$114.96	\$109.21
204	\$96.26	\$91.45
205	\$89.46	\$84.99
206	\$90.45	\$85.93
207	\$82.25	\$78.14
208	\$79.48	\$75.51
209	\$74.21	\$70.50
210	\$64.76	\$61.52
211	\$62.45	\$59.33
212	\$62.45	\$59.33
Pediatric Tracheostomy	\$43.85	--
Ventilator Supplement		
Continuous	\$73.08	--
Less than continuous	\$29.23	--

Source: DHS Rate Analysis Department.

# Integrated Service Delivery

## Program Description

The STAR+PLUS program is a Medicaid pilot project that integrates acute and long-term care service delivery through a managed care system. Currently, Medicaid acute care services, such as inpatient hospital and physician services, are not coordinated with LTC services, such as attendant care or nursing facility care. Medicaid clients must make separate application to DHS if they need LTC services. Often clients apply for services only after a serious illness or hospitalization, and by that time their needs are too great to be served in the community.

STAR+PLUS combines Medicaid funding for acute and long-term care in a managed care system. The department contracts with three health maintenance organizations (HMOs) to provide services to approximately 52,000 aged and disabled Medicaid recipients in Harris County. The HMOs are paid a monthly capitation rate for each member and are responsible for their health care. Because the capitation rate is a fixed amount, there is an incentive for the HMOs to keep members healthy so they do not require expensive hospitalizations or institutional care.

Many of the clients enrolled in STAR+PLUS are covered by Medicare for their acute care needs, and only receive LTC through the HMOs. The HMOs are required by contract to assess these members for potential LTC needs. Again, there is an incentive for the HMOs to provide community-based LTC services, such as attendant care or adult day-care to prevent costly institutionalization.

### Integrated Service Delivery Statistics: FY 1999

Clients enrolled in STAR+PLUS (monthly average)	
Aged and Medicare-related enrollees	25,067
Blind and disabled enrollees	21,389
Total STAR+PLUS enrollees	46,456
Average monthly cost per client	
Aged and Medicare-related enrollee	\$ 152.85
Blind and disabled enrollee	\$ 588.99
PACE enrollees (monthly average)	320
PACE cost per member (monthly average)	\$ 2,181.11

Source: DHS Billing System Reports.



# Long-term Care Facility Regulation

## Program Description

The Health and Safety Code, Chapters 242, 247, and 252; the Human Resources Code, Chapter 103; and the Social Security Act require DHS to inspect and survey all long-term care facilities to ensure they are in compliance with all applicable state and/or federal laws. Certification surveys are also required for participation in the Medicare and/or Medicaid programs.

Long-term care facilities are surveyed routinely to determine their compliance with state and federal Medicare or Medicaid regulations and state licensing laws. Nursing homes are surveyed every nine to 15 months, depending on past compliance with regulations. ICF/MR facilities, assisted living facilities and adult day-care facilities are surveyed yearly.

Survey teams of from two to five skilled professionals in the health care, social work, or construction fields look into all areas and operations of the facility to ensure resident care is provided according to the regulations that safeguard their health and safety. Follow-up visits are made when additional monitoring is warranted. Survey teams also are responsible for investigating complaints and incidents reported to the department.

Long-term Care Regulatory issues licenses to operate a long-term care facility in Texas. The licensing process requires detailed information on the owner/operator and controlling persons to allow for denial of a license based on the applicants' past history as a provider. Other responsibilities include pursuing enforcement actions against facilities that have been cited for noncompliance with regulations, conducting informal dispute-resolution activities, providing information and releasing records to the public, and managing Medicaid contracts.

The types of facilities regulated by the department and the agency's specific roles are:

**Nursing Facility Licensure and Certification** -- A nursing facility provides food, shelter, and nursing care for four or more people who are unrelated to the owner. Other care provisions include minor treatment under the direction/supervision of a physician, and other services that meet some need beyond those previously mentioned. DHS licenses all nursing facilities in the state, and certifies facilities that choose to serve Medicare and Medicaid patients. The department also is responsible for investigating complaints and monitoring facilities that are out of compliance with state or federal regulations.

**Intermediate Care for the Mentally Retarded/Related Conditions Facility Licensure and Certification** – This type of facility serves four or more persons with mental retardation or related conditions who are unrelated to the owner, and whose physical and mental condition requires institutional care and minor treatment under the direction/supervision of a physician. Services include food, shelter, and other assistance that meet a specific need of the residents. All privately owned facilities must be licensed by DHS. Facilities serving Medicaid recipients also must be certified. The department also investigates complaints and monitors facilities that are out of compliance with regulations.

**Assisted Living Facility Licensure** – Personal care facilities provide services to four or more persons unrelated to the owner. Facility types range from adult foster homes to large retirement centers. Services include food, shelter, personal-care services, minor treatment under the direction/supervision of a physician, and other services that meet a specific need of the residents. The department’s responsibilities include licensing these facilities, investigating complaints, and monitoring facilities that are out of compliance with regulations.

**Adult Day/Health Care Facility Licensure** – Adult day-care facilities provide services to four or more elderly or disabled people who are not related to the owner in a day-care setting during the week (Monday through Friday). Services include counseling, recreation, and/or food on a regular basis. Adult Day Health Care facilities provide health care and/or physical therapy, and may also provide adult day-care services on a daily or regular basis. Neither type of facility provides overnight care. The department is responsible for licensing these facilities, investigating complaints, and monitoring facilities that are out of compliance with regulations.

**Long-term Care Facility Regulation Statistics: FY 1999**

<b>Facilities Regulated</b>	
Nursing Facilities	1,300
ICF-MR/RC Facilities	916
Assisted Living Facilities	1,166
Adult Day Health Care Facilities	306
<b>Complaint and Incident Intakes</b>	
Nursing Facilities	12,546
ICF-MR/RC Facilities	2,789
Personal Care Facilities	2,005
Adult Day Health Care Facilities	179
Total	17,519
<b>Enforcement Actions – Nursing Facilities</b>	
Action to Deny or Revoke License	41
Administrative Penalties Imposed	580
Denial of Payment for New Admissions	45
Facilities Closed	3
Recommendations for Civil Monetary Penalties	114
Referrals to the Attorney General for Civil Penalties	22
Suspension of License	2
Termination of Contract	6
Trustees	15
<b>Enforcement Actions – ICF-MR/RC Facilities</b>	
23- or 90-day terminations	1
Action to Deny or Revoke License	45
Facilities Closed	0
Referrals to the Attorney General for Civil Penalties	12
Suspension of License	2
Trustees	2
Vendor Hold	2
<b>Enforcement Actions – Assisted Living Facilities</b>	
Action to Deny or Revoke a License	94
Facilities Closed	0
Referral to Attorney General for Civil Penalties	22
Referrals to County/District Attorney for Civil Penalties or Injunctive Relief	48
Suspension of License	1
Trustees	1
<b>Enforcement Actions – Adult Day Care Facilities</b>	
Action to Revoke or Deny a License	6
Facilities Closed	0
Suspension of License	1

Source: DHS Long-term Care Regulatory Department.

# Long-term Care Credentialing

## Program Description

Under the authority of federal and state law, the Credentialing Department's five programs license, certify, permit and monitor the following (approximate number of) individuals for the purpose of employability:

- 2,500 licensed nursing facility administrators;
- 100,000 certified nurse aides;
- 20,000 uncredentialed direct care personnel;
- 7,500 permitted medication aides; and
- 380,000 unlicensed long-term care and home health personnel who work in facilities or for agencies that are regulated by DHS' Long-term Care Regulatory division.

**Nursing Facility Administrator Licensing and Investigations Program** – 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 (NFAAC); imposing and monitoring sanctions; and developing educational, training and testing curricula.

**Nurse Aide Registry and Training Programs** – Responsibilities include certification and sanction activities; approving or renewing Nurse Aide Training and Competency Evaluation Programs (NATCEPS); withdrawing NATCEP approval, and providing a determination of nurse aide employability in nursing facilities regulated by the department via the Nurse Aide Registry.

**Employee Misconduct Registry** – Responsibilities include providing a determination of unlicensed direct care staff employability in facilities regulated by the department via the Employee Misconduct Registry.

**Medication Aide Program** – Responsibilities include permitting and continuing education activities, and issuance and renewal; imposing and monitoring of sanctions; approving and monitoring of medication aide training programs in educational institutions; developing educational, training, and testing curricula, and coordinating and administering examinations.

**Criminal History Programs** – Responsibilities include processing criminal history requests for unlicensed employees for long-term care facilities and home health agencies regulated by DHS for the purpose of determining employability.

**Statewide Credentialing Statistics: FY 1999**

Licensed Nursing Facility Administrators	2,304
Disciplinary Actions Imposed	64
Certified Nurse Aides	94,601
Disciplinary Actions Imposed	85
Permitted Medication Aides	7,377
Disciplinary Actions Imposed	3
Nurse Aide Training and Competency Evaluation Programs	845
Criminal History Checks Conducted (for employees in certain facilities serving the aged and disabled )	174,550

Source: DHS Credentialing Department, Office of Program Integrity.

# Home and Community Support Services Agencies

## Program Description

Home and Community Support Service Agencies (HCSSAs) provide one or more home health services to individuals in a residence or independent living environment. Responsibility for the oversight of HCSSAs was transferred to DHS from the Texas Department of Health effective September 1, 1999. DHS performs licensing, survey and Medicaid/Medicare certification functions for HCSSAs to ensure compliance with state and federal law and regulations. Staff also receive and investigate complaints of abuse, neglect or exploitation from clients, family members and other members of the community.

The following describes the services provided by HCSSAs:

- Home Health Services - provides one or more health services required by an individual in a residence or independent living environment. Health services include nursing, physical, occupational, speech, respiratory or intravenous therapies; dialysis; services by unlicensed personnel; medical equipment and supplies (excluding drugs); or nutritional counseling.
- Hospice Services - provides intervention services that focus primarily on the reduction or abatement of physical, psychological, and spiritual symptoms of a terminally ill client and support services for clients and their families.
- Personal Assistance Services - provides routine ongoing care or services required by an individual in a residence or independent living environment that enable the individual to engage in the activities of daily living.

## Home and Community Support Services Agencies Statewide Statistics: FY 1999

Number of Home and Community Support Service Agencies (HCSSAs):	2,553
Parent Agencies	2,077
Branches	476
Number of HCSSA Licenses Issued	3,081
Number of HCSSA Inspections Conducted	2,450
Number of HCSSA Complaint Investigations Conducted	881

# **Temporary Assistance for Needy Families (TANF)**

## **Program Description**

The TANF-Basic program (formerly AFDC-Basic) provides temporary financial assistance to families with needy children who are deprived of support because of the absence or disability of one or both parents. The TANF-Unemployed Parents (UP) program provides financial assistance to two-parent families with needy children in which the principal wage earner is unemployed or underemployed. The One-time TANF (OT-TANF) programs allow parents and grandparents to receive a one-time payment of \$1,000 in certain situations in lieu of monthly TANF benefits.

TANF-Basic and TANF-UP families receive a monthly assistance payment and are automatically eligible for Medicaid benefits. These families are also usually eligible for food stamps and child day-care services. Unless legally exempt, all TANF recipients must participate in an employment services program. Adults receiving TANF who are participating in the Texas Workforce Commission's (TWC's) Choices program will have their benefits time-limited.

## **Texas Works**

Soon after the enactment of federal and state welfare reform legislation, DHS began working to change the agency's culture from one of welfare to one of work. A statewide initiative, called Texas Works, was implemented in November 1997 to help needy Texans get jobs and become self-sufficient.

DHS staff assists TANF applicants and clients by providing strong work messages, discussing time limits, identifying barriers to employment, and finding community resources that can help these individuals obtain employment and become part of the economic mainstream. Texas Works supports the philosophy: "Get a job. Get a better job. Get a career."

Staff have furthered their efforts to help clients understand the impacts of welfare reform, and reinforced work messages through changes to offices and services. Among the key features implemented in the early phases of the project were:

- Adopting the vision statement "Your independence is our success."
- Developing the mission statement "Help needy Texans move from welfare to work."
- Establishing a pre-application process to inform potential clients about work expectations and options before choosing to apply for TANF.
- Setting up Texas Works resource areas in every local office.
- Capturing information on the number of potential clients who chose work instead of welfare.
- Initiating a six month follow-up study to measure the effectiveness of Texas Works on the lives of potential clients and potential non-clients, and identify other services that might be needed.

To attain true independence from welfare, clients and potential clients need to move beyond the first step of getting an entry-level job, to the next levels of keeping a job, and getting a better job and a career. In support of this philosophy, Texas Works staff emphasize the following:

- Promoting transitional Medicaid and child-care benefits as important support services. Food stamps also can be important toward achieving independence.
- Ensuring that redirected clients have the opportunity to receive appropriate Medical and Food Stamp benefits, which can be critical to the health of children, as well as helping parents stay employed.
- Identifying ways to provide support needed for working clients and former clients to help them retain employment and advance toward a career.
- Follow-up with working clients and former clients to support their continued employment and career progress.
- Developing a regional strategy for using volunteer self-sufficiency coaches.
- Advocating in the community for needed support services, such as child-care or transportation.
- Promoting community collaboration to identify, develop, and expand resources as needed to encourage independence.
- Contacting employers to follow-up on employment leads that may result in a job for clients or potential clients.
- Expanding the availability of computers in resource areas so clients and potential clients have Internet access and can prepare resumes and job applications.
- Providing telephones for clients and potential clients to make employer contacts.
- Providing information on reducing teen pregnancy.

### **Self-sufficiency Coaches**

These individuals provide support and consultation to clients and potential clients to assist them in keeping their jobs and seeking better jobs and careers. Regions are encouraged to recruit and train volunteers to be self-sufficiency coaches, as well as perform any of the activities outlined above, as appropriate.



**Benefits of Community Collaboration and Coaching**

Several benefits result from community collaboration efforts, including:

- Clients can talk to and connect with someone in the community with work experience who can provide coaching.
- Community members gain experience regarding client needs.
- The community can analyze if appropriate resources exist, and can be instrumental in helping provide the necessary resources for needy Texans to become independent from welfare.
- DHS is working in partnership with all parts of the community.

**Identifying Candidates for Follow-up**

When a recipient gets a job, DHS staff:

- Explore the possibility of transitional benefits and supportive services for the family, such as Medicaid and child-care.
- Discuss with the recipient the option of having a self-sufficiency coach periodically contact them for coaching and other follow-up.

**Project Alberto**

Of the more than 1.4 million uninsured children in Texas, an estimated 550,000 are income eligible for Medicaid but are not enrolled. In consultation with key state officials, state and local coalitions have developed innovative strategies to increase the enrollment of these children. An Outreach Resource Center will be established to provide training, technical assistance and information for dissemination to communities. A major component of the outreach strategy will be the "promotora" program, in which a trained lay person or peer conducts education and outreach activities in their local communities. Children of migrant farm workers are targeted in this initiative. One component of this project will be to partner with other states, with large numbers of migrant farm workers originating from Texas, to implement a physician reciprocity program for providers who see migrant children outside of Texas. The project also will conduct research to show the net financial impact of implementing continuous eligibility, presumptive eligibility and eliminating the assets test under the Medicaid program. Also, as part of this initiative, the state will pilot test mail-in applications for Medicaid applicants in Cameron County.

**Local Innovation Projects**

DHS is exploring ways to eliminate or lessen barriers that prevent needy Texans from entering and remaining in the workforce. By removing these barriers, it is hoped participants may avoid the need for public assistance. The Texas Legislature appropriated \$7.5 million to fund Local Innovation Projects to organizations in each of DHS' ten service regions. The projects were chosen because of their creative focus on welfare avoidance and their collaboration with local community resources.

Two requests for proposals were released statewide, and over 600 responses were received. The selected proposals are designed so that they do not duplicate existing services, although they may expand existing services. The projects encourage community collaboration, including partnerships with faith-based and community organizations. The services are directed toward potential TANF applicants, TANF applicants, and TANF recipients. The maximum annual budget is \$250,000 per project.

Twenty-nine projects have been approved and are now operation to remove barriers to employment. Through these projects, TDHS hopes to encourage a fresh and creative approach to helping Texans better their lives by gaining independence and leaving welfare.

The approved proposals, with budgets totaling approximately \$7 million, will be used to fund a variety of projects around the state until August 31, 2001. Lead contractors for the proposals include community civic organizations, faith-based organizations, and other public agencies. The services offered include:

- ▶ transportation for those working non-traditional hours,
- ▶ tutoring and other academic support,
- ▶ computer skills training,
- ▶ child care,
- ▶ gasoline and clothing vouchers,
- ▶ instruction in English as a second language,
- ▶ literacy tutoring,
- ▶ car repair assistance,
- ▶ help with rent, utilities, and utility hook-ups,
- ▶ non-residential services for victims of domestic violence,
- ▶ chemical abuse and dependency prevention and counseling (non-medical services), and
- ▶ other services designed to help individuals gain employment in their community.

## **Eligibility Criteria**

### **Citizenship**

- Texas resident.
- U.S. citizen or legally admitted alien who meets additional eligibility requirements.

### **Social Security Number**

- Before certification, all applicants must provide a Social Security number (SSN) or apply for one through the Social Security Administration (Note: Undocumented aliens are not required to apply for a SSN.)

**Children**

- Must be under age 18, or 18 and attending high school or high school-level training full time and expected to graduate before or during the month of their 19<sup>th</sup> birthday.
- Must live with parents or relatives of required relationship.
- Must be deprived of parental support or care due to the absence or incapacity of one or both parents or unemployment or underemployment of the parent or parents.
- Must participate in Choices if age 16 or 17 and not attending school full time.

**Parents**

- Must assign rights to child support.
- Must cooperate with the state to determine paternity of out-of-wedlock children.
- Must cooperate with the state in locating and obtaining support payments from absent parent.
- Must assign to state the right to recover medical expenses from other sources.
- Must participate in Choices unless exempt.
- Must lack sufficient income/resources to provide a reasonable subsistence.
- Must sign and comply with the requirements of the Personal Responsibility Agreement.
- Unmarried minor parents must live with a parent, legal guardian, or adult relative.
- Cannot receive more than the maximum number of months of TANF benefits based on education and work experience (up to 36 months).

**Income**

- The eligibility income limit is approximately 17 percent of the federal poverty income limit based on family size.

**Resources**

- Combined equity in non-excluded available real and personal property does not exceed \$2,000, or \$3,000 in a household with an elderly or disabled member.

### Statewide TANF Statistics: FY 1999

Data Item	TANF-Basic Program	TANF-UP Program	Total
Potential TANF applicants redirected to alternative services	*	*	24,014
Families choosing the one-time payment	713	921	1,634
Applications (monthly average)			
Received	*	*	42,833
Approved	9,740	884	10,624
Denied	10,359	636	10,995
Pending	*	*	42,248
Caseload (monthly average)			
Families	129,104	8,678	137,782
Recipients	337,989	31,949	369,938
Children	248,309	20,158	268,467
Active clients with assigned time limits (monthly average)			
12-month limit	*	*	45,662
24-month limit	*	*	18,265
36-month limit	*	*	37,544
Clients who have exhausted their time limits (since 7/97)	*	*	5,667
Average monthly grant			
Per family	\$139.87	\$174.16	\$142.03
Per recipient	\$ 53.43	\$ 47.31	\$ 52.90
Case reviews (monthly average)			
Complete reviews processed	14,028	1,021	15,049
Delinquent reviews pending	*	*	1,050
<b>Total and top three reasons for case denials (monthly average)</b>			
TANF-Basic – Total case denials.....12,573			
1. Earned income .....2,904			
2. Appointment not kept..... 2,247			
3. Failed to return completed form..... 1,725			
TANF-UP – Total case denials.....1,053			
1. Earned income..... 714			
2. Refusal to furnish information.....126			
3. Appointment not kept..... 94			

\* Data not available for sub-groups (Basic and UP).

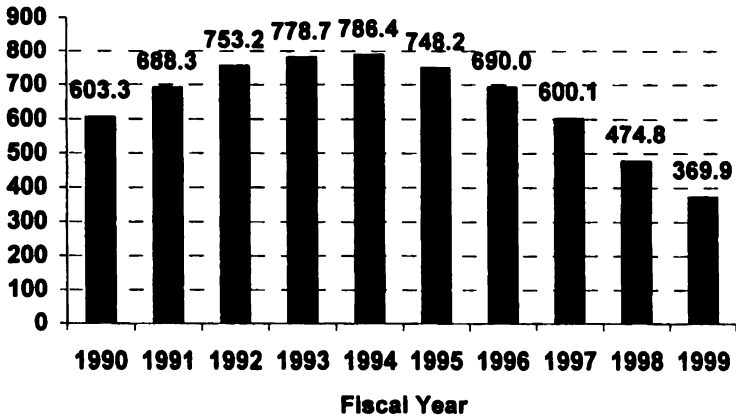
Sources: DHS Reports RA-01, RA-94, RP-07, and RP-28; Texas Works database; fiscal payment data; and DHS FY 1999 Annual Report.

**Monthly Average Number of TANF Recipients  
By Region: FY 1999**

Region	TANF- Basic Program	TANF- UP Program	Total	% of State Total
1 Lubbock	13,127	1,223	14,350	3.88
2/9 Abilene	17,758	1,275	19,033	5.14
3 Arlington	57,592	636	58,228	15.74
4 Tyler	14,953	507	15,460	4.18
5 Beaumont	16,510	874	17,384	4.70
6 Houston	55,198	974	56,172	15.18
7 Austin	26,735	1,104	27,839	7.53
8 San Antonio	45,484	3,615	49,099	13.27
10 El Paso	23,353	2,445	25,798	6.97
11 Edinburg	67,279	19,296	86,575	23.40
State Total	337,989	31,949	369,938	100.00

**Average Monthly TANF Recipients  
FY 1990-1999**

Recipients  
(Thousands)



### Client Profile

Most TANF-Basic families consist of an adult and one or two children. The family caretaker is female in 96 percent of the cases. Almost half (43 percent) of TANF children are under age 6; about 63 percent of the families have at least one child under age 6. The average TANF-Basic family size is 2.6 persons. The average age of the TANF caretaker is 30. Approximately two-thirds (66 percent) of TANF families live in one of four DHS regions: Houston, Arlington, Edinburg and San Antonio. The family is black or Hispanic in 78 percent of the cases. Only about 4.4 percent of the caretakers have jobs. Caretakers must participate in Choices, unless exempt. The three main reasons cited for being exempt are: caring for a child under age 3, illness, and disability. In 1999, the average gross earnings of employed TANF-Basic families were \$2,370 per year.

### Maximum Monthly TANF Grant

DHS determines a family's financial eligibility based on the family's size and 100 percent of the estimated cost necessary to meet the basic needs of the family for one month. Based on this amount, DHS provides benefits that equal approximately 17 percent of the federal poverty income guideline amounts.

The following table shows the maximum TANF grant amounts allowed for caretaker cases without a second parent, based on the family's size and their adjusted net income.

**Caretaker Cases Without A Second Parent**

Adjusted Net Income	Family Size					
	2	3	4	5	6	7
\$0	\$174	\$201	\$241	\$268	\$308	\$335
\$25	\$159	\$176	\$216	\$243	\$283	\$310
\$50	\$124	\$151	\$191	\$218	\$258	\$280
\$75	\$99	\$126	\$171	\$193	\$233	\$260
\$100	\$74	\$101	\$141	\$168	\$208	\$235
\$150	\$24	\$51	\$91	\$118	\$158	\$180

**AFDC/TANF Quality Control Payment Error Rates**

Federal Fiscal Year	State Review	Federal Review	Sanction Tolerance	Sanction Estimate	Disposition
1994	6.22	6.55	6.11	\$112,725	Reinvested
1995	5.30	//	5.88	\$0	--
1996	4.36	//	5.81	\$0	--
1997	3.78	//	//	--	--
1998	4.31	//	//	--	--
1999	3.70	//	//		

// Not applicable. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 eliminated the federal AFDC/TANF quality control system.

# Food Stamp Program

## Program Description

The Food Stamp program assists low-income families and elderly and single adult households to purchase a nutritionally adequate diet. Eligible households receive monthly benefits to buy food.

## Eligibility Requirements

### Citizenship

- U.S. citizens or legally admitted aliens who meet additional eligibility requirements.

### Income

- Household gross income must be less than 130 percent of the Federal Poverty Income Guidelines; the household's net income (income after deductions) must be less than 100 percent of the Federal Poverty Income Guidelines.
- Households with at least one member who is age 60 or older or disabled are exempt from the gross income test.
- Households in which all members are approved for TANF or SSI are considered categorically eligible, and are therefore not subject to the gross/net income tests or resource limits.

### Resources

- Household resources must be less than \$2,000, unless the household contains a member age 60 or older, in which case the limit is \$3,000.
- Exempt resources include one home and surrounding property, income-producing property, and personal effects (such as clothing, jewelry, furniture, and other household goods.)

### Residence

- Generally, applicants must apply in the county where they reside.

### Social Security Number

- Each household member must have or apply for a Social Security number.

### Work Requirements

- All adults ages 18-50 not working 20 hours per week or meeting other work requirements are limited to three months of food stamp benefits in a three-year period, unless they are: (1) responsible for the care of a dependent child under age 18, (2) exempt from the Employment and Training program, or (3) live in a county where this policy was waived due to a high unemployment rate.



### Client Profile

The average size of a food stamp household is 2.7 persons. The majority (73.6 percent) of these households are either black or Hispanic. A female is the head of household in 82.7 percent of the cases. Almost two-thirds (62.7 percent) of households are concentrated in four of DHS' regions: Edinburg, Houston, Arlington, and San Antonio. Approximately 14.4 percent of household heads work either full or part-time. While 87.1 percent of food stamp households have some income, only 34.1 percent have earned income. Approximately 18 percent of food stamp households receive TANF.

### Monthly Food Stamp Allotment\*

The following table shows the maximum monthly food stamp benefit allowed, based on the household's size and net income. This table is updated each October to reflect changes in the consumer price index.

Net Income	Household Size						
	1	2	3	4	5	6	7
\$ 0	127	234	335	426	506	607	671
\$ 24-26	119	226	327	418	498	599	663
\$ 41-43	114	221	322	413	493	594	658
\$ 64-66	107	214	315	406	486	587	651
\$74-76	104	211	312	403	483	584	648
\$97-100	97	204	305	396	476	577	641
\$ 124-126	89	196	297	388	468	569	633
\$ 147-150	82	189	290	382	462	563	627

\* Effective October 1, 1999.

## Food Stamp Quality Control Payment Error Rates

Since FFY 1994, the Texas Food Stamp program has experienced a dramatic improvement in payment error rates. In FFY 1999, Texas had the best payment error rate among the "Big Six" states (California, Florida, Illinois, New York, Ohio, and Texas). This marked the fifth consecutive year that Texas was the best performing large issuance state. Because of Texas' excellent performance, the state will receive \$19,742,234 in federal enhanced funding for FFY 1998 and \$27,941,372 for FFY 1999.

The following table provides quality control statistics for the Food Stamp program for FFYs 1994-1999:

Fiscal Year	State Review	Federal Review	Sanction Tolerance	Sanction Estimate	Disposition
1994	11.82	12.45	10.32	\$10,197,240	Reinvested
1995	8.07	8.71	9.72	\$0	No Liability
1996	5.47	6.45	9.22	\$0	No Liability
1997	6.40	6.81	9.88	\$0	No Liability
1998	5.24	5.27	10.69	\$0	No Liability
1999	4.50	4.56	9.88	\$0	No Liability

## State Ranking

In FFY 1999, Texas ranked third in the nation in total value of food stamps issued (\$1.3 billion). California had the highest issuance (\$1.8 billion) and New York was ranked second with \$1.5 billion. Nationally, the total value of food stamps issued was \$15.8 billion.

**Statewide Food Stamp Statistics: FY 1999**

Data Item	Public Assistance	Non-Public Assistance	Total
Applications (monthly average)			
Processed	2,719	66,071	68,790
Approved	1,714	40,631	42,345
Denied	1,005	25,440	26,445
Pending	500	19,621	20,121
Re-determinations (monthly average)			
Processed Timely	9,143	59,753	68,896
Total	9,639	63,212	72,851
Caseload (monthly average)			
Households	77,131	458,397	535,529
Recipients	246,796	1,210,551	1,457,347
Allotment (monthly average)			
Per Household	\$296.56	\$176.76	\$194.01
Per Recipient	\$92.68	\$66.93	\$71.29
FY Total Value of Food Stamps Issued	\$274,486,342	\$972,288,538	\$1,246,774,880

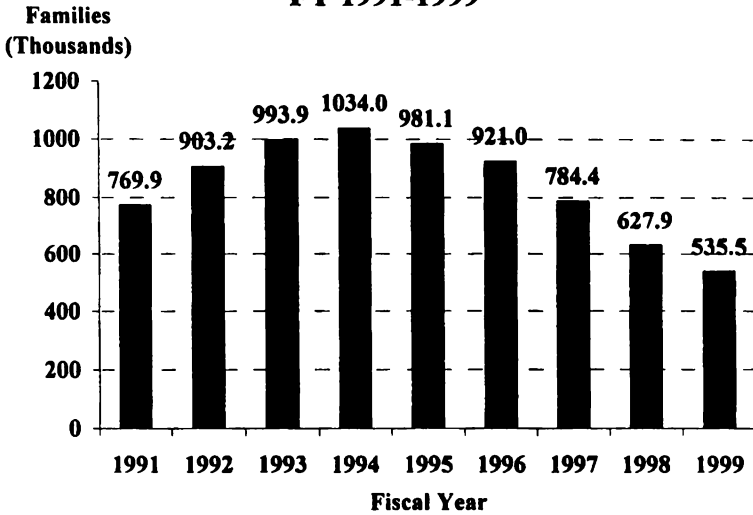
Source: DHS reports RF-01, RF-03E, and RF-50.

**Monthly Average Food Stamp Caseload By Region  
FY 1999**

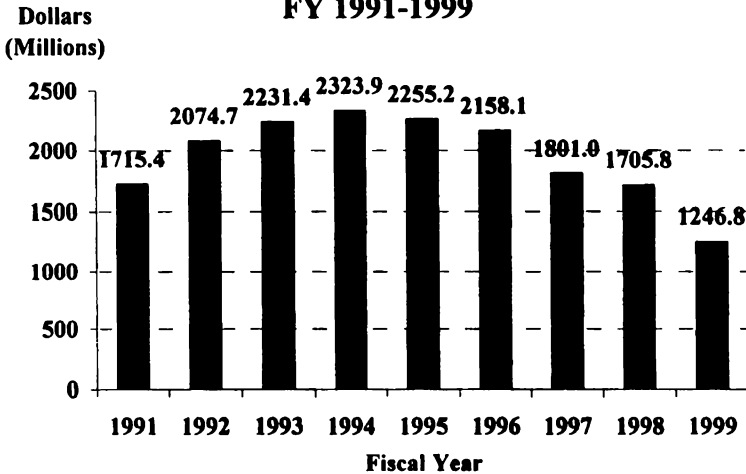
Region	Households	Percent of State Total	Recipients	Percent of State Total
1 Lubbock	20,325	3.8	63,049	4.3
2/9 Abilene	30,370	5.7	88,988	6.1
3 Arlington	56,483	10.5	156,620	10.7
4 Tyler	22,866	4.3	64,929	4.5
5 Beaumont	23,276	4.3	64,923	4.5
6 Houston	64,441	12.0	179,109	12.3
7 Austin	37,439	7.0	105,091	7.2
8 San Antonio	60,320	11.3	191,959	13.2
10 El Paso	42,747	8.0	120,334	8.3
11 Edinburg	110,712	20.7	347,551	23.8
Automated Benefits Unit	66,550	12.4	74,794	5.1
State Total	535,529	100.0	1,457,347	100.0

Source: DHS report RF-03E.

### Average Monthly Food Stamp Caseload FY 1991-1999



### Value of Food Stamps Distributed FY 1991-1999



# Medical Programs for Families and Children

## Program Description

These programs provide Medicaid benefits to pregnant women, children, and medically needy families. Caretakers and second parents of children who receive Temporary Assistance for Needy Families (TANF) are automatically eligible to receive Medicaid.

## Eligibility Requirements

### Pregnant women

- Texas resident.
- U.S. citizen or legally admitted alien to receive full benefits (limited Medicaid coverage for emergency medical services is available to people who do not meet these citizenship requirements).
- All applicants (except undocumented aliens) must provide a Social Security number or apply for one through the Social Security Administration.
- Income must be below 185 percent of the federal poverty level.
- Once established, eligibility continues through the second month after the pregnancy terminates, regardless of income increases.
- No resource eligibility limit.

### Children

- Texas resident.
- U.S. citizen or legally admitted alien to receive full benefits (limited Medicaid coverage of emergency medical services is available to people who do not meet these citizenship requirements).
- Under age 19.
- Children born to Medicaid-eligible mothers are automatically Medicaid-eligible from birth through the month of their first birthday, as long as they continue to live with their mother in Texas and the mother would continue to be Medicaid-eligible if she were still pregnant.
- Income eligibility limit for children under age 1 is 185 percent of the federal poverty level; income eligibility limit for children ages 1 to 6 is 133 percent of the federal poverty level; income eligibility limit for children ages 6 through 18 is 100 percent of the federal poverty level.
- Resource eligibility limit for poverty-level children is \$2,000.

**Medically Needy**

- Texas resident.
- U.S. citizen or legally admitted alien to receive full benefits (may receive limited coverage of emergency medical services if they do not meet the citizenship requirements).
- Children must be under age 19 and live with parents or relatives of required relationship.
- Caretakers must cooperate with child-support and medical expenses recovery activities described for TANF parents.
- Children and pregnant women whose family's income exceeds the limits listed above, as well as caretakers and second parents of deprived children whose family's income exceeds the TANF limits.
- Families with incurred medical expenses may "spend down" their excess income to be below the Medically Needy income limits (approximately 24 percent of the federal poverty level) in order to become Medicaid-eligible.
- Resource eligibility limit is \$2,000, or \$3,000 in a household with an elderly or disabled member.

**Client Profile**

Recipients of the children's programs represent approximately 88.6 percent of all recipients in medical programs for families and children, while pregnant women and medically needy families represent 9.6 percent and 1.8 percent, respectively. The average age of a certified child is 6.4 years. The age of pregnant women averages 23.4 years, while the average age of an adult who is medically needy is 34.8 years. Hispanics and Anglos make up 84.6 percent of the cases. Two-thirds of the cases (66.3 percent) are located in four DHS regions: Houston, Edinburg, Arlington, and San Antonio.

**Medical Programs for Families and Children  
Statewide Caseload Statistics: FY 1999**

<b>Active Caseload (Monthly Average)</b>	
Pregnant Women Program	66,054
Medically Needy Program	10,972
Children's Programs	418,964
Other Programs	8
<b>Total</b>	<b>495,998</b>
<b>All Programs (Monthly Average)</b>	
Applications Received	70,225
Applications Approved	46,889
Applications Denied	31,679
Applications Pending	23,880
Complete Reviews Processed	61,026
Delinquent Reviews Pending	9,262

Sources: DHS reports RN-01, RN-04, and RN-07.

**Medical Programs for Families and Children  
Monthly Averages by Region: FY 1999**

Region	Cases	Percent of State Total	Recipients	Percent of State Total
1 Lubbock	23,900	4.8	33,463	4.9
2/9 Abilene	32,363	6.5	44,613	6.4
3 Arlington	70,161	14.1	91,659	13.4
4 Tyler	23,830	4.8	32,056	4.7
5 Beaumont	18,729	3.8	25,645	3.7
6 Houston	90,488	18.2	121,688	17.7
7 Austin	35,154	7.1	47,964	7.0
8 San Antonio	63,413	12.8	90,506	13.2
10 El Paso	34,964	7.1	49,146	7.2
11 Edinburg	102,996	20.8	149,751	21.8
<b>State Total</b>	<b>495,998</b>	<b>100.0</b>	<b>686,491</b>	<b>100.0</b>

Source: DHS report RN-04.

# Special Nutrition Programs

## Program Description

Special Nutrition Programs (SNP) administers six child and adult nutrition programs and three food distribution programs. These programs primarily serve low-income individuals and their families, and are grouped into the following categories:

**Child and Adult Nutrition Programs:** These programs provide cash reimbursement for meals meeting U.S. Department of Agriculture (USDA) standards that are served to children in child-care facilities, registered family homes, private schools, and residential child-care institutions; and to functionally impaired adults or people age 60 or older receiving care in adult day-care centers. Programs include:

- Child and Adult Care Food Program,
- National School Lunch and School Breakfast programs,
- Special Milk Program, and
- Summer Food Service Program.

**Commodity Distribution Programs:** The Food Distribution Program, the Commodity Supplemental Food Program (CSFP), and the Texas Commodity Assistance Program fall under this category. These programs furnish USDA-donated commodities to low-income individuals and families, public and private schools, Summer Food Service programs, summer camps, charitable institutions, hospitals, soup kitchens and correctional facilities such as jails. Donated food is distributed through contracts with public or private, nonprofit and tax-exempt recipient agencies for use in prepared meals served to needy homeless people, or to low-income and unemployed households for home consumption. The new CSFP focuses on the elderly and women, infants, and children who are not eligible for TDH's WIC program.

**Nutrition Education and Training (NET) Program:** The NET Program provides education and training to children, parents, educators, and food-service personnel in schools and child-care facilities to promote healthy eating habits among Texas children.

SNP costs and administrative responsibilities are 100 percent federally funded, except for The Emergency Food Assistance Program, which is operated as the Texas Commodity Assistance Program. The state is required to match the agency's cost of administering this program.



**Special Nutrition Programs: FY 1999**

<b>Meals Served</b>	
Child and Adult Care Food Program	112,216,978
National School Lunch Program	6,777,952
School Breakfast Program	3,891,327
Summer Food Services Program	10,609,291
<b>Average Daily Participation (persons)</b>	
Child and Adult Care Food Program	173,165
National School Lunch Program	27,082
School Breakfast Program	12,670
<b>Commodity Distribution Program (value in millions)</b>	81.2
<b>½ Pints Served by the Special Milk Program</b>	829,343
<b>Households Assisted through TEXCAP</b>	321,035

Source: DHS Special Nutrition Programs.

# Refugee Resettlement Program

## Background

The Office of Immigration and Refugee Affairs (OIRA) was created during the 72<sup>nd</sup> session of the Texas legislature to apply for and distribute federal funds available through the Immigration Reform and Control Act of 1986, and the Refugee Act of 1980. Services are provided to newly legalized immigrants and refugees to help them become self-sufficient as quickly as possible after arrival in the U.S.

In FY 1994, oversight responsibility of OIRA was transferred to DHS' Government Relations Division. The original functions of the office were not altered.

## Program Description

The Refugee Resettlement Program consists of:

- Cash and medical assistance programs administered by DHS. The cash and medical assistance programs are available to low-income or unemployed refugees who have lived in the U.S. for 8 months or less. The cash assistance program uses the same income and resource limits and grant amounts specified under the TANF program.
- Social services programs administered by DHS. These programs consist of employment services (assessment of employability, services to remove barriers to employment, job development, job placement and follow-up) and support services such as English-as-a-second-language classes, translation and interpreter services, health-related services, emergency services, transportation, and child-care assistance. Social services are available for refugees who have lived in the United States for 5 years or less.
- Unaccompanied Refugee Minors program administered by the Texas Department of Protective and Regulatory Services.
- Refugee Health Screening Program administered by the Texas Department of Health.

### Refugee Resettlement Caseload: FY 1999

Average Refugee cash/medical assistance clients per month	1,759
Refugee social services clients per year	7,555
Unaccompanied minor children per year	1
Refugee health screening clients per year	1,929

Source: DHS Government Relations Division.

# **Individual and Family Grant Program (Disaster Assistance)**

## **Program Description**

The Individual and Family Grant Program (IFGP), commonly referred to as the Disaster Assistance Program, provides a one-time grant of up to \$13,900 to individuals and families who are victims of a major disaster declared by the U.S. president. The maximum grant is adjusted annually based on the Consumer Price Index. Grants are provided for disaster-related serious needs and necessary expenses not met by the victim's insurance or assistance from other disaster-relief organizations. Assistance is provided for repair or replacement of the home, personal property, vehicle, or for medical and funeral expenses.

The program is administered by a small staff, who hire and train temporary employees to process applications.

## **Eligibility Criteria**

Disaster victims must apply for assistance within 60 days after the President declares a major disaster. Losses must be disaster-related and not covered by insurance. Victims must have been denied loan assistance by the Small Business Administration (SBA) for property losses and cannot receive a grant for items provided by the Red Cross or other disaster-relief organizations. Housing assistance can only be provided for owner-occupied primary residences.

The Federal Emergency Management Agency (FEMA) pays 75 percent of grant benefits to disaster victims. The remaining 25 percent is paid by the Governor's Disaster Contingency Fund administered through the Texas Department of Public Safety's Division of Emergency Management.

FEMA pays up to 5 percent of the federal share of grants for administrative expenses. If administrative expenses exceed 5% of the federal share of grant benefits, the cost is paid by the Governor's Disaster Contingency Fund.

## **Number Served Annually**

The number of individuals and families served annually depends on the number of presidentially declared disasters in Texas. Since 1974, the IFGP has provided nearly \$208 million in grants in 42 separate disaster declarations. The number of applications has ranged from 100 to 25,000, depending on the size of the disaster. The total dollar amount of approved grants has ranged from \$64,000 to more than \$42 million, while the average grant has been \$2,500.

**Historical Disaster-related Information**

Date of Declaration	Disaster	Applications Received	Applications Approved	Total Grant Amounts
7/7/97	Hill Country Floods	839	362	\$1,580,069
8/26/98	Del Rio Flood	1,933	1,254	\$5,688,960
9/23/98	Houston/ Galveston Flood	2,331	1,127	\$2,373,335
10/21/98 *	CenTex Floods	14,383	9,253	\$42,351,782
5/6/99 *	North East Texas Tornado	166	111	\$441,491
8/30/99*	Hurricane Bret	11,864	6,196	\$6,925,987
4/7/00*	Ft. Worth Tornado	504	304	\$695,104

\* Active processing continues.

# Family Violence Services

## Program Description

Services to victims of family violence are provided through contracts with family violence programs located throughout Texas. These programs provide temporary shelter and nonresident services for victims of family violence and their children.

To be eligible for services, clients must have been physically, emotionally, or sexually abused by their partner, former partner, or another family member. Information and referral is available for the batterer.

Services include:

- temporary 24-hour-a-day shelter,
- 24-hour hotline,
- counseling,
- assistance in obtaining medical care,
- emergency transportation,
- legal assistance,
- employment services,
- law enforcement liaison,
- children's services, and
- information and referral to other resources.

Services are available without charge, and there are no income eligibility requirements. Programs also provide training about family violence to community groups, law enforcement agencies, and other professionals.

Victims of family violence may call the program's hotline to access services, or the National Domestic Violence Hotline (1-800-799-7233). Most local law enforcement agencies have referral numbers for the programs. Directories of family violence programs may be obtained by contacting the Family Violence Contract Unit at (512) 438-4104.

### Family Violence Services – FY 1999

Number of participating programs/shelters	75
Percent of adult victims requesting shelter who could not receive shelter due to lack of space	23
Annual number of clients served:	
Number receiving residential services	26,489
Number receiving nonresidential services	38,300
Average length of stay in shelter (days)	18.2
Annual number of hotline calls received	157,248
Annual number of batterers receiving information and referral services	8,601
Percent of program/shelter center costs funded by DHS	23

Source: DHS Family Violence Program.

## Equal Employment Opportunity/ Affirmative Action

DHS is committed to a policy of equal employment opportunity (EEO) and is an affirmative action employer. The agency has adopted voluntary state office and regional affirmative action plans consistent with agency policies and guidelines from the U.S. Equal Employment Opportunity Commission. Plans are updated whenever required by changes in the agency's workforce.

The agency continues to meet or exceed most goals in the EEO categories established by the legislature in Fiscal Year 1999. A comparison of the agency's workforce composition to the state workforce goals is shown in the following table.

### Equal Employment Opportunity Statistics FY 1999

Job Category	Total Positions	Black		Hispanic		Female	
		DHS	State Goal	DHS	State Goal	DHS	State Goal
Officials/ Administration	95	12.6%	5.0%	17.9%	8.0%	48.4%	26.0%
Professional	11,101	18.1%	7.0%	35.8%	7.0%	76.5%	44.0%
Technical	88	25.0%	13.0%	35.2%	14.0%	26.1%	41.0%
Administrative Support	2,933	20.2%	16.0%	46.2%	17.0%	94.5%	84.0%
Service/ Maintenance	7	42.9%	19.0%	42.9%	32.0%	0.0%	27.0%

Source: DHS Civil Rights Department.

### Job Categories

**Officials and Administrators** -- Occupations in which employees set broad policies and exercise overall responsibility for execution of these policies, or direct individual departments. Includes commissioner, executive deputy commissioner, deputy commissioners, regional administrators, chiefs, and other designated state office directors and managers, regional directors, and regional attorney's.

**Professionals** -- Occupations that require specialized and theoretical knowledge that is usually acquired through college training or through work experience and other training that provides comparable knowledge. Includes professional administrative staff, lead program managers, social workers, human resource services specialists, attorneys, systems analysts, program analysts, budget and business analysts, planners, accountants, auditors, investigators, physicians, nurses, economists, dieticians, pharmacists, programmers and kindred workers.

**Technical** – Occupations that require a combination of basic scientific or technical knowledge and manual skills that can be obtained through specialized post-secondary school education or through equivalent on-the-job training. Includes computer programmers and operators, draftspersons, photographers, illustrators, printing services technicians, ADP equipment operators, and kindred workers.

**Administrative Support** – Occupations in which workers are responsible for internal and external communication, recording and retrieval of data and/or information and other paperwork required in an office, as well as occupations in which workers provide administrative support to professionals, and administrators. Includes secretaries, administrative technicians I, stenographers, clerks, hearing reporters, payroll and personnel clerks, legal assistants, statistical clerks, data entry operators, stock and inventory clerks, and kindred workers.

**Service/Maintenance** – The agency employs a small number of staff this job category. <sup>1/</sup>

<sup>1/</sup> Job groups encompass sufficient job titles to reveal meaningful utilization patterns. Although DHS employs a small number of staff in the EEO Service/Maintenance category, this job group is not considered for affirmative action.

## **Office on Services to Persons with Disabilities**

The Office on Services to Persons with Disabilities (OSPD) serves as an advisor for DHS on issues relating to persons with disabilities. In its role as an advocate for persons with disabilities, OSPD:

- serves as ombudsman between DHS consumers with disabilities and DHS programs;
- collaborates with executive staff, programs, regional administrators, advisory committees, consumer groups, and advocates to carry out the Board's intent with the policy statement on services to persons with disabilities; and
- develops and provides information to acquaint the Board, advisory committees, and state office and regional staff with issues affecting individuals with disabilities.



# Historically Underutilized Business Program

## Background

The General Services Commission administers and maintains the state's Historically Underutilized Business (HUB) certification program. To be eligible for certification, a business must maintain its principal place of business in this state, must be at least 51 percent owned, controlled, and actively managed by one or more people who have been historically underutilized because of their identification as members of certain groups. These groups include African-Americans, Hispanic-Americans, Asian-Americans, Native Indian Americans, and women.

## DHS' Commitment

DHS is committed to encouraging and increasing participation of HUBs in its contracting and subcontracting processes. The result of that commitment has been the establishment of a program to enhance the ability of HUBs to compete for DHS contracts, increase the agency's awareness of such businesses, and ensure meaningful HUB participation in the procurement process.

When DHS identifies a need for goods or services, it solicits bids, offers, or proposals for those items needed. Examples of goods and services purchased by DHS include office supplies, equipment and furniture; computer hardware and software; media services; janitorial services; consulting services; and staff training. Purchased client services include community care and medical services, and nursing facility care.

## Statistics

In FY 1999, 26.4 percent of all the dollars spent by DHS on delegated purchases were spent with certified HUBs.

## How to Participate

To be considered for HUB certification, business owners need to complete the State of Texas Bid List/Certification Application. The application form and a letter of request should be submitted to: General Services Commission, Business Services, P.O. Box 13047, M/S 303-21, Austin, Texas 78711-3047.

For additional information regarding the DHS HUB program, contact: Texas Department of Human Services, HUB Program Office (mail code W-103), P.O. Box 149030, Austin, Texas 78714-9030; or you may call (512) 438-3517.

## Agency Administration

The agency's administrative functions are grouped into following four areas.

**Central Administration** – The following services are provided statewide to all the agency's programs: executive direction and leadership, legal services, civil rights, hearings of provider appeals, planning, budget management, fiscal accounting and reporting, human resource services, public information, state and federal government relations, internal auditing, field auditing, and fraud investigation.

**Information Resources** – Management Information Systems provides information resource management services to DHS and other health and human services agencies including application systems development and maintenance, mainframe and mid-tier data processing, and telecommunications services. These services are distributed in a network-computing environment that includes all DHS offices and extends to hospitals, hospices, and other state agencies. It includes staff, professional services, and contracted staff costs; network data circuits, mainframe, mid-tier, and network equipment leases; software licenses; and computer-equipment maintenance that supports DHS programs. This area also includes the Health and Human Services Consolidated Network (HHSCN), which is managed by DHS under the direction of the HHSCN governing board.

**Other Support Services** – Includes statewide policy and oversight of support services including purchasing, historically underutilized businesses, contract policy, facility acquisition and management, forms and policy development and distribution, records management and storage, the Lone Star Image System (finger imaging) and finger imaging at point-of sale, and operation and monitoring of the EBT (Lone Star Care) program. Also included is direct support to staff in all programs in headquarters offices. This strategy also includes the Health and Human Services Consolidated Print Shop, which is cooperatively managed by DHS and the Texas Department of Health under franchise agreement with the General Services Commission.

**Regional Administration** – Ten regional administrators and the following region-specific support services are included in this strategy: public information; legal services; civil rights; hearings of client appeals; budget management; human resource services; business services such as purchasing, accounts payable, and building and property management; telecommunications and computer technical support; and volunteer development.

### **III. Special Projects**

	<b>Page</b>
Alternative Contracting Initiative .....	68
Charitable Choice – Phase III .....	68
EBT –2 (Transition) .....	69
Employment Retention and Advancement (ERA) .....	69
Income Eligibility Verification System (IEVS) Redesign .....	69
Lifeline Services .....	70
LTC Claims Management System – 2 .....	70
LTC Quality Information System .....	70
LTC Quality Improvement Pilot .....	71
LTCR Compliance, Assistance, Regulatory and Enforcement System (CARES).....	71
Online Handbooks.....	71
Rules Review.....	72
Texas Integrated Eligibility Redesign System (TIERS) .....	72

## **Special Projects**

DHS executive management has established 13 key projects that address cross-agency and mission-critical activities within a broad range of topics. These include Client Eligibility, Welfare Reform, Long-term Care, Benefit Issuance, Program Integrity, Rules/Policy, Automation, and Administrative Systems.

The following list provides a brief overview of each project and the name and telephone number of a person to contact for more information.

### **Alternative Contracting Initiative**

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Jackie Johnson, Executive Sponsor  
Pam Lawrie, Project Manager (512/438-2856)

Alternative Contracting Initiative (ACI) explores the development of alternative contracting systems for community care services as requested by the DHS Board. ACI will implement proposed contracting revisions for Primary Home Care (PHC) and Community Based Alternatives – Home and Community Support Services (CBA-HCSS). In addition, staff has expanded development to encompass all community care contracts to ensure consistency in contract monitoring in regions and adequate procedures and documentation in support of findings. ACI is investigating options for additional development of performance based contracting.

### **Charitable Choice – Phase III**

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Clif Martin, Executive Sponsor  
Sharon Zambrzycki, Project Manager (512/438-4037)

Prompted by the Personal Responsibility Act of July 1996 and Governor Bush's subsequent Advisory Task Force of Faith-based Community Service Groups, Charitable Choice is a project designed to enhance the involvement of faith-based and community non-profit organizations in promoting self-sufficiency and independence for all Texans.

**EBT-2 (Transition)**

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Tom Phillips, Executive Sponsor  
Bill Stobie, Project Manager (512/438-2111)

The State's first Lone Star Electronic Benefits Transfer (EBT) System was fully operational statewide in Oct 1995. The DHS contract with TRANSACTIVE Corporation to operate the system expires on February 28, 2001, at which time the company is discontinuing its EBT business. This project's goal is to replace this full service EBT contract with no interruption of service.

**Employment Retention and Advancement (ERA)**  
*(formerly Job Retention & Wage Advancement Planning)*

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Suzanne Biermann, Executive Sponsor  
Debbie Morris, Project Manager (512/438-3353)

The Employment Retention and Advancement (ERA) project is designed to facilitate self-sufficiency through long-term success in the work place for our TANF population. Created as a result of the 1998 Job Retention and Wage Advancement planning grant efforts, ERA tests a two-fold approach: 1.) an intensive team-based case management and 2.) a post-employment stipend. Based on a collaborative effort between local DHS offices and Local Workforce Development Boards, ERA is operational in four locations: Abilene, Corpus Christi, Fort Worth and Houston. Texas ERA sites are participating in a DHHS, ACF funded national evaluation being conducted by Manpower Demonstration and Research Corporation (MDRC) to determine the effectiveness of these strategies.

**Income Eligibility Verification System (IEVS) Redesign**

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Irma Bermea, Executive Sponsor  
Betty Allison, Project Manager (512/231-5741)

The Income Eligibility Verification System (IEVS) is a federally funded mandated match system that compares income sources with the client population for the purpose of identifying unreported information. The purpose of this project is to re-engineer the current process to eliminate manual processes and target high dollar claims to make the Medicaid, Food Stamp and TANF programs more efficient and resistant to fraud.

**Lifeline Services**

**Jackie Johnson, Executive Sponsor**  
**Helen McMeen, Project Manager, (512/490-0412)**

The Lifeline Telephone Service and Electric Discount programs are legislatively mandated by HB 1700, SB 560, and SB 7 of the 76<sup>th</sup> Legislature. The Lifeline Program is the responsibility of the Texas Public Utility Commission (PUC), but requires TDHS client identification. DHS will identify qualified recipients from the Medicaid, SSI, TANF, and Food Stamp programs, who might receive discounted rates for utility. DHS will also notify the utility companies with eligible clients' information.

**LTC Claims Management System - 2**

**Bobby Halfmann, Executive Sponsor**  
**Phil Rodriguez, Project Manager, (512/490-0491)**

In 1999, the Claims Management System (CMS) project implemented a single comprehensive and integrated claims payment system for Long Term Care (LTC) programs administered by DHS and MHMR. The CMS-2 Enhancement project will develop and implement incremental improvements to the original CMS processes and tools with the goal of improving end user satisfaction based on their feedback. The scope of the project includes all programs within the scope of the original CMS project, but is limited to improvements that are necessary to meet the goal of improving end user satisfaction.

**LTC Quality Information System**

**Jackie Johnson, Executive Sponsor**  
**Leslie Cortes, Project Manager, (512/438-2567)**

The LTC Quality Information System has two components: the Quality Reporting System (QRS) and the Early Warning System (EWS). SB 190 of the 75<sup>th</sup> Legislature requires a QRS to produce LTC facility performance feedback for use by consumers to make informed decisions in selecting a nursing facility and for use by providers to improve quality of care provided. The EWS is a decision-support tool to more effectively support LTC regulatory surveyor resources to prevent substandard nursing home practices.

**LTC Quality Improvement Pilot**

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Jackie Johnson, Executive Sponsor  
Lillian Reyes-Gates, Project Manager, (512/438-2603)

This pilot project, established by Rider 26 in the 75th Legislature and Rider 32 in the 76th Legislature, examines how specific interventions can be used to improve the quality of nursing facility resident care. The pilot will study five sets of data from four distinct quality improvement strategies. Its purpose is to compare the effectiveness of quality improvement approaches in achieving specific quality goals and to share these findings with all Texas facilities as well as with the Texas legislature.

**LTCR Compliance, Assistance, Regulatory and Enforcement System  
(CARES)**

*(previously called LTCR Automation Redesign)*

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Jim Lehrman, Executive Sponsor  
Ron Clark, PMP, Project Manager (512/438-2985)

This LTCR CARES project began in FY 97 to design a replacement for the existing LTCR automation system. Its purpose is to provide automated data storage and reporting sufficient to meet program business needs.

**Online Handbooks**

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Tom Phillips, Executive Sponsor  
Roni Morales, Project Manager (512/438-2879)

This project is intended to allow all employees to freely access or use Web-based applications (intranet and internet), including but not limited to handbooks, forms, procedures, rules, and help systems. The benefits of online access include ability to provide the most current information; ability to provide links to other helpful information; and instant distribution.

**Rules Review**

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**J.B. McReynolds, Executive Sponsor  
Paul Leche, Project Manager (512/438-3106)**

Article IX, Section 167, of the FY98-99 Appropriations Act requires each state agency to review all of its rules that were in effect on September 1, 1997. This review must be completed by August 31, 2001. The purpose of this project is, at a minimum, to determine, for each rule being reviewed, if the reason for adopting the rule continues to exist.

**Texas Integrated Eligibility Redesign System (TIERS)**

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**Suzanne Biermann, Executive Sponsor  
Donna Geller, Project Manager (512/490-0478)**

TIERS, established by a rider in House Bill 1 of the 76<sup>th</sup> Legislature, is the result of the State's commitment to improve client access to benefits and services and better coordinate service delivery. The TIERS project builds on previous efforts directed by the Texas Legislature, to improve client access to benefits and services and to better coordinate service delivery for health and human services programs. It leverages the work that has already been done in developing critical automation strategies, procurement and outsourcing strategies, and business process improvements. While the redesign and replacement of the automated system is a primary focus, the key difference in the TIERS approach is that it allows for a more modular, incremental implementation to changing the way DHS does business.



## **IV. Demographic/Economic Data**

	<b>Page</b>
<b>2000 Texas Population: Total and Poverty Population By Region and Age Group .....</b>	<b>74</b>
<b>Texas Population Trends By Age Group.....</b>	<b>75</b>
<b>U.S. Population Trends By Age Group.....</b>	<b>75</b>
<b>State Ranking (Total and Poverty Population) .....</b>	<b>76</b>
<b>2000 Texas Population By Race and Region .....</b>	<b>76</b>
<b>2000 Texas Population By Sex and Region .....</b>	<b>76</b>
<b>2000 Texas Aged and Disabled Population By Region and Poverty Status .....</b>	<b>77</b>
<b>2000 Texas Disabled Population By Region and Poverty Status .....</b>	<b>77</b>
<b>Poverty Income Guidelines for the Continental United States.....</b>	<b>78</b>
<b>Texas State Median Income By Federal Fiscal Year .....</b>	<b>78</b>
<b>State Ranking (Median Household Income).....</b>	<b>78</b>
<b>Per Capita Personal Income .....</b>	<b>78</b>
<b>State Ranking (Per Capita Personal Income).....</b>	<b>78</b>
<b>Labor Force Statistics for Texas and the U.S.....</b>	<b>79</b>
<b>Texas Labor Force Statistics By DHS Region .....</b>	<b>79</b>
<b>State Ranking (Unemployment Rate).....</b>	<b>79</b>
<b>State Rankings: Composite Listing .....</b>	<b>80</b>

## 2000 Texas Population: Total and Poverty Population By Region and Age Group

Region and Age Group	Total Population	Poverty Population	Poverty Ratio/100
<b>1 Lubbock</b>			
Age 0-17	213,440	54,858	25.7
Age 18-64	459,690	62,902	13.7
Age 65 +	102,307	11,682	11.4
<b>Total</b>	<b>775,437</b>	<b>129,442</b>	<b>16.7</b>
<b>2/9 Abilene</b>			
Age 0-17	297,327	71,272	24.0
Age 18-64	658,067	86,185	13.1
Age 65 +	152,163	21,980	14.4
<b>Total</b>	<b>1,107,557</b>	<b>179,437</b>	<b>16.2</b>
<b>3 Arlington</b>			
Age 0-17	1,463,953	285,118	19.5
Age 18-64	3,591,742	362,006	10.1
Age 65 +	441,163	49,774	11.3
<b>Total</b>	<b>5,496,858</b>	<b>696,898</b>	<b>12.7</b>
<b>4 Tyler</b>			
Age 0-17	239,641	58,647	24.5
Age 18-64	580,346	74,756	12.9
Age 65 +	158,305	20,901	13.2
<b>Total</b>	<b>978,292</b>	<b>154,304</b>	<b>15.8</b>
<b>5 Beaumont</b>			
Age 0-17	173,841	40,834	23.5
Age 18-64	407,897	58,979	14.5
Age 65 +	110,462	13,339	12.1
<b>Total</b>	<b>692,200</b>	<b>113,152</b>	<b>16.3</b>
<b>6 Houston</b>			
Age 0-17	1,301,733	285,904	22.0
Age 18-64	2,986,639	360,992	12.1
Age 65 +	346,070	45,638	13.2
<b>Total</b>	<b>4,634,442</b>	<b>692,534</b>	<b>14.9</b>
<b>7 Austin</b>			
Age 0-17	541,582	101,777	18.8
Age 18-64	1,260,558	147,317	11.7
Age 65 +	217,766	33,430	15.4
<b>Total</b>	<b>2,019,906</b>	<b>282,524</b>	<b>14.0</b>
<b>8 San Antonio</b>			
Age 0-17	593,825	185,383	31.2
Age 18-64	1,261,971	199,290	15.8
Age 65 +	251,353	41,799	16.6
<b>Total</b>	<b>2,107,149</b>	<b>426,472</b>	<b>20.2</b>

Region and Age Group	Total Population	Poverty Population	Poverty Ratio/100
<b>10 El Paso</b>			
Age 0-17	258,058	108,922	42.2
Age 18-64	476,764	105,383	22.1
Age 65 +	69,771	14,965	21.4
<b>Total</b>	<b>804,593</b>	<b>229,270</b>	<b>28.5</b>
<b>11 Edinburg</b>			
Age 0-17	567,227	264,189	46.6
Age 18-64	979,446	260,700	26.6
Age 65 +	181,691	40,943	22.5
<b>Total</b>	<b>1,728,364</b>	<b>565,832</b>	<b>32.7</b>
<b>State Total</b>			
Age 0-17	5,650,627	1,456,904	25.8
Age 18-64	12,663,120	1,718,509	13.6
Age 65 +	2,031,051	294,452	14.5
<b>Total</b>	<b>20,344,798</b>	<b>3,469,865</b>	<b>17.1</b>

Sources: U.S. Census Bureau, Texas State Data Center, Texas Department of Human Services, and Texas Health and Human Services Commission.

### Texas Population Trends By Age Group

Year	Total	Age 0-17	Age 18-64	Age 65 +
<b>1999</b>				
Total Population	19,995,428	5,586,867	12,409,865	1,998,696
Poverty Population	3,392,835	1,430,696	1,673,509	288,630
Poverty Rate	17.0	25.6	13.5	14.4
<b>1998</b>				
Total Population	19,649,746	5,540,255	12,136,714	1,972,777
Poverty Population	3,497,098	1,487,275	1,733,577	276,246
Poverty Rate	17.8	26.8	14.3	14.0

Sources: Texas State Data Center and the U. S. Census Bureau.

### U.S. Population Trends By Age Group (In Thousands)\*

Year	Total	Age 0-17	Age 18-64	Age 65 +
<b>2000 Total Population</b>	<b>275,306</b>	<b>70,374</b>	<b>170,097</b>	<b>34,835</b>
<b>1999 Total Population</b>	<b>272,330</b>	<b>70,548</b>	<b>167,342</b>	<b>34,440</b>
<b>1998</b>				
Total Population	270,002	70,229	165,487	34,286
Poverty Population	34,476	13,467	17,623	3,386
Poverty Rate	12.7	18.9	10.5	10.5

\* Age group data may not add up due to rounding.

Source: U.S. Census Bureau.

### State Rankings

In 2000, Texas ranks second in the nation in (estimated) **total population** (20,344,798). The only state with a larger population is California, with a population of 34,336,000.

From 1996 through 1998, Texas had the 11<sup>th</sup> **highest rate of poverty** in the nation, with an average rate of 16.1 percent per year. The District of Columbia had the highest poverty rate (22.7 percent) while New Hampshire had the lowest poverty rate (8.4 percent). The U.S. poverty rate was 13.2 percent.

### 2000 Texas Population By Race and Region

Region	Anglo	Black	Hispanic	Other
1 Lubbock	494,180	42,994	224,207	14,056
2/9 Abilene	720,051	58,694	311,886	16,926
3 Arlington	3,654,359	692,569	940,256	209,674
4 Tyler	742,216	175,085	53,108	7,883
5 Beaumont	484,655	151,760	43,407	12,378
6 Houston	2,340,773	787,733	1,262,453	243,483
7 Austin	1,315,058	246,069	400,631	58,148
8 San Antonio	885,942	116,247	1,067,964	36,996
10 El Paso	147,088	24,495	620,033	12,977
11 Edinburg	315,953	19,206	1,378,416	14,789
State Total	11,100,275	2,314,852	6,302,361	627,310

Sources: Texas State Data Center and Texas Department of Human Services.

### 2000 Texas Population By Sex and Region

Region	Male	Female
1 Lubbock	382,466	392,971
2/9 Abilene	546,946	560,611
3 Arlington	2,727,586	2,769,272
4 Tyler	477,639	500,653
5 Beaumont	339,774	352,426
6 Houston	2,305,077	2,329,365
7 Austin	1,006,848	1,013,058
8 San Antonio	1,029,512	1,077,637
10 El Paso	392,841	411,752
11 Edinburg	844,737	883,627
State Total	10,053,426	10,291,372

Sources: Texas State Data Center and Texas Department of Human Services.

### 2000 Texas Aged and Disabled Population By Region and Poverty Status

Region	Aged and Disabled (A&D) Population			
	Total A&D Population	% of State Total	A&D Population Below Poverty	% of State Total
1 Lubbock	201,994	4.3	33,834	3.9
2/9 Abilene	297,444	6.3	51,429	5.9
3 Arlington	1,204,725	25.5	166,189	19.1
4 Tyler	289,004	6.1	45,886	5.3
5 Beaumont	201,425	4.3	32,900	3.8
6 Houston	975,688	20.6	162,594	18.7
7 Austin	483,886	10.2	79,589	9.2
8 San Antonio	525,382	11.1	110,797	12.8
10 El Paso	169,888	3.6	51,438	5.9
11 Edinburg	376,546	8.0	133,863	15.4
State Total	4,725,982	100.0	868,519	100.0

Note: The aged population includes persons age 65 and older. The disabled population includes persons with one or more limitations in a functional activity or a social role.

Sources: U.S. Census Bureau, Texas State Data Center, Texas Department of Human Services, and Texas Health and Human Services Commission.

### 2000 Texas Disabled Population By Region and Poverty Status

Region	Total Disabled Population	% of State Total	Disabled Population Below Poverty	% of State Total
1 Lubbock	158,272	4.1	31,183	3.8
2/9 Abilene	235,237	6.1	48,784	6.0
3 Arlington	991,916	25.9	156,116	19.2
4 Tyler	215,565	5.6	42,920	5.3
5 Beaumont	155,824	4.1	31,382	3.9
6 Houston	812,650	21.2	153,636	18.9
7 Austin	386,348	10.1	75,786	9.3
8 San Antonio	419,978	10.9	102,542	12.6
10 El Paso	143,735	3.7	47,299	5.8
11 Edinburg	316,490	8.3	122,665	15.1
State Total	3,836,014	100.0	812,313	100.0

The disabled population includes persons with one or more limitations in a functional activity or a social role.

Sources: U.S. Census Bureau, Texas State Data Center, Texas Department of Human Services, and Texas Health and Human Services Commission.

**Poverty Income Guidelines for the Continental United States**

Family Size	1999 Actual	2000 Actual	2001 Projected	2002 Projected
1	\$ 8,240	\$ 8,350	\$ 8,570	\$8,780
2	\$ 11,060	\$11,250	\$11,530	\$11,820
3	\$ 13,880	\$14,150	\$14,490	\$14,860
4	\$ 16,700	\$17,050	\$17,450	\$17,900
5	\$ 19,520	\$19,950	\$20,410	\$20,940

For each additional family member, add \$2,820 for 1999, \$2,900 for 2000, \$2,960 for 2001 and \$3,040 for 2002.

**Texas State Median Income By Federal Fiscal Year**

Family Size	1999 Actual	2000 Estimated	2001 Estimated
1	\$24,314	\$24,964	\$26,597
2	\$31,795	\$32,645	\$34,781
3	\$39,276	\$40,326	\$42,964
4	\$46,757	\$48,007	\$51,148
5	\$54,238	\$55,688	\$59,332
6	\$61,719	\$63,369	\$67,515

For family sizes greater than six, for each additional person add three percentage points to 132 percent, the percentage for a six person family, and multiply the new percentage by the state median income amount for a four person family.

**State Ranking**

From 1996 through 1998, Texas ranked 33rd in the nation, with a **median household income** that averaged \$35,254 per year. Alaska had the highest median household income (\$51,421); West Virginia had the lowest (\$26,950). The U.S. median household income was \$37,779.

**Per Capita Personal Income**

Geographic Area	1998 Actual	1999 Revised	2000 Projected	2001 Projected
Texas	\$25,369	\$26,525	\$27,277	\$28,503
U.S.	\$27,203	\$28,518	\$28,967	\$30,288

**State Ranking**

In 1999, Texas ranked 27th in the nation, with a **per capita personal income** of \$26,525. Connecticut had the highest per capita personal income (\$39,167); Mississippi had the lowest (\$20,506). The U.S. per capita personal income was \$28,518.

### Labor Force Statistics for Texas and the U.S.

Year	Civilian Labor Force	Number of Unemployed	Unemployment Rate
<b>Texas</b>			
1998 Actual	10,118,308	486,870	4.8
1999 Projected	10,206,043	471,630	4.6
2000 Projected	10,483,200	468,200	4.5
2001 Projected	10,692,000	486,600	4.6
<b>U.S.</b>			
1998 Actual	137,673,000	6,210,000	4.5
1999 Projected	139,368,000	5,880,000	4.2
2000 Projected	141,800,000	5,700,000	4.0
2001 Projected	143,600,000	5,800,000	4.0

Sources: Bureau of Labor Statistics, Department of Labor, and WEFA Group.

### Texas Labor Force Statistics By DHS Region Calendar Year 1999

Region	Civilian Labor Force	Number of Unemployed	Unemployment Rate
1 Lubbock	380,295	14,973	3.9
2/9 Abilene	502,275	29,541	5.9
3 Arlington	2,936,824	91,938	3.1
4 Tyler	465,114	25,973	5.6
5 Beaumont	323,538	24,896	7.7
6 Houston	2,454,951	115,717	4.7
7 Austin	1,161,725	30,635	2.6
8 San Antonio	1,009,225	38,637	3.8
10 El Paso	300,794	28,439	9.5
11 Edinburg	671,302	70,881	10.6
<b>State Total</b>	<b>10,206,043</b>	<b>471,630</b>	<b>4.6</b>

Source: Texas Workforce Commission.

### State Ranking

As of March 2000, Texas ranked 13th in the nation, with an unemployment rate of 4.6 percent. The highest unemployment rate was in Alaska (6.0 percent); the lowest was in South Dakota (2.1 percent). The U.S. unemployment rate was 3.9 percent.

## **State Rankings \***

In 2000, Texas ranks second in the nation in (estimated) **total population** (20,344,798). The only state with a larger population is California, with a population of 34,336,000. (Sources: Texas State Data Center, and California State Data Center.)

From 1996 through 1998, Texas had the 11<sup>th</sup> highest **poverty rate** in the nation, with an average rate of 16.1 percent per year. The District of Columbia had the highest poverty rate (22.7 percent) while New Hampshire had the lowest poverty rate (8.4 percent). The U.S. poverty rate was 13.2 percent. (Source: U.S. Census Bureau.)

From 1996 through 1998, Texas ranked 33<sup>rd</sup> in the nation, with a **median household income** that averaged \$35,254 per year. Alaska had the highest median household income (\$51,421); West Virginia had the lowest (\$26,950). The U.S. median household income was \$37,779. (Source: U.S. Census Bureau.)

In 1999, Texas ranked 27<sup>th</sup> in the nation, with a **per capita personal income** of \$26,525. Connecticut had the highest per capita personal income (\$39,167); Mississippi had the lowest (\$20,506). The U.S. per capita personal income was \$28,518. (Source: Bureau of Economic Analysis, U. S. Department of Commerce.)

As of March 2000, Texas ranked 13<sup>th</sup> in the nation with an **unemployment rate** of 4.6 percent. The highest unemployment rate was in Alaska (6.0 percent); the lowest was in South Dakota (2.1 percent). The U.S. unemployment rate was 3.9 percent. (Source: U. S. Bureau of Labor Statistics.)

In FFY 1998, Texas ranked 41<sup>st</sup> in the nation in **total per capita welfare expenditures** (\$548.25). New York had the highest per capita welfare expenditure amount (\$1,570.14) while Nevada had the lowest (\$414.08). The total per capita welfare expenditure amount for the U.S. was \$770.74. (Source: U.S. Census Bureau.)

In FFY 1999, Texas ranked third in the nation in **total value of food stamps issued** (\$1.3 billion). California had the highest issuance (\$1.8 billion); New York was ranked second with \$1.5 billion. Nationally, the total value of food stamps issued was \$15.8 billion. (Source: Food and Nutrition Service, U.S. Department of Agriculture.)



**In FFY 1998, Texas ranked third in the nation in number of Medicaid recipients (2,324,810). Only California and New York were ranked higher. (Sources: HCFA, CMSO, MSIS.)**

**From 1996 through 1998, Texas ranked first in the nation in the percent of population not covered by health insurance, with an average of 24.4 percent of the population without health insurance per year. The state with the lowest percentage was Hawaii (8.7 percent). The U.S. rate was 16.0 percent. (Source: U.S. Census Bureau.)**

*\* Some data may be preliminary and are subject to revision.*



## V. Appendices

	<b>Page</b>
<b>Texas Partners .....</b>	<b>84</b>
<b>Volunteer Services .....</b>	<b>85</b>
<b>Adopt-A-Nursing Home .....</b>	<b>86</b>
<b>Family Pathfinders.....</b>	<b>87</b>
<b>Faith-based Liaisons.....</b>	<b>87</b>
<b>Charitable Choice.....</b>	<b>87</b>
 <b>Worksheet Example Calculation of TANF Grant and Eligibility for the Food Stamp Program.....</b>	 <b>88</b>
 <b>Headquarters Directory.....</b>	 <b>91</b>
 <b>Regional Directory .....</b>	 <b>92</b>
 <b>Contacts .....</b>	 <b>93</b>
 <b>Toll-free Hotline Numbers .....</b>	 <b>94</b>
 <b>Texas Counties By DHS Administrative Region.....</b>	 <b>96</b>
 <b>Texas Department of Human Services Regional Boundaries (Map).....</b>	 <b>98</b>
 <b>Agency History.....</b>	 <b>99</b>
 <b>Glossary .....</b>	 <b>103</b>

# **Texas Partners**

DHS teams with community organizations to bridge gaps in services, help families seeking self-sufficiency, and assist elderly and disabled people to remain as independent as possible, enriching their quality of life.

At the present time, there are five separate efforts underway. They are

- **Volunteer Services**
- **Adopt-A-Nursing Home**
- **Family Pathfinders**
- **Faith-based Liaisons**
- **Charitable Choice**

A brief description of each is provided on the following pages. For more information, call your local DHS office, or the state office headquarters at (512) 438-4037.

## Volunteer Services

**Mission:** The mission of Volunteer Services is to enhance human services through community involvement.

**Goals and Functions:**

- Recruit, train, manage, and recognize volunteers to develop resources to meet client needs and assist in the delivery of services.
- Provide opportunities for personal and professional growth.
- Increase community awareness and appreciation of the department's services.

DHS volunteers provide a variety of services and activities throughout the state. They provide clerical assistance to staff and translate for clients with limited English proficiency, gaining valuable work experience to move from welfare to work. Other volunteer projects include mentoring clients, organizing holiday activities, teaching job-search skills, conducting fund-raisers, visiting nursing home residents, and repairing and painting clients' homes.

Faith-based organizations, nonprofit organizations, businesses and schools volunteer for one-time projects, serve on going client needs, or lend expertise on boards and committees. Battling the difficulties of poverty, unemployment, homelessness, illiteracy and family violence is a difficult job. DHS is doing it, but we don't do it alone.

**Volunteer Statistics for FY 1999**

Region	Volunteers	Volunteer Hours
1 Lubbock	45,876	118,525
2/9 Abilene	3,078	14,679
3 Arlington	28,189	155,611
4 Tyler	3,800	124,795
5 Beaumont	33,933	74,995
6 Houston	3,355	55,066
7 Austin	8,365	68,820
8 San Antonio	6,724	104,098
10 El Paso	592	37,872
11 Edinburg	4,388	78,512
State Office	1	936
State Total	138,301	833,909*

Cash donations of \$427,468 paid for rent, utilities, home repairs, prescriptions and medical equipment. Non-cash (in-kind) donations valued at \$681,451 included clothing, furniture, car seats and holiday gift baskets.

\*The nationally recognized rate for calculating the average non-agricultural equivalent hourly rate of volunteers was \$14.30 per hour. The total value of volunteer hours for DHS for FY 1999 was more than \$4 million.

## **Adopt-A-Nursing Home**

***Texas Department of Human Services Adopt-A-Nursing Home program was named one of 97 semi-finalist in the national Innovations in American Government 2000 competition of the Kennedy School of Government at Harvard University.***

The Adopt-A-Nursing Home Program promotes community volunteer involvement with Texas' Long Term Care facilities to enrich the lives of their residents and enhance the residents' quality of life. In addition to the personal satisfaction of helping those in need, volunteer groups and participating facilities are formally recognized by the Texas Department of Human Services for their efforts.

- On average 50% of Texas nursing home residents don't have families or surviving spouses and about 60% have no regular visitors. Participation can enhance the quality of life for residents.
- Any group -- civic, school, religious, business, scout, friends, or other -- made up of at least three members may participate. Volunteers of all ages are welcome.
- Each group commits to help with resident activities at least four times a year. Activities range from simply visiting with residents to organizing parties or outings.

Program staff are available to provide workshops to nursing facility staff , volunteers and other interested organizations. Training topics include:

- Sensory Awareness - Experiential workshop understanding difficulties residents experience due to diminished senses and developing empathy for them.
- Recruiting Volunteers - Identifying volunteer needs and steps to successful recruitment.
- Effective Management of Volunteers – Training, retaining and recognizing volunteers.
- The Place Where Ethics Lives - Review of Ethics in the workplace.
- Service Projects and Community Connections,
- Alzheimer's Disease – Several workshops with a number of topics including an overview of the disease, communications, activities, behaviors.
- Embracing the Rainbow - Training for staff and volunteers with special content on cultural diversity.
- Oral History Interviews - Preparing an interviewer for a mutually rewarding oral history interview.
- Reminiscence - Finding Meaning in Memories

For FY 2000, more than 3200 active groups that had adopted more than 550 facilities.

For more information, contact your local nursing home, or call 1-800-889-8595.

## **Family Pathfinders**

***Texas Department of Human Services Family Pathfinders program was named one of 97 semi-finalist in the national Innovations in American Government competition of the Kennedy School of Government at Harvard University.***

Family Pathfinders is a community partnership of volunteer teams from faith-based organizations, civic groups and businesses helping families help themselves become self-sufficient and off welfare.

A team of three to eight individuals commit to sponsoring a TANF family for up to a year. A helping hand is often all that's needed to help a welfare family achieve self-sufficiency. However, everyday obstacles can confound even the most determined family's efforts. Providing mentoring, budget planning, assistance with transportation, identifying community resources for housing, child care, housing, on the job coaching provide are examples of ways to provide encouragement for a family on the path to independence.

Program staff provides training to prospective teams to dispel welfare myths and offer support to the team process. A "Train the Trainer" component empowers community members to expand the program at the local level.

As of Aug 1, 2000:

Active Teams	174
Active Faith Based Organizations	122
Active Other Nonprofit Organizations	34
Active Business teams	18
Families Matched	660
Families no longer receiving TANF	549
Number of Families Employed	398

## **Faith Based Liaisons**

The 76th Texas Legislature (1999) passed House Bill 2017, which requires the Texas Department of Human Services to designate liaisons to work with faith-based organizations to provide community services for Texans in need. The bill also requires local workforce development boards to cooperate and coordinate with certain organizations.

## **Charitable Choice**

The Personal Responsibility Act of July 1996 included a section now commonly referred to as "Charitable Choice." This project expands the involvement of faith-based and community organizations in the public self-sufficiency effort while protecting the rights of beneficiaries and service organizations.

## Worksheet Example

### Calculation of TANF Grant and Eligibility for the Food Stamp Program

The following is an example of the calculations for determining monthly benefits for the TANF and Food Stamp programs. Extensive efforts have been made to ensure the accuracy of the information contained in this worksheet. It is possible, however, that changes/revisions have occurred since the printing of this publication. Therefore, caution must be exercised in basing significant (eligibility) decisions on this information, without first verifying the details with the appropriate DHS personnel. For questions or clarification, please refer to the list of agency contacts included as one of the appendices in this publication.

Premise: (1) Family composed of a mother and two children; (2) Child care costs=\$75; (3) Shelter costs for rent in public housing=\$30, utilities=\$125, phone=\$20; (4) No educational expenses; (5) Medicaid pays all medical bills.	
<b>TANF Applicant</b>	
<b><u>TANF Benefits</u></b>	
1. Gross earned income (from part-time employment) .....	\$240.00
2. Work-related expenses.....	-120.00
Subtotal.....	\$120.00
3. Earned income disregard (90%).....	-108.00
4. Adjusted income .....	\$ 12.00
5. Child-care costs.....	-75.00
6. Countable income.....	\$ 0.0
7. Recognizable needs (25 % of budgetary needs).....	\$188.00
8. Countable income.....	-0.00
9. Unmet need.....	\$188.00
10. Recommended grant.....	<u>\$201.00</u>
<b><u>Food Stamp Benefits</u></b>	
1. Gross earned income (from part-time employment).....	\$240.00
2. Earned income deduction. (20%).....	-48.00
Subtotal.....	\$192.00
3. TANF grant amount .....	\$201.00
4. Standard deduction.....	-134.00
5. Reduced income total.....	\$259.00
6. Child-care costs.....	-75.00
7. Adjusted gross income.....	\$184.00
8. Excess shelter deduction.....	-109.00
9. Net food stamp income.....	\$ 75.00
10. Food Stamp allotment.....	\$307.00



*Worksheet – continued*

<b>TANF Certified Mother with Earned Income From New Job</b>	
<b><u>TANF Benefits</u></b>	
1. Gross income .....	\$1,000.00
2. Work-related expense.....	-120.00
Subtotal.....	\$ 880.00
3. Earned Income Disregard (90% for 4 months).....	-792.00
4. Adjusted Income .....	\$ 88.00
5. Child-care costs .....	-75.00
6. Countable Income.....	\$ 13.00
7. Unmet Need.....	175.00
8. Recommended Grant.....	\$ 188.00
<b><u>Food Stamp Benefits</u></b>	
1. Gross earned income.....	\$1,000.00
2. Earned income deduction (20%).....	-200.00
Subtotal.....	\$ 800.00
3. TANF grant amount.....	\$ 188.00
4. Standard deduction.....	-134.00
5. Reduced income total.....	\$ 854.00
6. Child-care costs.....	-75.00
7. Net Food Stamp income.....	\$ 779.00
8. Food Stamp allotment .....	\$ 101.00

**Worksheet – continued**

<b>Mother with Unearned Income *</b>	
<b><u>TANF</u></b>	
1. Gross income (unearned from Social Security).....	<u>\$ 50.00</u>
2. Recognizable needs (25 percent of budgetary need).....	<u>\$188.00</u>
3. Net unearned income.....	<u>-50.00</u>
4. Unmet need.....	<u>\$138.00</u>
5. Recommended grant.....	<u>\$151.00</u>
<b><u>Food Stamps</u></b>	
1. Gross income (unearned from Social Security).....	<u>\$ 50.00</u>
2. TANF grant amount.....	<u>\$151.00</u>
Subtotal.....	<u>\$201.00</u>
3. Standard deduction.....	<u>-134.00</u>
4. Adjusted gross income.....	<u>\$ 67.00</u>
5. Excess shelter deduction.....	<u>-167.50</u>
6. Net food stamp income.....	<u>\$ 0.00</u>
7. Food Stamp allotment.....	<u>\$335.00</u>
<b>Mother with No Income *</b>	
<b><u>TANF</u></b>	
1. Recognizable needs (25 percent of budgetary need).....	<u>\$188.00</u>
2. Recommended grant.....	<u>\$201.00</u>
<b><u>Food Stamps</u></b>	
1. TANF grant amount.....	<u>\$201.00</u>
2. Standard deduction.....	<u>-134.00</u>
3. Adjusted gross income.....	<u>\$ 67.00</u>
4. Excess shelter deduction.....	<u>-167.50</u>
5. Net food stamp income.....	<u>\$ 0.00</u>
6. Food Stamp allotment.....	<u>\$335.00</u>

\* Child-care not allowed because mother is not working or attending school.

## Headquarters Directory

<b>Location</b>	John H. Winters Human Services Center
<b>Street Address</b>	701 West 51 <sup>st</sup> Street, Austin, Texas
<b>Mailing Address</b>	P.O. Box 149030 Austin, Texas 78714-9030
<b>Information: (512) 438-3011      Fax: (512) 438-4747</b>	

<b>Board Members</b>	<b>Term Expiration</b>
David Herndon, Chair	January 2001
Elizabeth D. Seale, Vice Chair	January 2003
John A. Cuellar	January 2005
Terry Durkin Wilkinson	January 2005
Bill Jones	January 2003
Carole Woodard	January 2001
Phone: (512) 438-3046	Fax: (512) 438-3884

<b>Executive Staff</b>	<b>Office Phone</b>
Eric M. Bost, Commissioner	(512) 438-3030
Jerry Friedman, Executive Deputy Commissioner	(512) 438-3070
Irma Bermea, Deputy Commissioner, Program Integrity	(512) 231-5736
Suzanne Biermann, Deputy Commissioner, Planning, Evaluation, and Project Management	(512) 438-2308
Ron Borg, Federal Relations Liaison, D.C.	(202) 434-0220
David Freeland, Deputy Commissioner, Management Information Systems	(512) 438-4534
Bobby Halfmann, Chief Financial Officer	(512) 438-3355
Jackie Johnson, Deputy Commissioner, Office of Programs	(512) 438-4971
Jim Lehrman, Deputy Commissioner, Long-term Care Regulatory	(512) 438-2625
Charles F. Lyon, Internal Audit	(512) 438-3350
Clif Martin, Deputy Commissioner, Regional Operations	(512) 438-4804
J.B. McReynolds, Deputy Commissioner, Legal Services	(512) 438-3108
Tom Phillips, Deputy Commissioner, Support Services	(512) 438-3035
Anne Sapp, Deputy Commissioner, Government Relations	(512) 438-4814

## Regional Directory

<b>Region</b>	<b>Regional Administrator/Address</b>	<b>Phone/Fax</b>
1	Arlene Rhodes 2109 Avenue Q P.O. Box 10528 Lubbock, Texas 79408	Phone (806) 472-2502 Fax (806) 472-2542
2/9	Barbara Evans 4380 Spindletop P.O. Box 6635 Abilene, Texas 79608	Phone (915) 690-2277 Fax (915) 690-2229
3	Debra Smith 801 E, Freeway, Suite 600 P.O. Box 182109 Grand Prairie, Texas 75051	Phone (817) 264-4052 Fax (817) 264-4150
4	Sammie Bedford 302 East Rieck Road Tyler, Texas 75703	Phone (903) 509-5136 Fax (903) 509-5130
5	Lawrence Parker 285 Liberty, 19 <sup>th</sup> Floor P.O. Box 4906 Beaumont, Texas 77704-4906	Phone (409) 951-3213 Fax (409) 951-3209
6	Mamie Ewing 5425 Polk St. P.O. Box 16017 Houston, Texas 77222-6017	Phone (713) 767-2404 Fax (713) 767-2419
7	Barry Fredrickson 7901 Cameron Road #2 P.O. Box 15995 Austin, Texas 78761	Phone (512) 832-7651 Fax (512) 834-3459
8	Tony Franco 11307 Roszell P.O. Box 23990 San Antonio, Texas 78233	Phone (210) 619-8001 Fax (210) 619-8088
10	Ralph Briones 401 East Franklin P.O. Box 981017 El Paso, Texas 79998-1017	Phone (915) 834-7511 Fax (915) 834-7512
11	Paul Ebrom 2520 South "I" Road P.O. Box 960 Edinburg, Texas 78540	Phone (956) 316-8203 Fax (956) 316-8338

## Contacts

The following list of state office contacts is provided for those persons seeking additional information. If you are unsure as to which area your question falls under, you may call the DHS Information and Referral Unit at (512) 438-3280.

<b>Area of Interest</b>	<b>Contact Person</b>	<b>Telephone Number</b>
Community Care Services	Gerardo Cantu	(512) 438-3195
In-Home/Family Support	Debra Berliner	(512) 438-3199
LTC Medicaid Eligibility	Dee Church	(512) 438-3226
Nursing Home Programs	Marc Gold	(512) 438-3174
Integrated Service Delivery	Pamela Coleman	(512) 438-5067
LTC Facility Regulation	Rosemary Patterson	(512) 438-2897
Nursing Facility Administrator Licensing	Terri Phillips	(512) 231-5826
Medication Aide Program	Joyce Meredith	(512) 231-5827
Nurse Aide Certification	Mary Calvin	(512) 231-5824
Nurse Aide Training and Competency Evaluation	Mary Calvin	(512) 231-5824
Criminal History (LTC facility personnel)	Nancy Phillips	(512) 231-5812
TANF (Texas Works)	Judy Denton	(512) 438-3425
Food Stamp Program	Judy Denton	(512) 438-3425
Medical Programs for Families and Children	Judy Denton	(512) 438-3425
Quality Assurance	Jim Holster	(512) 231-5775
Special Nutrition Programs	Jackie Johnson	(512) 438-3941
Refugee Social Services	Caitriona Lyons	(512) 438-3526
Refugee Cash and Medical Assistance	Rita Hasty King	(512) 438-4148
Disaster Assistance	Edna Esparza	(512) 383-2434
Family Violence Services	Liz Cruz Garbutt	(512) 438-4104
Office on Services to Persons with Disabilities	Larry Don Shaw	(512) 438-3233
EEO/Affirmative Action	Ana Mireles	(512) 438-4132
HUB Program	Hope Degollado	(512) 438-5429
Demographic Data	Kofi Effah	(512) 438-3358
Economic Data	Jack Boland Paul Root	(512) 438-4608 (512) 438-3334
State Rankings	Kofi Effah	(512) 438-3358
Budget Summary	Bernie Underwood	(512) 438-3346
Staff Summary	Bernie Underwood	(512) 438-3346
Strategic Planning	Gayle Brooks	(512) 438-3170
Business Planning	Gayle Brooks	(512) 438-3170
Volunteer Services	Sharon Zambrzycki	(512) 438-4037

## Toll-free Hotline Numbers

Name and Description	Phone Number
<b>Adopt-a-Nursing Home:</b> Responds to inquiries from nursing facilities and the community about the DHS Adopt-a-Nursing Home program. Queries include general questions about the program, requests for materials, and scheduling speaker presentations and training workshops for staff and volunteers.	1-800-889-8595
<b>Accounts Receivable Tracking System/Treasury Offset Program (ARTS/TOP):</b> Responds to inquiries from clients, providers, DHS staff, probation officers, and various other customers regarding client and provider debts owed the agency.	1-800-666-8531
<b>Automated Voice Response (AVR):</b> Provides easy access for food stamp and TANF clients to inquire about case status, benefit amount, benefit availability, and length of certification.	1-800-448-3927
<b>Disaster Assistance:</b> Allows victims of presidentially declared disasters to call for information about their applications. During non-disaster times, individuals can call for information on program benefits.	1-800-582-5233
<b>Family Pathfinders:</b> Recruits and trains teams of volunteers from businesses and religious and civic organizations to help welfare families overcome hurdles as they struggle to become self-sufficient. Volunteer teams make a one-year commitment to help families on public assistance become independent. Pathfinder teams provide the problem solving, planning, and encouragement needed to make each family's exit from the welfare system permanent.	1-800-355-7284
<b>Fraud:</b> Established for reporting suspected fraud in programs administered by DHS.	1-800-436-6184
<b>Hospice:</b> To respond to general inquiries about Hospice Services, report quality-of-care complaints on program compliance and suspected fraud, report and resolve Medicaid payment problems related to Hospice that are not the fault of providers, report and resolve DHS Hospice contract problems, and report and resolve Medicaid eligibility problems pertaining to Hospice and other DHS, TDH, and TxMHMR programs.	1-800-252-8010
<b>Income Assistance Complaint:</b> Provides quick and easy access, allowing clients a free means of inquiring about case issues, problems, and complaints. This unit serves as the central source of complaint resolution for the Food Stamp and TANF programs.	1-800-252-9330
<b>Intermediate Care Facility for the Mentally Retarded (ICF-MR/RC) Complaints:</b> To ensure that abuse, neglect, or exploitation of individuals with related conditions residing in ICF-MRs is reported to DHS. In Texas, reporting of suspected abuse or neglect of individuals residing in ICF-MR/RC facilities is mandatory. This hotline allows anyone who suspects abuse, neglect, or exploitation to report 24 hours a day, 7 days a week.	1-800-458-9858

Name and Description	Phone Number
<b>Long-term Care Regulatory (LTC-R) Consumer Services:</b> To provide a mechanism for the public to request information pertaining to long-term care facilities regulated by DHS.	1-800-458-9858
<b>LTC-R Investigations:</b> Used by the public to request information or register complaints regarding long-term care facilities regulated by DHS. It is also used by long-term care facility staff to report incidents of abuse, neglect, or exploitation in accordance with state statutes and regulations.	1-800-458-9858
<b>Long-term Care (LTC) Nurses Aid Registry/Inquiry:</b> To meet federal requirements for access to findings of misconduct of nurse aides. Types of misconduct may include abuse, neglect, or misappropriation of resident property by potential employers and other states where an individual is applying for reciprocity to be certified as a nurse aide in that state. This line is a completely automated system.	1-800-452-3934
<b>Nutrition Claims Hotline:</b> For contractors who have problems with submitting a correct claim for reimbursement of meals. This line is answered by a claims processing expert who can help with questions regarding the claim. This is services is provided to customers but is not required by regulation.	1-800-264-5732
<b>Nutrition Education/Training (NET):</b> An automated hotline with available options to connect with the NET Library staff, get information on current NET workshops, or leave a message for call back.	1-800-982-3261
<b>Rehabilitative Services:</b> This is a therapy provider inquiry hotline. Therapists and providers call for inquiry, verification, or general questions regarding the therapy program or their particular patient.	1-800-792-1109
<b>Summer Food Service Hotline:</b> Provides information to persons inquiring about the nearest location participating in the Summer Food Service Program (June – August).	1-800-847-8975
<b>SSI/Food Stamp Automated Benefits (FSAB):</b> Determines continued food stamp eligibility for pure categorically eligible Supplemental Security Income (SSI) households. FSAB also determines eligibility for Juvenile Probation Medicaid cases and the State Immigrant Food Assistance Program.	1-800-248-1078
<b>Tel-Assistance Hotline (TAS):</b> Provides information about the TAS program. The program is a legislatively mandated program that lowers the cost of basic monthly telephone service by 65 percent for low-income and disabled adults. Certain telephone-service restrictions may apply. Hotline staff respond to general inquiries about the TAS program and eligibility criteria. Individuals can request an application for the TAS program and receive information regarding the status of their application.	1-800-343-8353

## Texas Counties By DHS Administrative Region

<b>Region 1 - Lubbock</b>			
Armstrong	Dickens	Hutchinson	Potter
Bailey	Donley	King	Randall
Briscoe	Floyd	Lamb	Roberts
Carson	Garza	Lipscomb	Sherman
Castro	Gray	Lubbock	Swisher
Childress	Hale	Lynn	Terry
Cochran	Hall	Moore	Wheeler
Collingsworth	Hansford	Motley	Yoakum
Crosby	Hartley	Ochiltree	
Dallam	Hemphill	Oldham	
Deaf Smith	Hockley	Parmer	

<b>Region 2/9 - Abilene</b>			
Andrews	Eastland	Loving	Shackelford
Archer	Ector	McCulloch	Stephens
Baylor	Fisher	Martin	Sterling
Borden	Foard	Mason	Stonewall
Brown	Gaines	Menard	Sutton
Callahan	Glasscock	Midland	Taylor
Clay	Hardeman	Mitchell	Terrell
Coke	Haskell	Montague	Throckmorton
Coleman	Howard	Nolan	Tom Green
Concho	Irion	Pecos	Upton
Comanche	Jack	Reagan	Ward
Cottle	Jones	Reeves	Wichita
Crane	Kent	Runnels	Wilbarger
Crockett	Kimble	Schleicher	Winkler
Dawson	Knox	Scurry	Young

<b>Region 3 - Arlington</b>			
Collin	Erath	Johnson	Rockwall
Cooke	Fannin	Kaufman	Somervell
Dallas	Grayson	Navaro	Tarrant
Denton	Hood	Palo Pinto	Wise
Ellis	Hunt	Parker	

<b>Region 4 - Tyler</b>			
Anderson	Franklin	Marion	Smith
Bowie	Gregg	Morris	Titus
Camp	Harrison	Panola	Upshur
Cass	Henderson	Rains	Van Zandt
Cherokee	Hopkins	Red River	Wood
Delta	Lamar	Rusk	



<b>Region 5 – Beaumont</b>			
Angelina	Jefferson	Polk	Shelby
Hardin	Nacogdoches	Sabine	Trinity
Houston	Newton	San Augustine	Tyler
Jasper	Orange	San Jacinto	

<b>Region 6 – Houston</b>			
Austin	Fort Bend	Matagorda	Wharton
Brazoria	Galveston	Montgomery	
Chambers	Harris	Walker	
Colorado	Liberty	Waller	

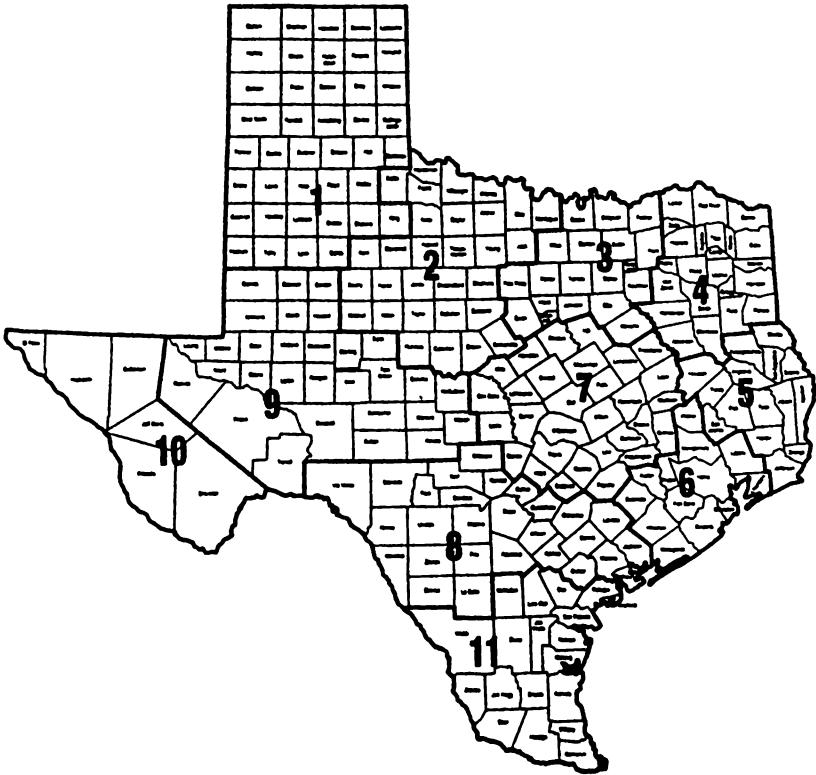
<b>Region 7 – Austin</b>			
Bastrop	Coryell	Lampasas	Mills
Bell	Falls	Lee	Robertson
Blanco	Fayette	Leon	San Saba
Bosque	Freestone	Limestone	Travis
Brazos	Grimes	Llano	Washington
Burleson	Hamilton	McLennan	Williamson
Burnet	Hays	Madison	
Caldwell	Hill	Milam	

<b>Region 8 – San Antonio</b>			
Atascosa	Edwards	Karnes	Medina
Bandera	Frio	Kendall	Real
Bexar	Gillespie	Kerr	Uvalde
Calhoun	Goliad	Kinney	Val Verde
Comal	Gonzales	LaSalle	Victoria
DeWitt	Guadalupe	Lavaca	Wilson
Dimmit	Jackson	Maverick	Zavala

<b>Region 10 – El Paso</b>			
Brewster	El Paso	Jeff Davis	
Culberson	Hudspeth	Presidio	

<b>Region 11 - Edinburg</b>			
Aransas	Hidalgo	Live Oak	Starr
Bee	Jim Hogg	McMullen	Webb
Brooks	Jim Wells	Nueces	Willacy
Cameron	Kenedy	Refugio	Zapata
Duval	Kleberg	San Patricio	

**Texas  
Department of Human Services  
Regional Boundaries**



## **Agency History**

**In the 1930s, the Texas Constitution of 1876 was amended so that the state could use federal money to finance new public assistance programs. The agencies that administered the programs evolved into the state Department of Public Welfare, the Texas Department of Human Resources, and finally the Texas Department of Human Services.**

**The following timeline summarizes the agency's history and evolution from its inception to present.**

- 1931 The Child Welfare Division of the Board of Control was established by the Texas Legislature.**
- 1932 The first relief funds were distributed in Texas. Federal funds were provided by the Reconstruction Finance Corporation and distributed by chambers of commerce.**
- 1933 The Texas Relief Commission was created by executive order to take over distribution of relief funds. A constitutional amendment authorized the use of state funds for relief purposes, and \$20 million in "Bread Bonds" were issued.**
- 1935 The Federal Social Security Act became effective. In accordance with its provisions, assistance programs were later established to be state and federally funded. An amendment to the Texas Constitution authorized payment of Old Age Assistance grants.**
- 1936 The first Old Age Assistance grant was made in Texas. A constitutional amendment authorized Aid to the Blind and Aid to Dependent Children (ADC). The maximum monthly grant to blind recipients was \$15 in state funds, and the maximum grant for each ADC child was \$8 in state funds.**
- 1937 A \$1.5 million constitutional ceiling was placed on state funds for ADC.**
- 1939 The State Department of Public Welfare (DPW) was created and assigned the duties and responsibilities of three former divisions of the State Board of Control (Old Age Assistance Commission, Texas Relief Commission, and the Child Welfare Division).**
- 1941 The Public Welfare Act was passed.**
- 1945 A \$35 million ceiling was placed on all assistance programs, excluding aid to the disabled.**

- 1953 Texas voters raised the ceiling from \$35 million to \$42 million for all programs, excluding those for disabled persons. The agency was given responsibility for the state's commodities program.
- 1956 A constitutional amendment provided the Aid to Disabled program with a ceiling of \$1.5 million in state funds.
- 1957 Texas voters raised the ceiling for all programs from \$42 million to \$47 million.
- 1958 A constitutional amendment created the Medical Assistance Program. The Texas Legislature authorized the program in 1961.
- 1961 Texas voters raised the ceiling from \$47 million to \$52 million for aid to the blind, children, and the aged. The ceiling on state funds for the disabled was raised from \$1.5 million to \$2 million.
- 1962 The first medical assistance payments were made.
- 1963 Texas voters raised the ceiling on assistance programs from \$52 million to \$60 million, including those for disabled persons.
- 1964 Federal legislation created the federal Food Stamp program with passage of the Food Stamp Act. DPW began piloting the program in 1967, and the program was implemented statewide by 1973.
- 1967 Federal legislation created the Medicaid program with passage of the Medical Assistance Act and established the Work Incentive (WIN) program.
- 1969 Texas voters raised the ceiling from \$60 million to \$80 million for all four assistance programs.
- 1971 Funds were appropriated to implement the Vendor Drug program.
- 1974 Adult financial assistance programs were transferred to the Social Security Administration (Supplemental Security Income). An investigation division was formed to probe welfare fraud. The agency assumed responsibility for child-support enforcement.
- 1975 Federal regulations on social services changed eligibility requirements and reorganized services offered by the agency.
- 1977 The agency's name was changed from the DPW to the Texas Department of Human Resources (DHR).

- 1981 Texas voters created a flexible ceiling for welfare funding, not to exceed 1 percent of the state's budget.
- 1983 Child Support enforcement was transferred to the State Attorney General's Office. Aid to Families with Dependent Children (AFDC) received its first grant increase since 1969.
- 1984 Federal legislation expanded Medicaid eligibility to pregnant women and infants up to age 2 in households at 100 percent of the federal poverty level.
- 1985 State legislation changed the agency name from DHR to the Texas Department of Human Services (DHS). The Medically Needy program was implemented.
- 1986 Federal legislation expanded Food Stamp program benefits and mandated food stamp employment and training programs.
- 1987 Federal legislation reformed the rules for nursing homes that participated in Medicare and Medicaid.
- 1988 Federal legislation expanded eligibility for Medicare and Medicaid services. Congress also passed the Family Support Act that reformed federal welfare programs and created new employment training programs for welfare recipients.
- 1989 State legislation raised the nursing home and community-care income eligibility cap. Legislation also expanded the Texas Board of Human Services from three to six members. Federal legislation also expanded Medicaid eligibility and services.
- 1990 Federal legislation mandated a phased expansion of Medicaid to cover all children at or below the federal poverty level.
- 1991 State legislation created the Health and Human Services Commission; transferred the Long-term Care Regulatory program for inspection of nursing homes from the Texas Department of Health (TDH) to DHS; and transferred Medicaid purchased health programs from DHS to TDH. The Texas Department of Protective and Regulatory Services was created, and programs related to child and adult protective services and child day-care licensing were transferred from DHS to this new agency. Federal legislation also limited the way states could raise Medicaid matching funds.
- 1993 Federal legislation increased benefits and expanded eligibility for the Food Stamp program.

- 1994 Federal legislation expanded and refined the major child nutrition programs.
- 1995 State legislation (state welfare reform—HB 1863) created the Texas Workforce Commission, formerly known as the Texas Employment Commission. The Job Opportunities and Basic Skills (JOBS) program for AFDC recipients, Food Stamp Employment and Training services, and child care for low-income families were transferred from DHS to the new agency in 1996. The legislation also included time limits on cash assistance and requirements related to personal responsibility on the part of welfare recipients.
- 1996 Federal legislation reformed federal welfare policy by giving states almost complete control over eligibility and benefits. Temporary Assistance for Needy Families (TANF) replaced AFDC. The legislation also significantly reduced food stamp benefits and benefits to legal immigrants.
- 1997 State legislation on nursing home reform was passed to address the quality of care and regulation of long term care facilities. An omnibus fraud bill was passed to prevent, detect, and enforce penalties associated with fraudulent activities by recipients and/or providers of public assistance. Federal legislation restored some food stamp benefits and some benefits to legal immigrants that were eliminated the previous year.
- 1999 State legislation centralized programs relating to long-term care at DHS. The legislature passed additional nursing home reforms and enacted new regulations for assisted living facilities and home health services. In addition, the TANF grant was indexed to 17 percent of the federal poverty income guidelines.

# Glossary

**A&D** -- Aged and Disabled services.

**AB** -- Automated Benefits. People who receive Supplemental Security Income (SSI) receive their food stamp benefits through the Food Stamp Automated Benefits Unit at state office.

**AFC** -- Adult Foster Care. See page 16 for description.

**AFDC** -- Aid to Families with Dependent Children program. This program is now referred to as Temporary Assistance for Needy Families (TANF). See page 39 for description.

**Aged or Elderly Person** -- An individual age 65 or older.

**Applied Income** -- That portion of a client's income that must be applied toward the cost of institutional care. Also used in Texas Works to indicate a household member's income that is counted in determining eligibility and benefits.

**AVR** -- Automated Voice Response.

**BBA** -- Balanced Budget Act.

**BCU** -- Benefit Claims Unit.

**Budgetary Needs** -- The amount defined by DHS as necessary for a family to obtain basic needs such as food, clothing, housing, utilities, and other incidentals. The amount is based on family size and is used in the TANF 100-percent budgetary needs gross income test.

**CACFP** -- Child and Adult Care Food Program. See page 56 for a description.

**Caretaker** -- An adult whose needs are covered by a TANF grant because the adult is appropriately related to the children involved and is financially eligible under TANF eligibility criteria.

**Categorically Eligible** -- Persons who are eligible for a program based on their category of benefits in another program.

**CBA** -- Community-Based Alternatives. Previously known as the Nursing Facility Waiver. See page 17 for description.

**CCAD** -- Community Care for the Aged and Disabled. Services that help aged and disabled people remain at home or in their communities. See pages 16 and 17 for descriptions.

**CCG** -- Council on Competitive Government.

**CCMS** -- Child Care Management Services. Contracted service to coordinate and manage child-care service delivery at the local level.

**CCMU** -- Central Claims Management Unit.

**CHIP** -- Children's Health Insurance Program.

**Choices** -- TWC's program for TANF recipients with a work requirement.

**CLASS** -- Community Living Assistance and Support Services. See page 17 for description.

**Client** -- A recipient of any DHS service or assistance.

**CMS** -- Claims Management System.

**Co-pay** -- An amount a recipient must pay as a share of the cost of a service.

**CPS** -- Child Protective Services.

**DAHS** -- Day Activity and Health Services. See pages 16 and 17 for descriptions.

- DBMD** -- Deaf Blind/Multiple Disability waiver. See page 17 for description.
- Deprivation** -- Loss of parental support caused by the death, incapacity, or continued absence of one or both natural or adoptive parents.
- EA** -- Emergency Assistance services.
- EBT** -- Electronic Benefit Transfer. A technological advancement that eliminates paper food stamp coupons and TANF warrants. Instead clients use plastic debit cards to pay for food and obtain cash.
- ECI** -- Early Childhood Intervention.
- Eligibility Review** -- Review of variable conditions of eligibility on an active case (sometimes called recertification).
- ERS** -- Emergency Response Systems. See page 16 for description.
- EWS** -- Early Warning System.
- FDP** -- Food Distribution Program.
- FE** -- Frail Elderly. See page 17 for description.
- FFP** -- Federal Financial Participation. The percentage that the Federal government will match total spending in a program.
- FFY** -- Federal Fiscal Year. The federal fiscal year covers October 1 through September 30; the state fiscal year (FY) covers September 1 through August 31.
- FMAP** -- Federal Medicaid Assistance Percentage.
- FNS** -- Food and Nutrition Service.
- FPIG** -- Federal Poverty Income Guidelines. The annual HHS determination of the dollar amounts that define the poverty level.
- FY** -- Fiscal Year. State Fiscal Year. The state fiscal year covers September 1 through August 31; the federal fiscal year (FFY) covers October 1 through September 30.
- GOBP** -- Governor's Office of Budget and Planning.
- HCFA** -- Health Care Financing Administration. The division of the federal government that regulates the Medicaid and Medicare programs.
- HCS** -- Home and Community-based Services. See page 25 for description.
- HCS-O** -- Home and Community-based Services – OBRA. See page 25 for description.
- HHS** -- U.S. Department of Health and Human Services.
- HHSC** -- Health and Human Services Commission.
- HHSCN** -- Health and Human Services Consolidated Network.
- HMO** -- Health Maintenance Organization.
- HRC/S** -- Human Resources Client/Server.
- HRMS** -- Human Resources Management System.
- HUB** -- Historically Underutilized Business. See page 65 for description.
- IEVS** -- Income Eligibility Verification System. See page 69 for description.
- IFGP** -- Individual and Family Grant Program. Also referred to as the Disaster Assistance Program. See page 59 for description.
- IHFSP** -- In-Home and Family Support Program. See page 23 for description.
- Income Eligible** -- People who are not categorically eligible, but who are eligible to receive benefits on the basis of their income.



**INS** -- Immigration and Naturalization Service.

**Intake** -- The process of receiving applications, inquiries, and referrals; applies also to reports of complaints of abuse or neglect.

**LAR** -- Legislative Appropriations Request.

**LBB** -- Legislative Budget Board.

**Level of Care** -- An assessment of the type of care necessary to meet the client's individual needs. The assessment takes into consideration the client's needs in all aspects of development, level of functioning, and potential to benefit from a particular program.

**LTC** -- Long-term Care. One of the major DHS program areas. LTC includes Nursing Facility, In-Home and Family Support, Integrated Service Delivery, and Community Care Services. Also included are eligibility determination for Medicaid services provided to aged and disabled people and the regulation of LTC facilities and personnel.

**LTC-R** -- Long-term Care Regulatory. See page 33 for a description.

**MAO** -- Medical Assistance Only. MAO clients receive no income assistance but are eligible for Medicaid. Except for their income and resources, these clients would be eligible for money payments. This means they are in one of the categories of aged, blind, disabled, or families with dependent children. See page 24 for a description.

**MDCP** -- Medically Dependent Children's Program. See page 25 for a description.

**Medicare Part A** -- Hospital insurance provided for those who are eligible for monthly Social Security benefits who are age 65 and older, and people younger than age 65 who have disabilities.

**Medicare Part B** -- Supplemental medical insurance benefits available to people who are entitled to Part A and want to enroll for this coverage and pay monthly premiums. If a person is eligible for Medicaid benefits, the state pays these premiums.

**MIS** -- Management Information Systems.

**NET** -- Nutrition Education and Training. See page 56 for a description.

**NF** -- Nursing Facility services. See page 28 for a description.

**NPA** -- One of the two types of food stamp households. NPA (non-public assistance) households are those in which no one or only some of the members receive TANF.

**NSLP/SBP** -- National School Lunch Program/School Breakfast Program. See page 56 for a description.

**OIG** -- Office of the Inspector General. See page 12.

**OPI** -- Office of Program Integrity. See page 11.

**PA** -- One of the two types of food stamp households. PA (public assistance) households are those in which all members receive TANF or SSI and TANF.

**PACE** -- Program for All-inclusive Care for the Elderly. Sometimes referred to as Bienvivir. See page 17 for a description.

**PASARR** -- Preadmission Screening and Annual Resident Review.

**Payee** -- A person to whom a TANF check is issued if no one in the family qualifies or wants to be designated as the caregiver.

**PHC** -- Primary Home Care. See page 17 for a description.

**Provider** -- Sometimes called vendor; a person, group, or agency other than a DHS worker who performs a service for a client for a fee paid by DHS.

**PRS** -- Texas Department of Protective and Regulatory Services.

**PRWORA** -- Personal Responsibility and Work Opportunity Reconciliation Act.

**QC** -- Quality Control. A federally mandated system of reviewing random sample cases to determine the accuracy of benefits provided in the TANF and Food Stamp programs.

**QDWI** -- Qualified Disabled Working Individuals. See page 27 for a description.

**QI** -- Qualifying Individual. There are two groups of qualifying individuals, QI-1 and QI-2. These are Medicare cost-sharing groups created by the Balanced Budget Act of 1997. See page 27 for a description.

**QMB** -- Qualified Medicare Beneficiary. DHS pays the Medicare premiums, deductibles, and co-insurance for individuals enrolled in Medicare Part A whose incomes do not exceed 100 percent of the federal poverty level and whose resources do not exceed twice the resource limit of the SSI program. See page 26 for a description.

**QRS** -- Quality Reporting System.

**Recognized Need** -- The maximum TANF grant provided by DHS based on family size. See page 46.

**Resources** -- Liquid and non-liquid assets that clients can convert to meet their immediate needs.

**S.O.** -- State office.

**Sanction** -- Ineligibility for benefits because of failure to cooperate with a program requirement.

**SFSP** -- Summer Food Services Program. See page 56 for a description.

**SLMB** -- Specified Low-income Medicare Beneficiary. DHS pays Medicare Part B premiums only. Similar to QMB eligibles. See page 26 for a description.

**SMI** -- State Median Income.

**SMP** -- Special Milk Program. See page 56 for description.

**SNP** -- Special Nutrition Programs. See page 56 for descriptions.

**SSA** -- Social Security Administration.

**SSI** -- Supplemental Security Income. A needs-tested program administered by the Social Security Administration to provide monthly income to elderly people, blind people, and people with disabilities.

**Standard of Need** -- Basic needs of TANF families represented by figures predetermined by the state of Texas according to the number of certified people in the group. This figure represents costs of food, clothing, utilities, and other incidentals such as transportation.

**TAC** -- Texas Administrative Code.

**TANF** -- Temporary Assistance for Needy Families block grant. Replaced the Aid to Families with Dependent Children program (AFDC). See page 39 for a description.

**TAS** -- Tel-Assistance. See page 95 for a description.

**TDH** -- Texas Department of Health.

**Texas Works** -- The department's program to move clients from welfare to work.

**TEXCAP** -- Texas Commodity Assistance Program. See page 56 for a description.

**TIERS** -- Texas Integrated Eligibility Redesign System. Formerly referred to as TIES, Texas Integrated Enrollment Services. See page 72 for a description.

**TILE** -- Texas Index for Level of Effort. Factors that are based upon the amount of direct service and assistance a person needs, which determines how much Texas will pay a nursing home to provide care of a particular client.

**Title XVIII** -- Medicare.

**Title XIX** -- Medicaid.

**Title XX** -- Social Services.

**Transitional Child Care** -- Child-care services provided for 12 months after denial of TANF eligibility due to increased earnings or loss of earned income disregards.

**Transitional Medicaid** -- Medicaid coverage provided for up to 12 months after denial of TANF eligibility due to increased earnings or loss of earned income disregards.

**TWC** -- Texas Workforce Commission.

**TxMHMR** -- Texas Department of Mental Health and Mental Retardation.

**Unearned Income** -- payments received without performing work-related activities, including benefits from other agencies.

**UP** -- Unemployed Parents program. See page 39 for description.

**VIPS** -- Voice Information Processing System.





