




Texas Department of Aging  
and Disability Services (DADS)

# REFERENCE GUIDE 2011

(Per DADS Budget Strategies)





**TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES (DADS)  
REFERENCE GUIDE 2011  
(PER DADS BUDGET STRATEGIES)**

**Texas Department of Aging and Disability Services**

P.O. Box 149030  
Austin, Texas 78714-9030  
(512) 438-3011

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

**Chris Traylor**

Commissioner

**Gordon Taylor**

Chief Financial Officer

**Robert Jocius**

Budget Director

**Raymond Bischoff**

Director, Appropriation Control

**David Cook**

Director, Budget and Program Services

**Teri Beck**

Editor

**For additional copies, please contact:**

Texas Department of Aging and Disability Services

Budget and Data Management (W421)  
Attention: Teri Beck

P.O. Box 149030  
Austin, TX 78714-9030

Phone: (512) 438-3402  
Fax: (512) 438-2252  
E-mail: [Teri.Beck@dads.state.tx.us](mailto:Teri.Beck@dads.state.tx.us)

# TABLE OF CONTENTS

	<b>Page</b>
<i>Introduction</i>	<i>iii</i>
<b><i>Section I: Overview</i></b>	
Health and Human Services (HHS) in Texas . . . . .	2
Texas Department of Aging and Disability Services (DADS)	
Overview . . . . .	4
Vision . . . . .	4
Mission . . . . .	4
Strategic Planning and Budgeting Goals . . . . .	4
Guiding Principles . . . . .	5
DADS Organizational Structure . . . . .	6
DADS Organizational Chart . . . . .	9
Budget Summary . . . . .	10
Staffing Summary . . . . .	11
<b><i>Section II: Programs and Services</i></b>	
Intake, Access and Eligibility . . . . .	14
Intake, Access, and Eligibility to Services and Supports . . . . .	15
Guardianship Services . . . . .	22
Community Services and Supports – Medicaid Entitlement . . . . .	23
Primary Home Care (PHC) . . . . .	25
Community Attendant Services (CAS) . . . . .	27
Day Activity and Health Services (DAHS) . . . . .	29
Medicaid Community Services and Supports Waiver Programs . . . . .	31
Community-based Alternatives (CBA) . . . . .	32
Integrated Care Management Waiver (ICMW) . . . . .	32
Home and Community-based Services (HCS) . . . . .	34
Community Living Assistance and Support Services (CLASS) . . . . .	36
Deaf Blind with Multiple Disabilities (DBMD) . . . . .	38
Medically Dependent Children Program (MDCP) . . . . .	40
Consolidated Waiver Program (CWP) . . . . .	42
Texas Home Living Waiver (TxHmL) . . . . .	43
Community Services and Supports - Non-Medicaid . . . . .	45
Non-Medicaid Services . . . . .	45
MR Community Services . . . . .	56
Promoting Independence through Outreach, Awareness, and Relocation . . . . .	59
In-Home and Family Support – Community Services (IHFS-CS) . . . . .	60
In-Home and Family Support – MR (IHFS-MR) Services . . . . .	62
Program of All-inclusive Care for the Elderly (PACE) . . . . .	65
Program of All-inclusive Care for the Elderly (PACE) . . . . .	65
Nursing Facility and Hospice Payments . . . . .	67
Nursing Facility Payments . . . . .	67
Medicare Skilled Nursing Facility . . . . .	70
Hospice . . . . .	72
Promoting Independence by Providing Community-based Client Services . . . . .	74

**Section II: Programs and Services – cont.**

**Page**

Intermediate Care Facilities - MR Services . . . . .	76
Intermediate Care Facilities - MR Services . . . . .	76
State Supported Living Center Services . . . . .	79
State Supported Living Center Services . . . . .	79
Capital Repairs and Renovations . . . . .	81
Regulation, Certification and Outreach . . . . .	82
Facility and Community-based Regulation . . . . .	82
Credentialing / Certification . . . . .	87
Long-Term Services and Supports Quality Outreach . . . . .	88
Facility Information, Vacancy and Evacuation System . . . . .	90
Indirect Administration . . . . .	91
Central Administration . . . . .	91
Information Technology Program Support . . . . .	91
Other Support Services . . . . .	91

**Section III: Demographic and Economic Data**

Texas Total and Poverty Population by Region and Age Group . . . . .	94
Texas Population Trends by Age Group . . . . .	95
U.S. Population Trends by Age Group . . . . .	95
2010 Texas Population by Race and Region . . . . .	96
2010 Texas Population by Sex and Region . . . . .	96
2010 Texas Older and Disabled Population by Region and Poverty Status . . . . .	97
2010 Texas Disabled Population by Region and Poverty Status . . . . .	97
Poverty Income Guidelines for the Continental United States . . . . .	98
Texas State Median Income by Federal Fiscal Year . . . . .	98
Per Capita Personal Income . . . . .	98
Labor Force Statistics for Texas and the United States . . . . .	99
Texas Labor Force Statistics by HHS Region . . . . .	99
State Rankings . . . . .	100

**Section IV: Appendices**

Volunteer and Community Engagement . . . . .	102
Interest List Information . . . . .	104
Functional Needs Assessment Process . . . . .	106
Medical Necessity Determination Process . . . . .	107
Toll-free Hotline Numbers . . . . .	108
Headquarters Directory . . . . .	109
Contacts . . . . .	110
Area Agencies on Aging . . . . .	111
Texas Map with Area Agencies on Aging by County . . . . .	111
Local MR Authorities . . . . .	116
Texas Map with Local MR Authorities by County . . . . .	116
State Supported Living Centers . . . . .	125
Texas Map with State Supported Living Centers by County . . . . .	125
Regional Directors for Community Services . . . . .	128
Regional Directors for Regulatory Services . . . . .	129
Texas Counties by HHS Region . . . . .	130
Texas Map with Regional and County Boundaries . . . . .	130
Glossary . . . . .	133
Acronyms . . . . .	148

## INTRODUCTION

The *Texas Department of Aging and Disability Services (DADS) Reference Guide 2011* has been designed to provide an overview of the programs and services administered by DADS. The publication compiles information from a variety of sources into one comprehensive reference document.

The level of detail in the DADS Reference Guide is intended to assist DADS employees and other interested parties to become better acquainted with the services that are available through DADS. The publication is intended to serve as an accurate, comprehensive, and easily accessible reference for frequently asked questions. However, caution must be exercised in basing significant decisions on this information before first verifying the details with the appropriate agency personnel. Although 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.

*The DADS Reference Guide is organized into four major sections:*

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

**Section II, Programs and Services**, provides detailed descriptions for each of the programs and services administered by DADS, categorized by DADS FY 2010–11 budget strategies.

Standard information is presented for each of the programs/services, including descriptions, eligibility requirements, and statewide caseload data. Also included, as appropriate, are selected consumer profiles and caseload data shown by region, local MR Authority, or Area Agency on Aging. Data in this section will correspond to data reported in DADS Legislative Appropriations Request, submitted Aug. 1, 2010, for FY 2012 and 2013, and/or other data sources, as noted.

**Section III, Demographic/Economic Data**, contains data that are crucial to DADS planning functions. Included are total and poverty population data for Texas by age group and by region; Texas older and disabled population by region and poverty status; Texas total population by region, race and by sex; Texas labor force statistics by region, and per capita personal income amounts. In some instances, national data are also provided for comparative purposes.

Other data in this section include the Poverty Income Guidelines for the Continental United States and Texas State Median Income. State ranking information that may be of interest to DADS is also included at the end of this section.

**Section IV, Appendices**, contains directories for the DADS Headquarters, the area agencies on aging, the local MR authorities (MRA), the state supported living centers, regional directors for community services and regional directors for regulatory services. There is a list of contacts for additional information pertaining to a specific DADS program or service, and a list of toll-free hotline phone numbers. Brief descriptions of the functional assessment process, the medical necessity determination process, and interest lists are also provided. In addition, a table showing each of Texas' 254 counties by region, a glossary of frequently used terms, and a table of commonly used acronyms are included.

**Note:** *This publication is available on the DADS' web site at:*  
[www.dads.state.tx.us/news\\_info/publications/reference\\_guide/index.html](http://www.dads.state.tx.us/news_info/publications/reference_guide/index.html)

*This page intentionally left blank*

# SECTION I: OVERVIEW

# HEALTH AND HUMAN SERVICES (HHS) IN TEXAS

## Overview

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

- Texas Health and Human Services Commission.
- Texas Department of Aging and Disability Services.
- Texas Department of Assistive and Rehabilitative Services.
- Texas Department of Family and Protective Services.
- Texas Department of State Health Services.

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

The Texas Health and Human Services Commission oversees the operations of the health and human services system, and provides administrative oversight of Texas health and human services programs. HHSC also provides direct administration of Medicaid, the Children's Health Insurance Program, Food Stamps, Temporary Assistance for Needy Families, and various other assistance programs.

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

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

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

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

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

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



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

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



# TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES (DADS)

## Overview

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

## Vision

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

## Mission

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

Our key responsibilities to the citizens of Texas include:

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

## Strategic Planning and Budgeting Goals FY 2010–11

### *Goal 1 – Long-term Services and Supports*

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

### *Goal 2 – Regulation, Certification, and Outreach*

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

### *Goal 3 – Indirect Administration*

Assure the efficient, quality, and effective administration of services provided to the aging and people with disabilities.

## Guiding Principles

The following principles guide DADS daily operations:

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

**Accountability** – DADS is committed to providing good stewardship of public resources. DADS has systems in place that provide for measurement of performance and allow for accountability to those we serve, the legislature, other stakeholders and the general public.

**Best Business Decision** – DADS strives to identify and evaluate all available options and costs in light of its guiding principles to achieve the best business decision balancing consumer priorities, best practices, standards of excellence and budgetary constraints.

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

**Continuous Improvement** – DADS is committed to achieving excellence in everything we do. Continuous improvement is expected in all agency operations, activities and services. DADS will develop and implement innovative ideas, measure performance, evaluate results and use these processes to design and implement continued improvement.

**Teamwork and Partnerships** – DADS operates in a partnership environment with individuals, advocates, other federal and state agencies, elected officials and the general public. Positive results are achieved by coordination and collaboration between public and private sector partners. Employees will foster a teamwork environment both within and outside the agency.

**Respect** – DADS staff honor the value, dignity, privacy and individuality of each consumer and staff member of DADS.



## DADS Organizational Structure

The Texas Department of Aging and Disability Services (DADS) is under the leadership of Commissioner Chris Traylor, who has been appointed by the executive commissioner of the Texas Health and Human Services Commission with the approval of the governor.

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

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

For contact information, see page 110.

The **deputy commissioner** oversees the Center for Policy and Innovation, the Center for Program Coordination, and the Center for Consumer and External Affairs. These centers are responsible for providing policy direction and technical assistance to improve services, coordinate business processes and ensure accurate and timely external communications. The centers work to coordinate communication and policy.

- **Center for Policy and Innovation** – This center develops, coordinates, and directs policy initiatives in long-term services and supports. It also has a unit for Quality Assurance and Improvement to enhance services to consumers. Policy Development and Oversight, Policy Analysis and Support, Community Services Policy, and Quality Assurance and Improvement report to the Center for Policy and Innovation.
- **Center for Program Coordination** – This center manages and facilitates agency-wide improvements and enhancements to operations and service delivery through project management and business, operational, and strategic planning. Planning and Project Management report to the Center for Program Coordination.
- **Center for Consumer and External Affairs** – This center coordinates and ensures timely and effective external communications to a variety of stakeholders, including legislators, consumers, provider organizations and associations, and media. Stakeholder Relations, Government Relations, Communications Office, Volunteer and Community Engagement, and State Long-Term Care Ombudsman report to the Center for Consumer and External Affairs.

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

The **chief operating officer** (COO) oversees Legal Services, Consumer Rights and Services, Information Technology, Contract Oversight and Support, and Executive and Staff Operations. The COO is also responsible for some program and service-related administrative support activities and for coordination with HHSC to ensure the effective and efficient delivery of administrative support services to other health and human service departments. Additional responsibilities include:

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

- Consumer Rights and Services is responsible for Consumer Rights, Complaint Intake, and Surrogate Decision Making programs, and responsible for tracking DADS Suspected Provider Fraud referrals to HHSC Office of the Inspector General and resulting investigations of the Office of the Attorney General.
- Information Technology (IT) is responsible for Application Development and Support, IT Project Management, Infrastructure Operations, Information Security and Business Operations, including Customer Relations and Contract Procurement and Management.
- Contract Oversight and Support is responsible for Contract Review, Technical Assistance, Contract Sanctions Review, and Nursing Facility and Intermediate Care Trust Fund Monitoring.
- Executive and Staff Operations provides administrative management services, educational services, support services coordination, preparing and maintaining the agency's business continuity and emergency response plans, and coordinating the agency's response to emergencies that can affect essential functions.

The **chief financial officer** is responsible for Budget and Data Management, Fiscal Accounting and Provider Claims. Specific responsibilities include:

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

## Access and Intake

The assistant commissioner for Access and Intake is responsible for contracting and oversight for community services, and initiatives carried out within the A&I division. The division includes Area Agencies on Aging (AAA), Local MR Authorities, Community Services and Program Operations (CSPO), Community Services Contracts, Guardianship Services, Special Projects, Preadmission Screening and Resident Review (PASRR)/Medicaid Estate Recovery Program (MERP), and Special Initiatives.

- There are 28 area agencies on aging across the state that provide access and assistance services and contract with service providers to deliver nutrition, in-home, transportation and other support service, including services specifically targeted for informal caregivers. This section also provides oversight of the State Unit on Aging for compliance with the federal Older Americans Act.
- There are 39 local MR authorities across the state that provide community-based services for people with intellectual disabilities. MR authorities assist consumers and families in accessing Medicaid-funded services, primarily community ICF/MR facilities, HCS and Texas Home Living Waiver services when capacity is made available, state supported living centers and other available services and supports.

- There are 11 Community Services regions across the state that provide access and assistance for community services programs administered by DADS. These programs include a broad range of community care services for older Texans and those with disabilities to support independent living in the community and as an alternative to institutional care in nursing facilities.
- The Community Services Contracts section contracts with and oversees community services providers. The array of community services includes Medicaid state plan services – Primary Home Care, Community Attendant Services, Day Activity and Health Services; and Medicaid 1915(c) waivers - Community-based Alternatives (CBA), Home and Community-based Services (HCS), Community Living Assistance and Support Services (CLASS), Texas Home Living (TxHmL), Consolidated Waiver Program (CWP), Medically Dependent Children Waiver and the Deaf-Blind with Multiple Disabilities (DBMD) program.
- The Guardianship Services program provides guardianship services to people referred by the Texas Department of Family and Protective Services, or by referral from a court with guardianship jurisdiction. A guardian is a court-appointed person or entity charged with making decisions for someone with diminished capacity. Guardianship may include, but is not limited to, overseeing services, arranging for community or institutional placement, managing estates, and making medical decisions.

## **Regulatory Services**

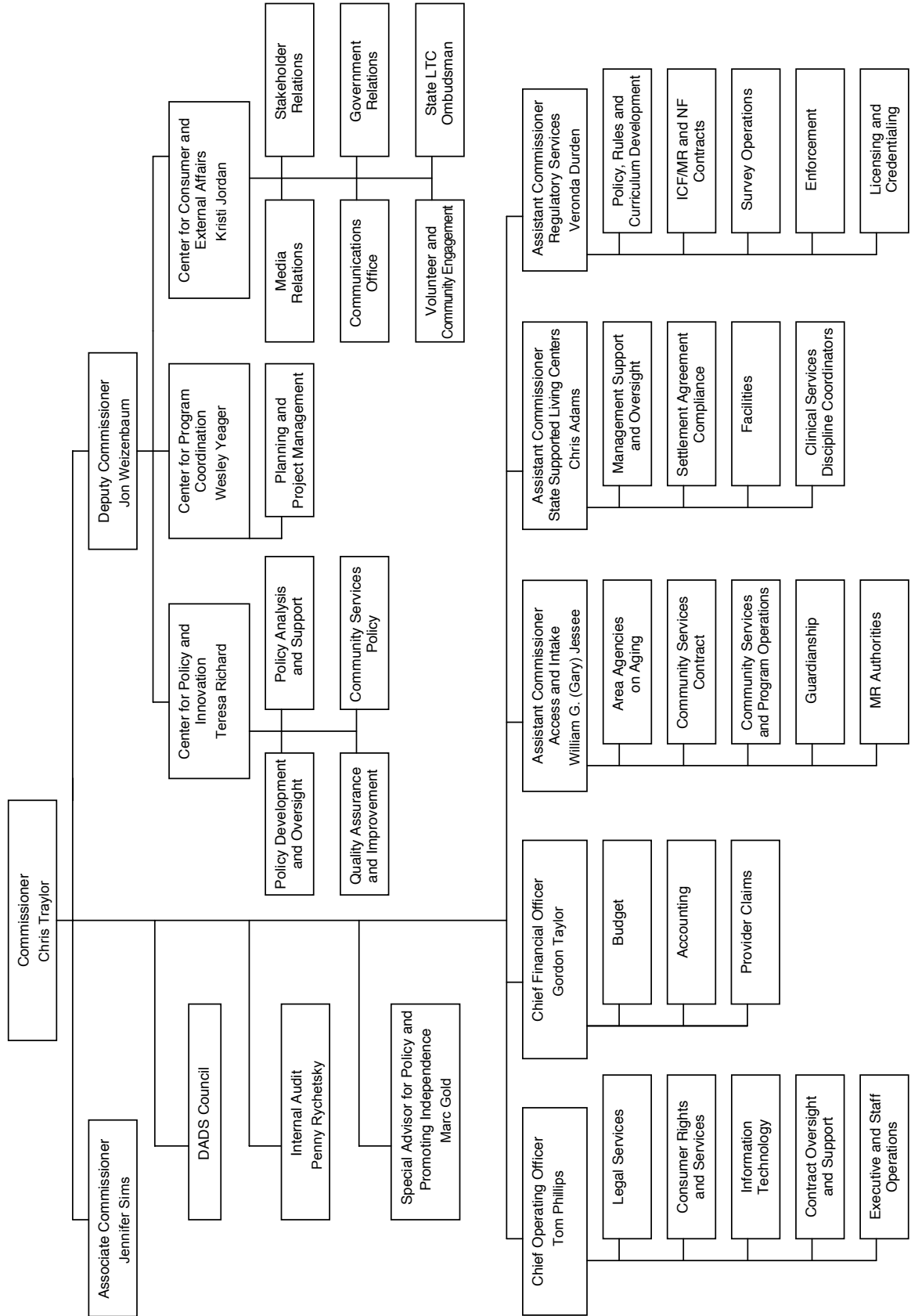
The assistant commissioner for Regulatory Services is responsible for Licensing and Credentialing Operations, Survey Operations, and Enforcement Operations.

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

## **State Supported Living Centers**

The assistant commissioner for State Supported Living Centers is responsible for the operation of Texas' state-run residential facilities for people with intellectual and developmental disabilities. The 81st Texas Legislature authorized the creation of this new division, which included changing the name from "state schools" to "state supported living centers."

# Texas Department of Aging and Disability Services



## Budget Summary

Goal	FY 2010		FY 2011	
	Estimated State Expenditures	Estimated Total Expenditures	Estimated State Expenditures	Estimated Total Expenditures
<b>Strategy</b>				
Goal 1: Long-term Services and Supports Intake, Access & Eligibility to Supports and Services	79,691,927	1179,722,864	73,632,312	184,114,268
Guardianship	1,380,857	6,995,223	1,380,855	6,995,223
Primary Home Care (PHC)	163,605,779	557,468,309	200,737,224	550,305,484
Community Attendant Services (CAS)	120,352,279	410,030,931	154,029,902	422,020,930
Day Activity and Health Services (DAHS)	33,140,805	112,931,252	41,462,804	113,980,823
Community-based Alternatives (CBA)	144,990,724	490,296,131	166,074,374	437,461,632
Home and Community-based Services (HCS)	213,352,151	731,844,517	311,329,352	843,060,885
Community Living Assistance and Support Services (CLASS)	55,516,796	185,690,883	87,235,491	230,258,588
Deaf-Blind with Multiple Disabilities (DBMD)	2,280,514	7,347,798	2,851,154	7,498,275
Medically Dependent Children Program (MDCP)	15,257,597	49,159,848	19,831,295	52,214,333
Consolidated Waiver Program (CWP)	1,152,168	3,623,609	1,388,376	3,629,529
Texas Home Living Waiver (TxHmL)	3,397,325	10,946,151	4,160,481	11,001,177
Non-Medicaid Services	18,463,304	156,126,546	23,207,195	150,531,729
MR Community Services	101,743,223	101,748,223	102,566,663	102,571,663
Promoting Independence through Outreach, Awareness, and Relocation	3,383,036	3,989,780	3,333,037	3,989,781
In-Home and Family Support - Community Services (IHFS-CS)	4,818,914	4,818,914	5,160,901	5,160,901
In-Home and Family Support - MR (IHFS-MR)	5,721,740	5,721,740	5,721,740	5,721,740
Program of All-Inclusive Care for the Elderly (PACE)	10,461,337	35,645,826	15,731,151	39,496,150
Nursing Facility Payments	622,725,170	2,127,565,109	778,409,481	2,128,071,731
Medicare Skilled Nursing Facility	46,998,413	158,676,569	64,100,346	173,279,694
Hospice	67,387,362	228,516,948	90,473,862	247,075,393
Promoting Independence by Providing Community-based Client Services	33,673,204	116,385,531	44,226,473	120,897,366
Intermediate Care Facilities – MR	69,958,492	327,298,517	89,117,633	318,679,801
State Supported Living Centers Services	182,260,675	641,601,031	214,225,556	646,656,813
Capital Repairs and Renovations	142,028	20,314,891	142,028	24,590,870
<b>Goal 1 Total</b>	<b>2,001,855,820</b>	<b>6,674,467,141</b>	<b>2,500,529,686</b>	<b>6,829,264,779</b>
Goal 2: Regulation, Certification, and Outreach Facility and Community-based Regulation Credentialing / Certification	22,513,085	66,669,866	20,959,821	65,055,889
Long-term Services and Supports Quality Outreach	833,562	1,274,210	663,153	1,274,853
	570,924	5,049,336	489,494	5,111,069
<b>Goal 2 Total</b>	<b>23,917,571</b>	<b>72,993,412</b>	<b>22,112,468</b>	<b>71,441,811</b>
Goal 3: Indirect Administration Central Administration	13,883,216	34,434,823	13,547,659	34,107,329
Information Technology Program Support	16,423,955	38,334,826	16,758,317	37,467,845
<b>Goal 3 Total</b>	<b>30,307,171</b>	<b>72,769,649</b>	<b>30,305,976</b>	<b>71,575,174</b>
<b>Grand Total: Texas Department of Aging and Disability Services</b>	<b>1,056,080,562</b>	<b>6,820,230,202</b>	<b>2,552,948,130</b>	<b>6,972,281,764</b>

Data Source: DADS FY 2012-13 Legislative Appropriation Request



## Staffing Summary

Goal	FY 2010 Estimated Number of Positions	FY 2011 Estimated Number of Positions
<b>Strategy</b>		
Goal 1: Long-term Services and Supports		
Intake, Access & Eligibility to Supports and Services	1,882.4	1,883.6
Guardianship	108.0	108.0
Primary Home Care (PHC)	0.0	0.0
Community Attendant Services (CAS)	0.0	0.0
Day Activity and Health Services (DAHS)	0.0	0.0
Community-based Alternatives (CBA)	0.0	0.0
Home and Community-based Services (HCS)	0.0	0.0
Community Living Assistance and Support Services (CLASS)	0.0	0.0
Deaf-Blind with Multiple Disabilities (DBMD)	0.0	0.0
Medically Dependent Children Program (MDCP)	0.0	0.0
Consolidated Waiver Program (CWP)	0.0	0.0
Texas Home Living Waiver (TxHmL)	0.0	0.0
Non-Medicaid Services	0.0	0.0
MR Community Services	0.0	0.0
Promoting Independence through Outreach, Awareness, and Relocation	0.0	0.0
In-Home and Family Support- Community Services (IHFS-CS)	0.0	0.0
In-Home and Family Support - MR (IHFS-MR)	0.0	0.0
Program of All-Inclusive Care for the Elderly (PACE)	0.0	0.0
Nursing Facility Payments	0.0	0.0
Medicare Skilled Nursing Facility	0.0	0.0
Hospice	0.0	0.0
Promoting Independence by Providing Community-based Client Services	0.0	0.0
Intermediate Care Facilities – MR	29.0	29.0
State Supported Living Centers Services	14,199.6	14,200.4
Capital Repairs and Renovations	0.0	0.0
<b>Goal 1 Total</b>	<b>16,219.0</b>	<b>16,221.0</b>
Goal 2: Regulation, Certification, and Outreach		
Facility and Community-based Regulation	1,124.6	1,138.8
Credentialing / Certification	27.0	27.0
Long-term Services and Supports Quality Outreach	74.0	74.0
<b>Goal 2 Total</b>	<b>1,224.6</b>	<b>1,239.8</b>
Goal 3: Indirect Administration		
Central Administration	394.4	395.1
Information Technology Program Support	105.4	106.0
<b>Goal 3 Total</b>	<b>499.8</b>	<b>501.1</b>
<b>Grand Total: Texas Department of Aging and Disability Services</b>	<b>17,944.4</b>	<b>17,961.9</b>

Data Source: DADS FY 2012-13 Legislative Appropriation Request

Note: 2009 reported number included vacancies.

*This page intentionally left blank*

# SECTION II: PROGRAMS AND SERVICES

## INTAKE, ACCESS, AND ELIGIBILITY

The Texas Department of Aging and Disability Services (DADS) provides functional eligibility determination, development of individual service plans that are based on consumer needs and preferences, assistance in obtaining information, and authorization of appropriate services and supports through effective and efficient management of DADS staff. DADS provides these services through Community Services (CS) regional staff located in offices around the state, and through contracts with local area agencies on aging (AAA) and MR Authorities (MRA).

DADS CS regional staff determine functional eligibility for Title XIX, and functional and financial eligibility for Title XX and general revenue funded community services and supports programs to enable people to remain in the most integrated community settings, and delay or prevent institutionalization. MRAs determine eligibility for General Revenue funded services and assist consumers in accessing appropriate services and supports.

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

## Intake, Access, and Eligibility to Services and Supports

**Community Services and Program Operations (CSPO).** DADS Community staff, managed by the CSPO section in the Access and Intake division, is responsible for administering community services programs in 11 regions. Staff determine functional and financial eligibility and enroll eligible individuals into the community service programs, which includes Title XX programs - Residential Care (RC), Home Delivered Meals (HDM), Emergency Response Service (ERS), Adult Foster Care (AFC), Family Care (FC), Day Activity and Health Services (DAHS), Consumer Managed Personal Attendant Services (CMPAS), Special Services to Persons with Disabilities (SSPD), and Special Services to Persons with Disabilities 24-Hour Shared Attendant Care (SSPD-SAC); the general revenue funded program - In-home and Family Support-Community Services (IHFS-CS); regional determine functional eligibility for Medicaid entitlement programs - Primary Home Care (PHC), Community Attendant Services (CAS) and Day Activity and Health Services (DAHS); and determine the functional capabilities of people living in the community who would be eligible for Medicaid-funded nursing facility care, but who wish to live in the community. Community Services waiver programs covered under this function are the Community Based Alternatives (CBA), Medically Dependent Children Program (MDCP), and Consolidated Waiver Program (CWP). In managed care areas, Community Services staff support the STAR+PLUS managed care program by assisting potential members with selection of a health maintenance organization and authorizing waiver services.



Funding for many community programs is limited, thus limiting the number of people who can receive these services. Consequently, some who are interested in applying for community services are placed on the appropriate interest lists.

*Eligibility Requirements.* Eligibility for some CS programs requires that a functional assessment score be determined through an assessment completed by DADS staff (see appendices for description of Functional Needs Assessment Process). Applicants must have appropriate financial categorical status or meet the DADS income and resource guidelines. Other programs determine functional eligibility through an assessment of non-financial, program-specific criteria. All waiver programs require the recipient to have a medical necessity or a determination of level of care for eligibility, along with meeting the financial eligibility requirements of the respective program. Some waiver programs use contractors to conduct assessments.

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

**MR Authorities (MRA).** DADS is the state agency responsible for oversight of the publicly funded intellectual and developmental disability service delivery system in Texas. Each county in Texas is served by an MRA, which provides general revenue services either directly or through a network of local providers. These MRA have the primary responsibility for the provision of intellectual and developmental disability

services to members of the priority population living in counties served by the MRA. MRA assist consumers in accessing appropriate services and supports. The mix of services delivered at the local level varies, with each MRA identifying local service needs and priorities. Services include eligibility determination, which is an assessment to determine if an individual has intellectual and developmental disability or is a member of the intellectual and developmental disability priority population; and service coordination, which is assistance in accessing medical, social, educational, and other appropriate services and supports to help individuals maintain or improve their quality of life and to remain within their chosen community. MRA are also responsible for facilitating enrollment of people into the Intermediate Care Facilities for Persons With MR (ICF/MR) Program, including state supported living centers (SSLC), and the Home and Community-based Services (HCS) and Texas Home Living (TxHmL) Medicaid waiver programs; conducting permanency planning for children under the age of 22 who live in an ICF/MR, nursing home, or residential setting of the HCS Program; and conducting the annual Community Living Options Information Process (CLOIP) for all adults living in state supported living centers.

DADS provides oversight of community programs and services delivered through contracts with the MRA. Oversight is focused on ensuring that everyone who receives community services is provided quality services appropriate to their needs and preferences, and that MRA provide services effectively and efficiently. DADS also ensures that MRA have systems in place to fulfill responsibilities delegated to them by the state authority. Oversight also includes ensuring MRA fulfill their contracts with DADS, and are operating in compliance with state law and DADS rules.

A variety of methods are used by DADS to fulfill its oversight responsibility. These methods include:

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

HB 2439, 80<sup>th</sup> Legislature, Regular Session, 2007, included a provision limiting the number of people an MRA may serve in its HCS waiver program. The provision reflects a negotiated agreement between the Private Provider Association of Texas and the Texas Council of Community Centers. The bill also required the adoption of rules governing the role and responsibilities of an MRA. The rules became effective on Dec. 1, 2008.

*Eligibility Requirements.* All members of the DADS intellectual and developmental disability priority.

*Profile.* Based on the most current information available, of those who receive MR Service Coordination Services, 28 percent are 17 or younger; 14 percent are 18-21; and 58 percent are 22 or older.

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

*Rules.* 40 T.A.C. chapter 2; chapter 4, subchapter I; chapter 5, subchapter J; and chapter 8, subchapter K.

**Area Agencies on Aging (AAA).** The Access and Intake Division, in collaboration with the 28 AAA under contract with DADS, support a comprehensive system of access to information and resources, and assistance in coordinating and arranging for services to people 60 and older, as mandated under the Older Americans Act (OAA). Access and assistance services include information, referral and assistance, care coordination, caregiver support coordination, benefits counseling and awareness, caregiver education and training, caregiver information services, caregiver respite services, and advocacy for residents of long-term facilities through the Long-Term Care Ombudsman Program.

The National Family Caregiver Support Program (NFCSP), as authorized by the OAA amendments of 2006, provides critical supports needed by families to assist them in maintaining their caregiver roles. Under this program, a family caregiver is defined as (1) an adult family member or other person, who is an informal provider of in-home and community care to an aging individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction, or (2) a grandparent or step-grandparent of a child, or other relative of a child by blood, marriage or adoption who is 55 years of age or older, who cares for a child 18 or younger or an adult age 18-59 with a disability. Through the NFCSP, AAA provide support for caregivers under most service categories. Implementation of the 2006 OAA reauthorization established priority target populations for a caregiver who is caring for an aging individual with Alzheimer's disease or a related disorder, and a grandparent or relative caregiver providing care for a child with severe disabilities.

Access and assistance services provided by the AAA (directly and through contractor and vendor agreements) help the aging, their family members or other caregivers receive the information and assistance they need in obtaining community services, both public and private, formal and informal. The needs identified for an older person may include a wide range of support services. Support services include assistance with transportation to congregate meal sites or to medical appointments, homemaker or personal care services in the home, assistance with prescription drugs, and the provision of emergency response systems.

Access and assistance services include:

- Information, referral, and assistance – Assessing consumers' needs, finding organizations capable of meeting the needs, evaluating all appropriate resources, providing enough information about each resource to help consumers make informed choices, helping consumers find alternative resources, actively linking individuals to needed services, and performing follow-up to ensure the services were provided.
- Benefits counseling/legal assistance – Volunteer benefits counselors and staff are certified to help aging people get information regarding public benefits, private benefits, and a variety of community support programs. Benefits counseling services include assisting aging people and Medicare beneficiaries or their representative(s) with understanding their rights, applying for benefits, receiving appropriate referrals, exercising choice, benefiting from services and opportunities authorized by law, and maintaining their rights, especially the rights of those with reduced capacities. Consumer-protection issues are a major theme in benefits counselors' work, along with basic questions about rights, benefits, and entitlements. Legal assistance activities are defined as advice and counseling, document preparation, and representation. Other activities identified as legal assistance are money management, representative payee, and guardianship (local service providers, not the DADS Guardianship services). Due to changes in Social Security and Medicare, more training and program development has become necessary to assure that counselors can explain available options under the revised health care system.
- Legal awareness – The dissemination of accurate, timely and relevant information, eligibility criteria, requirements and procedures to aging people about public entitlements, health/long-term care services, individual rights, planning/protection options, housing and consumer issues in a group setting.
- Care coordination – An ongoing process to include assessing the needs of an aging person and effectively planning, arranging, coordinating and following up on services that most appropriately meet the needs as defined by the person, the access and assistance staff, and where appropriate, a family member or other caregiver(s).
- Caregiver support coordination – An ongoing process to include assessing the needs of a caregiver and care recipient, effectively planning, arranging, coordinating and following up on services that most appropriately meet the identified needs defined by the caregiver, the care recipient, and the access and assistance staff.
- Caregiver education and training – Counseling for caregivers to assist them make decisions and solve problems related to their caregiver roles. This includes providing counseling to people individually and in support groups; and caregiver training for individual caregivers and families.

- Caregiver information services – The dissemination of accurate, timely and relevant information for informal caregivers, grandparents or relatives caring for children 18 and younger, and the public through publications, large group presentations, seminars, health fairs and mass media. Developing a resource library and other informational resources for use in the dissemination of accurate, timely, and relevant caregiver information is a component of this service.
- Long-Term Care (LTC) Ombudsman Program – Approximately 800 volunteers and the equivalent of 56 full time staff serve as certified LTC ombudsmen across Texas. LTC ombudsmen are advocates for residents of nursing homes and assisted living facilities. The Office of the State LTC Ombudsman administers statewide ombudsman operations, which are either provided directly by an AAA, or by contract with a local non-profit organization. The LTC Ombudsman Program provides services to protect the health, safety, welfare, and rights of residents. Services include complaint resolution by a LTC ombudsman, who represents the residents' interests to the management of the facility. Advocacy activities also include development of resident and family councils, and education for LTC facility staff, and community organizations. Education sessions focus on topics such as resident rights, long-term care ombudsman services, individualized care, recognizing elder abuse and neglect, and how to select a care facility. In an effort to resolve problems identified in an LTC facility, the LTC Ombudsman Program coordinates with other programs and agencies, such as DADS Regulatory Services, Texas Legal Services Center, Adult Protective Services, MRAs, Centers for Independent Living, city and county governments, and local health and service organizations. LTC ombudsmen also protect resident rights by advocating for change in policy, rule, and law.

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

*Profile.* Of the aging people receiving Homemaker Services under the OAA, based on the most current information available, 45 percent were age 60-74, 35 percent were 75-84, and 19 percent were 85 or older. The older person is typically low income and often a low-income minority. Aging people in need of in-home services have difficulty performing activities of daily living and instrumental activities of daily living, and have an economic and/or a social need. English is not the first language of many service participants, and many live in rural areas. The needs identified for an older person may include a wide range of support services, such as assistance with transportation to congregate meal sites or to medical appointments, homemaker or personal care services in the home, assistance with prescription drugs, and the provision of emergency response systems.

Statutory Authority. Older Americans Act of 1965 [42 U.S.C. chapter 35]; Texas Government Code § 531.02481(e); Texas Human Resources Code §§ 101.022(d), 101.025, 101.030, and 161.071(5)(A).

Rules. 45 C.F.R. part 1321; 40 T.A.C chapters 80, 81, 83, and 85.

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

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



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

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

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

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

For more detailed information, the public can visit the MERP internet website at: [www.dads.state.tx.us/services/estate\\_recovery/index.html](http://www.dads.state.tx.us/services/estate_recovery/index.html).

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

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

<b>Statewide Intake, Access, and Eligibility Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Number of certified ombudsmen	988	985
Number of people receiving care coordination	18,667	17,468
Statewide average cost per care coordination individual	\$233.84	\$236.25
Number of people receiving legal assistance	12,215	12,199
Statewide average cost per person receiving legal assistance	\$192.10	\$178.00
Average monthly number of people with intellectual and developmental disabilities receiving assessment and service coordination	8,721	8,846
Average monthly cost per person with intellectual and developmental disabilities receiving assessment and service coordination	\$174.20	\$174.20
Average number of people eligible per month: Community Services and Supports	165,281	170,805
Average monthly cost per case: Community Services and Supports	\$29.70	\$29.75

## Service Target to be Provided by MRAs: FY 2010

Service Target: Average Monthly Number of People  
with MR Receiving Assessment and Service Coordination

MR Authority	Service Target
Anderson/Cherokee (ACCESS)	126
Andrews Center	191
Austin-Travis County Integral Care	464
Betty Hardwick Center	249
Alamo Local Authority for Intellectual and Developmental Disabilities	492
Bluebonnet Trails Community MHMR Center	359
Border Region MHMR Community Center	172
Burke Center	155
Camino Real Community MHMR Center	251
Center for Life Resources	146
Central Counties Center for MHMR Services	221
Central Plains Center	128
Coastal Plains Community MHMR Center	181
Community Healthcore	151
Denton County MHMR Center	268
El Paso MHMR	198
Gulf Bend MHMR Center	53
Gulf Coast Center	216
Heart of Texas Region MHMR Center	316
Helen Farabee Regional MHMR Centers	148
Hill Country Community MHMR Center	275
Lakes Regional MHMR Center	551
LifePath Systems	215
Lubbock Regional MHMR Center	304
Metrocare Services	1,674
MHMR Authority of Brazos Valley	170
MHMR Authority of Harris County	1,294
MHMR of Nueces County	257
MHMR of Tarrant County	1,303
MHMR Services for the Concho Valley	109
MHMR Services of Texoma	98
Pecan Valley MHMR Region	119
Permian Basin Community Centers for MHMR	160
Spindletop MHMR Services	346
Texana Center	284
Texas Panhandle MHMR	461
Tri-County Services	215
Tropical Texas Behavioral Health	429
West Texas Centers	120
<b>State Total</b>	<b>12,869</b>

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- Claims Management System Payment Data
- DADS Program Areas

**Services Provided by Area Agencies on Aging  
FY 2010**

Area Agency on Aging	Number of Certified Ombudsman	People Receiving Care Coordination	People Receiving Legal Assistance
Area Agency on Aging of the Alamo Area	22	1,000	243
Area Agency on Aging of Ark-Tex	13	153	410
Area Agency on Aging of Bexar County	53	1,455	1,015
Area Agency on Aging of Brazos Valley	33	92	166
Area Agency on Aging of Capital Area	48	540	720
Area Agency on Aging of Central Texas	40	165	300
Area Agency on Aging of Coastal Bend	36	161	659
Area Agency on Aging of Concho Valley	33	330	543
Area Agency on Aging of Dallas County	55	1,924	585
Area Agency on Aging of Deep East Texas	27	610	275
Area Agency on Aging of East Texas	60	450	170
Area Agency on Aging of Golden Crescent	20	300	285
Area Agency on Aging of Harris County	70	1,851	673
Area Agency on Aging of Heart of Texas	38	775	323
Area Agency on Aging of Houston - Galveston	35	675	59
Area Agency on Aging of Lower Rio Grande Valley	18	1,369	700
Area Agency on Aging of Middle Rio Grande	13	320	340
Area Agency on Aging of North Central Texas	81	372	200
Area Agency on Aging of North Texas Area	40	175	190
Area Agency on Aging of Panhandle	21	295	582
Area Agency on Aging of Permian Basin	28	266	371
Area Agency on Aging of Rio Grande	10	669	671
Area Agency on Aging of Southeast Texas	31	270	427
Area Agency on Aging of South Plains	23	357	550
Area Agency on Aging of South Texas	9	275	325
Area Agency on Aging of Tarrant County	52	1,267	365
Area Agency on Aging of Texoma	18	1,130	612
Area Agency on Aging of West Central Texas	58	222	440
<b>Total</b>	<b>985</b>	<b>17,468</b>	<b>12,199</b>

## Guardianship Services

A guardian is a court-appointed person or entity (such as a state agency) responsible for making decisions on behalf of an individual with diminished capacity. Chapter 13 of the Texas Probate Code defines the purpose, laws, and responsibilities of a guardian. Depending upon the powers granted by the court, guardianship responsibilities may include, but are not limited to:

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

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

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

DADS staff who provide guardianship services are required to be certified by the Texas Guardianship Certification Board.

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

Rules. 40 T.A.C. chapter 10.

<b>Guardianship Services Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Average number of people receiving guardianship services from DADS staff	759	805
Average number of wards receiving guardianship services – Private Guardianship Programs	377	378
Average monthly cost per adult guardianship individual served by DADS staff	\$679.23	\$631.26
Average monthly cost per adult recipient - DADS contractors	\$201.02	\$197.02
Average monthly cost per adult guardianship recipient	\$520.48	\$492.51
Average monthly number of referrals from Texas Department of Family Protective Services to DADS for assessment/need guardianship	51	55

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- Claims Management System Payment Data
- DADS Program Areas

## COMMUNITY SERVICES AND SUPPORTS – MEDICAID ENTITLEMENT

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

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

PVC and CAS recipients have a choice in service delivery options. They may use the traditional agency option or use the Consumer Directed Services (CDS) option and in certain areas of the state, the Service Responsibility Option (SRO). The CDS option allows the recipient or the legally authorized representative (LAR) to serve as the employer and assume responsibility for screening, hiring, training and dismissing providers. Those who elect to use the CDS option must select a Consumer Directed Services Agency (CDSA) to conduct financial management services such as payroll and employer taxes. The SRO option allows recipients to co-manage the attendant with the assistance of their provider agency.

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

*Profile.* As of Dec. 31, 2009, 34 percent of Medicaid entitlement recipients were 18-64 years old, and 66 percent were 65 or older. Females made up 68 percent of those receiving the services and males accounted for 32 percent. Forty-nine percent were Hispanic, 18 percent were African American (not of Hispanic origin), 29 percent were white (not of Hispanic origin), and the remaining 4 percent were American Indian, Asian or Pacific Islander, or their ethnicity was not known.

<b>Community Services – Entitlement Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Average number of individuals served per month	111,738	116,032
Average monthly cost per individual	\$1,535.35	\$2,385.02

**Average Number of People Served per Month:  
Community Services – Entitlement  
By Region**

Region	FY 2009 Monthly Average		FY 2010 Monthly Average	
	Individuals Served	Percent of State Total	People Served	Percent of State Total
1 Lubbock	2,655	2%	2,678	2%
2 Abilene *	3,387	3%	3,381	3%
3 Grand Prairie	12,524	11%	14,482	12%
4 Tyler	5,798	5%	5,542	5%
5 Beaumont	4,364	4%	4,387	4%
6 Houston	11,782	11%	12,033	10%
7 Austin	6,393	6%	6,495	6%
8 San Antonio	10,576	9%	11,094	10%
9 Abilene *	3,069	3%	2,972	3%
10 El Paso	7,215	6%	7,716	7%
11 Edinburg	43,975	39%	45,252	39%
<b>State Total</b>	<b>111,738</b>	<b>100%</b>	<b>116,032</b>	<b>100%</b>

\* Abilene serves as the headquarters for both Regions 2 and 9.

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- Claims Management System Payment Data
- DADS Program Areas

## Primary Home Care (PHC)

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

*Eligibility Requirements.* A recipient must:

- Be at least 21 years old.
- Be a full Medicaid recipient.
- Have a functional assessment score of 24 or greater.
- Have a functional limitation with at least one personal care task based on medical condition.
- Have a medical practitioner's statement of medical need.
- Have an unmet need for purchased task(s).

*Profile.* As of Dec. 31, 2009, 39 percent of those receiving Primary Home Care were 18-64 and 61 percent were 65 or older. Females made up 70 percent of the population and males accounted for 30 percent. Hispanics made up 52 percent of the population, 14 percent were African American (not of Hispanic origin), 28 percent were white (not of Hispanic origin), and the remaining 6 percent were American Indian, Asian or Pacific Islander, or their ethnicity was not known.

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

*Rules.* 40 T.A.C. chapter 47.

<b>Primary Home Care Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Average number of individuals served per month	52,660	55,347
Average monthly cost per individual served	\$757.55	\$839.36

**Average Number of People Served per Month:  
Primary Home Care  
By Region**

Region	FY 2009 Monthly Average		FY 2010 Monthly Average	
	People Served	Percent of State Total	People Served	Percent of State Total
1 Lubbock	1,177	2%	1,208	2%
2 Abilene *	1,450	3%	1,459	3%
3 Grand Prairie	4,988	9%	6,803	12%
4 Tyler	2,863	5%	2,574	5%
5 Beaumont	2,105	4%	2,081	4%
6 Houston	978	2%	887	2%
7 Austin	2,195	4%	2,226	4%
8 San Antonio	3,733	7%	3,943	7%
9 Abilene *	1,565	3%	1,575	3%
10 El Paso	3,948	7%	4,244	8%
11 Edinburg	27,658	53%	28,346	51%
<b>State Total</b>	<b>52,660</b>	<b>100%</b>	<b>55,347</b>	<b>100%</b>

\* Abilene serves as the headquarters for both Regions 2 and 9.

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- Claims Management System Payment Data
- DADS Program Areas



## Community Attendant Services (CAS)

CAS provides attendant services for people with an approved medical need for assistance with personal care tasks. CAS is available to eligible adults and children whose health problems cause them to be functionally limited in performing activities of daily living according to a practitioner's statement of medical need. Attendants help them with activities of daily living, such as bathing, grooming, meal preparation and housekeeping. On average, recipients are authorized to receive approximately 16.4 hours of assistance per week. They may use the traditional agency option or use the Consumer Directed Services (CDS) option and, in certain areas of the state, the Service Responsibility Option (SRO). (Note: The term *Frail Elderly* is still used in federal language to refer to the legal authority located in the Social Security Act.)

*Eligibility Requirements.* A recipient may be any age, and must:

- Not be eligible for Medicaid.
- Have a monthly income that is within 300 percent of the monthly income limit for SSI (\$2,022/month per individual, \$4,044 per couple).\*
- Have countable resources of no more than \$2,000 per individual or \$3,000 per couple.
- Have a functional assessment score of 24 or greater.
- Have a medical practitioner's statement of medical need.
- Have a functional limitation with at least one personal care task based on medical condition.
- Have an unmet need for purchased task(s).

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

*Profile.* As of Dec. 31, 2009, 27 percent of those receiving Community Attendant Services were 18-64, and 73 percent were 65 or older. Females made up 67 percent of the population and males accounted for 33 percent. Thirty-eight percent were Hispanic, 28 percent were African American (not of Hispanic origin), 33 percent were white (not of Hispanic origin), and the remaining 1 percent were American Indian, Asian or Pacific Islander, or their ethnicity was not known.

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

Rules. 40 T.A.C. chapter 47 and § 48.2918.

<b>Community Attendant Services Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Average number of individuals served per month	41,938	42,943
Average monthly cost per individual served	\$719.42	\$795.68

**Average Number of People Served per Month:  
Community Attendant Services  
By Region**

Region	FY 2009 Monthly Average		FY 2010 Monthly Average	
	People Served	Percent of State Total	People Served	Percent of State Total
1 Lubbock	1,120	3%	1,142	3%
2 Abilene *	1,583	4%	1,569	4%
3 Grand Prairie	5,089	12%	5,626	13%
4 Tyler	2,376	6%	2,198	5%
5 Beaumont	1,866	4%	1,830	4%
6 Houston	9,298	22%	9,476	22%
7 Austin	3,423	8%	3,478	8%
8 San Antonio	5,137	12%	5,363	12%
9 Abilene *	1,203	3%	1,091	3%
10 El Paso	1,641	4%	1,815	4%
11 Edinburg	9,202	22%	9,355	22%
<b>State Total</b>	<b>41,938</b>	<b>100%</b>	<b>42,943</b>	<b>100%</b>

\* Abilene serves as the headquarters for both regions 2 and 9.

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- Claims Management System Payment Data
- DADS Program Areas

## Day Activity and Health Services (DAHS)

DAHS licensed facilities provide daytime services Monday through Friday to consumers residing in the community in order to provide an alternative to placement in nursing facilities or other institutions. Services are designed to address recipients' physical, mental, medical, and social needs. Services include nursing and personal care; noontime meal; snacks; transportation; and social, educational, and recreational activities. Services are provided in three- to six-hour units. A recipient may receive a maximum of 10 units of service per week.

*Eligibility Requirements.* A recipient must be 18 years of age,\* or older and must:

- Be a full Medicaid recipient.
- Have a medical diagnosis and physician's orders requiring a licensed vocational nurse's or a registered nurse's care or have a functional disability related to the medical diagnosis.
- Have one or more personal care or restorative needs that can be stabilized, maintained or improved by participation in DAHS.
- Have an unmet need for services and not be eligible for other services that duplicate DAHS.
- Have prior approval granted by a DADS regional nurse.

Note: For Title XX funded DAHS, the income limit is 300 percent of SSI and the resource limit is \$5,000 or less for an individual if not SSI eligible or \$6,000 or less for a couple if not SSI eligible.

\* *People under 18 are not ineligible; however, they are not able to attend DAHS due to licensure issues.*

*Profile.* As of Dec. 31, 2009, 39 percent of those receiving Day Activity and Health Services were 18-64, and 61 percent were 65 or older. Females made up 62 percent of the consumer population and males accounted for 38 percent. Sixty-eight percent were Hispanic, 5 percent were African American (not of Hispanic origin), 23 percent were white (not of Hispanic origin), and the remaining 4 percent were American Indian, Asian or Pacific Islander, or their ethnicity was not known.

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

Rules. 40 T.A.C. chapter 98, subchapter H.

<b>Day Activity and Health Services Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Average number of recipients per month	17,140	17,742
Average monthly cost per recipient	\$508.38	\$530.42

**Average Number of People Served per Month:  
Day Activity and Health Services  
By Region**

Region	FY 2009 Monthly Average		FY 2010 Monthly Average	
	People Served	Percent of State Total	People Served	Percent of State Total
1 Lubbock	154	1%	147	1%
2 Abilene *	67	0%	56	0%
3 Grand Prairie	759	4%	945	5%
4 Tyler	379	2%	369	2%
5 Beaumont	127	1%	131	1%
6 Houston	167	1%	150	1%
7 Austin	134	1%	132	1%
8 San Antonio	1,248	7%	1,281	7%
9 Abilene *	60	0%	64	0%
10 El Paso	1,551	9%	1,614	9%
11 Edinburg	12,494	73%	12,852	72%
<b>State Total</b>	<b>17,140</b>	<b>100%</b>	<b>17,742</b>	<b>100%</b>

\* Abilene serves as the headquarters for both Regions 2 and 9.

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- Claims Management System Payment Data
- DADS Program Areas

## MEDICAID COMMUNITY SERVICES WAIVER PROGRAMS

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

Waiver programs provide community-based services and supports for people who qualify for admission to a nursing facility or to an intermediate care facility for people with intellectual and developmental disabilities or a related condition (ICF/MR), but have made an informed choice to receive waiver services. Waivers are intended to provide services in the home or in a community setting and to be cost-effective alternatives to institutional settings.

DADS administers seven waiver programs and maintains interest lists for most programs. A person can be enrolled in only one waiver program at a time.

Recipients have a choice in service delivery options. They may use the traditional agency option or use the Consumer Directed Services (CDS) option. The CDS option allows them or their legally authorized representative (LAR) to serve as the employer and assume responsibility for screening, hiring, training and dismissing providers. Those who elect to use the CDS option must select a Consumer Directed Services Agency (CDSA) to conduct financial management services, such as payroll and employer taxes.

### Community Services and Supports Waiver Programs

- Community-based Alternatives.
- Home and Community-based Services.
- Community Living Assistance and Support Services.
- Deaf Blind Multiple Disabilities.
- Medically Dependent Children Program.
- Consolidated Waiver Program.
- Texas Home Living Waiver.



## Community Based Alternatives (CBA)

The CBA Program provides services and supports for older people and those who have disabilities as an alternative to living in a nursing facility. Services include adaptive aids, medical supplies, dental, adult foster care, assisted living/residential care, emergency response, nursing, minor home modifications, occupational therapy, personal assistance services, home delivered meals, physical therapy, respite care, speech pathology, and transition assistance services.

Recipients have a choice in service delivery options. They may use the traditional agency option or use the Consumer Directed Services (CDS) option. The CDS option allows them or their legally authorized representative to serve as the employer and assume responsibility for screening, hiring, training and dismissing providers. Those who elect to use the CDS option must select a Consumer Directed Services Agency (CDSA) to conduct financial management services, such as payroll and employer taxes.

*Eligibility Requirements.* A recipient must:

- Be a U.S. citizen or legal permanent resident.
- Be a Texas resident.
- Be eligible for Medicaid.
- Be 21 years of age or older.
- Not be enrolled in another Medicaid 1915(c) waiver program.
- Meet Level of Care criteria for a Nursing Facility (see the appendices for a description of the medical necessity determination process).
- Meet at least two of the Nursing Facility Risk Criteria (for initial applicants only), live in the applicant's or recipient's own home, a licensed assisted living facility, a licensed adult foster care home or an adult foster care home contracted with DADS to provide CBA services or, for an applicant only, in a nursing facility and is wish to return to the community.
- Receive CBA services within 30 days after financial eligibility is established.
- Live in a non-Integrated Care Management §1915(c) waiver service area or a non-managed care service area.
- Have an Individual Service Plan (ISP) that is at or below 200 percent of the reimbursement rate that would have been paid for that same person to receive services in a nursing facility.
- Choose waiver services instead of nursing facility care based on an informed choice.

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

*Profile.* As of Dec. 31, 2009, 33 percent of those receiving CBA services were 21-64 and 67 percent were 65 or older. Females made up 69 percent of the program population and males accounted for 31 percent. Thirty-one percent were Hispanic, 19 percent were African American (not of Hispanic origin), 47 percent were white (not of Hispanic origin), and the remaining 2 percent were American Indian, Asian or Pacific Islander, or their ethnicity was not known.

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

Rules. 40 T.A.C. § 40.1 and chapters 46 and 62; and chapter 48, subchapter J.

<b>Community Based Alternatives Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Average number served per month	25,995	26,108
Average monthly cost per recipient	\$1,456.42	\$1561.68

**Average Number of People Served per Month:  
Community Based Alternatives  
By Region**

<b>Region</b>	<b>FY 2009 Monthly Average</b>		<b>FY 2010 Monthly Average</b>	
	<b>People Served</b>	<b>Percent of State Total</b>	<b>People Served</b>	<b>Percent of State Total</b>
1 Lubbock	1,037	4%	1,231	5%
2 Abilene*	1,571	6%	1,912	7%
3 Grand Prairie	4,729	18%	892	3%
4 Tyler	5,085	20%	5,326	20%
5 Beaumont	2,142	8%	2,348	9%
6 Houston	235	1%	217	1%
7 Austin	1,373	5%	1,584	6%
8 San Antonio	1,004	4%	1,295	5%
9 Abilene*	916	4%	1,091	4%
10 El Paso	733	3%	921	4%
11 Edinburg	7,170	28%	9,291	36%
<b>State Total</b>	<b>25,995</b>	<b>100%</b>	<b>26,108</b>	<b>100%</b>

\* Abilene serves as the headquarters for both regions 2 and 9.

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- Claims Management System Payment Data
- DADS Program Areas

## Home and Community-based Services (HCS)

The HCS Program provides services and supports for people with intellectual disabilities or a related condition as an alternative to living in an ICF/MR. Recipients may live in their own or family home, in a foster/companion care setting, or in a residence with no more than four others who receive similar services. As appropriate to the recipient's needs, residential assistance, supported employment, day habilitation, respite, dental treatment, adaptive aids, minor home modifications, and/or specialized therapies such as social work, behavioral support, occupational therapy, physical therapy, audiology, speech/language pathology, dietary services, and licensed nursing services. The CDS option is available for those who live in their own or family home for supported home living and respite.

*Eligibility Requirements.* A recipient may be any age, and must:

- Have a determination of an intellectual disability made in accordance with state law or have been diagnosed by a physician as having a related condition.
- Meet the ICF/MR Level of Care I criteria.
- Have a monthly income that is within 300 percent of the SSI monthly income limit (\$2,022/month\*).
- Be Medicaid eligible.
- Have an Individual Plan of Care (IPC) that does not exceed 200 percent of the reimbursement rate that would have been paid for that same person to receive services in an ICF/MR, or 200 percent of the estimated annualized per capita cost for ICF/MR services, whichever is greater.

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

*Profile.* As of Dec. 31, 2009, 7 percent of those receiving HCS services were 17 or younger, 90 percent were 18-64, and 3 percent were 65 or older. Females made up 41 percent of the program population and males accounted for 59 percent. Ten percent were Hispanic, 10 percent were African American (not of Hispanic origin), 31 percent were white (not of Hispanic origin), and the remaining 49 percent were American Indian, Asian or Pacific Islander, or their ethnicity was not known.

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

Rules. 40 T.A.C. § 40.1.

Home and Community-based Services Statistics	FY 2009	FY 2010
Average number of recipients served per month	15,107	17,255
Average monthly cost per recipient	\$3,442.93	\$3,534.46



## HCS Recipients Served By Local MR Authority Service Area

Local MR Authority	Monthly Average Recipients Served	
	FY 2009	FY 2010
Anderson/Cherokee (ACCESS)	40	40
Andrews Center	187	234
Austin-Travis County Integral Care Center	614	605
Betty Hardwick Center	205	231
Alamo Local Authority for Intellectual and Developmental Disabilities	1,244	2,041
Bluebonnet Trails Community MHMR Center	429	477
Border Region MHMR Community Center	125	143
Burke Center	221	273
Camino Real Community MHMR Center	108	112
Center for Life Resources	107	124
Central Counties Center for MHMR Services	221	235
Central Plains Center	22	29
Coastal Plains Community MHMR Center	103	100
Community Healthcore	288	360
Denton County MHMR	362	397
El Paso MHMR Center	420	499
Gulf Bend MHMR Center	109	120
Gulf Coast Center	500	531
Heart of Texas Regional MHMR Center	253	294
Helen Farabee Regional MHMR Centers	170	182
Hill Country Community MHMR Center	372	407
Lakes Regional MHMR Center	496	377
LifePath Systems	274	360
Lubbock Regional MHMR Center	387	381
Dallas Metrocare Services	1,072	1,302
MHMR Authority of Brazos Valley	256	300
MHMR Authority of Harris County	2,242	2,442
MHMR Center of Nueces County	394	410
MHMR of Tarrant County	941	1,011
MHMR Services for the Concho Valley	223	229
MHMR Services of Texoma	92	93
Pecan Valley MHMR Region	211	224
Permian Basin Community Centers for MHMR	172	170
Spindletop MHMR Services	328	318
Texana Center	713	754
Texas Panhandle MHMR	290	332
Tri-County Services	212	252
Tropical Texas Behavioral Health	545	720
West Texas Centers	159	146
<b>State Total</b>	<b>15,107</b>	<b>17,255</b>

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- Claims Management System Payment Data
- DADS Program Areas

## Community Living Assistance and Support Services (CLASS)

The CLASS Program provides services and supports for people with related conditions as an alternative to living in an ICF/MR. Recipients may live in their own or family home. Services include adaptive aids and medical supplies, case management, consumer directed services, habilitation, minor home modifications, nursing services, occupational and physical therapy, behavioral support services, respite, specialized therapies, speech pathology, pre-vocational services, supported employment, support family services, and transition assistance services. The CDS option is available for habilitation, respite, nursing, physical therapy, occupation therapy and speech/hearing therapy.

*Eligibility Requirements.* A recipient may be any age, and must:

- Have a monthly income within 300 percent of the monthly income limit for SSI (\$2,022/month\*).
- Have countable resources of no more than \$2,000.
- Have an Individual Service Plan (ISP) that does not exceed 200 percent of the estimated annualized per capita cost of providing services in an ICF/MR to someone qualifying for an ICF/MR Level of Care VIII.

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

*Profile.* As of Dec. 31, 2009, 42 percent of those receiving CLASS services were 17 or younger, 57 percent were 18-64, and less than 1 percent were 65 or older. Females made up 40 percent of the program population and males accounted for 60 percent. Twenty-nine percent were Hispanic, 8 percent were African American (not of Hispanic origin), 50 percent were white (not of Hispanic origin), and the remaining 13 percent were American Indian, Asian or Pacific Islander, or their ethnicity was not known.

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

*Rules.* 40 T.A.C. § 40.1; chapters 45 and 62.

<b>Community Living Assistance and Support Services Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Average number of recipients served per month	3,897	4,210
Average monthly cost per recipient	\$3,427.25	\$3,650.47

**Average Number of Recipients Served per Month: Community Living Assistance and Support Services By Region**

Region	FY 2009 Monthly Average		FY 2010 Monthly Average	
	People Served	Percent of State Total	People Served	Percent of State Total
1 Lubbock	188	5%	193	5%
2 Abilene*	72	2%	78	2%
3 Grand Prairie	908	23%	1,001	24%
4 Tyler	163	4%	166	4%
5 Beaumont	134	3%	141	3%
6 Houston	664	17%	718	17%
7 Austin	485	12%	537	13%
8 San Antonio	469	12%	511	12%
9 Abilene*	86	2%	89	2%
10 El Paso	259	7%	269	6%
11 Edinburg	469	12%	506	12%
<b>State Total</b>	<b>3,897</b>	<b>100%</b>	<b>4,210</b>	<b>100%</b>

\* Abilene serves as the headquarters for both regions 2 and 9.

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- Claims Management System Payment Data
- DADS Program Areas

## Deaf Blind with Multiple Disabilities (DBMD)

The DBMD Program provides services and supports for people with deaf-blindness and one or more other disabilities as an alternative to living in an ICF/MR. Recipients may reside in their own or family home or in small group homes. Services include adaptive aids and medical supplies, dental services, assisted living, behavioral support services, case management, chore services, minor home modifications, residential habilitation, day habilitation, intervener, nursing services, occupational therapy, physical therapy, orientation and mobility, respite, speech, hearing and language therapy, supported employment, employment assistance, dietary services, financial management services for the consumer directed services option, and transition assistance. The CDS option is available for day habilitation, respite, and intervener services.

*Eligibility Requirements.* A recipient may be any age and must:

- Have deaf blindness with one or more other disabilities that impairs independent functioning.
- Have a monthly income that is within 300 percent of the monthly income limit for SSI (\$2,022/month\*).
- Have countable resources of no more than \$2,000.
- Have an ISP that does not exceed 200 percent of the estimated annualized per capita cost of providing services in an ICF/MR to someone qualifying for an ICF/MR Level of Care VIII.

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

*Profile.* As of Dec. 31, 2009, 97 percent of those receiving DBMD services were 18-64 years old, and 3 percent were 65 or older. Females made up 35 percent of the program population and males accounted for 65 percent. Fifteen percent were Hispanic, 17 percent were African American (not of Hispanic origin), 65 percent were white (not of Hispanic origin), and the ethnicity of 3 percent was not known.

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

*Rules.* 40 T.A.C. §§ 40.1 and chapters 42 and 62.

Deaf Blind Multiple Disabilities Statistics	FY 2008	FY 2009
Average number of recipients served per month	152	150
Average monthly cost per recipient	\$3,873.25	\$4,082.11

**Average Number of Recipients Served per Month:  
Deaf Blind Multiple Disabilities  
By Region**

Region	FY 2009 Monthly Average		FY 2010 Monthly Average	
	People Served	Percent of State Total	People Served	Percent of State Total
1 Lubbock	10	7%	9	6%
2 Abilene*	3	2%	3	2%
3 Grand Prairie	21	14%	21	14%
4 Tyler	6	4%	7	5%
5 Beaumont	5	3%	6	4%
6 Houston	42	27%	41	27%
7 Austin	21	14%	21	14%
8 San Antonio	24	16%	22	15%
9 Abilene*	5	3%	5	3%
10 El Paso	5	3%	5	3%
11 Edinburg	10	7%	10	7%
<b>State Total</b>	<b>152</b>	<b>100%</b>	<b>150</b>	<b>100%</b>

\* Abilene serves as the headquarters for both regions 2 and 9.

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- Claims Management System Payment Data
- DADS Program Areas

## Medically Dependent Children Program (MDCP)

The MDCP provides a variety of services to support families caring for children who are medically dependent, and to encourage de-Institutionalization of children in nursing facilities. Specific services include adaptive aids, adjunct support services, minor home modifications, respite, financial management services, and transition assistance services. The CDS option is available for respite and adjunct support services.

*Eligibility Requirements.* A recipient must:

- Be under 21 years old.
- Be a Texas resident.
- Be a citizen of the United States or an alien with approved status.
- Meet the medical necessity requirements\* for nursing facility care.
- Meet financial eligibility based on Medicaid eligibility: recipients of SSI or Medical Assistance Only based on the Income of the child, or all other mandatory and optional TANF-related groups in the Texas Medicaid State Plan.
- Have a monthly income that is within 300 percent of the monthly income limit for SSI (\$2,022/month\*\*).
- Have countable resources of no more than \$2,000.
- Have an Individual Plan of Care (IPC) that does not exceed 50 percent of the reimbursement rate that would have been paid for that same person to receive services in a nursing facility.

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

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

*Profile.* As of Dec. 31, 2009, 87 percent of those receiving MDCP services were 17 or younger and 13 percent were 18 – 21 years old. Females made up 43 percent of the program population and males accounted for 57 percent. Thirty-two percent were Hispanic, 8 percent were African American (not of Hispanic origin), 40 percent were white (not of Hispanic origin), and the remaining 20 percent were American Indian, Asian or Pacific Islander, or their ethnicity was not known.

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

Rules. 40 T.A.C. § 40.1 and chapters 51 and 62.

<b>Medically Dependent Children Program Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Average number of recipients served per month	2,745	2,626
Average monthly cost per recipient	\$1,449.25	\$1,560.00

**Average Number of Recipients Served per Month:  
Medically Dependent Children Program  
By Region**

Region	FY 2009 Monthly Average		FY 2010 Monthly Average	
	People Served	Percent of State Total	People Served	Percent of State Total
1 Lubbock	126	5%	143	5%
2 Abilene*	95	3%	89	3%
3 Grand Prairie	719	26%	736	28%
4 Tyler	189	7%	178	7%
5 Beaumont	99	4%	98	4%
6 Houston	446	16%	424	16%
7 Austin	275	10%	263	10%
8 San Antonio	415	15%	377	14%
9 Abilene*	84	3%	68	3%
10 El Paso	67	2%	57	2%
11 Edinburg	230	8%	192	7%
<b>State Total</b>	<b>2,745</b>	<b>100%</b>	<b>2,626</b>	<b>100%</b>

\* Abilene serves as the headquarters for both regions 2 and 9.

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- Claims Management System Payment Data
- DADS Program Areas

## Consolidated Waiver Program (CWP)

CWP was implemented as a pilot program in September 2001 in Bexar County only. This program serves people from interest lists for the following 1915 (c) waiver programs: Community-based, Community Living Assistance and Support Services (CLASS), Deaf Blind Multiple Disabilities (DBMD), Home and Community-based Services (HCS), Medically Dependent Children Program (MDCP), and 1915 (c) State of Texas Access Reform (STAR+PLUS), CWP provides an alternative to living in a nursing facility or in an ICF/MR. CWP provides the following services: adaptive aids/medical supplies, adult foster care, assisted living, audiology, behavior support, child support services, financial management services, dental, dietary, emergency response services, day habilitation, home-delivered meals, independent advocacy, intervener, minor home modifications, nursing, orientation and mobility, personal assistance services, transportation, respite, social work, employment assistance, supported employment, physical and occupational therapy, residential habilitation, support consultation, and speech/language therapy. The CDS option is available for day habilitation, personal assistance services, and respite.

*Eligibility Requirements.* A recipient may be of any age, and must:

- Live in Bexar County.
- Be on the interest list in Bexar County for CLASS, DBMD, HCS, MDCP, or SPW waiver services.
- Have a monthly income that is within 300 percent of the monthly income limit for SSI (\$2,022/month\*).
- Have countable resources of no more than \$2,000.
- Have an Individual Service Plan (ISP) that does not exceed 200 percent of the reimbursement rate that would have been paid for that individual to receive services in a nursing facility or 200 percent of the estimated annualized per capita cost of providing services in an ICF/MR, as applicable.
- Meet medical necessity (MN) requirements for nursing facility services, or meet the requirements for service in an ICF/MR.

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

*Profile.* As of Dec. 31, 2009, 31 percent of those receiving CWP services were 17 or younger, 57 percent were 18-64 years old, and 13 percent were 65 or older. Females made up 52 percent of the program population and males accounted for 48 percent. Fifty-five percent were Hispanic, 7 percent were African American (not of Hispanic origin), 32 percent were white (not of Hispanic origin), and the remaining 6 percent were American Indian, or their ethnicity was not known.

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

*Rules.* 40 T.A.C. § 40.1 and chapters 50 and 62.

<b>Consolidated Waiver Program Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Average number of recipients served per month	171	159
Average monthly cost per recipient	\$1,913.84	\$1,904.05

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- DADS Program Areas



## Texas Home Living Waiver (TxHmL)

The TxHmL Program provides essential services and supports for people with intellectual disabilities or a related condition as an alternative to living in an ICF/MR. Recipients must live in their own or family homes. Service components are composed of the Community Living Service category and the Technical and Professional Supports Services category. The Community Living Service category includes community support, day habilitation, employment assistance, supported employment, and respite services. The Technical and Professional Supports Services category includes skilled nursing, behavioral support, adaptive aids, minor home modifications, dental treatment, and specialized therapies. Services are coordinated by the local MRA Authority service coordinator. The CDS option is available for all services.

*Eligibility Requirements.* A recipient may be of any age, and must:

- Have a determination of an intellectual disability made in accordance with state law or have been diagnosed by a physician as having a related condition.
- Live in his/her own home or in his/her family's home.
- Be Medicaid eligible.
- Meet the requirements for ICF/MR Level of Care I.
- Have an Individual Service Plan (ISP) that does not exceed \$15,000.
- Not be assigned a Pervasive Plus Level of Need (LON) 9.

*Profile.* As of Dec. 31, 2009, 10 percent of those receiving TxHmL services were 17 or younger, 89 percent were 18-64, and one percent were 65 or older. Females made up 45 percent of the program population and males accounted for 55 percent. Eleven percent were Hispanic, 7 percent were African American (not of Hispanic origin), 16 percent were white (not of Hispanic origin), and the remaining 66 percent were American Indian, Asian or Pacific Islander, or their ethnicity was not known.

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

Rules. 40 T.A.C. chapter 9, subchapter N.

<b>Texas Home Living Waiver Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Average number of individuals served per month	1,052	994
Average monthly cost per individual served	\$600.64	\$697.86

## TxHmL Recipients Served By Local MR Authority Service Area

Local MR Authority	Monthly Average Individuals Served	
	FY 2009	FY 2010
Anderson/Cherokee (ACCESS)	4	9
Andrews Center	8	5
Austin-Travis County Integral Care	16	12
Betty Hardwick Center	30	38
Alamo Local Authority for Intellectual and Developmental Disabilities	19	16
Bluebonnet Trails Community MHMR Center	60	61
Border Region MHMR Community Center	4	5
Burke Center	24	13
Camino Real Community MHMR Center	23	38
Center for Life Resources	6	3
Central Counties Center for MHMR Services	48	52
Central Plains Center	7	5
Coastal Plains Community MHMR Center	39	43
Community Healthcore	18	9
Denton County MHMR	1	1
El Paso MHMR Center	41	10
Gulf Bend MHMR Center	10	15
Gulf Coast Center	3	2
Heart of Texas Regional MHMR Center	99	140
Helen Farabee Regional MHMR Centers	13	10
Hill Country Community MHMR Center	57	17
Lakes Regional MHMR Center	37	17
LifePath Systems	4	4
Lubbock Regional MHMR Center	19	26
Metrocare Services	48	24
MHMR Authority of Brazos Valley	3	3
MHMR Authority of Harris County	39	25
MHMR Center of Nueces County	64	69
MHMR of Tarrant County	51	58
MHMR Services for the Concho Valley	7	6
MHMR Services of Texoma	2	1
Pecan Valley MHMR Region	24	15
Permian Basin Community Centers for MHMR	16	25
Spindletop MHMR Services	114	129
Texana Center	3	3
Texas Panhandle MHMR	23	11
Tri-County Services	7	5
Tropical Texas Behavioral Health	19	3
West Texas Centers	42	66
<b>State Total</b>	<b>1,052</b>	<b>994</b>

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- Claims Management System Payment Data
- DADS Program Areas

## COMMUNITY SERVICES AND SUPPORTS – NON-MEDICAID

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

### Community Services and Supports – Non-Medicaid

- Non-Medicaid Services.
- MR Community Services.
- Promoting Independence through Outreach, Awareness and Relocation.
- In-Home and Family Support – Community Services (IHFS-CS).
- In-Home and Family Support – MR (IHFS-MR).



### Non-Medicaid Services

#### *Title XX – Social Services*

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

**Consumer Managed Personal Attendant Services.** Provides personal attendant services to people with physical disabilities who are willing and able to supervise their attendant or who have someone who can supervise the attendant. Recipients interview, select, train, supervise, and release their attendants. The CDS option is available for this service.

**Day Activity and Health Services.** Licensed facilities provide daytime services Monday through Friday to consumers residing in the community to provide an alternative to placement in nursing facilities or other institutions. Services are designed to address recipients' physical, mental, medical, and social needs.

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

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

**Home-Delivered Meals.** Provides a nutritious meal delivered by Community-based provider agencies to the recipients's home.

**Residential Care.** Provides services for eligible adults who require access to care on a 24-hour basis, but who do not require daily nursing intervention. Care is provided in DADS-licensed assisted living facilities. The recipient pays the provider for room and board and may also have co-payment liability.

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

*Eligibility Requirements.* A recipient must:

- Be at least 18 years old.
- Have a monthly income of no more than three times the standard SSI payment level (\$2,022\*).
- Have resources of no more than \$5,000.
- Meet the functional assessment score requirements of the specific service.

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

*Profile.* As of Nov. 30, 2007, 34 percent of those enrolled in non-Medicaid community services and supports programs or receiving non-Medicaid community services and supports were younger than 65 and 66 percent were 65 or older. Females made up 69 percent of the program population and males accounted for 31 percent. Thirty-eight percent were Hispanic, 17 percent were African American (not of Hispanic origin), 40 percent were white (not of Hispanic origin), and the remaining 5 percent were American Indian, Asian or Pacific Islander, or their ethnicity was not known.

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

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

**Non-Medicaid Services (Title XX) Statistics  
Data as of November 30, 2010**

Service	Age			Sex		Ethnicity			
	0-17	18-64	65+	Female	Male	Hispanic	African American (not Hispanic)	White (not Hispanic)	Other or Unknown
Adult Foster Care	0	33	28	30	31	15	9	31	6
Consumer Managed Personal Attendant Services	1	235	215	241	207	151	49	190	61
Day Activity and Health Services	0	793	2,073	1,659	1,207	2,137	373	315	41
Emergency Response	1	3,768	13,013	13,881	2,899	3,771	4,595	7,827	589
Family Care	2	1,726	4,310	4,078	1,958	1,667	1,069	3,144	158
Home Delivered Meals	1	6,620	10,754	11,679	5,695	4,735	5,073	6,973	594
Residential Care	0	414	126	223	317	57	106	337	40
Special Services to Persons with Disabilities	0	63	4	35	32	4	30	27	6

Service	FY 2009		FY 2010	
	Average Individuals Served per Month	Average Cost Per Individual per Month	Average Individuals Served per Month	Average Cost Per Individual per Month
Adult Foster Care	82	\$438.91	68	\$437.94
Consumer Managed Personal Attendant Services	472	\$1,190.26	467	\$1,128.60
Day Activity and Health Services	2,411	\$472.28	2576	\$498.76
Emergency Response Services	18,654	\$23.53	17,433	\$23.58
Family Care	6,588	\$487.54	6,149	\$532.05
Home Delivered Meals	17,211	\$98.99	16,790	\$101.49
Residential Care	597	\$753.87	543	\$801.29
Special Services to Persons with Disabilities	119	\$779.91	104	\$802.39
Total (Unduplicated) Non-Medicaid Services	38,207	\$199.82	36,818	\$210.40

Data Source: Claims Management System payment data.

### Monthly Average Number of Recipients of Non-Medicaid Community Services and Supports (Title XX) By Region

Region	FY 2009		FY 2010	
	Number of Individuals	Percent of State Total	Number of Recipients	Percent of State Total
1 Lubbock	1,850	5%	1,892	5%
2 Abilene*	4,218	11%	3,841	10%
3 Grande Prairie	6,104	16%	5,717	15%
4 Tyler	4,781	13%	4,728	13%
5 Beaumont	2,419	6%	2,412	7%
6 Houston	2,015	5%	2,066	6%
7 Austin	2,786	7%	2,478	7%
8 San Antonio	4,634	12%	4,380	12%
9 Abilene*	2,069	5%	1,863	5%
10 El Paso	2,083	6%	2,173	6%
11 Edinburg	5,248	14%	5,268	14%
State Total	38,207	100%	36,818	100%

\* Abilene serves as the headquarters for Regions 2 and 9.

## Nutrition Services

DADS Access and Intake and the 28 area agencies on aging (AAA) with which it contracts support a statewide system of nutrition services funded through the Older Americans Act (OAA). These services include congregate meals, home delivered meals, nutrition education, nutrition counseling, and nutrition consultation.

Because adequate nutrition is vital to maintaining the health and independence of the aging, nutrition services are the most utilized of services authorized under the OAA. AAA congregate and home-delivered meal services represent the “social model” of preventive services espoused by the OAA. They reflect the vital role of diet in the health and independence of the aging by promoting health and well-being. They also assist them gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

Services are provided through subcontractors or vendors, who must comply with the most recent Dietary Guidelines for Americans published by the Secretary of Agriculture and provide to each older participant a meal based on a minimum of 33 1/3 percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Science. Approximately 167 providers across the state deliver these services through the AAA network. The objective of the nutrition services program is to assist recipients in sustaining healthy, independent living. Services include the following:

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

**Home Delivered Meals.** A meal that is hot, cold, frozen, dried, canned, fresh, or a supplemental food (with a satisfactory storage life) provided to recipients who are assessed as frail and homebound. Meals are delivered to eligible recipients in their homes. The objective is to reduce food insecurity and help the recipient sustain independent living in a safe and healthful environment. There are two types of home-delivered meals: standard meals and therapeutic meals/liquid supplements.

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

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

**Nutrition Consultation.** The provision of information related to nutrition by a licensed dietician or other qualified individual. Services are to be provided to AAAs or nutrition providers.

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

*Profile.* Of those receiving congregate meal nutrition services under the OAA, based on the most current information available, 45 percent were under the age of 60, 38 percent were 60-74, 39 percent were 75-84, and 17 percent were 85 or older.

Of those receiving home-delivered meal nutrition services under the OAA, 35 percent were 60-74, 37 percent were 75-84, and 28 percent were 85 or older. Forty-nine percent of those served home-delivered meals were identified as minority. Service participants are homebound and typically have difficulty in performing at least two activities of daily living, and are often low income. The household may include only the single older person, a spouse, other older person or caregiver. The older person may have identified nutritional risks, such as a chronic illness, that forces a change in diet, lack of resources to purchase food, conflicts between foods and prescription medications, and issues related to eating alone.

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

Rules. 45 C.F.R. part 1321; 40 T.A.C. §§ 80.31(f), 85.302, and 85.306(e)(3).

<b>Statewide Nutrition Services Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Number of congregate meals recipients	56,062	54,746
Number of congregate meals served	3,589,716	3,774,215
Statewide average cost per congregate meal	\$4.93	\$5.06
Number of home-delivered meal recipients	39,540	36,458
Number of home-delivered meals served	4,757,544	5,108,253
Statewide average cost per home-delivered meal	\$4.76	\$4.89



## Number of Meals Provided By Area Agencies on Aging: FY 2010

Area Agency on Aging	Congregate Meals Provided	Home-Delivered Meals Provided
Area Agency on Aging of the Alamo Area	89,952	135,480
Area Agency on Aging of Ark-Tex Area	64,754	74,728
Area Agency on Aging of Bexar County	462,523	331,456
Area Agency on Aging of Brazos Valley	55,849	80,167
Area Agency on Aging of the Capital Area	92,819	226,416
Area Agency on Aging of Central Texas	54,054	57,508
Area Agency on Aging of the Coastal Bend	178,799	191,760
Area Agency on Aging of Concho Valley	59,431	35,733
Area Agency on Aging of Dallas County	324,000	279,581
Area Agency on Aging of Deep East Texas	97,515	165,041
Area Agency on Aging of East Texas	92,434	303,030
Area Agency on Aging of the Golden Crescent Region	32,500	75,000
Area Agency on Aging of Harris County	379,432	948,248
Area Agency on Aging of the Heart of Texas	51,929	115,103
Area Agency on Aging of Houston – Galveston	159,145	330,185
Area Agency on Aging of the Lower Rio Grande Valley	215,974	200,012
Area Agency on Aging of the Middle Rio Grande Area	86,220	81,387
Area Agency on Aging of North Central Texas	77,038	566,442
Area Agency on Aging of North Texas	76,200	76,000
Area Agency on Aging of the Panhandle Area	73,000	70,500
Area Agency on Aging of the Permian Basin	104,989	106,059
Area Agency on Aging of the Rio Grande Area	213,233	93,237
Area Agency on Aging of Southeast Texas	95,589	51,800
Area Agency on Aging of South Plains	110,460	67,080
Area Agency on Aging of South Texas	138,594	80,260
Area Agency on Aging of Tarrant County	207,782	214,739
Area Agency on Aging of Texoma	38,000	58,000
Area Agency on Aging of West Central Texas	142,000	93,301
<b>Total</b>	<b>3,774,215</b>	<b>5,108,253</b>

Data Source: DADS program areas.

## Services to Assist Independent Living

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

DADS Access and Intake, and the 28 AAAs with which it contracts, support a statewide system of supportive and in-home services under the OAA. These services support a comprehensive, coordinated community-based system that results in a continuum of services for the aging. It is the intent of the OAA that allocated funds be used as a catalyst in bringing together public/private and formal/informal resources in the community to assure the provision of a full range of efficient, well-coordinated and accessible services for the aging. In-home and other support services include the following:

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

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

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

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

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

**Emergency Response Services (ERS).** Services provided to homebound, frail older people who use an automatic monitoring system to link them to emergency medical services when their life or safety is in jeopardy. ERS services include the installation of the individual monitoring unit, training associated with the use of the system, periodic checking to ensure that the unit is functioning properly, equipment maintenance calls, response to an emergency call by a medical professional, paraprofessional or volunteer, and follow up with the individual.

**Evidence Based Intervention.** Activities and programs that provide intervention to older people based on evidence based programming, which is the application of principles of scientific reasoning, behavior change theory, and program planning that are proven effective in reducing the risk of disease, disability, and injury among the aging to improve their health.

**Health Maintenance.** The provision of services, prescription drugs, and/or durable medical equipment to prevent, alleviate, or cure the onset of acute or chronic illness, increase awareness of special health needs, or improve the emotional well-being of an older person. This includes the provision of services by a health professional other than health screening/monitoring or mental health services, and includes services such as dental treatment, health education, home health services (nursing, physical, speech, or occupation therapy), or the provision of medications, glasses, dentures, hearing aids or grab bars.

**Health Screening/Monitoring.** Investigation or analysis by a medical or health professional to determine the need for a health service, including routine testing for blood pressure, hearing, vision, diabetes and anemia, or the periodic checking/monitoring of a known condition, such as monthly blood pressure checks for hypertension or tests for anemia.

**Homemaker.** A service provided by trained and supervised homemakers involving the performance of housekeeping/home management, meal preparation and/or escort tasks and shopping assistance, provided for those who require assistance with these activities in their home. The objective is to help the recipient sustain independent living in a safe and healthful home environment.

**Hospice.** An array of services provided either in the home or in a residential setting to aging people suffering from terminal illnesses. Services include medical care under the supervision of a physician, counseling for the recipient and the family members, and other support services.

**Instruction and Training.** These services provide opportunities for consumers or professionals working with the aging to acquire skills in a formal, informal, individual or group setting.

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

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

**Senior Center Operations.** The operation of community facilities where people 60 or older meet to pursue mutual interests, receive services or take part in activities that will enhance their quality of life, support their independence, and encourage their continued involvement in and with the community.

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

**Transportation Demand/Response.** Transportation services that carry aging people from a specific origin to a specific destination upon request. Recipients request transportation services in advance of their need, usually 24 to 48 hours before the trip.

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

**Voucher – Caregiver Respite Care.** A service provided through the Consumer-Directed Services option in which an individual provider is chosen by the participant. Services are provided on an intermittent or

temporary basis while the primary caregiver is unavailable or needs relief. Respite vouchers may be used for in-home, institutional, and non-residential respite services.

**Voucher – Homemaker.** A service provided through the Consumer-Directed Services option in which an individual provider is chosen by the program participant. Services include the performance of housekeeping/home management, meal preparation, escort tasks, and shopping assistance. Services are provided to aging people who require assistance with these activities in their place of residence. The objective is to help participants sustain independent living in a safe and healthful home environment.

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

*Profile.* Of the aging receiving Homemaker Services under the OAA, based on the most current information available, 38 percent were 60-74, 39 percent were 75-84, and 23 percent were 85 or older. The recipient is typically low income and often a low-income minority. Aging individuals in need of in-home services have difficulty performing activities of daily living and instrumental activities of daily living, and have an economic and/or a social need. English is not the first language of many service participants, and many live in rural areas. The needs identified for an older person may include a wide range of support services such as assistance with transportation to congregate meal sites or to medical appointments, homemaker or personal care services in the home, assistance with prescription drugs, and the provision of emergency response systems.

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

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

<b>Statewide Services to Assist Independent Living Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Number of homemaker services recipients	2,202	2,261
Average cost per homemaker services recipient	\$612.60	\$706.15
Number of personal assistance recipients	947	957
Average cost per personal assistance recipient	\$1,199.99	\$1,210.63
Number of homes repaired or modified	2,154	1,794
Average cost per repaired/modified home	\$1,020.27	\$1,206.05
Number of one-way trips	778,015	755,277
Number of Retired and Senior Volunteer Program volunteers (RSVP)	31,500	30,000

## Services Provided By Area Agencies on Aging: FY 2010

Area Agency on Aging	Homemaker Services Recipients	Individual Assistance Recipients	Homes Repaired or Modified	Transportation One-Way Trips
Area Agency on Aging of the Alamo Area	108	71	56	9,599
Area Agency on Aging of Ark-Tex	57	15	26	31,284
Area Agency on Aging of Bexar County	153	119	173	21,427
Area Agency on Aging of Brazos Valley	59	0	10	6,160
Area Agency on Aging of the Capital Area	118	18	11	32,776
Area Agency on Aging of Central Texas	80	16	0	6,400
Area Agency on Aging of the Coastal Bend	0	53	15	21,570
Area Agency on Aging of Concho Valley	45	0	0	3,159
Area Agency on Aging of Dallas County	0	0	150	98,332
Area Agency on Aging of Deep East Texas	70	0	36	5,606
Area Agency on Aging of East Texas	278	45	150	19,808
Area Agency on Aging of the Golden Crescent Region	60	1	1	8,100
Area Agency on Aging of Harris County	90	80	44	131,900
Area Agency on Aging of the Heart of Texas	35	0	50	196
Area Agency on Aging of Houston – Galveston	242	45	58	91,140
Area Agency on Aging of the Lower Rio Grande Valley	79	35	167	50,416
Area Agency on Aging of the Middle Rio Grande Area	67	70	15	18,560
Area Agency on Aging of North Central Texas	137	0	150	21,975
Area Agency on Aging of North Texas	49	0	28	22,000
Area Agency on Aging of the Panhandle Area	130	35	35	4,500
Area Agency on Aging of the Permian Basin	0	24	22	17,500
Area Agency on Aging of the Rio Grande Area	171	195	26	16,004
Area Agency on Aging of Southeast Texas	65	29	12	7,800
Area Agency on Aging of South Plains	26	0	36	17,296
Area Agency on Aging of South Texas	73	35	150	74,417
Area Agency on Aging of Tarrant County	0	70	290	4,433
Area Agency on Aging of Texoma	4	0	60	176
Area Agency on Aging of West Central Texas	65	1	23	12,743
<b>Total</b>	<b>2,261</b>	<b>957</b>	<b>1,794</b>	<b>755,277</b>

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- Claims Management System Payment Data
- DADS Program Areas

## MR Community Services

MR Community Services include services and supports provided to those in the DADS intellectual and developmental disability priority population who live in the community. These services do not include services provided through an ICF/MR or Medicaid waiver programs.

MR Community Services help people participate in age-appropriate community activities and services. These services include:

**Community Supports.** Individualized activities provided in a person's home or at community locations to facilitate their ability to perform functional living skills and other daily living activities.

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

**Eligibility Determination.** Assessment or endorsement conducted by the local MR Authority to determine if someone has an intellectual and developmental disability or is a member of the DADS intellectual and developmental disability priority population.

**Employment Services.** Support services to help people in secure and maintaining community employment.

**Respite.** Services that can be provided in or out of a person's home to temporarily relieve family members or other unpaid primary caregivers of their responsibilities for providing care.

**Service Coordination.** Assistance in accessing medical, social, educational, and other appropriate services and supports that will help people achieve a quality of life and community participation acceptable to them.

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

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

- People with MR, as defined by Health and Safety Code, §591.003.
- People with a pervasive developmental disorders, including autism, as defined in the current edition of the Diagnostic and Statistical Manual.
- People with a related conditions who are enrolling in the ICF/MR Program, Home and Community-based Services (HCS) Program, or the Texas Home Living (TxHmL) Program.
- Nursing facility residents who are eligible for specialized services for an intellectual and developmental disability or a related condition pursuant to Section 1919(e)(7) of the Social Security Act.
- Children who are eligible for the Early Childhood Intervention services through the Department of Assistive and Rehabilitative Services (DARS).

*Profile.* As of Aug. 31, 2009, of the total unduplicated number of people served, 32 percent were 17 or younger, 15 percent were 18-21, and 53 percent were 22 or older.

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

Rules. 40 T.A.C. chapter 2; chapter 4, subchapter I; and chapter 5, subchapter J.

<b>Statewide MR Community Services Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Monthly average number of MR community services recipients*	13,015	12,725
Average monthly cost per eligible recipient of community services*	\$574.45	\$661.10

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

## Number of Individuals By local MR Authority: FY 2010

Local MR Authority	Monthly Average Number of People with MR Receiving Non-Medicaid Community Services*
Anderson/Cherokee (ACCESS)	124
Andrews Center	189
Austin-Travis County Integral Care	516
Betty Hardwick Center	233
Alamo Local Authority for Intellectual and Developmental Disabilities	582
Bluebonnet Trails Community MHMR Center	406
Border Region MHMR Community Center	181
Burke Center	140
Camino Real Community MHMR Center	237
Center for Life Resources	134
Central Counties Center for MHMR Services	222
Central Plains Center	116
Coastal Plains Community MHMR Center	165
Community Healthcore	142
Denton County MHMR Center	263
El Paso MHMR	209
Gulf Bend MHMR Center	50
Gulf Coast Center	221
Heart of Texas Region MHMR Center	314
Helen Farabee Regional MHMR Center	175
Hill Country Community MHMR Center	266
Lakes Regional MHMR Center	508
LifePath Systems	230
Lubbock Regional MHMR Center	280
Metrocare Services	1,571
MHMR Authority of Brazos Valley	160
MHMR Authority of Harris County	1,311
MHMR of Nueces County	242
MHMR Tarrant County	1,257
MHMR Services for Concho Valley	102
MHMR Services of Texoma	97
Pecan Valley MHMR Region	116
Permian Basin Community Centers for MHMR	151
Spindletop MHMR Services	315
Texana Center	329
Texas Panhandle MHMR	438
Tri-County Services	215
Tropical Texas Behavioral Health	400
West Texas Centers	118
<b>Total</b>	<b>12,725</b>

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- Claims Management System Payment Data
- DADS Program Areas



## **Promoting Independence through Outreach, Awareness, and Relocation**

The Texas Promoting Independence Plan was developed in response to the U.S. Supreme Court ruling in *Olmstead v. L.C.* and two Executive Orders, GWB99-2 and RP13. Two activities under the larger Promoting Independence Plan include community outreach and awareness, and relocation services. Community outreach and awareness is a systematic program of public information developed to target groups that are most likely to be involved in decisions regarding long-term services and supports. Relocation services involve assessment and case management to assist nursing facilities residents who choose to relocate to Community-based services and supports. It includes funding for Transition to Living in the Community (TLC) services to cover establishing and moving to a community residence.

Residents of nursing facilities who relocate to the most integrated community setting of their choice require a thorough assessment, intensive case management, housing assistance, and funds to set up a community residence. Intensive case management may be needed to help build and implement the service and support systems so they can return to the community. With limited income and resources, Medicaid recipients in facilities may require help, such as security deposits, to set up community households, and assistance to purchase household goods and groceries. Relocation assistance and relocation funding, in combination or separately, allow more people to return to the community. Community outreach activities raise awareness and improve processes for informing decision makers about long-term services and support options.

## **In-Home and Family Support – Community Services (IHFS-CS) Program**

The IHFS-CS program provides people with physical disabilities (without diagnosis of mental disability) with a means to purchase the support they need in order to remain in the community. Direct grant benefits are provided to eligible recipients with physical disabilities to purchase services that enable them to live in the community. The services include: attendant care, home health services, home health aide services, homemaker services and chore services; medical, surgical, therapeutic, diagnostic and other health services; pre-approved transportation and room and board cost incurred by the recipient with a physical disability or his family during evaluation or treatment; purchase or lease of special equipment or architectural modifications of a home to facilitate the care, treatment therapy, or general living conditions of a recipient with a disability; respite care; and counseling and training programs that help provide proper care of a recipient with a disability.

IHFS-CS provides up to \$1,200 per certification year in capital expenditure funds, subsidy funds, or a combination of both, including co-payment. There is a lifetime limit of \$3,600 in capital expenditure funds. After this limit is reached, additional funds cannot be issued for any one-time purchases costing more than \$250.

*Eligibility Requirements.* To be eligible for services, an applicant must:

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

There are no resource eligibility requirements.

*Profile.* The IHFS-CS consumer has unique needs based on functional limitations resulting from a physical disability. Consumers receiving IHFS-CS services are empowered to make decisions about their own service needs and to make choices based on those needs, which enable them to live independently in their communities. The IHFS empowers consumers by upholding the value of the consumer's family and assisting the family to serve as the primary mainstay of support. Needs identified by IHFS-CS consumers encourage innovation of new services. IHFS-CS consumers are able to exercise their options and are encouraged to take personal responsibility for their choices. The services an IHFS-CS consumer receives may supplement, but not supplant, services currently being received and/or any funding sources.

The IHFS-CS consumer:

- Is most likely to live in the Metroplex, the Gulf Coast, Central Texas, Upper South Texas, or Lower South Texas (Regions 3, 6, 7, 8, 11).
- Utilizes more subsidy grants than capital expenditure grants.

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

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

<b>Statewide In-Home and Family Support–CS Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Average number of people per month receiving In-Home and Family Support-CS	5,410	5,491
Average monthly cost of In-Home and Family Support-CS per recipient	\$71.59	\$73.13

**Average Number of Recipients per Month Receiving  
In-Home and Family Support-CS  
By Region**

<b>Region</b>	<b>FY 2009 Monthly Average</b>		<b>FY 2010 Monthly Average</b>	
	<b>Number of Recipients</b>	<b>Percent of State Total</b>	<b>Number of Recipients</b>	<b>Percent of State Total</b>
1 Lubbock	259	5%	270	5%
2 Abilene *	238	4%	234	4%
3 Grand Prairie	872	16%	737	13%
4 Tyler	658	12%	810	15%
5 Beaumont	242	4%	197	4%
6 Houston	992	19%	1,290	23%
7 Austin	344	6%	247	4%
8 San Antonio	447	8%	368	7%
9 Abilene *	176	4%	132	2%
10 El Paso	202	4%	256	5%
11 Edinburg	970	18%	950	18%
<b>State Total</b>	<b>5,410</b>	<b>100%</b>	<b>5,491</b>	<b>100%</b>

\* Abilene serves as the headquarters for both regions 2 and 9.

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- Claims Management System Payment Data
- DADS Program Areas

## **In-Home and Family Support – MR (IHFS-MR)**

IHFS-MR provides financial assistance to eligible individuals and families to buy items that meet a need that exists solely because of the recipient's mental disability or co-occurring physical disability. The program directly supports the recipient to live in his or her natural home, integrates the individual into the community, or promotes the recipient's self-sufficiency.

Funds may be used for the following:

- Services such as respite care, specialized therapies, home care, counseling, and training, such as in-home parent training.
- Special equipment, such as therapy equipment and assistive technology.
- Home modifications.
- Transportation.
- Other items that meet the program's criteria.

There is a limit of \$2,500 per year, with the amount granted dependent on the recipient's needs, income and application of a sliding co-pay scale. This is a resource of last resort, meaning that all other available resources must be accessed before using these funds.

*Eligibility Requirements.* Recipients with a mental disability or their families must meet four eligibility criteria – diagnosis, residency, financial, and need.

- Diagnosis – the recipient must:
  - > Have MR.
  - > Have a pervasive developmental disorder, or be younger than 4 years old and eligible for Early Childhood Intervention services.
- Residency – the recipient must live in Texas in his or her natural home, which is not:
  - > An establishment, including a foster care setting, that furnishes room, board, and general supervision in which four or more people who are unrelated to the proprietor of the establishment reside.
  - > A residential facility certified or licensed to provide services that include 24-hour supervision, meals, transportation, and social and recreational activities (e.g., Intermediate Care Facility for Persons with MR (ICF/MR), state supported living center, nursing facility, inpatient facility or an assisted living facility).
- Financial – an individual or family meets the financial requirements if their current gross income is less than 150 percent of the current Texas median income level. A co-pay is required if the individual's or family's income is 105 percent or above.
- Need – the individual (or family):
  - > May not be receiving funds through the IHFS-CS for individuals with physical disabilities.
  - > May not be enrolled in a 1915(c) Medicaid waiver program, except TxHmL and MDCP.
  - > Must have a need that can be met with an item that:
    - Meets the criteria of the program.
    - Is listed as an allowable cost as set forth in statute and the program's handbook.
    - That is not available from any other support program.

*Profile.* As of Aug. 31, 2009, of those who received funds through the IHFS-MR Program, 48 percent were 17 or younger, 13 percent were 18-21, and 39 percent were 22 or older.

Statutory Authority. Texas Health and Safety Code chapter 535 and § 161.071(1) and (3).

Rules. 40 T.A.C. chapter 1, subchapter I.

<b>Statewide In-Home and Family Support MR Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Number of people receiving grants from the In-Home and Family Support-MR program per year	3,073	3,060
Average annual grant per recipient provided by the In-Home and Family Support-MR program	\$1,861.94	\$1,869.85

*Data Source: DADS FY 2012-13 Legislative Appropriation Request*

**Number of Recipients by Local MR Authority Receiving a Grant From the In-Home and Family Support – MR (IHFS-MR) Program: FY 2009**

<b>Local MR Authority</b>	<b>Number of Recipients with MR Receiving In-Home Family Support Services per Year</b>
Anderson/Cherokee (ACCESS)	16
Andrews Center	69
Austin-Travis County Integral Care	60
Betty Hardwick Center	20
Alamo Local Authority for Intellectual and Developmental Disabilities	262
Bluebonnet Trails Community MHMR Center	79
Border Region MHMR Community Center	74
Burke Center	37
Camino Real Community MHMR Center	47
Center for Life Resources	14
Central Counties Center for MHMR Services	43
Central Plains Center	23
Coastal Plains Community MHMR Center	27
Community Healthcore	59
Denton County MHMR Center	32
El Paso MHMR	117
Gulf Bend MHMR Center	33
Gulf Coast Center	57
Heart of Texas Region MHMR Center	71
Helen Farabee Regional MHMR Center	20
Hill Country Community MHMR Center	59
Lakes Regional MHMR Center	40
LifePath Systems	66
Lubbock Regional MHMR Center	40
Metrocare Services	265
MHMR Authority of Brazos Valley	36
MHMR Authority of Harris County	583
MHMR of Nueces County	60
MHMR of Tarrant County	219
MHMR Services for Concho Valley	25
MHMR Services of Texoma	21
Pecan Valley MHMR Region	29
Permian Basin Community Centers for MHMR	42
Spindletop MHMR Services	12
Texana Center	68
Texas Panhandle MHMR	94
Tri-County Services	47
Tropical Behavioral Health	169
West Texas Centers	25
<b>Total</b>	<b>3,060</b>

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- Claims Management System Payment Data
- DADS Program Areas

## PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

DADS promotes the development of integrated managed care systems for the older people and those with disabilities by providing a Program for All-inclusive Care for the Elderly (PACE). PACE provides Community-based services in El Paso, Amarillo, and Lubbock for people age 55 or older who qualify for nursing facility admission.



### Program of All-Inclusive Care for the Elderly (PACE)

PACE uses a comprehensive care approach, providing an array of services for a capitated monthly fee. PACE provides all health-related services, including in-patient and out-patient medical care, and specialty services (dentistry, podiatry, social services, in-home care, meals, transportation, day activities, and housing assistance).

*Eligibility Requirements.* An recipient must:

- Be 55 or older.
- Meet the medical necessity for nursing facility admission (see appendices for a description of the medical necessity determination process).
- Live in a PACE service area (Amarillo, El Paso, or Lubbock).
- Be determined by the PACE Interdisciplinary Team as able to be safely served in the community.
- Have a monthly income that is within 300 percent of the Supplemental Security Income (SSI) monthly income limit (\$2,022\*).
- Have countable resources of no more than \$2,000.\*\*

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

\*\* A couple must have a monthly income of no more than \$4,044 with countable resources of no more than \$3,000.

*Profile.* As of Dec. 31, 2009, 8 percent of those receiving PACE services were younger than 65 and 92 percent were 65 or older. Females made up 68 percent of the program population and males accounted for 32 percent. Seventy-three percent were Hispanic, 2 percent were African American (not of Hispanic origin), 22 percent were white (not of Hispanic origin), and the remaining 3 percent were American Indian, Asian or Pacific Islander, or their ethnicity was not known.

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

Rules. 42 C.F.R. part 460; 40 T.A.C chapter 60.

<b>PACE Statistics</b>		<b>FY 2009</b>	<b>FY 2010</b>
Average number of recipients per month	El Paso	771	883
	Amarillo	125	143
	<b>Total</b>	<b>896</b>	<b>1,026</b>
Average monthly cost per recipient	El Paso	\$2,842.90	\$2,977.09
	Amarillo	\$2,287.77	\$2,389.62
	<b>Total</b>	<b>\$2,764.71</b>	<b>\$2,895.21</b>

*Data Sources:*

- *Claims Management System Payment Data*
- *DADS Program Areas*



## NURSING FACILITY AND HOSPICE PAYMENTS

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

### Nursing Facility Payments

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

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

Services that are also available to eligible Medicaid residents in a Medicaid nursing facility include:

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

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

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

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

*Eligibility Requirements.* To be eligible for Medicaid coverage in a nursing facility, an recipient must:

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



- Meet medical necessity requirements.\*

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

*Profile.* Based data as of Dec. 31, 2009, 64 percent of nursing facility residents were Medicaid eligible. Nineteen percent were under the age of 65 and 81 percent were 65 or older. Females made up 67 percent and males 33 percent. The average age of females was 80 and the average age of males was 71. Seventeen percent were Hispanic, 16 percent were African American (not of Hispanic origin), 64 percent were white (not of Hispanic origin), and the remaining 3 percent were American Indian, Asian or Pacific Islander, or their ethnicity was not known.

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

Rules. 40 T.A.C. chapter 19.

<b>Statewide Nursing Facility Program Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Average number receiving Medicaid-funded nursing facility services per month	54,943	55,575
Average daily nursing home rate	\$120.45	\$127.14
Average amount of individual income applied to the cost of care per day	\$22.44	\$23.07
Net nursing facility cost per Medicaid resident per month	\$2,981.42	\$3,165.52
Average number receiving personal needs allowance per month	12,695	12,695
Average monthly cost per individual: Personal Needs Allowance	\$30.00	\$30.00

**Average Number of Recipients of Medicaid-Funded  
Nursing Facility Services per Month  
By Region**

Region	FY 2009		FY 2010	
	Number of Recipients	Percent of State Total	Number of Recipients	Percent of State Total
1 Lubbock	2,633	5%	2,512	5%
2 Abilene*	2,648	5%	2,558	5%
3 Grand Prairie	13,114	24%	13,162	24%
4 Tyler	4,943	9%	4,914	9%
5 Beaumont	3,027	6%	3,157	6%
6 Houston	8,033	15%	8,260	15%
7 Austin	6,662	12%	7,004	13%
8 San Antonio	6,695	12%	6,947	12%
9 Abilene*	1,689	3%	1,524	3%
10 El Paso	1,001	2%	968	2%
11 Edinburg	4,498	8%	4,569	8%
<b>State Total</b>	<b>54,943</b>	<b>100%</b>	<b>55,575</b>	<b>100%</b>

\* Abilene serves as the headquarters for both regions 2 and 9.

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- Claims Management System Payment Data
- DADS Program Areas

## Medicare Skilled Nursing Facility

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

*Eligibility Requirements.* To be eligible for Medicaid coverage in a nursing facility, a recipient must:

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

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

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

Rules. 1 T.A.C. chapter 359

<b>Medicare Skilled Nursing Facility Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Average number receiving nursing facility co-payments per month	6,861	6,631
Net Medicaid/Medicare co-pay per recipient for nursing facility services per month	\$1,919.31	\$1,994.13

**Average Number of Recipients of Nursing Facility  
Co-Payments per Month By Region**

Region	FY 2009		FY 2010	
	Number of Recipients	Percent of State Total	Number of Recipients	Percent of State Total
1 Lubbock	206	3%	204	3%
2 Abilene *	343	5%	340	5%
3 Grand Prairie	1,647	24%	1,635	24%
4 Tyler	686	10%	681	10%
5 Beaumont	412	6%	409	6%
6 Houston	961	14%	954	14%
7 Austin	686	10%	681	10%
8 San Antonio	892	13%	885	13%
9 Abilene *	137	2%	136	2%
10 El Paso	137	2%	136	2%
11 Edinburg	755	11%	749	11%
<b>State Total</b>	<b>6,861</b>	<b>100%</b>	<b>6,631</b>	<b>100%</b>

\* Abilene serves as the headquarters for both regions 2 and 9.

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- Claims Management System Payment Data
- DADS Program Areas

## Hospice

Medicaid recipients who no longer want curative treatment and who have a physician's prognosis of six months or less to live are eligible for Medicaid Hospice services. Services include physician and nursing care; medical social services; counseling; home health aide; personal care, homemaker, and household services; physical, occupational, or speech language pathology services; bereavement counseling; medical appliances and supplies; drugs and biologicals; volunteer services; general inpatient care (short-term); and respite care.

Service settings can be in the home, in the community, or in long-term care facilities.

Medicaid rates for Community-based Hospice are based on Medicare rates set by the Center for Medicare and Medicaid Services (CMS). For nursing facility residents receiving hospice services, the nursing facility also receives a payment of 95 percent of the established nursing facility room and board rate.

*Eligibility Requirements.* Hospice is for all age groups, including children, during their final stages of life.

*Statutory Authority.* Social Security Act § 1905(a)(18) [42 U.S.C. §§ 1396d(a)(18)]; Texas Human Resources Code chapter 32 and § 161.071(1) and (2).

*Rules.* 42 C.F.R. part 418; 40 T.A.C. chapter 30

<b>Hospice Services Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Average number of recipients of hospice services per month	6,236	6,562
Average net payment per recipient per month for hospice	\$2,760.98	\$2,902.02

## Number of Recipients of Hospice Services per Month By Region

Region	FY 2008		FY 2009	
	Hospice Residents	Percent of State Total	Hospice Residents	Percent of State Total
1 Lubbock	351	6%	369	6%
2 Abilene *	351	6%	369	6%
3 Grand Prairie	1,685	27%	1773	27%
4 Tyler	527	8%	555	8%
5 Beaumont	300	5%	316	5%
6 Houston	902	14%	949	14%
7 Austin	768	12%	808	12%
8 San Antonio	704	11%	741	11%
9 Abilene *	233	4%	245	4%
10 El Paso	134	2%	141	2%
11 Edinburg	281	5%	296	5%
<b>State Total</b>	<b>6,236</b>	<b>100%</b>	<b>6,562</b>	<b>100%</b>

\* Abilene serves as the headquarters for both regions 2 and 9.

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- Claims Management System Payment Data
- DADS Program Areas

## Promoting Independence by Providing Community-based Individual Services

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

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

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

Senate Bill (S.B.) 367 (77<sup>th</sup> Legislature, Regular Session, 2001) codified the Initiative. S.B. 367 included the creation of a statewide advisory committee (Promoting Independence Advisory Committee), a required annual status report submitted by this advisory committee to the executive commissioner of the Texas Health and Human Services Commission (HHSC), and a revised Promoting Independence Plan submitted by the executive commissioner of HHSC to the governor and the legislature prior to the legislative session (the most recent Promoting Independence Plan can be found at: [www.dads.state.tx.us/providers/pi/index.html](http://www.dads.state.tx.us/providers/pi/index.html)). S.B. 367 directed that HHSC have responsibility for the initiative because it involves all of the health and human services operating agencies; Gov. Rick Perry's Executive Order RP-13 (2002) added the Texas Department of Housing and Community Affairs and the Texas Workforce Commission on the Promoting Independence Advisory Committee.

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

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

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

- Providing opportunities for residents of state supported living centers to move to a community alternative within 180 days of their request and recommendation for movement to an alternative living arrangement.
- Providing opportunities for residents of intermediate care facilities for persons with MR (ICF/MR) that serve nine or more residents to move to an alternative living arrangement within 12 months of the of the referral of their request to relocate into an alternative living arrangement.
- Providing opportunities for residents of Medicaid-certified nursing facilities (NF) to move into the community to receive services without going on a waiver interest list (Money Follows the Person).
- Providing intensive services for people with three or more state mental hospital facility admissions within a 180-day period.

In 2000, the Community Living Options process was implemented for residents of a large ICF/MR. The Community Living Options process was designed to provide information on alternative settings, review residents' goals, and identify those who indicate a preference for an alternative to the institutional setting. Anyone who indicates a desire for alternative services is referred to the local MR authority.



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

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

- Relocation specialists help to identify those wanting to relocate back into the community and facilitate relocation.
- Transition Assistance Services allows residents to use as much as \$2,500 on a one-time basis, within a specified local community, to help establish a new household.
- Project Access Program establishes linkages for residents leaving a nursing facility without a community residence with a Section 8 housing voucher.
- Community Transition Teams are local public-private teams that help to identify barriers to relocation and promote systematic changes.
- Community outreach and awareness provides public information developed to target groups most likely to be involved in long-term services and supports decisions.

Assistance is available from the area agencies on aging (AAA). The AAA provide information about community options such as housing, health care, transportation, daily living, and social activities that can help residents and their families make a decision from the planning phase to actual relocation in the community.

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

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

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

<b>Promoting Independence Services Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Average number of Promoting Independence recipients served per month	5,333	6,188
Average monthly cost per recipient: Promoting Independence	\$1,477.81	\$1,567.36

*Data Sources:*

- DADS FY 2012-13 Legislative Appropriation Request
- DADS Program Areas

## INTERMEDIATE CARE FACILITIES – MR SERVICES

DADS provides residential services and supports for residents of intermediate care facilities for persons with MR (ICF/MR).

### Intermediate Care Facilities – MR Services

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

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

*Eligibility Requirements.* To be eligible for the ICF/MR Program, a person must:

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

OR

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

OR

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

AND

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

*Profile.* As of Dec. 31, 2009, the most current information available, 3 percent of those receiving ICF/MR services were 17 or younger, 89 percent were 18-64, and 8 percent were 65 or older. Females made up 42 percent of the individual population and males accounted for 58 percent. Thirteen percent were Hispanic, 15 percent were African American (not of Hispanic origin), 67 percent were white (not of Hispanic origin), and the remaining 5 percent were American Indian, Asian or Pacific Islander, or their ethnicity was not known.

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

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

<b>Statewide ICF/MR Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Average number of people in ICF/MR Medicaid beds per month	6,267	5,977
Average number of ICF/MR Medicaid beds per month	6,910	6,873
Average monthly cost per Medicaid-eligible ICF/MR resident	\$4,464.00	\$4,525.15

**Average Number of Individuals in ICF/MR Medicaid Beds  
per Month By Local MR Authority**

Local MR Authority	FY 2008	FY 2009
Anderson/Cherokee (ACCESS)	62	59
Andrews Center	118	113
Austin-Travis County Integral Care	271	258
Betty Hardwick Center	194	185
Alamo Local Authority for Intellectual and Developmental Disabilities	661	630
Bluebonnet Trails Community MHMR Center	313	299
Border Region MHMR Community Center	0	0
Burke Center	157	150
Camino Real Community MHMR Center	0	0
Center for Life Resources	155	148
Central Counties Center for MHMR Services	38	36
Central Plains Center	6	6
Coastal Plains Community MHMR Center	29	28
Community Healthcore	260	248
Denton County MHMR	276	263
El Paso MHMR Center	71	68
Gulf Bend MHMR Center	23	22
Gulf Coast Center	104	99
Heart of Texas Regional MHMR Center	88	84
Helen Farabee Regional MHMR Centers	102	97
Hill Country Community MHMR Center	263	251
Lakes Regional MHMR Center	180	172
LifePath Systems	28	27
Lubbock Regional MHMR Center	170	162
Metrocare Services	315	300
MHMR Authority of Brazos Valley	16	15
MHMR Authority of Harris County	614	586
MHMR Center of Nueces County	144	137
MHMR of Tarrant County	502	479
MHMR Services for the Concho Valley	158	151
MHMR Services of Texoma	53	51
Pecan Valley MHMR Region	238	227
Permian Basin Community Centers for MHMR	103	98
Spindletop MHMR Services	226	216
Texana Center	70	67
Texas Panhandle MHMR	47	45
Tri-County Services	44	42
Tropical Texas Behavioral Health	125	119
West Texas Centers	43	41
<b>State Total</b>	<b>6,267</b>	<b>5,977</b>

Data Sources:

- Claims Management System Payment Data
- DADS Program Areas

## STATE SUPPORTED LIVING CENTERS SERVICES

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

### State Supported Living Centers (SSLC) Services

This program provides direct services and supports for people with intellectual and developmental disabilities admitted to the 12 state supported living centers and the Rio Grande State Center, which provides campus-based intellectual and developmental disability residential services along with mental health services. State supported living centers are located in Abilene, Austin, Brenham, Corpus Christi, Denton, El Paso, Lubbock, Lufkin, Mexia, Richmond, San Angelo, and San Antonio. The Rio Grande State Center, located in Harlingen, is operated by the Texas Department of State Health Services (DSHS). The Texas Department of Aging and Disability Services (DADS) has contracted with DSHS to provide services to people with intellectual and developmental disabilities at this location.



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

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

*Eligibility Requirements.* Residential services in a state supported living center serve people with severe or profound intellectual and developmental disabilities and those with intellectual and developmental disabilities who are medically fragile or who have behavioral problems.

*Profile.* As of Aug. 31, 2010, 61 percent state supported living center residents were male and 39 percent were female. Three percent of residents were 17 or younger, 88 percent were 18-64, and nine percent were 65 or older. Nineteen percent were Hispanic, 14 percent were African American (not of Hispanic origin), 60 percent were white (not of Hispanic origin), 2 percent were multiracial, and the remaining five percent were American Indian, Alaskan Native, Asian, Indian, Pacific Islander, or their ethnicity was not know. 15 percent had a diagnosis of mild intellectual and developmental disabilities, 14 percent had a diagnosis of moderate intellectual and developmental disabilities, 17 percent had a diagnosis of severe intellectual and developmental disabilities, 54 percent had a diagnosis of profound intellectual and developmental disabilities, and 5 percent had a diagnosis of unspecified intellectual and developmental disabilities. Sixty three percent had a dual diagnosis of intellectual and developmental disabilities and mental illness.

Statutory Authority. Texas Health and Safety Code § 533.038 and chapter 555; Texas Human Resources Code § 161.071(2)

Rules. 40 T.A.C. chapter 4, subchapter P; chapter 5 subchapters A, C, H, and I; chapter 7, subchapters C, D, and K; chapter 8 subchapters C, I, K, and L.

<b>SSLC Services Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Average monthly number of MR campus residents	4,629	4,337
Average monthly cost per MR campus resident	\$8,965.13	\$10,599.82

### **Average Monthly Number of SSLC Campus Residents**

<b>SSLC</b>	<b>FY 2009</b>	<b>FY 2010</b>
Abilene	497	464
Austin	413	388
Brenham	379	361
Corpus Christi	341	306
Denton	599	559
El Paso	140	138
Lubbock	251	234
Lufkin	420	409
Mexia	482	439
Richmond	470	427
San Angelo	278	259
San Antonio	286	282
Rio Grande	73	71
<b>Total Residents</b>	<b>4,629</b>	<b>4,337</b>

*Data Sources:*

- *Claims Management System Payment Data*
- *DADS Program Areas*

## CAPITAL REPAIRS AND RENOVATIONS

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

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

## REGULATION, CERTIFICATION AND OUTREACH

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

One method of outreach provided by DADS is the Quality Monitoring Program. The underlying premise of the program is to promote positive partnerships with providers to assess and strengthen systems to improve outcomes for residents. The program is not a regulatory program. The goal of the program is to collaborate with providers to implement best practice approaches that can improve outcomes. Quality Monitoring Program staff schedule visits in advance with facility staff or upon request by providers.

### Facility and Community-based Regulation

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

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

The types of regulated programs, DADS responsibilities, and profiles of residing individuals are as follows:

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

*Nursing Facility Resident Profile.* Most nursing facility residents are advanced in age; a small number are children and/or young adults. Many residents enter a nursing facility to recuperate after surgery or receive rehabilitation after a stroke or a hip fracture. Some residents leave the facility shortly after admission; others remain for the rest of their lives. In some cases, residents return to their homes or to a lower level of care in the community; in other cases, residents may need hospitalization. Most residents are over 65, but some are young adults with traumatic brain injury or other disabilities. Most residents need help with one or more basic activities of daily living, such as dressing and grooming, bathing, toileting, getting into and out of bed, and eating. Many residents have dementia, have periods of confusion, or memory impairments. All residents have a plan of care directed by a physician and require licensed nursing supervision 24 hours a day.

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



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

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

*Assisted Living Resident Profile.* The average resident may:

- Exhibit symptoms of mental or emotional disturbance, but is not considered at risk of imminent harm to self or others.
- Need assistance with movement.
- Require assistance with bathing, dressing, and grooming.
- Require assistance with routine skin care, such as application of lotions or treatment of minor cuts and burns.
- Need reminders to encourage toilet routine and prevent incontinence.
- Require temporary services by professional personnel.
- Need assistance with medications, supervision of self-medication or administration of medication.
- Require encouragement to eat or monitoring due to social or psychological reasons or temporary illness.
- Be hearing or speech impaired.
- Require established therapeutic diets.
- Require self-help devices.
- Need assistance with meals, which may include feeding.

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

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

- Assistance with bathing, dressing, and routine hair and skin care.
- Assistance transferring from a chair or walking.
- Assistance with toileting.
- Assistance with meals.
- Assistance with fluid intake.



- A therapeutic diet.
- Supervision or administration of ordered medications.
- Treatments (e.g., application of sterile dressings, bandages).
- Restorative nursing procedures (range of motion exercises or proper positioning).
- Assistance with management of behavioral problems.

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

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

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

**Waiver Programs.** DADS conducts initial and annual certification reviews of the Home and Community-based Services (HCS) waiver contracts and the Texas Home Living (TxHmL) waiver contracts. DADS is responsible for investigating complaints and provider self-reported incidents related to HCS and TxHmL services. DADS also receives and follows up on Texas Department of Family and Protective Services (DFPS) findings related to abuse, neglect, or exploitation investigations of recipients of HCS or TxHmL services.

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

*TxHmL Consumer Profile.* The TxHmL consumer has intellectual and developmental disabilities or a related condition, and may have other disabilities and must be financially eligible for Medicaid.

Statutory Authority. Social Security Act §§ 1864, 1902(a)(9) and (33), and 1919(g) [42 U.S.C. §§ 1396a(a)(9) and (33) and 1396r(g)]; Texas Health and Safety Code chapters 142, 242, 247, and 252; Texas Human Resources Code chapter 48, chapter 103, and § 161.071(1), (6), (7), (8), and (9); and § 161.076 (as added by Acts 2009, 81<sup>st</sup> Leg., ch. 284, § 37 [S.B. 643]).

Rules. 42 C.F.R. parts 483, 484, 488, and 498; 40 T.A.C. chapters 19, 30, 90, 92, 96, 97, 98, and 99.

<b>Statewide Regulation Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
Facility licenses issued	2,647	1,675
Facility inspections completed	4,912	4,908
Facility investigations completed	17,215	19,023
HCSSA licenses issued	4,114	2,722
HCSSA inspections completed	1,301	1,371
HCSSA investigations completed	1,646	2,372
Waiver certification surveys conducted	820	803
Waiver complaint investigations conducted	91	70
Waiver follow-ups to findings related to abuse, neglect, or exploitation	2,046	3,310*
Waiver residential reviews**	NA	9,664

\* Effective June 1, 2009, Texas Human Resources Code §161.077, as amended by Senate Bill (S.B.) 643, 81st Legislature, Regular Session, 2009, requires DADS to conduct follow-ups related to abuse, neglect and exploitation of people with intellectual or developmental disabilities who reside in a public or private ICF/MR.

\*\* Effective Sept. 1, 2009, Texas Human Resources Code §161.076, as amended by S.B. 643, 81st Legislature, Regular Session, 2009, requires DADS to conduct annual, unannounced visits to all HCS residences where supervised living and residential support services are provided. DADS also conducted unannounced visits to all HCS foster/companion care homes.

Data Sources:

- Regulatory Services Central Data Repository
- Regulatory Services Waiver Survey & Certification Report Log, Complaint, and ANE Databases

### Number of Facilities/Agencies Regulated By Region: FY 2010

<b>Region</b>	<b>Nursing Facilities</b>	<b>ICF/MRs</b>	<b>Assisted Living Facilities</b>	<b>Adult Day Care Facilities</b>	<b>Home and Community Support Services Agencies</b>
1 Lubbock	77	37	84	5	151
2 Abilene *	79	46	57	2	142
3 Grand Prairie	259	216	426	31	1,588
4 Tyler	115	72	101	10	274
5 Beaumont	74	50	43	12	172
6 Houston	153	123	407	39	1,401
7 Austin	168	114	166	5	353
8 San Antonio	138	118	219	59	412
9 Abilene *	41	35	27	2	98
10 El Paso	14	14	45	24	124
11 Edinburg	76	33	40	282	692
<b>State Total</b>	<b>1,194</b>	<b>858</b>	<b>1,615</b>	<b>471</b>	<b>5,407</b>

\* Abilene serves as the headquarters for both regions 2 and 9.

Data Sources:

- DADS Fiscal Year 2010 Regulatory Services Annual Report

<b>Facility and Community-based Regulation Statistics</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>Facilities/Agencies Regulated</b>		
Nursing Facilities	1,196	1,194
ICF-MR/RC	868	858
Assisted Living Facilities	1,562	1,615
Adult Day Care Facilities	445	471
Home and Community Support Services Agencies (Total)	4,941	5,407
Home Health and Hospice Parent Agencies	4,089	4,521
Home Health Branches	717	747
Alternate Delivery Sites (Hospice Branches)	135	139
<b>Complaint and Incident Intakes</b>		
Nursing Facilities	16,198	16,719
ICF-MR/RC	3,183	2,479
Assisted Living Facilities	2,592	2,499
Unlicensed Facilities	373	463
Adult Day Care Facilities	795	811
Home and Community Support Services Agencies	4,738	5,703
<b>Total</b>	<b>27,879</b>	<b>28,674</b>
<b>Enforcement Actions – Nursing Facilities</b>		
Proposed Action to Deny or Revoke License	4	12
Administrative Penalties Imposed	37	40
Civil Monetary Penalties Imposed	186	249
Referrals to the Attorney General for Civil Penalties	0	0
Emergency Closure and Suspension of License	0	0
Suspension of Admissions	0	0
Facilities Under Trusteeship	0	1
Facilities Closed by Trustee	0	1
<b>Enforcement Actions – ICF-MR/RC</b>		
Administrative Penalties Imposed	0	7
Proposed Action to Deny or Revoke License	1	4
Referrals to the Attorney General for Civil Penalties	0	2
Suspension of License	0	0
Facilities Under Trusteeship	0	0
<b>Enforcement Actions – Assisted Living Facilities</b>		
Proposed Action to Deny or Revoke a License	68	79
Administrative Penalties Imposed	39	53
Referral to Attorney General for Civil Penalties	1	2
Referral to Attorney General for Injunctive/Other Relief	0	0
Facilities Under Trusteeship	0	0
Facilities Closed by Trustee	0	0
<b>Enforcement Actions – Unlicensed Facilities</b>		
Proposed Action to Deny a License	0	0
Referral to Attorney General for Civil Penalties or Injunctive/Other Relief	23	25
Referral to Cnty/Dist. Attorney for Civil Penalties or Injunctive/Other Relief	29	6
<b>Enforcement Actions – Adult Day Care Facilities</b>		
Proposed Action to Revoke or Deny a License	11	15
Referral to Attorney General for Injunctive/Other Relief	0	0
Emergency Suspension of License and Closing	0	0
Suspension of License	0	0
<b>Enforcement Actions – Home and Community Support Services Agencies</b>		
Administrative Penalties Imposed	164	416
Recommended Action to Revoke a License	146	116
Recommended Emergency Suspension of License	1	0
Surrender of License in Lieu of Further Action	21	15
Expiration of License in Lieu of Further Action	14	0
Recommended Denial of License Renewal	42	7
Referrals to Attorney General for Civil Penalties or Injunctive Relief	0	0

## Credentialing / Certification

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

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

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

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

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

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

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

Statewide Credentialing / Certification Statistics	FY 2009	FY 2010
Nursing facility administrators licensed	2,099	2,116
Disciplinary actions imposed	49	35
Nurse aides certified	122,297	132,406
Disciplinary actions imposed	61	47
Nurse aide training and competency evaluation programs approved	783	773
Medication aides permitted	10,268	10,408
Disciplinary actions imposed	7	0
Medication aide training programs conducted	146	149
Persons on employee misconduct registry	1,080	1,281
Disciplinary actions imposed	174	60

*Data Sources:*

- *Regulatory Credentialing Enforcement*
- *DADS Fiscal Year 2010 Regulatory Services Annual Report*

## Long-Term Services and Supports Quality Outreach

The Quality Assurance and Improvement (QA&I) section of the Center for Policy and Innovation performs a variety of functions designed to enhance the quality of services and supports. Major initiatives are described below.

The Quality Monitoring program represents an educational rather than regulatory approach to quality improvement. Quality monitors, who are nurses, pharmacists, and dietitians, provide technical assistance to long-term facility staff. The quality monitors perform structured assessments to promote best practice in service delivery. In addition, quality monitors provide in-service education programs. Quality Monitoring Team visits are also provided to facilities and may include more than one discipline during the same visit. The technical assistance visits focus on specific, statewide quality improvement priorities for which evidence-based best practice can be identified from published clinical research. Topics included in the monitoring visits are:

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

The Quality Monitoring Program has led to measurable statewide improvements in the quality of life of residents of nursing facilities. With the help of the quality monitors, facilities have reduced the prevalence of restraint usage from one in every five in 2002 to one in every 40 today. There was also modest improvement in the proportion of residents with unintended weight loss, and in the proportion of residents who received anti-psychotic medications.

DADS has expanded the Quality Monitoring Program model to state supported living centers, community ICF/MR, assisted living facilities, and home and Community-based services providers. The purpose of the program is to increase positive outcomes and to improve the quality of services for those served in these settings. A related website, [www.TexasQualityMatters.org](http://www.TexasQualityMatters.org), supports the program by providing online access to best-practice information and links to related research.

QA&I staff conducts two large-scale surveys. The Nursing Facility Quality Review is a statewide survey process used to benchmark the quality of care and the quality of life for people in Texas nursing facilities through random sampling. The Long-term Services and Supports Quality Review is a statewide survey of people receiving services and supports through home and Community-based and institutional programs from DADS. The Long-Term Services and Supports Quality Review project grew out of recommendations made by the Real Choice Systems Change Grant Quality Assurance Stakeholder Task Force funded through the Centers for Medicare and Medicaid Services (CMS). Task force recommendations resulted in membership of the National Core Indicators project, a multi-state collaboration to pool resources and knowledge, identify common performance indicators, and benchmark results.

QA&I staff were instrumental in the development of the Long-Term Services and Supports Quality Reporting System (QRS) website, which allows the public to view, evaluate, and compare the quality of long-term services and supports providers. The QRS continues to evolve as new information is added regarding long-term services and supports within the purview of DADS.

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

<b>Statewide LTC Quality Outreach Statistics</b>	<b>Est. 2009</b>	<b>Bud. 2010</b>
Number of quality monitoring visits to nursing facilities	3,556	3,400
Average cost per Quality Monitoring Visit	\$876.65	\$840.45

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

*Data Source: DADS FY 2012-13 Legislative Appropriation Request*

## **Facility Information, Vacancy and Evacuation System**

To assist facilities with large-scale evacuations during natural disasters, QA&I created the Facility Information, Vacancy and Evacuation System (FIVES). FIVES is a web-based system developed to help long-term services and supports facilities help each other during disasters that require some facilities to evacuate. FIVES allows facilities to easily record their number of vacancies and create reports by provider type, county or city that show vacancies throughout the state. The evacuating facilities using FIVES can quickly identify facilities in other areas of Texas that are able to accept evacuees. DADS cannot warrant that information voluntarily submitted by facilities is current or complete. The value of FIVES depends entirely on the participation of facility providers. FIVES is available at [www.texasqualitymatters.org](http://www.texasqualitymatters.org).



## INDIRECT ADMINISTRATION

**Central Administration.** Central Administration supports administrative functions for all DADS programs including executive direction and leadership, legal, civil rights, hearings of provider appeals, planning, budget management, fiscal accounting and reporting, asset management, program statistics, public information, state and federal government relations, internal audit, and program support. Under the Older Americans Act, central administration supports functions such as building system capacity to meet service needs; serving as a comprehensive resource on issues affecting older people via research, policy analysis, public information, and marketing; and advocating for the needs of older Texans through the Long-term Care Ombudsman Program and in partnership with public and private organizations.



Statutory Authority. Texas Human Resources Code, Chapter 161.

**Information Technology (IT).** IT provides technology products, services, and support to all DADS divisions to help them achieve the DADS mission. This responsibility extends to establishing, managing, and monitoring agreements for IT products, services, and/or support supplied by external organizations, coordinating all technology procurements (including technical contractors), and technology policies and procedures published in the DADS IT Handbook. Services include application development and support, desktop and LAN support and troubleshooting, coordination of cabling and hardware repair, and liaison with external automation services providers (such as mainframe and mid-tier data center processing and telecommunications services). These services are distributed in a network-computing environment that spans DADS offices statewide. Included are staff costs; professional services and contracted staff costs; network data circuits, mainframe, mid-tier, and network equipment costs; software licenses; and computer equipment maintenance related to the support of DADS programs. The application systems developed, deployed, and supported under this strategy cover financial systems, including revenue systems; consumer information systems; facility management systems; and decision support systems. Functions performed include project management, software applications development, and documentation.

Statutory Authority. Texas Human Resources Code, Chapter 161.

**Other Support Services.** This includes statewide policy and oversight of support services, including contract management policy, Historically Underutilized Businesses, forms and handbook management, records management and storage, building maintenance, mailroom, and inventory. This strategy also includes direct support to staff in all programs in the state office. Although HHSC has assumed responsibility for procurement and facility acquisition and management, DADS continues to be responsible for implementing appropriate process and procedures within service level agreements.

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

*This page intentionally left blank*

SECTION III:  
DEMOGRAPHIC AND  
ECONOMIC DATA

## Projected Texas Total and Poverty Population By Region and Age Group

Region and Age Group	Calendar Year 2010			Calendar Year 2011
	Total Population	Poverty Population	Poverty Percent	Total Population
1 Lubbock				
Age 0-17	215,000	47,000	21.9%	216,000
Age 18-64	518,000	78,000	15.1%	521,000
Age 65 +	107,000	14,000	13.1%	108,000
<b>Total</b>	<b>840,000</b>	<b>139,000</b>	<b>16.5%</b>	<b>845,000</b>
2/9 Abilene				
Age 0-17	280,000	58,000	20.7%	281,000
Age 18-64	671,000	80,000	11.9%	672,000
Age 65 +	160,000	17,000	10.6%	161,000
<b>Total</b>	<b>1,111,000</b>	<b>155,000</b>	<b>14.0%</b>	<b>1,114,000</b>
3 Grand Prairie				
Age 0-17	1,797,000	328,000	18.3%	1,823,000
Age 18-64	4,604,000	495,000	10.8%	4,736,000
Age 65 +	581,000	48,000	8.3%	600,000
<b>Total</b>	<b>6,982,000</b>	<b>871,000</b>	<b>12.5%</b>	<b>7,159,000</b>
4 Tyler				
Age 0-17	264,000	52,000	19.7%	266,000
Age 18-64	674,000	85,000	12.6%	681,000
Age 65 +	179,000	17,000	9.5%	182,000
<b>Total</b>	<b>1,117,000</b>	<b>154,000</b>	<b>13.8%</b>	<b>1,129,000</b>
5 Beaumont				
Age 0-17	182,000	50,000	27.5%	182,000
Age 18-64	466,000	66,000	14.2%	468,000
Age 65 +	118,000	15,000	12.7%	120,000
<b>Total</b>	<b>766,000</b>	<b>131,000</b>	<b>17.1%</b>	<b>770,000</b>
6 Houston				
Age 0-17	1,591,000	328,000	20.6%	1,611,000
Age 18-64	4,029,000	453,000	11.2%	4,139,000
Age 65 +	501,000	57,000	11.4%	520,000
<b>Total</b>	<b>6,121,000</b>	<b>838,000</b>	<b>13.7%</b>	<b>6,270,000</b>
7 Austin				
Age 0-17	697,000	128,000	18.4%	708,000
Age 18-64	1,953,000	264,000	13.5%	2,003,000
Age 65 +	279,000	27,000	9.7%	288,000
<b>Total</b>	<b>2,929,000</b>	<b>419,000</b>	<b>14.3%</b>	<b>2,999,000</b>
8 San Antonio				
Age 0-17	661,000	153,000	23.1%	667,000
Age 18-64	1,596,000	215,000	13.5%	1,625,000
Age 65 +	297,000	39,000	13.1%	304,000
<b>Total</b>	<b>2,554,000</b>	<b>407,000</b>	<b>15.9%</b>	<b>2,596,000</b>
10 El Paso				
Age 0-17	233,000	84,000	36.1%	234,000
Age 18-64	489,000	103,000	21.1%	496,000
Age 65 +	79,000	17,000	21.5%	81,000
<b>Total</b>	<b>801,000</b>	<b>204,000</b>	<b>25.5%</b>	<b>811,000</b>
11 Edinburg				
Age 0-17	665,000	265,000	39.8%	676,000
Age 18-64	1,271,000	316,000	24.9%	1,298,000
Age 65 +	214,000	47,000	22.0%	218,000
<b>Total</b>	<b>2,150,000</b>	<b>628,000</b>	<b>29.2%</b>	<b>2,192,000</b>
State Total				
Age 0-17	6,585,000	1,493,000	22.7%	6,664,000
Age 18-64	16,271,000	2,155,000	13.2%	16,639,000
Age 65 +	2,515,000	298,000	11.8%	2,582,000
<b>Total</b>	<b>25,371,000</b>	<b>3,946,000</b>	<b>15.6%</b>	<b>25,885,000</b>

Data Sources: Census Bureau, 2008 American Community Survey (ACS); Texas State Data Center; and Texas Health and Human Services commission.

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

## Texas Population Trends By Age Group

Year	Total	Age 0-17	Age 18-64	Age 65 +
2011 Total Projected Population	25,885,000	6,664,000	16,639,000	2,582,000
2010 Total Projected Population	25,371,000	6,585,000	16,271,000	2,515,000
2009 Total Projected Population	24,875,000	6,511,000	15,913,000	2,449,000
2008				
Total Population *	24,174,000	6,763,000	14,908,000	2,503,000
Poverty Population	3,834,000	1,565,000	1,956,000	314,000
Poverty Rate	15.86%	23.13%	13.12%	12.54%
2007				
Total Population *	23,653,000	6,669,000	14,524,000	2,460,000
Poverty Population	3,903,000	1,665,000	1,940,000	298,000
Poverty Rate	16.50%	25.00%	13.40%	12.10%

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

Data Sources: Texas State Data Center; U.S. Census Bureau - March 2007 and 2008 Current Population Survey (CPS); and Texas Health and Human Services Commission.

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

Year	Total	Age 0-17	Age 18-64	Age 65 +
2011 Total Projected Population	313,232	75,622	196,488	41,123
2010 Total Projected Population	310,233	75,217	194,787	40,229
2009 Total Projected Population	307,212	74,907	192,832	39,473
2008 Total Projected Population	304,228	74,702	190,835	38,691
2007				
Total Projected Population*	301,041	74,067	189,190	37,888
Poverty Population	39,829	14,067	22,106	3,656
Poverty Rate	13.2%	19.0%	11.7%	9.7%

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

Data Sources: Texas State Data Center; U.S. Census Bureau - March 2007 and 2008 Current Population Survey (CPS); and Texas Health and Human Services Commission.

## 2011 Texas Population By Race and Region

Region	White	African American	Hispanic	Other
1 Lubbock	487,000	50,000	289,000	19,000
2/9 Abilene	665,000	65,000	365,000	21,000
3 Grand Prairie	3,681,000	925,000	2,117,000	436,000
4 Tyler	763,000	189,000	161,000	15,000
5 Beaumont	483,000	170,000	97,000	20,000
6 Houston	2,379,000	1,032,000	2,402,000	457,000
7 Austin	1,670,000	334,000	862,000	131,000
8 San Antonio	945,000	165,000	1,413,000	74,000
10 El Paso	91,000	22,000	681,000	16,000
11 Edinburg	305,000	27,000	1,833,000	28,000
<b>State Total</b>	<b>11,469,000</b>	<b>2,979,000</b>	<b>10,220,000</b>	<b>1,217,000</b>

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

## 2011 Texas Population By Sex and Region

Region	Male	Female
1 Lubbock	422,000	422,000
2/9 Abilene	559,000	556,000
3 Grand Prairie	3,614,000	3,545,000
4 Tyler	568,000	561,000
5 Beaumont	385,000	384,000
6 Houston	3,168,000	3,102,000
7 Austin	1,532,000	1,466,000
8 San Antonio	1,281,000	1,316,000
10 El Paso	398,000	412,000
11 Edinburg	1,087,000	1,106,000
<b>State Total</b>	<b>13,014,000</b>	<b>12,870,000</b>

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

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

### 2011 Texas Aged and Disabled (A&D) Population \* By Region and Poverty Status

Region	Total A&D Population	Percent of State Total	A&D Population Below Poverty	Percent of State Total
1 Lubbock	170,000	3.81%	28,000	3.58%
2/9 Abilene	264,000	5.91%	41,000	5.24%
3 Grand Prairie	1,041,000	23.32%	145,000	18.54%
4 Tyler	297,000	6.65%	43,000	5.50%
5 Beaumont	201,000	4.50%	38,000	4.86%
6 Houston	874,000	19.58%	139,000	17.77%
7 Austin	501,000	11.22%	76,000	9.72%
8 San Antonio	536,000	12.01%	102,000	13.04%
10 El Paso	143,000	3.20%	38,000	4.86%
11 Edinburg	437,000	9.79%	132,000	16.88%
<b>State Total</b>	<b>4,464,000</b>	<b>100%</b>	<b>782,000</b>	<b>100%</b>

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

Data Sources: Census Bureau, 2008 American Community Survey (ACS), Public Use Microdata Sample; Texas State Data Center; and Texas Health and Human Services Commission.

### 2011 Texas Non-Older Disabled Population \* By Region and Poverty Status

Region	Total Disabled Population	Percent of State Total	Disabled Population Below Poverty	Percent of State Total
1 Lubbock	63,000	3.23%	14,000	2.89%
2/9 Abilene	103,000	5.29%	24,000	4.96%
3 Grand Prairie	460,000	23.61%	97,000	20.04%
4 Tyler	118,000	6.06%	26,000	5.37%
5 Beaumont	83,000	4.26%	23,000	4.75%
6 Houston	373,000	19.15%	82,000	16.94%
7 Austin	222,000	11.40%	49,000	10.12%
8 San Antonio	239,000	12.27%	63,000	13.02%
10 El Paso	64,000	3.29%	21,000	4.34%
11 Edinburg	223,000	11.45%	85,000	17.56%
<b>State Total</b>	<b>1,948,000</b>	<b>100%</b>	<b>484,000</b>	<b>100%</b>

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

Data Sources: Census Bureau, 2008 American Community Survey (ACS), Public Use Microdata Sample; Texas State Data Center; and Texas Health and Human Services Commission.

## Poverty Income Guidelines for the Continental United States

Family Size	2006 Actual	2007 Actual	2008 Actual	2009 Actual
1	\$10,210	\$10,400	\$10,830	\$10,830
2	\$13,690	\$14,000	\$14,570	\$14,570
3	\$17,170	\$17,600	\$18,310	\$18,310
4	\$20,650	\$21,200	\$22,050	\$22,050
5	\$24,130	\$24,800	\$25,790	\$25,790
6	\$27,610	\$28,400	\$29,530	\$29,530
7	\$31,090	\$32,000	\$33,270	\$33,270
8	\$34,570	\$35,600	\$37,010	\$37,010

Note - For each additional family member, add \$3,480 for 2007, \$3,600 for 2008, and \$3,740 for 2009 & 2010.

## Texas State Median Income By Federal Fiscal Year

Family Size	2008 Estimated	2009 Estimated	2010 Estimated	2011 Estimated
1	\$29,906	\$31,101	\$32,427	\$33,981
2	\$39,108	\$40,670	\$42,404	\$44,437
3	\$48,310	\$50,239	\$52,381	\$54,892
4	\$57,511	\$59,808	\$62,358	\$65,348
5	\$66,713	\$69,378	\$72,336	\$75,804
6	\$75,915	\$78,947	\$82,313	\$86,259

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

Source: US Department of Health and Human Services, Administration for Children and Families

## Per Capita Personal Income

Geographic Area	2008 Estimated	2009 Estimated	2010 Estimated	2011 Projected
Texas	\$37,809	\$36,484	\$36,867	\$37,898
U.S.	\$40,166	\$39,138	\$40,250	\$41,120

Data Sources: Texas Workforce Commission, Global Insight, September 2010 U.S. Regional Economic Forecast. And U.S. Bureau of Economic Analysis (BEA).



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

Year	Civilian Labor Force	Number of Unemployed	Unemployment Rate
<b>Texas</b>			
2008 (Actual)	11,635,095	575,797	4.90%
2009 (Actual)	11,930,847	910,621	7.60%
2010 (Preliminary)	12,166,949	1,000,360	8.20%
2010 (Projected)	12,231,539	982,322	8.00%
<b>U.S.</b>			
2008 (Actual)	154,287,000	8,924,000	5.80%
2009 (Actual)	154,142,000	14,265,000	9.30%
2010 (Projected)	153,997,867	14,937,793	9.70%
2011 (Projected)	155,102,225	14,889,814	9.60%

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

## Texas Labor Force Statistics By HHS Region Calendar 2009\*

Region	Civilian Labor Force	Number of Unemployed	Unemployment Rate
1 Lubbock	433,000	27,000	6.2
2/9 Abilene	563,000	40,000	7.2
3 Grand Prairie	3,407,000	286,000	8.4
4 Tyler	536,000	45,000	8.5
5 Beaumont	352,000	36,000	10.2
6 Houston	2,960,000	255,000	8.6
7 Austin	1,489,000	108,000	7.2
8 San Antonio	1,199,000	92,000	7.7
10 El Paso	327,000	32,000	9.7
11 Edinburg	886,000	93,000	10.5
<b>State Total</b>	<b>12,152,000</b>	<b>1,014,000</b>	<b>8.3</b>

\* Monthly average from January through November 2009.

Data Source: Texas Workforce Commission.

## State Rankings

(based on the most current information available)

- In 2009, Texas ranked second among the states in total population (24.7 million). The only state with a larger population was California, with a population of 37 million.

*Data Source: U.S. Census Bureau, Annual Estimates, July 1, 2009.*

- In 2009, Texas had the ninth highest rate of poverty among the states, with a rate of 17.2 percent. Mississippi had the highest rate (21.9 percent) while New Hampshire had the lowest rate (8.5 percent). The U.S. poverty rate was 14.3 percent.

*Data Source: U.S. Census Bureau. 2009 American Community Survey.*

- During 2008-09, Texas ranked 27th among the states with a median household income of \$49,151. Maryland had the highest median household income (\$69,909) and Mississippi had the lowest (\$37,218). The figure for the U.S. was \$51,125.

*Data Source: U.S. Census Bureau. 2008 and 2009 American Community Survey.*

- In 2009, Texas ranked 30th among the states with a per capita personal income of \$36,484. The District of Columbia had the highest per capita personal income (\$66,000) and Mississippi had the lowest (\$30,103). The U.S. per capita personal income was \$39,138.

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

- In August 2010, Texas ranked 31st among the states for percent of the labor force unemployed, with a seasonally adjusted unemployment rate of 8.3 percent. Nevada had the highest rate (14.4 percent) and North Dakota had the lowest (3.7 percent). The U.S. unemployment rate stood at 9.6 percent.

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

- In federal fiscal year 2008, Texas ranked 48th among the states in terms of per capita welfare expenditures (\$948). New York spent the most on a per capita basis (\$2,299) and Nevada the least (\$604). The figure for the U.S. as a whole was \$1,354.

*Data Source: U.S. Census Bureau.*

- In 2009, Texas ranked first among the states for percent of the population not covered by health insurance, with a yearly average of 26.1 percent of the population without health insurance. The state with the second highest percentage of uninsured was Florida (22.4 percent), while Massachusetts had the lowest percentage for uninsured population (4.4 percent). The average yearly uninsured rate in the U.S. was 16.7 percent.

*Data Source: U.S. Census Bureau.*

- In federal fiscal year 2008, Texas ranked third among the states for number of Medicaid beneficiaries (3,993,000) and for Medicaid Medical Care Expenditures.

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

- In federal fiscal year 2008, Texas ranked 45th among the states in the amount of Medicaid Medical Care Expenditures per Beneficiary (\$4,172). Among the 15 most populous states, Texas ranked 13th in the amount of Medicaid medical care expenditures per beneficiary.

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

# SECTION IV: APPENDICES

## VOLUNTEER AND COMMUNITY ENGAGEMENT

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

### DADS Volunteer Opportunities

**Silver Lining**, a statewide volunteer outreach program, helps create volunteer visits with residents of nursing homes, assisted living facilities and state supported living centers. The program's core goal is to support the need for quality care and social connection in a growing aging population by:

- Promoting volunteerism to affect quality of life and quality of care.
- Increasing community wellness by improving social connections.
- Building awareness and enhancing the volunteer experience through program support, resources and recognition incentives.

Silver Lining works with a variety of volunteering styles: individuals, families, groups, and corporate volunteer programs are all welcome. For more information call 1-800-889-8595 or visit [www.silverliningatdads.org](http://www.silverliningatdads.org).

**Community Services field offices** provide services and supports to older Texans and those with disabilities. Services available through these offices include home-delivered meals, emergency response services, attendant and nursing care, therapies, home modifications, and medical supplies. Volunteer opportunities are available in each regional office for positions that provide administrative support. For more information call 1-800-889-8595.

**State supported living centers** help support and improve the quality of life for people with intellectual and/or developmental disabilities who receive 24-hour care in the state supported living centers. All living centers have comprehensive volunteer programs that provide a variety of opportunities and activities designed to enhance residents' quality of life.

Volunteer projects may include:

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

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

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

## Dads Community Engagement Opportunities

**Texercise**, a statewide health promotions program, is designed to educate and involve individuals and communities in physical activity and proper nutrition. The Texercise program promotes policies and activities that support fitness in all areas of life, including individual activities, community events, environmental changes and worksite wellness initiatives.

To help people and communities in creating positive lifestyle changes, the Texercise program provides educational, motivational and recognition tools and resources at no charge.

For more information, call 1-800-889-8595 or visit [www.Texercise.com](http://www.Texercise.com).

**Public/private partnerships** help promote statewide opportunities for volunteerism and build meaningful collaborations that create public awareness for DADS programs and those served. Texans benefit from receiving increased opportunities for resources, connections and services through the generous contributions of partners. These supports provide DADS programs and services with strategic, state level and local area growth opportunities. Partners are essential to the success of DADS vision of wellness, dignity and choice for all Texans. Contact the VCE office for more information on partnerships at 1-800-889-8595.



## INTEREST LISTS

Because the demand for DADS Community-based services and supports often outweighs available resources, people are placed on interest lists until services are available. However, some needs may be met through other programs until that time.

People are placed on interest lists on a first-come, first-served basis. When a name comes to the top of the list, he or she will be contacted by a case manager. If the case manager determines that the applicant is eligible, the applicant will choose a provider to deliver services, if he or she has not already done so.

Interest lists for community-based programs are managed either locally or statewide, depending on the program. The waiver programs with an interest list are Community Based Alternatives (CBA), Community Living Assistance and Support Services (CLASS), Deaf Blind with Multiple Disabilities (DBMD), Medically Dependent Children Program (MDCP), STAR+PLUS Waiver, Integrated Care Management Waiver, and Home and Community-based Services (HCS).

The following Title XX programs also have interest lists: Adult Foster Care, Consumer Managed Personal Attendant Services, Day Activity and Health Services, Emergency Response Services, Family Care, Home-delivered Meals, Residential Care, and Special Services for Persons with Disabilities

Allocations are based on available funding. People who have been on the interest lists the longest are enrolled first. Enrollment is done by DADS regional employees, local MR authorities, CLASS providers, and DBMD providers.

### Interest List (IL) Releases Summary Fiscal Years 2008-09

	CBA	ICMW	Star +	CLASS	DBMD	MDCP	HCS	Total
Number on interest list — Aug. 31, 2007	32,212	NA	9,690	17,079	22	7,753	33,436	<b>100,192</b>
Total released/ removed from IL*	39,691	6,817	12,854	2,141	49	3,124	3,636	<b>68,312</b>
Enrolled	9,034	130	1,924	643	8	877	2,474	<b>15,090</b>
In the pipeline	1,052	971	423	257	2	7	106	<b>2,818</b>
Denied/declined	29,605	5,716	10,507	1,241	39	2,240	1,056	<b>50,404</b>
Current IL – Aug. 31, 2009	34,0850	1,948	3,685	27,674	79	14,347	42,360	<b>**124,143</b>

*The counts for CBA, CLASS, DBMD, and MDCP include releases from FY06-07 that are still in the pipeline as of August 31, 2007.*

*\*\* Count is duplicated. The unduplicated individual count is 98,505. The unduplicated count without STAR+ is 94,820.*

### Time on Interest List Percent Distribution by Waiver

	CBA	ICMW	Star+	CLASS	DBMD*	MDCP	HCS
0-1 years	76.6%	100.0%	88.5%	23.5%	77.2%	35.0%	21.4%
1-2 years	23.4%	0.0%	10.7%	21.2%	17.7%	30.8%	17.4%
2-3 years	0.0%	0.0%	0.7%	18.2%	5.1%	25.8%	14.2%
3-4 years	0.0%	0.0%	0.1%	11.5%	0.0%	8.4%	11.0%
4-5 years	0.0%	0.0%	0.0%	9.3%	0.0%	0.0%	8.7%
5-6 years +	0.0%	0.0%	0.0%	9.1%	0.0%	0.0%	8.7%
6-7 years	0.0%	0.0%	0.0%	7.2%	0.0%	0.0%	7.9%

#### Average Time on List (in years)

	CBA	ICMW	STAR+	CLASS	DBMD*	MDCP	HCS
November 2004	<b>1.5</b>	<b>NA</b>	<b>NA</b>	<b>2.9</b>	<b>1.4</b>	<b>2.0</b>	<b>3.3</b>
Aug. 31, 2009	<b>0.7</b>	<b>0.3</b>	<b>0.4</b>	<b>2.6</b>	<b>0.7</b>	<b>1.5</b>	<b>3.3</b>

Some people on the DBMD interest list have reached the top of the list several times and declined services, yet choose to remain on the list. Additionally, the list includes people younger than 18 who are not yet eligible to receive services.

### Medicaid Waiver Program Authorized Slots for FY 2010

DADS was appropriated funds in the 2010–11 biennium to authorize enrollment for 14,639 individuals in Medicaid waiver program services. The appropriation was to reduce the interest lists for the Medicaid waiver programs operated by DADS. Service delivery cost increases may cause DADS to serve fewer people than assumed in the General Appropriations Act.

For the CLASS, DBMD HCS, and MDCP programs, offers are made on a first-come, first-served basis from the statewide interest list. For the CBA program (as well as STAR+PLUS Waiver [SPW] and Integrated Care Management Waiver [ICMW] program applicants not eligible under an SSI or SSI-related program), offers are made from regionally maintained interest lists on a first-come, first-served basis. Texas Home Living (TxHmL) and the Consolidated Waiver Program (CWP), which is in Bexar County only, do not have independent interest lists. TxHmL offers are made from the HCS interest list; CWP offers are made from the appropriate interest list when a CWP vacancy is available.

The following number of interest list slots were available in FY 2010.

- CBA \* – 430
- CLASS – 945
- DBMD – 3
- HCS \*\* Program – 2,968\*\*\*
- MDCP – 174

\* DADS will continue to offer CBA, SPW, and ICMW to applicants from the CBA interest list as vacancies occur during FY 2010 at an estimated rate of 400 – 500 per month.

\*\* Local MR authorities make HCS offers directly to applicants. See [www.dads.state.tx.us/providers/MRA/index.html](http://www.dads.state.tx.us/providers/MRA/index.html) for more information.

\*\*\* Includes community placements from state supported living centers, and Preventing Institutionalization.

## FUNCTIONAL NEEDS ASSESSMENT PROCESS

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

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

An applicant's functional level is based on:

- His physical condition.
- His medical problems and the limitations they impose.
- His mental clarity and limitations and the effect they have on performing activities of daily living.
- The condition of the home environment.

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

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

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

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

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



## MEDICAL NECESSITY DETERMINATION PROCESS

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

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

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



OR

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

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

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

## TOLL-FREE HOTLINE NUMBERS

Description	Hotline Number
AARP Elder Care Locator	1-800-677-1116
Texas Department of Family and Protective Services (DFPS) Abuse/ Neglect Reports in community settings	1-800-252-5400
Alzheimer's Association	1-800-272-3900
Area agencies on aging	1-800-252-9240
Consumer Rights and Services (all complaints and information regarding DADS programs and services, complaints regarding assisted living facilities and nursing home facilities, etc.)	1-800-458-9858
Texas Department of State Health Services Consumer Rights	1-800-252-8154
Emergency dental, rehab/specialized services	1-800-792-1109
Food stamps	
• Complaints	1-800-252-9330
• Inquiry	1-800-448-3927
Governor's Helpline	1-800-843-5789
HHSC Office of Ombudsman Customer Assistance	1-888-834-7406
Interest List Hotline	1-877-436-5658
Legal Hotline for Older Texans	1-800-622-2520
Long-term Care Facility Incident Reporting	1-800-458-9858
Long-term Care Ombudsman Program	1-800-252-2412
Long-term Care Credentialing (Employee Misconduct Registry, Nurse Aide Registry, and Medication Aide Program)	1-800-452-3934
Medicaid	
• Eligibility requirements	1-800-834-7106
• General (for claims, services, and providers)	1-800-252-8263
• Medically needy	1-800-335-8957
Medicare	
• Customer Center Claims and Appeals/Claims Part A and B	1-800-633-4227
• Second opinion surgery	1-800-633-4227
Social Security Benefit Applications and Benefit Information	1-800-772-1213
Texas Attorney General's Consumer Helpline	1-800-621-0508
Volunteer and Community Engagement	1-800-889-8595

## HEADQUARTERS DIRECTORY

<b>Location:</b>	John H. Winters Human Services Center
<b>Street Address:</b>	701 W. 51 <sup>st</sup> St. Austin, TX 78751-2312
<b>Mailing Address:</b>	P.O. Box 149030 Austin, TX 78714-9030
<b>Phone:</b>	512-438-3011
<b>Fax:</b>	512-438-4747

### DADS Council Members

Name	Term Expiration Date
Sharon Swift Butterworth, chair	02/01/2011
John A. Cuellar, vice chair	02/01/2011
Jean L. Freeman, Ph.D.	02/01/2011
J. Russell Shannon	02/01/2013
Gary D. Newsome	02/01/2013
Vacant	02/01/2013
Glyn S. Crane	02/01/2015
Carolyn Harvey	02/01/2015
Ann Schneider	02/01/2015
<b>Phone: (512) 438-4563 Fax: (512) 438-3884</b>	

### DADS Executive Team

Position/Title	Name	Phone
Commissioner	Chris Traylor	512-438-3030
Deputy Commissioner	Jon Weizenbaum	512-438-2165
Chief Financial Officer	Gordon Taylor	512-438-3355
Chief Operating Officer	Tom Philips	512-438-3021
Assistant Commissioner, Access and Intake	Gary Jessee	512-438-5724
Assistant Commissioner, Regulatory Services	Veronda Durden	512-438-2625
Assistant Commissioner, State Supported Living Centers	Chris Adams	512-438-3076
Associate Commissioner	Jennifer Sims	512-438-3030
General Counsel	Ken Owens	512-438-3098
Director, Internal Audit	Penny Rychetsky	512-438-5638
Director, Center for Program Coordination	Wes Yeager	512-438-4296
Director, Center for Consumer and External Affairs	Kristi D. Jordan	512-438-4156
Director, Center for Policy and Innovation	Teresa Richard	512-438-4507
Manager, Information Resources	Judy Sandberg	512-438-4985

## CONTACTS

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

Area of Interest	Contact Individual	Telephone
Accounting	Tammy Callaway	512-438-3166
Area agencies on aging (AAAs)	Betty Ford	512-438-4120
Budget & Data Management	Lee Deviney	512-438-4201
Center for Consumer and External Affairs	Kristi D. Jordan	512-438-4156
Center for Policy and Innovation	Teresa Richard	512-438-4507
Center for Program Coordination	Wes Yeager	512-438-4296
Communications Director	Michael Jones	512-438-3047
Community Services and Program Operations	Carol Sloan	512-438-4405
Community Services Policy	Vacant	512-438-3543
Consumer Rights and Services	Vacant	512-438-4694
Contract Oversight and Support	Kathie Carleton-Morales	512-438-2479
Executive and Staff Operations	Vacant	512-438-4143
Government Relations	Cynthia Nottingham	512-438-3654
Guardianship	Tim McGinnis	512-438-4727
Information Technology	Judy Sandberg	512-438-4985
Community Services Contracts	Bill Campbell	512-438-3544
Legal	Ken Owens	512-438-3098
Media Relations	Allison Lowery	512-438-4404
MR Authorities	David Rollins	512-438-3528
Policy Analysis and Support	Jeff Kaufmann	512-438-4329
Policy Development and Oversight	Corliss Powell	512-438-2430
Planning and Project Management	Calvin Green	512-438-3765
Pre-admission Screening and Resident Review	Geri Willems	512-438-3159
Promoting Independence Initiative	Marc Gold	512-438-2260
Quality Assurance and Improvement	Teresa Richard	512-438-3518
Regulatory Services Enforcement	Susan Davis	512-438-3099
Regulatory Services ICF/MR Contracts	Bill Fordyce	512-438-3544
Regulatory Services Licensing and Credentialing	Anthony Chapple	512-438-2368
Regulatory Services Policy, Rules & Curriculum Development	Dana McGrath	512-438-3097
Regulatory Services Survey Operations	Carol Ahmed	512-438-2627
Settlement Agreement Compliance	Carol Sloan	512-438-4405
Stakeholder Relations	Jose "Chema" Saenz	512-438-3273
Texas Long-term Care Ombudsman	Patty Ducayet	512-438-4356
State supported living centers	Chris Adams	512-438-3076
State supported living centers operations	Donna Jessee	512-438-4550



---

**Alamo Area Area Agency on Aging**

Gloria Vasquez, director  
8700 Tesoro, Suite 700  
San Antonio, TX 78217

210-362-5200  
1-886-231-4922

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

---

**Ark-Tex Area Agency on Aging**

Diane McKinnon, director  
P.O. Box 5307  
Texarkana, TX 75505-5307

903-832-8636  
1-800-372-4464

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

---

**Bexar County Area Agency on Aging**

Martha Spinks, director  
8700 Tesoro, Suite 700  
San Antonio, TX 78217

210-362-5254  
1-800-960-5201

*Serves Bexar County.*

---

**Brazos Valley Area Agency on Aging**

Ronnie Gipson, director  
P.O. Box 4128  
Bryan, TX 77805-4128

979-595-2800  
1-800-994-4000

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

---

**Capital Area Area Agency on Aging**

Glenda Rogers, director  
6800 Burleson Rd. Bldg. 310, Suite 165  
Austin, TX 78744

512-916-6062  
1-888-622-9111

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

---

**Central Texas Area Agency on Aging**

H. Richard McGhee, director  
2180 North Main St.  
Belton, TX 76513

254-770-2330  
1-800-447-7169

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

---

**Coastal Bend Area Agency on Aging**

Betty Lamb, director  
P.O. Box 9909  
Corpus Christi, TX 78649

361-883-3935  
1-800-817-5743

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

---

---

**Concho Valley Area Agency on Aging**

Jeffrey Sutton, executive director  
2800 W. Loop 306, Suite A  
San Angelo, TX 76904

325-223-5704  
1-877-944-9666

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

---

**Dallas Area Area Agency on Aging**

Monita McGhee, director  
1349 Empire Central, Suite 400  
Dallas, TX 75247

214-871-5065  
1-800-548-1873

*Serves Dallas County.*

---

**Deep East Texas Area Agency on Aging**

Holly Anderson, director  
210 Premier Drive  
Jasper, TX 75951

409-384-7614  
1-800-435-3377

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

---

**East Texas Area Agency on Aging**

Claude I. Andrews, director  
3800 Stone Road  
Kilgore, TX 75662

903-984-8641  
1-800-442-8845

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

---

**Golden Crescent Area Agency on Aging**

Cindy Cornish, director  
568 Big Bend Drive  
Victoria, TX 77904

361-578-1587  
1-800-574-9745

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

---

**Harris County Area Agency on Aging**

Deborah A. Moore, director  
8000 N. Stadium Drive, 3rd Floor  
Houston, TX 77054

713-794-9001  
1-800-213-8471

*Serves Harris County.*

---

**Heart of Texas Area Agency on Aging**

Gary W. Luft, director  
1514 S. New Road  
Waco, TX 76711

254-292-1800  
1-866-772-9600

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

---

---

### **Houston-Galveston Area Agency on Aging**

Curtis M. Cooper, manager  
3555 Timmons Lane, Ste. 120  
Houston, TX 77027

713-627-3200  
1-800-437-7396

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

---

### **Lower Rio Grande Valley Area Agency on Aging**

Jose L. Gonzalez, director  
311 N. 15th St.  
McAllen, TX 78501-4705

956-682-3481  
1-800-365-6131

*Serves Cameron, Hidalgo and Willacy counties.*

---

### **Middle Rio Grande Area Agency on Aging**

Conrado Longoria Jr., director  
307 W. Nopal St.  
Carrizo Springs, TX 78834

830-876-3533  
1-800-224-4262

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

---

### **North Central Texas Area Agency on Aging**

Doni Van Ryswyk, manager  
616 Six Flags Drive, Ste. 200  
Arlington, TX 76011

817-695-9194  
1-800-272-3921

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

---

### **North Texas Area Agency on Aging**

Rhonda K. Pogue, director  
4309 Jacksboro Hwy., Ste. 2  
Wichita Falls, TX 76302-2745

940-322-5281  
1-800-460-2226

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

---

### **Area Agency on Aging of the Panhandle**

Melissa Carter, director  
415 West 8th  
Amarillo, TX 79101

806-331-2227  
1-800-642-6008

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

---

### **Area Agency on Aging of the Permian Basin**

Jeannie Raglin, director  
2910 Laforce Blvd.  
Midland, TX 79711-0660

432-563-1061  
1-800-491-4636

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

---



---

**Rio Grande Area Area Agency on Aging**

Yvette Lugo, director

915-533-0998

1100 North Stanton, Suite 610

1-800-333-7082

El Paso, TX 79902

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

---

**South East Texas Area Agency on Aging**

Colleen Halliburton, director

409-899-8444

2210 Eastex Freeway

1-800-395-5465

Beaumont, TX 77703

*Serves Hardin, Jefferson and Orange counties.*

---

**South Plains Area Agency on Aging**

Liz Castro, director

806-687-0940

1323 58<sup>th</sup> St.

1-888-418-6564

Lubbock, TX 79412

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

---

**South Texas Area Agency on Aging**

Alberto Rivera Jr., Aging Services director

956-722-3995

1002 Dicky Lane

1-800-292-5426

Laredo, TX 78043

*Serves Jim Hogg, Starr, Webb and Zapata counties.*

---

**Tarrant County Area Agency on Aging**

Don Smith, director

817-258-8081

1500 N. Main St., Suite 200

1-877-886-4833

Fort Worth, TX 76164

*Serves Tarrant County.*

---

**Texoma Area Agency on Aging**

Allison Cardile, interim director

903-813-3580

1117 Gallagher Drive

1-800-677-8264

Gallagher Professional Building, Suite 200

Sherman, TX 75090

*Serves Cooke, Fannin and Grayson counties.*

---

**West Central Texas Area Agency on Aging**

Gail Kaiser, director

325-672-8544

3702 Loop 322

1-800-928-2262

Abilene, TX 79602

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

---

# MR AUTHORITIES

## Texas Map with Local MR Authority Regions and County Boundaries (Last Updated 11/10/10)



---

**ACCESS 903-586-5507**

Cathy Newman, board chair

Allyn Lang, executive director

Mailing: 913 N. Jackson St.  
Jacksonville, TX 75766

Physical: Same

Catchment area: Anderson and Cherokee counties

---

**Andrews Center****903-597-1351**

George T. Hall, board chair

Waymon Stewart, executive director

Mailing: P.O. Box 4730  
Tyler, TX 75712

Physical: 2323 W. Front St.  
Tyler, TX 75702-7747

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

---

**Alamo Local Authority for Intellectual and Developmental Disabilities 210-362-5200**

Commissioner Jay P. Millikin, board chair

Gloria Arriaga, executive director

Mailing: 8700 Tesoro, Ste. 700  
San Antonio, TX 78217

Physical: Same

Catchment area: Bexar County

---

**Austin Travis County Integral Care****512-447-4141**

Genevieve Hearon, board chair

David L. Evans, executive director

Mailing: P.O. Box 3548  
Austin, TX 78764

Physical: 1430 Collier St.  
Austin, TX 78704

Catchment area: Travis County

---

**Betty Hardwick Center****325-690-5100**

Mary Lou Gilbreath, board chair

Jenny Goode, executive director

Mailing: 2616 S. Clack  
Abilene, TX 79606-1545

Physical: Same

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

---

---

**Bluebonnet Trails Community MHMR Center****512-255-1720**

Bob Heinrich, board chair

Andrea Richardson, executive director

Mailing: 1009 Georgetown St.  
Round Rock, TX 78664

Physical: Same

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

---

**Border Region MHMR Community Center****956-794-3000**

Roberto Vela, board chair

Daniel Castillon, executive director

Mailing: P.O. Box 1835  
Laredo, TX 78044-1835Physical: 1500 Pappas St.  
Laredo, TX 78041Catchment area: Webb, Jim Hogg, Zapata and Starr counties

---

**Burke Center****936-639-1141**

Dr. Nancy Speck, board chair

Susan L. Rushing, executive director

Mailing: 4101 S. Medford Drive  
Lufkin, TX 75901-5699

Physical: Same

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

---

**Camino Real Community MHMR Center****210-357-0300**

The Hon. Judge Donna Rayes, board chair

Emma C. Garcia, executive director

Mailing: P.O. Box 725  
Lytle, TX 78052Physical: 19965 FM 3175 N.  
Lytle, TX 78052Catchment area: Atascosa, Dimmit, Frio, La Salle, Karnes, Maverick, McMullen, Wilson and Zavala counties

---

**Center for Life Resources****325-646-9574**

Shane Britton, board chair

Ghasem Nahvipour, executive director

Mailing: P.O. Box 250  
Brownwood, TX 76804Physical: 408 Mulberry  
Brownwood, TX 76801Catchment area: Brown, Coleman, Comanche, San Saba, Mills, Eastland and McCulloch counties

---

---

**Central Counties Center for MHMR Services****254-298-7000**

Neal White, board chair

Eldon L. Tietje, executive director

Mailing: 304 S. 22nd St.  
Temple, TX 76501-4726

Physical: Same

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

---

**Central Plains Center****806-293-2636**

Patricia King Moore, board chair

Ron Trusler, executive director

Mailing: 2700 Yonkers  
Plainview, TX 79072-1892

Physical: Same

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

---

**Coastal Plains Community MHMR Center****361-777-3991**

The Hon. Judge L. Arnoldo Saenz, board chair

Charles Sportsman, executive director

Mailing: P.O. Box 1336  
Portland, TX 78374-1185Physical: 200 Marriott Drive  
Portland, TX 78374-2213Catchment area: Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak and San Patricio counties

---

**Community Healthcare****903-758-2471**

Fran Ruben, board chair

Inman White, executive director

Mailing: P.O. Box 6800  
Longview, TX 75608Physical: 107 Woodbine Place  
Longview, TX 75602Catchment area: Gregg, Harrison, Marion, Panola, Rusk, Bowie, Cass, Red River and Upshur counties

---

**Denton County MHMR Center****940-565-5277**

C. Coby Waddill, board chair

Bill Drybread, executive director

Mailing: P.O. Box 2346  
Denton, TX 76202Physical: 2519 Scripture  
Denton, TX 76201Catchment area: Denton County

---

---

**El Paso MHMR****915-887-3410**

Richard Holt, board chair

Gary Larcenaire, executive director

Mailing: P.O. Box 9997  
El Paso, TX 79995Physical: 1600 Montana  
El Paso, TX 79902Catchment area: El Paso County

---

**Gulf Bend MHMR Center****361-575-0611**

Mark Daigle, board chair

Donald L. Polzin, executive director

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

Physical: Same

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

---

**Gulf Coast Center****409-763-2373**

Jamie Travis, board chair

G. Michael Winburn, executive director

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

Physical: Same

Catchment area: Brazoria and Galveston counties

---

**Heart of Texas Region MHMR Center****254-752-3451**

Peter Kultgen, board chair

Barbara Tate, executive director

Mailing: P.O. Box 890  
Waco, TX 76703-0890Physical: 110 S 12th St.  
Waco, TX 76701Catchment area: McLennan, Bosque, Falls, Freestone, Hill and Limestone counties

---

**Helen Farabee Regional MHMR Centers****940-397-3143**

The Hon. Judge Ken Andrews, board chair

Raymond A. Atkins, executive director

Mailing: P.O. Box 8266  
Wichita Falls, TX 76307-8266Physical: 1000 Brook St.  
Wichita Falls, TX 76301Catchment area: Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise and Young counties

---

---

**Hill Country Community MHMR Center****830-792-3300**

Commissioner John C. Kight, board chair  
Linda J. Werlein, executive director

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

Physical: Same

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

---

**Lakes Regional MHMR Center**  
**972-388-2000****972-524-4159 or**

Dr. David Stewart, board chair  
John Delaney, executive director

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

Physical: 400 Airport Road  
Terrell, TX 75160

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

---

**LifePath Systems****972-562-0190**

Mary Dell Green, board chair  
Dr. J. Randy Routon, executive director

Mailing: P.O. Box 828  
McKinney, TX 75070-8144

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

Catchment area: Collin County

---

**Lubbock Regional MHMR Center****806-766-0310**

Lois Shields, board chair  
Cathy Pope, executive director

Mailing: P.O. Box 2828  
Lubbock, TX 79408-2828

Physical: 1602 10th St.  
Lubbock, TX 79401

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

---

**Metrocare SERVICES****214-743-1200**

Julie Noble, board chair  
Dr. James G. Baker, executive director

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

Physical: Same

Catchment area: Dallas County

---

---

**MHMR Authority of Brazos Valley****979-822-6467**

The Hon. Judge Dorothy Marie Morgan, board chair  
Bill Kelly, executive director

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

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

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

---

**MHMR Authority of Harris County****713-970-7000**

Lynne A. Cleveland, board chair  
Dr. Steven B. Schnee, executive director

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

Physical: 7011 Southwest Freeway  
Houston, TX 77074

Catchment area: Harris County

---

**MHMR of Nueces County****361-886-6900**

Vicki N. Garza, board chair  
Diane Lowrance, executive director

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

Physical: Same

Catchment area: Nueces County

---

**MHMR of Tarrant County****817-569-4300**

Lee Ann Capel, board chair  
Dr. James McDermott, executive director

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

Physical: 3840 Hulen Tower North  
Fort Worth, TX 76107

Catchment area: Tarrant County

---

**MHMR Services for the Concho Valley****325-658-7750**

Jacqueline Shannon, board chair  
Lynn Rutland, executive director

Mailing: 1501 W. Beauregard  
San Angelo, TX 76901-4004

Physical: Same

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

---



---

**MHMR Services of Texoma****903-957-4700**

Dr. Thomas W. Nuckols, board chair  
Anthony S. Maddox, executive director

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

Physical: 315 W. McLain  
Sherman, TX 75092

Catchment area: Cooke, Fannin and Grayson counties

---

**Pecan Valley MHMR Region****254-965-7806**

Elizabeth Lawrence, board chair  
Coke Beatty, executive director

Mailing: P.O. Box 973  
Stephenville, TX 76401

Physical: 650 W. Green St.  
Stephenville, TX 76401

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

---

**Permian Basin Community Centers****432-570-3333**

LaDoyce Lambert, board chair  
Larry Carroll, executive director

Mailing: 401 E. Illinois, Ste. 401  
Midland, TX 79701

Physical: Same

Catchment area: Brewster, Culberson, Ector, Hudspeth, Jeff Davis, Midland, Pecos and Presidio counties

---

**Spindletop MHMR Services****409-833-1485**

Gladdie Fowler, board chair  
Dr. N. Charles Harris, executive director

Mailing: P.O. Box 3846  
Beaumont, TX 77704-3846

Physical: 655 S. 8th St.  
Beaumont, TX 77701-4624

Catchment area: Jefferson, Orange, Hardin and Chambers counties

---

**Texana Center****281-239-1300 or  
1-866-4TEXANA**

Dr. Dianne Wilson, board chair  
George Patterson, executive director

Mailing: 4910 Airport Ave.  
Rosenberg, TX 77471

Physical: Same

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

---

---

**Texas Panhandle MHMR****806-358-1681**

The Hon. Judge Willis Smith, board chair  
Bud Schertler, executive director

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

Physical: 901 Wallace Blvd.  
Amarillo, TX 79106

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

---

**Tri-County Services****936-521-6100**

Cecil McKnight, board chair  
Cynthia Sill, executive director

Mailing: P.O. Box 3067  
Conroe, TX 77305

Physical: 1506 Old Montgomery Road  
Conroe, TX 77304

Catchment area: Liberty, Montgomery and Walker counties

---

**Tropical Texas Behavioral Health****956-289-7000**

Dr. Tomas A. Gonzalez, board chair  
Terry Crocker, executive director

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

Physical: 1901 South 24<sup>th</sup> Ave.  
Edinburg, TX 78539

Catchment area: Cameron, Hidalgo and Willacy counties

---

**West Texas Centers****432-263-0007**

The Hon. Judge Benny A. Lockhart, board chair  
Shelley Smith, executive director

Mailing: 319 Runnels  
Big Spring, TX 79720

Physical: Same

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

---

# STATE SUPPORTED LIVING CENTERS



State Facility	Service Area (Local MR Authority)	Phone
<b>Abilene State Supported Living Center</b> 2501 Maple St. Abilene, TX 79601 <i>Linda Hinshaw, director</i>	<ul style="list-style-type: none"> <li>• Betty Hardwick Center</li> <li>• Center for Life Resources</li> <li>• Pecan Valley MHMR Region</li> </ul>	325-692-4053
<b>Austin State Supported Living Center</b> 2203 W. 35 <sup>th</sup> St. Austin, TX 78703 <i>Vira Benson, director</i>	<ul style="list-style-type: none"> <li>• Austin-Travis County Integral Care</li> <li>• Bluebonnet Trails Community MHMR Center</li> <li>• Hill Country Community MHMR Center</li> </ul>	512-454-4731
<b>Brenham State Supported Living Center</b> 4001 Highway 36 South Brenham, TX 77833 <i>Robert Ham, director</i>	<ul style="list-style-type: none"> <li>• MHMR Authority of Brazos Valley</li> <li>• Tri-County MHMR Services</li> </ul>	979-836-4511
<b>Corpus Christi State Supported Living Center</b> 902 Airport Blvd. Corpus Christi, TX 78405 <i>Iva Benson, director</i>	<ul style="list-style-type: none"> <li>• Border Region MHMR Community Center</li> <li>• Coastal Plains Community MHMR Center</li> <li>• Gulf Bend MHMR Center</li> <li>• MHMR Center of Nueces County</li> </ul>	361-888-5301
<b>Denton State Supported Living Center</b> 3980 State School Road Denton, TX 76210 <i>Nancy Condon, director</i>	<ul style="list-style-type: none"> <li>• Dallas MetroCare Services</li> <li>• Denton County MHMR Center</li> <li>• Lakes Regional MHMR Center</li> <li>• LifePath Systems</li> <li>• MHMR Services of Texoma</li> </ul>	940-891-0342
<b>El Paso State Supported Living Center</b> 6700 Delta Drive El Paso, TX 79905 <i>Jaime Monardes, director</i>	<ul style="list-style-type: none"> <li>• El Paso Community MHMR</li> </ul>	915-782-6300
<b>Lubbock State Supported Living Center</b> 3401 University Ave. Lubbock, TX 79417 <i>Libby Allen, Director</i>	<ul style="list-style-type: none"> <li>• Central Plains Center</li> <li>• Helen Farabee Regional MHMR Centers</li> <li>• Lubbock Regional MHMR Center</li> <li>• Texas Panhandle MHMR</li> </ul>	806-763-7041
<b>Lufkin State Supported Living Center</b> P.O. Drawer 1648 Lufkin, TX 75902 <i>Gale Wasson, director</i>	<ul style="list-style-type: none"> <li>• ACCESS</li> <li>• Andrews Center</li> <li>• Burke Center</li> <li>• Community Healthcore</li> </ul>	936-634-3353

State Facility	Service Area (Local MR Authority)	Phone
<b>Mexia State Supported Living Center</b> P.O. Box 1132 Mexia, TX 76667 <i>Bill Lowry, Ph.D., director</i>	<ul style="list-style-type: none"> <li>• Central Counties Center for MHMR Services</li> <li>• Heart of Texas Region MHMR Center</li> <li>• MHMR of Tarrant County</li> </ul>	254-562-2821
<b>Richmond State Supported Living Center</b> 2100 Preston Richmond, TX 77469 <i>Al Barrera, director</i>	<ul style="list-style-type: none"> <li>• MHMR Authority of Harris County</li> <li>• Spindletop MHMR Services</li> <li>• Gulf Coast Center</li> <li>• Texana Center</li> </ul>	281-232-2075
<b>Rio Grande State Center</b> 1401 Rangerville Road, Bldg 503 Harlingen, TX 78552 <i>Sonia Hernandez-Keeble, director</i>	<ul style="list-style-type: none"> <li>• Tropical Texas Behavioral Health</li> </ul>	956-364-8000
<b>San Angelo State Supported Living Center</b> P.O. Box 38 Carlsbad, TX 76934 <i>Philip Baugh, Ph.D., director</i>	<ul style="list-style-type: none"> <li>• MHMR Services for the Concho Valley</li> <li>• Permian Basin Community Centers for MHMR</li> <li>• West Texas Centers</li> </ul>	325-465-4391
<b>San Antonio State Supported Living Center</b> 6711 S. New Braunfels Ave. San Antonio, TX 78223 <i>Ralph Henry, director</i>	<ul style="list-style-type: none"> <li>• Camino Real Community MHMR Center</li> <li>• Alamo Area Local Authority</li> </ul>	210-532-9610

## REGIONAL DIRECTORS FOR COMMUNITY SERVICES

<p><b>William Fuller</b> (Regions 1 and 10) 401 E. Franklin, 4th Floor El Paso, Texas 79901</p>	915-834-7563
<p><b>Rea Barry</b> (Regions 2 and 9) 4601 S. 1st P.O. Box 521 Abilene, Texas 79604</p>	325-795-5724
<p><b>Yussuf Kalib</b> (Region 3) 801 W. Freeway, Suite 700 Grand Prairie, Texas 75051</p>	972-337-6140
<p><b>Donna Keenum</b> (Regions 4 and 5) 302 East Rieck Road Tyler, Texas 75703</p>	903-737-0341
<p><b>Janina Sodus</b> (Region 6) 5425 Polk St. Houston, Texas 77023</p>	713-767-2155
<p><b>Michael Weaver</b> (Region 7) 6400 Hwy 290 East, Suite 100 Austin, Texas 78723</p>	512-706-6004
<p><b>Paul Ebrom</b> (Region 8) 11307 Roszell Road San Antonio, Texas 78217</p>	210-619-8148
<p><b>Rogelio Fuentes</b> (Region 11) 2520 South I Road Edinburg, Texas 78540</p>	956-316-8341

## REGIONAL DIRECTORS FOR REGULATORY SERVICES

<p><b>Steven Shotts</b> (Region 1) 5806 34<sup>th</sup> St. Lubbock, Texas 79407</p>	806-783-6530
<p><b>Roger Barnes</b> (Regions 2, 9 and 10) 4601 S. 1<sup>st</sup> P.O. Box 521 Abilene, Texas 79604</p>	325-795-5550
<p><b>Vacant</b> (Region 3) 2561 Matlock Arlington, Texas 76015</p>	817-792-7229
<p><b>Dorothea Raiford</b> (Regions 4 and 5) 285 Liberty Beaumont, Texas 77701</p>	409-951-3236
<p><b>Mark Kendall</b> (Region 6) 5425 Polk St. Houston, Texas 77023</p>	713-767-2291
<p><b>Rene Blanch-Haley</b> (Region 7) 10205 N. Lamar Austin, Texas 78753</p>	512-908-9641
<p><b>Janice Brister</b> (Region 8) 1067 Bandera Road San Antonio, Texas 78228</p>	210-438-6300
<p><b>Jim Anderson</b> (Region 11) 4410 Dillon Lane, Suite 28 Corpus Christi, Texas 78415</p>	956-361-4268





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

### Region 1

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

### Region 2

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

### Region 3

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

### Region 4

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

**Region 5**

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

**Region 6**

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

**Region 7**

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

**Region 8**

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

**Region 9**

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

**Region 10**

Brewster	Culberson	El Paso	Hudspeth	Jeff Davis	Presidio
----------	-----------	---------	----------	------------	----------

**Region 11**

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

## GLOSSARY

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



**Abuse** – The infliction of injury, unreasonable confinement, intimidations, punishment, mental anguish, sexual abuse or exploitation of an individual. Types of abuse include:

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

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

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

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

**Adaptive Behavior** – In general, the effectiveness or degree with which someone meets the standards of personal independence and social responsibility expected of his or her age and cultural group.

**Administrative Hearing** – A proceeding in which someone's legal rights, duties, or privileges are to be determined by a state agency after an opportunity for an adjudicative hearing.

**Adult** – A person 18 or older, or an emancipated minor.

**Adult day care** – An array of services provided in a congregate, non-residential setting to dependent adults who need supervision but do not require institutionalization. These services may include any combination of social or recreational activities, health maintenance, transportation, meals, and other supportive services.

**Adult day care facility** – A licensed facility that provides day activity and health services or adult day health services on a daily or regular basis, excluding overnight, to four or more older people or people with a disability.

**Adult Foster Care (AFC)** – A service that provides a 24-hour living arrangement with supervision in a home for people who are unable to continue living independently in their own homes because of physical, mental, or emotion limitations.

**Advocate** – A person who represents his or her own interest publicly or a person who represents the interests of another.

**Advance notice** – A written statement describing the intent of action the state will bring against an individual or the individual's legally authorized representative at least 10 days before the date of action.

**Agency model** – A program payment model in which the provider agency is the employer of record.

**Ambulatory** – Ability to walk independently.

**Amount, duration, and scope** – How a Medicaid benefit is defined and limited in a state's Medicaid plan. Each state defines these parameters, so state Medicaid plans vary in what they cover.

**Annual renewal** – The annual activity of re-determining someone's eligibility for waiver services.

**Appeal** – The formal process by which an applicant, provider, individual or the applicant or individual's parent, guardian or legally authorized representative requests a review of an adverse action.

**Applicant** – Someone who has requested services and eligibility for services is in the process of being determined.

**Applied income** – That portion of a person's income that must be applied toward the cost of institutional care.

**Area agencies on aging (AAA)** – The 28 agencies that provide services to help older Texans, their family members and caregivers receive the information and assistance they need in locating and accessing community services.

**Assisted living facility (ALF)** – A residential facility that provides residents personal care and other assistance as needed with activities of daily living and instrumental activities of daily living but does not provide round-the-clock skilled nursing services. Assisted living facilities generally provide less intensive care than nursing facilities and emphasize resident privacy and choice.

**Attendant** – A person employed to perform personal care or other non-skilled services for another.

**Authorization** – State approval of to a provider to deliver services.

**Autism** – A pervasive developmental disorder characterized by (1) qualitative impairment in reciprocal social interactions; (2) qualitative impairment in verbal and non-verbal communications and in imaginative thinking; (3) markedly restricted repertoire of activities and interests; and (4) onset during infancy or childhood.

**Behavioral health care** – Assessment and treatment of mental or emotional disorders and chemical dependency disorders.

**Beneficiary** – One who benefits from a publicly funded program. Most commonly used to refer to people enrolled in the Medicare program.

**Benefit level** – The limit or degree of services a person is entitled to receive if the services are medically necessary.

**Billable activity** – A service rendered to a Medicaid beneficiary for which a provider may request payment from the State.

**Biologicals** – Vaccines, cultures and other preparations made from living organisms and their products, intended for use in diagnosing, immunizing, or treating humans or animals, or in related research.

**Capitation** – A prospective payment method that pays the provider of service a uniform amount for each person covered, usually on a monthly basis. Capitation is used in managed care alternatives such as HMOs.

**Care coordination** – An ongoing process including assessing a person’s needs and effectively planning, arranging, coordinating, and following up on services which most appropriately meet the identified needs as mutually defined by that person, the access and assistance staff, and where appropriate, a family member or other caregiver.

**Care Plan** – A written plan prepared by the appropriate health care professionals.

**Caregiver** – A person who helps care for someone who is ill, has a disability, or has functional limitations and requires assistance. Informal caregivers are relatives, friends, or others who provide unpaid care. Paid caregivers provide services in exchange for payment for the services rendered.

**Caregiver education and training** – This includes developing a resource library, developing information resources, developing and/or facilitating support groups, seminars and focus groups, facilitating individual or group counseling, and providing education services to groups or individuals.

**Case management** – A set of activities undertaken to ensure the waiver participant receives appropriate and necessary services. Under a Home and Community based Services waiver, these activities may include assessment, service plan development, service plan implementation and service plan monitoring, as well as assistance in accessing waiver, state plan, and other non-Medicaid services and resources.

**Centers for Medicare and Medicaid Services (CMS)** – The agency in the Department of Health and Human Services that is responsible for federal administration of the Medicare, Medicaid and State Children’s Health Insurance Program.

**Certified medicaid eligible** – Someone who has gone through the Medicaid application process and has been determined by the state to be eligible for the Medicaid program.

**Change** – A request for services resulting in an update or revision to the plan for waiver services.

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

**Client Assignment and Registration System (CARE)** – An online data entry system that provides demographic and other data about individuals served by local MR authorities, state supported living centers, Home and Community-based Services (HCS) program providers, Texas Home Living (TxHmL) program providers, and Intermediate Care Facilities for Persons with MR (ICF/MR) Program providers.

**Community Living Options Information Process (CLOIP)** – Process by which DADS contracts with MRAs to provide information about community living options to all adult residents of state supported living facilities and/or their legally authorized representative at least once a year. Contracted local authorities are those with a state supported living center in their service area.

**Consumer** – Someone who has applied for a service or benefit and has been determined eligible.

**Consumer Directed Service (CDS)** – CDS allows a person or their legally authorized representative to serve as the employer and assume responsibility for screening, hiring, training and dismissing providers. Those who elect to use the CDS option must select a Consumer Directed Services Agency (CDSA) to conduct financial management services such as payroll and employer taxes.

**Consumer Managed Personal Attendant Services (CMPAS)** – Personal care program in which the attendant is supervised by the service recipient.

**Community Attendant Services (CAS)** – An optional state plan benefit that allows states to provide home and community-based services to functionally disabled people. In Texas, this optional benefit provides personal care services to those who have income in excess of SSI limitations but who would be financially qualified for services provided in an institutional setting.

**Community-based Alternatives Waiver (CBA)** – A 1915(c) Medicaid waiver program that provides community-based services and supports to eligible adults as an alternative to nursing facility care.

**Community-based Services** – Services provided in the community, rather than in an institution.

**Community Services** – Assistance and care for people who are older or have some chronic disabling condition. The goal of community services is to help them remain as independent as possible.

**Community Living Assistance and Support Services Waiver Program (CLASS)** – A 1915(c) Medicaid waiver program that provides community-based services and supports to people with developmental disabilities other than intellectual disabilities as an alternative to residing in an intermediate care facility.

**Community Living Plan** – A written agreement developed by a person's interdisciplinary team with active participation by that individual and their legally authorized representative that details the responsibilities of all parties signing the plan during and after the person's move from a facility into a community living arrangement.

**Community Mental Health and MR Centers** – Public entities, locally governed components of the mental health and intellectual and developmental disability service delivery system located in communities throughout the state, providing community-based mental health and intellectual and developmental disability services.

**Compliance, Assessment, Regulation, Enforcement System (CARES)** – DADS Regulatory Services database system.

**Congregate meal** – Meals that comply with the Dietary Guidelines for Americans and provide a minimum of one-third of the daily recommended dietary allowances as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Science and are served in a congregate setting. These include standard meals and therapeutic meals/liquid supplements.

**Conservator** – A person appointed by the court in accordance with the Family Code for someone under the age of 18 who acts as an agent for the child's estate or person due to physical or mental limitations.

**Consolidated Waiver Program (CWP)** – A 1915(c) Medicaid waiver program that provides community-based services and supports to eligible people in Bexar County as an alternative to residing in a nursing facility or an intermediate care facility.

**Consumer Directed Services (CDS)** – A service delivery option in which a person or their legally authorized representative employs and retains service providers and directs the delivery of program services and supports.

**Consumer Directed Services Agency (CDSA)** – An entity that provides financial management services to waiver participants who serve as the employer of their service providers.

**Continuity of services** – Activities undertaken to ensure coordination of services to people within and between components of the service delivery system.

**Co-pay** – A cost-sharing arrangement in which a covered individual pays a specified amount for a specified service. Payment is usually required at the time the service is rendered.

**Contract** – A formal, written agreement between DADS and a provider to deliver services to an individual in exchange for payment.

**Contract manager** – A person who is employed by the state and has significant contract management duties for the state agency, as determined by the agency. This includes staff who enroll, monitor, manage, supervise or oversee any DADS contracts, or who investigate complaints against DADS contractors.

**Contractor** – A person or organization with whom the state has negotiated an agreement for the provision of required tasks.

**Cost cap** – A financial limit placed on a particular service or program.

**Cost ceiling** – The maximum amount available to a person for waiver services during the service plan period.

**Data warehouse** – A system that stores data in formats useful for structured query and analysis.

**Day** – Any reference to day means calendar day (including weekends and holidays) unless otherwise specified in the text.

**Day Activity and Health Services (DAHS)** – Daytime services designed to address the physical, mental, medical and social needs of residing community residents in order to provide an alternative to placement in a nursing home or other institution.

**Deaf Blind with Multiple Disabilities (DBMD)** – A 1915(c) Medicaid waiver program that provides community-based services and supports to people who are deafblind or function as deafblind and have an additional disability as an alternative to residing in an intermediate care facility.

**Delegated health-related task** – An activity the attendant may perform for someone only under a physician or registered nurse's delegation. Such tasks require physician's order; must be delegated by a physician in accordance with the Texas Medical Practice Act or by a registered nurse in accordance with the Texas Nursing Practice Act; and must be supervised by the delegating authority.

**Dental treatment** – Emergency, preventative, therapeutic and orthodontic treatment.

**Department of Aging and Disability Services (DADS)** – Texas state agency that provides long-term services and supports to older people and people with physical, intellectual and developmental disabilities. DADS also regulates providers of long-term services and supports and administers the state's guardianship program.

**Designated service area** – A specific geographical region.

**Developmental disability** – A condition occurring before age 22, is likely to continue indefinitely and includes a mental or physical impairment or a combination of both. There must be a substantial limitation in three or more of these major life areas: self-care, expressive or receptive language, learning, mobility, capacity for independent living, economic self-sufficiency or self-direction.

**Direct care staff** – Any person who works directly with and assists individuals with daily needs.

**Durable medical equipment (DME)** – Equipment that can stand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to anyone who is not ill or injured, and is appropriate for using at home.

**Dual diagnosis** – A term used to describe an person's condition involving diagnosis of more than one type of mental disability, such as mental illness occurring with intellectual and developmental disability, or mental illness occurring with chemical dependency.

**Dual eligible** – Someone who qualifies for both Medicare benefits and Medicaid assistance.

**Emergency response services (ERS)** – A service that provides 24-hour electronic monitoring services for adults who live alone or who are isolated in the community.

**Employment assistance** – A service that helps people obtain competitive, integrated employment.

**Enhanced match rate** – Federal matching rate that is higher than the regular federal medical assistance percentage.

**Enhancement** – An addition or variation to a minor home modification or an adaptive aid that is not necessary to meet a person's needs.

**Enrollment** – The entry of an applicant into a program.

**Exploitation** – An act of depriving, defrauding or otherwise obtaining someone's personal property by taking advantage of their disability or impairment.

**Fair hearing** – An administrative procedure that affords people the statutory right and opportunity to appeal adverse decisions/actions regarding program eligibility or termination, suspension or reduction of services by DADS.

**Federal fiscal year (FFY)** – The federal fiscal year is a 12-month period that begins on Oct. 1 and ends Sept. 30.

**Federal Medicaid Assistance Percentage (FMAP)** – The percentage of federal money available to a state to provide Medicaid services. This percentage is recalculated annually based on a formula designed to provide a higher federal matching rate to states with a lower per capita income.

**Federal poverty levels (FPL)** – Income amounts published annually by the federal government that are guidelines for determining eligibility for services.

**Fee-for-service reimbursement** – The traditional health care payment system under which physicians and other providers receive a payment for each unit of service they provide.

**Financial Management Services (FMS)** – A support provided by a consumer directed service agency that is provided to individuals who direct some or all of their services, using the consumer directed services option. This support includes operating a payroll service for the individual's employed workers,



and making required payroll withholdings. This support may also include paying invoices for waiver goods and services and tracking expenditures against the participant-directed budget.

**Fraud** – An intentional deception or misrepresentation with the knowledge the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

**Freedom of choice** – In general, a state must ensure that Medicaid beneficiaries are free to obtain services from any qualified provider. Exceptions are possible through waiver of Medicaid and special contract options.

**Functional need** – An individual's need for assistance with activities of daily living or instrumental activities of daily living, caused by a physical or mental limitation or disability.

**Guardian** – A person appointed by the court to care for and/or handle the affairs of an individual who is deemed incompetent or incapable of administering his/her affairs. Guardian of the estate is appointed to look after a person's property. Guardian of the person has the legal authority to make personal decisions for the individual, including physical, medical and educational needs.

**Habilitation** – A broad term referring to procedures and intervention designed to help someone with a developmental disability achieve greater mental, physical, and social development. The habilitation process enhances the person's well-being, teaches skills and increases the possibility that he or she will make progressively independent and responsible decisions about social behavior, quality of life, job satisfaction and personal relationships.

**Health Information, Counseling, and Advocacy Program (HICAP)** – In Texas the State Health Information and Assistance Program (SHIP) is called the Health Information, Counseling and Advocacy Program (HICAP). HICAP has been a component of the national SHIP Network since 1992.

**Health maintenance** – Services that include one or more of the following activities: medical treatment by a health professional; health education and counseling services for individuals or groups about lifestyles and daily activities; home health services including but not limited to nursing, physical therapy, speech or occupational therapy; and provision of medications, nutritional supplements, glasses, dentures, hearing aids, or other assistive devices.

**Health screening/monitoring** – Investigation or analysis by a medical or health professional to determine the need for a health service, including routine testing for blood pressure, hearing, vision, diabetes and anemia, or the periodic checking/monitoring of a known condition such as monthly blood pressure checks for hypertension or tests for anemia.

**Home and Community-based Services Waiver (HCS)** – A 1915(c) Medicaid waiver program that provides community-based services and supports for people with an intellectual and developmental disability or related conditions as an alternative to residing in an intermediate care facility.

**Home and Community Support Services Agencies (HCSSA)** – A licensed entity that provides one or more home health services, including home health, hospice, and personal assistance services to individuals in a residence or independent living environment.

**Home Health Services** – One or more health services required by someone in a residence or independent living environment. Health services include nursing; physical, occupational, speech, or respiratory therapy; medical social services; intravenous therapies; dialysis; services by unlicensed personnel; medical equipment and supplies (excluding drugs); or nutritional counseling.

**Home-delivered meal** – A meal that is delivered to an eligible person in his/her home and that complies with the Dietary Guidelines for Americans, providing a minimum of one-third of the daily recommended dietary allowances as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Science.

**Homemaker** – A service provided by trained and supervised people involving the performance of housekeeping/home management, meal preparation and/or escort tasks and shopping assistance, provided to people who require assistance with these activities in their home. The objective is to help the recipient sustain independent living in a safe and healthful home environment.

**Hospice** – An array of special services provided to terminally ill people and their families. This includes physical care and counseling. Hospice is for all ages during their final stages of life. The goal of hospice is to care for the patient and the family, not to cure the terminal illness. A team of doctors, nurses, home health aides, social workers, counselors, and trained volunteers help the patient and family cope with the illness. Hospice services may be provided in the home or other residential settings.

**Imminent danger** – An immediate, real threat to an individual's safety.

**Information, referral, and assistance** – Assessing customers' needs, finding organizations capable of meeting the needs, evaluating all appropriate resources, providing enough information about each resource to help customers make informed choices, helping customers find alternative resources, actively linking individuals to needed services, and performing follow-up to ensure the services were provided.

**Individual Plan of Care (IPC) or Individual Service Plan (ISP)** – A document that describes the type and amount of services to be provided to an individual.

**In-Home and Family Support (IHFS)** – Two programs that disburse funds as assistance to people with physical disabilities or mental disabilities or their families to buy services or items that are above and beyond the scope of usual needs, that are necessitated by the disability, and that directly support the person in living in his/her own home rather than living in a more restrictive setting at a higher cost.

**Instruction and training** – These services provide the experience and/or knowledge for those working with people to acquire skills in a formal, informal, individual or group setting.

**Integrated Care Management (ICM) Waiver** – A 1915(c) Medicaid waiver program that permits a State to furnish an array of home and community based services and supports in the Dallas and Fort Worth service areas that assist Medicaid beneficiaries to live in the community and avoid institutionalization.

**Intellectual Disability (ID)** – A condition manifested before the age of 18 that includes significantly sub-average intellectual functioning (an intelligence quotient of approximately 70 or below) and deficits or impairments in adaptive functions.

**Intellectual and developmental disability (IDD)** – Severe chronic disabilities that can be cognitive (appearing before age 18), or physical (appearing before age 22), or both, and are likely to be lifelong.

**Intellectual and developmental disability priority population** – Those groups identified by DADS as being most in need of intellectual and developmental disability services.

**Interest list** – People who have contacted DADS and expressed an interest in receiving waiver services, but have not applied for, nor been determined eligible for services.

**Intermediate Care Facility for Persons with MR (ICF/MR)** – A public or private facility that provides health and habilitation services to people with intellectual and developmental disabilities.

**Legal awareness** – The dissemination of accurate, timely and relevant information, eligibility criteria, requirements and procedures to older people about public entitlements, health/long-term care, individual rights, planning/protection options, housing, and individual issues in a group setting.

**Legally authorized representative (LAR)** – A person authorized by law to act on behalf of another person and may include a parent, guardian, or managing conservator of a minor, or the guardian of an adult.

**Level of care (LOC)** – The specification of the minimum amount of assistance that an individual must require in order to receive services in an institutional setting under the State plan.

**Level of need (LON)** – An assignment given to someone by DADS upon which reimbursement for specific waiver services is based. The LON assignment is derived from DADS approved standardized tests.

**Licensed Vocational Nurse (LVN)** – A person licensed by the Board of Nurses for the State of Texas who works under the supervision of a registered nurse, or a physician’s assistant.

**Local MR authority**– An entity to which the Texas Health and Human Services Commission executive commissioner delegates the state’s authority for planning, policy development, coordination, including coordination with criminal justice entities, resource allocation and resource development for oversight of intellectual disability services in one or more service areas.

**Long-term Care Ombudsman** – Provides services that identify, investigate, and resolve complaints made by or on behalf of residents of nursing facilities and assisted living facilities, and which relate to action, inaction, or decisions that may adversely affect the health, safety, welfare, or rights of the residents, providers, or representatives of providers of long-term services, public agencies, or health and social services agencies.

**Long-Term Services and Supports (LTSS)** – Services provided to someone in the home or other community-based setting that are necessary to allow the recipient to remain in the most integrated setting possible.

**Managed care** – A system in which the overall care of a patient is overseen by a single provider or organization. Many state Medicaid programs include managed-care components as a method of improving quality and controlling costs.

**Managing conservator** – A court appointed person with possession rights to a child in accordance with state law.

**Medicaid** – A federal medical assistance program for certain people with low income. Medicaid is financed by both federal and state funds. Each state designs and administers its own program under the general oversight of the U.S. Department of Health and Human Services. The program was enacted in 1965 under Title XIX of the Social Security Act.

**Medical Assistance Only (MAO)** – Someone who is eligible for Medicaid benefits but receives no cash assistance.

**Medicaid eligible (ME)** – Someone who is older or disabled and receives Social Security or railroad retirement benefit payments and meets eligibility criteria to have certain medical expenses paid by the federal Medicare program.

**Medicaid Estate Recovery Program (MERP)** – A program that allows state Medicaid programs to recover a portion of the money spent on long-term care for Medicaid beneficiaries age 55 or older upon their death.

**Medical Necessity (MN)** – A determination given to an individual based on an assessment used to certify eligibility for placement in a nursing facility.

**Medical Necessity and Level of Care Assessment (MN/LOC)** – An assessment completed by a registered nurse and used by the contracted medical necessity determination provider to establish medical necessity and level of care for an applicant or individual.

**Medically Dependent Children Program (MDCP)** – A 1915(c) Medicaid waiver program that provides respite, adjunct support services, minor home modifications, adaptive aids, financial management services, and transition assistance services to children under age 21 as an alternative to nursing facility care.

**Medicare** – The nation's largest health insurance program financed by the federal government. The program provides insurance to people age 65 and older, who are disabled, or who have permanent kidney failure.

**Medicare eligible** – An older or disabled person who receives Social Security or railroad retirement benefit payments and meets eligibility criteria to have certain medical expenses paid by the federal Medicare program.

**Medicare Part A** – Medicare hospital insurance that helps pay for medically necessary inpatient hospital care, and, after a hospital stay (for a limited period of time), for inpatient care in a skilled nursing facility, for home care by a home health agency or hospice care by a licensed and certified hospice agency.

**Medicare Part B** – Medicare medical insurance that helps pay for medically necessary physician services, outpatient hospital services, outpatient, physical therapy and speech pathology service, and a number of other medical services and supplies that are not covered by the hospital insurance.

**Medicare Part C** – Previously called Medicare+Choice, this part of the Medicare program was renamed Medicare Advantage and modified by the Medicare Prescription Drug, Improvement and Modernization Act of 2003. It provides for certain managed care coverage options in Medicare, under which managed care organizations receive a capitated monthly payment per covered beneficiary.

**Medicare Part D** – A voluntary Medicare prescription drug benefit created by the Medicare Prescription Drug, Improvement and Modernization Act of 2003 that began Jan. 1, 2006. Beneficiaries who remain in traditional Medicare may choose a private drug-only plan; those who choose to enroll in a managed care organization may choose a plan that offers a drug benefit.

**Mental illness** – A single severe mental disorder, excluding an intellectual and developmental disability, or a combination of several mental disorders as defined in the latest edition of the American Psychiatric Association's Diagnostic and Statistical Manual on Mental Disorders.

**MR Authority (MRA)** – In accordance with the Texas Health and Safety Code, §533.035, an entity to which the HHSC executive commissioner delegates the state's authority for planning, policy development, coordination, including coordination with criminal justice entities, resource allocation, and resource development for and oversight of intellectual and developmental disability services in one or more service area.

**MR/Related Condition /Assessment (MR/RC)** – An assessment used by DADS for making a level of care determination and a level of need assessment.

**Minor** – Someone under 18 years of age.

**Minor home modification (MHM)** – A physical adaptation to a person’s home that is essential for the resident’s safe access to and movement within the home; facilitates self-reliance and independence; and allows the resident to remain safely in the community, return safely to the community, or function with greater independence.

**Money Follows the Person (MFP)** – A policy that allows residents of nursing facilities to move into certain Medicaid waiver programs without having to wait on the interest list upon determination of eligibility.

**Neglect** – The failure to provide a person the reasonable care required, including but not limited to food, clothing, shelter, medical care, personal hygiene or protection from harm.

**Nursing facility (NF)** – A residential institution that primarily provides skilled nursing care and related services for residents who require medical or nursing care; rehabilitation services for the rehabilitation of injured, disabled, or sick person; or health-related care and services, on a regular basis, to people who, because of their mental or physical condition, require care and services, above the level of room and board, which can be made available to them only through institutional facilities.

**Nursing services** – A reimbursable service provided by licensed nursing personnel in accordance with Texas Occupational Code, Chapter 301.

**Nutrition consultation** – The provision of information related to nutrition by a licensed dietician or other qualified person. Services are to be provided by AAAs or nutrition providers.

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

**Nutrition education** – Provision of information to promote nutritional well being.

**Older individual** – Someone age 60 or older.

**Omnibus Budget Reconciliation Act(s) (OBRA)** – Federal laws that provide direction regarding how federal funds are to be spent. Amendments to Medicaid eligibility and benefit rules are frequently made in these acts.

**Permanency planning** – A philosophy and planning process that focuses on the services and supports needed for children with disabilities to live with families.

**Person-directed Plan (PDP)** – A process that empowers an individual, or the legally authorized representative, or both, to direct the development of a plan of services and supports that meets that individual’s desired outcomes.

**Personal care tasks** – Assistance with meals, dressing, movement, bathing, or other personal needs or maintenance; the administration of medication by a person licensed to administer medication or the assistance with or supervision of medication; or general supervision or oversight of the physical and mental well-being of someone who needs assistance to maintain a private and independent residence in an assisted living facility or who needs assistance to manage the person’s personal life, regardless of whether a guardian has been appointed for the individual.

**Personal leave** – An absence from a residential setting for personal reasons.

**Personal support team (PST)** – A group of people drawn from or representing those professions, disciplines, service areas, or agencies that are relevant to identifying a person’s needs and designing a program to meet those needs.

**Preadmission Screening and Resident Review (PASARR)** – A federally-mandated evaluation process to identify people with mental illness (MI) or an intellectual or and developmental disability (IDD) who are seeking admission to a nursing facility or who already live in a nursing facility. The purpose of PASRR is to ensure nursing facility placement is appropriate and people with MI or IDD receive the necessary services to meet their needs.

**Preventive care** – Comprehensive care that emphasizes prevention and early detection and treatment of conditions, generally including physical examination, immunization and well-person care.

**Primary Home Care (PHC)** – A Medicaid-funded community care program that provides personal care services to older individuals and disabled individuals 21 or older.

**Prior authorization** – A mechanism to control the use of covered items (e.g., durable medical equipment, prescription drugs) or services (e.g., inpatient hospital care). Payment is not made unless approval for the item or service is obtained in advance either from state agency personnel or from a state fiscal agent or other contractor.

**Program of All Inclusive Care for the Elderly (PACE)** – A Medicaid state plan program that allows Texas to provide comprehensive community and medical services under a capitated, risk-based system to frail aging people (55 and older) as a cost-effective alternative to nursing facility services.

**Program provider** – An entity that provides services under a contract with DADS.

**Promoting Independence (PI)** – This is a state initiative in response to the U.S. Supreme Court ruling in *Olmstead v. L.C.* mandating that states provide community-based services to people with disabilities who would otherwise be entitled to institutional services when certain conditions are met.

**Qualified Disabled and Working Individuals (QDWI)** – Medicare beneficiaries with an income limit of 200 percent of the federal poverty level who do not qualify for full Medicaid benefits. Medicaid pays Medicare Part A premiums for disabled working individuals.

**Qualified Individuals (QI)** – Medicare beneficiaries with an income limit of 175 percent of the federal poverty level who do not qualify for full Medicaid benefits. Medicaid pays a portion of their Medicare Part B premium.

**Qualified Medicare Beneficiary (QMB)** – Medicare beneficiaries with an income limit of 100 percent of the federal poverty level who do not qualify for full Medicaid benefits. Medicaid pays all of their Medicare Part A and B premiums, deductibles, and coinsurance.

**Quality Improvement (QI)** – A continual process that identifies problems in service delivery, tests solutions to those problems and constantly monitors the solutions for improvements.

**Quality monitor** – A function that provides external review of the access to and the quality of care provided to Medicaid consumers enrolled in Medicaid managed care.

**Related condition (RC)** – A severe chronic disability attributed to a condition other than mental illness. This disability results in impairment of general intellectual functioning or adaptive behavior or both similar to that of an intellectual disability and requires treatment or services similar to those required by someone with an intellectual disability. The condition must be manifested before the age of 22, must be likely to continue indefinitely and must result in substantial functional limitations.

**Registered Nurse (RN)** – A person licensed by the Board of Nursing for the State of Texas to practice professional nursing.

**Requisition fee** – A fee set by the Texas Health and Human Services Commission that program providers may bill to DADS for the processing of items or services.

**Residential care** – A community services and supports program that provides services to eligible adults who require access to services on a 24-hour basis, but who do not need daily nursing intervention.

**Residential repair** – Repairs or modifications of consumer-occupied dwellings that are essential for the health and safety of the occupants.

**Resource Utilization Group (RUG)** – A level of care determination that is used to establish payment levels to nursing facilities and service ceilings for CBA, MDCP, and certain CWP consumers.

**Respite** – Care provided on a short-term basis which results in temporary relief for unpaid primary caregivers. Respite services are provided either in or out of the home.

**Room and board** – “Room” means shelter type expenses, including all property-related costs such as rental or purchase of real estate and furnishings, maintenance, utilities, and related administrative services. “Board” means three meals a day or any other full nutritional regimen.

**Semi-ambulatory** – Mobility relying on the assistance of a device, object or person.

**Service coordination** – A system in which a single accountable staff person provides assistance to an applicant, individual or legally authorized representative in accessing medical, social, educational and other appropriate services and supports that will help an individual achieve a quality of life and community participation acceptable to the individual.

**Service coordinator (SC)** – A person who performs service coordination.

**Service back-up plan** – A plan that ensures continuity of services if service delivery is interrupted.

**Service delivery area (SDA)** – Regions of the state established by the Texas Health and Human Services Commission for the purpose of planning and providing services.

**Service plan** – A written document that specifies all services, waiver and others regardless of funding, along with any assistance or informal supports people require to live in the community and avoid institutionalization. At a minimum, the service plan must contain the service, amount, frequency, duration, provider, and cost.

**Service planning team** – A planning team for each person consisting of at a minimum the person, legally authorized representative and service coordinator or case manager. The person or legally authorized representative may invite others to participate in planning.

**Service Responsibility Option (SRO)** – A service delivery model in which the recipient has the ability to train personal attendants.

**Signature** – A person’s name or mark representing his/her name on a document.

**Skilled nursing facility (SNF)** – An institution that is primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care, or rehabilitation services for the rehabilitation of injured, disabled, or sick people, or on a regular basis, health-related care and services

to those who, because of their mental or physical condition, require care and services (above room and board) that can be made available to them only through institutional facilities and is not primarily for the care and treatment of mental disorders.

**Social Security Administration (SSA)** – The federal agency responsible for determining eligibility for Supplemental Security Income (SSI) benefits in Texas and most other states.

**Specialized therapies** – A service component that provides assessment and treatment by appropriately licensed or certified professionals.

**Specified Low-income Medicare Beneficiaries (SLMB)** – Medicare beneficiaries with an income limit of 120 percent of the federal poverty level who do not qualify for full Medicaid benefits. Medicaid pays Medicare Part B premium.

**State fiscal year (SFY)** – The Texas state fiscal year begins on Sept. 1 and runs through Aug. 31.

**State Health Information and Assistance Program (SHIP)** – A grant funded by the Centers for Medicare and Medicaid and traditionally referred to as the CMS Basic Grant. Funds are allocated to AAA via a request for proposal process.

**State of Texas Access Reform Plus Managed Care (STAR+PLUS)** – A 1915(c) Medicaid waiver program approved for the managed care delivery system that is designed to allow people who qualify for nursing facility care to receive long-term services and supports in order to be able to live in the community.

**State supported living centers (SSLC)** – A state-operated ICF/MR providing campus-based residential services for people with an intellectual and developmental disability. DADS operates 12 state supported living centers as well as the ICF/MR component of the Rio Grande State Center.

**Supplemental Security Income (SSI)** – A federal entitlement Program established under Title XVI of the Social Security Act to provide cash assistance to certain people who are older, blind, or disabled and whose income and resources fall below the Social Security income and resources standards that are set by the federal government.

**Support consultation** – An optional service provided by a support advisor and provides a level of assistance and training beyond that provided by the Consumer Directed Services Agency through Financial Management Services.

**Supported employment (SE)** – A service that helps people to sustain competitive, integrated, employment.

**Suspension** – A temporary cessation of any waiver service without the loss of Medicaid or program eligibility.

**Termination** – A term used when someone no longer meets the program's eligibility criteria and services are ended.

**Texas Accessibility Standards** – Federal and state standards merged to comply with the Americans with Disabilities Act.

**Texas Health and Human Services Commission (HHSC)** – The oversight agency for health and human services in Texas and the single state Medicaid agency for Texas.



**Texas Home Living (TxHmL)** – A 1915(c) Medicaid waiver program that provides community-based services and supports to people with intellectual disabilities or related conditions who live in their own homes or their family’s homes as an alternative to residing in an intermediate care facility.

**Texas Integrated Eligibility and Redesign System (TIERS)** – A project created to improve the delivery of state-funded services. The project replaces several outdated automated systems with a state of the art integrated eligibility system and improves service delivery.

**Third-party resource** – An item, service or funds available to an individual from a source other than the waiver or program such as Medicare, Medicaid Home Health, Texas Health Steps Comprehensive Care Program, private insurance, family support, community support or local school districts.

**Titles of the 1965 Social Security Act:**

- II – Old age, Survivors and Disability Insurance Benefits.
- IV-A – Temporary Assistance for Needy Families; WIN Social Services
- IV-B – Child Welfare
- IV-D – Child Support
- IV-E – Foster Care and Adoption
- IV-F – Job Opportunities and Basic Skills Training
- V – Maternal and Child Health Services
- XVI – Supplemental Security Income
- XVIII – Medicare
- XIX – Medicaid
- XX – Social Services
- XXI – Children’s Health Insurance Program

**Transfer** – The movement of someone from one program to another program; from one provider to another provider; or to change service delivery options.

**Transition Assistance Services (TAS)** – One-time service provided to a Medicaid-eligible resident of a nursing facility located in Texas to assist the resident in moving from the nursing facility into the community.

**Trust fund** – The funds of a service recipient that are managed by a provider in a specific account with specific guidelines that must be followed.

**Transportation** – Taking an older person or someone with a disability from one location to another.

**Utilization Review (UR)** – A formal assessment of the medical necessity, efficiency or appropriateness of services and treatment plans on a prospective, concurrent or retrospective basis.

**Vendor hold** – Temporary suspension of payment from DADS to a service provider.

**Waiver** – An exception to the usual requirements of a Medicaid grant to a state by the Centers for Medicare and Medicaid Services.

**Working day** – Any day DADS is open for business except Saturday, Sundays and recognized holidays.

## ACRONYMS

<b>AA</b>	Adaptive aids
<b>AAA</b>	Area agencies on aging
<b>AAMR</b>	American Association on MR
<b>AAPCC</b>	Adjusted Average Per Capita Cost
<b>ACS</b>	Affiliated Computer Services
<b>ADA</b>	Americans with Disabilities Act
<b>AFC</b>	Adult Foster Care
<b>AIC</b>	Area Information Center
<b>ALF</b>	Assisted living facility
<b>APS</b>	Adult Protective Services
<b>AR</b>	(Legally) authorized representative
<b>BBA</b>	Balanced Budget Act
<b>BHO</b>	Behavioral Health Organization
<b>CARE</b>	Individual Assignment and Registration System
<b>CARES</b>	Compliance, Assessment, Regulation, Enforcement System
<b>CAS</b>	Community Attendant Services
<b>CBA</b>	Community Based Alternatives
<b>CCAT</b>	Community Care Assessment Tool
<b>CS</b>	Community Services
<b>CCP</b>	Comprehensive Care Program
<b>CDS</b>	Consumer Directed Services
<b>CDSA</b>	Consumer Directed Services Agency
<b>CHIP</b>	Children's Health Insurance Program
<b>CLASS</b>	Community Living Assistance and Support Services
<b>CLO</b>	Community Living Option
<b>CLOIP</b>	Community Living Options Information Process
<b>CMPAS</b>	Consumer Managed Personal Attendant Services
<b>CMS</b>	Centers for Medicare and Medicaid Services (formerly HCFA)
<b>CMS</b>	Claims Management System
<b>CPS</b>	Child Protective Services
<b>CSHCN</b>	Children with Special Health Care Needs
<b>CWP</b>	Consolidated Waiver Program
<b>DADS</b>	Texas Department of Aging and Disability Services
<b>DAHS</b>	Day Activity and Health Services
<b>DARS</b>	Texas Department of Assistive and Rehabilitative Services
<b>DBMD</b>	Deaf Blind with Multiple Disabilities
<b>DFPS</b>	Texas Department of Family and Protective Services
<b>DME</b>	Durable medical equipment
<b>DMR</b>	Determination of MR

<b>DSHS</b>	Texas Department of State Health Services
<b>ECI</b>	Early Childhood Intervention
<b>EMR</b>	Employee Misconduct Registry
<b>EPSDT</b>	Early Periodic Screening, Diagnosis and Treatment
<b>EOA</b>	Equity of Access
<b>ERS</b>	Emergency Response Services
<b>EWS</b>	Early Warning System
<b>FFP</b>	Federal Financial Participation
<b>FFS</b>	Fee-for-service
<b>FFY</b>	Federal fiscal year
<b>FGP</b>	Foster Grandparent Program
<b>FMAP</b>	Federal Medicaid Assistance Percentage
<b>FMS</b>	Financial Management Services
<b>FPL</b>	Federal poverty level
<b>GOBPP</b>	Governor's Office of Budget, Planning and Policy
<b>HB</b>	House bill
<b>HCS</b>	Home and Community-based Services
<b>HCSSA</b>	Home and Community Support Services Agencies
<b>HHS</b>	Texas Health and Human Services
<b>HHSC</b>	Texas Health and Human Services Commission
<b>HICAP</b>	Health Information, Counseling and Advocacy Program
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>HMO</b>	Health Maintenance Organization
<b>HUB</b>	Historically Underutilized Business
<b>ICF/MR</b>	Intermediate Care Facility or Facilities for Persons with MR or Related Conditions
<b>ICM</b>	Integrated care management
<b>ID</b>	Intellectual disability
<b>IDD</b>	Intellectual and Developmental Disability
<b>IHFS - CS</b>	In-Home and Family Support - Community Services
<b>IHFS- MR</b>	In-Home and Family Support Program - MR
<b>IPC</b>	Individual plan of care
<b>ISP</b>	Individual service plan
<b>IT</b>	Information Technology
<b>LA</b>	Local authority
<b>LAR</b>	Legally authorized representative
<b>LBB</b>	Legislative Budget Board
<b>LOC</b>	Level of care
<b>LON</b>	Level of need
<b>LTC</b>	Long-term care
<b>LTSS</b>	Long-term Services and Supports
<b>LVN</b>	Licensed Vocational Nurse

<b>MAC</b>	Medicaid Administrative Claiming
<b>MAO</b>	Medical Assistance Only
<b>MCAC</b>	Medical Care Advisory Committee
<b>MDCP</b>	Medically Dependent Children Program
<b>MDU</b>	Multiple Disabilities Unit (State Hospitals)
<b>ME</b>	Medicaid eligible
<b>MERP</b>	Medicaid Estate Recovery Program
<b>MFP</b>	Money Follows the Person
<b>MH</b>	Mental health
<b>MHM</b>	Minor home modifications
<b>MMIS</b>	Medicaid Management Information System
<b>MN</b>	Medical necessity
<b>MN/LOC</b>	Medical necessity/level of care
<b>MOU</b>	Memorandum of understanding
<b>NAR</b>	Nurse Aide Registry
<b>NATCEP</b>	Nurse Aide Training and Competency Evaluation Program
<b>NF</b>	Nursing facility
<b>NFA</b>	Nursing facility administrator
<b>OAA</b>	Older Americans Act
<b>OBRA</b>	Omnibus Budget Reconciliation Act
<b>OIG</b>	Office of Inspector General
<b>OT</b>	Occupational therapy
<b>PACE</b>	Program of All-inclusive Care for the Elderly
<b>PASARR</b>	Preadmission Screening and Resident Review
<b>PCP</b>	Primary care physician
<b>PDP</b>	Person directed plan
<b>PHC</b>	Primary Home Care
<b>PI</b>	Promoting Independence
<b>PMAB</b>	Prevention and management of aggressive behavior
<b>PMO</b>	Project Management Office
<b>POS</b>	Point of service
<b>PCS</b>	Provider Claims Services
<b>PST</b>	Personal support team
<b>PT</b>	Physical therapy
<b>QI</b>	Qualified Individual
<b>QDWI</b>	Qualified Disabled and Working Individual
<b>QI</b>	Quality improvement
<b>QMB</b>	Qualified Medicare Beneficiary
<b>QMRP</b>	Qualified MR Professional
<b>RC</b>	Related condition
<b>RDA</b>	Recommended dietary allowance

<b>RFO</b>	Request for offers
<b>RFP</b>	Request for proposals
<b>RN</b>	Registered Nurse
<b>RSS</b>	Residential Support Services (This acronym also stands for Refugee Social Services.)
<b>RSVP</b>	Retired and Senior Volunteer Program
<b>RUG</b>	Resource Utilization Group
<b>SAO</b>	State Auditor's Office
<b>SAVERR</b>	System for Application, Verification, Eligibility, Referrals and Reports
<b>SB</b>	Senate bill
<b>SC</b>	Service coordination/coordinator
<b>SCP</b>	Senior Companion Program
<b>SDA</b>	Service delivery area
<b>SFY</b>	State fiscal year
<b>SHIP</b>	State Health Information and Assistance Program
<b>SHL</b>	Supported home living
<b>SL</b>	Supervised living
<b>SLMB</b>	Specified Low-Income Medicare Beneficiary
<b>SMI</b>	State median income
<b>SNF</b>	Skilled nursing facility
<b>SRO</b>	Service Responsibility Option
<b>SSA</b>	Social Security Administration
<b>SSDI</b>	Social Security Disability Income
<b>SSI</b>	Supplemental Security Income
<b>SSLC</b>	State supported living center
<b>STAR=PLUS</b>	State of Texas Access Reform plus Managed Care
<b>SUA</b>	State Unit on Aging
<b>TANF</b>	Temporary Assistance for Needy Families
<b>TAS</b>	Transition Assistance Services
<b>TILE</b>	Texas Index for Level of Effort
<b>TIERS</b>	Texas Integrated Eligibility Redesign System
<b>TLC</b>	Transition to Life in the Community
<b>TMHP</b>	Texas Medicaid Healthcare Partnership
<b>TPR</b>	Third Party Resource
<b>TxHmL</b>	Texas Home Living Waiver
<b>UR</b>	Utilization Review



**TEXAS**  
Department of Aging  
and Disability Services

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

DADS Media Services 11P189 ★ January 2011 ★ Publication 287