Texas Health and Human Services Commission

2010 Revised Texas Promoting Independence Plan

In response to

S.B. 367, 77th Legislative Session
Executive Order RP-13

and the

Olmstead vs. L.C. Decision

Submitted to the Governor and the Texas Legislature

February 2011

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EXECUTIVE SUMMARY

PREFACE

The *2010 Revised Texas Promoting Independence Plan* (Plan) is the fifth revision of the original Plan submitted in January 2001 as required by Governor George W. Bush's Executive Order GWB 99-2.[1] Texas' Plan is a direct response to the Supreme Court's *Olmstead* decision[2] which requires states to provide individuals an opportunity to live in the most integrated setting in order to receive their long-term services and supports within certain conditions.

INTRODUCTION

The Plan serves several purposes within the state. First, the Plan provides the comprehensive working plan called for as a response to the U.S. Supreme Court ruling in *Olmstead v. L.C,* 119 S.Ct. 2176 (1999). Additionally, the Plan assists with the implementation efforts of the community-based alternatives Executive Order, RP-13, from Governor Rick Perry.[3] The revised Plan also meets the requirements of the report referenced in S.B. 367, 77th Legislature, Regular Session, 2001, which directs the Health and Human Services Commission (HHSC) to report the status of the implementation of a plan to ensure appropriate care settings for individuals with disabilities, and the provision of a system of services and supports that foster independence and productivity, including meaningful opportunities for an individual with a disability to live in the most appropriate care setting.[4] Finally, the Plan serves as an analysis of the availability, application, and efficacy of existing community-based supports for individuals with disabilities.

BACKGROUND

The purpose, comprehensive nature, and implications of the Promoting Independence Initiative (Initiative) within Texas, must be understood within the context of the history of the Initiative and all relevant information related to the *Olmstead* decision. In June 1999, the United States Supreme Court affirmed a judgment in the *Olmstead* case, which has had far reaching effects for states regarding services for individuals with disabilities. This case was filed in Georgia, on behalf of two individuals with mental and cognitive disabilities living in state operated institutions. They claimed a right to care in an integrated setting based on the guarantees under Title II of the Americans with Disabilities Act of 1990 (ADA).[5]

Following the *Olmstead* decision, HHSC embarked on the Initiative and appointed the Promoting Independence Advisory Board (Board), as directed by Executive Order GWB 99-2. The Board met during fiscal years 1999 and 2000 and assisted HHSC in crafting the State's response to the *Olmstead* decision. This was accomplished by the development and

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[1] See Appendix B.
[2] *Olmstead v. L.C.,*527 U.S. 581 (1999).
[3] Executive Order RP-13 follows Executive Order GWB 99-2 as the second community-based alternatives Executive Order. These orders required the state to review all long-term care services and supports, make appropriate recommendations, and implement specific gubernatorial directives. See Appendix B.
[4] S.B. 367, 77th Legislature, Regular Session, 2001, Subchapter B, Chapter 531, Government Code.
[5] 42 U.S.C § 12131 *et seq*.

ongoing implementation of the original Plan.[6] The original Plan was submitted to the Governor and state leadership on January 9, 2001. The 77th Legislature, Regular Session, 2001 passed S.B. 367, which codified many of the recommendations made in the original Plan. Subsequently, in April 2002, Governor Rick Perry issued an Executive Order[7] to further the state's efforts regarding its Promoting Independence Initiative and community-based alternatives for individuals with disabilities.

Effective September 1, 2004, Executive Commissioner Hawkins, through Health and Human Services Circular – 002,[8] directed and authorized the Department of Aging and Disability Services (DADS), in consultation with HHSC, to act on behalf of HHSC in all matters relating to the Initiative.

PROMOTING INDEPENDENCE ADVISORY COMMITTEE

The basis of this Plan is the result of recommendations made by the Promoting Independence Advisory Committee (Committee) in its *2010 Promoting Independence Advisory Committee Stakeholder Report*[9] submitted to HHSC as required by section 531.02441(i), Government Code. The Committee met on a quarterly basis during the last biennium to:

- continue the work of the Initiative;
- coordinate and oversee the implementation of the Plan;
- provide ongoing policy discussions on issues pertaining to community integration; and
- recommend policy initiatives for this Plan.

2010 PROMOTING INDEPENDENCE PLAN RECOMMENDATIONS

The following recommendations are made for program funding and service system delivery and are designed to meet the intent of the *Olmstead* decision, two Executive Orders and S.B. 367 and S.B. 368, 77th Legislature, Regular Session, 2001. These recommendations for the *2010 Revised Promoting Independence Plan* continue the work of the original Plan and will help Texas reach its ultimate goal of individual choice and self-determination.

All implementation recommendations from the previous Plans remain in effect.[10] The 2010 recommendations build upon those previous Plans. The *2010 Plan* groups twenty-four recommendations into three major sections. Within each section, several recommendations are made and include background information. HHSC will make health and human service agency assignments and coordinate activities across state agencies as necessary. It is recognized that many of the recommendations are contingent upon legislative direction and, when necessary, appropriations. The Committee will monitor agency progress in implementing each recommendation.

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[6] The original Texas Promoting Independence Plan to HHSC may be found at: http://www.hhsc.state.tx.us/pubs/tpip/tpip_index.html.

[7] Executive Order RP-13.

[8] See Appendix C for the Health and Human Services Circular – 002.

[9] The *2010 Promoting Independence Advisory Committee Stakeholder Report* can be found at: http://www.dads.state.tx.us/providers/pi/piac_reports/piac-2010-interim.pdf.

[10] To access the original Plan and the subsequent revisions, please go to the DADS website at: http://www.dads.state.tx.us/providers/pi/independence_plan.html

HHSC, based on the Committee's recommendations made in its *2010 Promoting Independence Advisory Committee Stakeholder Report*, has included the following implementation recommendations that address the barriers identified in providing community-based programs and promoting individual choice. The recommendations are numbered for ease of reference and do not reflect level of importance in relation to the other recommendations. It should be noted that the following recommendations do not include all the recommendations made by the Committee and in some instances language has been modified. [11]

This chapter is divided into three major sections and then subdivided into topic areas; the three sections are:

- Section I: Do No Harm
- Section II: Efficiencies in the Existing System
- Section III: Increased Community Options

Section I: Do No Harm

Texas has made great strides during the last three Legislative Sessions (2005, 2007, and 2009) in meeting its obligations to the United States Supreme Court's *Olmstead v. L.C.* decision (1999) and its own Plan. It is important that those achievements be considered when addressing the difficult budget considerations. Restrictions in waiver funding will result in fewer individuals having opportunities to choose community-based services.

Section II: Realize Efficiencies in the Current System

The following recommendations focus on the streamlining of the health and human services system as envisioned with the passage of H.B. 2292, 78th Legislature, Regular Session, 2003. One of the goals of H.B. 2292 is for an efficient and effective long-term services and supports system.

1. Requires legislative direction.

If directed by the Legislature, HHSC will expand the long-term services and supports managed care system (STAR+PLUS) to Lubbock, El Paso, the Rio Grande Valley.

2. ***Match the current general revenue allocation for the Relocation Activity with Medicaid administrative match.***

3. Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, create an "at-risk" pool of slots for individuals at imminent risk for nursing facility placement.

[11] See DADS' website at: http://www.dads.state.tx.us/business/pi for the *2008 Promoting Independence Advisory Committee Stakeholder Report* for the Committee's full text of all recommendations, or see Appendix F.

4. May require legislative direction and/or appropriations.

If directed and/or funded by the Legislation, HHSC will work with DADS to expand its Aging and Disability Resource Centers* (ADRC) *network.

5. Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, DADS will increase the number of nursing facility diversion programs.

6. ***Increase outreach and education efforts regarding nurse delegation. Work with the Board of Nursing to educate their membership on nurse delegation as it pertains to long-term services and supports.***

7. Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will work with the Department of State Health Services (DSHS) to increase the number of "restoration of capacity" pilots across the state.

8. ***Improve hospital discharge planning services and standards with an emphasis on community-based planning.***

Section III: Recommendations to Increase Community Options and Support Promoting Independence

Program Funding

Part A: Recommendations for change and funding for the 1915(c) waivers.

9. Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, increase Medicaid 1915(c) slots.

10. Requires legislative directions and/or appropriations.

If directed and/or funded by the Legislature, increase funding to all the existing 1915(c) waiver programs in order to ensure flexibility in the service array.

11. Requires legislative directions and/or appropriations

If directed and/or funded by the Legislature, HHSC with DADS should establish a Hospital Level of Care Waiver.

Part B: Fund behavioral health services and supports for health and human services enterprise programs.

There is an increasing concern for the lack of behavioral health services and supports for individuals with a co-occurring mental illness and/or a substance abuse issue. These issues, as either stand-alone concerns, or coupled with a co-occurring other disability presents a barrier for a fully-integrated long-term services and supports system. It is difficult to be in full compliance with the *Olmstead* decision when many of the barriers to community integration and relocation from institutional settings are dependent on limited behavioral health funding. The following three behavioral health recommendations are:

12. Requires legislative direction and/or appropriations

If directed and/or funded by the Legislature, fully fund DSHS' Assertive Community Treatment (ACT) Service Packages as part of the Resiliency and Disease Management (RDM) Program.

13. Requires legislative direction and/or appropriations

If directed and/or funded by the Legislature, DSHS should provide services and supports for individuals leaving the state mental health facility (state hospital) system.

14. Requires legislative directions and/or appropriations

If directed and/or funded by the Legislature, HHSC will work with DADS to include behavioral health services and supports as service options within all Medicaid 1915(c) waiver programs, including STAR+PLUS.

Part C: Other funding recommendations.

15. Requires legislative directions and/or appropriations

If directed and/or funded by the Legislature, fund an integrated data warehouse.

Workforce and Provider Network Stabilization

The opportunities for community living are limited without a functional, available, and qualified work force and provider network. Significant turnover rates for direct services and supports staff result in an additional expense for recruiting and training new employees. Lack of sufficient funds to address these expense items may have an equally negative impact on the quality of services provided and the availability of a qualified provider base from which an individual may choose to receive services.

16. Requires legislative directions and/or appropriations

If directed and/or funded by the Legislature, fully-fund the 2010 Consolidated Budget's 2012-2013 rate methodology requests.

17. Requires legislative directions and/or appropriations

If directed and/or funded by the Legislature, increase dedicated funding for community direct services and supports workers.

Children's Supports

The state must continue to address the number of children with disabilities who continue to remain in Texas institutions and those children with disabilities at-risk of institutionalization remain with families.

The following recommendations are aimed at decreasing the number of children with disabilities in Texas institutions and providing increased community options.

18. Requires legislative directions and/or appropriations

If directed and/or funded by the Legislature, continue to provide the appropriate community-based services to those at imminent risk of institutionalization and prevent the placement of children/youth 17 years and younger in institutional settings.

19. Requires legislative directions and/or appropriations

If directed and/or funded by the Legislature, expand the Promoting Independence (PI) population to include children in institutions licensed by the Department of Family and Protective Services (DFPS) (for children in state conservatorship).

20. Requires legislative directions and/or appropriations

If directed and/or funded by the Legislature, develop specialized intermediate care facilities for persons with mental retardation (ICFs/MR) that offer short-term stays to provide behavioral supports to stabilize an acute situation for children with disabilities needing out-of-home placement.

Independent Living Opportunities and Relocation Activities

21. Requires legislative directions and/or appropriations

If directed and/or funded by the Legislature, fund Department of Assistive and Rehabilitative Services (DARS) in order to add three additional Centers for Independent Living (CILs).

Housing Initiatives

Affordable, accessible, and integrated housing is an essential base requirement for individuals who want to relocate back into their communities.

Individuals who are relocating from nursing facilities or individuals who are in the targeted *Olmstead* populations under the DSHS provisions must have integrated and affordable community housing. There are two substantial barriers – the poverty of individuals who are living at the Supplemental Security Income (SSI) level ($674/month), and/or the lack of easy access to wrap-around supports and services.

22. ***Increase the number individuals over 62 years of age who are eligible to access Project Access vouchers.***

23. ***When possible, Texas Department of Housing and Community Affairs (TDHCA) should continue to increase the amount of dedicated HOME vouchers for individuals relocating from institutional settings.***

24. Requires legislative directions and/or appropriations

If directed and/or funded by the Legislature, increase funding for the Housing Trust Fund (Fund).

PROMOTING INDEPENDENCE AND RELOCATION SNAPSHOT DATA

The 79th, 80th, and 81st Legislatures (2005, 2007, and 2009) appropriated a significant amount of general revenue (GR) into the community-based programs to reduce interest lists (ILs). The total amount was $334.3 million GR to serve an additional 27,870 individuals in the community.

From September 1, 2001 through August 31, 2010, 21,739 individuals have relocated from nursing facilities to the community using "Money Follows the Person" (MFP). From September 1, 1999 through August 31, 2010, 1,817 individuals have left state supported living centers to a community setting using "expedited access" for the Home and Community-based Services (HCS) program. From September 1, 2001 through August 31, 2010, 1,418 individuals have left nine or more bed private ICFs/MR to a community setting using "expedited access" for the HCS program. In total there have been 3,235 individuals with intellectual and developmental disabilities (IDD) who have accessed the HCS program through "expedited access".

INTEREST LIST FUNDING

As of August 31, 2010, there remained 108,433 individuals (unduplicated count) on the official ILs for DADS waivers and the non-mandatory managed care waivers – an increase of 9,928 individuals since August 2009 (an increase of 22,588 based on October 2008 reported data). Caution: these numbers reflect only a specific timeframe and for the most current information, please visit the DADS website at http://www.dads.state.tx.us/services/interestlist/index.html. It is to be reminded that these numbers reflect individuals who have demonstrated an interest in a 1915(c) waiver; they may not necessarily be eligible for the program after submitting to the program criteria.

When the percent estimated to be eligible is taken in consideration, the number of likely eligible individuals waiting for 1915(c) waiver programs is 58,288 (duplicated count). In order to fully fund the appropriate waiver programs to serve likely eligible individuals on the current ILs (July 2010), without taking into consideration demographic growth, the state would have to appropriate $1,041,874,622 GR ($2,627,999,917 All Funds [AF]) in additional funds. These funds include projections for the acute care portion and pharmaceuticals, as well as additional staffing/administration.

COMMUNITY SERVICES FISCAL 2010-2011 BIENNIUM FUNDS AND FISCAL 2012-2013 BIENNIUM REQUESTED FUNDS AND AVERAGE MONTHLY CASELOADS

The total amount being requested for the fiscal 2012-2013 biennium for DADS waivers, Medicaid attendant programs, and the long-term services portion of STAR+PLUS is $7,495,923,758 (AF) compared to the estimated fiscal year 2010 and projected fiscal year 2011 expenditures of $6,701,321,859 (AF – a $794,601,899 difference). The average number/month requested to be served for the fiscal 2012-2013 biennium is 444,937 compared to the estimated fiscal year 2010 and projected fiscal year 2011 caseload of 402,957 (the request for the fiscal 2012-2013 biennium is to serve an additional 41,980 individuals).

LEGISLATIVE APPROPRIATIONS REQUEST EXCEPTIONAL ITEMS SUPPORTING THE PROMOTING INDEPENDENCE INITIATIVE

All of the health and human services agencies and TDHCA included exceptional items that will directly support the Initiative and community-based option. HHSC Exception Item 23 requests $265,423,701 million GR to reduce waiting (interest) lists at DADS, DSHS, DARS and STAR+PLUS. DADS Exceptional Item 4 requests $31,809,647 million GR to provide additional waiver slots to support individuals either leaving institutional settings or at-risk of institutionalization.

2008 PROMOTING INDEPENDENCE PLAN STATUS UPDATE AND AGENCY STATUS REPORTS

The status report on the previous Plan and on HHSC, DADS, DFPS, and DARS fiscal 2010-2011 biennial activities as they relate to the Initiative may be found in Appendices F-J.

CHILDRENS UPDATE

Since the passage of S.B. 368, 77th Legislature, Regular Session, 2001, more than 3,100 children (0-21 years of age) have relocated from institutions to families or to a less restrictive setting. More than 1,600 of those children have left institutions and returned to their birth family or have moved to a support or alternate family. Additionally, more than 1,500 children have transitioned from 9 or more bed community ICFs/MR to less restrictive, smaller group homes.[12] These opportunities have significantly improved the lives of children and their families.

HOUSING UPDATE

One of the barriers to a successful relocation from an institutional setting is the need for affordable, accessible, and integrated housing. Integrated housing is defined as normal, ordinary living arrangements typical of the general population and is achieved when individuals with disabilities choose ordinary, typical housing units that are located among individuals who do not have disabilities or other special needs.

The following sections identify some of the accomplishments made in the housing arena by the health and human services system in partnership with the TDHCA and the local public housing authorities.

Project Access Vouchers (permanent Section 8 housing vouchers)

For 2011, the TDHCA Board of Directors approved an increase in Vouchers from 60 to 100 with 20 percent of all Vouchers set-aside for individuals 62 years of age or older relocating from institutional settings.

Housing Trust Fund (the state's general revenue housing fund)

TDHCA issued a Housing Trust Fund (HTF) Notice of Funding Availability (NOFA) for another new program, the Amy Young Barrier Removal program which provides up to $20,000 in one-time grants to individuals with disabilities to make their homes (rental or owner-occupied) more accessible.

HOME Tenant Based Rental Assistance (two-year temporary "bridge" vouchers)

TDHCA proposed a change to the HOME rules to allow the administrative fee for the Persons with Disabilities Tenant Based Rental Assistance program to increase from six to eight percent.

Collaboration with Public Housing Authorities

Fort Worth Housing Authority set-aside 10 public housing units and 10 Section 8 vouchers for individuals participating in the MFP Demonstration (Dec 2009).

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[12] *Permanency Planning Report. July 2010:* http://www.hhsc.state.tx.us/reports/SB368_PermanencyPlanningReport_0708.pdf

Housing Development

TDHCA changed its rules for the Competitive Low Income Tax Credit program to provide an additional thirty percent boost in the eligible cost basis of a development if the developer sets-aside units for households at or below 30 percent of the Area Median Income level.

The Housing and Health Services Coordinating Council

The Housing and Health Services Coordination Council was created by S.B. 1878, 81st Legislature, Regular Session, 2009. The purpose of this Council is to increase state efforts to offer service-enriched housing through increased coordination of housing and health services. The Council's 2010-2011 Biennial Plan may be found on the TDHCA website at: http://www.tdhca.state.tx.us/hhscc.

WORKFORCE

Addressing workforce issues is critical to successful compliance with the *Olmstead* decision and to the Initiative because a stable direct service workforce (workforce) is necessary for individuals who choose to live in the community. The issue of retaining a trained and tenured workforce is a national problem as well as one confronting Texas.

Community-based Services Workforce Council

The HHSC executive commissioner directed DADS to convene a Community-based Workforce Advisory Council. The final report and other information may be found on the DADS website at: http://www.dads.state.tx.us/hcbscouncil/index.cfm.

Adding Medicaid Buy-In eligibility to the waivers

S.B. 187, 81st Legislature, Regular Session, 2009, creates the Medicaid Buy-In Program for Disabled Children which allows families whose income does not exceed 300 percent of federal poverty level to buy-in to the Medicaid program for their child with a disability. This program should be operational in fiscal year 2011.

Supported Employment

DADS works with providers, individuals, parents, and other stakeholders who have identified the need for information and training to successfully support individuals with IDD to find and maintain competitive employment. DADS will continue to regularly solicit stakeholder input on a plan to improve employment outcomes for persons receiving DADS services.

Demonstration to Maintain Independence and Employment (Working Well)

The Centers for Medicare and Medicaid Services (CMS) awarded Texas a $21.1 million grant to determine whether providing health coverage and employment supports would keep working individuals with mental and physical disabilities from depending on federal benefits, such as

Medicaid, Social Security Income (SSI), or Social Security Disability Insurance (SSDI). Demonstration interventions ended on September 30, 2009, with the evaluation of the post-intervention phase to conclude in December 2010.

GRANTS/INNOVATIONS SUPPORTING PROMOTING INDEPENDENCE

Money Follows the Person Demonstration (Demonstration)

The Demonstration is a multi-year federal demonstration award to Texas to assist in its efforts to provide additional community-based options, and promote an individual's choice in where they want to receive their long-term services and supports. The Demonstration is worth more than $50 million in enhanced federal funding through calendar year 2016.

Money Follows the Person Demonstration Behavioral Health Pilot (Pilot)

The Pilot is part of a larger Demonstration grant from CMS, which is administered by DADS. The Pilot is administered by DSHS. State facility patients will receive Pilot services via general revenue. The MFP Behavioral Health annual grant budget is approximately $1.2 million.

Mental Health Transformation State Incentive Grant

DSHS was awarded a grant through the Substance Abuse and Mental Health Services Administration to support the state in building a solid foundation for delivering of evidence-based mental health and related services, fostering recovery, improving quality of life, and meeting the multiple needs of mental health consumers across the life span. The overall amount of the grant is $13,650,000 over a five year period that began in October 2005 and extends through September 2011.

Aging and Disability Resource Centers (ADRCs)

With $229,000 in grant funds from the Administration on Aging (AoA) and $918,000 in DADS State Unit on Aging administrative funds, ADRCs are now operating in nine areas of Texas, including: Bexar County (San Antonio); Central Texas (five counties); Tarrant County (Fort Worth); Harris County; Lubbock County; five Counties in East Texas (Gregg, Harrison, Marion, Panola, Rusk and Upshur); four counties in North Central Texas (Collin, Denton, Hood, and Somervell); Dallas County; and six counties in the El Paso area (El Paso, Hudspeth, Culberson, Jeff Davis, Brewster, and Presidio counties). Two additional ADRCs will be operational in fiscal year 2011.

Texas Healthy Lifestyles

With $1,100,000 in grant funds from AoA, DADS continues to implement the evidence-based disease prevention project known as *Texas Healthy Lifestyles*. The contractors are located in: Harris County (Houston); Bexar County (San Antonio); Bryan/College Station (plus several regions throughout East Texas); Central Texas; Tarrant County; and El Paso. These projects conduct local classes using master trainers and lay leaders, and focus on promoting physical

activity to enhance strength, stability, and coordination to reduce potentially debilitating falls and improve overall health.

Texas Lifespan Respite Program

In September 2009, DADS was awarded a 36-month, $200,000 grant from AoA and appropriated $1 million from the Texas Legislature to establish the *Texas Lifespan Respite Care Program.* The project is using the federal grant to strengthen and expand a coalition of respite services providers and stakeholders through the creation of a Texas Respite Coordination Center which will: (a) compile and update the *Texas Inventory of Respite Services*; and (b) create media and best practices toolkits for respite providers and a training toolkit for caregivers, and hold a series of respite care forums throughout the state.

Community Living Program

Since 2008, DADS has operated the Community Living Program funded by a $923,708 AoA grant in the Central Texas ADRC, and in 2009 received an additional $396,600 AoA grant to expand the program into the Tarrant County ADRC. The project has created a partnership with the ADRCs and local hospital systems to establish a nursing home diversion program for individuals at imminent risk for nursing home placement and Medicaid spend-down.

Affordable Care Act (ACA): New Grant Opportunities for DADS

In summer 2010, AoA and CMS provided grant opportunities funded through the ACA. All grant projects called for either the expansion of specific functions of ADRCs or required close coordination with the ADRCs. DADS was successful in securing three of these grants, which are for a two-year funding period.

CONCLUSION

As in the original (2001) and the four revised Plans, HHSC is committed to a continuing relationship with the Committee and all of its stakeholders who participate on many health and human services workgroups and advisory committees.

HHSC is committed to meeting the spirit and goals of the Initiative, the Plan, and the United States Supreme Court's *Olmstead* decision. The state is in an ongoing process to offer community options in order that individuals may choose to live in the most integrated setting. The primary philosophy of the Initiative is that each individual exercise the principles of self-determination in choosing where they want to live to receive their long-term services and supports.

Even with all the funding and policy commitments, there remains a large number of individuals who still do not have a community choice and remain on an IL for Medicaid waiver services.[13] HHSC is recommending in this *2010 Revised Plan* 24 new funding/policy directives (contingent upon legislative funding and/or policy direction) under the major categories of:

- Do Not Harm
- Realize Efficiencies in the Current System
- Recommendations to Increase Community Options

HHSC would like to thank the Governor's Office and the Legislature for their ongoing commitment to the Initiative. Their foresight and willingness to support long-term services and supports systems change has made Texas' response to the *Olmstead* decision one of the leaders in the nation. HHSC would like to thank all members of the Committee and state agency staff, who have dedicated their time, resources, knowledge, abilities, and work in the development of this *2010 Revised Promoting Independence Plan* and the Promoting Independence Initiative. HHSC would also like to thank those members of the public who responded to its invitation for comment at each Committee meeting.

[13] As of August 31, 2010 there are 108,433 individuals (unduplicated count) on the IL: IL data may be found on the DADS website at: http://www.dads.state.tx.us/services/interestlist/index.html.

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PREFACE

The *2010 Revised Texas Promoting Independence Plan (Plan)* is the fifth revision of the original Plan submitted in January 2001 as required by Governor George W. Bush's Executive Order GWB 99-2. Texas' Plan is a direct response to the Supreme Court's *Olmstead* decision[14] which requires states to provide individuals an opportunity to live in the most integrated setting in order to receive their long-term services and supports within certain conditions.[15] The Plan is the state's working plan on how to provide greater community-based options within the long-term services and supports system.

Texas was one of the first states to develop a response to the *Olmstead* decision and has received national recognition for its proactive public policies and support of the Promoting Independence Initiative (Initiative). The Initiative includes the Plan; all policy, programs, and activities in support of the Plan; and the oversight of the Promoting Independence Advisory Committee (Committee).[16] Governor Rick Perry issued an Executive Order RP-13, to reinforce and broaden the scope of the Initiative. The accomplishments made by Texas in developing and providing community options for all Texans are significant. The long-term services and supports system continues to evolve and is very different than it was in 2001; there has been a significant increase in the number of community "slots" as a result of the past three legislative sessions (2005, 2007, 2009). It is universally understood that the 82nd legislative session (2011) will be a difficult session for all of the programs and services funded by the state. However, there is also increased scrutiny by the United States Department of Justice (DOJ) regarding *Olmstead* compliance. The revised Plan includes recommendations to continue the state's compliance with the *Olmstead* requirements and simultaneously recognize the state's fiscal realities.

The *2010 Revised Plan* does not attempt to repeat information previously provided and available on state agencies' websites, but builds upon the original Plan and the subsequent four revisions. While much has been accomplished, it is recognized that the effort must continue to ensure that all individuals have community-based options when considering their long-term services and supports. There continues to be more demand for community-based services than appropriated resources. The Health and Human Services Commission encourages all readers of the *2010 Revised Promoting Independence Plan* to review previous Plans to understand the full scope of Texas' efforts and successes.[17] The policies and statements made in previous Plans continue to be a part of the larger Initiative. Both the previous Plans and the current directives made in the *2010 Plan* will be monitored by the Committee.

[14] *Olmstead v. L.C.*, 527 U.S. 581 (1999)
[15] For more information about the *Olmstead* decision, go to http://www.dads.state.tx.us/providers/pi/index.html.
[16] See Appendix A for a list of the Promoting Independence Advisory Committee members.
[17] To access the original Plan and the subsequent revisions, please go to the DADS website at: http://www.dads.state.tx.us/providers/pi/independence_plan.html

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INTRODUCTION

The Texas Promoting Independence Plan (Plan) serves several purposes within the state. First, the Plan provides the comprehensive working plan called for as a response to the U.S. Supreme Court ruling in *Olmstead v. L.C,* (1999). Additionally, the Plan assists with the implementation efforts of the community-based alternatives Executive Order, RP-13, issued by Governor Rick Perry.[18] The Plan Revision also meets the requirements of the report referenced in S.B. 367, 77th Legislature, Regular Session, 2001, which directs the Health and Human Services Commission (HHSC) to report the status of the implementation of a plan to ensure appropriate care settings for individuals with disabilities, the provision of a system of services and supports that foster independence and productivity, including meaningful opportunities for an individual with a disability to live in the most appropriate care setting.[19] Finally, the Plan serves as an analysis of the availability, application, and efficacy of existing community-based supports for individuals with disabilities.[20]

The overarching Promoting Independence Initiative (Initiative) and the Plan are far-reaching in their scope and implementation efforts. The Initiative includes all long-term services and supports and the state's efforts to enhance its community-based services options. The goal is to ensure that the long-term services and supports system in Texas effectively fosters independence for all individuals who are aging and/or with a disability and provides opportunities for individuals to have a quality life in the setting of their choice. The underlying theme of the Initiative is individual choice and the opportunity to live in the most integrated setting.

The Plan articulates a value base that serves as the framework for future system improvements:

- Individuals should be well informed about their program options, including community-based programs, and allowed the opportunity to make choices among affordable services and supports.
- Families' desire to care for their children with disabilities at home should be recognized and encouraged by the state.
- Services and supports should be built around a shared responsibility among families, state and local government, the private sector, and community-based organizations, including faith-based organizations.
- Programs should be flexible, designed to encourage and facilitate integration into the community, and accommodate the needs of individuals.
- Programs should foster hope, dignity, respect, and independence for the individual.

The State of Texas has made significant progress since the inception of the original Plan in January 2001. Texas' Plan is nationally recognized as one of the most proactive responses to

[18] Executive Order RP-13 follows Executive Order GWB 99-2 as the second community-based alternatives Executive Order. These orders required the state to review all long-term care services and supports, make appropriate recommendations, and implement specific gubernatorial directives. See Appendix B.
[19] S.B. 367 (77th Legislature, Regular Session, 2001), Subchapter B, Chapter 531, Government Code.
[20] Executive Order GWB 99-2, see Appendix B.

Olmstead throughout the United States[21] and Texas was awarded the Council of State Governments national 2006 Innovation Award for its "money follows the person" policy. Within the state, the Promoting Independence Advisory Committee (Committee) is acknowledged as one of the leading forums in providing policy leadership and oversight of the long-term services and supports system.

Since 2001, Texas has made significant progress in evolving its health and human services system from an institutional-based to a community-based system. This progress has been achieved through appropriations and policies instituted by the past previous legislatures, and policy by the health and human services system. In 2000, Texas had 76,350 institutionally-based residents[22] versus 66,209 as of August 31, 2010.

The Initiative has achieved an equally important goal of increasing awareness about community-based options and ensuring that the directives made by the two Executive Orders and S.B. 367, 77th Legislature, Regular Session, 2001, are incorporated in overall policy development. The Initiative is more than just a philosophy in the state of Texas; it is practiced in the reality of state policy and program development.

Recognizing the significant progress that has been achieved, the Initiative and Plan remain necessary and relevant components for maintaining an emphasis on community-based services, meeting the state's statutes, and complying with the requirements under *Olmstead*. While approximately 72 percent of all individuals are now being served in community settings,[23] 108,433 individuals (unduplicated count) remain on the Department of Aging and Disabilities Services (DADS) and HHSC interest lists as of August 31, 2010; and increase of 22,588 individuals since October 2008.[24] These are individuals who have shown interest in community services; however, they have not been assessed for eligibility and may not meet all community financial/functional criteria. The Plan is dedicated to building upon previous achievements, advocating for the ultimate goal of individual self-determination, and availability of community-based options.

[21] As requested, Texas presented at several national conferences during the last two years including the National Academy of State Health Policy, National Association of State Units on Aging and Disabilities, and conferences sponsored by the Centers for Medicare and Medicaid Services.

[22] 2001 Promoting Independence Plan. Institutions covered in this number include nursing facilities, large (14 or more beds) intermediate care facilities for persons with mental retardation, State Mental Retardation Facilities, and State Mental Health Facilities.

[23] DADS 2012-2013 Legislative Appropriations Request.

[24] See DADS website at: http://www.dads.state.tx.us/services/interestlist/index.html.

BACKGROUND

The purpose, comprehensive nature, and implications of the Promoting Independence Initiative (Initiative) within Texas, must be understood within the context of the history of the Initiative and all relevant information related to the *Olmstead* decision. In June 1999, the United States Supreme Court affirmed a judgment in the *Olmstead* case, which has had far reaching effects for states regarding services for individuals with disabilities. *Olmstead* was filed in Georgia, on behalf of two individuals with mental and cognitive disabilities living in state operated institutions. They claimed a right to care in an integrated setting based on the guarantees under Title II of the Americans with Disabilities Act of 1990 (ADA).[25]

The Court ruled in the *Olmstead* decision that unnecessary institutionalization of individuals with disabilities in state institutions would constitute unlawful discrimination under the ADA. The Court ruled that it is appropriate to place individuals with disabilities in community settings, rather than in institutions, when:

- The State's treatment professionals have determined that community placement is appropriate.
- The transfer from institutional care to a less restrictive setting is not opposed by the affected individual.
- The placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with disabilities.

The Court further determined that nothing in the ADA condones the termination of institutional settings for persons unable to handle or benefit from community settings (119 S.Ct. 2176), and that the state's responsibility, once it provides community-based treatment to qualified persons with disabilities, is not boundless.

The history of the Initiative is well-documented in the *Background* sections of previous Promoting Independence Plans.[26] The most significant addition to the history of the Initiative is Texas' participation in the federal Money Follows the Person Rebalancing Demonstration (Demonstration) that was created under Section 6071 of the Deficit Reduction Act of 2005.[27] Texas was originally awarded $25 million in enhanced federal funding through calendar year 2012 to achieve certain benchmarks in supporting individuals who wanted to relocate back into a community setting.

The many pilot projects under the Texas Demonstration include: voluntary closure of nine or more private intermediate care facilities for persons with MR; additional services for individuals with co-occurring behavioral health needs who are leaving nursing facilities; additional support for individuals who live alone; and other supportive services. Texas met all of its benchmarks in July 2010 and was allowed to request an additional $25 million because the Affordable Care Act extended the Demonstration through calendar year 2016 and more than doubled the federal budget.

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[25] 42 U.S.C § 12131 *et seq.*
[26] See DADS website at: http://www.dads.state.tx.us/providers/pi/independence_plan.html
[27] See Grants status report for more full information regarding the Demonstration.

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PROMOTING INDEPENDENCE ADVISORY COMMITTEE

The basis of this revised Promoting Independence Plan (Plan) is the result of recommendations made by the Promoting Independence Advisory Committee (Committee) in its *2010 Stakeholder Report* submitted to the Health and Human Services Commission (HHSC) as required by section 531.02441(i), Government Code.[28] The Committee met on a quarterly basis during the last biennium to:

- Continue the work of the Promoting Independence Initiative .
- Coordinate and oversee the implementation of the Plan.
- Provide ongoing policy discussions on issues pertaining to community integration.
- Recommend policy initiatives for this Plan.

Section 531.02441 also directs the Committee to:

- Study and make recommendations on developing a comprehensive, effective working plan to ensure appropriate care settings for persons with disabilities by submitting a report to HHSC on an annual basis.
- Advise HHSC on giving primary consideration to methods to identify and assess each person who resides in an institution but chooses to live in the community and for whom a transfer from an institution to the community is appropriate, as determined by the person's treating professionals.
- Advise HHSC on determining the health and human services agencies' availability of community care and support options and identifying, addressing, and monitoring barriers to implementation of the Plan.
- Advise HHSC on identifying funding options for the Plan.

The Texas Department of Aging and Disability Services (DADS) provides support to the Committee.[29]

[28] *2010 PIAC Stakeholder Report* can be found at: http://www.dads.state.tx.us/providers/pi/piac_reports/index.html.

[29] HHSC has responsibility for the Initiative, however, it formally delegated daily management of the Initiative's activities to DADS in an October 2004 Health and Human Services Circular C-002 (see Appendix C or access the Circular at http://www.hhs.state.tx.us/news/circulars/C-002.shtml).

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2010 PROMOTING INDEPENDENCE PLAN RECOMMENDATIONS

The following recommendations are made for program funding and service system delivery and are designed to meet the intent of the *Olmstead* decision, two Executive Orders (see Appendix B) and S.B. 367 and S.B. 368, 77th Legislature, Regular Session, 2001. These recommendations for the *2010 Revised Promoting Independence Plan* (Plan) continue the work of the original Plan and will help Texas reach its ultimate goal of individual choice and self-determination.

All implementation recommendations from the previous Plans remain in effect.[30] The 2010 recommendations build upon those previous Plans. The *2010 Plan* groups twenty-four recommendations into three major sections. Within each section, several recommendations are made with background information. The Health and Human Services Commission (HHSC) will make health and human service agency assignments and coordinate activities across state agencies as necessary. It is recognized that many of the recommendations are contingent upon Legislative direction and, when necessary, appropriations. The Promoting Independence Advisory Committee (Committee) will monitor agency progress in implementing each recommendation.

HHSC, based on the Committee's recommendations made in its *2010 Promoting Independence Advisory Committee Stakeholder Report*, has included the following implementation recommendations that address the barriers identified in providing community-based programs and promoting individual choice. The recommendations are numbered for ease of reference and do not reflect level of importance in relation to the other recommendations. It should be noted that the following recommendations do not include all the recommendations made by the Committee and in some instances language has been modified. [31]

This chapter is divided into three major sections and then subdivided into topic areas; the three sections are:

- Section I: Do No Harm
- Section II: Efficiencies in the Existing System
- Section III: Increased Community Options

SECTION I: DO NO HARM

Texas has made great strides during the last three Legislative Sessions (2005, 2007, and 2009) in meeting its obligations to the United States Supreme Court's *Olmstead v. L.C.* decision (1999) and its own Plan. It is important that those achievements be considered when addressing the difficult budget considerations. Restrictions in waiver funding will result in fewer individuals having opportunities to choose community-based services.

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[30] To access the original Plan and the subsequent revisions, go to the DADS website at: http://www.dads.state.tx.us/providers/pi/independence_plan.html.

[31] To review the Committee's full text of all recommendations in the *2010 Promoting Independence Advisory Committee Stakeholder Report,* go to the DADS website at http://www.dads.state.tx.us/providers/pi/piac_reports/index.html, or see Appendix F.

SECTION II: REALIZE EFFICIENCIES IN THE CURRENT SYSTEM

The following recommendations focus on the streamlining of the health and human services system as envisioned with the passage of H.B. 2292, 78th Legislature, Regular Session, 2003. One of the goals of H.B. 2292 is for an efficient and effective long-term services and supports system.

1. Requires legislative direction.

If directed by the Legislature, HHSC will expand the long-term services and supports managed care system (STAR+PLUS) to Lubbock, El Paso, the Rio Grande Valley.

STAR+PLUS is currently in four large metropolitan service delivery areas: Bexar Service Area (seven counties); Harris Expansion Service Area (seven counties); Nueces Service Area (nine counties); and Travis Service Area (seven counties). STAR+PLUS is scheduled to be implemented in the Dallas Service Area (seven counties) and the Tarrant Service Area (six counties) in February 2011. HHSC included Exceptional Item 17 in its Legislative Appropriations Request. The savings by expanding STAR+PLUS and other changes to the program is projected at $28,940,877 million general revenue (GR).

2. ***Match the current general revenue allocation for the Relocation Activity with Medicaid administrative match.***

Texas currently funds its relocation activity with general funds. These funds come primarily to DADS and a transfer from HHSC, the total amount is approximately $4 million (GR). The relocation activity funds relocation specialists to assist nursing facility residents with complex medical/functional needs to relocate to the community if that is their choice. Texas has administered this activity since calendar year 2002 and has the utilization history to predict future costs. Many states have similar activities and use Medicaid administrative match to enhance state general revenue dollars. Using Medicaid match can effectively double the state general revenue appropriation and increase the number of relocation specialists.

3. Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, create an "at-risk" pool of slots for individuals at imminent risk for nursing facility placement.

The 2010-11 General Appropriations Act (Article II, Special Provisions, Section 48, S.B. 1, 81st Legislature, Regular Session, 2009) funded 196 Home and Community-based Services (HCS) slots for individuals with intellectual and developmental disabilities (IDD) at-risk for placement in an intermediate care facility for persons with MR (ICF/MR) as a result of emergency or crisis situations. The 82nd Legislature should create a similar provision for individuals at-risk for placement in a nursing facility as a result of emergency or crisis situations. The Department of Aging and Disability Services (DADS) Legislative Appropriations Request (LAR) Exceptional Item 4 requests funding for this activity as part of its larger Promoting Independence request.

4. May require legislative direction and/or appropriations.

If directed and/or funded by the Legislation, HHSC will work with DADS to expand its Aging and Disability Resource Centers (ADRCs) network.

Individuals with disabilities and their advocates often experience difficulty accessing in-home services and supports because of the complexity of the human service network and lack of integration between federal, state, and locally-funded services. Texas has invested in model programs that better integrate services by providing seed funding for ADRCs, located in nine communities in fiscal year 2010 with two more to be added in fiscal year 2011. Although local communities may design the ADRCs using a "single point of entry" or "no wrong door" system of accessing services, all ADRCs are intended to expedite consumers' access to long-term services and supports. This recommendation is included in DADS LAR as Exceptional 5, which will continue support for the existing ADRCs (at $100,000 each per year) and to establish three additional Centers, at $200,000 each per year, for a total of an additional $3.7 million GR for the fiscal 2012-2013 biennium.

5. Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, DADS will increase the number of nursing facility diversion programs.

Money Follows the Person has provided real choice to individuals on Medicaid who live in nursing facilities by allowing them immediate access to the Community Based Services (CBA), Community Living Assistance and Support Services (CLASS), Medically Dependant Children Program (MDCP), STAR+PLUS, and HCS (only for children 0-22 years of age) waiver programs; however, with a large CBA interest list on which individuals are placed by referral date, with no consideration for their risk of institutionalization, the system does not provide targeted diversion prior to placement in an institution.

DADS has received grants from the Administration on Aging (AoA) to create nursing facility diversion projects in Central Texas and Tarrant County known as Community Living Programs. This program is characterized by the pooling of Title III and GR funds, along with cost sharing, to create intensive supports for individuals who are at greatest risk of nursing facility placement. The Community Living Program has proven successful in diverting individuals who are in a spend-down mode from institutional stay into less costly community-based programs.

6. ***Increase outreach and education efforts regarding nurse delegation. Work with the Board of Nursing to educate their membership on nurse delegation as it pertains to long-term services and supports.***

Nurse delegation is an important option to promote independence and to make possible community-based living. Issues regarding nurse delegation as defined under Chapter 225 impact all of DADS and HHSC's long-term services and supports programs. This recommendation is to enhance outreach and educations efforts with the Board of Nursing and their constituency.

7. Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will work with the Department of State Health Services (DSHS) to increase the number of "restoration of capacity" pilots across the state.

Many individuals in Texas state hospitals are there for restoration of capacity to be adjudicated. Many of these individuals have committed misdemeanor offenses and could receive mental health restoration services more effectively in the community, leaving the state hospital beds for those in severe crisis. Currently four community restoration pilots exist that have shown positive results as well as cost savings. Texas should expand the community restoration projects to allow more individuals to receive community restoration services and avoid institutionalization. This would generate a cost savings for the state.

8. ***Improve hospital discharge planning services and standards with an emphasis on community-based planning.***

Although hospitals are required to provide discharge planning services, they are not required to provide high-risk consumers with written discharge plans before they leave the hospital, and need not obtain written documentation of consumers' agreement with such plans. As a result, some consumers return to the community without critical long-term services and supports; some receive fewer supports than are necessary; and others are provided institutional services (e.g., nursing facility care) that are not of their choosing and inconsistent with their preferences.

DSHS should review its standards for hospital discharge planners with a focus on high-risk consumers and work with DADS to help discharge planners with: (1) comprehensive information about community-based services that allow the consumer to remain in the most integrated setting; (2) assistance in accessing those services as needed; and (3) a written plan of care before being discharged from the hospital.

In addition, DSHS and DADS need to assist the discharge planner with information about community-based services.

SECTION III: RECOMMENDATIONS TO INCREASE COMMUNITY OPTIONS AND SUPPORT PROMOTING INDEPENDENCE

PROGRAM FUNDING

Part A: Recommendations for change and funding for the 1915(c) waivers.

9. Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, increase Medicaid 1915(c) slots.

The Committee's number one priority is that the emphasis on increasing community-based services be continued and enhanced by the 82nd Legislature. HHSC has included Exceptional Item 23 to its LAR which increases DADS community services capacity by providing an average monthly caseload increase of 3,928 in fiscal year 2012 and 11,785 by fiscal year 2013. The Department of Assistive and Rehabilitative Services (DARS) - $7.4 million GR & All Funds (AF). DARS' programs included in this exceptional item are Independent Living Service (ILS) & Comprehensive Rehabilitative Services (CRS). This exceptional item provides services for an additional 625 individuals in the CRS program & 1,760 individuals in the ILS program. DSHS - $53.8 million GR & AF. DSHS' programs included in this exceptional item are Child and Adolescent Community Mental Health (CACMH), Adult Community Mental Health (ACMH), & Children with Special Health Care Needs (CSHCN). This exceptional item provides services for an additional 4,056 individuals in ACMH, 277 individuals in CACMH, & 87 individuals in CSHCN. The total request is for $265,423,701 million GR.

10. Requires legislative directions and/or appropriations.

If directed and/or funded by the Legislature, increase funding to all the existing 1915(c) waiver programs in order to ensure flexibility in the service array.

1915(c) waiver programs have set service arrays to help manage utilization and overall costs. Many of these programs currently exist with the same service arrays that were established in the mid-1980s and 1990s when the programs were first created. Through experience, there are many other support services that could be offered that would enhance success in community living and an individual's quality of life. Examples of services currently not offered are behavioral health supports, services to support an individual with traumatic brain syndrome, services to support an individual with autism, and other specific supports. These additional services and supports may not necessarily increase the overall cost cap but rather provide increased flexibility and opportunity for an individual's self-determination.

11. Requires legislative directions and/or appropriations

If directed and/or funded by the Legislature, HHSC with DADS should establish a Hospital Level of Care Waiver.

It is recommended that HHSC with DADS establish a 1915(c) waiver to serve individuals who currently exceed waiver cost caps and are being funded with GR. These individuals have significant medical and functional needs. The recommendation is made with the caveat that the state received CMS approval to allow a cost-neutral program not dependent on additional GR.
Part B: Fund behavioral health services and supports for health and human services enterprise programs. There is an increasing concern for the lack of behavioral health services and supports for individuals with a mental illness and/or a substance abuse. These issues, as either stand-alone concerns, or coupled with a co-occurring other disability presents a barrier for a fully-integrated long-term services and supports system. It is difficult to be in full compliance with the *Olmstead* decision when many of the barriers to community integration and relocation from institutional settings are dependent on limited behavioral health funding. The following three behavioral health recommendations are:

12. Requires legislative direction and/or appropriations

If directed and/or funded by the Legislature, fully fund DSHS' Assertive Community Treatment (ACT) Service Packages as part of the Resiliency and Disease Management (RDM) Program.

DSHS has recognized the importance of the Initiative and those individuals who have been hospitalized for over a year as part of the Promoting Independence (PI) population. DSHS has also acknowledged that the focus should incorporate those individuals who are at risk of hospitalization and for individuals who have been hospitalized 2 or more times in 180 days. The Plan formally targets individuals with 3 or more hospitalizations within the 180 day period. However, DSHS' RDM allows for services to individuals with the two or more hospitalizations in order to help prevent a third hospitalization.

DSHS has determined that the at-risk population should be incorporated into the RDM System regardless of diagnosis, and that generally adults are appropriate for service level 4 of ACT. The current appropriations are not adequate to meet the capacity of the state and a significant number of individuals are being recommended for ACT level 4 but are actually enrolled into a less intensive and expensive level of services. According to the DSHS strategic plan, an estimated 970,393 adults in Texas met the DSHS mental health priority population definition in fiscal year 2010, approximately 467,226 are estimated to have the greatest need (targeted priority population). DSHS program service utilization data indicates that an approximate one fourth of those with the greatest need received mental health services from the state authority in 2010.

13. Requires legislative direction and/or appropriations

If directed and/or funded by the Legislature, DSHS should provide services and supports for individuals leaving the state mental health facility (state hospital) system.

Many individuals leaving the state hospital system have no community residence or the required services to help them re-integrate back into community living. This lack of services and housing options result in a large percentage of individuals being discharged from the state hospital into a nursing facility. The state then works with that individual through the "money follows the person" (MFP) policy to have him/her return to the community. This process is costly to the state and does not provide the highest level of a quality of life to the individual. It is recommended that DSHS is provided sufficient funding to provide the necessary community services and supports, such as Cognitive Adaptation Training.

14. Requires legislative directions and/or appropriations

If directed and/or funded by the Legislature, HHSC will work with DADS to include behavioral health services and supports as service options within all Medicaid 1915(c) waiver programs including STAR+PLUS.

The current 1915(c) service arrays do not adequately cover behavioral health services and supports in the waivers for individuals with intellectual and developmental disabilities; and not at all for the waivers covering individuals with physical disabilities. Therefore, community options are limited for those individuals with a co-occurring physical, intellectual, or developmental disability. It is recommended that all Medicaid 1915(c) waiver programs provide behavioral health services and supports as a service option under the service array. While the addition of this service option may initially increase the individual service plan cost, this could be a short-term activity until the individual stabilizes or eventually offset other service costs as a result of a reduction for the need of other available services.

Through the Money Follows the Person Demonstration (Demonstration), the state is conducting a pilot project in Bexar County and the City of Austin. This pilot is providing two behavioral health services (Cognitive Adaptation Training and Substance Abuse Services) in addition to the STAR+PLUS service array. Preliminary data indicate that the need of certain STAR+PLUS services actually decrease with the delivery of these two behavioral health services.

Part C: Other funding recommendations.

15. Requires legislative directions and/or appropriations

If directed and/or funded by the Legislature, fund an integrated data warehouse.

The long-term services and supports system crosses several health and human services operating agencies. DADS, the lead operating agency for long-term services and supports, is in the process of enhancing its "data warehouse" which provides individual service level information for purposes of providing data to make evidence-based policy decisions. However the managed care system, which has expanded into all of the major urban service delivery areas and is administered by HHSC, maintains its own data collection process. It is important to create a single "data warehouse" which will integrate both the fee-for-service and managed care data. There is a significant need to characterize the entire long-term services and supports systems within a single system, and discuss in an evidence-based manner, the commonalities and differences of the two funding systems.

WORKFORCE AND PROVIDER NETWORK STABILIZATION

The opportunities for community living are limited without a functional, available, and qualified work force and provider network. Significant turnover rates for direct services and supports staff result in an additional expense for recruiting and training new employees. Lack of sufficient funds to address these expense items may have an equally negative impact on the quality of services provided and the availability of a qualified provider base from which an individual may choose to receive services.

16. Requires legislative directions and/or appropriations

If directed and/or funded by the Legislature, fully-fund the 2010 Consolidated Budget's 2012-2013 rate methodology requests.

HHSC published its *2010 Consolidated Budget* in October 2010. HHSC, in the past, lays out the cost implications for increasing provider rates by certain intervals. The state has published rate methodologies in the Texas Administrative Code but does not fully fund those formulas. The following Table indicates the amount requested in the *2010 Consolidated Budget* and the amount appropriated:

TABLE 1: 2010 Consolidated Budget Request

Program	Percent Increase Requested in Consolidated Budget	Percent Increase Appropriated by 81st Legislature
PHC	8.08 %	7.61 %
CBA	9.96 %	5.16 %
CLASS	10.07 %	4.46 %
MDCP	5.11 %	4.13 %
HCS	4.11 %	4.25 %
DAHS	3.42 %	2.09 %

17. Requires legislative directions and/or appropriations

If directed and/or funded by the Legislature, increase dedicated funding for community direct services and supports workers.

The ability to recruit and retain direct services workers is at a critical juncture in Texas. Without a stable direct service workforce, it will be difficult to have a quality community-based system. HHSC requested DADS to convene a Workforce Advisory Committee to study and make recommendations on how to better retain direct services workers. The number one recommendation was to increases direct services wages that, for the most part, are at or near minimum wage. The cost of various provider rate changes (presented in one percent increments – Chapter VIII, Table VIII.1 and Appendices C1-C2) includes attendant compensation increases.

CHILDREN'S SUPPORTS

The state must continue to address the number of children with disabilities who continue to remain in Texas institutions and those children with disabilities at-risk of institutionalization remain with families.

The following recommendations are aimed at decreasing the number of children with disabilities in Texas institutions, increasing access to quality permanency planning and family-based options, and preventing new admissions of children to these facilities.

18. Requires legislative directions and/or appropriations

If directed and/or funded by the Legislature, continue to provide the appropriate community-based services to those at imminent risk of institutionalization and prevent the placement of children/youth 17 years and younger in institutional settings.

The 81st Legislature (2009) funded 196 "diversion" slot (96 for children, 100 for adults) who were at imminent risk of placement into a state supported living centers (SSLC). These slots have been very valuable in allowing an individual a choice when their circumstances would have forced them into a SSLC. DADS' LAR Exceptional Item 4 requests an expansion of this number to 240 slots.

19. Requires legislative directions and/or appropriations

If directed and/or funded by the Legislature, expand the Promoting Independence (PI) population to include children in institutions licensed by DFPS (for children in state conservatorship).

Being designated as a PI population provides a child/youth with immediate or expedited access to the HCS waiver programs. Currently, the PI population only includes individuals in nursing facilities, state supported living centers, and nine or more bed community ICFs/MR. DFPS administers three facilities that serve children with developmental disabilities in their conservatorship. These children must wait for a foster family or be on the HCS interest list which may result in several years.

20. Requires legislative directions and/or appropriations

If directed and/or funded by the Legislature, develop specialized ICFs/MR that offer short-term stays to provide behavioral supports to stabilize an acute situation for children with disabilities needing out-of-home placement.

This recommendation would increase the number of specialized ICFs/MRs across the state that provide intensive, short-term (three to six months) behavioral support services. These services would be based on a similar program in Richmond, Texas, known as the Behavior Training and Treatment Center (BTTC). DADS LAR Exceptional Item 6 requesting funding to provide two specialized ICFs/MR in each of the 12 SSLC areas. An additional $18,789,246 million GR is required to fund this activity.

INDEPENDENT LIVING OPPORTUNITIES AND RELOCATION ACTIVITIES

21. Requires legislative directions and/or appropriations

If directed and/or funded by the Legislature, fund Department of Assistive and Rehabilitative in order to add three additional Centers for Independent Living (CILs).

The federal Rehabilitation Act which is overseen by the Rehabilitation Services Administration created the development of CILs. The purpose of the independent living programs is to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities and to integrate these individuals into their communities. CILs provide services to individuals with significant disabilities that help them remain in the community and avoid long-term institutional settings.

Prior to the 81st Legislative Session, there were 23 CILs in Texas funded by federal and GR funds which covered only 161 counties. The 81st Legislature added funding to the 2010-11 General Appropriations Act (Title II, DARS, S.B. 1, 81st Legislature, Regular Session, 2009) to create three new CILs covering Collin County, Galveston County and Tom Green County. Overall coverage by the 26 CILs includes 164 counties. Nevertheless, many parts of the state, especially in the rural counties, are without CIL coverage (90 counties are without Title VII, Part C, CIL funding).

HOUSING INITIATIVES

Affordable, accessible, and integrated housing is an essential base requirement for individuals who want to relocate back into their communities.

Individuals who are relocating from nursing facilities or individuals who are in the targeted *Olmstead* populations under the DSHS provisions must have integrated and affordable community housing. There are two substantial barriers: the poverty of individuals who are living at the Supplemental Security Income (SSI) level ($674/month); and/or the lack of easy access to wrap-around supports and services.

22. Increase the number individuals over 62 years of age who are eligible to access Project Access vouchers.

HHSC will request the Texas Department of Housing and Community Affairs (TDHCA) to continue to increase the number of voucher under its Project Access program and make them available to all individuals with disabilities regardless of age. Project Access was created as a Section 8 voucher program funded through the United States Department of Housing and Urban Development (HUD) and administered through TDHCA. It provides permanent housing vouchers versus the more common two-year voucher (Tenant-based Rental Assistance). Project Access vouchers are dedicated Section 8 vouchers for individuals leaving institutional settings. Historically, the only limiting factor for Project Access was that they could only be used by individuals 0-62 years of age.

The federal program ended calendar year 2003 however, TDHCA chose to continue the program with permission from HUD. TDHCA is funding the program through its HOME program allocation and until recently has chosen to continue the 62 age limitation; this was changed in fiscal year 2011 when TDHCA dedicated twenty percent of the Project Access vouchers for individuals who are 63 and older. Because fifty-seven percent of the nursing facility population that chooses to relocate back into the community is over the age of 60, it is important that older Texans have equal access to these vouchers.

23. ***When possible, TDHCA should continue to increase the amount of dedicated HOME vouchers for individuals relocating from institutional settings.***

TDHCA administers HOME vouchers which provide both temporary (two year Tenant Based Rental Assistance) vouchers for individuals who are relocating from institutional settings. There is always an increasing need for accessible, affordable, and integrated housing for individuals who are at the SSI level of income (16-20 percent of average median income).

24. Requires legislative directions and/or appropriations

If directed and/or funded by the Legislature, increase funding for the Housing Trust Fund (Fund).

The State of Texas has a Fund (GR) to provide discretionary funding for specific housing supports to the general public. The 2010-11 General Appropriations Act (81st Legislature, Article VII, TDHCA, S.B. 1, Regular Session, 2009) increased the Housing Trust Fund (Fund) from $5 million (GR) to $10 million (GR) per annum. The Fund is the only source of GR for funding various supportive housing issues including individuals with disabilities; e.g. the Amy Young Barriers Removal Program. TDHCA included Exceptional Item 10 to increase appropriations for the Fund by $4 million per annum ($8 million for the biennium).

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PROMOTING INDEPENDENCE AND RELOCATION SNAPSHOT DATA

General Information:

The 79th, 80th, and 81st Legislatures (2005, 2007, and 2009) appropriated a significant amount of general revenue (GR) into the community-based programs to reduce interest lists (ILs). The total amount was $334.3 million GR to serve an additional 27,870 individuals in the community.

Fiscal Year (FY) 2005 appropriations; this does not include STAR+PLUS, which was only in Houston at the time.

Appropriations	
Waivers:	$ 893,798,321
Attendant programs:	$ 783,660,875
Total:	**$1,677,459,196**

Caseload	
Waivers:	43,028
Attendant programs:	108,997
Total:	**152,025**

FY 2011 projected expenditures; this does include STAR+PLUS because of the significant expansion in February 2007.

Appropriations	
Waivers:	$2,049,225,476
Attendant programs:	$1,453,392,560
Total:	**$3,502,618,036**

Caseload	
Waivers:	77,097
Attendant programs:	130,711
Total:	**207,808**

Relocation Data:

Nursing Facilities (NF)

Money Follows the Person:	
Fiscal year 2008:	2,390
Fiscal year 2009:	2,601
Fiscal year 2010:	2,716
Total since September 1, 2001:	**21,739**

State Supported Living Centers (SSLC)

Fiscal year 2008:	206
Fiscal year 2009:	252
Fiscal year 2010:	330
Total since September 1999:	**1,817**

Large Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR)

Fiscal year 2008:	88
Fiscal year 2009:	25
Fiscal year 2010:	141
Total since September 1, 2001:	**1,418**

Grant Total for SSLC and Large ICF/MR: 3,235

Children Aging our of the Department of Family and Protective Services Conservatorship

Fiscal year 2009:	52
Fiscal year 2010:	60

Rider 32: Children (0-21 years of age) residing in a NF relocating to Home and Community-based Services (HCS)

Fiscal years 2008 and 2009 combined:	29
Fiscal year 2010:	13

Rider 34: Children (0-21 years of age) residing in a 0-13 bed private ICF/MR relocating to HCS

Fiscal year 2009:	24
Fiscal year 2010:	21

Individuals in State Mental Hospital Facilities for more than 365 days

Fiscal year 2008:	477
Fiscal year 2009:	577
Fiscal year 2010:	642

Promoting Independence Data

SSLC Census

Fiscal year 2008:	4,789
Fiscal year 2009:	4,541
Fiscal year 2010:	4,207

NF Average Number of Individuals Receiving Medicaid-fund NF Services and Receiving Co-pay in Medicare Skilled NFs (Department of Aging and Disability Services [DADS] *Blue Book*)

Fiscal year 2008:	62,566
Fiscal year 2009:	61,804
Fiscal year 2010:	62,043
Projected for fiscal year 2020:	78,000 based on those 75 years of age or older.

STAR+PLUS

The number of individuals added to STAR+PLUS since its expansion in February 2007 through July 2010 equals 6,200 individuals for $117 million (All Funds).

Number of individuals who will be removed from Community-based Alternatives (CBA) or other ILs in the expansion areas of El Paso, Lubbock, and South Texas; assumes that 30 percent of the SSI individuals on the ILs will enroll.

Number removed from IL:	7,756
Number enrolled into STAR+PLUS:	2,597

Selected Community vs. Institutional Costs

Data from fiscal year 2008 supporting detail used to prepare the CMS 372 report.

Average monthly cost per individual served:

NF:

Long-Term Care:	$2,675
Acute:	$ 324
Total:	**$2,999**

CBA:

Long-Term Care:	$1,379
Acute:	$ 498
Total:	**$1,877**

Data from the DADS *Rider 31Report*, fiscal year 2009 data, September 2010.

SSLC:	
Client Care Costs:	$9,907
Administrative/Overhead Costs:	$3,430
Total:	**$13,337**
Community ICF/MR:	
Long-Term Costs:	$4,396
Acute:	$ 332
Total:	**$4,728**
HCS Residential:	
Long-Term Costs:	$4,751
Acute:	$ 316
Total:	**$5,067**
HCS Non-Residential:	
Long-Term Costs:	$2,810
Acute:	$ 694
Total:	**$3,504**
HCS All Settings	
Long-Term Costs:	$3,443
Acute:	$ 571
Total:	**$4,014**
Texas Home Living	
Long-Term Costs:	$ 595
Acute:	$ 574
Total:	**$1,169**

INTEREST LIST FUNDING

In order to fully fund the appropriate Department of Aging and Disability Services' (DADS) waiver programs, including the Health and Human Services Commission's (HHSC) STAR+PLUS Medical Assistance Only (MAO) population to serve all eligible individuals on the current waiver interest lists (July 2010), without taking in consideration demographic growth, the state would have to appropriate $1,041,874,622 in additional general revenue (GR) ($2,627,999,917 All Funds [AF]).

Applicants for DADS community-based services may be placed on an interest list because the demand for community-based services and supports often outweighs available resources. Since the original Promoting Independence Plan (Plan), the Promoting Independence Advisory Committee's (Committee) ongoing top priority has been full-funding for community-based services and elimination of all interest lists.

The 81st Legislature, through the 2010-11 General Appropriations Act (Article II, S.B. 1, 81st Legislature, Regular Session, 2009), significantly increased the number of individuals who may access 1915(c) Medicaid waivers and other community-based programs. The 81st Legislature provided $190.9 million in additional GR funds to provide community placement for an additional 10,794 individuals on interest lists at Health and Human Services Commission (HHSC), DADS, Department of State Health Services (DSHS), and Department of Rehabilitative and Assistive Services (DARS).

However, as of August 31, 2010, there remained 140,040 individuals (duplicated count) on the official interest list for DADS waivers and the non-mandatory managed care waivers – the unduplicated count 108,433 individuals, an increase of 9,928 since August 2009 and an increase of 22,588 since October 2008.[32]

It is to be reminded that these numbers reflect individuals who have demonstrated an interest in a 1915(c) waiver; they may not necessarily be eligible for the program after submitting to the program criteria. Table 2 gives the percentage of individuals on a specific interest list and their ability to qualify for the program (Percent Eligible):

[32] Caution: these numbers reflect only a specific timeframe and for the most current information, please visit the DADS website at http://www.dads.state.tx.us/services/interestlist/index.html.

TABLE 2: Cost of Serving 100 percent of July 2010 Waiver Interest List

Program	Interest List July 2010	Percent Eligible[33]	Number Served	GR	AF
Community-Based Alternatives	38,572	23.4 %	9,024	$78,920,726	$195,546,375
Community Living Assistance and Support Services	32,121	35.5 %	11,406	$249,926,709	$632,376,182
Medically Dependent Children Program	18,113	23.1 %	4,191	$97,127,557	$243,822,896
Deaf-Blind with Multiple Disabilities	312	60.0 %	187	$3,927,694	$9,952,452
Home and Community-Based Services	45,884	70.5 %	32,327	$599,121,926	$1,513,994,532
STAR+PLUS (MAO)	4,927	23.4 %	1,153	$12,850,010	$32,307,480
TOTAL	**139,929**		**58,288**	**$1,041,874,622**	**$2,627,999,917**

When the percent estimated to be eligible is taken in consideration, the number of likely eligible individuals waiting for 1915(c) waiver programs is 58,288 (duplicated count). In order to fully fund the appropriate waiver programs to serve likely eligible individuals on the current interest lists (July 2010), without taking into consideration demographic growth, the state would have to appropriate $1,041,874,622 GR ($2,627,999,917 AF) in additional funds. These funds include projections for the acute care portion and pharmaceuticals, as well as additional staffing/administration.

[33] Information is derived from experience of individuals being offered a waiver slot from the interest list.

COMMUNITY SERVICES 2012-2013 FUNDS AND 2012-2013 REQUESTED FUNDS AND AVERAGE MONTHLY CASELOADS

2010-2011 Expended and Estimated Funds Compared to 2012-13 Requested Funds

The following section compares the fiscal 2010-2011 biennium to the 2012-13 Legislative Appropriations Request (LAR) regarding community services and supports. It is noted that according to the Department of Aging and Disability Services (DADS) LAR, the "baseline" appropriations request will serve an estimated 297,282 individuals in Texas with 204,334 (or 72.2 percent) of these individuals being served in the community settings. Even with the increase in DADS budget for the fiscal 2012-2013 biennium, the Baseline request does not fully serve the number of individuals who will be receiving services at the end of fiscal year 2013 or those eligible to receive DADS services. In accordance with the Baseline request instructions, the DADS Baseline request does not include funds to serve 5,772 individuals who are expected to be receiving services in fiscal year 2011.

The following programs reflected in Tables 3 and 4 include: Community-based Alternatives (CBA); Home and Community-based Services (HCS); Community Living Assistance and Support Services (CLASS); Deaf-Blind Multiple Disabilities (DBMD); Consolidated Waiver Program (CWP); Texas Home Living (TxHmL); Money Follows the Person (MFP); STAR+PLUS/Managed Care - Waiver (MC: [Waiver]); STAR+PLUS Managed Care - Entitlement (MC: [Entitlement]); Primary Home Care (PHC); and Community Attendant Services (CAS). Detailed information regarding STAR+PLUS is not available.

TABLE 3:[34]
DADS/STAR+PLUS Waiver and Attendant Care Appropriations Expended, Estimated, and Requested

	FY 2010 Estimated	FY 2011 Projected	FY 2012 Requested	FY 2013 Requested
CBA	$454,477,582	$437,461,632	$418,456,870	$418,456,870
HCS	$731,844,547	$843,060,885	$866,434,379	$866,434,379
CLASS	$185,690,883	$230,258,588	$256,650,209	$256,650,209
DBMD	$7,347,798	$7,498,275	$7,498,279	$7,498,279
MDCP	$49,159,848	$52,214,333	$54,923,400	$54,923,400
CWP	$3,623,609	$3,623,529	$3,634,702	$3,634,702
TxHmL	$10,946,151	$11,001,177	$9,797,954	$9,797,954
MFP	$116,385,531	$120,897,366	$129,197,641	$145,862,893
DADS Total Waivers	$1,559,475,949	$1,706,015,785	$1,746,593,434	$1,763,258,686
STAR+(Waiver)	$283,678,457	$343,209,691	$423,812,191	$451,151,540
TOTAL: Waivers	**$1,843,154,406**	**$2,049,225,476**	**$2,170,405,625**	**$2,214,410,226**
PHC	$557,468,309	$550,305,454	$541,562,029	$557,531,117
CAS	$410,030,931	$422,020,930	$426,263,062	$429,752,287
DADS Total Attendant	$967,499,240	$972,326,384	$967,825,091	$987,283,404
STAR+ Entitlement	$352,231,629	$481,066,176	$569,238,193	$586,761,219
TOTAL: ATTENDANT PROGRAMS	**$1,319,730,869**	**$1,453,392,560**	**$1,537,063,284**	**$1,574,044,623**
GRAND TOTAL	**$3,162,885,275**	**$3,502,618,036**	**$3,707,468,909**	**$3,788,454,849**

TABLE 4:[35]

[34] **Source Documents**:

- FY 2010 Expended from DADS Fiscal Years 2012-2013 Legislative Appropriations Request.
- FY 2011 Estimated from DADS Fiscal Years 2012-2013 Legislative Appropriations Request.
- FY 2012 Requested from DADS Fiscal Years 2010-2011 Legislative Appropriations Request; includes "Restoration of ARRA" and "Annualization of Non-entitlement" Exceptional Items.
- FY 2013 Requested from DADS Fiscal Years 2010-2011 Legislative Appropriations Request; includes "Restoration of ARRA" and Annualization of Non-Entitlement" Exceptional Items.
- STAR+ information from HHS System Forecasting, Fiscal Years 2012-2013 Legislative Appropriation Request Forecast.
- Reductions in PHC and CBA programs in fiscal years 2011 and 2012 are a result of conversion of DADS Integrated Care Management program in the Dallas/Ft. Worth service area to STAR+PLUS effective February 2011.

DADS Waiver and Attendant Average Monthly Caseload Projected and Requested
HHSC STAR+PLUS Waiver and Attendant Average Monthly Caseload Expended and Projected

	FY 2010 Estimated Avg. #/month	FY 2011 Projected Avg. #/month	FY 2012 Requested Avg.#/month	FY 2013 Requested Avg. #/ month
CBA	26,108	23,032	21,907	21,907
HCS	17,255	20,223	21,690	21,690
CLASS	4,210	5,254	5,856	5,856
DBMD	150	153	153	153
MDCP	2,626	2,763	2,906	2,906
CWP	159	159	159	159
TxHmL	994	994	1,170	1,170
MFP	6,188	6,390	6,803	7,681
DADS Total Waivers	57,690	58,968	60,644	61,522
STAR+ Waiver	13,830	18,129	22,374	23,829
TOTAL: Waivers	**71,520**	**77,097**	**83,018**	**85,351**
PHC	55,347	53,613	52,733	54,288
CAS	42,943	43,541	43,979	44,339
DADS Total Attendant	98,290	97,154	96,712	98,627
STAR+ Entitlement	25,340	33,557	39,929	41,301
TOTAL: Attendant Programs	**123,630**	**130,711**	**136,641**	**139,928**
GRAND TOTAL	**195,150**	**207,808**	**219,659**	**225,279**

[35] **Source Documents**: Ibid.

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LEGISLATIVE APPROPRIATION REQUEST EXCEPTIONAL ITEMS SUPPORTING THE PROMOTING INDEPENDENCE INITIATIVE

The following exceptional items were included as part of each health and human services agency's and the Texas Department of Housing and Community Affairs' (TDHCA) Legislative Appropriations Request (LAR) supporting the Promoting Independence Initiative (Initiative):

Health and Human Services Commission (HHSC) Exceptional Items

- **Item 1:** This request represents the incremental costs associated with the fiscal 2012-2013 biennium Medicaid costs estimates over the fiscal year 2011 levels not allowed in the base request. Caseload growth is assumed to be in the base request at fiscal year 2011 cost levels and the Federal Medical Assistance Percentage (FMAP) rates of 60.55 percent for the fiscal 2012-2013 biennium. The overall fiscal 2012-2013 biennium Medicaid total cost growth over the base LAR forecast is 5.2 percent for fiscal year 2012 and 10.9 percent for fiscal year 2013. Risk Group medical costs account for 47 percent of the total and generally grow at a rate of 11 percent a year. Risk group medical costs include all inpatient/outpatient hospital costs, Health Maintenance Organization (HMO) premium payments, and all acute medical fee-for-service and Primary Care Case Management (PCCM) payments for the Medicaid Risk Groups and STAR+PLUS. Vendor drug costs are 22 percent of the total (before considering additional rebate income) and total cost growth above the base is 7 percent in fiscal year 2012 and 15 percent in fiscal year 2013. The Texas Health Steps program is 19 percent of this exceptional item and typically accounts for about 13 percent of costs. The FREW Settlement Agreement resulted in a fee increase of 25 percent in professional fees for medical services and an increase of 50 percent for dental services. There have been many FREW Strategic Initiatives & Corrective Action Orders proven to be successful and integrated into the base budget in the fiscal 2012-2013 biennium. The major funding component of the initiatives includes two rate factors for First Home Dental and Fluorine Varnish. Texas Health Steps includes medical and dental services as well as comprehensive care program services. Costs for emergency services provided to Legal Permanent Residents and Illegal Aliens represent approximately 0.6 percent of the total. Costs for Medical Transportation represent about two percent of the total. Premiums for certain Medicare clients (non-full dual eligibles) account for about nine percent of the total. The total amount is $1,341,855,509 million general revenue (GR).

- **Item 14:** Implementation of capitated managed care services in South Texas by March 2012. Managed care services would include STAR and STAR+PLUS in 13 counties in South Texas. This estimate reflects improved utilization management in the affected service areas, long-term care savings at the Department of Aging and Disability Services (DADS), and the revenue gain in Insurance Premium Tax at the Texas Comptroller of Public Accounts (CPA) which cannot be realized at HHSC. Strategy 4-2-2 reflects those non-HHSC impacts. The savings is projected at $290,019,368 million GR.

- **Item 17:** This request would include in-patient hospital costs in the capitation rates for STAR+PLUS by March, 2012. Currently these costs are excluded from the capitation and paid fee-for-service for STAR+PLUS members. The estimate reflects the revenue gain in

Insurance Premium tax to the CPA which cannot be realized at HHSC. Strategy 4-2-2 reflects those non-HHSC impacts. Estimates also do not yet include any administrative costs or savings. There also could be a negative impact to the Upper Payment Limit receipts by Hospitals. The impact also assumes adoption of current, contiguous, Lubbock, El Paso, and South Texas Expansion coverage or the previous savings exceptional items. The savings is projected at $28,940,877 million GR.

- **Item 21:** This item addresses the prevalence rates for autism which have increased rapidly in recent years, impacting an estimated 1 in 110 children, according to the Centers for Disease Control. H.B. 1574, 81st Legislature, Regular Session, 2009, requires HHSC to establish and administer an autism spectrum disorders resource center to coordinate resources for individuals with autism and other pervasive developmental disorders and their families. Although unfunded by the legislature, HHSC and DADS are currently contributing $50,000 annually to an effort to begin building the center through a collaborative effort involving over 20 university autism programs. The goal of the initial effort is to develop a web-based center, building on existing resources and information provided by the collaborative partners. However, the goal of the legislation was much broader than can be accomplished by a web-based resource alone, and requires HHSC to design the center to: conduct training and development activities for persons who may interact with an individual with autism in the course of their employment, including school, medical, or law enforcement personnel; and coordinate with local and other pervasive developmental disorder service providers. The goal of building an autism center has widespread support by advocates and stakeholders. Funding will enable HHSC (through a contract with DADS) to begin to provide training and development activities that are central to the mandates required of the center. It will also allow for further development and on-going implementation of the web-based resource tools, as well as the development of some of the coordination and support activities described in legislation. Without this funding, the state will be without a central hub for resource information and training relating to autism, and HHSC will not likely meet some of the core mandates of the legislation. This item requests $1,594,780 million in GR.

- **Item 22:** This item supports enhancement to the 2-1-1 system. Two additional full-time employees (FTE) are needed to support the HHSC expanding 2-1-1 workload in the areas of contract management and routine administrative duties (clerical). Currently, one FTE manages all aspects of multiple contracts, and all routine administrative duties are performed by professional staff, including the program manager. 2-1-1 Area Information Centers (AICs) experienced a 55 percent increase in call volumes during calendar year 2009 due to the increase in families needing information about community services to supplement basic needs. Therefore, additional funding is needed to enable them to adequately staff the call centers to effectively respond to each call and meet monthly service level agreements. Improvements to the 2-1-1 telephony call platform are also needed due to the increased call volumes. Implementation of technological enhancements (Virtual Hold Technology and Advance Features Services) would improve management of call volumes on a daily basis, as well as during a major disaster. A major disaster, such as a hurricane that severely impacts the Texas Gulf Coast, results in a significant increase in calls for information and referral for HHSC human services programs, in addition to the basic disaster related calls. There has

been an increase in the number of AICs not meeting the monthly service level of 80 percent of calls answered within 60 seconds. This items requests $1,733,799 million GR.

- **Item 23:** This request continues the DADS, Department of Assistive and Rehabilitative Services (DARS), and Department of State Health Services (DSHS) efforts in reducing or eliminating the number of individuals waiting for community services.
  - DADS - $204.2 million GR and $482.3 million All Funds (AF). Included in this exceptional item are DADS Home & Community Care Waivers, Non-Medicaid services, MR Community, and In-Home & Family Support (IHFS). Programs included in Home and Community Care Waivers are Community Based Alternatives (CBA), Community Living Assistance and Support Services (CLASS), Medically Dependent Children's Program (MDCP), Consolidated Waiver Program (CWP), Deaf-Blind with Multiple Disabilities (DBMD), Home and Community Based Services (HCS) and Texas Home Living (TxHmL). This request includes staff costs associated with the additional long-term care eligibility FTEs needed at DADS to support the increased community services capacity. Incremental Medicaid acute care and prescription drug costs incurred by HHSC are assumed in DADS portion of this request for all programs except for Non-Medicaid, MR Community, and IHFS. This exceptional item increases DADS community services capacity by providing an average monthly caseload increase of 3,928 in fiscal year 2012 and 11,785 by fiscal year 2013.
  - DARS - $7.4 million GR & AF. DARS programs included in this exceptional item are Independent Living Service (ILS) & Comprehensive Rehabilitative Services (CRS). This exceptional item provides services for an additional 625 individuals in the CRS program & 1,760 individuals in the ILS program.
  - DSHS - $53.8 million GR & AF. DSHS programs included in this exceptional item are Child and Adolescent Community Mental Health (CACMH), Adult Community Mental Health (ACMH), & Children with Special Health Care Needs (CSHCN). This exceptional item provides services for an additional 4,056 individuals in ACMH, 277 individuals in CACMH, & 87 individuals in CSHCN. The total request is for $265,423,701 million GR.

- **Item 26:** This funding request would develop and implement a new Medicaid waiver for individuals with an acquired brain injury. The long tem costs would be at DADS and the acute at HHSC. There would also be administrative costs at both agencies. The biennial cost at DADS totals $1.0 million GR and $ 2.2 million AF. The biennial cost at HHSC totals $0.4 million GR and AF. During fiscal year 2012, the waiver would be developed and submitted for federal approval. Waiver implementation is assumed in fiscal year 2013 with 100 slots for clients. Fifty new slots would be added over the next two years, eventually expanding up to 200 slots by 2015. Total costs are $1,246,620 million GR.

Department of Aging and Disability Services Exceptional Items

DADS is requesting 11 exceptional items with its LAR. The total amount in GR for the exceptional items is $515,904,691 with seven items relating to the enhancement or supports for individuals to live in the community for a total GR amount of $482,361,998.

- **Item 1:** This item will replace American Recovery and Reinvestment Act (ARRA) funding in the fiscal 2010-2011 biennium. The LAR 2012-2013 instructions state that any requests for GR to replace ARRA funding in the fiscal 2010-2011 biennium must be requested as an exceptional item and should not be included in the agency's baseline request, unless ARRA funded a program covered by the exceptions listed in the Policy Letter. While the Policy Letter provided an exception for Medicaid "entitlement" programs, Medicaid waiver programs are not considered to be entitlement. An additional $192.4 million GR is needed to replace the fiscal 2010-2011 biennium level of ARRA funding.

- **Item 2:** This item will adjust for the ramp-up of community-based services that was not part of the baseline LAR. The FY 2010-11 Appropriations Act included funding for expansion of community-based services. The Act assumed that this expansion would ramp-up steadily over the course of the fiscal biennium. As a result, the estimated number of individuals in August 2011 will exceed the average monthly number of individuals served in fiscal year 2010 or fiscal year 2011. However, the instructions for determining the baseline GR funding limit for the fiscal 2012-2013 biennium is based upon the two-year average GR level for the fiscal 2010-2011 biennium, which is insufficient to fund the number of individuals served in August 2011. An additional $127 million GR is needed to maintain services at August 2011 levels.

- **Item 3:** This item accounts for rate increases, cost inflation, utilization, and acuity. The LAR 2012-2013 instructions state that rate increases, cost inflation, utilization, and acuity should be shown as exceptional items and should not be included in the base request. Even without rate increases, DADS is experiencing increases in the average cost per individual served in many programs as the result of increased utilization or acuity. DADS has limited ability to control these cost increases. Without additional funding, DADS will serve fewer individuals in the waiver programs, and DADS will experience funding deficits in the entitlement programs. The request is for $101,793,199 million GR.

- **Item 4:** This item addresses issues pertaining to enhancing the Initiative. This item would fund 500 slots at large intermediate care facilities for persons with mental retardation (ICFs/MR) and state supported living centers (SSLCs), 192 slots for the Department of Family and Protective Services (DFPS) children aging out of foster care, 240 crisis slots for persons at imminent risk of entering an ICF/MR, and 100 slots for individuals at imminent risk of entering a nursing facility. This item would also create at least one Behavior Intervention Team (BIT) in each of the state's nine waiver contract areas. A BIT can be comprised of a direct care credentialed Certified Behavior Analyst, registered nurse licensed vocational nurse, and social worker providing enhanced services to individuals with challenging behaviors. Any HCS provider certified as being in good standing may create a BIT. The movement toward community care settings is in line with the 1999 *Olmstead* lawsuit settlement. This item would also create a presumptive eligibility pilot in the East Texas region for Medicaid-funded community care services beginning fiscal year 2013. The goal of presumptive eligibility determination is to deliver supports more quickly to individuals who may otherwise access nursing facility services. Primary Home Care (PHC) and Day Activity and Health Services (DAHS) applicants would expect to receive services one month earlier than under the current process, while Community Attendant Services

(CAS) applicants would expect to receive services three months earlier. The item assumes that DADS will receive Federal matching funds (FMAP) for the service costs. There is a possibility that the Centers for Medicare and Medicaid Services (CMS) would not approve FMAP for this pilot because the services would not be offered state-wide. This item is requesting $31,809,647 million GR to fund all these services and activities.

- **Item 5:** This item will expand Aging and Disability Resource Centers (ADRCs). ADRCs are a valuable source of assistance for individuals with multiple needs requiring solutions from multiple agencies and resources. Locally-designed and tailored to the needs of each community, ADRCs build partnerships between state and local agencies as well as for-profit and nonprofit organizations to help individuals connect to local resources rather than relying only on federal and state services. Since these entities have worked out expedited protocols and budgeting with many community partners, ADRCs can help consumers get access to services quickly and easily. DADS currently has nine ADRCs (with an additional two planned for 2010). To continue support for the existing ADRCs (at $100,000 each, per year) and to establish three additional ADRCs at $200,000 each per year, an additional $3.7 million GR is needed for the fiscal 2012-2013 biennium.

- **Item 6:** This item will increase the number of specialized ICFs/MR across the state that provide intensive, short-term (three to six months) behavioral support services. These services would be based on a similar program in Richmond, Texas, known as the Behavior Training and Treatment Center (BTTC). Funding would provide 2 specialized ICFs/MR in each of the 12 SSLC areas. An additional $18,789,246 million GR is required to fund this activity.

- **Item 11:** This item will fund two additional Program of All-Inclusive Care for the Elderly (PACE) sites. PACE provides care by promoting the development of integrated managed care systems for the aged and disabled. PACE uses a comprehensive care approach, offering an array of services for a capitated monthly fee. PACE provides all health-related services, including in-patient and out-patient medical care, as well as a wide range of specialty services such as dentistry, in-home care, and transportation. Currently, DADS operates two PACE sites, one in El Paso (Bien Vivir) and one in Amarillo (Jan Werner). They share approximately 1020 slots. In the spring of 2010, an additional site in Lubbock (La Paloma) is set to open with an allocation of 150 slots. There are two parts to this exceptional item. The first would add 50 additional slots for each of the three current PACE locations. The second would add two new PACE sites funded to serve 200 clients each, to be phased in during fiscal year 2013. At a cost of roughly $2,400 to $3,000 per client, the price for PACE services is considerably less than that needed for more traditional care. The request is for $6,947,025 million GR.

<u>Department of State Health Services Exceptional Items</u>

- **Item 9:** DSHS seeks funding to implement a research-based and field tested model of behavioral health care in urban communities across the state. The intent is to provide cost savings to the state and to funded communities via a jail diversion program designed to reduce incarceration rates for juveniles and adults who suffer from mental illness or

substance abuse. DSHS also proposes to identify and initiate early treatment for contagious, expensive, and high risk diseases within these targeted populations, which are among the highest risk groups for exposure. Due to high levels of drug trafficking and violence, DSHS also proposes a comprehensive prevention and treatment response targeted at key border communities. DSHS would expand funding for Rural Border Initiatives in order to expand culturally competent outreach and linkage to Texans who reside in communities that might otherwise not engage in prevention and treatment services. These communities are among the most impoverished in the nation, and as such, their citizens are vulnerable to the violence and drug activity that impacts their neighbors, friends, and often their extended families across the border. The request is for $18,572,274 million GR.

Department of Family and Protective Services Exceptional Items

- **Item 5:** DFPS seeks funding to maintain current caseloads per worker. Based on forecasted caseload increases for the fiscal 2012-2013 biennium, DFPS will need additional direct delivery staff to maintain projected fiscal year 2011 caseloads per worker. This item includes new workers for Child Protective Services (CPS) investigations, Family Based Safety Services (FBSS), Substitute Care (SC), and Adult Protective Services (APS) In-Home.
  - $26.2 million GR for CPS Investigative Staff. This funding would provide 25 new investigative units with 151 caseworkers, 25 supervisors, 12.5 case aides, 25 administrative assistants, 5 Program Directors, and 1 Program Administrator for a total of 219.5 functional unit FTEs for fiscal year 2012. Maintaining manageable caseloads helps ensure statutory and policy requirements for quality investigations and casework are met. Workers need sufficient time to investigate a case and to properly document the case in the automated system in order to provide essential protection for vulnerable children.
  - $20.7 million GR for FBSS staff. This fund would provide 23 new FBSS units with 135 caseworkers, 23 supervisors, 23 case aides, 23 administrative assistants, and 4 Program Directors, for a total of 208 functional unit FTEs. Request also includes 1.5 attorneys, 1 legal assistant, 1 IT systems support specialist, and 0.5 accountant. More frequent contact by workers with children who receive FBSS services and their parents improves the safety of these children. Growing caseloads without the additional staff to keep caseload per worker at a manageable level hinder our ability to make the necessary face-to-face contacts, thus putting children further at risk of harm.
  - $12.1 million GR for SC staff would provide 13 new SC units with 76 caseworkers, 13 supervisors, 13 case aides, 13 administrative assistants, and 2 Program Directors, for a total of 117 functional unit FTEs. Request also includes 1 attorney, 0.5 legal assistant, 0.5 IT systems support specialist, and 0.5 accountant. More frequent contact by workers with children in foster care and with the parents of these children improves the likelihood of a good outcome for each child, such as increased child safety and quicker permanency. Growing caseloads without the additional staff to keep caseload per worker at a manageable level hinder our ability to make the necessary face-to-face contacts.
  - $10.9 million GR for APS In-Home staff. Request includes 78 caseworkers, 11 supervisors, 11 administrative assistants, and 2 Program Administrators, for a total of 102 direct delivery FTEs. Request also includes 5 attorneys, 0.5 IT systems support specialist, and 0.5 accountant. Would maintain an average daily caseload per worker of 33.6.

- Growing caseloads without the additional staff to keep caseload per worker at a manageable level hinder our ability to conduct quality investigations in a timely fashion and arrange for appropriate services to address the underlying causes of abuse, neglect, or exploitation, thus putting vulnerable adults at further risk. The total request is $69.8 million GR.
- (APS Note: Part 4 of this item is a request to maintain current caseloads in the APS In-Home Investigations program, which serves persons who are disabled and those who are age 65 and over, as the total number of investigations continues to grow. This funding maintains a manageable average daily caseload per worker of 33.6. Approximately 49 percent of over 72,000 APS In-Home investigations in fiscal year 2009 assisted individuals under 0-64 years of age who have disabilities. Many individuals over 65+ assisted by APS have a disability as well.)

- **Item 7:** DFPS is seeking funding for caseload growth for Relative Caregiver Program. The Relative and Other Designated Caregiver Placement Program, also known as the Kinship Program, provides assistance to relatives and other designated caregivers for children in DFPS conservatorship who are placed in their care. Designed to promote continuity and stability for these children by placing them with a relative or other person who has a longstanding and significant relationship with the child. Provides monetary assistance that includes a one-time payment of $1,000 per family and annual reimbursement of expenses of $500 per child. This exceptional item requests the funding to address the forecasted caseload growth for monetary assistance and day care services. Without this support, many relatives would be unable to provide a placement option, and the children would be placed in paid foster care.
  - $3.1 million GR in monetary assistance for an average monthly increase of 147 children in fiscal year 2012 and 191 in fiscal year 2013. There is a five percent increase projected for fiscal year 2012 and a four percent increase for fiscal year 2013 in the number of children receiving monetary assistance.
  - $1.0 million GR in relative day care services for an annual increase of 257 children in fiscal year 2012 and 254 in fiscal year 2013.
  - The total request is for $4.1 million GR.

- **Item 11:** DFPS is requesting funding to reduce caseloads per worker to fiscal year 2009 average. Client safety is greatly improved with lower caseloads that allow workers to spend more time on each case, thus improving the quality of the casework which results in better outcomes for the clients. Significant additional direct delivery staff resources were provided in the fiscal 2006-2007 biennium and the fiscal 2008-2009 biennium. Fiscal year 2009 is the year that best demonstrates the benefits of the additional staff after they are trained and carrying a full caseload. Given projected client growth, only two services would need additional direct delivery staff to reach the average daily caseload experienced in fiscal year 2009 for those services - CPS Investigations and APS In-Home.
  - $11.2 million GR for CPS Investigative Staff. This will provide 11 new investigative units with 68 caseworkers, 11 supervisors, 5.5 case aides, 11 administrative assistants, 2 Program Directors, and 1 Program Administrator for a total of 98.5 functional unit FTEs. Request also includes 1 attorney, 0.5 legal assistant, 1 IT systems support specialist, 0.5

IT network specialist, and 0.5 accountant. Item 11 would reduce the average daily caseload from 21.1 to 20.5 by fiscal year 2013.

- $20.0 million GR for APS In-Home Staff. Request includes 133 caseworkers, 19 supervisors, 19 administrative assistants, and 3 Program Administrators, for a total of 174 direct delivery staff FTEs. Request also includes 1.5 attorneys, 1 IT systems support specialist, and 0.5 accountant. Would reduce the average daily caseload from 33.6 to 27.5 by FY 2013. The total request is for $31.2 million GR.
  [APS Note: Part 2 of this item is a request to reduce APS In-Home Investigations caseloads from 33.6 per worker to 27.5 per worker, the average in fiscal year 2009. Approximately 49 percent of over 72,000 APS In-Home investigations assisted individuals under 65 who have disabilities. Many individuals over 65 assisted by APS have a disability as well.]

Department of Assistive and Rehabilitative Services Exceptional Items

- **Item 4:** This item enhances the Vocational Rehabilitation (VR) Blind program. This program provides services designed to assess, plan, develop, and provide vocational rehabilitation services for individuals who are blind consistent with their strengths, resources, priorities, concerns, and abilities, so they may prepare for and engage in gainful employment and live as independently as possible. Services are provided on an individual basis according to how the person's visual loss is affecting their ability to obtain and keep a job. The purpose of the VR Blind program is to increase the consumers' self-sufficiency and reduce or eliminate the need for other public assistance programs. Close attention is given to building the consumer's self-confidence through the mastery of these essential skills.

  The VR General strategy provides services leading to employment consistent with consumer choice and abilities. VR rehabilitates eligible people with disabilities and helps them enter full time, or, if appropriate, part-time competitive employment in the integrated labor market. Services are individualized. Together, a consumer and a counselor determine an employment goal for the consumer that is consistent with the consumer's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. The total cost is $4,952,464 million GR.

- **Item Priority 6:** This item will enhance three programs at DARS: Autism Program; the Deaf and Hard of Hearing-Board of Evaluation of Interpreters; and Independent Living Centers. The impact on the Autism Program: expand services geographically by adding three providers. Target areas: Lower Rio Grande Valley, West Texas, Panhandle, and Northeast Texas. Build consumer data management system. Approximately 21,600 children aged 3 through 8 are in need of autism services in Texas. This item also establishes Independent Living Centers: Establish three new centers for independent living consistent with recommendation of State Independent Living Council and Committee. Target areas: College Station, Wichita Falls, Victoria, and Sherman. Independent Living Centers are less costly than the provision of services in institutions such as nursing homes or mental health facilities. An estimated $14,000 is saved per year for each individual choosing community placement over institutionalization. The total cost of the item is $9,826,089 million GR.

Texas Department of Housing and Community Affairs Exceptional Item

- **Item Priority 10:** TDHCA is requesting an additional $8 million in GR over the biennium for the Housing Trust Fund (HTF) to build on and expand initiatives implemented in 2010-2011. Activities supported through the HTF in 2010-2011 include the Bootstrap Loan Program, the Affordable Housing Match Program, the Rural Housing Expansion Program, the Veterans Housing Support Program, and the Amy Young Barrier Removal Program for People with Disabilities. Through these programs, TDHCA has been able to serve rural communities, persons with disabilities, farm workers, and other populations whose needs are difficult to meet with restrictive federal funds. Increased funding will allow TDHCA to expand and refine these programs as well as leverage other funds that might otherwise be lost to the state. For instance, fiscal year 2010 HTF Affordable Housing Match Program awards will leverage an estimated $9.6 million, or $20 for every HTF dollar invested, including $2.5 million in federal funds. The HTF Rural Expansion 502 United States Department of Agriculture (USDA) Loan component will help the state retain an estimated $5.7M in USDA funds, leveraging $60 for every state dollar and expanding housing options for rural households. The increased funding will allow the state to assist 260 additional low income households over the biennium, perhaps more depending on funds leveraged, including an estimated 52 additional households per year through single family programs such as the Bootstrap Program, Veterans Housing Support Program, and the Amy Young Barrier Removal Program for People with Disabilities. All additional funding would be used for direct services.

  The HTF supports the TDHCA Goal 1, to increase and preserve the availability of safe, decent, and affordable housing for very low, low, and moderate income persons and households, and the state's Priority Goal for Economic Development. The HTF is governed through Section 2306, Subchapter 1, Texas Government Code.

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2008 PROMOTING INDEPENDENCE PLAN RECOMMENDATIONS STATUS UPDATE AND AGENCY STATUS REPORTS

The Health and Human Services Commission, based on the Promoting Independence Advisory Committee's recommendation made in its *2008 Promoting Independence Advisory Committee Stakeholder Report,* included 23 recommendations in its *2008 Revised Promoting Independence Plan (Plan).*[36] Please see Appendix E for a complete listing and status of each recommendation included in the *2008 Plan*.

The health and human services agencies have each prepared their own status reports. These reports detail how each agency met its Promoting Independence legislative mandates and created its own initiatives to meet the goals of the Plan. These fiscal year 2010 status reports may be found:

- Health and Human Services Commission (Appendix F)
- Department of Aging and Disability Services (Appendix G)
- Department of State Health Services (Appendix H)
- Department of Family and Protective Services (Appendix I)
- Department of Assistive and Rehabilitative Services (Appendix J)

[36] For the full Plan see DADS website at: http://www.dads.state.tx.us/providers/pi/index.html

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CHILDREN'S ISSUES

Since the passage of S.B. 368, 77th Legislature, Regular Session, 2001, more than 3,100 children (0-21 years of age) have relocated from institutions to families or to a less restrictive setting. More than 1,600 of those children have left institutions and returned to their birth family or have moved to a support or alternate family. Additionally, more than 1,500 children have transitioned from nine or more bed community Intermediate Care Facilities for Persons with Mental Retardation (ICFs/MR) to less restrictive, smaller group homes.[37] These opportunities have significantly improved the lives of children and their families.

While there has been incredible progress in the movement of children out of institutional settings, the total number of children who continue to reside in institutions remains relatively high although there has been a reduction since fiscal year 2007, when there were 152 children/youth under the age of 21 were admitted to state supported living centers (SSLCs); 111 of those children were 0-17 years of age. In fiscal year 2010, there 91 children/youth under the age of 21 admitted into SSLCs with 64 of those 0-17 years of age – this is a slight increase from fiscal year 2009 when there were 88 children/youth admitted. Of note, 40 of the 65 children (0-17 years of age) were admitted as a juvenile alleged offender while six individuals aged 18-21 years of age were admitted as adult alleged offenders or through emergency commitment. For the twelve month period ending February 28, 2010, the total number of children in SSLCs decreased from 328 to 307, a six percent reduction.[38] Since that report, an additional 21 children have left for a total number of children of 286 as of August 31, 2010; 98 which are alleged offenders.

Table 5 contrasts the number of children in the Department of Aging and Disability Services' (DADS) and the Department of Family and Protective Services' (DFPS) institutional settings from August 2002 to February 2010 and the percent decrease:[39]

TABLE 5: Trends in Number of Children in Institutions by Type of Facility

Institution Type	Baseline Number as of August 31, 2002	Number as of February 28, 2010	Percent Change since August 2002
Small ICF/MR	418	266	-36%
Medium ICF/MR	39	54	38%
Large ICF/MR	264	40	-85%
State MR Facilities	241	307	27%
Nursing Facilities	234	98	-58%
DFPS Facilities	167	221	32%
Total DADS Facilities	**1,196**	**765**	**-36%**
Total DADS and DFPS Facilities	**1,363**	**986**	**-28%**

[37] *Permanency Planning Report, July 2010:* http://www.hhsc.state.tx.us/reports/SB368_PermanencyPlanningReport_0708.pdf.
[38] Ibid.
[39] Ibid.

Some of the reasons for the continued placement of children in facilities are: the lack of access to needed family and community-based supports, behavioral health services for children with co-occurring disabilities; and forensic placement. The Department of Aging and Disability Services included in its Legislative Appropriations Request Exceptional Item 4 which includes: 192 Home and Community-based Services (HCS) waiver slots for DFPS children aging out of foster care, 240 crisis HCS slots for individuals at imminent risk of entering an ICF/MR, which includes dedicated slots for children, and the creation of at least one Behavior Intervention Team in each of the state's nine waiver contract areas.

The health and human services system has several other committees looking at these issues:

Children's Policy Council: http://www.hhsc.state.tx.us/si/cpc/index.shtml
Early Childhood Intervention Advisory Committee:
http://www.dars.state.tx.us/ecis/analysis_complete_report.pdf
Continuing Advisory Committee for Special Education: http://ritter.tea.state.tx.us/special.ed/spp/
Interagency Council for Building Healthy Families:
http://www.dfps.state.tx.us/documents/HealthyTxFamilies/2009-12-01_ICC_Report.pdf
Council on Children:
http://www.hhsc.state.tx.us/about_hhsc/AdvisoryCommittees/LARAnalysisReports/2010/AnalysisReport.doc
Task Force for Children with Special Needs:
http://www.hhsc.state.tx.us/about_hhsc/AdvisoryCommittees/TaskForce.shtml
Texas Mental Health Transformation Workgroup (MHT TWG) Children and Adolescent Work Group

HOUSING ISSUES

One of the barriers to a successful relocation from an institutional setting is the need for affordable, accessible, and integrated housing. Integrated housing is defined as normal, ordinary living arrangements typical of the general population and is achieved when individuals with disabilities choose ordinary, typical housing units that are located among individuals who do not have disabilities or other special needs.

The following sections identify the accomplishments made in the housing arena by the health and human services system in partnership with the Texas Department of Housing and Community Affairs (TDHCA) and the local public housing authorities.

Project Access Vouchers (permanent Section 8 housing vouchers)

- TDHCA increased their Project Access Vouchers (Vouchers) from 35 to 50 in 2009 and from 50 to 60 in 2010.
- For 2011, the TDHCA Board of Directors approved an increase in Vouchers from 60 to 100 with 20 percent of all Vouchers set-aside for individuals 62 years of age or older relocating from institutional settings.
- TDHCA's Voucher program has assisted over 270 individuals since the program began in 1992 with 35 vouchers.
- TDHCA changed the Voucher rules to allow individuals who might become "at risk" of re-institutionalization to apply for a Voucher. "At risk" is defined as within 120 days of the HOME Tenant Based Rental Assistance (TBRA) voucher expiration.

Housing Trust Fund (the state's general revenue housing fund)

- TDHCA Board of Directors approved a new Housing Trust Fund (HTF) program, the Affordable Housing Match Program which can provide $750,000 for grants to non-profit organizations to leverage additional funds for the production of affordable housing.
- TDHCA issued a HTF Notice of Funding Availability (NOFA) for another new program, the Amy Young Barrier Removal program which provides up to $20,000 in one-time grants to individuals with disabilities to make their homes (rental or owner-occupied) more accessible.

HOME TBRA (two-year temporary "bridge" vouchers)

- TDHCA opened a NOFA for applicants applying to administer TBRA vouchers for people with disabilities transitioning out of institutions into the community before making the funding available to other applicants.
- TDHCA proposed a change to the HOME rules to allow the administrative fee for the Persons with Disabilities TBRA program to increase from six to eight percent.

Collaboration with Public Housing Authorities

- Fort Worth Housing Authority set-aside 10 public housing units and 10 Section 8 vouchers for individuals participating in the Money Follows the Person (MFP) Demonstration (Dec 2009).

Housing Development

- TDHCA changed its rules for the Competitive Low Income Tax Credit program to provide an additional 30 percent boost in the eligible cost basis of a development if the developer sets-aside units for households at or below 30 percent of the Area Median Income level.
- TDHCA Board of Directors approved the 2010 HOME Rental Housing Development NOFA which included a $1 million set-aside for the development of accessible rental units reserved for persons with disabilities.

Housing Resources

- The Texas Low Income Housing Information Services develops and maintains a housing inventory database, the Texas Housing Counselor which can be accessed at www.texashousingcounselor.org.
- Promoting Independence (PI) and MFP Demonstration webpage updated with links to affordable housing resources (TDHCA), Department of Housing and Urban Development, and the United States Department of Agriculture Rural Development).
    - Although there have been significant accomplishments during the fiscal biennium, affordable, accessible and integrated housing is still in short supply for the *Olmstead* population.

The Housing and Health Services Coordinating Council (Council)

The Housing and Health Services Coordination Council was created by S.B. 1878, 81st Legislature, Regular Session, 2009. The purpose of this Council is to increase state efforts to offer service-enriched housing through increased coordination of housing and health services. The Council seeks to improve interagency understanding of housing and services and increase the number of staff in state housing and state health services agencies that are conversant in both housing and health care policies. TDHCA has administrative responsibility for the Council and all of its activities. The Executive Director of TDHCA serves as the Council Chair.

The Council is composed of 16 members: 8 members appointed by the Governor, and 7 State agency representative members including the Health and Human Services Commission, the Department of Aging and Disability Services, the Department of State Health Services, and the Department of Assistive and Rehabilitative Services. The Council's 2010-2011 Biennial Plan may be found on the TDHCA website at: http://www.tdhca.state.tx.us/hhscc/.

WORKFORCE

Addressing workforce issues is critical to successful compliance with the *Olmstead* decision and to the Promoting Independence Initiative (Initiative) because a stable direct service workforce (workforce) is necessary for individuals who choose to live in the community. The issue of retaining a trained and tenured workforce is a national problem as well as one confronting Texas.

Community-based Services Workforce Council

The Health and Human Services (HHSC) Executive Commissioner directed the Department of Aging and Disability Services (DADS) to convene a Community-based Workforce Advisory Council (Council). The Council's duties were to:

- identify and study direct care workforce issues, including wages and benefits, turnover, recruitment, training and skill development, and retention of personal attendants; and
- review the current and anticipated need in Texas for home and community-based services and workforce available in this state to meet that need.

A preliminary report by the Council was completed by May 1, 2010. The final report includes:

- an analysis of the current and anticipated funding needs for home and community-based services in the state in the workforce available to meet that need;
- identification of significant problems in the home and community based services workforce; and
- policy and funding recommendations.

The final report and other information may be found at:
http://www.dads.state.tx.us/hcbscouncil/index.cfm.

Through the Money Follows the Person Demonstration (see *Grants/Innovations Supporting Promoting Independence* section for more information regarding the Money Follows the Person Demonstration), DADS will contract for a staff person to focus on the continuation of the Council and other workforce related policy.

.Adding Medicaid Buy-In (Buy-In) eligibility to the waivers

The Buy-In program allows individuals with disabilities, who are working and earning more than the allowable limits for regular Medicaid, the opportunity to retain health care coverage through Medicaid, thus allowing them to earn more income without the risk of losing vital health care coverage. Buy-In provides Medicaid benefits to working individuals with disabilities, regardless of age, who apply for Medicaid and meet the requirements established by HHSC. An individual may be required to pay monthly premiums, based on the amount of the individual's earned and unearned income.

HHSC approved adding Buy-In eligibility to the Medicaid 1915(c) waivers and that process is complete. HHSC and the Department of Assistive and Rehabilitative Services (DARS) received a 2008 Medicaid Infrastructure Grant (MIG) (see *Grants/Innovations Supporting Promoting Independence* section) from the Centers for Medicare and Medicaid Services (CMS) in the

amount of $500,000. The MIG program was created by The Ticket to Work & Work Incentives Improvement Act of 1999, which makes funds available through 2011. Texas is using the MIG award to enhance its Buy-In program. Additional information about the Buy-In program may be found on HHSC's website at: http://www.hhsc.state.tx.us/mbi.html.

S.B. 187, 81st Legislature, Regular Session, 2009, creates the Medicaid Buy-In Program for Disabled Children which allows families whose income does not exceed 300 percent of federal poverty level to buy-in to the Medicaid program for their child with a disability. This program should be operational in fiscal year 2011.

Supported Employment

DADS works with providers, individuals, parents, and other stakeholders who have identified the need for information and training to successfully support individuals with intellectual and developmental disabilities (IDD) to find and maintain competitive employment. DADS will continue to regularly solicit stakeholder input on a plan to improve employment outcomes for persons receiving DADS services.

Staff has continued working on DADS Employment Services Training and Technical Assistance Initiative. The purpose of this initiative is to improve employment outcomes for individuals with IDD receiving services in DADS programs. As part of this initiative, staff hosted regional forums on employment for providers and other stakeholders. Forums were held in Fort Worth (June 22), Houston (June 24), and San Antonio (September 14).

Another activity of this initiative, the Employment First pilot, began in April, 2010 with a voluntary group of state supported living centers and Home and Community-based Services waiver providers. Participants in the pilot will form a partnership locally with other organizations involved in employment services, and will utilize the resources and expertise of the partnership to assist at least three individuals interested in working to gain and maintain competitive, integrated employment. DADS will also offer sometime next year, technical assistance grants for providers towards increasing the number of consumers in integrated, competitive employment.

Demonstration to Maintain Independence and Employment (DMIE) - Working Well

CMS awarded Texas a $21.1 million grant to determine whether providing health coverage and employment supports would keep working individuals with mental and physical disabilities from depending on federal benefits, such as Medicaid, SSI, or SSDI. Texas received CMS approval to implement the DMIE study in February 2007. Federal disability programs provide financial and medical assistance to workers who become disabled, however there are no federal programs designed to prevent workers with significant health problems from becoming disabled and dependent on federal assistance. Working Well was authorized under the Ticket to Work and Work Incentives Improvement Act of 1999.

Working Well interventions included: case management (health and employment navigation, motivational interviewing, advocacy and empowerment), employment services, expedited clinic appointments, substance abuse services, dental benefits, vision benefits, prescriptions, and waived co-payments for health services. DMIE interventions ended on September 30, 2009 with the evaluation of the post-intervention phase to conclude in December 2010.

Working Well is administered by the Texas Department of State Health Services Mental Health and Substance Abuse Division, operated locally by the Harris County Hospital District, and independently evaluated by the University of Texas at Austin Addiction Research Institute (see *Grants/Innovations Supporting Promoting Independence* section for more detailed information).

Realistic Job Preview

DADS developed two twenty minute realistic job preview (RJP) videos of the direct service worker position to be made available to agencies and individuals considering this career. Studies have shown RJPs to positively affect employee retention rates. These videos will educate job applicants about the rewards and challenges of direct support work in order to help individuals decide if this is the type of work best suit for them.

One video targets applicants seeking to work with individuals with developmental disabilities; the other will target those interested in working with individuals with physical disabilities. The goal in producing these videos is to reduce turnover among direct service workers. These videos were produced with funding from the Money Follows the Person Demonstration and are on the federal CMS website. The videos may be found on DADS website at: http://www.dads.state.tx.us/providers/jobpreview/index.html.

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GRANTS/INNOVATIONS SUPPORTING PROMOTING INDEPENDENCE

Money Follows the Person Demonstration (Demonstration)

The Demonstration is a multi-year federal demonstration award to Texas to assist in its efforts to provide additional community-based options, and promote an individual's choice in where they want to receive their long-term services and supports. Congress originally allocated $1.75 billion for this Demonstration through the Deficit Reduction Act of 2005, Section 6071, and recently extended the program through calendar year 2016 through the Affordable Care Act, Section 2403 (the total national program is now funded at $4 billion). The Demonstration provides states an enhanced Federal Medical Assistance Percentages (FMAP) for all individuals who relocate from an institutional setting to a community-based setting for up to 365 days. For Texas, this is 20 additional FMAP which amounts to approximately 80 percent federal funds/20 percent general revenue (GR). The American Recovery and Reinvestment Act (ARRA) has increased this to 85-15 during the ARRA period which ends June 30, 2011. Texas will receive more than $50 million in enhanced funding through calendar year 2016; Texas' original award was $25 million but recently requested and was granted almost a doubling of its original request.

Projected Benchmarks

Texas originally proposed that it would relocate 2,999 individuals through calendar year 2011; it exceeded those benchmarks in July 2010 and as of September 2010 had enrolled 3,251 into the Demonstration. The Centers for Medicare and Medicaid Services (CMS) approved Texas' request to expand the Demonstration and Texas is now stating that it will relocate 10,000 individuals through calendar year 2016.

Organization

The Demonstration includes four state agencies and all service/reimbursement systems. The four state agencies are:

- Health and Human Services Commission (HHSC): the Medicaid/Children's Health Insurance Program (CHIP) Division is the official sponsor/lead on the Demonstration as required by CMS.
- Department of Aging and Disability Services (DADS): the daily administrative lead on all aspects of the Demonstration; HHSC officially delegated this task to DADS in August 2006.
- Department of State Health Services (DSHS): the lead for the behavioral health initiative.
- Department of Housing and Community Affairs (TDHCA): agreed to work in cooperation to help coordinate the long-term services and supports system with the housing system.
- In addition, the state will work with the public housing authorities (PHAs) to begin building relationships between the long-term services and supports system with the local housing system.

The service/reimbursement systems impacted are:

- Fee-for-service (DADS)
- Managed care – STAR+ PLUS (capitated)

Residents of the following facilities will be offered an opportunity to participate in the Demonstration:

- nursing facilities (NF)
- nine or more bed community intermediate care facilities for persons with mental retardation (ICFs/MR)
- State supported living centers (SSLCs)
- nine or more bed ICFs/MR whose providers want to voluntarily close their facilities

Specific Demonstration Activities

In addition to targeting specific population groups, the Demonstration will be implementing several pilot initiatives that will reinforce community-based supports or opportunities for individual choice. These initiatives include:

- Behavioral Health Pilot: individuals in Bexar County and Austin are being provided two new Demonstration services - Cognitive Adaptation Training and Adult Substance Abuse Treatment Services; DSHS is the lead on this initiative. As of August 31, 2010, more than 60 individuals have relocated with an 88 percent retention rate in the community (see below for more information).
- Post-relocation contacts: Relocation specialists are providing intensive post-relocation contacts with individuals to provide outside support and continuity with the relocation.
- Overnight Companion Services: individuals in Regions 4 and 11, who have complex functional/medical needs, are being able to hire an attendant during normal sleeping hours to be available for assistance with activities of daily living.
- Voluntary Closure of Nine or More Bed Community ICFs/MR: providers of these facilities have an opportunity to work with DADS to voluntarily close their facilities and convert to a different business model. All residents of these facilities are being given a freedom of choice on where they want to live (community or another ICF/MR). As of August 31, 2010, 10 facilities have either closed or are in process of closing removing 780 beds off-line and giving 490 of its residents a choice to live in the community.
- Housing: there is an extensive effort made to work with TDHCA and the PHAs to establish dedicated housing for individuals leaving institutional settings. TDHCA recently increased the number of Project Access (Section 8) vouchers dedicated for individuals moving from the nursing facility back into the community (the original number of vouchers was 30 – it is now 100).

Additional funding

In a supplemental funding, Texas received an addition $6 million in 100 percent federal funding for the following, projected through calendar year 2016:

- Relocation training
- Database development/Business analyst
- Relocation "options counselors" attached to Aging and Disability Resource Centers (ADRCs) for spend-down population and a resource for hospital discharge planners
- Expansion of behavioral health project and related activities
- Relocation program quality management specialist
- Workforce specialists

- Housing navigators
- Specialist to assist the Mental Retardation Authority section to track individuals leaving ICFs/MR and SSLCs

Money Follows the Person Demonstration Behavioral Health Pilot (Pilot)

The Pilot is part of a larger Demonstration grant from CMS which is administered by DADS. The Pilot is administered by DSHS. State facility patients will receive Pilot services via general revenue. The Pilot annual grant budget is approximately $1.2 million.

The Pilot is in Bexar County and provides specialized behavioral health services to help individuals with severe mental illness and/or substance use disorders transition from NF and live in the community. These services include adult substance abuse treatment and Cognitive Adaptation Training, a rehabilitative service designed to help the individual establish daily routines, organize their environment, and build social skills. Services are provided up to six months before discharge and for one year post-discharge.

The goals of the Pilot are to help participants transition from NF, live successfully in the community, and minimize recidivism into the nursing facility. Pilot services are provided in close coordination with other services and supports provided through the State's STAR+PLUS Medicaid managed care program and relocation services provided through DADS.

Analysis of the first year of Pilot operations indicates that the Pilot has been successful in attaining its goals thus far. Positive outcomes include:

- 88 percent of the 60 individuals served thus far have successful maintained independence in the community. Examples of increasing independence include operating a vehicle in order to independently commute; obtaining paid employment; volunteering at the nursing facility where the participant formerly resided; obtaining a GED; attending exercise or computer classes; and working towards a college degree.
- Substance abuse services have prevented relapse and helped participants who have relapsed regain sobriety.
- Pilot participants have shown statistically significant improvements in functioning independently.
- Medicaid expenses for participants discharged under the Pilot appear to be lower than expenses before discharge.

The Pilot has also highlighted relocation challenges for people with behavioral health conditions including lack of community housing; the need for a rehabilitative, rather than traditional nursing facility service paradigm; the need to educate families and the long term services system about the needs/capabilities of people with behavioral health conditions; and the need for more accessible, community based substance abuse treatment services for non-ambulatory clients.

The Pilot will continue into 2016. It will expand in 2010 to include more counties and to pilot reintegration of state facility patients. If the Pilot is successful, Pilot services will be considered for inclusion in the Texas Medicaid long term services and supports system. Currently, these services are not included in the long term care system outside of the Pilot.

Mental Health Transformation State Incentive Grant (MHT-SIG)

DSHS was awarded a grant through the Substance Abuse and Mental Health Services Administration to support the state in building a solid foundation for delivering of evidence-based mental health and related services; fostering recovery; improving quality of life; and meeting the multiple needs of mental health consumers across the life span. The grant was awarded to the Governor's office who delegated daily administration to DSHS. The overall amount of the grant is $13,650,000 over a five year period that began in October 2005 and extends through September 2011.

Accomplishments at this point in time:

Our 2010 amount for MHT-SIG is $5,655,666. Current accomplishments/contracts include, but are not limited to:

- Mental Health America of Texas - Training and Technical Assistance Center - Provides mental health (MH) training and technical assistance, develop and implement peer specialist training and certification, family partners training
- Texas Health Institute - community collaboratives - multi-agency partnerships to reduce MH stigma and improve effectiveness of behavioral health service integration throughout the state
- Center for Health Care Services (Jail Diversion)
- University of Texas at Austin LBJ1 - evaluation of the Mental Health Transformation (MHT) project
- UT Austin LBJ 2 - MHTonline resource - a website to support consumer groups, peer specialists and others in discussing and sharing information regarding current MH policy and training issues
- Center for Social Work Research - support and evaluation of peer support learning community
- Intellica - Health Risk Assessment - implement integrated screening for physical and mental health issues
- North Texas Behavioral Health Authority - A pilot for self-directed care for adults with severe mental illness
- Child Patterns of Care study - provide Trauma-focused cognitive-behavior therapy training and oversite for working with children

Aging and Disability Resource Centers

With $229,000 in grant funds from the Administration on Aging (AoA) and $918,000 in DADS State Unit on Aging administrative funds, ADRCs are now operating in nine areas of Texas, including: Bexar County (San Antonio); Central Texas (five counties); Tarrant County (Fort Worth); Harris County; Lubbock County; five Counties in East Texas (Gregg, Harrison, Marion, Panola, Rusk and Upshur); four counties in North Central Texas (Collin, Denton, Hood, and Somervell); Dallas County; and six counties in the El Paso area (El Paso, Hudspeth, Culberson, Jeff Davis, Brewster, and Presidio counties). Two additional ADRCs will the operational in FY 2011.

The ADRCs are developing models of service delivery, which include sharing consumer tracking data, a shared intake and referral system, and interagency staff co-location. All models have common referral protocols and extensive training for community partners to facilitate referrals and service delivery. Federal grant funds are also being used to enhance options counseling and support services by collaborating with hospital discharge planning departments to reduce hospital readmission and by providing additional structure to the operation of all ADRC projects for more uniformity of services.

Texas Healthy Lifestyles

With $1,100,000 in grant funds from AoA, DADS continues to implement the evidence-based disease prevention project known as *Texas Healthy Lifestyles*. The contractors are located in Harris County (Houston), Bexar County (San Antonio), Bryan/College Station (plus several regions throughout East Texas), Central Texas, Tarrant County, and El Paso. These projects conduct local classes using master trainers and lay leaders, and focus on promoting physical activity to enhance strength, stability, and coordination to reduce potentially debilitating falls and improve overall health. The projects are using the Chronic Disease Self-Management Program model developed at Stanford University and the Diabetes Self-Management model and two of the contractors offer the classes in Spanish.

Texas Lifespan Respite Program

In September 2009, DADS was awarded a 36-month, $200,000 grant from AoA and appropriated $1 million from the Texas Legislature to establish the *Texas Lifespan Respite Care Program.* The project is using the federal grant to strengthen and expand a coalition of respite services providers and stakeholders through the creation of a Texas Respite Coordination Center which will: (a) compile and update the *Texas Inventory of Respite Services*, and (b) create media and best practices toolkits for respite providers, create a training toolkit for caregivers, and hold a series of respite care forums throughout the state. DADS has distributed the legislative appropriations to three local entities to increase the availability of respite services to caregivers who are unable to procure these services through other avenues. These local contractors are: the ADRCs of Central Texas and Tarrant County, and the Area Agency on Aging of the Capital Area.

Community Living Program

Since 2008, DADS has operated the Community Living Program (CLP) (funded by a $923,708 AoA grant) in the Central Texas ADRC and in 2009, received an additional $396,600 AoA grant to expand the program into the Tarrant County ADRC. The project has created a partnership with the ADRCs and local hospital systems to establish a nursing home diversion program for individuals at imminent risk for nursing home placement and Medicaid spend-down. "Care Transition Specialists" work with hospital discharge planners to identify high-risk patients and then assist families by locating resources that will allow the patient to be discharged back home, rather than into a facility.

Affordable Care Act (ACA): New Grant Opportunities for DADS

In summer 2010, AoA and CMS provided grant opportunities funded through the ACA. All grant projects called for either the expansion of specific functions of ADRCs or required close coordination with the ADRCs. DADS was successful in securing three of these grants, which are for a two-year funding period.

- The first of these is in the amount of $2,661,554 to expand outreach for assisting low-income consumers with the Medicare prescription drug benefit. The benefits counseling program of the area agencies on aging will have the primary responsibility for this project and will coordinate the activities closely with area ADRCs.
- The second grant project is in the amount of $400,000 and it will expand the CLP currently operating within the Central Texas ADRC. The new grant funds will allow Central Texas to expand care transition activities into more of its region, plus, train the other ADRCs on care transition methods.
- The third grant project is for $400,000 to coordinate ADRCs with DADS Demonstration and its related nursing facility relocation activities. Additionally, the Demonstration is planning to combine this funding with another $200,000 in administrative funding per year to allow ADRCs to provide system navigation assistance and training to other ADRCs in order that they may support the relocation efforts.

Demonstration to Maintain Independence and Employment (Working Well)

CMS awarded Texas a $21.1 million grant to determine whether providing health coverage and employment supports would keep working individuals with mental and physical disabilities from depending on federal benefits, such as Medicaid, SSI, or SSDI. Texas received CMS approval to implement the Demonstration to Maintain Independence and Employment study in February 2007. Federal disability programs provide financial and medical assistance to workers who become disabled, however there are no federal programs designed to prevent workers with significant health problems from becoming disabled and dependent on federal assistance. Working Well was authorized under the Ticket to Work and Work Incentives Improvement Act of 1999.

Working Well interventions included: case management (health and employment navigation, motivational interviewing, advocacy and empowerment), employment services, expedited clinic appointments, substance abuse services, dental benefits, vision benefits, prescriptions, and waived co-payments for health services. Demonstration interventions ended on September 30, 2009 with evaluation of the post-intervention phase to conclude in December 2010. Interim findings at 12 and 18 months of the study indicate:

- a majority of individuals in the Texas intervention group report receiving SSI/SSDI at a significantly lower rate than the Texas control group;
- the Texas intervention group has experienced a significant increase in access to health care, including outpatient services, prescription drugs and specialty services (mental, dental and optical care);
- the Texas intervention group reports greater satisfaction with access to health care and the care they receive;
- high levels of case management in the Texas study were related to better outcomes (improved access to care, higher Texas Workforce Commission reported earnings;

more positive work impact, and intention to continue working; reduced reported need for care and greater satisfaction with healthcare overall.); and

- Mathematica Policy Research Institute, the national Working Well project evaluator, found that the combined participants in the Texas and Minnesota program intervention groups were significantly less likely than control group participants to have applied for SSI/SSDI based on Social Security Administration data.

Working Well is administered by the Texas Department of State Health Services Mental Health and Substance Abuse Division, operated locally by the Harris County Hospital District, and independently evaluated by the University of Texas at Austin Addiction Research Institute.

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CONCLUSION

As in the original (2001) and the four revised Promoting Independence Plans (Plan), the Health and Human Services Commission (HHSC) is committed to a continuing relationship with the Promoting Independence Advisory Committee (Committee) and all of its stakeholders who participate on many health and human services workgroups and advisory committees. HHSC Executive Commissioner Suehs will continue to determine the number of members of the Committee and appoint members who represent the health and human services agencies, individual and family advocacy groups, related workgroups, and service providers.

With the support of the Department of Aging and Disability Services (DADS), the Committee will continue to monitor the progress in implementing the existing and previous Plans and make recommendations to HHSC in order to ensure community options for individuals with disabilities.

HHSC is committed to meeting the spirit and goals of the Promoting Independence Initiative (Initiative), the Plan, and the United States Supreme Court's *Olmstead* decision. The state is in an ongoing process to offer community options in order that individuals may choose to live in the most integrated setting. The primary philosophy of the Initiative is that each individual exercise the principles of self-determination in choosing where they want to live to receive their long-term services and supports.

The state has made significant progress in offering Texans community-based alternatives to institutional placement with a significant increase in legislative appropriations during the past three legislative sessions. The challenge for the 82nd Legislative Session and those working in the area of long-term services and supports is how does the state meet its obligation under the *Olmstead* and yet, meet the realities of the current national fiscal situation.

Even with all the funding and policy commitments, there remains a large number of individuals who still do not have a community choice and remain on an interest list for Medicaid waiver services.[40] HHSC and all its operating agencies have included Exceptional Items with their Legislative Appropriations Requests for additional funding to meet the goals of the Initiative. In addition, HHSC has detailed the costs of increasing reimbursement to long-term services and supports' providers and direct service workers in its *Health and Human Services System Consolidated Budget Fiscal Years 2012-2013.* HHSC is also recommending in this *2010 Revised Plan* twenty-four new funding/policy directives (contingent upon legislative funding and/or policy direction) under the major categories of:

- Do Not Harm
- Realize Efficiencies in the Current System
- Recommendations to Increase Community Options

HHSC would like to thank the Governor's Office and the Legislature for their ongoing commitment to the Initiative. Their foresight and willingness to support long-term services and

[40] As of August 31, 2010, there are 108,433 individuals (unduplicated count) on the Interest List: Interest List data made by found on the DADS website at: http://www.dads.state.tx.us/services/interestlist/index.html.

supports systems change has made Texas' response to the *Olmstead* decision one of the leaders in the nation. This commitment was acknowledged with the *Council of State Governments' 2006 Innovation Award* for its Money Follows the Person (MFP) policy and inclusion of Texas' MFP policy as the basis for the federal MFP program (Deficit Reduction Act of 2005; Section 6071).

HHSC would like to thank all members of the Committee and state agency staff, who have dedicated their time, resources, knowledge, abilities, and work in the development of this *2010 Revised Promoting Independence Plan* and the Promoting Independence Initiative. HHSC would also like to thank those members of the public who responded to its invitation for comment at each Committee meeting.

The health and human services agencies will continue to further its work with individuals, advocates, providers, and agencies to improve the system of services and supports for individuals with disabilities. With everyone working towards the same goal, especially in this upcoming biennium, we will continue to make a difference, make the principles of self-determination a reality, and provide the choice to live in the most integrated setting.

APPENDICES

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APPENDIX A

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APPENDIX B

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THE STATE OF TEXAS EXECUTIVE DEPARTMENT, OFFICE OF THE GOVERNOR-AUSTIN, TEXAS EXECUTIVE ORDER GWB 99-2

RELATING TO COMMUNITY-BASED ALTERNATIVES FOR PEOPLE WITH DISABILITIES

WHEREAS, The State of Texas Is committed to providing community-based alternatives for people with disabilities and recognizes that such services advance the best interests of all Texans and

WHEREAS, Texas seeks to ensure that Texas' community-based programs effectively foster independence and acceptance of people with disabilities; and

WHEREAS, programs such as Community Based Alternatives and Home and Community Services provide the opportunity for people to live productive lives in their home communities; and

WHEREAS, as Governor, I have been a consistent advocate for increasing funds to expand community-based services for the elderly and people with disabilities and, working with the Legislature, have increased funding for such programs by more than $1.7 billion, a 72 percent increase, since taking office; and

WHEREAS, the 76th Legislature has provided funding to allow an additional 15,000 Texans to live outside of institutional settings through our Medicaid waiver and non-waiver community services; and

WHEREAS, Texas must build upon its success and undertake a broader review of our programs for people with disabilities and ensure services offered are in the most appropriate setting.

NOW, THEREFORE, I, GEORGE W. BUSH, GOVERNOR OF TEXAS, by virtue of the power vested in me, do hereby order the following directives:

1. The Texas Health and Human Services Commission (HHSC) shall conduct a comprehensive review of all services and support systems available to people with disabilities in Texas. This review shall analyze the availability, application, and efficacy of existing community-based alternative for people with disabilities. The review shall focus on identifying affected populations, improving the flow of information about supports in the community, and removing barriers that impede opportunities for community placement. The review shall examine these issues in light of the recent United States Supreme Court decision in Olmstead v. Zimring.

2. HHSC shall ensure the involvement of consumers, advocates, providers and relevant agency representatives in this review.

3. HHSC shall submit a comprehensive written report of its findings to the Governor, the Lieutenant Governor, the Speaker of the House, and the appropriate committees of the 77th Legislature no later than January 9, 2001. The report will include specific recommendations on

how Texas can improve its community-based programs for people with disabilities by legislative or administrative action.

4. All affected agencies and other public entities shall cooperate fully with HHSC's research, analysis, and production of the report. This report should be made available electronically.

5. Ass opportunities for system improvements are identified, HHSC shall use its statutory authority to effect appropriate changes.

George W. Bush, Governor of Texas

Filed: September 28, 1999

Executive Order RP13 - April 18, 2002

by the
GOVERNOR OF THE STATE OF TEXAS
Executive Department
Austin, Texas
April 18, 2002

WHEREAS, The State of Texas is committed to providing community-based alternatives for people with disabilities and recognizes that such services and supports advance the best interests of all Texans; and

WHEREAS, it is imperative that consumers and their families have a choice from among the broadest range of supports to most effectively meet their needs in their homes, community settings, state facilities or other residential settings; and

WHEREAS, as Governor, I am committed to ensuring that people with disabilities have the opportunity to enjoy full lives of independence, productivity and self-determination; and

WHEREAS, working with the Texas Legislature last session as Governor, I signed legislation totaling $101.5 million dollars in general revenue to expand community waiver services; and

WHEREAS, also last session, I signed legislation promoting independence for people with disabilities and directing agencies to redesign service delivery to better support people with disabilities; and

WHEREAS, programs such as Community Based Alternatives, Home and Community-based Services, and other community support programs provide opportunities for people to live productive lives in their home communities; and

WHEREAS, accessible, affordable and integrated housing is an integral component of independence for people with disabilities; and

WHEREAS, Texas recognizes the importance of keeping children in families, regardless of a child's disability, and support services allow families to care for their children in home environments;

NOW, THEREFORE, I, Rick Perry, Governor of Texas, by virtue of the power and authority vested in me by the Constitution and laws of the State of Texas, do hereby order the following:

Review of State Policy. The Texas Health and Human Services Commission ("HHSC") shall review and amend state policies that impede moving children and adults from institutions when the individual desires the move, when the state's treatment professionals determine that such placement is appropriate, and when such 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.

Promoting Independence Plan. The Health and Human Services Commission shall ensure the Promoting Independence Plan is a comprehensive and effective working plan and thorough guide for increasing community services. HHSC shall regularly update the plan and shall evaluate and report on its implementation.

In the Promoting Independence Plan, HHSC shall report on the status of community-based services. In the plan, HHSC shall:

1. update the analysis of the availability of community-based services as a part of the continuum of care;

2. explore ways to increase the community care workforce;

3. promote the safety and integration of people receiving services in the community; and

4. review options to expand the availability of affordable, accessible and integrated housing.

Housing. The Health and Human Services Commission shall incorporate the efforts of the Texas Department of Housing and Community Affairs ("TDHCA") to assure accessible, affordable, and integrated housing in the recommendations of the Texas Promoting Independence Plan.

The Texas Department of Housing and Community Affairs shall provide in-house training of key staff on disability issues and technical assistance to local public housing authorities in order to prioritize accessible, affordable, and integrated housing for people with disabilities.

The Texas Department of Housing and Community Affairs and HHSC shall maximize federal funds for accessible, affordable, and integrated housing for people with disabilities. These agencies, along with appropriate health and human services agencies, shall identify, within existing resources, innovative funding mechanisms to develop additional housing assistance for people with disabilities.

Employment. The Health and Human Services Commission shall direct the Texas Rehabilitation Commission and the Texas Commission for the Blind to explore ways to employ people with disabilities as attendants and review agency policies so they promote the independence of people with disabilities in community settings.

The Health and Human Services Commission shall coordinate efforts with the Texas Workforce Commission to increase the pool of available community-based service workers and to promote the new franchise tax exemption for employers who hire certain people with disabilities.

Families. The Health and Human Services Commission shall work with health and human services agencies to ensure that permanency planning for children results in children receiving support services in the community when such a placement is determined to be desirable, appropriate, and services are available.

The Health and Human Services Commission shall move forward with a pilot to develop and implement a system of family-based options to expand the continuum of care for families of children with disabilities.

Selected Essential Services Waiver. Dependent on its feasibility, HHSC shall direct the Texas Department of Mental Health and Mental Retardation to implement a selected essential services waiver, using existing general revenue, in order to provide community services for people who are waiting for the Home and Community-based Services waiver.

Submission of Plan. The Health and Human Services Commission shall submit the updated Texas Promoting Independence Plan to the Governor, the Lieutenant Governor, the Speaker of the

House, and the appropriate legislative committees no later than December 1st each even numbered year, beginning with December 1, 2002.

All affected agencies and other public entities shall cooperate fully with the Health and Human Services Commission during the research, analysis, and production of this plan. The plan should be made available electronically.

This executive order complements GWB 99-2 and supersedes all previous executive orders on community-based alternatives for people with disabilities. This order shall remain in effect until modified, amended, rescinded, or superseded by me or by a succeeding Governor.

Given under my hand this the
18th day of April, 2002.

RICK PERRY (signature)
Governor

GWYNN SHEA (signature)
Secretary of State

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APPENDIX C

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HHS Circular C-002

The Promoting Independence Initiative and Plan

Purpose

To direct and authorize the Department of Aging and Disability Services (DADS) to act on behalf of and in consultation with the Health and Human Services Commission (HHSC) in all matters relating to the Promoting Independence Initiative.

Directive

In this capacity, DADS will be responsible for:

- preparation of the revised Texas Promoting Independence Plan, submitted to the Governor and Legislature every two years;
- monitoring and oversight of implementation of all agency-specific Promoting Independence Plan recommendations across the enterprise;
- nomination, for HHSC Executive Commissioner review and approval, of appointments to the Promoting Independence Advisory Committee;
- staff support for the Promoting Independence Advisory Committee, including assistance in developing its annual report to HHSC, which will be presented directly to the HHSC Executive Commissioner; and
- coordination and oversight of any other activities related to the Promoting Independence Initiative and Plan, as a direct report for this purpose to the HHSC Executive Commissioner.

Background

The Texas Promoting Independence Initiative and Plan is in response to several key laws, decisions, and state actions related to services for individuals with disabilities. In chronological order, they are:

The Americans with Disabilities Act

Congress passed the Americans with Disabilities Act (ADA) in 1990. Key provisions in Title II of the ADA and the federal regulations implementing it require a public entity to:

- provide services "in the most integrated setting appropriate to the needs" of the person; and
- "make reasonable modifications in policies, practices or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the public entity can

C-002 **-1-** **Issued: 10-20-04**
Revised: 01-27-05

demonstrate that making the modifications would fundamentally alter the nature of the service, program or activity."

The *Olmstead* Decision

On June 22, 1999, the United States Supreme Court ruled in *Olmstead v. L.C.*, 527 U.S. 581, that unnecessary institutionalization of persons with disabilities in state institutions would constitute unlawful discrimination under the ADA. The Court ruled that unnecessary institutionalization occurs when the:

- state's treatment professionals have determined that community placement is appropriate;
- transfer from institutional care to a less restrictive setting is not opposed by the affected individual; and
- placement can reasonably be accommodated, taking into account the resources available to the state and the needs of others with disabilities.

The decision did not require states to abolish institutions and allowed some flexibility for states to maintain a waiting list for community services if the list moves "at a reasonable pace not controlled by the state's endeavors to keep its institutions fully populated."

GWB-99

Texas Governor George W. Bush issued Executive Order GWB-99 on September 28, 1999, directing HHSC to:

- conduct a comprehensive review of all services and support systems available to persons with disabilities in Texas, in light of the *Olmstead* decision;
- ensure the involvement of consumers, advocates, providers, and relevant agency representatives in the review; and
- submit a written report of its findings to the Governor and Legislature, including specific recommendations on how Texas can improve its community-based programs for persons with disabilities by legislative or administrative action.

Senate Bill 367

The Seventy-seventh Legislature passed Senate Bill 367 in 2001, requiring that HHSC and appropriate agencies implement a comprehensive, effectively working plan that:

- provides a system of services and supports;
- fosters independence and productivity; and

- provides meaningful opportunities for a person with a disability to live in the most integrated setting.

S.B. 367 established the S.B. 367 Interagency Task Force on Appropriate Care Settings for Persons with Disabilities, which carried on the work of the Promoting Independence Advisory Board. The bill also required that HHSC update the Promoting Independence Plan no later than December 1 of each even-numbered year, and submit this plan to the Governor and the Legislature.

RP-13

In April 2002, Governor Rick Perry issued Executive Order RP-13 to further the efforts of the state regarding its Promoting Independence Initiative and community-based alternatives for individuals with disabilities. The order highlighted the areas of housing, employment, children's services, and community waiver services.

Summary

The Texas Promoting Independence Plan now serves several purposes within the state. The plan:

- works to provide the comprehensive, effectively working plan called for as a response to the U.S. Supreme Court ruling in *Olmstead v. L.C.*;
- assists with the implementation efforts of the community-based alternatives Executive Order RP-13, issued by Governor Rick Perry;
- meets the requirements of the report referenced in S.B. 367, Seventy-seventh Legislature, which asks HHSC to report the status of the implementation of a plan to ensure appropriate care settings for persons with disabilities, and the provision of a system of services and supports that fosters independence and productivity, including meaningful opportunities for a person with a disability to live in the most appropriate care setting; and
- serves as an analysis of the availability, application, and efficacy of existing community-based supports for people with disabilities.

The Promoting Independence Plan and the subsequent Promoting Independence Initiative are far-reaching in their scope and implementation efforts. The Promoting Independence Initiative includes all long-term care services and supports and the state's efforts to improve the provision of community-based alternatives, ensuring that these Texas programs effectively foster independence and acceptance of people with disabilities and provide opportunities for people to live productive lives in their home communities.

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APPENDIX D

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PROMOTING INDEPENDENCE ADVISORY COMMITTEE FISCAL YEARS 2012-2013 BIENNIUM FUNDING/POLICY RECOMMENDATIONS

The issues that continue to prevent Texas from meeting the goals of its Promoting Independence Plan (Plan) are wide-ranging and crucial to ensuring that every Texan has the opportunity for self-determination. Certainly the lack of adequate funding for community-based programming is fundamental to offering individual choice. However, as stated in the *Preface*, other critical issues prevent the overall system in meeting the goals of *Olmstead* and the Plan. Those issues, other than funding, include:

- *Length of time on an interest list* – an individual may have to wait on an interest list for community services up to nine years for certain Medicaid (c) waiver programs.

- *Workforce* – there is a crisis in recruiting and retaining quality individuals to enter the direct services workforce; without a robust direct services workforce, it will be impossible to have a quality community-based long term services and supports system.

- *Reimbursement for providers* – Texas' long term services and supports providers have been not adequately reimbursed for several years. Providers are not being reimbursed according to promulgated rate-setting methodologies.

- *Fragmentation of system* – The long term services and supports system is divided primarily across two different agencies with different funding structures. One of the purposes of H.B. 2292, 78th Legislature, Regular Session, 2003, was to create a single long term services and supports operating agency (the Department of Aging and Disability Services [DADS]). However, with the ongoing expansion STAR+PLUS which are located at the Health and Human Services Commission (HHSC), and the fee-for-service system at DADS, the overall long term services and supports system is not being driven by a single management or philosophy.

- *Medicaid Waiver Programs* – there are now 19 long-term services and supports waiver programs with others being proposed. There are inequities in available services across waivers and reimbursement rates for similar services. In addition, there is a lack of flexibility within any one program to provide an individual with the services that he/she made need versus a pre-packaged service array.

- *Children being admitted to institutions* – there are not adequate community-based services in order to keep children with their family or in an alternative family setting, and the current waiver service arrays do not provide the necessary supports (e.g. behavioral health) to be sufficiently effective to keep the child at home or to relocate from an institutional setting.

This chapter is divided into three major sections and then subdivided into topic areas. The three sections are:

- Section I: Do No Harm
- Section II: Efficiencies in the Existing System
- Section III: Increased Community Options

Overall, the Promoting Independence Advisory Committee (Committee) proposes 39 recommendations for inclusion in the *2010 Revised Promoting Independence Plan.*

Under *Increased Community Options*, the recommendations to increase the appropriations for Medicaid community-based 1915(c) waiver slots, behavioral health supports, and workforce stabilization are the top priorities of the Committee; the remaining recommendations are made in no specific order of importance.

These recommendations have been approved by a majority of the Committee's membership, any vote against or abstention is noted for each specific recommendation. The Committee's recommendations to Executive Commissioner Suehs are:

SECTION I: DO NO HARM

Texas has made great strides during the last three Legislative Sessions (2005, 2007, and 2009) in meeting its obligations to the United States Supreme Court's *Olmstead v. L.C.* decision (1999) and its own Plan. It is extremely important that those achievements be safeguarded from any proposed budget cuts or service-related reductions. The 1915(c) waiver programs must be considered protected from budget reductions in the same manner as are entitlement programs which are primarily the institutional model. Any restrictions in waiver funding will result in fewer individuals having opportunities to choose community-based services.

While the 2010-11 General Appropriations Act (Article II, S.B. 1, 81st Legislature, Regular Session, 2009) had significant overall increases in funding for 1915(c) waivers and for many of the waivers the increase was minimal and not even large enough to address issues in the increase in acuity levels. The net result for some waivers is actually fewer slots available to serve individuals in the community (e.g. Community-based Alternatives [CBA], the Medical Assistance Only (MAO) population which is part of the STAR+PLUS waiver, and Community Living Assistance and Support Services [CLASS]).

The *Olmstead v. L.C.* decision requires the state to ensure that individuals residing in an institution have a choice in residential setting and the opportunity to access community-based services. The state has accomplished this for individuals in nursing facilities (NF) through Money Follows the Person (MFP), individuals have immediate access to NF waiver programs upon meeting the appropriate eligibility criteria. In addition, MFP has its own budgetary strategy (A.6.4) in the 2010-11 General Appropriations Act (Article II, S.B. 1, 81st Legislature, Regular Session, 2009).

Individuals with intellectual and developmental disabilities (IDD) do not have the same policy or appropriations. Their ability to relocate is dependent on limited appropriations and the number of waiver slots that become available through attrition; in addition, individuals may have to wait six to twelve months for relocation. To satisfy *Olmstead* requirements and to abide by the Department of Justice (DOJ) Settlement Agreement, any individual in a nine or more bed private intermediate care facility for persons with mental retardation (ICF/MR) or in a State Supported Living Centers (SSLC) who requests relocation to the community should have access to community-based services and his/her relocation should not be delayed due to an insufficient number of waiver slots.

SECTION II: REALIZE EFFICIENCIES IN THE CURRENT SYSTEM

The Committee recommends that HHSC continues the streamlining of the health and human services system envisioned with the passage of H.B. 2292, 78th Legislature, Regular Session, 2003. One of the goals of H.B. 2292 is for an efficient and effective long-term services and supports system.

The Committee believes the current system continues to be too complex, difficult to navigate, and in many ways inefficient for both the individual and the provider. **The recording of the votes is detailed with the first number the ayes, the second the nays, and the third the abstentions**. The following recommendations are made to realize greater efficiencies:

Recommendation 1: Evaluate effectiveness of STAR+PLUS prior to expansion.

STAR+PLUS is a managed care system for the delivery of long-term services in coordination with acute care. Hospitals and NF are carved out; therefore, the major source for savings is an already underfunded community care system. The program is currently in four large metropolitan service delivery areas: Bexar Service Area (seven counties); Harris Expansion Service Area (seven counties); Nueces Service Area (nine counties); and Travis Service Area (seven counties). STAR+PLUS is scheduled to be implemented in the Dallas Service Area (seven counties) and the Tarrant Service Area (six counties) in February 2011.

While one of the advantages of STAR+PLUS versus fee-for-service is that individuals at the Supplemental Security Income (SSI) level are immediately eligible to receive 1915(c) waiver services without having to be on an interest list, it is important to ensure that individuals are able to receive their needed services. The service coordinators are increasingly stretched and unable to respond timely to consumer calls and needs, primarily of medical supplies and equipment and home modifications.

A major issue remaining is there is no "real time" system for providers or managed care organizations (MCO) to know when someone has transferred from DADS to a MCO or has transferred from one MCO to another. This causes breaks in authorization for services and jeopardizes the person's ability to receive necessary services and the provider's ability to get paid. The Committee recommends that STAR+PLUS expansion must be contingent on: the development of an adequate provider network; improvement in timely and effective care coordination, including face to face when necessary; real-time tracking system that is accessible to DADS, HHSC, MCOs, and providers in order to expedite enrollment by verifying eligibility from the point of enrollment in STAR+PLUS; transparency, reporting, and accountability in meeting long term needs of enrollees. In addition, the current STAR+PLUS service area and Dallas Fort Worth expansion must be evaluated for cost effects on providers and service support for consumers.
Vote: 8-0-1: *(Mike Bright, ARC of Texas, abstains.)*

Recommendation 2: Match the current general revenue allocation for the Relocation Activity with Medicaid administrative match.
Texas currently funds its successful relocation activity with general funds. These funds come primarily to DADS and a transfer from HHSC, the total amount is approximately $4 million (general revenue[GR]). The relocation activity funds relocation specialists to assist NF residents with complex medical/functional needs to relocate to the community if that is their choice. Texas has administered this activity since calendar year 2002 and has the utilization history to predict future costs. Many states have similar activities and use Medicaid administrative match to enhance state general revenue dollars. Using Medicaid match can effectively double the state general revenue appropriation and increase the number of relocation specialists.
Vote: 8-0-1: *(Tim Graves, Texas Health Care Association, abstains.)*

Recommendation 3: Establish Primary Home Care (PHC) and Community Attendant Services (CAS) as the core program for community-based long-term services and supports and use waiver services to "wrap around" state plan services.

Attendant care is one of the most cost-effective and basic long-term services needed and is currently a Medicaid state plan service. Many people on the CBA and CLASS waiting lists are receiving PHC or CAS services.

The state should deliver attendant services through PHC or CAS rather than through the waiver, allowing other waiver services to "wrap around" the state plan service. This approach meets federal requirements to utilize state plan services before waiver services are used and could release waiver slots for those who need the full service array.

Using PHC or CAS first also fits in with the current Consumer Directed Services model whereby personal assistance services (PAS) services are delivered independently of the agency administering the remaining waiver services. The STAR+PLUS program has organized its services in a similar way with PAS being the core service and other services added as needed. **This recommendation is made contingent upon the implementation of Recommendations 4.** This should not affect an individual's ability to access state plan services through a waiver.
Vote: 5-2-2: *(Mike Bright, ARC of Texas, and Susan Payne, Parents Association for the Retarded of Texas, Inc., voting nay; Carole Smith, Private Providers Association, of Texas and Tim Graves, Texas Health Care Association, abstains).*

Recommendation 4: Correct administrative and policy issues within the Personal Care Services (PCS) program.

As a result of the Alberto N. settlement, the state plan was amended in calendar year 2007 to create the PCS program for children with disabilities. While these services are similar to those available for adults in PHC, they differ in that the PCS are available to children with behavioral, psychological, and cognitive disabilities. PHC is only available to adults with medical/physical disabilities. While the intent of adding these services is good and can help to prevent institutionalization, the implementation has been problematic causing children who need PCS not being able to access them.

The major policy/administrative issues that need to be addressed include the lack of:

- Adequate rates.
- Nurse delegation in PCS.
- An appropriate assessment tool.
- An understanding about disability by the case managers.

PCS is an efficient and effective way to provide needed services when they are available to those who need them. Prior to mandating any waiver changes requiring clients to access PCS services before accessing waiver services, the state must correct the existing barriers that are preventing children from getting the services they need through PCS.
Vote: 9-0-0

Recommendation 5: Create a reimbursement system that reflects individual need.

The reimbursement rates for community care services should recognize case mix, complexity of services, and other caregiver supports available based upon an assessment tool. The 81st Legislature took a very important step towards this goal by authorizing a higher nursing rate for the individual with ventilators and/or tracheotomies, but similar distinctions need to be made for other services as well, particularly attendant care and behavioral supports. PCS currently has a higher attendant rate for behavioral supports, and the Medically Dependent Children Program (MDCP) has a higher rate for nurse delegation. This model should be carried through to the other waivers. Equal service delivery requires equal reimbursement.
Vote: 7-1-1: *(Susan Payne, Parents Association for the Retarded of Texas, Inc., voting nay; Carole Smith, Private Providers Association of Texas, abstains.)*

Recommendation 6: Create an "at-risk" pool of slots for individuals at imminent risk for nursing facility placement.

The state should create an "at-risk" pool of nursing facility waiver slots for individuals at imminent risk of nursing facility placement. The 2010-11 General Appropriations Act (Article II, Special Provisions, Section 48, S.B. 1, 81st Legislature, Regular Session, 2009) funded 196 Home and Community-based Services (HCS) for individuals with IDD at-risk for placement in an ICF/MR as a result of emergency or crisis situations. The 82nd Legislature should create a similar provision for individuals at-risk for placement in a nursing facility as a result of emergency or crisis situations.
Vote 8-0-1: *(Tim Graves, Texas Health Care Association, abstains.)*

Recommendation 7: Eliminate duplicative program specific standards, contract administration, and reporting to caseworkers in all programs.

The system of caseworkers and contract monitoring was in place for PHC/family care programs when they were exempt from licensing in the 1980s. S.B. 1498, 78th Legislature, Regular Session, 1993, created the Home and Community Support Services Agency (HCSSA) licensure. The new HCSSA statute replaced the old Home Health Class A and Class B licenses, created a PAS category of license, and removed the exemption of PHC programs from licensure. Nevertheless, the entire contracting and case management system was retained and was never abolished.

DADS should set up a system similar that is utilized in the acute care side for licensed entities whereby the provider receives a Texas Provider Identifier number and can serve Medicaid patients under their license standards; providers are subject to their licensure regulations.

There is prior approval for home health and Comprehensive Care Program. By establishing provider types through the Texas Medicaid Health Partnership for PAS and Licensed Home Health, providers would be allowed to enroll to provide PHC and the applicable waivers under the appropriate provider type.

DADS should utilize HCSSA licensing standards to determine compliance, which includes coordination of care, internal quality assurance program, complaint mechanisms, and oversight as provided through DADS survey. This would eliminate conflicts and duplication of effort between contracting and licensing. This elimination of the duplication of effort was recently implemented when the PCS benefit for children (0-21 years of age) was created at HHSC in September 2007.

Currently, an agency must have a separate contract for each service in each region where the agency delivers services. For instance, an agency that provides CLASS, CBA, and PHC in portions of three DADS regions must have nine contracts. The agency is licensed with a service area and should be able to be monitored through the licensing survey.
Vote 8-1-0: *(Susan Payne, Parents Association for the Retarded of Texas, Inc. voting nay.)*

Recommendation 8: Reduce DADS responsibilities to eligibility, prior approval, and other necessary case management functions.

Allow home health and PAS providers to provide the day-to-day coordination of care, as required by their HCSSA license. PHC rule changes made in calendar year 2005 have made significant advances towards deferring to licensing regulations. The only remaining issue is the setting of arbitrary time frames and reporting between the HCSSA and the DADS caseworker. The system should focus on outcomes and whether the client's needs were satisfactorily met; this will allow the state to use its resources more efficiently by having state workers focus on issues of fraud, quality of care, and program operations. This has been done in the newly created PCS program.
Vote 7-1-1: *(Susan Payne, Parents Association for the Retarded of Texas, Inc., voting nay; Tim Graves, Texas Health Care Association, abstains.)*

Recommendation 9: Aging and Disability Resource Centers and Interagency Collaboration.

Individuals with disabilities and their advocates often experience difficulty accessing in-home services and supports because of the complexity of the human service network and lack of integration between federal, state, and locally-funded services. Texas has invested in model programs that better integrate services by providing seed funding for Aging and Disability Resource Centers (ADRCs), located in eight communities as of early 2010. Although local communities may design the ADRCs using a "single point of entry" or "no wrong door" system of accessing services, all ADRCs are intended to expedite consumers' access to long-term services and supports.

HHSC should evaluate ADRCs effectiveness, relative to consumers and professional users' satisfaction and ease in accessing services. As improvements in local access procedures are documented, the Committee supports the expansion of ADRCs through funding for additional communities and the dissemination of ADRCs best practices. Further, it supports the provision of comprehensive person-centered resource information that is available to individuals of all ages, incomes, and levels of ability.

Regardless of local communities participation in ADRCs, DADS should require that its "front door" agencies—i.e., DADS Regional Local Services, Mental Health Mental Retardation Centers, and area agencies on aging, realize administrative efficiencies by sharing intake and assessment data with each other if consumers are presumptively eligible for other agencies' services and consent to release of information.
Vote: 8-0-1: *(Mike Bright, The ARC of Texas, abstains.)*

Recommendation 10: Increase the number of nursing facility diversion programs.

MFP has provided real choice to individuals on Medicaid who live in NF by allowing them immediate access to CBA and STAR+PLUS waiver programs; however, with a large CBA interest list on which individuals are placed by referral date, with no consideration for their risk of institutionalization, the system does not provide targeted diversion prior to placement in an institution.

DADS has received grants from the Administration on Aging to create nursing facility diversion projects in Central Texas and Tarrant County. The projects are characterized by the pooling of Title III and general revenue funds, along with cost sharing, to create intensive supports for individuals who are at greatest risk of nursing facility placement. The Committee supports the expansion of such diversion projects, through funding for additional sites and dissemination of best practices.
Vote: 8-0-1: *(Tim Graves, Texas Health Care Association abstains.)*

Recommendation 11: Change the eligibility status for individuals to access Project Access.

Project Access was created as a Section 8 voucher program funded through the United States Department of Housing and Urban Development (HUD) and administered through the Texas

Department of Housing and Community Affairs (TDHCA). It provides permanent housing vouchers versus the more common two-year voucher (Tenant-based Rental Assistance). The only limiting factor for Project Access was that they could only be used by individuals 0-62 years of age.

The federal program ended calendar year 2003; however TDHCA chose to continue the program with permission from HUD. TDHCA is funding the program through its Section 8 program allocation and has chosen to continue the 62 years of age limitation. Of the nursing facility population that chooses to relocate back into the community, 57 percent is over the age of 60. Therefore, a large percentage of the population does not have access availability to this program. The Committee is requesting that TDHCA asks HUDs permission to open the program to all individuals regardless of age.
Vote: 8-0-1 *(Tim Graves, Texas Health Care Association abstains.)*

Recommendation 12: Increase outreach and education efforts regarding nurse delegation. Work with the Board of Nursing to educate their membership on nurse delegation as it pertains to long-term services and supports.

Nurse delegation is an important option to promote independence and to make possible community-based living. Many licensed nurses are reluctant to use this option for individuals with complex medical/functional needs even though this has proven successful for similar individuals. This recommendation is to enhance outreach and educations efforts with the Board of Nursing and their constituency.
Vote: 9-0-0

Recommendation 13: Eliminate unannounced annual HCS survey visits to Foster Companion Care family residences.

Unannounced survey visits to all HCS settings, including Foster Companion Care providers, were authorized in S.B. 643, 81st Legislature, Regular Session, 2009, and a letter of Legislative Intent by Rep. Patrick Rose. More specifically, the 2010-11 General Appropriations Act (Article II, Special Provisions, Section 48, 81st Legislature, Regular Session, 2009) funded 30 full time equivalent positions to DADS to conduct the HCS residential reviews which began on September 1, 2009. Often Foster Companion Care providers are parents or other family members of the individual receiving HCS. Significant issues have arisen over the appropriateness, timeliness, quality, and cost-effectiveness of the surveys that have been conducted.

The state is spending hundreds of thousands of dollars on an activity with little expectation of significant quality outcome. The Legislature should amend the statute to eliminate unannounced annual inspections of Foster Companion Care providers who are family members of the HCS participant and, instead, conduct survey visits on an exceptions visit.
Vote: 6-3-0 *(Anita Bradbury, Texas Association for Home Care and Hospice, Susan Payne, Parents Association for the Retarded of Texas, Inc., and Tim Graves, Texas Health Care Association, voting nay.)*

Recommendation 14: Consolidate SSLC and use cost savings to support community-based options.

Texas maintains an expensive network of 13 SSLC, formerly state schools, for individuals with IDD. This has been protected since the early 1990's although there has been a significant reduction in the number of residents in the last decade who have chosen to remain in a SSLC due to increased community options as a result of Promoting Independence and the increase in HCS community waiver slots; further reductions are projected. By maintaining all 13 institutions, Texas is failing to take advantage of economies of scale and elimination of duplicative administrative and operational functions. Capacity of the institutions would allow for consolidation while all residents who choose to live in a SSLC may continue to do so.

While recognizing that the State of Texas is operating under a settlement agreement with the DOJ in response to a lawsuit for abuse, neglect, and exploitation of its residents, the State should enter into discussions with DOJ on consolidation within the parameters of the settlement. Texas should consolidate its number of institutions to an appropriate and necessary level and use the direct savings for cost-effective community services.
Vote: 5-3-1 *(Carole Smith, Private Providers Association of Texas, Susan Payne, Parents Association for the Retarded of Texas, Inc., and Tim Graves, Texas Health Care Association, voting nay; Anita Bradbury, Texas Association for Home Care and Hospice, abstains.)*

Recommendation 15: Remove implementation obstacles and barriers for the Youth Empowerment Services (YES) waiver and begin providing the necessary intense behavioral supports to these children (0-21 years of age) with serious emotional disturbances.

Community mental health services currently available for children and youth with serious emotional disturbance who are at risk of institutionalization are inadequate often resulting in hospitalization, institutionalization, or relinquishment of custody to Child Protective Services. The YES waiver is designed to provide the intense behavior supports that these children and their families need to prevent these outcomes. Implementation of the YES waiver is initially limited to two counties and has been delayed multiple times.

Additionally, the lack of provider participation is the result of program design. The Committee recommends that Department of State Health Services (DSHS) make whatever changes are necessary to allow this program to be implemented effectively and on a timely basis.
Vote: 9-0-0

Recommendation 16: Restoration of capacity for individuals in Texas' state hospital system.

Many individuals in Texas state hospitals are there for restoration of capacity to be adjudicated. Many of these individuals have committed misdemeanor offenses and could receive mental health restoration services more effectively in the community, leaving the state hospital beds for those in severe crisis. Currently, four community restoration pilots exist that have shown positive results as well as cost savings. Texas should expand the community restoration projects

to allow more individuals to receive community restoration services and avoid institutionalization. This would generate a significant cost savings for the State.
Vote: 9-0-0

Recommendation 17: Improve hospital discharge planning services and standards with an emphasis on community-based planning.

Although hospitals are required to provide discharge planning services, they are not required to provide high-risk consumers with written discharge plans before they leave the hospital, and need not obtain written documentation of consumers' agreement with such plans. As a result, some consumers return to the community without critical long-term services and supports; some receive fewer supports than are necessary; and others are provided institutional services (e.g., NF care) that are not of their choosing and inconsistent with their preferences.

The Committee encourages the Centers for Medicare and Medicaid Services (CMS) and DSHS to adopt more rigorous standards for hospital discharge planners that, as a minimum, require that high-risk consumers be provided the following: (1) a comprehensive information about community-based services that allow the consumer to remain in the most integrated setting; (2) assistance in accessing those services as needed; and (3) a written plan of care before being discharged from the hospital.

In addition, the Committee recommends that, prior to discharge to a NF, the consumer documents that he/she has been given information about community-based services and prefers to receive care in the nursing facility.
Vote: 9-0-0

SECTION III: RECOMMENDATIONS TO INCREASE COMMUNITY OPTIONS AND SUPPORT PROMOTING INDEPENDENCE FOR INCLUSION IN THE 2010 REVISED PROMOTING INDEPENDENCE PLAN

PROGRAM FUNDING

Part A: Recommendations for change and funding for the 1915(c) waivers (also see Recommendation 24).

Recommendation 18: Increase in Medicaid 1915(c) slots – Eight year plan for elimination of current interest lists.

The Committee's number one priority is that the emphasis on increasing community-based services be continued and enhanced by the 82nd Legislature. As of December 31, 2009, there continued to be 99,252 individuals (unduplicated)/126,695 (duplicated) on waiver interest lists (these numbers include individuals on the STAR+PLUS interest list). Therefore, the Committee recommends that the 82nd Legislature increase funding for community-based based programs in order to eliminate all interest lists within an eight year period, this would include sufficient funding to actualize a cumulative 100 percent decrease in the overall interest lists through the 84th Legislative Session (2017).

This overarching initiative will include both individuals on the interest list, projected demographic growth, and acuity. Implementation of this recommendation will result in that by the end of the fiscal year 2017, no new applicant for community-based services will have to wait more than six months to receive services.
Vote: 8-0-1*(Tim Graves, Texas Health Care Association, abstains.)*

Recommendation 19: Increase funding to all the existing 1915(c) waiver programs in order to ensure flexibility in the service array.

1915(c) waiver programs have set service arrays to help manage utilization and overall costs. Many of these programs currently exist with the same service arrays that were established in the 1980s and 1990s when the programs were first created. Through experience, there are many other support services that could be offered that would enhance success in community living and an individual's quality of life. Examples of services currently not offered are behavioral health supports, services to support an individual with traumatic brain syndrome, services to support an individual with autism, and other specific supports. These additional services and supports would not increase the overall cost cap but rather provide increased flexibility and opportunity for an individual's self-determination.
Vote: 8-0-1 *(Tim Graves, Texas Health Care Association, abstaining.)*

Recommendation 20: Calculated waiver cost caps on the aggregate versus the current individual cost cap based on service needs.

Many individuals with significant disabilities cannot be served through CBA and STAR+PLUS waivers because of the individual cost caps. The Committee is requesting the state and the

Committee review and make recommendations on how CBA and STAR+PLUS can provide services to individuals with significant disabilities who are above the individual cost cap but need these services to relocate or continue living in the community.
Vote: 9-0-0

Recommendation 21*:* Establish a Hospital Level of Care Waiver.

The Committee recommends the enactment of legislation to establish a 1915(c) waiver to provide the state with the flexibility to provide medical assistance services outside the scope, amount, or duration of non-waiver services available to medically fragile individuals who are at least 21 years of age and who require a hospital level of care under the medical assistance program. The waiver would include the following services: case management, attendant care, rehabilitation, respite and companion care services, private duty nursing, medical equipment and supplies, home health care and in-home support services.
Vote: 7-0-2 *(Bob Kafka, ADAPT of Texas, and Tim Graves, Texas Health Care Association, abstains.)*

Part B: Fund behavioral health services and supports for health and human services enterprise programs.

There is an increasing concern for the lack of behavioral health services and supports for individuals with a mental illness and/or a substance abuse. These issues, as either stand-alone concerns or coupled with a co-occurring other disability, present a barrier for a fully-integrated long-term services and supports system. It is difficult to be in full compliance with the *Olmstead* decision when many of the barriers to community integration and relocation from institutional settings are dependent on limited behavioral health funding. The Committee makes the following three recommendations:

Recommendation 22: Fully fund the Assertive Community Treatment (ACT) service packages as part of the Resiliency and Disease Management (RDM) Program administered through DSHS.

DSHS has recognized the importance of Promoting Independence (PI) and those individuals who have been hospitalized for over a year as part of the PI population. DSHS has also acknowledged that the focus should incorporate those individuals who are at risk of hospitalization and for individuals who have been hospitalized 2 or more times in 180 days. The PI Plan formally targets individuals with 3 or more hospitalizations within the 180 day period. However, DSHS' RDM allows for services to persons with the two or more hospitalizations in order to help prevent a third hospitalization.

DSHS has determined the at-risk population should be incorporated into the RDM System regardless of diagnosis, and that generally adults are appropriate for service level 4 of ACT. The current appropriations are not adequate to meet the capacity of the state, and a significant number of individuals are being recommended for ACT level 4 but are actually enrolled into a less intensive and expensive level of services. According to the DSHS strategic plan, an estimated 970,393 adults in Texas met the DSHS mental health priority population definition

in fiscal year 2009, and approximately 467,226 are estimated to have the greatest need (targeted priority population). DSHS program service utilization data indicates that an approximate one fourth of those with the greatest need received mental health services from the state authority in 2009.

The Committee recommends the Legislature adequately fund ACT as part of RDM to ensure that individuals who are hospitalized two or more times in 180 days are able to access service level 4 of RDM.
Vote: 9-0-0

Recommendation 23: **Provide services and supports for individuals leaving the state mental health facility (state hospital) system.**

Many individuals leaving the state hospital system have no community residence or the required services to help them re-integrate back into community living. This lack of services and housing options result in a large percentage of individuals being discharged from the state hospital into a nursing facility. The state then works with that individual through the MFP policy to have him/her return to the community. This process is costly to the state and does not provide the highest level of a quality of life to the individual. The Committee recommends that DSHS is provided sufficient funding to provide the necessary community services and supports, such as Cognitive Adaptation Training and Substance Abuse Services, to optimize the individual's opportunity for a successful relocation and lower the risk for recidivism.
Vote: 9-0-0

Recommendation 24: **Include behavioral health services and supports as service options within all Medicaid 1915(c) waiver programs.**

The current 1915(c) service arrays do not adequately cover behavioral health services and supports. Therefore, community options are limited for those individuals with a co-occurring physical, intellectual, or developmental disability. The Committee recommends that all Medicaid 1915(c) waiver programs provide behavioral health services and supports as a service option under the service array. While the addition of this service option may initially increase the individual service plan cost, this could be a short-term activity until the individual stabilizes, or eventually offset other service costs as a result of a reduction for the need for other available services. Through the MFP Demonstration, the state is conducting a pilot project in Bexar County. This pilot is providing two behavioral health services (Cognitive Adaptation Training and Substance Abuse Services) in addition to the STAR+PLUS service array. Preliminary data indicate that the need of certain STAR+PLUS services actually decrease with the delivery of these two behavioral health services.
Vote: 9-0-0

Recommendation 25: Allow children in state hospitals with developmental disabilities to access HCS or CLASS.

Children in a state hospital should not be unnecessarily transferred to other institutions. DADS and DSHS should develop a process to: (1) review the transfer of children from the state hospital

to SSLC prior to the transfer to determine if other services are appropriate; (2) for children in state hospitals with a dual diagnoses of developmental disabilities and severe emotional disturbance, make HCS or CLASS waiver services available when the child is transitioning from the state hospital; and (3) allow children with dual diagnoses access to the diversion waiver services if the severity meets the current guidelines.
Vote: 9-0-0

Part C: Other funding recommendations.

Recommendation 26: Fund an integrated data warehouse.

The long-term services and supports system crosses several health and human services operating agencies. DADS, the lead operating agency for long-term services and supports, is in the process of enhancing its "data warehouse" which provides individual service level information for purposes of providing data to make evidence-based policy decisions. However, the managed care system, which has expanded into all of the major urban service delivery areas and is administered by HHSC, maintains its own data collection process. It is important to create a single "data warehouse" which will integrate both the fee-for-service and managed care data. There is a significant need to characterize the entire long-term services and supports systems within a single system, and discuss in an evidence-based manner the commonalities and differences of the two funding systems.
Vote: 9-0-0

Recommendation 27: Create an expedited access program for individuals seeking community-based state plan amendment programs.

Individuals who want community-based entitlement programs must wait for their eligibility to be processed. It can take several weeks to determine eligibility during which the individual will go without service. It is not uncommon when the need is acute that the individual can not wait for community services to begin and becomes admitted to the nursing facility. The Committee recommends that the state establish a short preliminary assessment tool that can establish a temporary eligibility for the community entitlement program while the permanent eligibility is being established. The assessment tool should be exact enough to limit the state's fiscal liability in case the individual does not meet the permanent eligibility criteria.
Vote: 9-0-0

WORKFORCE AND PROVIDER NETWORK STABILIZATION

The opportunities for community living are limited without a functional, available, and qualified work force and provider network. Significant turnover rates for direct services and supports staff result in a diminished quality of care and a significant additional expense for recruiting and training new employees. Other additional costs include overtime wages for employees who must cover vacant positions. Providers must have adequate funds to address these workforce challenges and costs. In addition, providers are also faced with other operational demands. Lack of sufficient funds to address these expense items have an equally negative impact on the quality of services provided and the availability of a qualified provider base from which an individual may choose to receive services.

The Committee recommends the following workforce and provider measures to stabilize the current workforce, ensure a viable provider base, and meet the needs of Texans with disabilities during the fiscal 2012-2013 biennium.

Recommendation 28: Fully-fund the 2010 Consolidated Budget's 2012-2013 rate methodology requests.

HHSC will publish its *2010 Consolidated Budget* in October 2010. HHSC, in the past, lays out the cost implications for increasing provider rates by certain intervals. The state has published rate methodologies in the Texas Administrative Code but does not fully fund those formulas. The following table indicates the amount requested in the *2008 Consolidated Budget* and the amount appropriated:

TABLE 1

Program	Percent Increase Requested in Consolidated Budget	Percent Increase Appropriated by 81st Legislature
PHC	8.08%	7.61%
CBA	9.96%	5.16%
CLASS	10.07%	4.46%
MDCP	5.11%	4.13%
HCS	4.11%	4.25%
Day Activity and Health Services	3.42%	2.09%

Vote: 9-0-0

Recommendation 29: Increase provider rates to address inflation.

Cost inflation is inevitable for even the most efficient providers. In fact, between 2005 and 2009 the Consumer Price Index (CPI) has increased by 10.98 percent. While the rate adjustments provided by the 81st Legislature provided some relief for the attendant component of rates, there were no increases made for necessary service support/operational costs. There have been no

increases to this component since September 1, 2000: no change in CBA; -1.83 percent in CLASS; -0.48 percent in PHC. Therefore, the Committee recommends increase to provider rates to meet previous and current inflation factors.
Vote: 9-0-0

Recommendation 30: **Fund community direct services and supports workers.**

The ability to recruit and retain direct services workers is at a critical juncture in Texas. Without a stable direct service workforce, it will be difficult to have a quality community-based system. In the development of the *2010 Consolidated Budget*, the level of funding for wages and benefits for community direct services workers must be sufficient to effectively recruit and retain community workers in order to meet the needs of individuals who require long-term services and supports, as identified in the LAR of the HHSC Consolidated Budget. Many direct service workers are being reimbursed at minimum wage. It is imperative that direct service workers be paid a competitive wage.
Vote: 9-0-0

CHILDREN'S SUPPORTS

FULLY-FUND LONG-TERM SERVICES AND SUPPORTS SUFFICIENTLY IN ORDER TO AVOID THE INSTITUTIONALIZATION OF ANY CHILD.

The Committee believes that the health and human services system must address the number of children with disabilities who continue to remain in Texas institutions. Equally important to the Committee is to ensure that children with disabilities at risk of institutionalization may remain with families. The Committee will make recommendations and monitor the health and human services system for progress on these issues.

Reducing the number of children with disabilities residing in large, congregate care facilities continues to be a top priority for Committee as well as for other disability advocates throughout Texas. This goal can only be accomplished by addressing the barriers that prevent children from leaving these facilities, and ensuring that the appropriate community supports and services are available that prevent the initial placement of a child in a facility.

While the number of children living in institutional settings (not including HCS Residential)[41] has declined by 26 percent from August 2002 through August 2009, the number children in SSLC has increased 32 percent over the same period. However, the Committee does recognize there was an 8 percent decline from fiscal year 2008 (345 children) to fiscal year 2009 (318 children), and a 79 percent decline of children in large (14+ bed) ICFs/MR.[42] Nevertheless, until every parent or legal guardian has the opportunity to choose community-based services versus institutional the Committee will advocate for additional community-based services and supports and more effective service arrays.

The following recommendations are aimed at decreasing the number of children with disabilities in Texas institutions, increasing access to quality permanency planning and family-based options, and preventing new admissions of children to these facilities.

Recommendation 31: Provide the appropriate community-based services to those at imminent risk of institutionalization and prevent the placement of children/youth 17 years and younger in institutional settings.

This recommendation is consistent with the Center for Disease Control and Prevention's *Healthy People 2010 Objectives for People with Disabilities*. Many families/guardians feel as though they have no option during a crisis situation other than institutionalization.

Funding of "crisis services" to provide intervention, stabilize the current situation, and the provision of behavioral training to the family/guardian would have a significant impact on the ability of the family/guardian to continue to support the child/youth at home.
Vote: 7-1-1 *(Susan Payne, Parents Association for the Retarded of Texas, Inc., voting nay; Tim Graves, Texas Health Care Association, abstains.)*

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[41] The baseline for DFPS facilities is August 31, 2003 versus 2002 for all other facilities.
[42] S.B. 368 Report: Permanency Planning and Family-based Alternatives Report (February 2010): http://www.hhsc.state.tx.us/si/C-LTC/SB368_Rep_012010.pdf

Recommendation 32: Expand the PI population to include children in institutions licensed by the Department of Family and Protective Services (DFPS) (for children in state conservatorship).

Being designated as a PI population provides a child/youth with immediate or expedited access to Medicaid 1915(c) waiver programs. Currently, the PI population only includes individuals in NF, SSLCs, and nine or more bed community ICFs/MR. DFPS administers three facilities that serve children with developmental disabilities in their conservatorship. These children must wait for a foster family or be on the HCS interest list which may result in several years.
Vote: 8-1-0 *(Susan Payne, Parents Association for the Retarded of Texas, Inc. voting nay.)*

Recommendation 33: Create a Permanency Planning/Promoting Independence Unit for Children at DADS.

S.B. 368, 77th Legislature, Regular Session, 2001, created permanency planning as a public policy in 2001; subsequent legislation reinforced and strengthened the policy. However, the function was never fully funded and staff assigned can not fully actualize this activity as intended. A permanency planning unit would have responsibility for:

- developing the infrastructure and the expertise needed to address the institutionalization of a child in a crisis situation;
- providing technical assistance to mental retardation authorities (MRAs) who have responsibility for permanency planning by developing increased expertise at local MRAs (ongoing training and support);
- developing meaningful accountability for quality permanency planning and crisis intervention; and
- increasing efforts to relocate children currently placed in state schools to less restrictive, family-based alternatives.

Vote: 8-1-0 *(Susan Payne, Parents Association for the Retarded of Texas, Inc., voting nay.)*

Recommendation 34: Develop a pilot to create emergency shelters for children with disabilities needing out-of-home placement.

This is to ensure adequate time to assess the child and develop an appropriate family-based alternative.
Vote: 9-0-0

INDEPENDENT LIVING OPPORTUNITIES AND RELOCATION ACTIVITIES

Recommendation 35: Eliminate the time period requirement for expedited access for individuals with IDD who are residing in nine or more bed private ICFs/MR.

The Committee recommends full funding for the "Promoting Independence Priority Populations" that will result in individuals residing in community ICFs/MR or in SSLC having immediate access to HCS slots, upon meeting all the community eligibility criteria, and not waiting six-twelve months for a slot.
Vote: 8-1-1 *(Susan Payne, Parents Association for the Retarded of Texas, Inc., voting nay; Tim Graves, Texas Health Care Association, abstains.)*

Recommendation 36: Fund Department of Assistive and Rehabilitative Services in order to add three additional Centers for Independent Living (CILs).

The federal Rehabilitation Act, which is overseen by the Rehabilitation Services Administration, created the development of Centers for Independent Living (CILs).
The purpose of the independent living programs is to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities and to integrate these individuals into their communities. CILs provide services to individuals with significant disabilities that help them remain in the community and avoid long-term institutional settings.

Prior to the 81st Legislative Session, there were 23 CILs in Texas funded by federal and General Revenue funds which covered only 161 counties. The 81st Legislature added funding to the 2010-11 General Appropriations Act (Title II, DARS, S.B. 1, 81st Legislature, Regular Session, 2009) to create three new CILs covering Collin County, Galveston County and Tom Green County overall coverage by the 26 CILs includes 164 counties. Nevertheless, many parts of the state, especially in the rural counties, are without CIL coverage (90 counties are without Title VII, Part C, CIL funding).
Vote: 8-0-1 *(Tim Graves, Texas Health Care Association, abstains.)*

HOUSING INITIATIVES

Affordable, accessible and integrated housing is an essential base requirement for individuals who want to relocate back into their communities. The Committee continues to advocate for the creation of housing units for individuals designated as Texas *Olmstead* population.

Individuals who are relocating from NF or individuals who are in the targeted *Olmstead* populations under the DSHS provisions must have integrated and affordable community housing. There are two substantial barriers – the poverty of individuals who are living at the SSI level ($674/month), and/or the lack of easy access to wrap-around supports and services. The Committee makes the following recommendations:

Recommendation 37: HHSC should supplement the administrative fee for HOME Vouchers.

The HOME Tenant–based Rental Assistance (TBRA) programs are expensive and difficult to administer. There is a minimal amount of administrative overhead allowed in the overall funding made by the HUD. This limited amount for administrative activities is a barrier in getting qualified contractors willing to administer the program.

HUD will only provide a four percent administrative fee which is supplemented by TDHCA with an additional two percent. In 2002, HHSC also provided funding (an additional four percent) to supplement the administrative fee to allow contractors to spend up to ten percent of the award on administrative activities. HHSC no longer provides the additional four percent in funding. The Committee recommends that HHSC's four percent additional support be reinstated.
Vote: 8-0-1 *(Tim Graves, Texas Health Care Association abstains.)*

Recommendation 38: TDHCA should continue to increase the amount of dedicated housing vouchers for individuals relocating from institutional settings.

TDHCA administers TBRA vouchers which provide temporary two year housing assistance and permanent Section 8 vouchers for individuals who are relocating from institutional settings. There is always an increasing need for accessible, affordable, and integrated housing for individuals who are at the SSI level of income (16-20 percent of average median income).
Vote: 8-0-1 *(Tim Graves, Texas Health Care Association abstains.)*

Recommendation 39: The 82nd Legislature should increase the amount of funding to the Housing Trust Fund (Fund) and dedicate 25 percent of the Fund to support individuals whose income is no more than 300 percent of the SSI level who want to relocate from an institutional setting or remain in the community.

The State of Texas has a Fund (general revenue) to provide discretionary funding for specific housing supports to the general public. The 2010-11 General Appropriations Act (81st Legislature, Article VII, TDHCA, S.B. 1, Regular Session, 2009) increased the Fund from $5 million (General Revenue) to $10 million (General Revenue). However, this funding in not

necessarily dedicated to individuals on Medicaid, or at least the SSI level of income, who are trying to relocate to the community.

The state provides limited housing supports for Medicaid beneficiaries who want to relocate through TBRA and Project Access vouchers. Yet these vouchers are not available to all applicants, because Project Access vouchers are age-restricted (individuals 0-62 years of age), and TBRA vouchers may not be available or may expire before the beneficiary qualifies for a permanent subsidy.

The Fund allows the state flexibility in establishing subsidy programs and currently benefits the general public. The Committee recommends designating at least 25 percent of the Fund to support individuals who are relocating from institutions and/or individuals who have relocated with TBRA vouchers that have subsequently expired. This would establish a "bridge-funding" from temporary to permanent housing supports for Medicaid beneficiaries at risk of institutionalization.
Vote: 8-0-1 *(Tim Graves, Texas Health Care Association, abstains.)*

APPENDIX E

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STATUS UPDATE: 2008 REVISED TEXAS PROMOTING INDEPENDENCE PLAN RECOMMENDATIONS

The Health and Human Services Commission (HHSC), based on the Promoting Independence Advisory Committee's (Committee) recommendations made in its' *2008 Stakeholder Report*, included the following implementation directives in the *Revised 2006 Texas Promoting Independence Plan (Plan).*[43] The Plan categorized the recommendations into the following areas:

PROGRAM FUNDING: *These are directives to help fund community services and institute certain structural changes in order for individuals to have a choice in living in the most integrated setting.*

1. *Requires legislative direction and/or appropriations.*

If directed and/or funded by the Legislature, HHSC will work with the Department of Aging and Disability Services (DADS), the Department of State Health Services (DSHS), and the Department of Assistive and Rehabilitative Services (DARS) to reduce community-based interest/waiting lists.

Status

The 2010-11 General Appropriations Act (81st Legislature, Article II, S.B. 1, Regular Session, 2009) provided $190.9 million in additional general revenue to reduce interest lists at HHSC, DADS, DSHS and DARS during the 2010-11 biennium. The additional funding will cover:

HHSC

- STAR+PLUS (Medical Assistance Only) 84 individuals

DADS

- Home and Community-Based Services (HCS): 5,936 individuals -- Total*
- Community Based Alternatives (CBA): 861 individuals
- In-Home and Family Support: 651 individuals
- Non-Medicaid Services: 498 individuals
- Community Living Assistance and Support Services (CLASS): 1,890 individuals
- Medically Dependent Children Program (MDCP): 348 children
- Deaf-Blind with Multiple Disabilities (DBMD): 6 individuals

[43] For the full report see DADS' website at: http://www.dads.state.tx.us/providers/pi/index.html
; see Appendix C for the Promoting Independence Advisory Committee's full text of its recommendations.

DSHS

• Children with Special Health Needs:	87 children
• Child and Adolescent Community Mental Health	412 children/youth

DARS

• Comprehensive Rehabilitative Services:	13 individuals
• Independent Living Services:	8 individuals

*HCS slots through Section 48, Special Provisions:	5,120
Funding for Promoting Independence – nine+ private ICFs/MR:	250
Funding for Promoting Independence – State Supported Living Centers:	250
Children Aging out of Foster Care	120
Prevention of Institutionalization	196

Behavioral Health Directives within Program Funding

2. Requires legislative direction and/or appropriations

If directed and/or funded by the legislature, HHSC will work with DSHS to implement a fully funded Assertive Community Treatment (ACT) service package as part of the Resiliency and Disease Management (RDM) program.

Status

Rider 65 (2010-11 General Appropriations Act, Article II, DSHS, S.B. 1, Regular Session, 2009) requires that DSHS allocate $109,368,602 from its Community Mental Health Crisis Services in order to enhance the capacity of the community-based mental health services system by increasing the number of individuals receiving intensive community-based mental health service packages at community mental health centers, including ACT.

3. Requires legislative direction and/or appropriations

If directed and/or funded by the legislature, HHSC will work with Department of State Health Services (DSHS) to provide services and supports for individuals leaving the state mental health facility (state hospital) system.

Status

Rider 65 (2010-11 General Appropriations Act, Article II, DSHS, S.B. 1, 81st Legislature, Regular Session, 2009) provides funding to extend the post crisis/hospital benefit from thirty to ninety days. DSHS continues to work on its "continuity of care" initiatives and is in the early stages of developing a conceptual paper on the submittal of a 1915 (i).

4. Requires legislative direction and/or appropriations

If directed and/or funded by the legislature, HHSC will work with DADS to incorporate effective behavioral services and supports in their service arrays.

The current 1915(c) service arrays do not adequately cover intensive behavioral health services and supports. Therefore, community options are limited for those individuals with intense behavioral health needs and co-occurring aging and/or disability needs. The addition of these services will most likely increase the individual service plan cost.

Status

The 81st Legislature did not provide policy direction or appropriations.

However, through the Money Follows the Person Demonstration, DADS with DSHS is pilot testing the provision of two supplemental behavioral health services (Cognitive Adaptation Training and Substance Abuse Services) in addition to STAR+PLUS waiver services for individuals leaving nursing facilities. Also, DADS is the early stages of studying the impact of behavioral health services in its HCS and CLASS programs.

5. Requires legislative direction and/or appropriations.

If directed and/or funded by the legislature, HHSC will work with DADS to ensure flexibility in the service array.

1915(c) waiver programs have set service arrays to help manage utilization and overall costs. There are many other support services that could be offered that would enhance success in community living and an individual's quality of life. Examples of services currently not offered are intense behavioral health supports, services to support an individual with traumatic brain syndrome, services to support an individual with autism, and other supports.

Status

The 81st Legislature did not provide policy direction or appropriations.

See response to Recommendation 4.

6. Requires legislative direction and/or appropriations.

If directed and/or funded by the legislature, HHSC will work with DADS to develop a fully integrated data warehouse.

The long-term services and supports system crosses several health and human services operating agencies. DADS, the lead operating agency for long-term services and supports, is in the process of enhancing its "data warehouse" which provides individual service level information for purposes of providing data to make evidence-based policy decisions. However, the managed care

system, which has expanded into all of the major urban service delivery areas and is administered by HHSC, maintains its own data collection process. It is important to create a single "data warehouse" which will integrate both the fee-for-service and managed care data. There is a significant need to characterize the entire long-term services and supports systems within a single system, and discuss in an evidence-based manner, the commonalities and differences of the two funding systems.

Status

The 81st Legislature did not provide policy direction or appropriations.

7. Requires legislative direction and/or appropriations.

If directed and/or funded by the legislature, HHSC will work with its operating agencies to expand respite care for family caregivers and increase the average benefit.

Respite for caregivers is an effective means of delaying and/or avoiding institutional care for consumers. In Texas, the National Family Caregiver Support Program, as authorized under the Older Americans Act, is administered by DADS and implemented by 28 area agencies on aging (AAAs). Education, information, and support services are provided to individuals, or caregivers of individuals, 60 years of age and over and other high-risk populations who provide assistance for their family members; caregivers may be of any age. This program enables individuals who are aging and/or with a disability to remain in a home environment and "age in place."

Although AAAs offer respite services, the intensity and duration of services are limited by funding constraints. AAAs' average respite benefit for state fiscal year 2007 was $667[44] which is helpful but inadequate to meet the needs of unpaid caregivers who provide on-going and intensive assistance.

Status

H.B. 802, 81st Legislature, Regular Session, 2009, directs DADS to implement a lifespan respite care program for individuals not eligible for respite services through any source. In addition, DADS applied for and received an Administration on Aging respite grant. The program is expected to be implemented in FY 2011.

WORKFORCE AND PROVIDER NETWORK STABILIZATION: *These are directives to increase reimbursement rates in order to help stabilize the direct service workforce.*

The opportunities for community living are limited without a functional, available, and qualified workforce and provider network. Significant turnover rates for direct service staff result in a diminished quality of care and a significant additional expense for advertising for and training of new employees. Lack of sufficient funds to provide living wages for direct service workers has a negative impact on the quality of services provided and the availability of a qualified provider base from which an individual may choose to receive services.

[44] Department of Aging and Disability Services, Access & Intake – Area Agencies on Aging SFY 2007 data for Caregivers Respite Care.

8. Requires legislative direction and/or appropriations

If directed and/or funded by the legislature, HHSC will increase private provider rates according to established methodologies, recognizing inflation factors.

Between 1997 and 2007 the Chained-Type Price Index for Personal Consumption Expenditures (PCE) increased by 23.69 percent. While the rate adjustments provided by the 80th Legislature (2007) provided some relief, the adjustments did not meet the increase in the Consumer Price Index (CPI). Current inflationary pressures include, but are not limited to, cost increases in gasoline, transportation (vehicles), food and utilities, which are all necessary for service delivery. The inability to adequately address these needs negatively impacts: the quality of services provided to individuals; a provider's ability to maintain compliance with regulations; and more importantly, the availability of an array of viable service providers from whom consumers may choose to receive services.

The 80th Legislature (2007) appropriated, on average, a five percent rate increase for providers of community services and supports ($86.2 million general revenue, $203.1 million all funds). In addition, the legislature provided for "Community Care Rate Enhancements" ($15.8 million general revenue, $38.2 million all funds) for direct service staff, and passed H.B. 15 (80th Legislature, Regular Session, 2007), which provided rate restoration for Community Living Assistance and Support Services (CLASS), Home and Community-based Services (HCS), and Texas Home Living providers to fiscal year 2003 amounts. However, these additional appropriations did not fully fund the cost of these programs. HHSC has detailed the implications of provider rate increases in its consolidated budget.

Status

The 81st Legislature, Regular Session, 2009, did provide selected rate enhancements depending on the program type. Overall, the 2010-2011 General Appropriations Act (Article II, S.B. 1, 81st Legislature, Regular Session, 2009) includes $186 million (general revenue -- $427.1 million all funds) for rate increases; this includes both nursing facility and intermediate care facilities for persons with mental retardation (ICF/MR) as well as community enhancements.

However, the legislature continues to not fund reimbursement rates according to published methodologies and the community care programs for the aging/the physically disabled received the least amount of enhancements. On average, the following programs received additional funding to increase reimbursement rates:

- Nursing Facility: 2.79 percent increase
- Hospice: 2.79 percent increase
- TxHmL: Home and Community-based Services (HCS) rate equalization
- ICF/MR: 1.50 percent increase
- HCS: 3.0 percent increase
- Community Care: $0.80 per hour for minimum wage plus $19.2 million (general revenue) for 2010-11 biennium for enhancements

9. Requires legislative direction and/or appropriations.

If directed and/or funded by the legislature, HHSC will fund the full impact of the minimum wage increase, including the "ripple effect".

The third $0.70 increment in the federal minimum wage occurred on July 24, 2009 and required pro forma adjustments to the rates that would otherwise be reflected in HHSC's rate methodology estimates for the 2010-11 biennium.

Status

HHSC received funding to increase the attendant-type rates by $0.80 per attendant hour. The daily rates (CBA Assisted Living/Residential Care, Community Care for the Aging and Disability Residential Care and Day Activity and Health Services) included a factor for more than one attendant per unit so the actual increase for those services was more than the $0.80 per unit.

10. Requires legislative direction and/or appropriations.

If directed and/or funded by the legislature, HHSC will increase support for community direct services and supports workers.

The ability to recruit and retain direct service workers is at a critical juncture in Texas. It is difficult to have a quality community-based services and supports system without tenured and trained direct services workers. HHSC's *2008 Consolidated Budget* details cost implications for increasing direct service workers' wages.

Status

The 81st Legislature did not provide policy direction or appropriations. However, Section 48 (2010-11 General Appropriations Act, Article II, Special Provisions, Section 48, S.B. 1, 81st Legislature, Regular Session, 2009) provides DADS $10.2 million (general revenue) to train and hire case managers to provide targeted case management.

In addition, Executive Commission Suehs directed DADS to convene a Home and Community-based Direct Services Council to study the issues regarding reimbursement for direct service workers and report back on their recommendations.

CHILDREN'S SUPPORTS: *The following recommendations are aimed at decreasing the number of children with disabilities in Texas institutions, increasing access to quality permanency planning and family-based options, and reducing new admissions of children to these facilities.*

Reducing the number of children with disabilities residing in large, congregate care facilities continues to be a priority for the health and human services system. This goal can only be accomplished by addressing the barriers that prevent children from leaving these facilities, and

ensuring that the appropriate community supports and services are available that prevent the initial placement of a child in a facility.

11. Requires legislative direction and/or appropriations.

If directed and/or funded by the legislature, HHSC will work with DADS to provide the appropriate community-based services to those children (0-17 years of age) at imminent risk of institutionalization and to offer more community-based options to support individual choice.

Many families/guardians feel as though they have no option during a crisis situation other than institutionalization. Funding of "crisis services" to provide intervention, stabilize the current situation, and the provision of behavioral training to the family/guardian would have a significant impact on the ability of the family/guardian to continue to support the child at home, if that is their choice.

Status

The 2010-11 General Appropriations Act (81st Legislature, Article II, S.B. 1, 81st Legislature, Regular Session, 2009) provided $190.9 million in additional general revenue to reduce interest lists at HHSC, DADS, DSHS and DARS during the 2010-11 biennium for all populations. In addition, there was funding included to prevent institutionalization with 196 HCS slots (96 of these are dedicated for children).

S.B. 37, 81st Legislature, Regular Session, 2009, requires the expansion of the deaf-blind with multiple disabilities waiver program to children under age 18.

12. Requires legislative direction and/or appropriations.

If directed and/or funded by the legislature, HHSC will work with the Department of Family and Protective Services (DFPS) to expand the Promoting Independence (PI) population to include children in DFPS conservatorship who have disabilities and are residing in select institutions licensed by DFPS.

Being designated as a PI population provides a child with expedited access to Medicaid 1915(c) waiver programs. Currently, the PI population includes only individuals in nursing facilities, state schools, and large (fourteen or more bed) community intermediate care facilities for persons with mental retardation (ICFs/MR). Some institutions licensed by DFPS provide services specifically to children in DFPS conservatorship who have intellectual and developmental disabilities. These facilities were previously licensed as "institutions for persons with mental retardation" and serve a population with needs similar to those who are placed in ICFs/MR.

Status

The 81st Legislature did not provide policy direction or appropriations.

13. Requires legislative direction and/or appropriations.

If directed and/or funded by the legislature, HHSC will work with the appropriate health and human services agencies to develop a pilot project to create emergency shelters for children with intellectual and developmental disabilities needing out-of-home placement.

This directive is intended to ensure adequate time to assess the child and develop an appropriate family-based alternative for children who are at risk of being institutionalized.

Status

The 81st Legislature did not provide policy direction or appropriations.

14. Requires legislative direction and/or appropriations.

If directed and/or funded by the legislature, HHSC will work with DADS and DFPS to develop adequate behavioral services to support children (0-21 years of age) coming out of institutions and to help provide them with community options in order to support individual choice.

Many children have an intensive co-occurring behavioral health need in addition to their intellectual and developmental disability. Because Texas' Medicaid waivers and other community programs have limited behavioral health services and supports, the ability to live in the community is often not a viable option. It is important that the service arrays in Medicaid waivers include the appropriate behavioral health supports to give parents/guardians the option to keep their child at home or with an alternative family.

Status

The 81st Legislature did not provide policy direction or appropriations.

15. Requires legislative direction and/or appropriations.

If directed and/or funded by the legislature, HHSC will develop and implement a Medicaid Buy-In (MBI) program for children with disabilities in families with income between 100 percent to 300 percent of the federal poverty level (FPL) as authorized in the Deficit Reduction Act of 2005.

Many children with disabilities are uninsured or underinsured. Often this is due to the fact that the cost to provide insurance for a child with significant disabilities may be prohibitive for many families. Additionally, the limitations in many commercial insurance policies do not provide the services needed for a child with disabilities. Consequently, families of children with disabilities often purposely enter into poverty through divorce or employment decisions in order to qualify for publicly funded health insurance for their child.

In other cases, families are forced to make the difficult decision to institutionalize their child in order to obtain required services. Expanding Medicaid opportunities, on a sliding-fee basis, to

families caring for children with disabilities will prevent families from remaining in or entering into poverty for the sole purpose of obtaining medical care for their child, and will prevent insitutional placements caused by the lack of needed community services.

Status

S.B. 187, 81st Legislature, Regular Session, 2009, creates the Medicaid Buy-In Program for Disabled Children which allows families whose income does not exceed 300 percent of federal poverty level to buy-in to the Medicaid program for their child with a disability.

INDEPENDENT LIVING OPPORTUNITIES AND RELOCATION ACTIVITIES: *These directives will expand opportunities to move into the community, will help make relocations to the community more successful, and will provide enhanced assistance for individuals with complex need.*

16. Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will work with DADS to expand its "Promoting Independence Priority Populations" policy to include individuals residing in medium (nine to thirteen bed) community ICFs/MR.

The original Promoting Independence Plan (2001) made recommendations to allow individuals residing in state mental retardation facilities (state schools) and large (fourteen or more bed) community ICFs/MR to have expedited access to the HCS waiver program. Individuals in state schools may access HCS within six months of referral and those living in large community ICFs/MR within twelve months of referral. Currently, this option is not available for those living in medium community ICFs/MR.

Status

2010-11 General Appropriations Act (81st Legislature, Article II, DADS, S.B. 1, 81st Legislature, Regular Session, 2009) expanded the "Promoting Independence Priority Populations" to include nine – thirteen bed ICFs/MR. There are 250 "slots" available for individuals leaving private nine or more bed ICFs/MR.

17. Requires legislative direction and/or appropriations.

If directed and/or funded by the legislature, DARS will add an additional three Centers for Independent Living (CILs).

The federal Vocational Rehabilitation Act of 1973, which is overseen by the Rehabilitation Services Administration, created the development of Centers for Independent Living (CILs). The purpose of the independent living programs is to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities and to integrate these individuals into their communities. CILs provide services to individuals with significant disabilities that help them remain in the community and avoid long-term institutional settings.

There are currently 23 CILs in Texas, funded by federal dollars and state general revenue which cover 161 counties. Nevertheless, this still results in many parts of the state, especially in rural counties, being without CIL coverage (93 counties are without Title VII, Part C, CIL funding).

Status

The 2010-11 General Appropriations Act (Article II, DARS, S.B. 1, 81st Legislature, Regular Session, 2009) included $1.5 million general revenue funds to fund three new CILs. Contracts were awarded to:

- Rehabilitation, Education & Advocacy for Citizens with Handicaps, Inc. (REACH) in Plano, Texas, began providing services on January 4, 2010 in Collin County. At the end of July, 2010, REACH provided services to 133 consumers.
- Mounting Horizons, Inc. in League City, Texas, began providing services January 11, 2010 in Galveston County. At the end of July, 2010, Mounting Horizons, Inc. provided services to 23 consumers.
- Lifetime Independence for Everyone, Inc. (LIFE) "Disability Connections" in San Angelo, Texas, began providing services in November 2009 in the following counties: Coke, Concho, Irion, Menard, Runnels, Schleicher, Sterling and Tom Green. At the end of July, 2010 Disability Connections provided services to 70 consumers.

18. Requires legislative direction and/or appropriations.

If directed and/or funded by the legislature, HHSC will work with DADS to increase the relocation activity that assists individuals in nursing facilities to relocate back into their community.

DADS received $1.3 million in GR to fund the relocation specialist activity and the support program "Transition to Life in the Community (TLC)" in the 2008-09 biennium; HHSC also provides additional dollars for these support services. These activities are crucial in: the identification of individuals who want to relocate; education; facilitation; and coordination of the relocation process. However, individuals with more complex functional and medical needs require intensive supports in their relocation. The number of individuals accessing the "Money Follows the Person" policy continues to grow, and there are an increasing number of those individuals who require this type of assistance.

Status

The 2010-11 General Appropriations Act (81st Legislature, Article II, DADS, S.B. 1, Regular Session, 2009) included funding to increase the relocation activity from $1.3 million general revenue funds to $3.4 million general revenue funds.

19. Requires legislative direction and/or appropriations.

If directed and/or funded by the legislature, HHSC will work with DADS to establish a pilot project, which would support institutional diversion activities in order to avoid initial institutionalization.

Individuals often seek institutionalization because they are in a crisis situation due to an acute episode or pending an immediate discharge from an acute care facility. The community-based services and supports are not in place to provide temporary assistance to avoid institutionalization. The State, subsequently, pays relocation contractors to work with the individual in order for them to relocate back into the community. This process is both cumbersome and expensive. Additionally, this process increases the risk that the individual will lose their community residence and informal support system.

Status

The 81st Legislature, Regular Session, 2009, did not provide policy direction or appropriations. However, DADS received an Administration on Aging community living program grant in 2008 to create an institutional diversion program in central Texas and recently received funding in 2009 to create a program a second pilot in Tarrant County.

HOUSING INITIATIVES: *These directives will help individuals remain in the community or assist them in their relocation from an institutional placement into the community. Without available, accessible, and integrated housing, there is no opportunity for self-determination and choice.*

Affordable, accessible and integrated housing is an essential requirement for individuals who want to relocate back into their communities. Individuals who are relocating from nursing facilities, ICFs/MR, or individuals who are in the targeted *Olmstead* populations under the DSHS provisions, must have accessible, integrated and affordable community housing. There are two substantial barriers – the poverty of individuals who are living at the Supplemental Security Income (SSI) level ($674/month effective January 2009) which severely limits housing choices, and/or the lack of easy access to wrap-around supports and services.

20. Requires legislative direction and/or appropriations.

If directed and/or funded by the legislature, the Texas Department of Housing and Community Affairs (TDHCA) will increase the baseline funding for the Texas Housing Trust Fund.

Texas does not provide a significant amount of discretionary general revenue funding for housing. The Housing Trust Fund is one of those limited funding sources and is allocated to TDHCA. During the 80th Legislature, Regular Session, 2009, TDHCA received $5 million in general revenue funds for the Housing Trust Fund (2008-09 General Appropriations Act, Article VII, TDHCA, H.B. 1, 80th Legislature, Regular Session, 2007). However, this amount is not

adequate to provide housing voucher incentives or increase the overall housing inventory for individuals who receive Supplemental Security Income (SSI) level and with disabilities.

Status

The 2010-11 General Appropriations Act (81st Legislature, Article VII, TDHCA, S.B. 1, 81st Legislature, Regular Session, 2009) increased the Housing Trust Fund from $5 million general revenue funds to $10 million general revenue funds. However, this funding in not necessarily dedicated to individuals on Medicaid who are trying to relocate to the community. TDHCA will be determining through the public process on how to allocate the additional appropriations.

21. Requires legislative direction and/or appropriations.

If directed and/or funded by the legislature, HHSC will work with TDHCA to supplement the administrative fee for HOME Vouchers.

The HOME vouchers, which include Section 8 and Tenant–based Rental Assistance (TBRA), are expensive and difficult to administer. There is a minimal amount of administrative overhead allowed in the overall funding made by the United States Department of Housing and Urban Development. This limited amount for administrative activities is a barrier in getting qualified contractors willing to administer the program.

Housing and Urban Development will only provide a four percent administrative fee which is supplemented with an additional two percent from TDHCA. In 2002, HHSC also provided funding (an additional four percent) to supplement the administrative fee to allow contractors to spend up to ten percent of the award on administrative activities. The lack of appropriations caused HHSC to discontinue providing the additional four percent in funding.

Status

The 81st Legislature did not provide policy direction or appropriations.

22. Requires legislative direction and/or federal/state appropriations.

If directed and/or funded by the legislature or the United States Department of Housing and Urban Development, TDHCA should increase the amount of dedicated HOME vouchers for individuals relocating from institutional settings.

These vouchers include Section 8 permanent housing vouchers and TBRA two-year vouchers.

Status

The 81st Legislature, Regular Session, 2009 did not provide policy direction or appropriations. However, TDHCA increased the number of Project Access vouchers from fifty to 100 with twenty voucher dedicated for the first time for individuals older than 62 years of age.

23. Requires legislative direction and/or appropriations.

If directed and/or funded by the legislature, TDHCA should establish a separate general revenue program to provide affordable housing to individuals whose income is up to 300 percent of the SSI level and who want to relocate from an institutional setting or remain in the community.

Often, even with a voucher, individuals who are very poor cannot find affordable, accessible, and integrated housing. Supplemental funds are necessary to help increase the overall housing inventory that is available and provide "bridge funds" to supplement HOME vouchers.

Status

The 81st Legislature, Regular Session, 2009 did not provide policy direction or appropriations.

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APPENDIX F

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Texas Health and Human Services Commission: Accomplishments Related to Promoting Independence – Biennium and State Fiscal Year 2010

The Health and Human Services Commission's major Promoting Independence accomplishments during fiscal year 2009 include the following activities:

Texas Medicaid Funding

The Legislature approved a two-year budget of $44.8 billion for Medicaid, which accounts for 29 percent of the state's total budget. The program provides health coverage for one out of every three children in Texas, pays for more than half of all births, and covers 44 percent of all nursing home care provided in the state. Children make up about two-thirds of the state's Medicaid caseload. However, services to individuals who are aging and/or have disabilities account for two-thirds of the program's costs.

The Legislature maintained all current Medicaid services, client categories and provider rates. Major legislative decisions about the state's Medicaid program include:

- Adding coverage for Legal Permanent Resident children up to age 19.
- Creating a Medicaid Buy-In Program for children with disabilities up to 300 percent of the federal poverty level. Families will pay monthly premiums based on their income.
- Adding substance abuse services as a benefit for adults.
- Adding $500 million in general revenue for caseload growth. HHSC projects that Medicaid will serve 3.1 million Texans per month in fiscal year 2010, a monthly increase of almost 100,000 clients from current caseload levels.
- Increasing provider rates for long term services and supports, totaling $75 million for community care providers and another $28 million for nursing homes.

HHSC's major Promoting Independence accomplishments during FY 2010 include the following activities:

- **Family-based Alternatives:** EveryChild, Inc. is contracted to develop and implement a system of family-based alternatives so children have the option to leave institutional care and live in families. The project primarily serves children residing in facilities in and around the metropolitan areas of Houston, San Antonio, Austin-Temple, Dallas, and Longview.

- **Permanency Planning:** HHSC continues to collect information for the Permanency Planning Reports and to inform the Legislature of the progress of this deinstitutionalization effort. While the total number of children in institutions, as defined by S.B. 368, which includes Home and Community-based Services (HCS) supervised living and residential support, has declined very slightly in the past eight years, there has been a significant shift in the distribution patterns. Sizable numbers of children are moving back to their families, to family-based alternatives, or to other smaller, less restrictive environments.

  The data shows an overall decrease in the number of individuals moving to families or smaller settings in the mid year 2009 to mid year 2010 period, including state mental retardation facilities and targeted DFPS licensed facilities, which had increased slightly in the

previous report period. In total, the number of children living in all DADS non-HCS facilities, which include community Intermediate Care Facilities for Persons with Mental Retardation (ICFs/MR), nursing facilities, and state mental retardation facilities, has declined by 36 percent in the past seven and one-half years, and is down 2 percent in the past year. Meanwhile, the number of children in all targeted DFPS facilities and all non-HCS DADS facilities combined has declined by 2 percent in the past year, and 28 percent since August 2002. Significant long-term declines have been seen in the populations of children in large ICFs/MR, which are down by 85 percent since August 2002, and nursing facilities, which are down by 58 percent in the same time period.

- **Consumer Direction Workgroup:** HHSC continues to lead the Consumer Direction Workgroup (CDW). Acting on recommendations from the first biennial report to the Legislature, the CDW supported significant expansion of the Consumer Directed Services (CDS) option and is preparing for expansion of the Service Responsibility Option (SRO) into all long-term services and supports. The CDW assisted in education and outreach through improvement in web-based resources and participating in Town Hall meetings; and improved the function of the workgroup through a new member orientation program and the election of a member to serve as the vice-chair. The CDW prepared its second biennial report to the Legislature. The report presents 16 specific recommendations adopted by the workgroup. These recommendations are intended to make consumer direction an option available to more Texans to help make their lives more independent and meaningful. The CDW continues to identify issues that represent barriers to consumer direction and provides guidance to state agencies to help remove or lessen these barriers.

- **The Long-Term Care Partnership** is a joint effort between private long-term care insurers and Texas state agencies. The partnership encourages people to plan for their long-term care needs, by purchasing Long-Term Care Insurance instead of relying on Medicaid. Through the Partnership program, the state offers individuals who purchase partnership qualified policies access to Medicaid without the need to impoverish themselves should additional long-term care coverage be needed, beyond what the policy provides. Individuals receive resource protection at the time of Medicaid eligibility and estate recovery in the amount of benefits paid under the policy.

  The Deficit Reduction Act of 2005 authorized all states to establish Long-Term Care Partnership programs. The 80th Texas Legislature passed S.B. 22 (80th Legislature, Regular Session, 2007) which requires the Health and Human Services Commission (HHSC), the Texas Department of Insurance (TDI) and the Department of Ageing and Disability Services (DADS) to coordinate efforts to implement a Partnership in Texas. Requirements include training for insurance agents and education for consumers, inflation protection depending on consumer's age, and reciprocity between partnership states who do not opt out of reciprocity. Approximately 35 states have or are developing LTC Partnership programs so far. TDI adopted rules that allow Long Term Care Partnership Policies to be sold in Texas in March of 2009.

In February of 2010 HHSC launched the Own Your Future Texas Long Term Care (LTC) Awareness Campaign to educate Texans about LTC and the importance of planning for their future LTC needs. The Own Your Future Texas campaign includes:

- A mailing to approximately 1.4 million households in the targeted demographic population, conducted in collaboration with the U.S. Department of Health and Human Services federal Own Your Future campaign.
- A LTC planning kit designed to serve a user-friendly planning tool to help individuals assess their future LTC needs and begin planning for the costs.
- A website www.ownyourfuturetexas.org to provide detailed information and resources on LTC planning and options, including interactive features such as online need assessment worksheets and calculators.
- Online banner ads on targeted websites.
- Public service announcements aired on a network of radio stations around the state.
- Community outreach to help educate community organizations and assist them in providing community-based education outreach about LTC and LTC planning.

- **Medical Transportation Services:** Medical Transportation Program **(**MTP) is administered by the Texas Health and Human Services Commission. MTP is responsible for arranging transportation services for Texas Medicaid clients, Children with Special Health Care Needs Services clients, and eligible cancer patients in 8 counties in the Texas valley (i.e., Transportation for Indigent Cancer Patients).

  Transportation services centers (call centers) are responsible for authorizing services for clients. Centers are located in Austin, San Antonio, McAllen, and Grand Prairie. In addition, contract specialists are located throughout the state and are responsible for monitoring transportation service providers. These monitoring activities are designed to ensure that services are provided to clients appropriately.

  In compliance with Rider 55 (Article II, Health and Human Services Commission, S.B. 1, 81st Legislature, Regular Session, 2009), MTP is developing a full-risk broker model for the provision of transportation services in a portion of the state. In the rest of the state, MTP continues to subcontract and directly provide transportation services through 15 transportation service area providers.

  For increased efficiencies in provider reimbursement and reporting, MTP is working to integrate its claims processing function with a contracted vendor. The provider enrollment function is also being transferred to a contracted vendor to streamline the enrollment process and reduce administrative burden to providers. MTP received approval on the Advanced Planning Document from the Centers for Medicare and Medicaid Services for the development and installation of a new transportation automation system.

  To respond to high call volume in the transportation services center, MTP increased its telecommunication lines from 529 to 621. MTP is also using workforce optimization software to assist in determining staffing patterns.

MTP implemented recommendations according to its business process review, which has strengthened operations and processes.

APPENDIX G

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Texas Department of Aging and Disability Services: Accomplishments Related to Promoting Independence – State Fiscal Year 2010

Legislative Initiated Activities

Much of the work accomplished at the Texas Department of Aging and Disability Services (DADS) relating to the goals of the Promoting Independence Plan was driven over the past year by actions of the 81st Texas Legislature through S.B. 1, the General Appropriations Act, including Riders, and in separate legislation.

These accomplishments include:

Responses to S.B. 1:

(1) Movement of HCS Case Management to MRAs effective 6/1/10: HCS and Service Coordination rule changes were adopted on 6/1/10. Activities include:
- Provided regular updates to Frequently Asked Questions related to the transition;
- Posted HCS program handbook for HCS providers and MRA staff on the DADS website;
- Executed changes to the CARE database to implement this initiative;
- Conducted six training sessions for HCS providers and MRA staff in April and May of 2010. Training was held in San Antonio, Houston, Fort Worth, and Lubbock;
- Sought CMS approval of the HCS waiver to remove case management as a service offered by the HCS program providers; and
- Developed HCS contract amendments to remove case management services.

(2) Relocation Activities to Assist Individuals in Nursing Facilities to Relocate Back into their Community.
- DADS received appropriations for Relocation Services maintenance and expansion which increased funding from $1.3M – GR/$1.9-AF to $3.4M-GR/$4M-AF.
- Funds were allocated to contractors for Relocation Services and Transition to Life in the Community (TLC) for FY 2010. Contract amendments for new allocations were effective September 1, 2009.

Implementation of Rider 32: Services under a 1915(c) Waiver. Children who are 21 years of age and younger, who reside in nursing facilities, may by-pass the HCS interest list to receive HCS services. Between September 1, 2009 and July 1, 2010, 14 individuals have received an offer of HCS through this Rider.

Implementation of Rider 33: Services under HCS Waiver Program. There have been no instances whereby individuals referred for HCS services from community ICFs/MR were determined to be ineligible for HCS services.

Implementation of Rider 34: Promoting Community Services for Children. 50 HCS slots have been set aside. As of July 1, 2010, 25 HCS slots have been released and 15 individuals enrolled. The allocation of 50 will be released at 25 slots per fiscal year.

Implementation of Rider 36: Waiver Cost Limits. DADS Access & Intake has hired staff specifically to track and manage the General Revenue (GR) process for these consumers.

- **Rider Section 36a:** Individual cost limits for waiver programs have been set according to Rider requirements.
- **Rider Section 36b:** Ten consumers are receiving waiver services above the individual cost limit funded by GR. Of the ten, one individual receives waiver services above the cost limit in accordance with the prescribed use of GR Funds under Rider 36; five consumers who exceeded the individual cost limit as of 9/1/05 continue to receive services funded by GR in accordance with provisions of Rider 36(b) (2); and four receive waiver services above the cost limit funded by GR due to settlement agreements. For the time period September 2009 through July 2010, eight consumers received clinical assessments for Rider 36. Of the eight none were approved for Rider 36 funding.
- **Rider Section 36c:** DADS has implemented utilization review (UR) in waiver program areas.

Implementation of Rider 37: Expenditure of Settlement Funds. Efforts are on-going to ensure timely completion of all required activities including:

- The independent settlement agreement monitors have completed 13 baseline reviews as of 5/14/10. Reports for the first nine facilities reviewed (Corpus Christi, Brenham, El Paso, Austin, Mexia, Lubbock, Abilene, Rio Grande and San Antonio) are posted on DADS' website at: http://www.dads.state.tx.us/monitors/reports/index.html.
- Monitoring visits began the week of July 12, 2010, at the Corpus Christi State Supported Living Center.
- DADS plans of improvement have been reviewed and revised based on the initial baseline reports. DADS continues to work with the DOJ and the independent settlement agreement monitors to meet the intent of the settlement agreement.

Implementation of Section 48(a) of Special Provisions for all Health and Human Services Agencies in S.B. 1. Requires DADS to reduce the number of state supported living center (Center) residents through census management without removing a resident from a Center against the wishes of the resident or the resident's legally authorized representative. Data relevant to movement of individuals to and from each of the Centers is now being evaluated on an ongoing basis to project census at each of the Centers.

Projections for census and staffing needs are being developed for future decisions on resource allocation based on guidance from this section of the Appropriations Bill. Census at the Centers continues to decline as noted in the table below:

	Sep-08	Sep-09	May-10
Abilene	510	483	460
Austin	426	398	383
Brenham	384	378	349
Corpus Christi	352	323	297
Denton	617	582	552
El Paso	139	142	137
Lubbock	266	242	232
Lufkin	424	414	406
Mexia	505	477	434
Richmond	494	463	416
Rio Grande	75	72	71
San Angelo	289	272	251
San Antonio	288	286	281
All Facilities	4769	4532	4269

Implementation of S.B. 271

- On August 3, 2010, DADS regional Community Services intake staff implemented the Caregiver Status Questionnaire (CSQ) process. S.B. 271 directs DADS to collect caregiver profiles and perform outreach functions to informal caregivers in an effort to raise awareness of services available to caregivers and to gather data about the needs of caregivers. Regional intake staff are now required to request whether an applicant for DADS Community Services has a caregiver. If a caregiver is available, information is requested of the caregiver and is captured in the automated intake system (a.k.a. NTK). Caregivers are provided with information about caregiver resources available in their area.
- On August 9, 2010, DADS Access and Intake/Area Agencies on Aging section deployed the Caregiver Assessment Questionnaire (CAQ) through the State Unit on Aging Program Uniform Reporting System (SPURS). The CAQ incorporates the caregiver profile question, which is also being implemented by regional staff through the CSQ process, in addition to assessing the needs of caregivers accessing services through area agencies on aging (AAAs). AAAs are required to implement the use of the CAQ and to enter the data into SPURS once the AAA has achieved "Go Live" in the system. Full utilization of the CAQ by AAAs is expected to be achieved in fall of 2010.
- Data retrieved from both systems will be used to compile a report due to the LBB by December 1, 2012, profiling caregivers of consumers who are requesting Medicaid services through DADS or accessing caregiver services through AAAs.

Reductions of Community-based Interest Lists (Activities since 9/1/09)

- Community Living Assistance and Support Services (CLASS) – 1,890 slots. As of 7/1/10, 1704 names have been released from the CLASS interest list to fill attrition and newly appointed slots.
- Home and Community-Based Services (HCS) – 5,120 slots. As of 7/1/10, 3363 HCS offers have been released for interest list reduction and 2022 individuals have been enrolled.
- Promoting Independence Initiatives – 620 total HCS slots: (1) 120 program vacancies for youth aging out of CPS conservatorship. As of 7/1/10, 60 HCS offers have been released and 54 individuals have been enrolled. (2) 250 for individuals in large ICF/MR facilities. As of 7/1/10, 113 offers have been made and 64 individuals have been enrolled. (3) 250 for residents of state supported living centers. As of 7/1/10, 186 slots have been released.
- Prevention of Institutionalization – 196 HCS slots. Protocol for these slots has been approved and is in use by the MRAs. As of 7/1/10, 30 HCS offers have been released to individuals under the age of 18 years and 32 offers have been released for individuals over the age of 18 years.

Grants Initiatives

- During the summer of 2009, staff assembled and convened the new Texas Respite Coalition (TRC) comprised of representatives from 35 agencies and organizations representing persons of all ages and disabilities and who are concerned about services for caregivers. The TRC advised and supported DADS' Lifespan Respite Care Program grant application to the Administration on Aging (AoA).
- In late September 2009, DADS was awarded $200,000 from AoA in support of the grant application to create a Texas Respite Coordination Center (TRCC). The TRCC has now been established and will conduct respite forums around the state, develop statewide resources, and support the efforts of the local entities working to increase respite services under H.B. 802.
- Aging and Disability Resource Centers (ADRCs) are now operating in nine areas of Texas, including: Bexar County (San Antonio), Central Texas (five counties), Tarrant County (Fort Worth), Harris County, Lubbock County, five Counties in East Texas (Gregg, Harrison, Marion, Panola, Rusk and Upshur), four counties in North Central Texas (Collin, Denton, Hood, and Somervell), Dallas County, and El Paso/West Texas (six counties).
- DADS plans to issue an RFP in fiscal year 2011 to establish two more ADRCs. Meanwhile, the DADS Commissioner has articulated his vision to have 20 ADRCs throughout Texas by 2020.
- All the ADRCs now have common referral protocols and provide extensive training for community partners to facilitate referrals and service delivery.
- The ADRCs are also working to enhance options counseling and support services by collaborating with hospital discharge planning departments to reduce hospital readmission and by providing additional structure to the operation of all ADRC projects for more uniformity of services.
- DADS conducted a summit in June 2010 with all nine ADRCs and held it jointly with a site review from AoA and the national technical assistance contractor. At the summit DADS received federal guidance regarding the standardization of procedures and processes across

all the ADRCs. The guidance was also used to apply for four new grant opportunities available from AoA in fall 2010. These new opportunities are related to: (1) ADRC project standardization, (2) the expansion of evidenced-based care transition activities in the Central Texas ADRCs, (3) coordination between ADRCs and MFP for a nursing home transition and diversion program, and (4) making ADRCs a focal point for assisting consumers in applying for the low-income subsidy for the Medicare Part D drug benefit.

- In FY 2009, DADS established the Community Living Program (CLP), which is a partnership between DADS, the Central Texas ADRC and Scott & White Healthcare. The goal of the CLP was to establish a nursing home diversion program for individuals at imminent risk for nursing home placement and Medicaid spend-down. In summer 2010, the partners submitted a new grant application to the AoA to enhance this program in additional areas and hospitals in the Central Texas area and to expand the Care Transitions Intervention model and replicate it among the other ADRCs.
- In FY 2010, DADS funded a second CLP, which will be a collaboration between DADS, the Area Agency on Aging of Tarrant County and the ADRC of Tarrant County. As with the CLP in Central Texas, this CLP is targeted to caregivers and older persons at imminent risk of nursing home placement and Medicaid spend-down.
- DADS continues to expand its Texas Healthy Lifestyles (THL) Project. THL promotes chronic disease self-management and serves seniors who have at least one chronic condition. The program provides information about the risks associated with disease and the benefits of a healthy lifestyle.
- The Communities Putting Prevention to Work Chronic Disease Self-Management Program (CDSMP) funded by the American Recovery and Reinvestment Act of 2009 through AoA awarded DADS $1 million to expand CDSMP. The Texas application was a collaborative effort between DADS Access and Intake Division, the Center for Policy and Innovation, and DSHS' Adult Health and Chronic Disease Branch. DADS currently operates THL programs in Bexar County, Bryan-College Station and Houston. These new grant funds will expand the THL program to five additional areas of the state, and will include as lead partners area agencies on aging (AAAs) of Tarrant County, Rio Grande, Central Texas, Alamo Area and five AAAs working jointly throughout the east Texas region.
- In March 2010, DADS received an additional $100,000 in continuation funds to support the ongoing efforts of CDSMP in the three original THL project areas (Bexar, Brazos Valley and Neighborhood Centers Inc, in Houston).
- THL website: http://www.agingtexaswell.org/txhl/

Money Follows the Person (MFP) Demonstration (funded by CMS)
The MFP initiative helps people who reside in a nursing facility return to the community and receive long term services and supports without having to be placed on a community services interest list.

MFP website:
http://www.dads.state.tx.us/providers/pi/mfp_demonstration/grantproposal/index.html

Other DADS Projects Supporting the Project Independence Plan

Realistic Job Preview Project: Agency staff have produced a 20 minute realistic job preview (RJP) video featuring direct support workers (DSWs) describing their jobs and speaking frankly about the rewards and challenges of working with individuals who have intellectual and developmental disabilities. Individuals and supervisors who hire direct support workers also appear in the video, describing the personal qualities that direct support work requires and the vital contributions that direct support workers make to individual lives. One hundred copies of the video have been provided to the Private Providers Association of Texas; other copies will be made available free of charge to individuals and employers who hire DSWs. The video will also be posted on the DADS website in the early fall of 2010. Editing of the second RJP video, focusing on working with individuals who are aging and/or who have physical disabilities, is now underway. This video will also be posted on the DADS website when completed. Both videos aim to reduce DSW turnover by educating job applicants about the rewards and challenges of the position prior to being hired.

Home and Community-Based Services Workforce Advisory Council: HHSC Executive Commissioner directed the creation of the Home and Community-Based Services (HCBS) Workforce Advisory Council (Council). The Council examined issues relating to recruitment and retention within the direct support workforce, including wages and benefits. The Council has provided the Executive Commissioner with its preliminary report which contains fifteen prioritized and actionable recommendations. A final version of the report will be delivered in November 2010. The Council membership was appointed by the Executive Commissioner and is made up of recipients and providers of direct care and support services, representatives of related associations, and mental retardation authorities. DADS, along with staff from HHSC, DARS and the Texas Workforce Commission, provides staff support to the Council.

Consumer Directed Services (CDS) Option Technical Assistance funded by CMS: Beginning 12/09, DADS and HHSC began working with Sue Flanagan, Ph.D., national expert on the Internal Revenue Service (IRS) rules for employer-agents. One of the key functions of a Consumer Directed Services Agency (CDSA) is to serve as the employer-agent with the IRS and Texas Workforce Commission (TWC) on behalf of the consumer/employer. Dr. Flanagan provided technical assistance to staff from Provider Services, the Center for Policy and Innovation, and HHSC-Medicaid policy in Austin on 12/8 – 12/9/09. Activities included:

- Hosting a training session for CDSAs regarding the implementation of the IRS code for employer agents and upcoming changes to IRS policies related to tracking employer agents who file taxes on behalf of individuals who hire their own providers;
- Developing a procedure for mid tax year transfers from one CDSA to another;
- Setting up standards for CDSAs to obtain a contract with DADS and to continue to hold that contract; and
- Meeting with Texas Mutual Insurance to explore purchasing worker's compensation insurance for employees hired by consumers or their legally authorized representatives.

Supported Employment: Staff has continued working on DADS' Employment Services Training and Technical Assistance Initiative. The purpose of the initiative is to improve employment outcomes for individuals with intellectual and developmental disabilities receiving services in DADS programs. As part of the initiative, staff hosted regional forums on employment for providers and other stakeholders. Forums were held in Fort. Worth (June 22), Houston (June 24), San Antonio (September 14) and Weslaco (September 16).

Another activity of the initiative, the Employment First pilot, began in April, 2010, with a voluntary group of state supported living centers and Home and Community-based Services waiver providers. Participants in the pilot will form a partnership locally with other organizations involved in employment services, and will utilize the resources and expertise of the partnership to assist at least three individuals interested in working to gain and maintain competitive, integrated employment. DADS will also offer sometimes next year, technical assistance grants for providers towards increasing the number of consumers in integrated, competitive employment.

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APPENDIX H

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Promoting Independence Advisory Committee

Department Activity Report

FY 2010 Summary Report

Department Name:
Department of State Health Services

Date:
August 18, 2010

Legislation/Rider Update:

HHSC Special Provisions for all Agencies, Sec. 52. of the 81st Legislative Session (Waiting List for Children's Community Mental Health Services)
Rider 65 of the 81st Legislative Session (Transitional and On-Going Community Mental Health Services)

2010-2011 Promoting Independence Plan Directives:

1. *Requires legislative direction and/or appropriations.*

If directed and/or funded by the Legislature, HHSC will work with the Department of Aging and Disability Services (DADS), the Department of State Health Services (DSHS), and the Department of Assistive and Rehabilitative Services (DARS) to reduce community-based interest/waiting lists

This will be added as an addendum when received.

2. *Requires legislative direction and/or appropriations.*

If directed and/or funded by the Legislature, HHSC will work with DSHS to implement a fully funded Assertive Community Treatment (ACT) service package as part of the Resiliency and Disease Management (RDM) program.

- As of May, 2010, there were 3,620 adults readmitted three or more times in 180 days since the fiscal year 2001 (over the ten year period), with 1,480 receiving RDM services.
- 85.8% of these 1,480 received the same service package as that recommended by the uniform assessment.
- Also, as of May 31, 2010, there were 283 children or adolescents readmitted three or more times in 180 days since fiscal year 2001, with 64 receiving RDM services.
- 87.5% of those 283 received the same service package as recommended by the uniform assessment.

3. *Requires legislative direction and/or appropriations*

If directed and/or funded by the Legislature, HHSC will work with DSHS to provide services and supports for individuals leaving the state mental health facility (state hospital) system.

- Year to date, (Q3 of FY 2010) 49,502 individuals have been served in Crisis Outpatient services. This is a 190% increase over the Q3 target measure.
- As of May 31, 2010, 14,824 persons have been served in Crisis Residential Services, which is 106% of the projected Q3 target.

Topics of Interest (*ongoing issues/projects*)**:**

The Department of State Health Services conducted the following monitoring activities:

- Monitored the number of individuals in State Mental Health Hospitals (SMHHs), with an average daily census of 2,358 as of May 31, 2010 and 14,912 projected total admissions during fiscal year 2010.
- Monitored the number of individuals hospitalized in SMHHs for more than one year, with 625 patients as of May 31, 2010. Of these, 538 need continued hospitalization, 19 have been accepted for placement, 42 have a barrier to placement, and 26 have court involvement. There were no persons under the age of 18 that have been hospitalized more than a year. There continue to be increases in the number of forensic patients hospitalized for more than one year from 311 (May 31, 2009) to 375 (May 31, 2010). There also continues to be increases in the number of civil patients hospitalized for more than one year from 235 (May 31, 2009) to 250 (May 31, 2010).
- Monitored individuals in SMHHs who are deaf and hard-of-hearing. There have been no more than three patients who are deaf or hard-of-hearing in an SMHH over one year as of May 31, 2010. This data is not reported as part of the PIAC quarterly report but is maintained and is sent to Advocacy Inc. biannually.
- Monitored the number of individuals admitted to psychiatric hospitals (both SMHHs and community hospitals) three or more times in 180 days. As of May 31, 2009 there were 160 individuals admitted three or more times (State funded community hospitals are included in the data). As of May 31, 2010 there were 163 individuals admitted three or more times. This is attributable to crisis redesign and resiliency and disease management.

YES (Youth Empowerment Services) Waiver

The 78th and 79th Texas Legislatures directed HHSC to "develop and implement a plan to prevent custody relinquishment of youth with serious emotional disturbances (SED)," and authorized the request of any necessary waivers from the federal government.
CMS approval of the waiver project occurred in February, 2009

- Staff were hired to operate the program (April, 2009)
- Staff developed a website to provide information and outline program specifics (July, 2009)
- MCAC and DSHS Council approved program rules (Aug, 2009)
- Rates approved by MCAC and DSHS Council (Aug, 2009)
- Developed an open enrollment application for potential YES providers (May, 2009)
- Developed credentialing criteria for YES providers (May, 2009)
- Held stakeholder educational forums (May, 2009 – Present)
- Developed policy and procedure manual for program operations (May, 2009 – Present)
- Developed plan of care, billing, and encounter data collection systems for providers (Sept, 2009)
- Developed, negotiated, and entered in to MOUs with LMHAs to perform local administrative functions associated with the waiver program (Aug, 2009)
- Developed, negotiated, and entered into waiver provider agreements with community centers for waiver service provision (Feb, 2010)
- Developed, negotiated, and entered into contract with Children's Partnership for wraparound training contract with waiver provider staff (April, 2010)

- Initiated program operations on April 1, 2010
- Developed a participant handbook for distribution to YES participants and families (June, 2010)
- Developed a performance reporting template to be shared with stakeholders to inform them of program performance (June, 2010)
- Working with TMHP on IT automation changes that will include YES participant plans of care authorization and claims processing (March, 2010 – Present)
- 60 individuals registered on the Travis County interest list
- 48 individuals registered on the Bexar County interest list
- Thirteen participants currently are enrolled

Money Follows the Person Behavioral Health Pilot (MFP BH)

The Money Follows the Person Behavioral Health Pilot (Pilot) in Bexar County (San Antonio) helps individuals with co-occurring physical and mental health/substance abuse conditions leave nursing facilities to live independently in the community. Two pilot services, Cognitive Adaptation Training (CAT) and substance abuse counseling, are currently provided by the local mental health authority. CAT is an evidence-based service designed to empower participants who have been dependent and institutionalized to improve or regain skills in managing daily activities. Examples of Pilot participants' increasing independence include obtaining paid employment; volunteering at the nursing facility where the participant formerly resided; obtaining a GED; attending exercise or computer classes; and working towards a college degree. Lack of affordable, appropriate housing continues to be the major barrier in deinstitutionalizing pilot candidates. Significant accomplishments for FY 2010 include:

- Relocated over 60 adults to the community from nursing facilities in Bexar County
- Demonstrated positive outcomes including –
  - 88% of individuals successfully have maintained independence in the community
  - Individuals served demonstrated improvement as assessed by the Multinomah, which is a clinically validated tool that assesses how people with psychiatric disabilities function in the community.
  - Examples of success include operating a vehicle to commute independently, obtaining paid employment, volunteering at the nursing facility where the participant formerly resided, obtaining a GED, attending exercise or computer classes, and attending classes to obtain a college degree
- Developed plans to expand Bexar MFP Behavioral Health project to Guadalupe, Wilson, and Atascosa Counties
- Developed plans to expand to Travis County—developing contracts with UTHSC-SA and Austin/Travis Integral Care to provide interventions
- Developed plans to include state psychiatric facility residents in Bexar Pilot, utilizing General Revenue funds to provide Pilot services, and leveraging relationships/resources to coordinate Medicaid STAR+PLUS services.
- Developed proposal to expand behavioral health administrative and evaluative activities related to MFP beginning in FY 2011, and obtained CMS approval for 100% federal funding

Independent Living Contract

- Provided relocation services through the following programs: Section 8 vouchers, Project Access Voucher, tenant-based rental assistance program vouchers, and STAR+PLUS HMO services
- Partnered with community stakeholders in Aransas, Bee, Calhoun, Jim Wells, Kleberg, Nueces, Refugio, San Patricio, and Victoria Counties
- Training, outreach, and coordination took place with HMO relocation staff, behavioral health and housing agency personnel, local community transition teams, and community resource coordination groups

Mental Health Transformation Grant

A full description of the Comprehensive Mental Health Plan and progress toward its goals is available at www.mhtransformation.org the following summarizes progress made in the third quarter of FY 2010.

- Competed for and won an award for a jail diversion grant that focuses upon identifying and treating trauma experienced by veterans. Developed a draft strategic plan for implementation of the Jail Diversion and Trauma Recovery grant that focuses on identifying and treating the trauma experienced by veterans
- Conducted training of peer specialists under contract with Via Hope, utilizing services from Appalachian Consulting. The training was the first in the country to devote a full day to "Whole Health" and to set a health goal
- Initiated a "Learning Community" in January, 2010, for organizations interested in initiating or enhancing the use of peer specialists
- Initiated a Supported Employment Learning Community with state and local partners
- Implemented a project to train clinicians to serve children and adolescents utilizing Trauma-Focused Cognitive Behavioral Therapy
- Implemented MHT online to improve networking and community development opportunities for consumers, youth, and family members
- Implemented a program to fund communities across Texas to support returning veterans and their families. Trained 94 therapists to provide Cognitive Processing Therapy for PTSD. Trained 75 veterans to conduct veterans' peer-to-peer groups. Trained 20 facilitators to conduct Operation Resilient Families groups, which is a family-to-family peer support model for those who are experiencing deployment.

Supported integrated mental health and primary healthcare through consultation and training of LMHAs and FQHCs.

Follow-Up From Previous PIAC Request:

Relevant Meeting Notices:

Note: Please note that due to grace periods in the submission of encounter data by funded community mental health centers to DSHS, the values listed in this report do not freeze until 37 days after the last day of FY 2010 Quarter 3 (May 31, 2010), namely on/after July 7, 2010.

APPENDIX I

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Department of Family and Protective Services
Promoting Independence Accomplishments
FY 2010

- Adult Protective services (APS) implemented H.B. 3112, which required APS to work with DADS to improve the efficiency and effectiveness of the DFPS/DADS guardianship referral and determination process
- APS implemented the requirements of S.B. 643, which included:
  - transfer from DADS of abuse, neglect, and exploitation (ANE) investigations in private Intermediate Care Facilities for Persons with Mental Retardation (ICFs-MR), effective June 2010;
  - developing an MOU with DADS, DSHS, HHSC, and HHSC-OIG on the responsibilities of the newly-formed independent ombudsman's office and working with OIG in investigations;
  - consulting with DADS to design and implement a combined investigations database;
  - implementing IT systems enhancements;
  - completing and implementing new APS rules and policies, as well as systems enhancements to address the changes in S.B. 643; and
  - hiring new workers and training new and existing workers.
- APS implemented changes to DFPS policies and procedures as required in the US Department of Justice (DOJ) settlement with the State of Texas. Those changes include:
  - completion of State Supported Living Center (SSLC) investigations in ten calendar days rather than 14 or 21 days;
  - review and approval of all APS MH&MR program investigations by supervisors; and
  - review by APS investigators of previous SSLC victim and alleged perpetrator "serious incidents" for potential use in the current investigation.
- APS completed and began implementation of the rule and policy changes mandated in S.B. 806, which is effective September 2010, whereby employees of SSLCs, State Centers, State Hospitals, and Community Centers will be subject to placement on the Employee Misconduct Registry (EMR).
- APS held the 26th Annual APS Conference in October 2009, in San Antonio. The conference offered three general sessions and 44 workshops on a variety of topics to assist APS staff in working with people who are elderly or have disabilities.
- Child Protective Services (CPS) worked with Department of Aging and Disability Services (DADS) to automate the guardianship referral form used to refer youth who are aging out of foster care.
- CPS collaborated with DADS and continued to offer home and community-based waiver slots to 60 (120 per biennium) children who are aging out of foster care are eligible for and are in need of home and community-based waiver services.
- CPS is developing the implementation plan to comply with H.B. 704, 81st Legislature, Regular Session. The bill gives courts the option to extend continuing jurisdiction over a foster youth who ages out of care, if requested by the young adult. To be eligible for extended court jurisdiction, the young adult must be continuing to receive transitional services. The court may extend jurisdiction without the young adult's consent only if the court believes that the young adult may qualify for guardianship services and ends when the guardianship issue is resolved. DFPS is currently developing the implementation plan.

- CPS is developing the implementation plan to comply with S.B. 983, 81st Legislature, Regular Session. The bill requires DFPS to provide a personal identification certificate, social security card, and proof of Medicaid enrollment (if appropriate) to a youth aging out of foster care no more than 30 days before the youth leaves care.
- CPS is implementing H.B. 1912, 81st Legislature, Regular Session, that requires CPS to expand transition planning to youth age 14 in permanent managing conservatorship, including enrolling them in Preparation for Adult Living services before they turn 16. It also makes youth over the age of 18 eligible for transitional living allowance benefits if while residing with the designated perpetrator of abuse or neglect the department determines that despite the person's prior history the person does not pose a threat to the health and safety of the youth. A workgroup which included internal and external stakeholders met on a monthly basis and identified four key areas to address and report in response to H.B. 1912. The report is in the final stages of development and will be completed December 2010.
- CPS is implementing H.B. 1151 and S.B. 2080, 81st Legislature, Regular Session, that implement the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 by creating the following:
  - A relative guardianship assistance program known in Texas as the Permanency Care Assistance Program (PCA). PCA is a new payment that provides monthly funds when a kinship family assumes permanent managing conservatorship from DFPS of a child unable to return home or be adopted. The PCA program begins September 1, 2010. If the eligibility requirements for PCA have been met, PCA agreements can be signed beginning September 1, 2010. Subsequently, once the PCA agreement has been signed, the kinship family will be named as permanent managing conservator for the child. The PCA payments will begin the first of the following month.
  - Extended adoption assistance (AA) and permanency care assistance for eligible youth up to age 21. If adoption assistance (AA) agreements or PCA agreements are signed after a youth turns 16, the AA or PCA payments may continue up to the month the youth turns 21 if certain educational or vocational requirements are met (options are noted below).
  - Extended foster care for eligible youth up to age 21. Texas previously provided extended foster care in order for youth to finish high school (up to turning 22) or attend vocational training (up to age 21). Beginning October 1, 2010, there will be additional eligibility options for extended foster care up to the month the youth turns 21 years of age. Extended foster care will be provided for youth who are:
    - regularly attending high school (up to age 22) or enrolled in a program leading toward a high school diploma or high school equivalence certificate;
    - regularly attending an institution of higher education (includes college) or a post secondary vocational or technical program (up to age 21);
    - Actively participating in a program or activity that promotes, or removes the barriers to, employment (up to age 21),
    - employed for at least 80 hours per month (up to age 21); or
    - incapable of performing any of the activities listed above due to a documented medical condition (up to age 21).
- The Health and Human Services Commission (HHSC), as required for all state agencies, submitted budget reduction recommendations for FY 2010-2011. In response, DFPS submitted the elimination of SFI for FY 2011 ($4,624,750). In addition, as requested by the Legislative Budget Board, DFPS has currently placed in reserve $1,502,921.00 of the

FY 2010 Strengthening Families through Enhanced In Home Support budget. The Strengthening Families through Enhanced In-home Support program will end August 31, 2010.

- There are currently 11 Youth Transition Centers located across the state. These centers provide an array of comprehensive services through a one-stop approach that includes access and referrals to community partners and resources. Services may include employment assistance, training, educational support and various transitional living services geared specifically to meet the individual needs of current and former foster youth ages 15 to 25. Additional services such as Preparation for Adult Living (PAL) Life Skills Training classes, job search and job readiness classes, food and housing assistance, and substance abuse / mental health counseling may be incorporated into Transition Center services. Transition Centers may also serve as a central clearinghouse where local partners such as Workforce Solutions, local community colleges and universities, or the Texas Youth Commission can meet on a regular basis to jointly serve the diverse needs of the youth. Transition Centers are independently operated and supported by partnerships between DFPS and their providers, the Texas Workforce Commission, and Casey Family Programs. These Centers are located in Houston, Dallas, Austin, San Antonio, Kerrville, Central Texas, Corpus Christi, San Angelo, El Paso, and Beaumont. Links to these Transition Center websites are accessible at: www.texasyouthconnection.org.
- During the 81st Legislative Session, $200,000 in one-time funds were appropriated as "seed money" to expand transition centers in eight communities in Texas that did not operate a Center. The sites for the new Centers were identified to provide a consistent baseline of services to youth aging out of care or for older youth in areas of the state were transition centers were not available. New Transition Centers are expected to become operational in the Fall of 2010 and will be located in:
  - Fort Worth (Region 3);
  - Tyler (Region 4);
  - McAllen (Region);
  - Lubbock (Region 1); and
  - Abilene (Region 2).

  Transition Centers in Region 1 and Cameron County are expected to open in FY 2011. Each identified area received a one time $25,000 developmental grant. Effective and successful transition centers involve multiple partners (local, state, and federal), who bring different strengths and resources in addition to serving a particular role to ensure success of the center. Grantees are expected to list and describe how partners and other collaborations will be involved in the provision of services to youth and in sustaining these centers once DFPS funding ends.
- DFPS is participating in the National Youth in Transition Database (NYTD), a new federally mandated data collection system to track the independent living services that Texas provides to youth, including youth with disabilities and their outcomes. Additionally, DFPS conducted a baseline survey of youth in foster care at age 17 and a follow up survey with a random sample of these youth at ages 19 and 21. The surveys enable DFPS to collect and report information about youth outcomes that measure state performance in preparing youth for their transition from foster care to independent living. Data collection for the served population will begin in October 2010 and a report is due to the federal government by May

15, 2011. Data collection and reports to the federal government will be submitted every six months thereafter.

- Additional Family Group Decision-Making staff were allocated. CPS will be able to use the Family Group Decision Making (FGDM) model in Family Based Safety Services (FBSS) more consistently to ensure that families are involved in the case planning process and determine actions needed to ensure the child's safety, permanency, and well being. This appropriation will:
  - enable more youth, including youth with developmental disabilities, to develop comprehensive, individualized transition plans which include youth-specific needs, strengths, and major life domains;
  - broaden the youth's support system, specifically identifying caring adults who will assist the youth after leaving foster care; and
  - fund additional Preparation for Adult Living (PAL) and Circles of Support (COS) staff to more effectively prepare and support youth aging out of foster care.
- The 81st Texas Legislature appropriated 15 new Family Conference Specialist positions to coordinate and facilitate Circles of Support for youth 16 years and older. As of June 1, 2010, all of these staff have been hired, trained, and are active in their positions.
- The 80th Texas Legislature appropriated 24 new Family Conference Specialist positions to coordinate and facilitate Family Group Conferences in 10% of Family Based Safety Services (FBSS) cases. Most of these staff have been hired, trained, and are active in their positions. Policy updates to the CPS Handbook on the use of Family Group Conferences in FBSS are currently underway.
- CPS coordinates a workgroup to increase services to children in the foster care system who are deaf or hard of hearing with quarterly meetings scheduled for the fiscal year.

APPENDIX J

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TEXAS DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES (DARS)
2010 Promoting Independence Accomplishments

DARS' major Promoting Independence accomplishments during FY 2010 include the following activities:

- DARS received $1.5M for three new Independent Living Centers that help people with significant disabilities live independently in their communities. DARS awarded grants to three applicants to establish new CILs in areas identified by the Texas State Independent Living Council as being unserved or underserved. Contracts were awarded to:
  - Rehabilitation, Education & Advocacy for Citizens with Handicaps, Inc. (REACH) in Plano, Texas, began providing services on January 4, 2010 in Collin County. At the end of July, 2010, REACH provided services to 133 consumers.
  - Mounting Horizons, Inc. in League City, Texas, began providing services January 11, 2010 in Galveston County. At the end of July, 2010, Mounting Horizons, Inc. provided services to 23 consumers.
  - Lifetime Independence for Everyone, Inc. (LIFE) "Disability Connections" in San Angelo, Texas, began providing services in November 2009 in the following counties: Coke, Concho, Irion, Menard, Runnels, Schleicher, Sterling, and Tom Green. At the end of July, 2010 Disability Connections provided services to 70 consumers.

- DARS received $2M in General Revenue for the biennium to provide consumers with assistive technology, devices and related training to help them remain in the community and out of institutional settings. Of the $1M annual budget:
  - $800,000 was allocated to the Division for Rehabilitation Services (DRS) Independent Living (IL) program.
  - $200,000 was allocated to the Division for Blind Services (DBS) IL program.
  - 380 consumers, who were at risk of entering nursing homes or similar institutions, were served.

- The following activities addressed the DRS waiting list for Living Services (ILS):
  - $0.2M of Demographic Growth funds were issued and committed to serving 51 consumers from the DRS ILS waiting list.
  - $0.4 M for the DRS ILS waiting list to serve 10% of consumers (approximately 110) on the waiting list for FY 2010-11.

- DARS received an additional $4.3M for Comprehensive Rehabilitation Services (CRS). This funding is projected to serve 167 clients awaiting CRS services for traumatic brain and spinal cord injuries and to provide for projected growth for the 2010-11 biennium.
  - All cases on the CRS waiting list as of 9/1/2009 were served.
  - As of 7/1/2010 the CRS program committed $16,824,252 to serve 606 consumers in State FY 2010.
  - A waiting list for services has recurred, and there are 218 consumers awaiting services as of 8/1/2010.

- The Vocational Rehabilitation--General Transition Program has 101 Transition Vocational Rehabilitation Counselors (TVRCs). During this reporting year new tools were created to build consistency in the program throughout the state including a school plan, internal assessment tool for students and Transition Vocational Rehabilitation Counselors (TVRCs), and a hand-off process of cases to adult vocational services. DRS prepared a statewide SharePoint, a transition FAQ page and a guide for all TVRCs to use to post pertinent and useful information.
  - Transition Services were offered in 441 high schools.
  - The DRS Transition program served 6,421 students during school year 2010 compared to 5,777 students in 2009.
  - Of the 6,421 students served, 3,628 service plans were initiated and 62 students successfully achieved their planned goals (desired education, skill development, job supports, training, etc.)

- The Vocational Rehabilitation--Blind Transition Program currently has 23 Transition Counselors (TC's) located in offices across the state. DARS and the Texas School for the Blind and Visually Impaired (TSBVI) have a long-standing Interagency Agreement to coordinate services for blind and visually impaired youth. Additionally, during this reporting year DARS had several other work programs across the state that allowed consumers to gain practical and real work experience.
  - Eighty-one consumers were successfully transferred to the adult VR program.
  - As of August 2010, all TC positions were staffed, serving 1,955 consumers.
  - DARS and TSBVI co-produced the quarterly *SenseAbilities* newsletter, a publication with worldwide readership.
  - DARS and TSBVI coordinated to provide a post-secondary program and summer work experiences for transition consumers, serving 12.
  - DARS and the University of North Texas in Denton collaborated on a new program; ten consumers received valuable job readiness skills training, worked in jobs located in the community, and had an opportunity to learn and display their independent living and travel skills.
  - The DARS transition program collaborated with educational and other community partners in organizing and providing for various group skills training activities (e.g. camps, seminars, and workshops) providing confidence-building activities related to independent living skills and employment.

- The DARS Medicaid Infrastructure Grant (MIG) program, in collaboration with the Texas Health and Human Services Commission, continued to develop the infrastructure for a comprehensive system of competitive employment supports for people with disabilities through education, outreach, and training including the following activities.
  - To convey information about an important Medicaid work incentive, MIG staff conducted "Basic Medicaid Buy-In (MBI)" training for over 1500 individuals, including over 600 DARS staff.
  - To build infrastructure about the MBI health care coverage, the MIG conducted comprehensive MBI Subject Matter Expert (SME) training to over 35 statewide DARS trainers.

- To improve access to health insurance and employment outcomes, the MIG held a statewide Texas Employment and Disability Connections Conference, joining people who impact the lives of Texans with disabilities through employment supports, services, and information.
- Using MIG funds, Texas participated in the Think Beyond the Label national MIG marketing campaign to business to raise awareness that hiring people with disabilities makes good business sense. (http://www.thinkbeyondthelabel.com)