TEXAS
Health and Human
Services System



Texas
DEPARTMENT OF AGING AND DISABILITY SERVICES

SELF-EVALUATION REPORT

SUBMITTED TO THE SUNSET COMMISSION

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I. AGENCY CONTACT INFORMATION

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II. KEY FUNCTIONS AND PERFORMANCE

A. Provide an overview of your agency's mission, objectives, and key functions.

MISSION

The Department of Aging and Disability Services' (DADS) mission is to provide a comprehensive array of aging and disability services, supports, and opportunities that are easily accessed in local communities.

OBJECTIVES

To fulfill its mission, DADS completes the following main objectives.

Intake, Access, and Eligibility. Activities delivered by local entities and/or the State to promote eligibility determination and access to appropriate services and supports and the monitoring of those services and supports.

Community Services and Supports – Entitlement. Provide Medicaid-covered services and supports in homes and community settings which will enable older Texans, individuals with disabilities, and others who qualify for nursing facility services but can be served at home or in the community to maintain their independence and prevent institutionalization.

Community Services and Supports – Waivers. Provide services and supports through Medicaid waivers in homes and community settings which will enable older Texans, individuals with disabilities, and others who qualify for nursing facility services but can be served at home or in the community to maintain their independence and prevent institutionalization.

Community Services and Supports – Non-Medicaid. Provide non-Medicaid services and supports in homes and community settings to enable older Texans, individuals with disabilities, and others to maintain their independence and prevent institutionalization.

Program of All-inclusive Care for the Elderly. Promote the development of integrated managed care systems for older Texans and individuals with disabilities.

Nursing Facility and Hospice Payments. Provide payments that will promote quality of care for individuals with medical problems who require nursing facility or hospice services.

Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID). Provide residential services and supports for individuals with intellectual and developmental disabilities (IDD) living in ICFs/IID.

State Supported Living Centers Services. Provide specialized assessment, treatment, support and medical services in State Supported Living Center and State Center programs for individuals with IDD.

Capital Repairs and Renovations. Efficiently manage and improve the assets and infrastructure of State facilities.

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

General Program Support. Assure the efficient quality and effective administration of services provided to aging individuals and individuals with disabilities (includes Central Administration, Information Technology Program Support and Regional Administration).

KEY FUNCTIONS

DADS oversees a continuum of long-term services and supports available to older Texans and those with disabilities in community-based and institutional settings. As the second largest state agency and the largest of the five HHS agencies, DADS fiscal year 2013 budget is approximately $6.2 billion, and the agency employs over 17,300 individuals, among whom 1,700 (10 percent) are field staff, 1,511 (9 percent) are state office staff, and 12,582 (73 percent) work in State Supported Living Centers. DADS serves an estimated 493,362 Texans with 413,976 served in community settings.

The agency's key functions are:

- facilitating access to long-term services and supports for older Texans and Texans with disabilities;
- directly providing or contracting for needed services;
- regulating service providers to ensure health and safety; and
- measuring and improving quality of services.

Facilitate Access to Long-term Services and Supports

DADS serves as the conduit through which aging individuals and those with disabilities connect to services and supports. Facilitating these connections enables individuals to live dignified, independent, and productive lives over the long term in safe, local environments.

The function of facilitating access to long-term services and supports contributes to these objectives:

- promoting functional and financial eligibility determination and access to appropriate services and support;
- providing services and supports in homes and community settings through Medicaid entitlement, waiver, and non-Medicaid programs;
- promoting integrated care management for Medicaid eligible or dually eligible individuals through the Program of All-inclusive Care for the Elderly;
- providing access to specialized services at nursing facilities, hospice facilities, and ICFs/IID, including State Supported Living Centers;
- efficiently managing and improving the infrastructure of state facilities; and
- assuring efficient, quality, and effective administration of services).

Directly Provide or Contract for Needed Services

The agency administers a range of long-term services and supports. In-home and community-based services are available for older Texans and those with disabilities who request assistance in maintaining their independence and increasing their quality of life. Institutional services are available to those who require that level of support. Across this range of services, DADS seeks to ensure an individual's health and safety and facilitate an individual maintaining maximum independence.

The function of directly providing or contracting for needed services contributes to the following objectives:

- providing services and supports in homes and community settings through Medicaid entitlement, waiver and non-Medicaid programs;
- promoting integrated care management for Medicaid eligible or dually eligible individuals through the Program of All-inclusive Care for the Elderly;
- providing access to specialized services at nursing facilities, hospice facilities, ICFs/IID, and State Supported Living Centers;
- efficiently managing and improving the infrastructure of state facilities; and
- assuring efficient, quality and effective administration of services.

Regulate Service Providers to Ensure Health and Safety

DADS provides licensing, certification, review, contract enrollment services, financial monitoring, and complaint investigation of service providers. The regulatory function ensures that nursing facilities, adult daycare providers, assisted living facilities, ICFs/IID, home and community support services agencies, the Home and Community-based Services and Texas Home Living waiver programs, and individuals providing services in facilities or home settings comply with state and federal standards. In addition, these functions ensure individuals receive high-quality services and protection from abuse, neglect, and exploitation. This function serves the objective of regulating providers of long-term services and supports.

Measure and Improve Quality of Services

Success in achieving these functions depends on measuring how well DADS facilitates individuals' access to long-term services and supports, provides these services and supports, and ensures the health and safety of individuals receiving the services and supports. This function occurs through agency review processes such as contract management and quality reviews of long-term services and supports providers.

The function of measuring and improving quality of services relates to these objectives:

- providing services and supports in homes and community settings through Medicaid entitlement and waiver programs and non-Medicaid programs;
- promoting integrated care management for dually eligible individuals through the Program of All-inclusive Care for the Elderly;
- providing access to specialized services at nursing facilities, hospice facilities, ICFs/IID and State Supported Living Centers;

- efficiently managing and improving the infrastructure of state facilities;
- regulating providers of long-term services and supports; and
- assuring efficient, quality and effective administration of services.

Consolidated HHS System

DADS operates within a coordinated HHS System. In 2003 the Legislature consolidated a fragmented HHS delivery structure consisting of 12 separate agencies into five restructured agencies. The resulting HHS System improved services to individuals by clearly defining individual agency responsibilities to implement individual-focused services. Oversight and consolidated administration services and Medicaid policy direction are located in one agency, HHSC, to eliminate duplication and ensure the five agencies operate as one integrated HHS system.

HHS System key functions are:

- administering Medicaid and the Children's Health Insurance Program;
- determining eligibility for programs that address medical, nutritional, and financial assistance (HHSC);
- concentrating on long-term services and supports (DADS);
- coordinating assistive and rehabilitative services to several groups (Department of Assistive and Rehabilitative Services (DARS));
- protecting children, older people, and people with disabilities from abuse and neglect (Department of Family and Protective Services (DFPS)); and
- addressing public and behavioral health needs (Department of State Health Services (DSHS)).

B. Do your key functions continue to serve a clear and ongoing objective? Explain why each of these functions is still needed. What harm would come from no longer performing these functions?

Facilitate Access to Long-term Services and Supports for Older Texans and Texans with Disabilities

DADS accomplishes this function by administering programs and initiatives that enable individuals to receive long-term services and supports in local communities. Through this function, DADS improves health and safety, quality of life, and promotes independence by providing long-term services and supports based on individual need. With a coordinated system of services and supports, DADS provides functional eligibility determination, development of individual service plans that are based on individual needs and preferences, and assistance in obtaining information and authorization of appropriate services and supports. Accessing community-based programs enables individuals to receive long-term services and supports in their communities. Accessing institutional services enables an individual to receive 24-hour residential services in facilities, which include nursing facilities and ICFs/IID.

If DADS were to discontinue facilitating access to long-term services and supports, the health and safety of the individuals served through programs operated by DADS would be jeopardized. Discontinuing efforts to improve access to services could result in delays in obtaining services and individuals being forced to navigate a complex system of services and supports without comprehensive information or assistance. The inability to access services would mean individuals would not receive vital services and could place their health and safety at risk. Discontinuing engagement of stakeholders and communities would negatively impact DADS ability to leverage relationships to enhance public awareness and conduct outreach. Discontinuing avenues of communication with individuals, stakeholders, providers, and government officials would create an information exchange void, possibly placing individuals' health and safety at risk and limiting their ability to maximize the benefit they could receive from DADS services.

Directly Provide or Contract for Needed Services

In support of this function, DADS provides or contracts for an array of long-term services and supports funded through Medicaid entitlements, Medicaid waiver services, the Older Americans Act, Social Services Block Grant funds, or General Revenue. An array of services provided directly by DADS or through contracted service providers assists older persons and individuals with disabilities who remain in the communities in which they reside or who move to an institutional setting. Examples of community-based services include:

- Medicaid Waiver programs, such as Home and Community-based Services and Medically Dependent Children Program;
- Non-Medicaid Programs, such as Adult Foster Care and Consumer Managed Personal Attendant Services; and
- Older Americans Act programs, such as Caregiver Support Services and In-Home Support Services.

Examples of institutional services include nursing facilities and ICFs/IID. In addition, State Supported Living Centers, which are state-operated ICFs/IID, provide specialized assessment, treatment, support, and services for persons with intellectual disabilities.

The demand for community-based services and supports for older Texans and individuals with disabilities exceeds available resources. For some community-based programs, the wait for services can be as long as nine years. If DADS were to discontinue directly providing or contracting for the delivery of services, the health and safety of individuals served through programs operated by DADS would be jeopardized. This could result in an increased number of individuals only having access to institutional services. If there were no longer the choice of receiving services in institutional settings, the health and safety of individuals requiring 24-hour residential services and supports would be jeopardized.

Regulate Service Providers to Ensure Health and Safety

Regulation of providers includes licensing, certification, financial monitoring, complaint investigation, and enforcement activities. Through these regulatory activities, DADS ensures the health, safety, and well-being of individuals served by long-term services and supports

providers. DADS regulates more than 172,785 long-term care facilities, agencies, programs, and individual providers of long-term services and supports. This regulatory function is imperative as a protective measure for ensuring the health, safety, and well-being of those Texans receiving long-term services and supports.

If the regulatory function were not performed, providers (such as nursing facilities and medication aides) would not be licensed, certified, or permitted. Provider compliance with federal certification requirements or state standards would not be monitored. Allegations of abuse, neglect, or exploitation would not be investigated. Hundreds of thousands of vulnerable Texans who are older or who have IDD would not be protected.

Measure and Improve Quality of Services

Measuring and improving the quality of long-term services and supports are the focus of contract management and quality assurance and improvement programs. Contract management is a core responsibility for DADS. Strong and effective contract management and provider oversight is a key to effective and efficient delivery of services for DADS programs and all community-based service as the array, scope, and complexity of DADS contractor-based community services programs continue to increase.

DADS conducts reviews of long-term services and supports providers via the Nursing Facility Quality Review and the long-term services and supports Quality Review to obtain information from the perspective of individuals receiving services about their lives, services, and supports and to identify preventable occurrences of adverse outcomes. To assist the public in making decisions about providers, DADS makes the quality review information available on the agency's website. The Nursing Facility Quality Review and the long-term services and supports Quality Review support the quality management strategy, identify trends, develop interventions, and provide information to stakeholders. In addition, the Quality Monitoring Program helps long-term care facilities and providers implement best practices to care approaches that improve outcomes for people receiving services.

The Office of the Long-term Care Ombudsman advocates for quality of life and care for residents in nursing facilities and assisted living facilities. Congress amended the Older Americans Act in 1978 to establish the Long-term Care Ombudsman program. Federal and state authority mandates ombudsmen to identify, investigate, and resolve complaints made by, or on behalf of, residents and to provide services to help in protecting health, safety, welfare, and rights. Without Texas' long-term care ombudsmen, residents in nursing facilities would not have an advocate to ensure they receive quality services from competent care staff. (A separate Office of the Independent Ombudsman, not under DADS administration, exists to perform similar functions for residents of State Supported Living Centers.)

As the number of individuals receiving services through DADS continues to increase, so does the number of provider organizations interested in contracting with DADS to provide services and supports. This has led to an increase in the number of new community services contracts enrolled, managed, and monitored each year. Failure to provide this function would jeopardize

federal funding and the public's trust. As public stewards, DADS must continually measure and improve the quality of services it provides. In addition, without the quality review information DADS would not have data to support quality improvements and initiatives for program improvements.

C. What evidence can your agency provide to show your overall effectiveness and efficiency in meeting your objectives?

In addition to the Legislative Budget Board approved performance measures, DADS uses various methods to determine how effective and efficient the agency is at meeting its objectives. The information below describes some of those methods.

Surveys

DADS uses surveys to solicit feedback and information about a variety of issues affecting individuals' access to long-term services and supports, including older Texans, individuals with disabilities, and providers. Examples of surveys include:

- Long-term Services and Supports Quality Review,
- Nursing Facility Quality Review,
- Area Agencies on Aging Consumer Satisfaction Assessment,
- Aging Texas Well Indicators Survey, and
- Consumer Rights and Services Customer Satisfaction Survey.

Agency Councils/Committees/Workgroups

Collaboration with committees and workgroups helps inform policy decisions about the provision of long-term services and supports. Examples of these collaborations include:

- Aging and Disability Services Council,
- HHS-Enterprise Interagency Workgroup on Employment Services and Supports,
- Texas Council on Autism and Pervasive Developmental Disorders,
- Children's Policy Council,
- Nursing Facilities Administrators Advisory Committee, and
- Promoting Independence Advisory Committee.

Statistics and Performance Measures

DADS analyzes data and performance measures to evaluate the effectiveness and efficiency of its programs. Example of these methods of measurement include:

- Regulatory Services Annual Report,
- Complaint and Incident Intake Report,
- DADS Annual Performance Measure Targets,
- Centers for Medicare & Medicaid Services Federal Performance Standards,
- Contract and Fiscal Compliance Monitoring, and
- DADS Reference Guide.

Planning Activities

Planning activities allow DADS to develop strategies to address short- and long-term issues emerging from the assessment of internal and external factors affecting the agency. The planning activities include:

- DADS External/Internal Assessment in HHS System Strategic Plan,
- DADS Operational Plan,
- State Plan on Aging,
- Aging Texas Well Plan,
- Information Technology Annual Quality Assurance Plan,
- The Long-term Care Plan for Individuals with Intellectual Disabilities and Related Conditions, and
- Promoting Independence Plan.

Use of Technology

DADS uses technology to enhance efficiency and effectiveness providing long-term services and supports. Examples include:

- DADS website,
- Quality Reporting System,
- DADS Single Service Approval System,
- Evidenced-based Clearinghouse, and
- agency toll-free helplines.

Stakeholder Input

Through a variety of forums, stakeholders can provide feedback to DADS. Examples of these forums include:

- Promoting Independence Advisory Committee, Subcommittee on Employment for People with Disabilities (soon to be the Employment First Task Force),
- Aging Texas Well Advisory Committee,
- Adult Daycare Stakeholders Meeting,
- Local Authority IDD Consortium,
- IDD Systems Improvement Workgroup,
- Home and Community Support Services Agencies Stakeholders Meeting,
- Assisted Living Providers Quarterly Meeting, and
- Regulatory Services Provider Associations Meetings.

Independent Audits

Audits provide a mechanism for evaluating the effectiveness of DADS operations and programs. Examples of entities performing these audits include:

- DADS Internal Audit,
- HHSC Internal Audit,
- HHSC Office of Inspector General (OIG) audits of DADS and DADS providers,
- Texas State Auditor's Office,
- Texas Comptroller of Public Accounts,

- The Centers for Medicare & Medicaid Services, and
- HHS Medicaid Integrity Group.

Complaints Data Monitoring
Consumer Rights and Services receives complaints concerning the treatment of older Texans and people with disabilities, including people with IDD. Quality Assurance reports are generated daily, weekly, monthly, and annually, or as requested.

The Long-term Care Ombudsman Program receives complaints regarding care and services provided to residents of nursing facilities and assisted living faciliites. The Office of the Independent Ombudsman, which is not a part of DADS but reports directly to the Governor, receives complaints regarding care and services provided to residents of State Supported Living Centers. Complaints are tracked through to resolution and may be reported on by both entities.

D. Does your agency's enabling law continue to correctly reflect your mission, objectives, and approach to performing your functions? Have you recommended changes to the Legislature in the past to improve your agency's operations? If so, explain. Were the changes adopted?

The agency's enabling laws continue to support its mission, objectives, and key functions. During the five legislative sessions held since the agency's inception (83rd, 82nd, 81st, 80th, 79th), DADS has recommended several statutory changes to the Legislature to improve agency operations. Many of these recommendations were incorporated into legislation that did pass; however, several other issues failed to pass. Below is information on the recommended changes by legislative session.

83rd Legislative Session
*Authorization of Donations for DADS – **Passed***
House Bill 1760 specifically gives DADS the authority to accept in-kind and monetary donations and repeals the sections giving DADS legacy agencies the authority to accept donations. It specifies that DADS can accept donations, designate the donations for a specific purpose, receive and record gifts, and track all donations.

*Changes to Mortality Review Process; Authorization for Criminal Background Checks – **Passed***
House Bill 2673 requires HHSC to contract with an institution of higher education or a healthcare organization or association with experience in conducting research-based mortality studies to conduct the reviews across the full spectrum of intellectual disability services in Texas, including in the ICF/IID, Home and Community-based Services, Deaf-Blind with Multiple Disabilities, Texas Home Living, and Community Living Assistance and Support Services programs. It also recommends that the review be more specifically focused on longitudinal analysis of data and the identification of trends from those data, based on the individual case reviews of each death provided to the review organization. Finally, it requires State Supported

Living Centers contract staff to have a criminal history check if they will be in direct contact with a resident or individual receiving services.

*Authorization to Report Employees under Consumer Directed Services and Other Consumer Protection Issues – **Passed***
House Bill 2683 adds employees who work under the Consumer Directed Services option to the definition of those who can be reported to the Employee Misconduct Registry either by DADS or DFPS. It also adds exploitation back into the statute as a bar to employment. It requires Employee Misconduct Registry hearings to occur within 120 days of the employee's request and allows providers to keep registry check documentation separate from employee personnel files.

*Adjustments to Licensing and Certification requirements in Nursing Facilities and Medicaid Bed Allocation processes – **Passed***
House Bill 3196 changed the licensing and certification requirements for nursing facilities and the Medicaid Bed Allocation process. The bill adjusts nursing facility licensing fees to accommodate the nursing facility three-year license, and it adjusts the certification period for nursing facilities with Alzheimer's certification from annual to three years to match their licensing period. It also authorizes DADS to require the recipient of a Medicaid bed waiver under its Medicaid bed allocation requirements to submit a performance bond or other financial security to DADS in the amount of $500,000 within 30 days of approval of the waiver for certain applicants.

*Recommended changes to Guardianship Services – **Passed***
Senate Bill 1235 authorizes DADS to obtain the financial records of persons referred for guardianship and wards of the guardianship program in the Finance Code. It also clarifies that an update or endorsement of a determination of an intellectual disability can be used instead of a determination of an intellectual disability to support an application to appoint a guardian for a person.

*Certification of Day Habilitation Providers – **Failed to Pass***
House Bill 1005 would have required providers of day habilitation services to be certified through DADS. Currently, providers are only regulated through the program providers they contract with (i.e., Home and Community-based Services and Texas Home Living waiver programs and the ICF/IID program).

*Repeal of Obsolete Memoranda of Understandings (MOUs) – **Never Filed***
This recommendation proposed repeal of various statutes relating to MOUs involving legacy HHS agencies. Several of these statutes do not accurately reflect the current roles and organization of the HHS agencies and many are no longer useful or cost-effective for the agencies. Furthermore, all of these provisions require the agencies to adopt the MOUs by rule and many of them require review of the MOU and updates to the rule annually, which is impractical.

Expansion of the Physician Education Loan Repayment Program – ***Never Filed***
This recommendation would have changed the Texas Education Code to include DADS in the Physician Education Loan Repayment Program. This would have increased DADS ability to recruit and retain qualified physicians and psychiatrists to work at DADS facilities, particularly those located in economically depressed and rural areas.

Designation of High-Risk State Supported Living Centers – ***Never Filed***
This recommendation would have required DADS to designate one or more facilitiess as high-risk centers to serve high-risk male and female residents. The designation of high-risk would not have been limited to alleged offenders but would have also included any resident at risk of inflicting substantial physical harm to another or who has engaged in dangerous conduct.

DADS also recommended changes in previous legislative sessions. Some of the more significant DADS legislative initiatives were as follows:

82nd Legislative Session
Changes to the Guardianship Program – ***Passed***
Senate Bill 220 gave DADS the authority to obtain the financial records of a person during a guardianship assessment at no cost. It also clarified that DADS is authorized to obtain all medical, mental health, and financial records of a person during the course of a guardianship. The bill expressly authorized DADS to release certain confidential information regarding an individual assessed for guardianship services or a ward to the individual or ward, the individual's or ward's guardian, or an executor or administrator of the individual's or ward's estate. It required DADS to encourage the use of volunteers to provide certain life enrichment services to individuals who are wards of DADS, and it exempted volunteers providing life enrichment services for the DADS guardianship program from the requirement to be certified by the Guardianship Certification Board.

Changes to Licensed or Certified Agencies or Facilities – ***Passed***
Senate Bill 223 provided for the adoption of rules governing the duties and responsibilities of a home and community support services agency (HCSSA) administrator; expanded DADS requirement to provide joint training to providers to include HCSSAs and allowed a fee to be charged for this training; authorized DADS to consider nursing facility applicants' complete compliance history in other states or jurisdictions; extended the maximum period of exclusion from eligibility for licensure from 10 years to lifetime; authorized DADS to assess administrative penalties against adult daycare facilities; allowed a financial management services agency, on behalf of an individual employer, to obtain criminal history information from the Department of Public Safety about facility applicants or employees; and made changes to the regulation of HCSSAs regarding licensure and survey process.

81st Legislative Session
Authorization of Licensed Nursing Facility Administrator Disciplinary Action – ***Passed***
Senate Bill 806 added to the list of offenses for which DADS may revoke, suspend, or refuse to renew a nursing facility administrator's license. This bill stipulated that DADS is only required to

conduct a formal hearing for administrative penalties upon license holder request.

80th Legislative Session

*Standardization of Provider Processes and Procedures – **Passed***

Senate Bill 1318 standardized all provider types to a two-year licensing cycle, standardized the timeline for submittal of licensure renewal applications, and standardized administrative penalties.

*Authorization to Grant Exemption to Cost Limits – **Passed***

Senate Bill 1866 provided the guidance to individualize services to persons with higher medical need than allowed for in their applicable waiver program and described the specific circumstances under which the Department may exempt an individual from the limit specified in applicable 1915(c) Medicaid waiver program or the Home and Community-based Services waiver program.

79th Legislative Session

*Transfer of Funds from a Nursing Facility to Community Based Services – **Passed***

House Bill 1867 required that when a person left a nursing facility and was approved for community-based services, HHSC had to transfer funds from the nursing facility services to pay for the community-based services.

*Transfer of Guardianship Program – **Passed***

Senate Bill 6 transferred the Guardianship Program from DFPS Adult Protective Services to DADS. The agencies negotiated a memorandum of understanding to transfer operational authority to DADS effective December 1, 2004, and legislatively transferred the program via Senate Bill 6 effective September 1, 2005.

E. Do any of your agency's functions overlap or duplicate those of another state or federal agency? Explain if, and why, each of your key functions is most appropriately placed within your agency. How do you ensure against duplication with other related agencies?

DADS was created to administer long-term services and supports for people who are aging or who have IDD. DADS also licenses and regulates providers of these services, and administers the state's guardianship program. The functions performed by DADS were defined by H.B. 2292, 78th Legislature, Regular Session, 2003, and do not duplicate the functions of the other HHS System agencies or similar state and federal agencies.

Facilitate Access to Long-term Services and Supports

While other state agencies may work with community organizations and partners, none work as specifically with older Texans and Texans with disabilities as DADS through the agency programs and volunteers in long-term care facilities and State Supported Living Centers. The services provided by the Long-term Care Ombudsman are unique to DADS but require significant coordination with other services within the HHS System.

Directly Provide or Contract for Needed Services

The services provided by the State Supported Living Centers are specific to meet the needs of individuals with intellectual and development disabilities. These specific programs and services are not offered by any other state or federal agency in Texas. However, the State Supported Living Centers do coordinate and cooperate with the DSHS when services provided in a State Hospital are necessary for State Supported Living Center residents.

STAR+PLUS managed care, operated by HHSC, provides services to individuals in specified service delivery areas through a Medicaid waiver. Services are coordinated by managed care organizations (MCOs) contracted by the State. The MCO is responsible for assessing the individual's need for services and developing a plan of care. Service providers contracted by the MCO deliver services. A STAR+PLUS Support Unit (SPSU) is operated by DADS in each managed care service area. SPSU staff support the MCOs by maintaining interest lists, mailing application packets to potential members, providing applications to HHSC Medicaid for the Elderly and People with Disabilities staff for financial eligibility determination, authorizing 1915(c) waiver services in the state's service authorization system, and coordinating continuity of care for members who are suspended or disenrolled from STAR+PLUS. The SPSU staff are not involved in determining functional eligibility or planning member services. The SPSU function is planned to transition from DADS to HHSC on October 1, 2013.

HHSC performs financial eligibility determinations initially for applicants and annually for continuing members. Financial determinations are provided for certain DADS programs. DADS staff assist in obtaining financial information from applicants (for programs other than the Program of All-inclusive Care for the Elderly) and making referrals to HHSC for financial eligibility determinations. HHSC communicates directly with members at annual review, requesting submittal of review applications and required verifications. With the exception of STAR+PLUS and the Program of All-inclusive Care for the Elderly, DADS staff are responsible for ensuring all eligibility criteria have been met and service planning has been accomplished. Senate Bill 7, 83rd Legislature, Regular Session, expands STAR+PLUS statewide, effectively eliminating the Community Based Alternatives program, and transitions both nursing facility and Medically Dependent Children Program services into managed care. Those individuals who are not determined to be eligible for STAR+PLUS will continue to receive services through DADS as authorized. DADS is in the process of assessing what impact, if any, these changes will have on DADS state office and regional staff, including the SPSUs.

Both DADS and DARS offer employment services. In adherence with federal requirements, through execution of an interagency memorandum of agreement, DADS and DARS have established under what circumstances each agency will fund employment services and have clarified roles and responsibilities to better coordinate services. The agencies have also engaged in various activities (e.g., piloting a referral guide) with the goal of improving service coordination and employment outcomes for individuals receiving services from both agencies.

DADS and DARS also fund overlapping non-employment services (e.g., adaptive equipment). The agencies have tentatively agreed on funding policies and coordination practices regarding

these services, and are in the process of revising the memorandum of agreement to reflect these agreements.

Operation of the Guardianship Program was transferred from DFPS to DADS as a result of Senate Bill 6, 79th Legislature, Regular Session, 2005. DFPS and DADS entered into an Memorandum of Understanding on October 26, 2009 that defines their respective roles and responsibilities in the guardianship program. DADS and DFPS agree to communicate, collaborate, and coordinate on guardianship referrals to ensure positive outcomes for individuals receiving services from both agencies.

Regulate Service Providers to Ensure Health and Safety

Functions carried out by DADS Regulatory Services are not duplicative of other state or federal agencies, because only DADS regulates these particular entities or persons. However, some Regulatory Services functions require cooperation with other federal, state, and local agencies, and other divisions within DADS.

The Centers for Medicare & Medicaid Services (CMS) contracts with HHSC as the State Medicaid Agency. HHSC delegates the authority to administer state Medicaid actions to DADS. CMS contracts with DADS as the State Survey Agency, making DADS responsible for federal certification actions. Accordingly, DADS is responsible for:

- state licensure of long-term care facilities and home and community support services agencies;
- federal certification of facilities, agencies, and programs participating in Medicare, Medicaid, or both programs;
- ICF/IID and nursing facility Medicaid provider agreements; and
- state certification of Medicaid waiver programs.

In addition, DADS is responsible for licensing, certifying, permitting, and monitoring nursing facility administrators, nurse aides, medication aides, and unlicensed personnel.

As the state agency responsible for services and supports to Texans who are older or who have IDD, DADS is best equipped to perform these regulatory functions. It should however be noted that DADS performance of these functions can lead to situations where agencies must effectively communicate to protect the health and safety of individuals served.

One such example that requires coordination across state agencies to protect individuals is the investigation of abuse, neglect, and exploitation in certain home and community settings. The responsibility to conduct these investigations is with DFPS. However, providers of home and community services are required to report allegations of abuse, neglect, and exploitation to both DADS and DFPS. This can lead to some coordination challenges on the part of the state as to which entity should investigate certain allegations and whether enforcement actions, such as reporting employees to the misconduct registry, are being completed when an allegation is substantiated.

F. In general, how do other states carry out similar functions?

The division of specific responsibilities for health and human services varies from state to state. Some states have consolidated services for older persons and persons with disabilities into a single agency while others maintain those services in separate agencies. In some states, as in Texas, the State Medicaid Agency routinely delegates operation of Medicaid waivers and state plan services to an long-term services and supports agency.

Facilitate Access to Long-Term Services and Supports

Some states set higher income limits than the Supplemental Security Income program for Medicaid coverage of long-term services and supports. Thirty-three states allow the medically needy (i.e., those with high medical bills) to spend down to a state-set eligibility standard. More than 40 states (including Texas) allow individuals needing nursing facility care to qualify with income up to 300 percent of the Supplemental Security Income.

Increasing numbers of states are using Managed Long-term Services and Supports (MLTSS) as a strategy for expanding home and community-based services, promoting community inclusion, ensuring quality, and increasing efficiency. MLTSS refers to the delivery of long-term services and supports through capitated Medicaid managed care programs. The number of states with MLTSS programs increased from eight in 2004 to 16 in 2012. The range and scope of services across MLTSS programs vary greatly.

The Long-term Care Ombudsman Program is federally required in all states, the District of Columbia, Puerto Rico, and Guam. A majority of states operate as DADS does by housing the State's Long-term Care Ombudsman Program in the State Unit on Aging and contracting Long-term Care Ombudsman Program services through local Area Agencies on Aging.

Directly Provide or Contract for Needed Services

Service delivery models for long-term services and supports vary from state to state. However, nationwide most long-term services and supports are provided when the state agency contracts with another entity to directly provide the long-term services and supports.

In some cases the state contracts with an individual provider to provide a single service (e.g., home delivered meals or assisted living) or an array of services (e.g., home health services such as nursing and attendant care).

In other cases the state contracts with a provider, usually a licensed health plan (i.e., a managed care organization) to provide an array of long-term services and supports and acute care services. For example, New York contracts with Special Needs Plans or Medicare Advantage plans to serve 1915(c) waiver consumers who qualify for nursing facility services.

Regulate Service Providers to Ensure Health and Safety

The U.S. Department of Health and Human Services contracts with each state for the

administration of the Medicaid program and its related activities. The function of licensure and certification also differs from state to state. In some cases, separate agencies assume responsibility of licensure and survey/certification; other states combine these functions within one agency.

Measure and Improve Quality of Services

Texas and other states provides quality management by using diverse methods to monitor the quality of services and supports on an ongoing basis. Texas' Long-term Services and Supports Quality Review is based on the National Core Indicators project, a multi-state collaboration with the goal of implementing a systematic, standard set of performance and outcome measures. Through this collaboration, 25 states receive technical assistance from Human Services Research Institute to measure a common set of performance indicators used to benchmark and compare the overall health of public developmental disabilities agencies.

All states measure and improve the quality of their waiver programs by complying with the performance measures required by the Centers for Medicare & Medicaid Services. DADS and HHSC work together to develop an oversight plan to address the required Centers for Medicare & Medicaid Services assurances. The assurances required of all state waiver programs include administrative authority, level of care, qualified providers, service plans, health and welfare, and financial accountability. Each state develops its own strategies to address these performance measures based on data available to that state.

G. What key obstacles impair your agency's ability to achieve its objectives?

DADS continues to successfully provide long-term services and supports for older Texans and those with IDD. However, below are some obstacles that can impair DADS ability to achieve its strategic objectives effectively and efficiently.

Rapidly Aging Population

The aging of the population in Texas has a direct impact on DADS service delivery. Over the next 30 years, the number of Texans 60 years of age or older is projected to increase significantly. In 2010, the population of Texans 60 years of age or older was about 3.8 million, representing 15.1 percent of the total Texas population. By 2040, this population will be 7.5 million and will represent approximately 17 percent of the total Texas population. To address this demographic shift, DADS continues to develop and implement initiatives and programs focused on a number of issues including, but not limited to, building community capacity to serve the aging population, promoting wellness, and increasing access to informal caregiver support services.

Challenges to Informal (Unpaid) Caregivers

Informal caregivers, those relatives and friends who provide unpaid care to older Texans and those with disabilities, are considered the backbone of the long-term services and supports system. Identifying and meeting the needs of the estimated Texas 2.7 million caregivers often

determines whether the individuals needing care can remain at home or must enter an institutional care setting. Assisting Texans in preparing for and sustaining their roles as caregivers has a positive impact not only on the individuals receiving care, but also helps the state avoid long-term services and supports costs which might otherwise be shifted to Medicaid. It is estimated caregivers save the state $3.2 billion to $12.6 billion in Medicaid institutional spending annually.

Low Employment Rates of Individuals Receiving Services

Many individuals receiving DADS services have expressed an interest in working, but due to a variety of barriers, they have not obtained employment. Lack of earned income results in increased reliance on public services. To address this challenge, DADS is working to remove programmatic barriers to employment, to conduct education and outreach, and to promote employment of individuals with disabilities.

Increased Demand for Home and Community-Based Services

Home and community-based services are critical to allowing older Texans and those with disabilities to achieve and maintain independence and community integration and to avoid institutionalization. Demand for services continues to outpace available funding. As of August 31, 2012, there were 141,854 individuals on interest lists for Medicaid waiver programs. Time spent on interest lists varies by program, but the wait for some programs can be as long as nine years. This large unmet demand makes it essential the state do all it can to ensure services are provided in the most cost-effective and efficient manner possible.

Improving Access to Local Services and Supports

At the local level, long-term services and supports are administered by multiple agencies with intake, assessment, and eligibility functions that at times can be complex and fragmented. As a result, identifying which services are available and where to obtain them can be difficult for many individuals. To address this challenge, DADS is expanding the Aging and Disability Resource Center initiative to implement the "No Wrong Door" system of access required by the Balancing Incentive Program.

Challenges in Recruiting and Retaining Surveyor and State Supported Living Center Staff

The ability to recruit and retain a trained, qualified surveyor workforce is essential for DADS regulatory programs. DADS surveyors represent a number of professional disciplines, including registered nurses, social workers, nutritionists, pharmacists, architects, engineers, and Life Safety Code specialists. A statewide shortage of nurses and other professionals, and the need to thoroughly train surveyors, exacerbates the challenge of recruiting and retaining qualified regulatory staff.

Recruitment and retention of workers to provide services and supports at State Supported Living Centers are a constant challenge at all centers. In FY 2012 the turnover rate at State Supported Living Centers was 36.89 percent. Turnover rates were as follows:

- registered nurses – 32.36 percent;
- licensed vocational nurses – 42.08 percent;

- psychiatrists – 48.21 percent;
- psychologists – 25.73 percent; and
- direct support professionals – 47.02 percent.

Challenges to Recruiting and Retaining Volunteers

The involvement of volunteers helps DADS engage greater numbers of individuals and communities in activities and programs that enrich and improve the quality of life for older Texans and those with disabilities. The number of DADS volunteers has been declining while the number of persons served by DADS is increasing. The number of volunteer long-term care ombudsmen has declined in recent years (from 914 volunteers in 2007 to 762 in 2012), while the number of people living in long-term care facilities continues to increase. Of particular relevance to the Long-term Care Ombudsman program is growth in the number of assisted living facilities. Steady growth in the number of facilities and licensed beds increases the need for certified volunteer ombudsmen who can monitor the care of residents. As of May 2013, there were 1,774 assisted living facilities with 56,864 licensed beds.

Regulatory Services Systems Modernization

Regulatory Services currently uses many legacy applications built by Department of Human Services agency staff that should be migrated to current IT-supported platforms. The technology platforms upon which these legacy applications run are out-of-date and require ad-hoc workarounds to get the legacy applications working on current standard desktop computers with newer operating systems, thus posing daily challenges for staff.

Need for Capital Repairs and Renovation

The majority of buildings on the 12 State Supported Living Centers serve as homes and facilities for medical services, therapy, vocational programs, dining, kitchens, skills training, staff continuing education, religious services, recreation, and administrative services. These buildings are up to 100 years old with the newest of the buildings in the system approximately 35 years old. The need for funding for capital improvements continues to become increasingly critical as this infrastructure continues to age.

H. Discuss any changes that could impact your agency's key functions in the near future (e.g., changes in federal law or outstanding court cases).

Federal Legislation

Congress established the federal Administration for Community Living in 2012, which serves as the umbrella agency for the Administration on Aging, the Administration on IDD, and the Center for Disability and Aging Policy. The Administration on Aging continues to administer Older Americans Act of 1965 programs.

The Older Americans Act is required to be reauthorized every five years. The amendments to the Act proposed in 2013 reflect current issues affecting individuals who are older, including economic security, revitalizing senior centers, and evidence-based disease programs.

The Balanced Budget and Emergency Deficit Control Act of 1985, as Amended (3/1/13), resulted in more than a $5.5 million decrease in funding to Texas Area Agencies on Aging for federal fiscal year 2013 under sequestration. DADS identified savings in central administrative costs allowing it to release funding to the 28 Area Agencies on Aging to minimize the impact of sequestration-related budget cuts to Older Americans Act allocations. However, these funds will not be available in 2014 to alleviate the impact of continued sequestration. The effect of sequestration for 2014 and beyond is unknown.

The Provider Integrity provisions of the Affordable Care Act require states to establish requirements to enroll and re-enroll entities as Medicaid providers. An entity failing to be enrolled through the new process will not be eligible to obtain or keep a DADS contract. Primarily an anti-fraud measure, these requirements include several specific screening elements. The HHSC Office of Inspector General has been assigned the lead role for Texas in implementing these provisions, and rules have been adopted by HHSC to set up a screening and provider enrollment process and portal. DADS contracting processes will need to be adapted to interface with the provider enrollment process under development by HHSC.

Federal law established the Balancing Incentive Program, which increases the Federal Matching Assistance Percentage to participating states through September 2015 in exchange for states making certain structural reforms to increase access to Medicaid community-based long-term services and supports; according to Centers for Medicare & Medicaid Services federal fiscal year 2009 data, Texas is entitled to two percent enhanced funding for Medicaid community-based expenditures. The Texas Balancing Incentive Program application was approved on September 4, 2012, and Texas was awarded $301.5 million for making certain structural changes and expending more than 50 percent of its Medicaid long-term services and supports appropriations on community services.

State Legislation

Senate Bill 7, 83rd Legislature, Regular Session, 2013, requires the system for delivering acute care and long-term services and supports to individuals with IDD to be redesigned and implemented using managed care. Senate Bill allows for pilots and requires the transition of Texas Home Living, Home and Community-based Services, Community Living Assistance and Support Services, Deaf-Blind with Multiple Disabilities, and ICF/IID programs into managed care. Senate Bill provides that Medicaid nursing facility benefits be provided through the STAR+PLUS program and benefits to children who are receiving Medically Dependent Children Program be provided through Star Kids. Senate Bill implements a basic attendant and habilitation service as a new entitlement for those who qualify. DADS must develop and implement a comprehensive assessment instrument and resource allocation process to be used to recommend services for each person with IDD enrolled in waiver programs and ICF/IID. The bill requires the creation of a prior authorization process for Home and Community-based Services group homes that ensures they are limited to individuals with the need for residential services. HHSC must develop and implement quality-based payment systems for Medicaid long-term services and supports providers.

Senate Bill 1857, 82nd Legislature, Regular Session, 2011, allowed an unlicensed person to administer specific types of medications to certain persons receiving services from an ICF/IID with a capacity of 13 or fewer beds without registered nurse delegation. Senate Bill 1857 also requires DADS and the Texas Board of Nursing to conduct a pilot program in the Home and Community-based Services and Texas Home Living waivers and ICFs/IID with a capacity of 13 or fewer beds to evaluate licensed vocational nurses providing on-call services by telephone to individuals receiving services.

Senate Bill 492, 83rd Legislature, Regular Session, 2013, created a new license type for prescribed pediatric extended care centers (PPECs). These facilities will provide up to 12 hours of care per day to medically fragile children up to age 21. DADS estimates 40 to 60 PPECs could seek licensure in Texas in the coming years. Licensing standards to govern PPECs must be in place by July 2014, and the facilities will be required to hold a license beginning in January 2015. DADS staff must develop PPEC licensing, survey, and enforcement procedures and perform PPEC licensing, survey, and enforcement activities. Staff must write rules, develop policies, provide training, and create or modify systems needed to process and manage these functions.

Department of Justice (DOJ) Settlement Agreement

The DOJ Settlement Agreement, effective June 26, 2009, includes 20 detailed sections, or substantive provisions, related to State Supported Living Center improvements in quality of care, protections from harm, health professional services, and serving persons in the most integrated setting, among others. As provided under the Settlement Agreement, three monitoring teams have conducted baseline reviews of each State Supported Living Center and identified areas for service delivery improvements. Compliance reviews are conducted every six months to ensure compliance with the elements of the Settlement Agreement. The Settlement Agreement will terminate five years after the effective date (2014), except that the Court retains jurisdiction over any remaining substantive provision with which a facility has not achieved substantial compliance for at least one year until the facility has been in substantial compliance with that provision for at least one year. Although progress has been noted at every facility, due to the depth and range of issues addressed in the settlement agreement, it is not expected that Texas will come into full compliance for a number of years.

I. What are your agency's biggest opportunities for improvement in the future?

DADS has identified the following opportunities for improvement that will enhance the agency's ability to carry out its mission, functions, and objectives.

Expansion of Aging and Disability Resource Centers (ADRCs)

DADS will continue expanding the ADRC initiative. DADS has established fourteen ADRCs since 2006. The ADRCs are comprised of the three DADS front doors (community services regional offices, Local Authorities, and Area Agencies on Aging) and also may include HHSC benefit offices, hospital discharge planners, mental health authorities, Centers for Independent Living,

and other local service agencies. These entities coordinate information and access to public long-term services and supports programs and benefits through various models of single or multiple points of entry.

The Balancing Incentive Program requires a statewide system of streamlined access. To this end, six existing ADRCs will be expanded to serve their entire state planning region, adding 65 new counties. New ADRCs are projected to be implemented in September 2013. DADS will fund this ADRC expansion with Balancing Incentive Program funding, which is available through September 2015. DADS will submit a legislative appropriations request for funding to ensure sustainability of the ADRC system following the completion of the Balancing Incentive Program grant.

In addition, DADS will work towards increased standardization in ADRC service delivery, monitoring and quality improvement processes as required by the Balancing Incentive Program. DADS will explore the possibility of the ADRC program as a stand-alone program with a separate agency strategy, appropriation and rule authority as part of this increased standardization process.

Expansion of Lifespan Respite Care Program

Family caregivers play a key role in providing support services that allow individuals to remain at home in their communities. In 2009, throughout the United States about 42.1 million family caregivers provided care to an adult with limitations in daily activities. It is estimated the value of the unpaid care provided by these caregivers was approximately $450 billion. Texas caregivers provided 3,270,000 hours of care for an estimated value of $34 billion.

DADS will continue to expand the Lifespan Respite Care Program through the competitive procurement process. Six communities have received state General Revenue funding to enhance respite services in their regions. Local partners used this funding to provide a variety of caregiver education and training services in addition to respite care services. Services were targeted to populations who could not access existing respite programs. These education and training opportunities help caregivers learn to safely provide hands-on assistance, how to better understand the care recipient conditions and how to better take care of themselves as caregivers in order to reduce stress.

In addition, one of the latest federal grant deliverables includes training faith-based organizations to provide volunteer respite services. DADS is creating face-to-face and webinar training opportunities along with a toolkit of how-to information to assist congregations in developing facility and/or in-home respite programs. This promises to be a sustainable approach to service delivery, especially in rural regions lacking in formal agency-model respite options. In addition, DADS will continue to pursue all federal funding opportunities and explore all options for sustainability and possible expansion statewide.

DADS also sees an opportunity for additional analysis of data collected in the uniform caregiver assessment implemented under S.B. 271 (81st Legislature, Regular Session, 2009). Data

collected by Community Services Program Operations and the Area Agencies on Aging may have potential to further refine the profile of caregivers by region. These profiles can then be used to refine program design and service delivery to address population-specific regional needs, targeting education, training, and respite options to specific community needs.

Continued Support of Evidence-Based Interventions

At the local level, Aging and Disability Resource Centers (ADRCs) and Area Agencies on Aging (AAAs) participate in a variety of evidence-based interventions designed to promote better health, reduce hospital readmission rates, or support family caregivers. ADRCs and AAAs choose the interventions they identify as most valuable to their local community so the types of interventions available vary from region to region. DADS will continue to support training for local contractors to promote additional expansion to new agencies and further dissemination of evidence-based practice statewide.

In addition to being highly effective for the individual participants, evidence-based programming may be one way ADRCs and AAAs can work towards sustainable funding. With the carve-in of nursing facility services into the service array of managed care organizations, these interventions may be of value in diverting individuals from nursing facilities and reducing hospital readmissions. AAAs and ADRCs are exploring the possibility of contracting with managed care organizations to provide these services.

IDD System Redesign

Senate Bill 7, 83rd Legislature, Regular Session, 2013, requires the system for delivering acute care and long-term services and supports to individuals with IDD to be redesigned and implemented using managed care. Several stakeholder committees will be created to advise the State on various aspects of the bill. DADS must develop and implement a comprehensive assessment instrument and resource allocation process to be used to recommend services for each person with IDD enrolled in waiver programs and ICFs/IID. As DADS works with stakeholders and HHSC to implement the bill's provisions, many opportunities exist to develop, improve, and strengthen programs, services, and supports for individuals with IDD.

Balancing Incentive Program – Provider Portal

Senate Bill 7 (82nd Legislative, Regular Session, 2011) also required DADS to streamline service provision. DADS is working with HHSC to build a web-based portal that will enable case managers and providers to send and receive individual assessment information electronically. The secure, web-based portal will expedite the service authorization process as it will provide the receiver of service authorization documents immediate access to the information.

Single Service Authorization System for All DADS Long-term Services and Supports

As the result of consolidation of HHS System agencies in September 2004, DADS inherited two long-term services and supports service approval systems. These systems are the Service Authorization System Online and the Client Assignment and Registration mainframe system. The purpose of these systems is to enroll individuals in long-term services and supports programs and to verify their services.

The agency received funding approved by the 81st Legislature for the 2010-11 biennium to create a DADS Single Service Authorization System for long-term services and supports. This system will consolidate all individual information/assessments into a common database and provide enhanced capability for data inquiries, analysis, program comparison, and reporting. DADS has implemented the Guardianship Program and the ICF/IID Program so that service authorization is included in the Single Service Authorization System.

Regulatory Technology Improvements

DADS Regulatory Services has identified the following opportunities for improvement to continue meeting the increasing demand of complaint and incident investigations, applications for new facilities (which require Life Safety Code plan reviews and onsite health visits), and inspections and surveys for continued compliance.

A pilot project is underway to use mobile technology to streamline the investigative process, allowing investigators to perform their duties more efficiently and effectively. Regulatory Services management will be able to use Geographic Information Systems to assign investigations based on investigator proximity to complaints, pending investigations, and investigation priority or to assign residential reviews based on reviewer proximity to provider homes and reviewer workload. In addition, management will be able to track investigators' and reviewers' locations for employee safety, efficiency, and accountability. Other advantages include the ability to interface with existing voice transcription systems, to use templates based on survey protocols to ensure complete data entry, to label and transmit photographs in accordance with state and federal protocols, to remotely locate lost and stolen equipment, and to erase from memory all disk sector data in accordance with state security protocols.

Regulatory Services has also recently procured an online licensing system for the Nursing Facility Administrator program. This new system will give users the ability to create and update a license online, submit an application online, verify the status of a license or application online, track applications and other licensing requirements, and generate letters and custom reports.

DADS is fully funding the Nursing Facility Administrator Online Licensing Application Development project, and the completion date is currently set for March 28, 2014. However, there are many other opportunities to improve and modernize Regulatory Services legacy platforms that were not fully funded by the 83rd Legislature. For more information about Regulatory Services Systems Modernization project, please see Section II, G.

DADS is also working on a plan of correction to modify the Quality Reporting System to implement Section 6103(d) of the Affordable Care Act. Section 6103(d) of the Act requires states to "maintain consumer-oriented websites providing useful information to consumers regarding all skilled nursing facilities and all nursing facilities in the State." This useful information includes the statement of deficiencies found during standard and complaint surveys, in addition to the facility's plan of correction to address those deficiencies. Following completion of the project, the Quality Reporting System will display both the deficiencies and plan of correction on a citation-by-citation level.

Regulatory Services purchased 133 e-readers in FY 2012. The division would like to increase the number of these devices by at least 200 in federal FY 2013. Survey teams and investigators use the e-readers to carry resource materials and other reference information when conducting surveys and investigations:

- to ensure code references and citations are accurate;
- to reference material and graphics in the National Fire Protection Act documents, allowing staff a clearer understanding of deficient installation of fire sprinklers and other features of the physical plant; and
- to confirm medications and interactions onsite using nursing practice acts and drug reference guides.

Employment Services and Supports Initiative

DADS is beginning to implement a five-year Money Follows the Person Demonstration Customized Employment Project to provide short-term administrative funds to providers of IDD services. A pilot with the providers, in cooperation with case managers/service coordinators, will be funded to provide individuals with IDD more opportunity to move out of congregate settings and into employment at local places of businesses. The project will be structured as a collaborative effort between DADS, Medicaid providers, Local Authorities, case management agencies, and individuals with IDD who are receiving services from DADS and DARS.

J. In the following chart, provide information regarding your agency's key performance measures included in your appropriations bill pattern, including outcome, input, efficiency, and explanatory measures.

Department of Aging and Disability Services
Exhibit 2: Key Performance Measures — Fiscal Year 2012

Key Performance Measures	FY 2012 Target	FY 2012 Actual Performance	FY 2012 % of Annual Target
Output Measures			
Average Monthly Number of Individuals with IDD Receiving Assessment and Service Coordination	28,593	27,851	97.40%
Average Number of Individuals Served Per Month: *Primary Home Care*	31,240	30,104	96.36%
Average Number of Individuals Served Per Month: *Community Attendant Services*	48,617	46,680	96.02%

Key Performance Measures	FY 2012 Target	FY 2012 Actual Performance	FY 2012 % of Annual Target
Output Measures			
Average Number of Individuals Served Per Month: *Day Activity and Health Services*	9,716	9,776	100.62%
Average Number of Individuals Served Per Month: *Community-based Alternatives*	14,616	14,342	98.13%
Average Number of Individuals Served Per Month: *Home and Community-based Services*	20,123	19,861	98.70%
Average Number of Individuals Served Per Month: *Community Living Assistance and Support Services*	4,619	4,759	103.03%
Average Number of Individuals Served Per Month: *Deaf-Blind with Multiple Disabilities*	148	149	100.68%
Average Number of Individuals Served Per Month: *Medically Dependent Children Program*	2,380	2,308	96.97%
Average Number of Individuals Served Per Month: *Consolidated Waiver Program**	154	37	24.03%
Average Number of Individuals Served Per Month: *Texas Home Living Waiver*	5,738	3,951	68.86%
Average Number of Individuals Served Per Month: *Non-Medicaid Community Care*	35,377	32,676	92.37%
Average Monthly Number of Individuals with IDD Receiving Community Services	9,955	6,215	62.43%
Average Number of Individuals Per Month Receiving In-home Family Support	5,375	6,033	112.24%

Key Performance Measures	FY 2012 Target	FY 2012 Actual Performance	FY 2012 % of Annual Target
Output Measures			
Number of Individuals with IDD Receiving In-Home and Family Support Per Year*	0	0	0.00%
Average Number of Recipients Per Month: *Program for All Inclusive Care for the Elderly*	1,091	1,017	93.22%
Average Number of Individuals Receiving Medicaid-Funded Nursing Facility Services per Month	56,213	56,940	101.29%
Average Number of Individuals Receiving Co paid Medicaid/Medicare Nursing Facility Services Per Month	6,767	6,168	91.15%
1-6-3, #1: Average Number of Individuals Receiving Hospice Services Per Month	7,039	6,813	96.79%
Average Number of Individuals Served Through Promoting Independence Per Month	6,318	5,760	91.17%
Average Number of Persons in ICF/IID Medicaid Beds Per Month	5,602	5,616.42	100.26%
Average Monthly Number of State Supported Living Center Residents	3,831	3,880	101.28%
# Unfounded Abuse/Neglect/Exploitation Allegations against State Supported Living Center Staff	131	1,090	832.06%
# Confirmed Abuse/Neglect/Exploitation Incidents at State Supported Living Centers	214	561	261.54%
Total Dollar Amount Collected from Fines	$2,641,154.00	$3,708,201.77	140.40%
Number of Licenses Issued or Renewed Per Year: Nursing Facility Administrators	1,285	1,149	89.42%
Efficiency Measures			

Key Performance Measures	FY 2012 Target	FY 2012 Actual Performance	FY 2012 % of Annual Target
Average Monthly Cost Per Individual Served: *Primary Home Care*	$830.90	$842.15	101.35%
Average Monthly Cost Per Individual Served: *Community Attendant Services*	$834.21	$866.93	103.92%
Average Monthly Cost Per Individual Served: *Day Activity and Health Services*	$526.50	$538.70	102.32%
Average Monthly Cost Per Individual Served: *Community Based Alternatives*	$1,320.19	$1,456.99	110.36%
Average Monthly Cost Per Individual Served: *Home and Community-based Services*	$3,280.22	$3,427.82	104.50%
Average Monthly Cost Per Individual Served: *Community Living Assistance and Support Services*	$3,232.17	$3,482.01	107.73%
Average Monthly Cost Per Individual Served: *Deaf-Blind with Multiple Disabilities*	$4,150.80	$4,173.59	100.55%
Average Monthly Cost Per Individual Served: *Medically Dependent Children Program*	$1,468.73	$1,479.29	100.72%
Average Monthly Cost Per Individual Served: *Consolidated Waiver Program**	$2,045.64	$2,248.78	109.93%
Average Monthly Cost Per Individual Served: TxHmL	$652.25	$797.40	122.25%
Average Monthly Cost Per Individual with IDD Receiving Community Services	$661.10	$977.56	147.87%
Average Monthly Cost of In-home Family Support Per Individual	$77.36	$68.93	89.10%
Average Annual Grant Per Individual with IDD Receiving In-home and Family Support Per Year*	$0.00	$0.00	0.00%

Key Performance Measures	FY 2012 Target	FY 2012 Actual Performance	FY 2012 % of Annual Target
Average Monthly Cost Per Recipient: Program of All-inclusive Care for the Elderly	$2,867.08	$2,872.59	100.19%
Net Nursing Facility Cost Per Medicaid Resident Per Month	$2,981.92	$3,230.45	108.33%
Net Payment Per Individual for Co-paid Medicaid/ Medicare Nursing Facility Services Per Month	$2,055.93	$2,044.47	99.44%
Average Net Payment Per Individual Per Month for Hospice	$2,739.58	$2,828.72	103.25%
Average Monthly Cost Per Individual Served: Promoting Independence	$1,487.75	$1,479.31	99.43%
Monthly Cost Per ICF/IID Medicaid Eligible Individual	$4,360.27	$0.00	0%
Average Monthly Cost Per State Supported Living Center Resident	14,107.11	13,928.95	98.74%
Explanatory Measures			
Average # on Interest List per month: *Community Based Alternatives*	55,600	19,004	34.18%
Number of Individuals Receiving Services at the End of the Fiscal Year: *Community Based Alternatives*	9,768	9,559	97.86%
Total # Declined Services or Found to be Ineligible for Services during FY: *Community Based Alternatives*	5,652	15,487	274.01%
Average # on Community Based Alternatives Interest List Receiving Other DADS Services per Month	22,255	9,672	43.46%
Number of Individuals Receiving Services at the End of the Fiscal Year: *Home and Community-based Services*	20,313	19,755	97.25%

Key Performance Measures	FY 2012 Target	FY 2012 Actual Performance	FY 2012 % of Annual Target
Average # on Interest List per month: *Home and Community-based Services*	47,047	56,824	120.78%
Total # Declined Services or Found to be Ineligible for Services during FY: *Home and Community-based Services*	1,103	60	5.44%
Average # on Home and Community-based Services Interest List Receiving Other DADS Services per Month	10,839	13,672	126.13%
Average # on Interest List per month: *Community Living Assistance and Support Services*	30,280	41,174	135.98%
Number of Persons Receiving Services at the End of the Fiscal Year: *Community Living Assistance and Support Services*	4,619	4,832	104.61%
Total # Declined Services or Found to be Ineligible for Services during FY: *Community Living Assistance and Support Services*	837	48	5.73%
Average # on Community Living Assistance and Support Services Interest List Receiving Other DADS Services per Month	5,407	9,097	168.25%
Average # on Interest List per month: *Deaf Blind with Multiple Disabilities*	335	478	142.69%
Number of Persons Receiving Services at the End of the Fiscal Year: *Deaf Blind with Multiple Disabilities*	148	151	102.03%
Total # Declined Services or Found to be Ineligible for Services during FY: *Deaf Blind with Multiple Disabilities*	0	32	0%
Average # on Deaf Blind with Multiple Disabilities Interest List Receiving Other DADS Services per Month	108	176	162.75%

Key Performance Measures	FY 2012 Target	FY 2012 Actual Performance	FY 2012 % of Annual Target
Average # on Interest List per month: *Medically Dependent Children Program*	18,310	24,046	131.33%
Number of Persons Receiving Services at the End of the Fiscal Year: *Medically Dependent Children Program*	2,380	2,281	95.84%
Total # Declined Services or Found to be Ineligible for Services during FY: *Medically Dependent Children Program*	416	628	150.96%
Average # on Medically Dependent Children Program Interest List Receiving Other DADS Services per Month	340	1,681	494.52%
Number of Persons Receiving Services at the End of the FY: Consolidated Waiver Program*	154	145	94.16%
Number of Individuals Receiving Services at the End of the Fiscal Year: *Texas Home Living*	5,738	4,538	79.09%
Number of Individuals Receiving Non-Medicaid Community Services and Supports	17,026	18,080	106.19%
Number of Individuals Receiving Services at the End of the Fiscal Year: Non-Medicaid Community Care	35,489	32,676	92.07%
Number of Individuals with IDD Receiving Community Services at the End of the Fiscal Year	9,955	6,768	67.99%
Number of Individuals Receiving Services at the End of the FY: *In-Home and Family Support*	5,375	5,999	111.61%
Number of Individuals with IDD Receiving Services at the End of the FY: *In-Home and Family Support**	0	0	0

Key Performance Measures	FY 2012 Target	FY 2012 Actual Performance	FY 2012 % of Annual Target
Explanatory Measures			
Number of Persons Receiving Services at the End of the Fiscal Year: *Program of All-inclusive Care for the Elderly*	1,202	1,027	85.44%
Outcome Measures			
Percent of Long-term Care Individuals Served in Community Settings	77.43%	75.33%	97.29%
Average Number of Individuals Served Per Month: Medicaid Non-waiver Community Services and Supports	89,573	86,560	96.64%
Average Number of Individuals Served Per Month: Waivers	47,778	51,167	107.09%
Number of Individuals Receiving Services at the end of FY: Waivers	47,987	46,528	96.96%
Percent of Facilities Complying with Standards at Time of Inspection for Licensure and/or Medicare/Medicaid Certification	62.26%	38.76%	62.25%

*Program does not currently exist in DADS and will not appear in Section VII.

III. HISTORY AND MAJOR EVENTS

Provide a timeline of your agency's history and key events, including:

- **the date your agency was established;**
- **the original purpose and responsibilities of your agency;**
- **major changes in responsibilities or statutory authority;**
- **changes to your policymaking body's name or composition;**
- **significant changes in state/federal legislation, mandates, or funding;**
- **significant state/federal litigation that specifically affects your agency's operations; and**
- **key changes in your agency's organization (e.g., a major reorganization of the agency's divisions or program areas).**

Historical Perspective

The Legislature established the Department of Aging and Disability Services (DADS) by consolidating long-term services and supports programs with intellectual disabilities programs and programs and services pertaining to aging from the Older Americans Act.

The following history contains major events related to the programs delivered by DADS today, and it includes organizational changes that led up to its creation. Events relating to the establishment of today's Health and Human Services System are highlighted in bold.

1917 The first state residential facility for individuals with intellectual disabilities is established. It was renamed Austin State School in 1925.

1919 The Legislature establishes the Texas Board of Control, consolidating the functions of 21 state agencies and charging and placing under its purview, the Old Age Assistance Commission, the Texas Relief Commission, and the Child Welfare Division.

1939 The Legislature creates the State Department of Public Welfare.

1949 The Board for Texas State Hospitals and Special Schools is established by the 51st Legislature to govern the State Hospitals and State Schools formerly under the jurisdiction of the Board of Control.

1957 The Legislature establishes a Committee on Aging to study and develop policies regarding the health, housing, financial, and recreational needs of older people.

1965 The Legislature establishes TDMHMR, replacing the former Board for Texas State Hospitals and Special Schools.

1965 State statute governing rights, care, and treatment for persons with intellectual disabilities is established.

1965 Congress enacts the Older Americans Act, which creates the federal Administration on Aging and provides federal funding for aging services separate from other social welfare services. The Texas Senate establishes the Governor's Committee on Aging to administer federal funds made available through the Act.

1974 As a result of the *Lelsz v. Kavanagh* class action lawsuit, TDMHMR increases its focus on finding community placements for individuals with intellectual disabilities, thus beginning a trend towards reducing the number of residents from its peak of 12,000 residents.

1977 The Legislature changes the name of the State Department of Public Welfare to The Department of Human Resources.

1980 Attendant services are implemented in Texas; this program is now known as Primary Home Care.

1981 The Governor's Committee on Aging is established as a state agency and renamed the Texas Department on Aging.

1983 State legislation establishes the Long-Term Care Coordinating Council and makes the Texas Department on Aging the lead agency.

1984 The Medically Dependent Children Program waiver is approved by the Centers for Medicare & Medicaid Services.

1985 The Department of Human Resources is renamed as The Department of Human Services.

1985 The Home and Community-based Services waiver for individuals with developmental disabilities is implemented.

1987 The Legislature adds a penalty provision to the Human Resources Code for failure to report abuse, neglect, or exploitation of older people or people with a disability

1989 The In-Home and Family Support Program is established.

1989 The Options for Independent Living program is established by the Legislature, directing the Texas Department on Aging to establish a statewide program help older persons remain at home despite limited self-care capacities and to prevent institutionalization by providing case management services through Area Agencies on Aging.

1990 The Community Living and Assistance Support Services waiver is created to serve persons with related conditions.

1991 The Legislature abolishes the Health and Human Services Coordinating Council and creates the Texas Health and Human Services Commission, to oversee the state's major health and human services agencies: Texas Department on Aging, Commission on Alcohol and Drug Abuse, Commission for the Blind, Commission for the Deaf and Hearing Impaired, Interagency Council on Early Childhood Intervention, Department of Health, Department of Human Services, Juvenile Probation Commission, TDMHMR, Department of Protective and Regulatory Services, and the Rehabilitation Commission.

1991 The Frail Elderly 1929(b) attendant program is implemented in Texas to allow individuals with income up to 300 percent of Supplemental Security Income to receive services. Texas is the only state in the country to have this program, which is now known as Community Attendant Services.

1994 The state implements the Community Based Alternatives , 1915(c) Medicaid waiver, as a community-based alternative to nursing facility placements.

1995 The Deaf Blind with Multiple Disabilities waiver program is approved by the Centers for Medicare & Medicaid Services.

1997 Senate Bill 190, Texas' nursing facility reform act, is implemented.

1997 The Legislature directs a pilot of consumer directed services.

1997 Legislation abolishes the Texas Board of Nursing Facility Administrators and transfers the functions, property, and unexpended funds of the board from the Texas Department of Health to the Texas Department of Human Services.

1999 Assisted living facilities, formerly called personal care facilities, begin to be licensed in Texas. The Long-term Care Ombudsman program begin including assisted living facilities in its scope of service.

1999 Ft. Worth State School and Travis State School (Austin) are closed as part of the state's response to the 1991 settlement to *Lelsz v. Kavanagh*.

1999 Legislation expands Consumer Directed Services to Medicaid programs and establishes the Consumer Direction Workgroup.

1999 In June 1999, United States Supreme Court's *Olmstead v. L.C.* decision directs that individuals must be allowed to live in the most integrated setting in order to receive their long-term services and supports as long as they meet certain qualifications. This seminal decision is the impetus for Texas Promoting Independence Initiative.

2001 The Money Follows the Person public policy is established. Under this policy, nursing facility residents can move into a Medicaid 1915(c) waiver program without having to wait on the interest list.

2001 The Legislature creates the Quality Monitoring Program and Joint Training and codifies the Promoting Independence initiative.

2001 Texas begins adding the Consumer Directed Services option for residential habilitation and respite to the Community Living Assistance and Support Services and Deaf-Blind with Multiple Disabilities waivers.

2002 Texas adds the Consumer Directed Services option to Primary Home Care, Community Attendant Services, and Family Care attendant services.

2003 Texas adds the Consumer Directed Services option for personal assistance services and respite to Community Based Alternatives.

2003 As part of House Bill 2292, the Legislature creates DADS through the consolidation of numerous programs and services from the predecessor agencies: community- and facility-based services for individuals with intellectual disabilities of TDMHMR, community long-term services and supports and nursing facility services of the Texas Department of Human Services, and services and programs of the Texas Department on Aging, including the responsibilities and requirements associated with the Older Americans Act.

2004 DADS begins operations on September 1, 2004. Under the oversight of HHSC, DADS provides a comprehensive array of aging and disability services in local communities.

2004 The Texas Home Living waiver is approved by the Centers for Medicare & Medicaid Services.

2004 HHSC and DADS settle the *McCarthy vs. Hawkins* lawsuit. The settlement results in an informal assessment provided to all individuals requesting services through Home and Community-based Services and/or Community Living Assistance and Support Services. This settlement also includes a commitment over the next three biennial legislative sessions for HHSC to include in its Legislative Appropriations Request sufficient funding to achieve a five percent to ten percent reduction in the number of persons listed on the Home and Community-based Services and Community Living Assistance and Support Services waiver interest lists each year.

2004 DADS and DFPS, through a Memorandum of Understanding, transfer the Guardianship Services Program to DADS from DFPS.

2005 Legislation transfers statutory authority for the Guardianship Services Program to DADS from DFPS.

2005 The Legislature appropriates additional resources for long-term services and supports, making it possible to reduce the number of people on the interest lists across all waiver programs. Funding of $340.1 million in all funds is to serve an estimated 9,360 additional persons by the end of the 2006-07 biennium.

2005 HHSC and DADS settle the *Alberto N. vs. Hawkins* lawsuit that affects Texas Health Steps, Comprehensive Care Program-eligible children under 21 years of age. The terms of the settlement apply to Medicaid-funded nursing services, personal care services, and durable medical equipment and supplies.

2005 Governor Rick Perry issues Executive Order RP 42, 2005, formalizing the Aging Texas Well initiative. The order asks DADS to continue working to identify and discuss aging policy issues, guide state government readiness, and promote increased community preparedness for an aging Texas population.

2005 The Aging and Disability Resource Centers (ADRCs) initiative begins, with a federal grant award from the U.S. Administration on Aging and the Centers for Medicare & Medicaid Services. Three ADRCs are established in San Antonio, Fort Worth, and five counties in Central Texas.

2005 DADS implements the Medicaid Estate Recovery Program in compliance with federal Medicaid laws.

2005 The Legislature codifies the Money Follows the Person policy instead of depending on appropriations riders for the program's continuation.

2005 The U.S. Department of Justice notifies the State of Texas of intent to conduct an investigation of alleged civil rights violations at the Lubbock State School.

2006 DADS adds the Consumer Directed Services option for respite and flexible family support services provided by attendants to the Medically Dependent Children Program.

2006 Congress reauthorizes the Older Americans Act for a six-year reauthorization cycle. The 2006 reauthorization lowers the age of eligibility to age 55 for grandparents or older relative caregivers for a child who is not more than 18 years of age or who is an individual with a disability.

2006 U.S. Department of Justice issues a findings letter on the Lubbock State School investigation.

2007 The Centers for Medicare & Medicaid Services award DADS a Money Follows the Person Rebalancing Demonstration Grant to enable DADS to rebalance its long-term services and supports system so individuals receive more choices in determining where they live and the services they receive.

2008 DADS begins developing and implementing a quality-monitoring program to improve outcomes and services for individuals served in private and state-operated intermediate care facilities for individuals with an intellectual disability (ICFs/IID) and assisted living facilities.

2008 U.S. Department of Justice notifies the State of Texas of intent to conduct an investigation of alleged civil rights violations at the Denton State School and to investigate the other 11 state-operated facilities, including the ICF/IID component of the Rio Grande State Center operated by the Department of State Health Services. The State of Texas and Department of Justice enters into discussions to resolve all 13 investigations with a global settlement agreement.

2008 DADS expands services in several programs: adds the Consumer Directed Services option to the Texas Home Living program for all services and Home and Community-based Services for supported home living and respite; expands the Consumer Directed Services option to include nursing, physical therapy, occupational therapy, and speech/hearing therapy in the Community Based Alternatives program; expands the Consumer Directed Services option to include nursing, physical therapy, occupational therapy, and speech/hearing therapy in the Community Living Assistance and Support Services program; and adds respite and flexible family support services provided by a nurse to the Consumer Directed Services option or the Medically Dependent Children program.

2008 DADS establishes five additional ADRCs, expanding services to twenty-five additional counties. New service delivery standards further enhance the coordination efforts of DADS front doors (Area Agencies on Aging, Local Authorities, and DADS Regional and Local Services offices) as core partners in providing ADRC services.

2009 The Legislature appropriates $150.0 million General Revenue and $358.6 million All Funds for expansion of the Medicaid waiver and non-Medicaid community services programs, in anticipation of serving an additional 7,043 persons during the 2010-11 biennium.

2009 Consumer Directed Services is expanded to Community Attendant Services and Primary Home Care.

2009 The Legislature mandates that DADS transfer the case management function from Home and Community-based Services providers to local authorities. This transfer occurred June 1, 2010.

2009 The Legislature approves the state's settlement agreement with the Department of Justice.

2009 The Legislature appropriates $1 million General Revenue to establish the Texas Lifespan Respite Care Program, increasing the availability of respite services to caregivers who are unable to procure these services through other avenues.

2009 DADS implements a pay-for-performance system for collecting data and analyzing and reporting of nursing facility performance for all nursing facilities in Texas during the second year of the biennium.

2009 Senate Bill 643 provides a framework for the protection and care of individuals with IDD served by public and private providers. State schools are renamed "State Supported Living Centers (SSLCs)." Major elements include fingerprint-based criminal history checks on SSLC employees and volunteers, random drug testing of SSLC employees, installation of video surveillance camera systems in SSLCs, creation of a mortality review process for persons with IDD receiving services from public and private providers, the application of a forensic designation to Mexia SSLC, establishment of an assistant commissioner position to oversee the SSLCs and the ICF/IID portion of the Rio Grande State Center, creation of an Office of Independent Ombudsman for SSLCs, expansion of regulatory oversight for providers of Home and Community-based Services, and expansion of training for persons providing services and supports.

2009 The Legislature directs DADS to strengthen informal caregiver support services by: raising public awareness about caregiving; implementing a caregiver status form into the existing Medicaid functional eligibility determination process; standardizing a caregiver assessment; and analyzing the data attained through the status and assessment forms.

2009 The Texas Autism Research and Resource Center is created.

2010 Texas meets all of its original Money Follows the Person Demonstration enrollment benchmarks and almost doubles the amount of the original grant award; passage of the Affordable Care Act extends the MFP Demonstration to 2016 and increases federal appropriation for the program by an additional $2 billion; Texas receives an additional $6.5 million at 100 percent administrative claims match for full-time contract positions and other administrative expenses to enhance the Money Follows the Person Demonstration effectiveness.

2010 DADS establishes an additional aging and disability resource center serving six counties.

2010 Settlement Agreement Independent Monitors complete baseline reviews of all State Supported Living Centers and the Rio Grande State Center.

2010 Through a reorganization, DADS eliminates the Provider Services Division and moves its functions to various areas within the agency, including the Access and Intake division, Regulatory Services division, State Supported Living Centers division, and the Center for Policy and Innovation.

2011 Electronic Visit Verification, a telephone- and computer-based system for verification of service delivery, is launched.

2011 The Texas Lifespan Respite Care Program expanded respite services to three additional communities: Corpus Christi, Houston, and San Antonio.

2011 DADS establishes three additional aging and disability resource centers, serving eighteen counties.

2012 Federal law establishes the Balancing Incentive Program, which increases the Federal Matching Assistance Percentage to participating states through September 2015 in exchange for states making certain structural reforms to increase access to Medicaid community-based long-term services and supports. Texas' application for the program is approved on September 4, 2012.

2012 DADS establishes two additional aging and disability resource centers serving fifteen counties.

2013 The Balanced Budget and Emergency Deficit Control Act of 1985, as Amended (3/1/13), results in more than a $5.5 million decrease in funding to Texas Area Agencies on Aging for federal fiscal year 2013 under sequestration as discretionary, non-defense funding.

2013 Senate Bill 7 includes provisions related but not limited to: implementing an acute care and long-term services and supports system for individuals with intellectual and developmental disabilities (IDD) that serves more people in a cost-efficient manner; implementing one or more private provider IDD pilots to test managed care strategies based on capitation; implementing basic attendant and habilitation services for individuals with disabilities in STAR+PLUS; transitioning the provision of some or all of the IDD waivers into STAR+PLUS; and transitioning nursing facility benefits into STAR+PLUS. Additionally, the bill requires that STAR+PLUS be expanded to all areas of the state.

2013 The Legislature creates a new license type, called prescribed pediatric extended care centers. These facilities will provide up to 12 hours of care per day to medically fragile children up to age 21, and DADS estimates that Texas could see between 40-60 of these facilites seek licensure in the coming years.

2013 The electronic visit verification initiative is being augmented with a compliance plan. The Compliance Plan requires providers subject to electronic visit verification

requirements to achieve 90 percent usage of the system to document time worked by personal attendants. Providers failing to comply may be assessed liquidated damages under updated contracts issued through an ongoing mandatory contract re-enrollment process.

2013 The formal rulemaking process is being launched to modernize and upgrade Texas Administrative Rules in Title 40, Chapter 49, the rule governing contracting with DADS to provide community care services. This rule project will also promote uniformity in DADS contract rules and contract management by bringing the Home and Community-based Services and Texas Home Living waivers under Chapter 49 for the first time.

IV. POLICYMAKING STRUCTURE

A. Complete the following chart providing information on your policymaking body members.

Department of Aging and Disability Services Exhibit 3: Policymaking Body			
Member Name	**Term/ Appointment Dates/ Appointed by ___** (e.g., Governor, Lt. Governor, Speaker)	**Qualification** (e.g., public member, industry representative)	**City**
Kyle L. Janek, M.D., Executive Commissioner	Appointed on September 1, 2012, by Governor Perry. Term expires February 1, 2015.	Board-certified anesthesiologist. Former State Senator and former member of the Texas House of Representatives.	Austin
Aging and Disability Services Council			
Sharon Swift Butterworth, Chair	Appointed on November 22, 2004, by Governor Perry. Term expires on February 1, 2017.	Public Member	El Paso
John A. Cuellar, Vice Chair	Appointed on November 22, 2004, by Governor Perry. Term expires on February 1, 2017.	Public Member	Dallas
Barry Anderson	Appointed on May 20, 2013, by Governor Perry. Term expires on February 1, 2019.	Public Member	Grand Prairie
Glyn S. Crane	Appointed on November 22, 2004, by Governor Perry. Term expires on February 1, 2015.	Public Member	Longview

Department of Aging and Disability Services Exhibit 3: Policymaking Body			
Member Name	**Term/ Appointment Dates/ Appointed by ___** (e.g., Governor, Lt. Governor, Speaker)	**Qualification** (e.g., public member, industry representative)	**City**
Judy Foster	Appointed on March 16, 2011, by Governor Perry. Term expires on February 1, 2017.	Public Member	San Antonio
Sheri Harmonson	Appointed on May 20, 2013, by Governor Perry. Term expires on February 1, 2015.	Public Member	El Paso
Ann Schneider	Appointed on November 22, 2004, by Governor Perry. Term expires on February 1, 2015.	Public Member	Austin
J. Russell Shannon	Appointed on May 20, 2013, by Governor Perry. Term expires on February 1, 2019.	Public Member	Andrews
Donna Stauber	Appointed on May 20, 2013, by Governor Perry. Term expires on February 1, 2019.	Public Member	Waco

Appointed by the Governor, with the advice and consent of the Senate, the nine Aging and Disability Services Council members serve staggered six-year terms, with the terms of three members expiring February 1 of each odd-numbered year. While Aging and Disability Council members represent the general public, individuals eligible for appointment must demonstrate an interest in and knowledge of aging and disability programs administered by DADS, as are detailed in Chapter 161 of the Human Resources Code.

B. Describe the primary role and responsibilities of your policymaking body.

Appointed by the Governor, with the advice and consent of the Senate, the Executive Commissioner is the rulemaking and policymaking authority for the entire Health and Human Services (HHS) system. Five HHS system agency councils assist the Executive Commissioner in this system oversight role.

- Health and Human Services Council
- Aging and Disability Services Council
- Assistive and Rehabilitative Services Council
- Family and Protective Services Council
- State Health Services Council

Statutorily created by the 78th Legislature as part of the H.B. 2292 reorganization, the Aging and Disability Services Council supports the Executive Commissioner in developing policy and in rulemaking decisions specific to the functions of DADS, including policies and rules governing services for persons served or regulated by the agency.

The DADS Commissioner provides regular briefings to the Aging and Disability Council at each quarterly meeting and works with the Aging and Disability Council Chair to call subcommittee meetings as needed. Such meetings also provide an effective forum for public input into DADS-specific rules, policies, and budget priorities.

Once drafted, the DADS Commissioner vets rule and policy changes, seeking guidance from the related policy council and forwarding final recommendations to the HHSC policy advisor for review and final recommendation to the Executive Commissioner. The Executive Commissioner may make changes to the draft policy or rule and ultimately adopts the final product.

C. How is the chair selected?

The Governor appoints a member of the Council as the presiding officer (Council Chair), who serves at the pleasure of the Governor, as set forth in Section 531.047 of the Government Code. Agency policy requires the Council to elect a Vice Chair and also allows Council members to elect any other necessary officers. Mr. Cuellar currently serves as the Council's Vice Chair.

D. List any special circumstances or unique features about your policymaking body or its responsibilities.

The Executive Commissioner serves as the ultimate rule and policymaking authority for the entire HHS system. However, as previously discussed, five advisory councils support this decision-making process. This structure − a single Commissioner overseeing an enterprise of five system agencies − is unique in Texas government. Furthermore, the approach of having standing advisory councils that represent each agency's functions is also unique.

E. In general, how often does your policymaking body meet? How many times did it meet in FY 2012? In FY 2013?

By statute, Section 531.407 of the Government Code, the Aging and Disability Services Council must meet at least quarterly. The Aging and Disability Services Council met three times in FY 2012 and three times in FY 2013. In addition to these regular meetings, the chairs of each HHS council met twice, and members from all five councils attended an annual coordination meeting.

Although advisory in nature, the Aging and Disability Services Council is subject to the Open Meetings Act and the presence of a majority of members constitutes a quorum.

F. What type of training do members of your agency's policymaking body receive?

Statute requires Aging and Disability Services Council members to complete training before participating as an official Council member. In accordance with Chapter 161 of the Human Resources Code, the training program consists of information on the following subject areas:

- the legislation that created DADS and the Aging and Disability Services Council;
- the role and functions of DADS and the Council, including its advisory responsibilities;
- divisions of responsibility between the HHS System Executive Commissioner and the other HHS system agencies; and
- DADS programs, rules, and budget.

In addition, to agency-specific subject matter training, each Council member completes ethics training and a review of procedures relating to the Open Meeting Act, Public Information Act, and the Administrative Procedures Act.

G. Does your agency have policies that describe the respective roles of the policymaking body and agency staff in running the agency? If so, describe these policies.

The Legislature created the Aging and Disability Services Council to assist the Executive Commissioner and DADS Commissioner in developing rules and policies for DADS, including policies and rules governing the delivery of services and the rights and duties of individuals served by DADS.

Purely advisory in nature, and unlike the boards that oversaw the legacy agencies before consolidation, the Council does not have a direct role in agency operations. To ensure Council members understand this unique role, training covers guiding principles, operating procedures, and roles and responsibilities.

H. What information is regularly presented to your policymaking body to keep them informed of your agency's performance?

During each regularly scheduled quarterly meeting, any called meetings, and any subcommittee hearings, the DADS Commissioner and senior agency staff brief the Aging and Disability Services Council on a variety of subject matters, including the agency's performance, current priorities, and ongoing projects. Agency staff also apprise the Council of changes in federal law that affect service and program delivery at the state level. These briefings occur as part of the items presented for Council action or as items strictly for the purpose of informing the Council.

The Council also reviews and recommends the agency's annual operating budget. Council members receive a monthly newsletter detailing agency activities, and email updates regarding system changes or legislative updates as needed.

I. How does your policymaking body obtain input from the public regarding issues under the jurisdiction of the agency? How is this input incorporated into the operations of your agency?

Negotiated Rulemaking and Stakeholder Groups

All rulemaking initiatives include a comment period wherein the agency receives comments on proposed draft rules or rule revisions. Often, as a part of this process, the agency may initiate a stakeholder working group to solicit feedback before actual draft rules, and the formal public input comment period, begins. Before implementing a major new initiative, staff may conduct stakeholder meetings across the state to gain additional feedback. For example, in June 2013, staff from the Center for Policy and Innovation discussed proposed changes to contracting rules. Also, the agency formally responds to all comments submitted.

Advisory Committees and Task Forces

A large number of advisory committees exist, most statutorily required, to assist in developing policy and rule. A complete listing of all advisory committees appears later in this report.

Open Council Meetings

Seeking public input and stakeholder feedback is a key function for the Aging and Disability Services Council. Ideas presented to the Council better inform members as they make policy recommendations to the DADS Commissioner and Executive Commissioner. The Aging and Disability Services Council's guiding principles include a focus on hearing the concerns and interests of individuals receiving services and constituents.

To ensure stakeholder input is included in all Aging and Disability Services Council functions, open public testimony, including written testimony, is a standing agenda item.

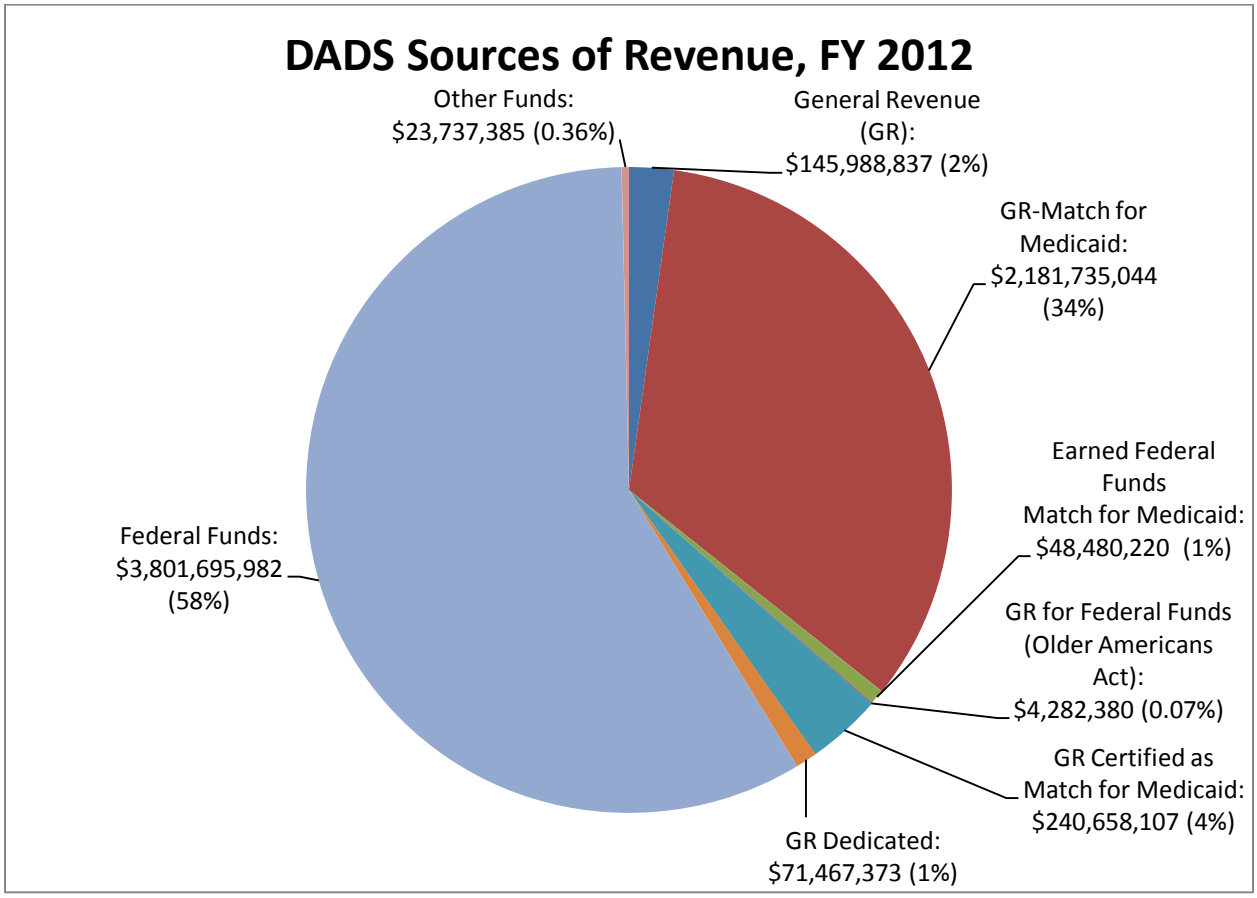
J. If your policymaking body uses subcommittees or advisory committees to carry out its duties, fill in the following chart. See Exhibit 4 Example or click here to link directly to the example.

The Aging and Disability Services Council does not use subcommittees or advisory committees to carry out its duties.

V. FUNDING

A. Provide a brief description of your agency's funding.

DADS is primarily funded with General Revenue (GR), GR-Dedicated, Other Funds, and Federal Funds for its operations. Over half of DADS funding source is federal funds. Within GR, there are several classifications, including GR Match for Medicaid, GR Certified as Match for Medicaid, GR Match for Federal Funds, and regular GR. Regular GR is appropriated to the agency with no regard to matching federal funds, while the other classifications are provided with the intent to draw additional federal funding.



B. List all riders that significantly impact your agency's budget.

For the 2014-2015 biennium, DADS has 40 riders in its bill pattern. Additionally, numerous provisions within other sections and articles of the General Appropriations Act (GAA) impact DADS funding and operations. Riders applicable to DADS are included in the following sections of the GAA for the 2014-2015 biennium:

- Article II: Health and Human Services, Department of Aging and Disability Services;

- Article II: Health and Human Services, Health and Human Services Commission;
- Article II: Special Provisions Related to All Health and Human Services Agencies; and
- Article IX: General Provisions.

Below are the most substantive riders that impact DADS budget along with a high-level description of each. For additional information on all riders that relate to DADS, please see the GAA at: http://www.lbb.state.tx.us/GAA/General_Appropriations_Act.pdf.

Article II Riders: Health and Human Services, Department of Aging and Disability Services

2. Capital Budget. Provides capital budget authority for various infrastructure and information technology (IT) projects at DADS.

8. Pediatric Care in Nursing Facilities. Provides that DADS will consider both expense and the requests of parents in determining the placement for children who currently receive care in nursing facilities concerning either a continued stay in a nursing facility providing skilled pediatric care or an alternate placement.

9. Limitation: Medicaid Transfer Authority. Provides comprehensive transfer provisions for DADS and its budget strategies. There are specific limitations regarding the transfer of funds between strategies and among groups of strategies (e.g., waivers). Language is also provided concerning notification and the process by which the Legislative Budget Board (LBB) and Governor's Office approval may be obtained for transfers not regularly allowed by rider. Requirements for cost pools and cash management are also included.

11. Appropriation Transfer between Fiscal Years. Allows DADS to transfer appropriations for FY 2015 to FY 2014, subject to certain conditions. These conditions include circumstances where costs associated with providing long-term care Medicaid services exceed the funds appropriated for these services for FY 2014, for any other emergency expenditure requirements, or if appropriated receipts from intellectual disability-related programs are less than expected in 2014. These transfers are limited to $50 million in General Revenue and must be approved by the Governor's Office and the LBB.

23. Cost Comparison Report. Requires DADS to develop a report for the Legislature that compares costs for residential and non-residential services in the Home and Community-based Services and Texas Home Living waiver, and the Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID) program. Specific guidance is provided for the contents of the report and how costs should be computed.

26. Limits for Waivers and Other Programs. Requires DADS to limit expenditure amounts for Medicaid waiver and other Non-Medicaid programs to appropriated levels for fiscal year 2014 and 2015. Provisions are provided for requesting an exemption if necessary.

31. Intellectual Disability Community Services: Limitations. Limits transfers from Strategy A.4.2, Intellectual Disability Community Services, without prior written approval from the LBB and Governor's Office and provides provisions for requesting such an exemption.

34. Services under a 1915(c) Waiver. Expresses the intent of the Legislature that DADS provide services under a Medicaid waiver program, other than a nursing facility waiver program, to an individual 21 years and younger leaving a nursing facility if the individual meets the eligibility requirements for that waiver program; and, in order to leave the nursing facility, requires services that are available only under that program.

35. Services under HCS Waiver Program. Expresses the intent of the Legislature that an individual 21 years and younger, seeking to leave an ICF/IID and having been offered services under the Home and Community-based Services waiver, be provided services under another Medicaid waiver program if the individual leaving the facility is determined to be ineligible for the services provided under Home and Community-based Services and meets the eligibility requirements for and needs services provided under another waiver program.

36. State Supported Living Centers Oversight. Requires that DADS provide a specific plan of action to achieve substantial compliance with the Department of Justice Settlement Agreement to the LBB, the Governor's Office and the appropriate standing committees in the Legislature by January 1, 2014. Status reports on achievement of compliance must be submitted by August 31, 2014 and August 31, 2015. The rider also requires monthly and quarterly reports on State Supported Living Center expenditure and census-related cost savings and quarterly staffing reports. DADS must submit a report to the Legislature regarding turnover and the potential for a career ladder at those facilities by August 31, 2014. Expenditures for State Supported Living Centers are limited strictly to appropriations unless approved by the LBB and Governor's Office.

37. Promoting Community Services for Children. Expresses the intent of the Legislature that opportunities be provided for children under the age of 22 who live in community ICFs/IID to transition to living with families. Provisions are provided, upon the request of a parent/guardian, to facilitate the transfer of funding from Strategy A.7.1, ICFs/IID, to other Medicaid strategies that provide appropriate services in community settings.

39. State Supported Living Center (SSLC) Long-term Plan. Requires DADS to develop a 10-year plan for the provision of services to persons residing in SSLCs. This plan must consider SSLC system operational needs, including infrastructure needs of the existing facilities, future infrastructure needs, capacity, and demand needs of the state and associated costs. The plan must consider current SSLC capacity, the requirement to serve individuals in the most integrated setting, preferences of individuals and legally authorized representatives, opportunities for individuals to receive services close to their geographic preference, and efficient use of State resources. The plan must consider monitoring and oversight of the quality of services, effective transition of individuals into community settings, and compliance with state and federal regulations. DADS is required to coordinate with the Department of State Health Services in the development and implementation of the plan in order to ensure

consideration of cross agency issues impacting SSLCs and State Hospitals. Provisions are provided to obtain approval to implement improvements to SSLCs related to the plan.

Article II Riders: Health and Human Services, Health and Human Services Commission

51. Medicaid Funding Reduction and Cost Containment. Requires a reduction in Medicaid expenditures of $400.0 million in GR Funds and $561.6 million in Federal Funds for the 2014–2015 biennium. HHSC is authorized to transfer these reductions between fiscal years and to allocate the reductions among other HHS agencies. Twenty-five specific initiatives are provided for implementation to achieve the required reductions. HHSC is required to develop a plan to allocate the reductions among HHS agencies and submit it in writing before December 1, 2013, to the LBB, the Governor's Office, and the Comptroller of Public Accounts.

67. Information Technology Funding. Provides direction that included in appropriations for HHSC is $3.2 million in GR Funds and $15.2 million in All Funds in FY 2014 and $0.3 million in GR Funds and $2.7 million in All Funds in FY 2015, along with associated FTEs, for the purpose of implementing a variety of IT projects at HHS agencies. Provisions are provided for the transfer of funds and FTEs to other HHS agencies and the types of projects eligible for rider funding. HHSC is allowed to transfer an additional $20 million in GR Medicaid funds to the appropriate agencies upon approval by the LBB and Governor's Office.

Article II: Special Provisions Related to All Health and Human Services Agencies

Sec. 10. Limitations on Transfer Authority. Allows the Executive Commissioner of HHSC to transfer funding, FTEs, and capital budget authority within and between HHS agencies. Transfers that exceed $1.0 million in GR, capital authority in excess of $0.1 million, or FTE adjustments of more than 10 FTEs are subject to the prior written approval of the LBB and the Governor's Office. Transfer notification requirements are also provided. No single transfer may exceed 20 percent of the originating strategy's appropriation for funding or FTEs for the fiscal year.

Sec. 43. Waiver Program Cost Limits. Provides the intent of the Legislature that DADS and HHSC comply with the cost-effectiveness requirements of the Centers for Medicare & Medicaid Services and set individual cost limit for certain waiver programs as a percentage of either the nursing facility or ICF/IID reimbursement rates. GR funds are allowed to solely pay for services if specific conditions, including the health and safety of an individual, are met.

Sec. 45. Money Follows the Person Demonstration. Requires HHSC and DADS to submit to the LBB and Governor's Office the monthly number of individuals enrolled in each long-term care Medicaid waiver or receiving STAR+PLUS Community Based Alternatives services who are eligible for enhanced federal match under the Money Follows the Person demonstration and the monthly expenditures eligible for the enhanced federal match.

Sec. 46. Balancing Incentive Program Reporting. Requires HHSC, DADS, and other appropriate HHS agencies to submit to the LBB and Governor's Office the monthly expenditures eligible for enhanced federal match under the Balancing Incentive Program.

Sec. 48. Program of All-inclusive Care for the Elderly (PACE). Allows DADS to use funds appropriated for the PACE program to add up to three additional PACE sites, each serving up to 150 participants, beginning in 2015. These funds may also be used to expand census at existing PACE sites by up to 96 additional participants. If funding appropriated for PACE at DADS is insufficient for these increases, HHSC is directed to transfer appropriations, up to a limit, to achieve these goals. Provisions are made requiring HHSC to request the transfer of additional Medicaid funds should the additional transferred funds be insufficient.

Sec. 53. Community First Choice Program Reporting. Requires HHSC and DADS to submit to the LBB and Governor's Office the monthly expenditures for attendant care and habilitation services that are eligible for enhanced federal match under the Community First Choice program.

Sec. 54. Transfer Authority Related to STAR+PLUS Managed Care Expansion. Provides authority for the Executive Commissioner of HHSC to transfer staff, GR, and Federal Funds over the biennium in certain strategies within DADS to HHSC as necessary to expand the STAR+PLUS model to all areas of the state.

Sec. 56. Transfer Authority Related to Attendant and Habilitation Services. Provides authority for the Executive Commissioner of HHSC to transfer funds at DADS to HHSC for the purpose of providing personal attendant services, habilitation services, and emergency response services to individuals with IDD in the STAR+PLUS program.

Sec. 59. Contingency for Attendant and Habilitation Services. Provides that within DADS appropriation is $99.9 million in GR Funds and $270.7 million in Federal Funds in FY 2015 for the purpose of providing attendant and habilitation services to individuals with IDD under the Community First Choice program. This rider also assumes a reduction in GR Funds and increase in Federal Funds at HHSC in FY 2015 as a result of the enhanced federal match rate under Community First Choice. This appropriation was contingent on S.B. 7, 83rd Legislature, Regular Session, 2013, which passed and was signed into law.

Sec. 61. Information on Funding Provided for Direct Care Workers and Attendant Wages. Provides further direction to DADS that funding within the agency's bill pattern will provide a 10 percent pay increase for certain direct support professionals at State Supported Living Centers and ensure a base wage of $7.50 per hour in fiscal year 2014 and $7.86 per hour in 2015 for personal attendants. In addition, $20 million is provided for rate enhancement across community-based programs.

Sec. 62. Medicaid Unexpended Balances between Biennia. Affirms that $36.2 million in GR Funds provided to DADS in FY 2012 and FY 2013, as a result of H.B. 10, 83rd Legislature, Regular

Session, 2013, are appropriated in the FY 2014–FY 2015 biennium for the purpose of funding the Medicaid program. Similar unexpended balance authority is provided to HHSC.

Article IX: General Provisions

Sec. 17.11. Certain Targeted Salary Increases. Provides that, from funds appropriated, DADS will use $13.8 million in GR funds and $32.7 million in All Funds during the biennium for a 10 percent pay increase for direct support professionals at State Supported Living Centers. The rider also provides targeted pay increases at various other state agencies.

C. Show your agency's expenditures by strategy.

Department of Aging and Disability Services
Exhibit 5: Expenditures by Strategy — Fiscal Year 2012 (Actual)

Goal/Strategy		Amount Spent	Percent of Total	Contract Expenditures Included
A.1.1	Intake, Access and Eligibility to Services and Supports	$185,871,166	2.9%	
A.1.2	Guardianship	$6,889,913	0.1%	
A.2.1	Primary Home Care	$304,935,235	4.7%	
A.2.2	Community Attendant Services	$487,227,247	7.5%	
A.2.3	Day Activity and Health Services	$63,197,692	1.0%	
A.3.1	Community Based Alternatives	$252,021,928	3.9%	
A.3.2	Home and Community-based Services	$816,945,904	12.5%	
A.3.3	Community Living Assistance and Support Services	$198,853,888	3.1%	
A.3.4	Deaf-Blind with Multiple Disabilities	$7,466,553	0.1%	
A.3.5	Medically Dependent Children Program	$40,978,741	0.6%	
A.3.6	Consolidated Waiver Program*	$997,059	0.0%	
A.3.7	Texas Home Living	$37,806,912	0.6%	

Department of Aging and Disability Services Exhibit 5: Expenditures by Strategy — Fiscal Year 2012 (Actual)				
Goal/Strategy		**Amount Spent**	**Percent of Total**	**Contract Expenditures Included**
A.4.1	Non-Medicaid Services	$152,226,820	2.3%	
A.4.2	Intellectual Disability Community Services	$74,888,295	1.1%	
A.4.3	Promoting Independence Plan	$3,751,970	0.1%	
A.4.4	In-Home and Family Support	$4,989,909	0.1%	
A.5.1	Program of All-inclusive Care for the Elderly	$35,048,500	0.5%	
A.6.1	Nursing Facility Payments	$2,242,835,440	34.4%	
A.6.2	Medicare Skilled Nursing Facility	$151,393,786	2.3%	
A.6.3	Hospice	$231,256,485	3.5%	
A.6.4	Promoting Independence Services	$102,258,948	1.6%	
A.7.1	ICFs/IID	$293,540,845	4.5%	
A.8.1	State Supported Living Centers	$672,360,937	10.3%	
A.9.1	Capital Repairs and Renovations	$352,186	0.0%	
B.1.1	Facility & Community-based Regulation	$69,844,888	1.1%	
B.1.2	Credentialing/Certification	$1,251,144	0.0%	
B.1.3	Quality Outreach	$5,343,885	0.1%	
C.1.1	Central Administration	$31,671,265	0.5%	
C.1.2	IT Program Support	$41,837,785	0.6%	
TOTAL:		**$6,518,045,327**	**100.0%**	

*Program no longer exists and is not included in Section VII.

D. Show your agency's sources of revenue. Include all local, state, and federal appropriations, all professional and operating fees, and all other sources of revenue collected by the agency, including taxes and fines.

Department of Aging and Disability Services Exhibit 6: Sources of Revenue — Fiscal Year 2012 (Actual)	
Source	**Amount**
General Revenue	$2,692,611,960
Federal Funds	$3,801,695,982
Other Funds	$23,737,385
TOTAL	**$6,518,045,327**

E. If you receive funds from multiple federal programs, show the types of federal funding sources.

Department of Aging and Disability Services Exhibit 7: Federal Funds — Fiscal Year 2012 (Actual)				
Type of Fund	**State/ Federal Match Ratio**	**State Share**	**Federal Share**	**Total Funding**
XIXADM 75%	25%/75%	$5,164,358	$15,493,075	$20,657,433
XIXADM 90%	10%/90%	$531,865	$4,786,786	$5,318,651
XIX FMAP	40%/60%	$2,374,283,697	$3,488,612,877	$5,862,896,574
Title XX	100% Federal	-	$88,818,523	$88,818,523
School Breakfast Program	100% Federal	-	$113,575	$113,575
TITLE XVIII	100% Federal	-	$27,774,796	$27,774,796
SUR&C-75%	25%/75%	$6,978,356	$20,935,067	$27,913,423
Foster Grandparent Pgm	100% Federal	-	$2,095,068	$2,095,068

Department of Aging and Disability Services Exhibit 7: Federal Funds — Fiscal Year 2012 (Actual)				
Type of Fund	**State/ Federal Match Ratio**	**State Share**	**Federal Share**	**Total Funding**
CMS Res, Demo, & Eval	100% Federal	-	$21,966,284	$21,966,284
Special Services Aging-VII3	100% Federal	-	$271,424	$271,424
Special Services Aging-VII2	100% Federal	-	$1,022,703	$1,022,703
Special Services Aging-IIID	100% Federal	-	$899,656	$899,656
Special Services Aging-IIIB	5%/95%	$1,275,931	$24,242,685	$25,518,616
Special Services Aging-IIIC	5%/95%	$1,866,315	$35,459,981	$37,326,296
Special Services Aging-Discretionary	100% Federal	-	$508,698	$508,698
National Family Caregiver	5%/95%	$460,393	$8,747,463	$9,207,856
Nutrition Services Incentive	100% Federal	-	$14,014,582	$14,014,582
ARRA AoA Grant to AAA's	100% Federal	-	$411,033	$411,033
MFP Demo	100% Federal	-	$1,480,723	$1,480,723
MIPPA AoA Grants	100% Federal	-	$622,593	$622,593
MIPPA AoA Grants	100% Federal	-	$551,797	$551,797
MIPPA CMS	100% Federal	-	$380,519	$380,519
Respite AoA	100% Federal	-	$72,844	$72,844
TOTAL		**$2,432,974,145**	**$3,801,695,982**	**$6,234,670,127**

F. If applicable, provide detailed information on fees collected by your agency.

Department of Aging and Disability Services Exhibit 8: Fee Revenue - Fiscal Year 2012				
Fee Description/Program/ Statutory Citation	**Current Fee/ Statutory Maximum**	**Number of Persons or Entities Paying Fee**	**Fee Revenue**	**Where Revenue is Deposited (e.g., General Revenue Fund)**
Credentialing–Nursing Home Facility Administrator License Fees - Health Code, Sec. 242.304 & 242.306	$25 - $500	1,167	$0	General Revenue Unappropriated then Comptroller sweeps amounts
Credentialing Licensing Fee - Medication Aides - Health Code, Sec. 242.610 & 242.611	$5 - $25	10,612	$0	Other Funds. Unappropriated then Comptroller sweeps amounts
Survey & Certification Health Registration Fee Plan Review - Sec. 19.219,92.20,90.20,98.22	Varies	102	$202,082	General Revenue Unappropriated then Comptroller sweeps amounts.
Credentialing–Copies DHR Records - Govt. Code, Sec. 552.261-274	NR	423	$0	General Revenue. Appropriated to the Department.
Healthcare Agency License Fee - Parent - Health Code, Sec. 142.010 & 142.0105	Varies	2417	$4,229,750	GR-Dedicated. Part of this amount appropriated to the Department.
Healthcare Agency License Fee - Branch Office - Health Code, Sec. 142.010 & 142.0105	Varies	442	$773,500	GR-Dedicated. Part of this amount appropriated to the Department.
HCSSA License Fee - Alternate Delivery Site - Health Code, Sec. 142.010 & 142.0105	Varies	81	$57,000	GR-Dedicated. Part of this amount appropriated to the Department.

Department of Aging and Disability Services Exhibit 8: Fee Revenue - Fiscal Year 2012				
Fee Description/Program/ Statutory Citation	**Current Fee/ Statutory Maximum**	**Number of Persons or Entities Paying Fee**	**Fee Revenue**	**Where Revenue is Deposited (e.g., General Revenue Fund)**
HCSSA Late Fee - Health Code, Sec. 142.010	Varies	256	$172,750	GR-Dedicated. Unappropriated then Comptroller sweeps amounts.
Nursing Home License Fee - Health Code, Sec. 242.309	Varies	1488	$1,140,240	General Revenue. Unappropriated then Comptroller sweeps amounts.
Adult Daycare License Fee - HR Code, Sec. 103.007	Varies	264	$13,385	GR-Dedicated. Unappropriated then Comptroller sweeps amounts.
Assisted Living Facility License Fee - Health & Safety Code, Sec. 247.024	Varies	1112	$202,082	General Revenue Unappropriated then Comptroller sweeps amounts.
ICF/IID - Licensed - Health Code, Sec. 252.034	Varies	523	$0	General Revenue Unappropriated to DADS.
ICF/IID - Unlicensed - Health Code, Sec. 252.034	Varies	0	$0	General Revenue Unappropriated to DADS.
Conference, Seminars, and Registration Fees - Art IX, Sec. 8.08	$25 - $45	0	$0	General Revenue Unappropriated then Comptroller sweeps amounts.
Returned Check Fee - Health & Safety Code, Sec. 551.004	$45	0	$0	General Revenue Appropriated to DADS.
Credentialing - Nursing Home Administrator-Admin Penalty - Health & Safety Code, Sec. 242.315	Varies	4	$0	General Revenue Unappropriated then Comptroller sweeps amounts.

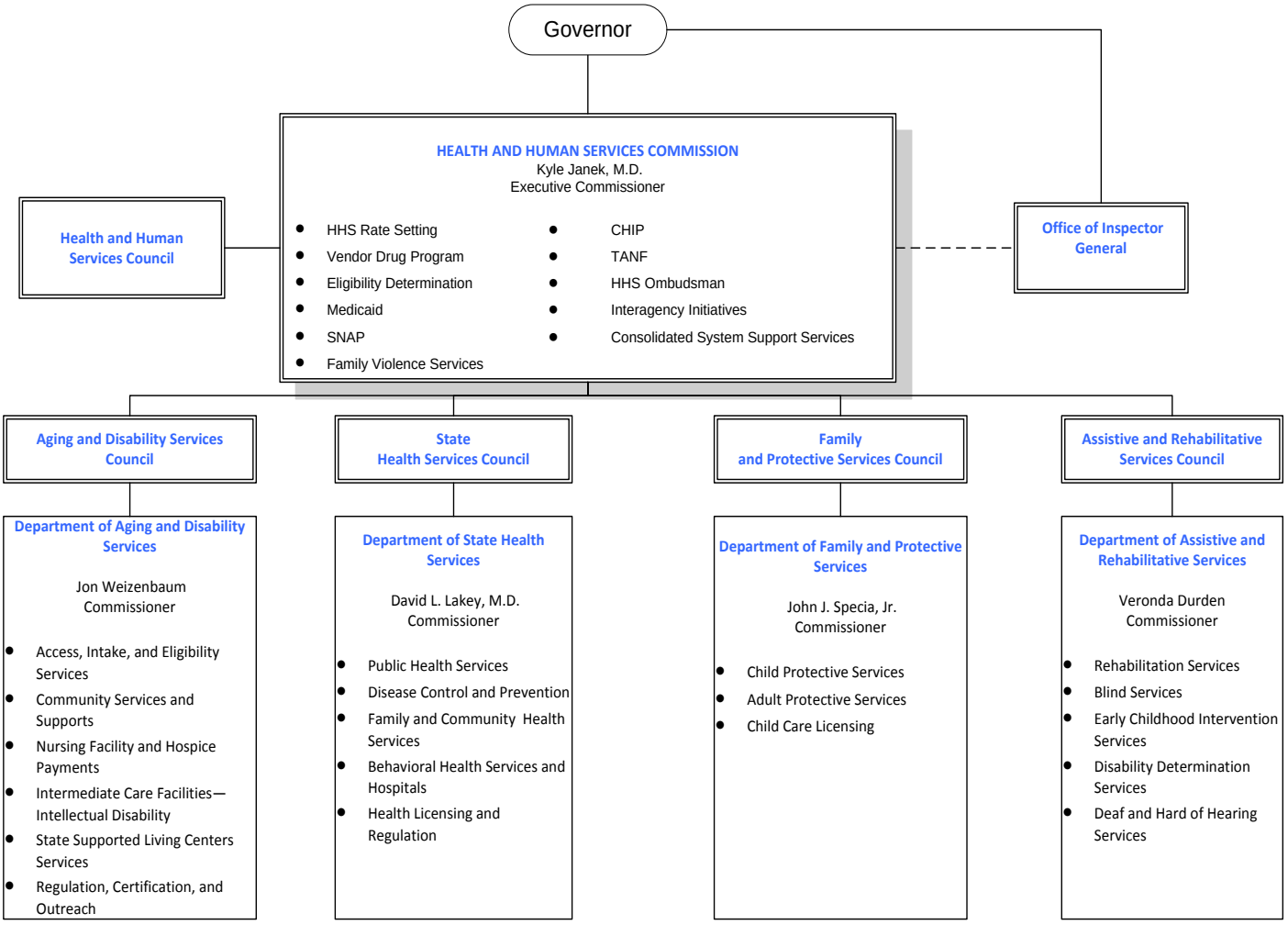
Department of Aging and Disability Services Exhibit 8: Fee Revenue - Fiscal Year 2012				
Fee Description/Program/ Statutory Citation	**Current Fee/ Statutory Maximum**	**Number of Persons or Entities Paying Fee**	**Fee Revenue**	**Where Revenue is Deposited (e.g., General Revenue Fund)**
HCSSA Administrative Penalty - Health Code, Sec. 142.017	Varies	266	$599,450	GR-Dedicated. Unappropriated then Comptroller sweeps amounts.
LTC Assessed Administrative Penalties - HR Code, Sec. 32.021	Varies	76	$0	General Revenue Unappropriated then Comptroller sweeps amounts.
LTC Civil Monetary Penalties - HR Code, Sec. 32.021	Varies	216	$0	General Revenue Appropriated to DADS.
Elderly Housing Set Aside - Local Government Code, Sec. 394.904 and Sec. 101.022 as amended	Varies	0	$17,500	General Revenue Appropriated to DADS.
Earned Federal Funds (Earned Credit) - Govt. Code, Sec. 403.011, 403.012 Agency Enabling Statute	$19,700	UNK	$11,056	General Revenue Unappropriated then Comptroller sweeps amounts.
Quality Assurance Fee - Health & Safety Code, Sec. 252.204	$59,236,366	856	$59,038,521	General Revenue Appropriated to DADS.
Federal Receipts - Indirect Cost Recoveries - TX Gov't Code, Chapters 403.011; 403.012; 2106.006		UNK	$114,510	General Revenue Unappropriated then Comptroller sweeps amounts.
Interest on State Deposits & Treasury Investments, General (Non-Prog) - TX Gov't Code, Ch. 404.071; 404.073		UNK	$32,091	General Revenue Unappropriated then Comptroller sweeps amounts.

Department of Aging and Disability Services Exhibit 8: Fee Revenue - Fiscal Year 2012				
Fee Description/Program/ Statutory Citation	**Current Fee/ Statutory Maximum**	**Number of Persons or Entities Paying Fee**	**Fee Revenue**	**Where Revenue is Deposited (e.g., General Revenue Fund)**
Other Cash Trn Btn Fds/Accts-Medicaid Only - TX Gov't Code, Chapter 403.011		UNK	$6,185,585	General Revenue Unappropriated then Comptroller sweeps amounts.

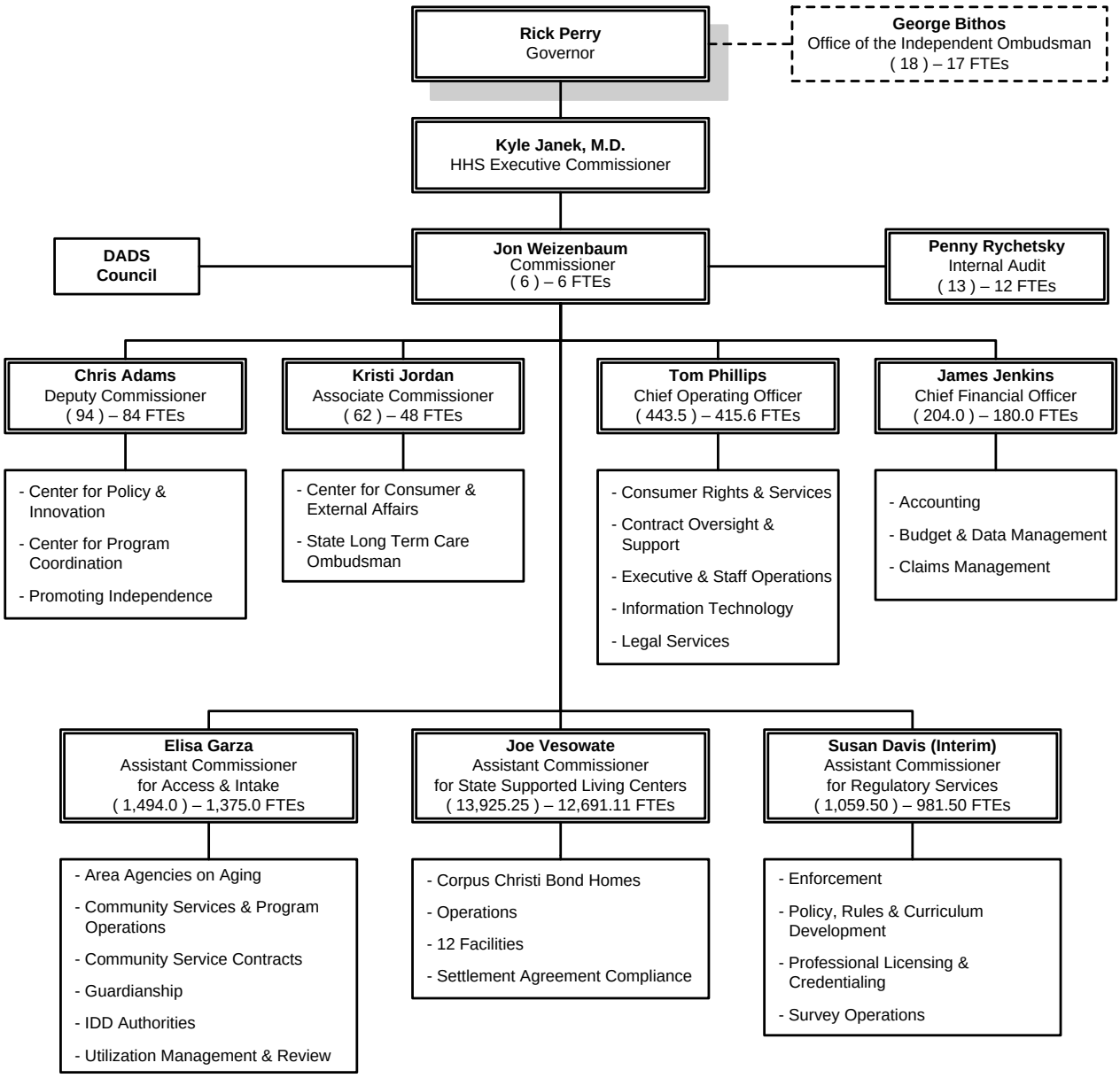
VI. ORGANIZATION

A. Provide an organizational chart that includes major programs and divisions, and shows the number of FTEs in each program or division. Detail should include, if possible, Department Heads with subordinates, and actual FTEs with budgeted FTEs in parenthesis.

The following chart shows the Health and Human Services System organization.



The following chart depicts DADS organizational structure, including the number of full-time equivalent (FTE) positions as of June 1, 2013 and the number of budgeted FTEs in parenthesis. For a detailed organizational chart, please see Attachment 11.



B. If applicable, fill in the chart below listing field or regional offices.

Department of Aging and Disability Sservices Exhibit 9: FTEs by Location — Fiscal Year 2013				
Headquarters, Region or Field Office	**Location**	**Co-Located? Yes/No**	**Number of Budgeted FTEs as of June 1, 2013**	**Number of Actual FTEs as of June 1, 2013**
0	State Office	Mixed	1,689.50	1,528.10
1	Lubbock	Mixed	970.42	880.50
2	Abilene*	Mixed	1,581.02	1,455.50
3	Grand Prairie-Arlington	Mixed	2,096.12	1,913.57
4	Tyler	Mixed	205.00	195.00
5	Beaumont	Mixed	1,274.66	1,192.56
6	Houston	Mixed	1,641.00	1,523.75
7	Austin	Mixed	4,153.91	3,740.38
8	San Antonio	Mixed	1,026.47	949.00
9	Abilene	Mixed	989.55	863.90
10	El Paso	Mixed	497.65	461.15
11	Edinburg-San Benito	Mixed	1,194.45	1,106.80
Total:			**17,319.75**	**15,810.21**

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

Note: Some FTEs in State Office are located in the Regions.

17,319.75 – Budgeted FTEs
15,810.21 – Filled FTEs

C. What are your agency's FTE caps for fiscal years 2012-2015?

The FTE caps for DADS in fiscal years 2012-2015 are as follows.

- Fiscal Year 2012 = 17,664.4
- Fiscal Year 2013 = 17,494.0
- Fiscal Year 2014 = 17,547.6
- Fiscal Year 2015 = 17,558.5

D. How many temporary or contract employees did your agency have as of August 31, 2012?

DADS had 92.55 temporary/contract employees as of August 31, 2012.

E. List each of your agency's key programs or functions, along with expenditures and FTEs by program.

Department of Aging and Disability Services
Exhibit 10: List of Program FTEs and Expenditures - Fiscal Year 2012

Program	FTEs as of August 31, 2012	Actual Expense
A.1.1 Intake, Access and Eligibility to Services and Supports	1,681.3	$185,871,166
A.1.2 Guardianship	108.0	$6,889,913
A.2.1 Primary Home Care	*	$304,935,235
A.2.2 Community Attendant Services	*	$487,227,247
A.2.3 Day Activity and Health Services	*	$63,197,692
A.3.1 Community Based Alternatives	*	$252,021,928
A.3.2 Home and Community-based Services	*	$816,945,904
A.3.3 Community Living Assistance & Support Services	*	$198,853,888
A.3.4 Deaf-Blind Multiple Disabilities	*	$7,466,553
A.3.5 Medically Dependent Children Program	*	$40,978,741
A.3.6 Consolidated Waiver Program**	*	$997,059

Department of Aging and Disability Services Exhibit 10: List of Program FTEs and Expenditures - Fiscal Year 2012		
Program	**FTEs as of August 31, 2012**	**Actual Expense**
A.3.7 Texas Home Living Waiver	*	$37,806,912
A.4.1 Non-Medicaid Services	*	$152,226,820
A.4.2 Intellectual Disability Community Services	*	$74,888,295
A.4.3 Promoting Independence Plan	*	$3,751,970
A.4.4 In-Home and Family Support	*	$4,989,909
A.5.1 Program of All-inclusive Care for the Elderly	*	$35,048,500
A.6.1 Nursing Facility Payments	*	$2,242,835,440
A.6.2 Medicare Skilled Nursing Facility	*	$151,393,786
A.6.3 Hospice	*	$231,256,485
A.6.4 Promoting Independence Services	*	$102,258,948
A.7.1 Intermediate Care Facilities - IID	29.0	$293,540,845
A.8.1 State Supported Living Centers	14,200.4	$672,360,937
A.9.1 Capital Repairs and Renovations		$352,186
B.1.1 Facility and Community-based Regulation	1,081.5	$69,844,888
B.1.2 Credentialing/Certification	27.0	$1,251,144
B.1.3 Quality Outreach	74.0	$5,343,885
C.1.1 Central Administration	370.4	$31,671,265
C.1.2 Information Technology Program Support	97.8	$41,837,785
GRAND TOTAL	**17,669.4**	**$6,518,045,327**

*FTEs are included in A.1.1, Intake, Access and Eligibility to Services and Supports.

**Program no longer exists and is not included in Section VII.

VII. GUIDE TO AGENCY PROGRAMS

Overview

DADS programs and functions may be categorized in one of five general groups.

Access, Intake, and Eligibility
These programs provide access to services for older Texans and those with physical, intellectual, or developmental disabilities.

Quality of Long-term Services and Supports
These programs and initiatives provide processes of monitoring the care provided and function to ensure services across program areas meet quality standards that enhance the quality of life for individuals receiving the services.

Regulatory Services
These functions provide oversight of service providers and certain regulated persons to ensure that the services provided meet state licensure standards and federal participation standards as applicable to ensure the health and safety of individuals receiving services.

State Supported Living Centers
These centers directly provide a broad spectrum of services in a residential setting to individuals with an intellectual or developmental disability.

Operational Support
These functions support agency programs through the provision of quality professional services, such as administration, internal auditing, financial services, legal services, training, information technology services and support, project management, planning, policy and rule development and oversight, contract oversight, and other administrative functions.

This section is organized around these five groups, with descriptions of how the relevant divisions contribute to this work.

Access, Intake, and Eligibility Services

Overview

DADS provides functional and financial eligibility determination, development of service plans based on individual needs and preferences, assistance in obtaining information, and authorization of appropriate services and supports. DADS provides these services through regional staff located in offices around the state and through contracts with local area agencies on aging and local authorities that administer services to people with intellectual disabilities.

Three major initiatives further the efforts of Access, Intake, and Eligibility: the Balancing Incentive Program, Aging and Disability Resource Centers, and the Promoting Independence Initiative.

Balancing Incentive Program (BIP)

The Affordable Care Act established the BIP, which authorizes $3 billion for states through September 30, 2015, to increase access to non-institutionally based long-term services and supports. States that spend less than 50 percent of Medicaid long-term services and supports funding on community-based long-term services and supports are eligible for a 2 percent enhanced Federal Medical Assistance Percentage. Based on Centers for Medicare & Medicaid Services data, Texas spent 46.9 percent on community-based long-term services and supports in federal FY 2009 and is thus eligible to participate in the BIP. Texas' BIP initiative encompasses over 15 separate projects administered by HHSC, DSHS, and DADS. Within each agency, multiple divisions have direct responsibility for their specific program.

By October 1, 2015, Texas must make the following changes:

- attainment of a 50 percent benchmark of Medicaid community-based long-term services and supports expenditures;
- No Wrong Door/Single Entry Point System – statewide coordinated system that provides information on available services and how to apply for services; makes referrals, determines financial and functional eligibility or and provides assistance with assessments for financial and functional eligibility;
- Core Standardized Assessment Instrument(s) – standardized assessment instruments used in a uniform manner throughout the state to determine eligibility, identify service and support needs, and inform care plan development. Assessment instruments must address activities of daily living, instrumental activities of daily living, medical conditions/diagnoses, cognitive functioning/memory, and behavior concerns; and
- Conflict-free Case Management – separation of case management and eligibility determination from service provision (e.g., through administrative separation of services and enhanced state oversight). The goal of this provision is to ensure that individuals who perform assessments or evaluations or develop plans of care for an individual do not have a conflict of interest, such as being the individual's relative or paid caregiver, being financially responsible for the individual or having the authority to make decisions on the individual's behalf.

Texas reported to the Centers for Medicare & Medicaid Services in May 2013 that the state expended 59 percent of all long-term services and supports monies on community-based rather than institutional services, meeting the first requirement of the BIP. BIP funding is bringing an additional $301.5 million to Texas within the next two years. These dollars will allow for many structural changes which include enhancements to the Your Texas Benefits portal, interoperability of the financial and functional eligibility systems, increased allotment of community services, creation of a new Medicaid community attendant program, increase in wages for community-based direct service workers, additional services to existing waiver program, and increased technological supports.

Aging and Disability Resource Centers (ADRCs)

ADRCs play a key role in streamlining access to DADS programs and services by promoting better coordination and integration across aging and disability service systems. ADRCs serve as single points of entry into the long-term services and supports system for older Texans and those with disabilities. Individuals, family members, friends, or professionals can receive information, advice, and assistance to empower them to make informed decisions about long-term services and supports tailored to their needs. Services may be provided at the ADRC itself, over the phone, or in the home, depending on the needs of the individual. ADRC workers receive training to become system navigators help individuals determine their needs. Navigators identify resources to address those needs and to connect individuals to services such as home care, meals, transportation, prescription drug assistance, legal services, attendant services, respite or caregiver support, housing, and more. Additionally, navigators provide information about benefits and funding sources to help pay for services; and follow up to ensure individuals are linked to needed services.

Promoting Independence Initiative and Money Follows the Person Demonstration

The Promoting Independence Initiativereflects the state's effort to ensure the provision of a system of services and supports that fosters independence and productivity while providing opportunities for individuals with disabilities to live in the setting of their choice. Money Follows the Person, a Promoting Independence demonstration project, allows nursing facility residents to move into a community Medicaid waiver program without having to wait on an interest list.

DADS is responsible for:

- preparation of the revised Texas Promoting Independence Plan, submitted to the Governor and Legislature every two years;
- preparation of the annual Stakeholder Report, submitted to the Executive Commissioner of HHSC;
- 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; and

- coordination and oversight.

DADS also provides relocation services to ensure the provision of assessments and case management to assist nursing facility residents who choose to relocate to community-based services and supports provided through contracted relocation specialists. It includes funding for Transition to Living in the Community services to pay the household expenses of eligible individuals related to establishing and moving to a community residence. Transition to Living in the Community is a General Revenue activity and is used only when Medicaid will not pay for certain services. An eligible individual may receive up to a maximum of $2,500 to pay for expenses related to moving and household start-up costs, pending approval by the case manager and DADS. Housing navigators work with all individuals in institutional settings who want to return to the community but have lost their community home. These individuals work with public housing authorities to help in securing affordable, accessible and integrated housing.

Several positive outcomes have resulted from Promoting Independence, Money Follows the Person, and Relocation Services.

- As of August 31, 2012, over 28,800 individuals left nursing facilities and over 7,800 individuals relocated from nine or more bed intermediate care facilities for individuals with an intellectual disability (ICFs/IID) and State Supported Living Centers.
- The number of Section 8 housing vouchers for individuals leaving nursing facilities increased from 35 to 140.
- Eleven ICFs/IID with nine or more beds (890 beds total) have closed and individuals given the choice of moving into the community.
- Individuals with co-occurring behavioral health issues are being provided two simple support services that are helping to keep these individuals in the community without returning to the nursing facility (88 percent retention rate).
- In FY 2011, 1,377 individuals successfully relocated from nursing facilities to community living with the assistance of Relocation Services. In FY 2010, 1,129 individuals used Relocation Services to relocate back into a community setting.

Community-based Services

Overview

DADS provides an array of community-based services made available through Medicaid entitlements, Medicaid waiver services, the Older Americans Act, Social Services Block Grant funds, and state appropriations. DADS staff are responsible for administering community services programs in 11 regions. Staff determine functional and financial eligibility and enroll eligible individuals into the community service programs, determine functional eligibility for Medicaid entitlement programs, and determine the functional capabilities of individuals living in the community who are eligible for Medicaid-funded nursing facility care, but who choose to live in the community. In managed care areas, DADS staff support the State of Texas Access Reform Plus (STAR+PLUS) managed care program by assisting potential members with selection of a managed care organization and authorizing waiver services. DADS staff also provide oversight for the Medicaid Hospice Program and the Program of All-Inclusive Care for the Elderly.

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

Administration of Community Programs

DADS operates these programs and the services are delivered by contracted program providers. Open enrollment is used for all providers.

Administrative oversight of the community programs is a shared function of the DADS Access & Intake Division and the Center for Policy and Innovation. Access & Intake staff are responsible for administering and overseeing the contracts between DADS and service providers, while Center for Policy and Innovation staff are responsible for the administrative oversight of the programs.

Administration of Community Programs in DADS

Access and Intake Functions	Center for Policy and Innovation Functions
• Enrolls/disenrolls provider contracts and individuals • Applies sanctions to providers who do not comply with program expectations • Monitors providers for compliance with program rules and fiscal accountability requirements • Conducts on-site contract monitoring of a sample of individuals' records to determine appropriate billing practices • Conducts utilization reviews of care provided on a statistically valid sample of cases	• Revises the State Plan • Develops administrative rules for the programs • Writes policies, communications, and provider manuals providing guidance on program requirements

Consumer Directed Services

The objective of the Consumer Directed Services (CDS) option is to empower people to make personal decisions related to the delivery of services within their current home and community-based program. CDS provides individuals receiving waiver or state plan personal assistance services a choice in service delivery options between the traditional agency option or the CDS option. The CDS option allows the individual or the individual's legally authorized representative to serve as the employer and assume responsibility for screening, hiring, training, and dismissing direct service providers. Those who use the CDS option are required to select a Financial Management Services Agency to provide financial management services, which includes performing payroll, paying state and federal taxes on behalf of the employer, and providing initial and on-going training to the employer. Support Consultation is an optional support service for those using the CDS option that provides training above and beyond the employer training provided by the Financial Management Services Agency.

Prevalence of Consumer Directed Services (CDS) in DADS Programs

DADS Programs	Number Using CDS Option February 2013	Total in Program February 2013	Percent Utilizing CDS
Community Attendant Services	263	51,066	0.5 %
Community Based Alternatives	194	10,709	1.8 %
Community Living Assistance & Support Services	2,324	4,617	50.3 %
Consumer Managed Personal Attendant Services	60	356	16.9 %
Deaf Blind with Multiple Disabilities	5	153	3.3 %
Family Care	9	5,014	0.2 %
Home & Community Based Services/ Texas Home Living	483	5,366	9.0 %
Medically Dependent Children Program	2,512	5,804	43.3 %
Primary Home Care	77	11,417	0.7 %
Total	6,410	99,868	6.3%

Source: COGNOS/CARE

Notes:

Home and Community-based Services and Texas Home Living program enrollment based on total enrollment in their own homes or in family homes only. CDS enrollment based on the service authorizations on last day of the quarter. Program Enrollment based on enrollment as of the last day of the quarter. Community Based Alternatives enrollment is based on total enrollment excluding assisted living residents.

Medicaid Waiver Programs

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Medicaid Waiver Programs
Location/Division	701 W. 51st Street, Austin, TX 78751/ Access & Intake; Center for Policy and Innovation
Contact Name	Elisa Garza, Assistant Commissioner of Access & Intake Lynn Blackmore, Director of the Center for Policy and Innovation
Actual Expenditures, FY 2012	$1,354,073,926.00
Number of Actual FTEs as of June 1, 2013	FTEs are allocated to Access & Intake and the Center for Policy and Innovation
Statutory Citation for Program	Social Security Act Titles XIX and XX [42 U.S.C. §§1396-1396w-2; §§1397-1397f] Texas Human Resources Code Chapters 32 and 35 and §161.071(1)

B. What is the objective of this program or function? Describe the major activities performed under this program.

Medicaid waiver programs are exceptions to the usual Medicaid requirements, as granted by the Centers for Medicare & Medicaid Services. Waiver programs provide community-based services and supports for people who qualify for admission to a nursing facility or to an ICF/IID, but have made an informed choice to receive waiver services.

While program eligibility criteria for waiver programs are similar to those for institutional programs, the federal government allows states to waive certain requirements (e.g., comparability, eligibility, and statewide availability) and limit the number of individuals served. Medicaid waiver programs are dependent on specific state and federal appropriations. Individuals are placed on a waiver interest list when the demand for services is greater than the number of available program slots.

The DADS Medicaid waiver programs include:

- Community-based Alternatives (CBA), which provides a waiver to nursing facility institutional services;

- Community Living Assistance and Support Services (CLASS), which provides a waiver to ICF/IID institutional services;
- Deaf-Blind with Multiple Disabilities (DBMD), which provides a waiver to ICF/IID institutional services;
- Home and Community-based Services (HCS), which provides a waiver to ICF/IID institutional services;
- Medically Dependent Children Program (MDCP), which provides a waiver to nursing facility institutional services; and
- Texas Home Living program (TxHmL), which provides a waiver to ICF/IID institutional services.

Waiver Comparison Chart

Waivers	CBA	MDCP	CLASS	DBMD	HCS	TxHmL
Target group	21+, NF medical necessity	Under 21, NF medical necessity	All ages; condition related to ID	All ages, deaf-blindness before 22	All ages, diagnosis of ID	All ages, diagnosis of ID
Examples of services unique to waiver	Home-delivered meals; assisted living; adult foster care	Flexible family support	Specialized therapies (e.g., aquatic, music, recreational, and massage therapies)	Intervener services; chore services assisted living	Residential services Supported home living	Community support; professional therapies
Living arrangement options	Own home or family home; adult foster care home, assisted living facility	Family or foster care home	Own home or family home	Own home; family home; group home; or ALF	Own home; family home; 3-4 bed group home or foster/ companion care setting	Own home or family home
Individual annual max. cost	≤200% of nursing facility	≤50% of nursing facility	≤200% of ICF/IID; $114,736	≤200% of ICF/IID; $114,736	≤200% of ICF/IID; $305,877	$17,000
Licensure/ certification	Licensed as HCSSA or assisted living facility	Licensed as HCSSA	Licensed as HCSSA	Licensed as HCSSA or assisted living facility	Certified by Regulatory; no license needed	Certified by Regulatory; no license needed

Waivers	CBA	MDCP	CLASS	DBMD	HCS	TxHmL
People on interest list	19,169	24,111	41,220	478	56,876	N/A (draws from HCS interest list)
Longest time on list	3-4 years	5-6 years	8-9 years	3-4 years	9+ years	N/A
Year initiated	1994	1984	1991	1995	1985	2004
CDS option?	Yes	Yes	Yes	Yes	Yes	Yes

HCSSA = home and community support services agency; ID = intellectual disability; NF = nursing facility

Source: 2013 DADS Reference Guide.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

Trends in the number of individuals receiving services from the Medicaid waiver programs are indicated below. Data reflect service numbers as of August 31 of each fiscal year. FY 2013 data are projections.

	CBA	CLASS	DBMD	MDCP	HCS	TxHmL
FY 2004	27,770	1,811	140	963	8615	537
FY 2005	29,603	1,794	134	1,028	9210	1,507
FY 2006	34,651	2,533	134	1,234	10,807	1,406
FY 2007	28,774	3,577	139	2,432	12,382	1,436
FY 2008	29,293	3,890	154	3,557	14,044	1,169
FY 2009	30,696	4,074	154	4,250	15,535	1,016
FY 2010	29,614	4,397	153	4,771	17,979	871
FY 2011	24,084	4,778	149	5,471	19,760	1,942
FY 2012	11,530	4,771	149	5,589	19,981	4,467
FY 2013	11,468	4,739	153	5,595	20,281	4,862

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

2008 Community Living Assistance and Support Services services are expanded to all counties in Texas. The program changes to an open enrollment process that allows all providers that were capable and willing to enroll as providers.

2009 The minimum age requirement is removed from the eligibility criteria in the Deaf-Blind with Multiple Disabilities program.

2012 Individuals who reside in the El Paso, Hidalgo, or Lubbock service delivery areas and applicable counties are transferred from the Community Based Alternatives waiver into STAR+PLUS on March 1, 2012.

2012 The Centers for Medicare & Medicaid Services (CMS) approves the Texas Home Living waiver renewal effective March 1, 2012. The waiver renewal does not include major changes.

2012 CMS approves the Community Based Alternatives waiver renewal effective September 1, 2012, and eliminates the nursing facility risk criteria from the level of care evaluation.

2012 CMS approves the Medically Dependent Children Program waiver renewal effective September 1, 2012. Upon renewal, the term "adjunct support services" is changed to "flexible family support services;" however, the service definition remains the same.

2013 CMS approves the Deaf Blind with Multiple Disabilities waiver renewal effective March 1, 2013. The waiver renewal includes the addition of the consumer directed services option for supported employment and employment assistance.

2013 CMS approves an amendment to transfer 67 slots for individuals at imminent risk of placement in a nursing facility from Community Based Alternatives STAR+PLUS effective June 13, 2013.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

To be eligible for each of these programs, the individual must be a U.S. citizen or legal permanent resident, be a Texas resident, and be eligible for Medicaid.

Community Based Alternatives (CBA)

To be eligible for this program, the individual must:

- have a monthly income within 300 percent of the monthly income limit for SSI ($2,130/month per individual or $4,260 per couple) and have countable resources of no more than $2,000 per individual or $3,000 per couple;
- be 21 years of age or older;
- not be enrolled in another Medicaid 1915(c) waiver program;
- meet Level of Care criteria for a nursing facility;
- receive services within 30 days after financial eligibility is established;
- live in a non-managed care service area;
- have an Individual Service Plan (ISP) at or below 200 percent of the nursing facility reimbursement rate as of August 31, 2010, that would have been paid for the same person to receive services in a nursing facility;
- choose waiver services instead of nursing facility care based on an informed choice; and
- reside in:
  - the individual's own home or a private residence;
  - a licensed assisted living facility that has a Medicaid provider agreement with HHSC and DADS to provide Community Based Alternatives waiver services; or
  - an adult foster care home with a Medicaid provider agreement with DADS to provide Community Based Alternatives waiver services.

Community Living Assistance and Support Services (CLASS)

To be eligible for this program, the individual must:

- have a monthly income within 300 percent of the monthly income limit for SSI ($2,130/month) and have countable resources of no more than $2,000;
- meet ICF/IID Level of Care Criteria VIII (i.e., diagnosed with a related condition and have an adaptive behavior level of moderate to extreme);
- have an Individual Plan of Care (IPC) that does not exceed 200 percent of the estimated annualized per capita cost of providing services in an ICF/IID, as of Aug. 31, 2010, to an individual who meets the diagnostic eligibility criteria for a Level of Care VIII;
- require Habilitation Services and Case Management Services (as determined by Service Planning team);
- not be enrolled in another Medicaid waiver program §1915(c);
- live in the applicant's or individual's own home or family home; and
- not reside in an institutional setting, including:
  - a hospital,
  - a nursing facility,
  - an ICF/IID,
  - a licensed assisted living facility (ALF), or
  - a facility required to be licensed as an ALF that is not licensed.

Deaf-Blind with Multiple Disabilities (DBMD)

To be eligible for this program, the individual must:

- have a monthly income that is within 300 percent of the monthly income limit for SSI ($2,130/month) and have countable resources of no more than $2,000;
- have deaf blindness or a condition that will result in deaf blindness with one or more other disabilities impairing independent functioning;
- have an IPC with a cost for services at or below $114,736.07;
- not be enrolled in another Medicaid waiver program §1915(c); and
- live in the applicant's or individual's own home or family home, a 1–3 person group home or an assisted living facility.

Home and Community-based Services (HCS)

To be eligible for this program, the individual may be any age, and must:

- have a monthly income within 300 percent of the SSI monthly income limit ($2,130/month);
- meet the ICF/IID Level of Care I criteria (i.e., a full scale IQ of 69 or below or a full scale IQ of 75 or below plus a primary diagnosis by a licensed physician of a related condition; mild to extreme deficits in adaptive behavior);
- have an IPC for which the IPC cost does not exceed 200 percent of the annual ICF/IID reimbursement rate paid to a small ICF/IID for the individual's level of need or 200 percent of the estimated annualized per capita cost for ICF/IID services, whichever is greater;
- not be enrolled in another Medicaid waiver program §1915(c); and
- live in the applicant's or individual's own home or family home, a 3–4 person group home or foster/companion care setting.

Medically Dependent Children Program (MDCP)

To be eligible for this program, the individual must:

- be under 21 years of age;
- meet financial eligibility based on Medicaid eligibility (individuals of SSI or Medical Assistance Only based on the income of the child, or all other mandatory and optional TANF-related groups in the Texas Medicaid State Plan);
- have a monthly income that is within 300 percent of the monthly income limit for SSI ($2,130/month) and have countable resources of no more than $2,000;
- meet the medical necessity requirements for nursing facility care;
- have an IPC not exceeding 50 percent of the reimbursement rate that would have been paid for the same person to receive services in a nursing facility;
- not be enrolled in another Medicaid waiver program §1915(c); and
- live in the applicant's or individual's family home or foster care home.

Texas Home Living (TxHmL)

To be eligible for this program, the individual may be any age, and must:

- meet financial eligibility (SSI, Medical Assistance Only, under 20 and under the financial responsibility of DFPS in foster home or group home with DFPS foster parent, Medicaid for Youth Transitioning Out of Foster Care or member of family receiving Temporary Assistance for Needy Families);
- meet the requirements for ICF/IID Level of Care I (i.e., a full scale IQ of 69 or below or a full scale IQ of 75 or below plus a primary diagnosis by a licensed physician of a related condition and mild to extreme deficits in adaptive behavior);
- have an IPC not exceeding $17,000;
- not be assigned a Pervasive Plus Level of Need 9;
- not be enrolled in another 1915(c) waiver program; and
- live in their own home or their family's home.

Statistical Breakdown of Individuals in Medicaid Waiver Programs as of May 31, 2013

Program	Age			Gender		Ethnicity			
	<18	18-64	65+	Male	Female	Hispanic	African American*	White*	Other**/ Unknown
CLASS	31%	68%	0.5%	60%	40%	22%	7%	42%	29%
DBMD	0%	99%	1%	64%	36%	15%	17%	62%	6%
HCS	4%	92%	4%	59%	41%	26%	20%	49.5%	4%
MDCP	91%	9%	0%	57%	43%	17%	7%	38%	38%
TxHmL	17%	82%	1%	56%	44%	33%	28%	34%	5%
Program	**Age**			**Gender**		**Ethnicity**			
	<21	21-64	65+	Male	Female	Hispanic	African American*	White*	Other**/ Unknown
CBA	0%	41%	59%	31%	69%	12%	23%	58%	0.5%

*Not of Hispanic origin

**Includes persons with American Indian, Asian or Pacific Islander ethnicity

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

In accordance with the Code of Federal Regulation, Chapter 42, HHSC is the single state Medicaid agency and retains full administrative authority over the Medicaid waiver programs. HHSC exercises administrative discretion in the administration and supervision of the program, policies, rules and regulations. HHSC delegates the operating authority for the Medicaid waiver programs to DADS. DADS program staff draft policies, rules, and regulations and coordinates with HHSC for review and approval. HHSC senior policy advisors review and comment on rules, and HHSC facilitates coordination between agencies on policy issues. Rules are adopted by HHSC.

Community Based Alternatives and Medically Dependent Children Programs

To access these services, an individual may apply by contacting the local DADS office and requesting services. The individual or his or her representative will be given information about the various programs available and assisted in determining which programs will best meet the individual's needs, including referrals to non-DADS services, if appropriate.

A DADS case manager gathers basic information for the intake, and the application is assigned. The DADS case manager schedules a face-to-face contact with the applicant to complete an assessment of the applicant's functional abilities, need for assistance, and Medicaid eligibility, and then the case manager determines the services needed.

If the applicant meets all eligibility requirements, the applicant selects a contracted provider for the service and a referral is sent to the provider to develop the ISP and to obtain a Medical Necessity Level of Care.

DADS case managers monitor service delivery and consumer satisfaction with the services at least every six months. The DADS case manager is also responsible for making changes in the individual's services if the individual's needs change. The individual is reassessed for functional eligibility annually and reassessed for financial eligibility every two years.

Community Living Assistance and Support Services, Deaf-Blind with Multiple Disabilities, Home and Community-based Services, and Texas Home Living Programs

Individuals may apply for IDD waivers through a local authority or directly with DADS. At the time an offer of IDD waiver services is made to an individual, the local authority or other contracted provider entities, depending on the waiver, conducts assessment and service planning activities. A service coordinator with the local authority or a private case management entity conducts eligibility and enrollment activities for individuals who receive an offer of services in an IDD waiver.

Local authority service coordinators or contracted case management entities monitor service delivery and consumer satisfaction at least every three months. These entities are also responsible to facilitate the service planning team to coordinate needed changes to an individual's services should his or her needs change. Individuals are re-assessed for functional and financial eligibility at least annually.

Local authorities are discussed in further detail later in this report.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

The funding sources for this program include General Revenue, federal funds, and other State funds.

Funding Sources: Medicaid Waiver Programs

Program	State: General Revenue	Federal	Total
CBA	$122,270,738	$171,790,680	$294,061,418
CLASS	$83,969,715	$117,977,651	$201,947,366
DBMD	$3,133,354	$4,402,370	$7,535,724
HCS	$340,283,425	$478,099,030	$818,382,455
MDCP	$40,941,164	$57,522,434	$98,463,598
TxHmL	$15,684,072	$22,036,160	$37,720,232
Total	$606,282,468	$851,828,325	$1,458,110,793

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

DADS has primary responsibility for delivering long-term services and supports. By placing long-term services and supports responsibilities under one agency, duplication of services from another state agency does not occur.

Nursing Facility Waivers (Community Based Alternatives and Medically Dependent Children Programs)

Texas offers programs, including the nursing facility program and nursing facility waivers (that provide similar services such as personal care, specialized therapies, respite, and nursing services. Most individuals whom DADS serves are only be eligible for a limited number of these programs due to eligibility requirements such as income, diagnosis, age, and functional level. Services to a particular individual are not duplicative, as individuals cannot enroll in more than one institutional or 1915(c) waiver program. Additionally, within the waiver program, individuals must exhaust non-waiver resources first. Therefore, if a service is available through another resource, services must be provided by the non-waiver resource first.

ICF/IID Waivers (Community Living Assistance and Support Services, Deaf-Blind with Multiple Disabilities, Home and Community-based Services, and Texas Home Living Programs)

Texas offers programs for individuals with an intellectual disability or related condition, including the ICF/IID program and ICF/IID waivers. Some individuals are dually diagnosed with an intellectual disability and mental illness. While the individuals served by those programs may have similar needs, the programmatic expertise and services offered by each program are specific to the needs of each population. The service arrays are generally similar. However, the service components may be called by different names, and the cost limits, eligibility, and target populations are different within each program.

Services to a particular individual are not duplicative as individuals cannot enroll in more than one institutional or 1915(c) waiver program. Additionally, within the waiver program, individuals must exhaust non-waiver resources first. Therefore, if a service is available through another resource, services must be provided by the non-waiver resource first.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency's customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

DADS uses the Service Authorization System (SAS) to authorize Community Based Alternatives, Community Living Assistance and Support Services, Deaf-Blind with Multiple Disabilities, and Medically Dependent Children Program waiver services. SAS will not allow the authorization of more than one 1915(c) waiver program for individuals authorized via SAS.

DADS uses the Client Assignment and Registration system (CARE) to authorize Home and Community-based Services and Texas Home Living waiver services. CARE will not allow the authorization of both of these waivers at the same time.

DADS case managers may need to consult with providers of State Plan services and community resources to ensure all needs are being met, there is no duplication of services, and the services are being provided in accordance with the service plan.

J. If the program or function works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.

HHSC and DADS have signed an agreement that delineates the roles and responsibilities of each agency with regard to 1915(c) waivers. The agreement also outlines the state Medicaid agency's monitoring and oversight functions. HHSC's Long-term Services and Supports Policy Unit within HHSC's Medicaid/CHIP division is directly responsible for continuous and on-going monitoring and oversight. HHSC reviews and approves DADS entries on Centers for Medicare & Medicaid Services forms, waiver renewals, evidentiary reports, and waiver amendments prior to submission to the Centers for Medicare & Medicaid Services.

Wherever possible, DADS regional staff coordinate and network with local and regional authorities to promote outreach, referral, and educational activities. Staff also coordinate with other health and human services agencies.

K. If contracted expenditures are made through this program please provide:

- **a short summary of the general purpose of those contracts overall;**
- **the amount of those expenditures in fiscal year 2012;**
- **the number of contracts accounting for those expenditures;**
- **top five contracts by dollar amount, including contractor and purpose;**
- **the methods used to ensure accountability for funding and performance; and**
- **a short description of any current contracting problems.**

Medicaid waiver program services are delivered by program providers that have executed a Medicaid provider agreement with DADS and HHSC. These contracts have terms and conditions, which hold the program providers accountable for their performance.

Contracts awarded under Medicaid waiver programs are listed below. For additional information about DADS contracts, see Attachment 18, Contracted Expenditures.

Medicaid Waiver Program Contracts

Program	Number of FY 2012 Contracts	FY 2012 Expenditures
CBA	369	$267,644,939
CLASS	323	$122,572,960
DBMD	59	$7,164,837
HCS	1,626	$806,432,200

Program	Number of FY 2012 Contracts	FY 2012 Expenditures
MDCP	701	$56,324,824
TxHmL	1,039	$33,673,830

DADS Access & Intake staff monitor Medicaid waiver program providers for compliance with program rules and fiscal accountability requirements. Staff conduct on-site billing and payment reviews of selected individual records to determine appropriate billing practices.

DADS Regulatory Services conducts certification reviews of Home and Community-based Services and Texas Home Living providers. DADS can verify that the quality of services are acceptable, that DADS has been billed appropriately for the services provided, and that service plans have been met.

All program providers are subject to contract actions, as indicated in the following table.

Medicaid Waiver Program Contract Actions

	CBA	CLASS	DBMD	HCS	MDCP	TxHmL
Corrective action plan	✓	✓	✓	✓	✓	✓
Debarment	✓	✓	✓		✓	
Hold on individual referrals	✓	✓	✓		✓	✓
Hold on payments	✓	✓	✓	✓	✓	✓
Involuntary contract termination	✓	✓	✓	✓	✓	✓
Voluntary contract termination				✓		

DADS refers program providers suspected of fraud to the HHSC Office of Inspector General.

L. Provide information on any grants awarded by the program.

N/A

M. What statutory changes could be made to assist this program in performing its functions? Explain.

N/A

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion is sufficient to gain a preliminary understanding of the Medicaid waiver programs.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- **why the regulation is needed;**
- **the scope of, and procedures for, inspections or audits of regulated entities;**
- **follow-up activities conducted when non-compliance is identified;**
- **sanctions available to the agency to ensure compliance; and**
- **procedures for handling consumer/public complaints against regulated entities.**

N/A

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

N/A

State Plan Entitlement Programs

A. Provide the following information at the beginning of each program description.

Name of Program or Function	State Plan Entitlement Programs
Location/Division	701 W. 51st Street, Austin, TX 78751/ Access and Intake; Center for Policy and Innovation
Contact Name	Elisa Garza, Assistant Commissioner of Access & Intake Lynn Blackmore, Director of the Center for Policy and Innovation
Actual Expenditures, FY 2012	$ 1,121,665,159
Number of Actual FTEs as of June 1, 2013	FTEs are allocated to Access & Intake and the Center for Policy and Innovation.
Statutory Citation for Program	CAS: Social Security Act §1929(b) [42 U.S.C. §1396t(b)]; Texas Human Resources Code §§32.061 and 161.071(1) and (3). DAHS: Social Security Act § 1905(a)(13) [42 U.S.C. §1396(d)(13)]; Texas Human Resources Code Chapter 32 and §161.071(1) and (3). PHC: Social Security Act, §1905(a)(23)[42 U.S.C. §1396(d)(23)]; Human Resources Code, Chapters 32 and §161.071(1) and (3).

B. What is the objective of this program or function? Describe the major activities performed under this program.

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

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

Financial eligibility for these programs is determined by HHSC or, if an individual receives

Supplemental Security Income (SSI), through the Social Security Administration. Functional eligibility is determined by DADS.

State Plan Entitlement Program Comparison Chart

Waivers	CAS	Title XIX DAHS	Hospice	PHC
Target group	21+; chronic health problems; need ADL help; income to 3x SSI	18+; functional limitations and need for nursing care or supervision	Any age, less than six months to live	21+; chronic health problems; need ADL help; SSI eligible
Description	A non-technical, non-medical attendant care	Daytime, weekday services at a facility	Palliative, medical, social, and support services	A non-technical, non-medical attendant care
Licensure/ certification requirement	Licensed (HCSSA)	Licensed (Adult Daycare)	Licensed (HCSSA) and certified	Licensed (HCSSA)
Average # served in 2003	34,875	15,969	3,592	51,790
Average # served in 2012	47,037	9,687	6,812	30,245
Cost per person	$875.83	$533.88	$2,787.28	$851,02
CDS option?	Yes	No	No	Yes

HCSSA = home and community support services agency; ADL = activities of daily living; SSI = Supplemental Security Income

Source: 2013 DADS Reference Guide.

The Program of All-Inclusive Care for the Elderly is an optional benefit under the Medicaid State Plan, which is jointly funded, and administered, by the Centers for Medicare & Medicaid Services and the State of Texas. This program, available in limited areas of the state, allows Texas to provide comprehensive community and medical services under a capitated, risk-based system to frail persons age 55 and older as a cost-effective alternative to institutional care.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

Utilization of State Plan Entitlement Programs, FY 2011 and FY 2012

Average Number of Recipients Per Month		
Statewide Programs	**FY2011**	**FY2012**
1: Lubbock	2,458	1,912
2: Abilene	2,928	2,394
3: Grand Prairie	13,726	7,976
4: Tyler	5,288	4,225
5: Beaumont	4,068	2,363
6: Houston	11,228	11,228
7: Austin	5,716	4,926
8: San Antonio	10,420	8,544
9: Midland	2,786	2,137
10: El Paso	7,933	5,810
11: Edinburg	50,574	35,454
Total	117,125	86,969
Program of All-inclusive Care for the Elderly	**FY 2011**	**FY 2012**
El Paso	829	860
Amarillo	139	147
Lubbock	21	29
Total	**989**	**1,036**

Source: DADS Reference Guide 2013

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

The Patient Protection and Affordable Care Act of 2010 requires states to provide concurrent hospice care and treatment services for individuals under 21 years of age who are enrolled in Medicaid or the Children's Health Insurance Program and who elect hospice care. Therefore, effective August 1, 2010, a family electing to receive hospice care for an individual less than 21 years of age is no longer required to waive treatment for the terminal illness.

In May of 2010, a fourth Program of All-inclusive Care for the Elderly site was implemented.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

Community Attendant Services (CAS)

To be eligible for this program, the individual may be any age, and must:

- not be eligible for Medicaid;
- have a monthly income of no more than $2,130/ per individual or $4,260 per couple per month;
- have countable resources of no more than $2,000 per individual or $3,000 per couple;
- have a functional assessment score of 24 or greater;
- have a medical practitioner's statement of medical need;
- have a functional limitation with at least one personal care task based on medical condition; and
- have an unmet need for home management and personal care task(s).

Title XIX Day Activity and Health Services (DAHS)

To be eligible for this program, the individual must be 18 years of age* or older and must:

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

** Individuals under 18 years of age are not ineligible; however, they are not eligible to participate in day activity and health services in a licensed adult daycare facility due to state licensure limitations.*

Hospice
Hospice is for all age groups, including children, during their final stages of life. An individual is eligible for hospice services if he or she is Medicaid eligible, has signed a statement voluntarily electing the Hospice program in lieu of other Medicaid program services, and has a physician's prognosis of six months or less to live if the terminal illness runs its normal course.

Primary Home Care (PHC)
To be eligible for this program, the individual must:

- be at least 21 years of age;
- be a full Medicaid recipient;
- have a functional assessment score of 24 or greater;
- have a functional limitation with at least one personal care task based on medical condition;
- have a medical practitioner's statement of medical need; and
- have an unmet need for home management and personal care task(s).

Program of All-inclusive Care for the Elderly (PACE)
To be eligible for PACE, the individual must:

- be age 55 or older;
- meet the medical necessity for nursing facility admission;
- live within a PACE service area (Amarillo, El Paso, or Lubbock);
- be determined by the PACE interdisciplinary team as able to be safely served in the community; and
- have a monthly income that is within 300 percent of the Supplemental Security Income monthly income limit ($2,130 for an individual or $4,044 for a couple) and have countable resources of no more than $2,000 for an individual or $3,000 for a couple.

Statistical Breakdown of Individuals in State Plan Entitlement Programs as of May 31, 2013

Program	Age			Gender		Ethnicity			
	<18	18-64	65+	Male	Female	Hispanic	African American*	White*	Other**/ Unknown
CAS	0%	33%	67%	34%	66%	40%	31%	27%	3%
DAHS	0%	78%	22%	47%	53%	33%	19%	37%	10%
PHC	0%	51%	48%	27%	73%	25%	25%	34%	16%
Hospice	2%	19%	79%	30%	70%	14%	12%	8%	65%
PACE	0%	91%	9%	32%	68%	67%	3%	24%	6%

*Not of Hispanic origin

**Includes persons with American Indian, Asian or Pacific Islander ethnicity

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

In accordance with the Code of Federal Regulation (CFR), Chapter 42, HHSC is the single state Medicaid agency and retains full administrative authority over the State Plan entitlement programs. HHSC exercises administrative discretion in the administration and supervision of the program, policies, rules, and regulations. HHSC delegates the operating authority for these programs to DADS and maintains an oversight role.

To access these services, individuals may apply by contacting the local DADS office in their city or region and requesting services. The individual or his or her representative will be given information about the various programs available and assisted in determining which programs will best meet the individual's needs, including referrals to non-DADS services, if appropriate. For Title XIX Day Activity and Health Services only, the facility may initiate the referral, obtain the physician's order, and begin services; however, the facility runs the risk of not being reimbursed if the applicant does not meet eligibility requirements.

A DADS case manager gathers basic information for the intake and conducts an assessment of the applicant's functional abilities, need for assistance, and Medicaid eligibility.

If determined eligible, the applicant selects a contracted provider for the service and a referral is sent to the provider to conduct pre-initiation activities. For Community Attendant Services and Primary Home Care, the provider develops a service delivery plan based on the assessment from the DADS case manager and obtains a practitioner's statement verifying the individual has a functional limitation due to a medical diagnosis. For Title XIX Day Activity and Health Services, a referral is sent to the provider to complete a health assessment, obtain physician's orders, and develop the individual service plan.

DADS case managers monitor service delivery and consumer satisfaction at least every six months for Primary Home Care and Title XIX Day Activity and Health Services. For Community Attendant Services, the case manager monitors services delivery and consumer satisfaction every 90 days in accordance with the requirements in the 1929(b) section of the Social Security Act. The DADS case manager is also responsible for making changes in the individual's services if the individual's needs change. The individual is reassessed for functional eligibility annually and reassessed for financial eligibility every two years.

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

A&I maintains contracts with service providers for the PACE program. The PACE organization may use contracted providers for services not directly provided by the PACE organization and must maintain a contract with each outside entity per 42 CFR §460.70.

The PACE organization may contract with service providers, which include:

- home and community support services agencies;
- licensed assisted living facilities;
- certified adult foster care providers;
- licensed emergency response services agencies;
- licensed nursing facilities;
- providers of out-of-home respite services; and
- contracted transition assistance services agencies.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

The funding sources for the State Plan entitlement programs include General Revenue, federal funds, and other funds. The funding sources for the Program of All-inclusive Care for the Elderly include General Revenue and federal funds.

Funding Sources: State Plan Entitlement Programs

Program	State: General Revenue	Federal	Total
Community Attendant Services	$202,241,653	$284,150,008	$486,391,661
Title XIX Day Activity and Health Services	$26,296,985	$36,947,328	$63,244,313
Hospice	$95,174,371	$133,720,219	$228,894,590
Primary Home Care	$126,595,201	$177,866,562	$304,461,763
Program of All-inclusive Care for the Elderly	$14,516,272	$20,395,398	$34,911,670
Total	$464,824,482	$653,079,515	$1,117,903,997

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

Community Attendant Services and Primary Home Care

DADS manages various programs, the 1915(c) waiver programs operated by DADS and the STAR+PLUS waiver operated by HHSC, that provide attendant care services similar to those

available in Community Attendant Services. For example, many 1915(c) waiver programs include personal assistance services or habilitation services, and those services include an attendant care component. In addition, DADS operates the Title XIX and Title XX Day Activty and Health Services program, which includes personal care service components. The Department of State Health Services (DSHS) operates the Personal Care Services program, which provides attendant care services to individuals under the age of 21.

Most individuals served by DADS are only eligible for a limited number of these programs due to eligibility requirements related to income, diagnosis, age, and functioning level. Services provided to a particular individual are not duplicative, as individuals cannot enroll in programs providing personal attendant services while simultaneously enrolled in an institution or in most 1915(c) or 1115 waiver programs. While individuals enrolled in Primary Home Care may also be enrolled in the Title XX Day Activity and Health Services program, those individuals cannot receive personal care services through Primary Home Care while they are at the Day Activity and Health Services facility.

Title XIX Day Activity and Health Services
Title XX and Title XIX Day Activty and Health Services provide exactly the same services, but one program is funded through Title XX Block Grant, and the other is funded through Title XIX Medicaid funds. The applicant's eligibility for Medicaid determines which service is received. The Title XIX service is an entitlement program so individuals on Medicaid can always access the service. Individuals applying for Title XX services may have to be placed on an interest list and wait for services.

Hospice
N/A

Program of All-inclusive Care for the Elderly
DADS is the only entity administering these services, and only one Program of All-inclusive Care for the Elderly provider is available in any service area.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency's customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

Community Attendant Services and Primary Home Care
DADS uses the Service Authorization System (SAS) to authorize these services, 1915(c) waivers, and STAR+PLUS 1115 services into SAS. SAS will not allow the authorization of more than one 1915(c) or 1115 waiver program for individuals authorized via SAS. SAS will not allow authorizations for Primary Home Care if an individual is already enrolled in Community Attendant Services or Family Care (a non-Medicaid program).

HHSC, DADS, and DSHS monitor enrollment and claims data on a monthly basis to check for

possible enrollment duplication between 1915(c) waiver services, DSHS Personal Care Services program, Primary Home Care, and Community Attendant Services. When DADS identifies individuals who are enrolled in services authorized via SAS and CARE, DADS contacts those individuals and assists them in choosing the waiver or state plan program that is most appropriate for their service needs. When DADS and DSHS identify individuals who are enrolled in DSHS Personal Care Services program and Community Attendant Services or DSHS Personal Care Services program and one of the 1915(c) waivers, DADS and DSHS staff contact those individuals and assists them in choosing the state plan or waiver program that is most appropriate for the individual's service needs.

Title XIX Day Activity and Health Services
The DADS case manager ensures individuals receiving Title XX services are not also receiving Title XIX services.

Hospice and Program of All-inclusive Care for the Elderly
N/A

J. If the program or function works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.

Wherever possible, DADS regional staff coordinate and network with local and regional authorities to promote outreach, referral, and educational activities. Staff also coordinate with other health and human services agencies.

K. If contracted expenditures are made through this program please provide:

- **a short summary of the general purpose of those contracts overall;**
- **the amount of those expenditures in fiscal year 2012;**
- **the number of contracts accounting for those expenditures;**
- **top five contracts by dollar amount, including contractor and purpose;**
- **the methods used to ensure accountability for funding and performance; and**
- **a short description of any current contracting problems.**

Community Attendant Services, Title XIX Day Activity and Health Services, Primary Home Care and Hospice
State Plan entitlement program services are delivered by program providers that have executed a Medicaid provider agreement with DADS and HHSC. These contracts have terms and conditions, which hold the program providers accountable for their performance.

Contracts awarded under the State Plan entitlement programs are listed below. For additional information about DADS contracts, see Attachment 18, Contracted Expenditures.

State Plan Entitlement Program Contracts

Subject	Number of FY 2012 Contracts	FY 2012 Expenditures
Day Activity and Health Services*	434	$79,016,147
Hospice	370	$226,260,496
Program of All-inclusive Care for the Elderly	3	$34,848,934
Community Attendant Services/Primary Home Care*	1,263	$826,117,412

*The provider's contract also covers certain services provided under Title XX (Medicare).

Access & Intake staff monitor Medicaid waiver program providers for compliance with program rules and fiscal accountability requirements. Staff conduct on-site billing and payment reviews of selected individual records to determine appropriate billing practices.

All program providers are subject to contract actions, which may include one or more of the following:

- corrective action plan,
- debarment,
- hold on individual referrals or payments, and
- involuntary contract termination.

DADS refers program providers suspected of fraud to the HHSC Office of Inspector General.

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

While this program is administered by DADS, delivered services are provided by a contracted provider agency. DADS ensures the services delivered by these provider agencies meet service quality with contracts. These contracts have terms and conditions, which hold the provider accountable for their performance. Additionally, DADS conducts annual monitoring of these contracts to verify the quality of services is acceptable, billing is appropriate for the services provided, and the outcomes have been met.

There are currently three PACE contracts. The Centers for Medicare & Medicaid Services and DADS Access & Intake staff conduct annual on-site visits to ensure compliance with contracts, rules, policies, and procedures. DADS Regulatory Services staff also conduct surveys on the sites' adult daycare facilities.

L. Provide information on any grants awarded by the program.

N/A

M. What statutory changes could be made to assist this program in performing its functions? Explain.

N/A

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion is sufficient to gain a preliminary understanding of the State Plan entitlement programs.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- **why the regulation is needed;**
- **the scope of, and procedures for, inspections or audits of regulated entities;**
- **follow-up activities conducted when non-compliance is identified;**
- **sanctions available to the agency to ensure compliance; and**
- **procedures for handling consumer/public complaints against regulated entities.**

N/A

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

N/A

Non-Medicaid Programs

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

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Non-Medicaid Programs
Location/Division	701 W. 51st Street, Austin, TX 78751/ Access & Intake; Center for Policy and Innovation
Contact Name	Elisa Garza, Assistant Commissioner of Access & Intake Lynn Blackmore, Director of the Center for Policy and Innovation
Actual Expenditures, FY 2012	$ 157,216,729.00
Number of Actual FTEs as of June 1, 2013	FTEs are allocated to Access & Intake and the Center for Policy and Innovation.
Statutory Citation for Programs	Social Security Act Title XX [42 U.S.C. §§1397-1397f]; Texas Human Resources Code §161.071(1) and (3)

B. What is the objective of this program or function? Describe the major activities performed under this program.

Adult Foster Care

Under Title XX, Social Services Block Grant, the Adult Foster Care program provides a 24-hour living arrangement with supervision and additional services in a DADS community contracted adult foster home for persons, 18 and older, who, because of physical, mental or emotional limitations, are unable to continue independent functioning in their own homes. Providers must live in the household and share a common living area with the individuals. With the exception of a spouse of the foster care provider, no more than three individuals may live in the foster home unless licensed by DADS as an assisted living facility.

Consumer Managed Personal Attendant Services

DADS contracts with licensed agencies to provide personal assistance services to individuals with physical disabilities who are mentally and emotionally competent and able to supervise their attendant or who have someone who can supervise the attendant for them. Individuals

interview, select, train, supervise, and release their personal assistants. Licensed personal assistance services agencies determine eligibility and the amount of care needed, develop a pool of potential personal attendants, and provide emergency back-up attendants.

Title XX Day Activity and Health Services

The Title XX Day Activity and Health Services program provides daytime services Monday through Friday to individuals residing in the community to provide an alternative to placement in nursing facilities and other institutions. Services are designed to address the physical, mental, medical, and social needs of individuals through the provision of rehabilitative/restorative nursing and social services. These services must be provided or supervised by a licensed nurse. Services include nursing and personal care; a noontime meal; snacks; transportation; and social, educational, and recreational activities. By participating in this program, individuals are able to remain in a family environment, thereby providing support to the individual's family during normal weekday business hours.

Emergency Response Services

Emergency Response Services is a 24 hour a day, seven day a week electronic monitoring system used by adults with functional impairment who live alone or who are socially isolated in the community. In an emergency, the individual can press a call button to signal for help. The system helps ensure that the appropriate person or service agency responds to an alarm call from the individual.

Family Care

The Family Care program is a non-technical, non-skilled service that provides in-home attendant services to individuals needing home management tasks, personal care services, and escort. Attendants are trained and supervised by non-medical personnel. The following services are available through this program:

- Escort: Accompanying the individual on trips to obtain medical diagnosis, treatment, or both, or accompanying the individual outside the home to support the individual in living in the community and arranging for transportation. This service does not include direct transportation of the individual by the attendant.
- Home Management: Assistance with housekeeping activities that support the individual's health and safety, including cleaning, laundry, and shopping.
- Personal Care: Assistance with activities related to the care of the individual's physical health, including bathing, dressing, grooming, routine hair/skin care, meal preparation, feeding, exercise (walking only), assistance with self-administered medication, toileting, transferring, and ambulating (moving from place to place).

Home Delivered Meals

The Home Delivered Meals program provides an individual with at least one nutritious meal per day. Typically, a meal is delivered to the individual's home but may be delivered to an alternate location within the program provider's normal service delivery area. For example, if an individual receives dialysis treatment three days a week, the program provider may deliver the meal to the treatment center on those days. The Home Delivered Meals program also provides

monthly nutrition education to the individual and ensures the individual's regional case manager is informed of significant changes in the individual's physical or mental condition or environment.

In-Home and Family Support Program

The In-Home and Family Support Program provides grants up to $1,200 annually directly to eligible individuals for use in purchasing specific allowable items or services that enable the individual to live independently in the community. These allowable items or services include:

- medical, surgical, therapeutic, diagnostic, and other health services related to a person's disability;
- counseling or training programs that help a household to provide proper care for a disabled family member, help a person with a disability in an independent living situation, or provide for the special needs of the family or person with a disability;
- attendant care, home health aide services, homemaker services, and chore services that provide assistance with training, routine body functions, dressing, preparing and consuming food, and ambulating;
- respite assistance for a family;
- transportation services for the individual with a disability;
- transportation, room, and board costs incurred by an individual with a disability or his or her family during medical evaluation or treatment;
- the purchase or lease of special equipment, or architectural modifications of a home, if the equipment or modification is necessary to improve or facilitate the care, treatment, therapy, or general living conditions of an individual with a disability, as it relates to the disability; and
- other services requested by the applicant and prior approved by DADS.

Residential Care

The Residential Care program provides services to eligible adults who require access to care on a 24-hour basis but do not require daily nursing intervention. Services include, but are not limited to: personal care, home management, escort, 24-hour supervision, social and recreational activities, and transportation. Services provided under the Residential Care program are delivered through one of two arrangements.

- Residential Care is a 24-hour living arrangement in which the individual pays room and board and keeps a monthly allowance for personal and medical expenses. The remainder of the individual's income is contributed to the total cost of care. Residential Care is available in the services offered through the Community Based Alternatives 1915(c) Medicaid waiver program.
- Emergency Care is a living arrangement that provides housing to eligible individuals while case managers seek a permanent care arrangement. Emergency care individuals do not contribute toward the cost of their care. Emergency Care is not available in the Community Based Alternatives program.

Special Services to Persons with Disabilities

Special Services to Persons with Disabilities provides services to individuals in a variety of community settings. Services include counseling, personal care, and help with the development of skills needed for independent living in the community. These services are designed to assist individuals in developing the skills needed to remain in the community as independently as possible.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

Performance Statistics for Non-Medicaid Programs, FY 2012

Service	FY2011		FY2012	
	Average Individuals Served Per Month	Average Cost Per Individual Per Month	Average Individuals Served Per Month	Average Cost Per Individual Per Month
Adult Foster Care	49	$521.87	38	$641.16
Consumer Managed Personal Attendant Services	360	$1,356.83	342	$1,359.82
Title XX Day Activity and Health Services	2,265	$606.86	2,121	$617.25
Emergency Response Services	13,809	$27.85	12,385	$29.57
Family Care	5,097	$648.82	4,704	$669.36
Home Delivered Meals	13,706	$120.72	12,922	$121.94
In-Home and Family Support Program	5,701	$75.44	5,999	$69.32
Residential Care	416	$947.24	400	$936.06
Special Services to Persons with Disabilities	76	$1,011.78	73	$1,003.37

Source: 2013 DADS Reference Guide.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

2003 Human Resources Code, Chapter 35, Support Services for Persons with Disabilities, allows DADS to determine an annual limit to be placed on the grant amount, but dictates that this annual limit could not exceed $3,600. Effective September 1, 2003, the annual limit is set at $1,200.

2008 With rapidly rising gasoline prices, Home Delivered Meals program providers lose many of their volunteers who delivered daily meals, and they experience increases in raw food costs. Accordingly, the ability of program providers to deliver meals five days a week is seriously threatened. In response, DADS begins allowing providers to request a waiver of this program requirement for federal fiscal year 2009; the option continues to be available to providers today.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

Adult Foster Care (AFC)

To be eligible for this program, the individual must:

- be 18 years of age or older;
- be categorically financially eligible or have income less than $2,130 per individual ($4,260 per couple) and have monthly resources less than $5,000 per individual ($6,000 per couple);
- score at least 18 on the functional needs assessment;
- be able to pay room and board;
- have the approval of the DADS supervisor and meet the functional need criteria; and
- meet the criteria in the Assessment and Service Plan Approval, which includes health and physical issues, behavioral and mental health issues, and activities of daily living indicating the individual does not need skilled nursing care.

Consumer Managed Personal Attendant Services (CMPAS)

To be eligible for this program, the individual must:

- be 18 years of age or older;
- obtain a practitioner's statement;
- be assessed as needing assistance with at least one personal care task for at least five hours per week;
- be able and willing to self-direct the attendant or designate a relative or friend who is willing and able to direct the attendant without compensation;
- reside in an area in which CMPAS program services are available;
- have a service plan that does not exceed 52 hours per week of CMPAS services;

- choose one of the three service delivery options; and
- not be receiving services in a hospital, a nursing facility, a State Supported Living Center, state mental health facility, or an ICF/IID.

Title XX Day Activity and Health Services (DAHS)

To be eligible for this program, the individual must:

- be age 18 or older;
- be categorically financially eligible or have income less than $2,130 per individual ($4,260 per couple) and have monthly resources less than $5,000 per individual ($6,000 per couple);
- require between one and ten units of service per week (one unit of DAHS service equals at least three but less than six hours);
- have a medical diagnosis, a related functional disability, and physician's orders requiring care, monitoring, or intervention by a licensed vocational nurse or a registered nurse; and
- have one or more personal care or restorative needs that can be stabilized, maintained, or improved by participation in DAHS (e.g., bathing, dressing, grooming, transfer, ambulation, toileting, feeding, fluid intake, nutrition, medication, or physician-ordered treatments).

Emergency Response Services (ERS)

To be eligible for this program, the individual must:

- be age 18 or older;
- be categorically financially eligible or have income less than $2,130 per individual ($4,260 per couple) and have monthly resources less than $5,000 per individual ($6,000 per couple);
- have a minimum functional assessment score of 20;
- have a telephone with a private line, if the system requires a private line to function properly, or have a cell phone;
- routinely be alone for eight or more hours per day;
- have the mental capacity to operate the equipment; and
- sign a release statement that allows the responder to make a forced entry into the home if responding to an activated alarm call when there is no other means of entering the home.

Family Care (FC)

To be eligible for this program, the individual must:

- be 18 years of age or older;
- be categorically financially eligible or have income less than $2,130 per individual ($4,260 per couple) and have resources limited to $5,000 or less for an individual ($6,000 or less for a couple);
- have a minimum functional assessment score of 24; and
- have an unmet need for home management and/or personal care tasks(s).

Home Delivered Meals (HDM)
To be eligible for this program, the individual must:

- be 18 years of age or older;
- be categorically financially eligible or have income less than $2,130 per individual ($4,260 per couple) and have monthly resources less than $5,000 per individual ($6,000 per couple); and
- have a minimum functional assessment score of 20.

In-Home and Family Support (IHFS)
To be eligible for this program, the individual must:

- be 4 years of age or older;
- have a physical disability that results in a substantial functional limitation in one or more major life areas; and
- meet income eligibility criteria based on the state median income.

Co-payments begin when an applicant's income is at or above 105 percent of the state median income. There are no resource eligibility requirements.

Residential Care (RC)
To be eligible for this program, the individual must:

- be age 18 or older;
- be categorically financially eligible or have income less than $2,130 per individual ($4,260 per couple) and have resources of $5,000 or less for an individual ($6,000 or less for a couple);
- have a minimum functional assessment score of 18; and
- have needs that do not exceed the facility's capability under its licensed capacity.

Special Services to Persons with Disabilities (SSPD)
To be eligible for this program, the individual must:

- be 18 years of age or older;
- be categorically financially eligible or have income less than $2,130 per individual ($4,260 per couple) and have resources of $5,000 or less for an individual ($6,000 or less for a couple); and
- have a minimum functional assessment score of nine.

Program services are provided by licensed adult daycare facilities, licensed home and community support services agencies, public agencies, and non-profit organizations. This program is only available in Houston, Texas.

Statistical Breakdown of Individuals in Non-Medicaid Programs as of August 31, 2012

Program	Age			Gender		Ethnicity			
	<18	18-64	65+	Male	Female	Hispanic	African American*	White*	Other**/ Unknown
AFC	0%	62.5%	37.5%	45%	55%	8%	2%	30%	60%
CMPAS	0%	45%	55%	59%	41%	15%	6%	16%	63%
Title XX DAHS	0%	24%	76%	60%	40%	28%	5%	3%	64%
ERS	0%	21%	79%	84%	16%	9%	13%	20%	58%
FC	0%	28%	72%	69%	31%	13%	8%	21%	58%
HDM	0%	39%	61%	67%	33%	11%	13%	18%	59%
RC	0%	79%	21%	38%	62%	4%	10%	29%	57%
SSPD	0%	92%	8%	48%	52%	3%	20%	19%	58%

*Not of Hispanic origin

**Includes persons with American Indian, Asian or Pacific Islander ethnicity

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

General Administrative Processes

To access these services, individuals may apply by contacting the local DADS office in their city or region and requesting services. The individual or his or her representative will be given information about the various programs available and assisted in determining which programs will best meet the individual's needs, including referrals to non-DADS services, if appropriate. Some program services have interest lists, and if the program requested is not available, the individual's name is placed on the interest list.

A DADS case manager gathers basic information for the intake and the application is assigned. DADS conducts an assessment of the applicant's functional abilities, need for assistance, and financial eligibility. DADS develops the service plan.

If determined eligible, the applicant selects a contracted provider for the service and the DADS case manager sends an authorization for services to the provider to begin delivering services.

DADS monitors service delivery of and consumer satisfaction with the services at least every six months. The DADS case manager is also responsible for making changes in the individual's services, if the individual's needs change. The individual is reassessed for functional eligibility annually and reassessed for financial eligibility every two years.

Program-Specific Notes

Adult Foster Care services are delivered by contracted providers who must meet the standards outlined in the Texas Administrative Code Chapter 48, Subchapter K, Minimum Standards for Adult Foster Care. The DADS regional contract managers:

- recruit adult foster homes,
- process applications,
- orient and train the provider,
- conduct fire and health inspections,
- disenroll providers,
- approve private pay consumers,
- conduct administrative reviews,
- reassess the provider and home, and
- process payments.

Only some DADS regions participate in the **Consumer Managed Personal Attendant Services** program, and within those participating regions not all counties are eligible. Title XX funds are allocated to participating regions. DADS contracts with agencies to deliver the services. Agency staff determine eligibility and the amount of care needed, develop a pool of potential personal attendants, and provide substitute attendants.

An **Emergency Response Services** provider must first be licensed by the Department of State Health Services as a personal emergency response system provider or as an alarm services company by the Texas Department of Public Safety. DADS contracts with licensed providers to deliver these services.

The **In-Home and Family Support Program** is operated by DADS regional staff. Each regional office employs case managers who are responsible for initial eligibility determination and ensuring each individual receiving benefits continues to meet all eligibility criteria and that each individual abides by program policy and rules. DADS Accounts Payable Unit administers the grant directly to the individual. The individual spends the grant in accordance with program policy and rule. The individual provides receipts to the DADS case manager, proving funds were spent appropriately. The DADS case manager reviews all submitted receipts and, if funds are reconciled and eligibility criteria continue to be met, recertifies the individual and submits a request to DADS Accounts Payable for a new grant.

The **Residential Care** program contracts with facilities to serve eligible adults who require 24-hour access to services in apartment or non-apartment settings. In this program, the individual contributes to the cost of care, including a room and board payment and a co-payment, if

applicable. A provider must first be licensed by DADS as an assisted living facility. DADS contracts with licensed ALFs to deliver Residential Care services. Access and Intake staff enroll and monitor contracts.

DADS Access & Intake staff negotiate payment rates with **Special Services to Persons with Disabilities** providers, based on regional funding allocations.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

The funding sources for Adult Foster Care, Consumer Managed Personal Attendant Services, Title XX Day Activity and Health Services, Emergency Response Services, Family Care, and Home Delivered Meals include General Revenue, federal funds, and other funds. The funding sources for In-Home and Family Support, Residential Care, and Special Services to Persons with Disabilities include General Revenue and federal funds.

Funding sources: Non-Medicaid Programs

Program	State: General Revenue	Federal	Total
Adult Foster Care	$5,535,773	$32,493,398	$38,029,171
Consumer Managed Personal Attendant Services	$798,402	$4,524,276	$5,322,678
Title XX Day Activity and Health Services	$2,371,347	$13,437,630	$15,808,977
Emergency Response Services	$608,261	$3,446,813	$4,055,074
Family Care	$46,045	$260,920	$306,965
Home Delivered Meals	$2,832,817	$16,052,631	$18,885,448
In-Home and Family Support Program	$4,989,907	$0	$4,989,907
Residential Care	$648,632	$3,675,581	$4,324,213
Special Services to Persons with Disabilities	$133,167	$754,611	$887,778
Total	$17,964,350	$74,645,861	$92,610,211

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

General Notes

DADS has primary responsible for delivering long-term services and supports. By placing most long-term services and supports responsibilities under one agency, duplication of services from another state agency is less likely to occur.

Most individuals DADS serves would only be eligible for a limited number of programs due to eligibility requirements such as income, diagnosis, age, and functioning level. Individuals cannot enroll in more than one institutional or 1915(c) or 1115 waiver program.

Program-Specific Notes

The **Adult Foster Care** and **Residential Care** programs provide similar services; however, Residential Care is provided in a communal living setting and Adult Foster Care is provided in a home setting.

Services provided to a particular individual are not necessarily duplicative as individuals in **Consumer Managed Personal Attendant Services** are typically not eligible to be enrolled in a 1915(c) waiver program. While individuals enrolled in the other programs may also be enrolled in the Title XX Day Activity and Health Services program, those individuals cannot receive personal care services through the other program while they are at the Day Activity and Health Services facility.

Title XX Day Activity and Health Services and Title XIX Day Activity and Health Services provide exactly the same services, but one program is funded through Title XX Block Grant and the other is funded through Title XIX Medicaid funds. The applicant's eligibility for Medicaid determines which service is received. The Title XIX service is an entitlement program so individuals on Medicaid can always access the service. Individuals applying for Title XX services may have to be placed on an interest list and wait for services.

Emergency Response Services are available within the array of services available in all of the 1915(c) waiver programs that DADS operates and the STAR+PLUS waiver operated by HHSC. The public can access these services via the private sector.

DADS provides nutrition services similar to **Home Delivered Meals** through performance contracts with 28 Area Agencies on Aging, which are funded through the Older Americans Act. Older Americans Act services are provided to individuals 60 years of age or older and are targeted to individuals with greatest economic and social need and those at risk for institutional placement, with particular attention to low-income minority older people with limited English proficiency and older individuals residing in rural areas. By contrast, the Title XX Home Delivered Meals waiver program serves an individual who is 18 years of age or older and who has a functional need for a daily nutritious meal but is not necessarily homebound.

The range of benefits available through **In-Home and Family Support Program** results in several similarities between program benefits and the service arrays of other programs. However, individuals are only eligible for this program if no other available services meet their needs.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency's customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

General Notes

DADS uses the Service Authorization System (SAS) to authorize entitlement services, non-Medicaid services, 1915(c) waivers, and the STAR+PLUS 1115 waiver services. SAS will not allow the authorization of more than one applicable program for individuals authorized via SAS.

DADS monitors enrollment and claims data on a quarterly basis to check for possible enrollment duplication between programs. When DADS identifies individuals who are enrolled in multiple programs, DADS contacts those individuals and assists them in choosing the program that is most appropriate for their service needs. If referred to a waiver program, the individual must complete the eligibility determination process and cannot refuse to be assessed for a waiver if it appears the waiver could meet his or her needs.

Program-Specific Notes

Adult Foster Care consumers may attend Day Activity and Health Services if they have a medical need that cannot be met through the Adult Foster Care program. All other programs are mutually exclusive with this program.

An individual may receive certain other community services while receiving **In-Home and Family Support Program** benefits. To ensure there is no duplication of services, the case manager communicates with the Community Services case manager regarding the specific services the consumer is receiving from each program. An individual enrolled in a Medicaid 1915(c) waiver program may not receive In-Home and Family Support Program services, with the exception of the Medically Dependent Children Program.

Depending upon the type of **Special Services to Persons with Disabilities** type program in which an individual is enrolled (e.g., Shared Attendant Care) or setting in which the individual receives those services (e.g., licensed adult daycare), SAS has edits to prevent an individual from being authorized in services that are identified as mutually exclusive.

J. If the program or function works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.

Wherever possible, DADS regional staff coordinate and networks with local and regional authorities to promote outreach, referral, and educational activities. Staff also coordinate with other health and human services agencies.

K. If contracted expenditures are made through this program please provide:

- **a short summary of the general purpose of those contracts overall;**
- **the amount of those expenditures in fiscal year 2012;**
- **the number of contracts accounting for those expenditures;**
- **top five contracts by dollar amount, including contractor and purpose;**
- **the methods used to ensure accountability for funding and performance; and**
- **a short description of any current contracting problems.**

The **In-Home and Family Support Program** has no contracted expenditures. Other Non-Medicaid program services are delivered by program providers that have executed a contract with DADS. These contracts have terms and conditions, which hold the program providers accountable for their performance.

Contracts awarded under the non-Medicaid programs are listed below. For additional information about DADS contracts, see Attachment 18, Contracted Expenditures.

Non-Medicaid Program Contracts

Program	Number of FY 2012 Contracts	FY 2012 Expenditures
Adult Foster Care	141	$1,027,064
Consumer Managed Personal Attendant Services	8	$5,160,791
Day Activity and Health Services*	434	$79,016,147
Emergency Response Services	204	$,5,791,783
Home Delivered Meals	210	$24,454,129
Residential Care	113	$4,329,415
Family Care*	1,263	$826,117,412
Special Services to Persons with Disabilities	7	$882,619

*The provider's contract also covers certain services provided under Title XIX (Medicaid).

DADS Access & Intake staff monitor program providers for compliance with program rules and fiscal accountability requirements. Staff conduct on-site billing and payment reviews of selected individual records to determine appropriate billing practices.

All Consumer Managed Personal Attendant Services, Title XX Day Activity and Health Services, Emergency Response Services, Family Care, Home Delivered Meals, Residential Care, and Special Services to Persons with Disabilities program providers are subject to contract actions, which may include one or more of the following:

- corrective action plan,
- debarment,
- hold on individual referrals or payments, and
- involuntary contract termination.

DADS refers program providers suspected of fraud to HHSC Office of Inspector General.

L. Provide information on any grants awarded by the program.

N/A

M. What statutory changes could be made to assist this program in performing its functions? Explain.

The statutory language for IHFSP excludes individuals with a mental disability and individuals with communicable diseases from IHFSP services. The IHFSP statutory definition of a person with a disability includes an individual with a "mental impairment," which is not defined in statute. It would be helpful to clarify the statutory definition of disability to include only physical impairment and to allow persons with communicable diseases to receive the benefit.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion is sufficient to gain a preliminary understanding of the Non-Medicaid programs.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- **why the regulation is needed;**
- **the scope of, and procedures for, inspections or audits of regulated entities;**
- **follow-up activities conducted when non-compliance is identified;**
- **sanctions available to the agency to ensure compliance; and**
- **procedures for handling consumer/public complaints against regulated entities.**

N/A

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

N/A

Facility-based Services

Overview

DADS oversees facilities that provide long-term services and supports to older Texans and those with disabilities.

Nursing facilities provide services for individuals whose medical conditions require the skills of a licensed nurse on a regular basis. These services meet individuals' medical, nursing, and psychosocial needs and include emergency dental services and specialized services.

Intermediate care facilities for individuals with an intellectual disability (ICFs/IID) provide long-term services and supports for individuals with an intellectual disability or a related condition who require residential, medical, and habilitative services. The ICF/IID program provides ongoing evaluation and individual program planning, in addition to 24-hour supervision, coordination, and integration of health or rehabilitative services to help individuals function to their greatest ability. These residential settings range in size from six beds to several hundred.

Administration of Facility-based Programs

DADS operates these programs and the services are delivered by contracted program providers (except for State Supported Living Centers). Open enrollment is used for all providers.

Administrative oversight of facility-based programs is a shared function of the DADS Access and Intake division, Regulatory Services division, Contract Oversight and Support, and the Center for Policy and Innovation.

Access & Intake staff:

- oversees the responsibilities for initiation of enrollment activities for ICFs/IID by the local authorities, and the required responsibility of local authorities to provide permanency planning and community living options;
- reviews level of care documentation to verify program eligibility;
- conducts utilization review of requests for medical or behavioral increase requests in provider payment; and
- applies sanctions to providers who do not comply with contract expectations.

As will be discussed separately in Section VII, Regulatory Services, Regulatory Services staff:

- license, certify, enroll, contract, and conduct surveys and investigations of nursing facilities and ICFs/IID;
- apply allowed enforcement actions to providers who do not comply with licensure or certification requirements;
- develop administrative rules for licensure of nursing facilities and ICFs/IID; and
- write policies, communications, and handbooks providing guidance on licensing and certification requirements.

Contract Oversight and Support staff:

- monitor providers for compliance with fiscal accountability requirements; and
- conduct on-site contract monitoring of a sample of individuals' records to determine appropriate billing practices.

Center for Policy and Innovation staff:

- revise the State Plan;
- develop administrative rules for the contract programs;
- write policies, communications, and provider manuals providing guidance on contract program requirements; and
- maintain the Quality Reporting System that provides data on provider performance on certain quality indicators to the public via the DADS website (the Quality Reporting System will be discussed in greater detail in Section VII, Quality of Long-term Services and Supports.).

Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID) Program

A. Provide the following information at the beginning of each program description.

Name of Program or Function	ICF/IID Program
Location/Division	701 W. 51st Street, Austin, TX 78751/ Access & Intake; Center for Policy and Innovation; Chief Operating Officer, Contract Oversight and Support; Regulatory Services
Contact Name	Elisa Garza, Assistant Commissioner for Access & Intake Lynn Blackmore, Director of Center for Policy and Innovation Tom Philips, Chief Operating Officer Susan Davis, Acting Assistant Commissioner for Regulatory Services
Actual Expenditures, FY 2012	$293,540,845.00
Number of Actual FTEs as of June 1, 2013	FTEs are allocated among the above divisions.
Statutory Citation for Program	Social Security Act § 1905(d)(15) [42 U.S.C. §§1396d(15)]; Texas Human Resources Code §161.071(2).

B. What is the objective of this program or function? Describe the major activities performed under this program.

DADS provides services and supports for residents of ICFs/IID. The ICF/IID program is an optional state Medicaid benefit created under Section 1905(d) of the Social Security Act to fund residential facilities serving six or more individuals with an intellectual disability or a related condition. Within states that offer ICF/IID, it is considered an entitlement program, which means that the federal government does not, and a state cannot, limit the number of eligible people who can enroll in the program. All persons who meet eligibility requirements must be served, and Medicaid must pay for any service included in the State Medicaid Plan. Medicaid is a jointly funded state-federal program and is administered by HHSC.

Each facility must comply with federal and state standards, applicable laws, and regulations. ICFs/IID may be operated by either private providers or public entities (e.g., community centers and DADS). Provision of active treatment is the core requirement of certification as an ICF/IID.

These facilities provide diagnosis, treatment, rehabilitation, ongoing evaluation, planning, 24-hour supervision, coordination and integration of health or rehabilitative services to help residents function at their greatest ability.

Note that the operation of the State Supported Living Centers, which are state-operated ICFs/IID administered by DADS, is addressed elsewhere in this report. The Local Authorities, which provide access to ICF/IID services, are also addressed elsewhere in this report.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

Trends in the number of individuals receiving services from the ICF/IID program are indicated below. Data reflect service numbers as of August 31 of each fiscal year. FY 2013 data are projections.

	NON-STATE-OPERATED ICF/IID
FY 2004	7,243
FY 2005	6,877
FY 2006	6,773
FY 2007	6,512
FY 2008	6,343
FY 2009	6,249
FY 2010	5,810
FY 2011	5,610
FY 2012	5,625
FY 2013	5,489

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

1974 Brenham State School (now Brenham State Supported Living Center) becomes the first public facility to become certified.

1975 Skyview Living Center in San Antonio, becomes the first private facility to become certified and licensed.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

To be eligible for the ICF/IID program, a person must meet one of three diagnostic criteria and must also meet other requirements.

One of the following diagnostic criteria must be met.

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

OR

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

OR

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

In addition to having a diagnosis that the program intends to address, a person must:

- be in need of and able to benefit from the active treatment provided in the 24-hour supervised residential setting of an ICF/IID; and
- be eligible for Supplemental Security Income or be determined to be financially eligible for Medicaid by HHSC.

Statistical Breakdown of Individuals in Private ICFs/IID as of August 31, 2012

Age			Gender		Ethnicity			
<18	**18-64**	**65+**	**Male**	**Female**	**Hispanic**	**African American***	**White***	**Other**/ Unknown**
1%	92%	7%	56%	44%	15%	15%	68%	3%

*Not of Hispanic origin

**Includes persons with American Indian, Asian or Pacific Islander ethnicity

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

In accordance with the Code of Federal Regulation, Chapter 42, HHSC is the single state Medicaid agency and retains full administrative authority over the State Plan entitlement programs (including the ICF/IID program). HHSC exercises administrative discretion in the administration and supervision of the program, policies, rules, and regulations. HHSC has delegated the operating authority for the State Plan entitlement programs to DADS.

To access these services, individuals may apply by contacting the Local Authority in their city or region and to request services (local authorities are discussed in greater detail in a separate section of this report). The individual or his or her legally authorized representative will be given information about the various programs available and assisted in determining which programs will best meet the individual's needs, including referrals to non-DADS services, if appropriate.

Program enrollment is handled by local authorities, and Access & Intake staff makes level-of-care determinations, conducts utilization review of medical and behavioral increase provider payment requests to ensure that individuals are categorized in the correct level-of-need payment categories.

Facility residents are entitled to have a discussion with facility staff about living options, annually or more often if requested. The discussion must be documented as part of the individual's record. Each local authority is also contracted by DADS to provide information about community living options on an annual basis to each resident of a State Supported Living Center or his or her legally authorized representative to identify living options preferences.

Permanency planning is conducted semi-annually by the local authority for individuals under 22 years of age who reside in community ICFs/IID or State Supported Living Centers and their families. Activities include a review of community living options and identification of supports necessary for the individual to move from the institution to a family-based setting or alternate living arrangement. The preferences of the individual's family for alternate placement are also identified and are included in the annual review of living options by the individual's planning team at the facility.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

The funding sources for this program include General Revenue, federal funds, and other funds.

Funding Sources: ICF/IID Program

Program	State: General Revenue	Federal	Total
ICF/IID	$122,200,041	$171,691,352	$293,891,393

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

No other programs, internal or external to DADS, provide identical or similar services or functions as the ICF/IID program. The State Supported Living Centers are a type of ICF/IID provider, and the local authorities provide intake and eligibility services for persons with an intellectual disability that may result in those persons obtaining ICF/IID services through a public or private provider.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency's customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

N/A

J. If the program or function works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.

Enrollment into the ICF/IID program is handled at the local level by the local authorities as discussed elsewhere in this report. DADS contracts with 39 local authorities.

K. If contracted expenditures are made through this program please provide:

- **a short summary of the general purpose of those contracts overall;**
- **the amount of those expenditures in fiscal year 2012;**
- **the number of contracts accounting for those expenditures;**
- **top five contracts by dollar amount, including contractor and purpose;**
- **the methods used to ensure accountability for funding and performance; and**
- **a short description of any current contracting problems.**

ICF/IID services are delivered by program providers that have executed a Medicaid provider agreement with DADS.

Contracts awarded under the ICF/IID program are listed below. For additional information about DADS contracts, see Attachment 18, Contracted Expenditures.

ICF/IID Program Contracts

Program	Number of FY 2012 Contracts	FY 2012 Expenditures
ICF/IID Non-State	853	$288,145,417

The contract outlines provider responsibilities, performance measures, and payments under the state contract and includes terms and conditions, which hold program providers accountable for their performance.

The Regulatory Services division surveys facilities on the state standards for participation, which are derived from the contract rules. The contract rules also contain requirements related to the individual's trust funds. Contract Oversight and Support staff conduct trust fund monitoring for the ICF/IID program.

DADS refers program providers suspected of fraud to the HHSC Office of Inspector General.

There are no contracting problems noted at this time.

L. Provide information on any grants awarded by the program.

N/A

M. What statutory changes could be made to assist this program in performing its functions? Explain.

N/A

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion is sufficient to gain a preliminary understanding of the ICF/IID program.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- **why the regulation is needed;**
- **the scope of, and procedures for, inspections or audits of regulated entities;**
- **follow-up activities conducted when non-compliance is identified;**
- **sanctions available to the agency to ensure compliance; and**
- **procedures for handling consumer/public complaints against regulated entities.**

N/A

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

N/A

Nursing Facility Program

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Medicaid State Plan Entitlement Program—Nursing Facility Program
Location/Division	701 W. 51st Street, Austin, TX 78751/ Access & Intake Division; Center for Policy and Innovation; Chief Operating Officer; Regulatory Services
Contact Name	Elisa Garza, Assistant Commissioner of Access & Intake Lynn Blackmore, Director of the Center for Policy and Innovation Tom Phillips, Chief Operating Officer Susan Davis, Acting Assistant Commissioner for Regulatory Services
Actual Expenditures, FY 2012	$ 2,394,229,226
Number of Actual FTEs as of June 1, 2013	FTEs are allocated among the above divisions.
Statutory Citation for Program	Social Security Act §1902(a)(10)(E) [42 U.S.C. § 1396a(a)(10)(E)]; §§1905(a)(4)(A) and 1919(a) [42 U.S.C. §§ 1396d(a)(4)(A) and 1396r(a)]; Texas Human Resources Code chapter 32 and § 161.071(2).

B. What is the objective of this program or function? Describe the major activities performed under this program.

The Nursing Facility program provides institutional nursing care for individuals whose medical condition requires the skills of a licensed nurse on a regular basis. Services available through this program include nursing facility care, Medicaid swing beds, and other services.

The nursing facility must provide for the medical, nursing, and psychosocial needs of each person, including room and board, social services, over-the-counter drugs (prescription drugs are covered through the Medicaid Vendor Drug program or Medicare Part D), medical supplies and equipment, personal needs items, and rehabilitative therapies. Daily Medicare skilled nursing facility co-insurance payments are also paid for those who are eligible for both Medicare and Medicaid.

Persons wishing to be admitted to a nursing facility must be screened prior to admission to determine whether a nursing facility is an appropriate placement. This process, called the Pre-Admission Screening and Resident Review, involves a Level I screen to see if the prospective resident has an indication of mental illness, intellectual disability, or related condition. If so, a Level II assessment is done to determine if alternative placement is needed or if specialized services (provided by either the mental health authority or local authority) are required in the nursing facility to meet the resident's needs.

As a function of the Nursing Facility program, the Medicaid Swing Bed program permits participating rural hospitals to use their beds interchangeably to provide acute hospital and long-term nursing facility care for people eligible for Medicaid when Medicaid beds are not available in skilled nursing facilities in the same area.

In addition, other services and supports available through the Nursing Facility program include medically necessary emergency dental services, specialized and rehabilitation services, augmented communication devices, and customized power wheelchairs.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

Trends in the number of individuals receiving services from the nursing facility program are indicated below. Data reflect service numbers as of August 31 of each fiscal year. FY 2013 data are projections.

	NURSING FACILITY	SKILLED NURSING FACILITY
FY 2004	59,904	5,564
FY 2005	59,012	5,549
FY 2006	57,733	6,104
FY 2007	57,016	6,475
FY 2008	55,793	6,415
FY 2009	55,817	6,439
FY 2010	56,392	6,462
FY 2011	56,873	6,266
FY 2012	57,315	6,162
FY 2013	56,210	5,940

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

N/A

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

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

- live in a Medicaid-certified facility for 30 consecutive days;
- be eligible for Supplemental Security Income from the Social Security Administration or be determined by HHSC to be financially eligible for Medicaid; and
- meet medical necessity requirements.

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

Statistical Breakdown of Individuals in Nursing Facilities as of August 31, 2012

Age			Gender		Ethnicity			
<18	18-64	65+	Male	Female	Hispanic	African American*	White*	Other**/ Unknown
<1%	20%	80%	33%	67%	17%	16%	63%	4%

*Not of Hispanic origin

**Includes persons with American Indian, Asian or Pacific Islander ethnicity

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

HHSC is the single state Medicaid agency and retains full administrative authority over the nursing facility program. HHSC sets rates for nursing facility providers based on audited cost

reports. Other operating authority for the Nursing Facility program is delegated to the DADS Center for Policy and Innovation, which is responsible for policy and contracting requirements.

DADS Regulatory Services Division is responsible for licensing nursing facilities and certifying those licensed facilities that wish to participate in the Medicaid or Medicare program. Regulatory Services conducts an annual inspection, investigates complaints and provider-reported incidents, and monitors state and federal regulations.

The contract rules also contain requirements related to the individuals' trust funds. Contract Oversight and Support staff in the Chief Operating Officer division conduct trust fund monitoring for the nursing facility program.

Nursing facility payments for Medicaid residents are the responsibility of DADS Claims Management System through the Texas Medicaid Healthcare Partnership, which is the state Medicaid contractor responsible for receiving and processing nursing facility provider claims.

For nursing facility residents under 22 years of age, Every Child, Inc., conducts a permanency plan which is reviewed every six months. During the process, they review community living options and identification of supports necessary for the individual to move from the institution to a family-based setting or alternate living arrangement. The preferences of the individual's family for alternate placement are also identified and reviewed by the nursing facility's interdisciplinary team.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

The funding sources for this program include General Revenue, federal funds, and other funds.

Program	State: General Revenue	Federal	Total
Nursing Facility	$982,800,315	$1,380,836,806	$2,363,637,121

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

N/A

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency's customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

N/A

J. If the program or function works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.

The Centers for Medicare & Medicaid Services (CMS) oversees the nursing facility program for the federal government. In addition, the mandatory Pre-Admission Screening and Resident Review (PASRR) process includes coordination with the Local Authorities and mental health authorities to complete the assessment and to recommend the appropriate specialized services. CMS sets the federal guidelines for the PASRR program. In coordination with DADS, HHSC worked with CMS to ensure compliance with CMS PASRR requirements.

K. If contracted expenditures are made through this program please provide:

- **a short summary of the general purpose of those contracts overall;**
- **the amount of those expenditures in fiscal year 2012;**
- **the number of contracts accounting for those expenditures;**
- **top five contracts by dollar amount, including contractor and purpose;**
- **the methods used to ensure accountability for funding and performance; and**
- **a short description of any current contracting problems.**

DADS contracts with nursing facilities to provide 24-hour nursing care through Medicaid. Payments cover all essential nursing services, social services, dietary expenses, and activities. The amount paid per resident varies based on an assessment of the level of care needed by the individual.

Contracts awarded under the Nursing Facility program are listed below. For additional information about DADS contracts, see Attachment 18, Contracted Expenditures.

Nursing Facility Program Contracts

Program	Number of FY 2012 Contracts	FY 2012 Expenditures
Nursing Facility	1,186	$2,346,335,052
Medicare Skilled Nursing Facility	44	$1,104,072
Swing Beds	14	$0

DADS reviews these assessments. Claims by the nursing facilities are made through the Texas Medicaid Healthcare Partnership, which reviews the claim for accuracy and makes the payment. DADS Regulatory Services is responsible for assuring the facility meets licensing and certification standards. Payments may be suspended through a vendor hold if corrections are needed.

DADS refers program providers suspected of fraud to the HHSC Office of Inspector General.

There are no contracting problems noted at this time.

L. Provide information on any grants awarded by the program.

N/A

M. What statutory changes could be made to assist this program in performing its functions? Explain.

N/A

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion is sufficient to gain a preliminary understanding of the Nursing Facility program.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- **why the regulation is needed;**
- **the scope of, and procedures for, inspections or audits of regulated entities;**
- **follow-up activities conducted when non-compliance is identified;**
- **sanctions available to the agency to ensure compliance; and**
- **procedures for handling consumer/public complaints against regulated entities.**

N/A

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

N/A

Area Agencies on Aging (AAAs)

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Area Agencies on Aging (AAAs)
Location/Division	701 W. 51st Street, Austin, TX 78751/ Access & Intake Division
Contact Name	Elisa Garza, Assistant Commissioner of Access & Intake
Actual Expenditures, FY 2012	Actual expenditures for AAAs are captured with actual expenditures for Access, Intake and Eligibility Services in Section VII.
Number of Actual FTEs as of June 1, 2013	16
Statutory Citation for Program	Older Americans Act of 1965 [42 U.S.C. chapter 35]; Texas Government Code§531.02481(e); Texas Human Resources Code §§101.022(d), 101.025, 101.030 and 161.071(5)(A).

B. What is the objective of this program or function? Describe the major activities performed under this program.

DADS is designated as the State Unit on Aging and, as such, is the single state agency responsible for administering programs and services under the Older Americans Act administered by the U.S. Administration on Aging. The Access & Intake Division, in collaboration with the 28 Area Agencies on Aging (AAAs) under contract with DADS, supports a comprehensive system of access to information and resources, and assistance in coordinating and arranging for services to individuals 60 years of age and older.

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

Access and assistance services include:

- information, referral, and assistance;
- benefits counseling / legal assistance;
- care coordination;
- caregiver support, education, and information; and
- Long-term Care Ombudsman Program, discussed later in this document, under Quality of Long-term Services and Supports.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

The AAAs regularly survey consumers on five of the services provided by all 28 AAAs, including: benefits counseling/legal assistance, care coordination, caregiver support coordination, congregate meals, and home-delivered meals. A committee, consisting of representatives from the Texas Association of AAAs and DADS, reviews the survey results, determines unmet needs, and makes recommendations for improvement.

According to the 2012 survey, there is a high level of satisfaction among AAA consumers. Percentages of those who were highly satisfied are as follows:

- Care Coordination – 95 percent;
- Caregiver Support Coordination – 94 percent;
- Congregate Meals – 93 percent;
- Home Delivered Meals – 89 percent; and
- Benefits Counseling/Legal Assistance – 87 percent.

The table below shows the services provided by each of the 28 AAAs during FY 2012.

Services Provided by AAAs, FY 2012

Area Agency on Aging	Number of Certified Ombudsman	Persons Receiving Care Coordination	Persons Receiving Legal Assistance
Alamo Area	22	846	530
Ark-Tex	19	165	593
Bexar County	56	1,598	1,770
Brazos Valley	31	144	233

Area Agency on Aging	Number of Certified Ombudsman	Persons Receiving Care Coordination	Persons Receiving Legal Assistance
Capital Area	46	452	1,069
Central Texas	45	142	455
Coastal Bend	37	167	890
Concho Valley	14	333	618
Dallas County	57	1,590	432
Deep East Texas	29	492	595
East Texas	57	393	696
Golden Crescent Region	25	123	357
Harris County	112	2,868	2,112
Heart of Texas	36	904	794
Houston - Galveston	40	846	1,746
Lower Rio Grande Valley	20	1,125	563
Middle Rio Grande	7	160	374
North Central Texas	79	503	1,153
North Texas	36	159	559

Area Agency on Aging	Number of Certified Ombudsman	Persons Receiving Care Coordination	Persons Receiving Legal Assistance
Panhandle	17	409	521
Permian Basin	27	268	554
Rio Grande	11	845	492
Southeast Texas	27	155	974
South Plains	7	289	438
South Texas	10	274	473
Tarrant County	60	1,887	525
Texoma	19	813	756
West Central Texas	50	161	790
Total	996	18,111	21,062

Source: DADS Reference Guide 2013

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

N/A

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

Age is the sole eligibility criterion under the Older Americans Act. The funding supports

services for persons age 60 and older, their family members, and other caregivers. However, the Older Americans Act requires an AAA to target services to older individuals:

- who are at risk of institutional placement;
- who have the greatest economic need, giving particular attention to low-income minority individuals; and
- who have the greatest social need, such as physical and mental disabilities, language barriers, cultural, social, or geographical isolation.

Data indicate that of the older individuals receiving care coordination in FY 2012;

- 49 percent were between the ages of 60–74;
- 32 percent were between the ages of 75–84; and
- 19 percent were 85 years of age or older.

Service participants typically had lower incomes, and greater than half were minorities. Many older individuals had deficiencies in performing activities of daily living or instrumental activities of daily living and had an economic or social need. Approximately 25 percent resided in rural areas.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

The AAA section at DADS is responsible for allocating funds and administering programs and services through performance contracts between DADS and the network of 28 AAAs. Twenty-five regional councils of governments each sponsor an AAA in their local area. The City of Houston, the United Way of Tarrant County, and the Community Council of Greater Dallas sponsor the three large urban AAAs. All 254 counties in Texas are covered. A federally approved intrastate funding formula determines funding allocations to AAAs. Regionally, the 28 contracted AAAs provide direct access and assistance services to eligible individuals including care coordination, caregiver supports, benefits counseling and information, referral, and assistance. They also enter into contracts with a variety of providers for nutrition, transportation, health maintenance purchases, home repairs, and other essential services. The AAAs are responsible for the oversight of provider contracts and the services delivered through those contracts.

At the state level, DADS divides AAA section functions between the Contract Accountability and Oversight Unit and Local Procedure Development and Support Unit.

The Contract Accountability and Oversight Unit is responsible for developing, implementing, and monitoring compliance for programs under the Older Americans Act. Staff evaluate AAA activities through conducting performance measure testing, risk assessments, desk reviews and on-site monitoring, unit rate evaluation, analysis of reasonableness of costs, budget and area plan reviews, and annual closeout reconciliations. The unit also provides ongoing technical

assistance and specialized training, develops written technical assistance memoranda and program instructions, and is responsible for accurate payments to AAAs and submitting federal program and fiscal reporting to the U.S. Administration on Aging.

The Local Procedure Development and Support Unit is responsible for state and regional planning. The unit prepares the *State Unit on Aging—State Plan*, which provides a strategic framework describing how DADS will support the mission of the Older Americans Act. Local AAAs develop regional area plans to direct their local and regional activities in designing and providing services to improve outcomes for consumers. The Local Procedure Development and Support unit reviews and analyzes performance data, develops and implements the performance reporting process, develops rules and policies, issues program instruction and technical assistance memoranda, and administers the intrastate funding formula to allocate funds to the AAAs.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

The funding sources for this program include General Revenue and federal funds.

Funding Sources: Area Agencies on Aging

Program	State: General Revenue	Federal	Total
Area Agencies on Aging	$3,602,693	$83,214,510	$86,817,203

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

The Texas Department of Agriculture operates a home-delivered meal grant program to benefit older individuals and persons with disabilities. However, by Texas Administrative Code rule, the program is only intended to defray costs of home-delivered meals not fully funded by DADS or a AAA. Therefore, no duplication of services exists because the two programs may not cover the same expenses. Texas Department of Agriculture's home-delivered meals may be served to individuals with disabilities without consideration of age. The program does not require the meal provider to offer an opportunity to voluntarily contribute towards the cost of the program.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency's customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

Representatives of the Texas Department of Agriculture and DADS meet annually to share issues and specific data to ensure the grantees are serving a sufficient number of meals and to verify non-duplication of service. Further, the agencies share relevant budget information to avoid duplication. Both agencies also coordinate with the Texas Food Bank Network to ensure nutrition providers can access non-commodity foods donated by the United States Department of Agriculture.

J. If the program or function works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.

AAAs are part of the State Health Insurance Program in Texas, a national program funded by the Centers for Medicare & Medicaid Services. All of the AAAs work with local and state units of government.

K. If contracted expenditures are made through this program please provide:

- **a short summary of the general purpose of those contracts overall;**
- **the amount of those expenditures in fiscal year 2012;**
- **the number of contracts accounting for those expenditures;**
- **top five contracts by dollar amount, including contractor and purpose;**
- **the methods used to ensure accountability for funding and performance; and**
- **a short description of any current contracting problems.**

Because of the funding stream, the 28 AAA contracts are executed on a federal fiscal year basis. Each contractor agrees to provide the services and activities necessary to comply with their approved area plan. The contractor allocates funds to specific service areas identified in the contractor's budget, which is submitted for DADS approval. Contractors request reimbursement for the services provided. In 2012, contract expenditures to the 28 AAAs totaled $91,868,299.

The top five program contracts by dollar amount in 2012 are listed below by name.

- AAA of Houston-Galveston: $6,406,862
- AAA of North Central Texas: $6,078,802
- AAA of Dallas County: $5,912,337
- AAA of the Lower Rio Grande Valley: $5,777,490
- AAA of Tarrant County: $4,986,256

Each AAA contractor must certify compliance with a list of assurances and certifications

including Fiscal Management, Business Management, and Data Management. Any operational deficiencies of the AAA or its subcontractors may result in adverse actions, including sanctions or penalties allowed under 40 Texas Administrative Code §85.504, Compliance with Contractor Responsibilities, Rewards and Sanctions.

Performance Measure Testing is the process used for desk review monitoring. Through a random selection process, DADS reviews services, service providers, and program participant files at four levels: contract, fiscal, performance, and program. On an annual basis a risk assessment is completed for each AAA, as the foundation for identifying areas for evaluation as part of the monitoring process.

The monitoring team conducts on-site fiscal monitoring to determine whether the AAA has the required documentation to support reimbursements. They also conduct program compliance monitoring to determine AAA complyiance with the terms of its contract and program-specific standards.

DADS also contracts with Meals on Wheels Association of America, Corporation for National and Community Service, Texas Legal Services Center, and Texas Department of Insurance.

The AAA Section has not identified any contracting problems in FY 2012.

L. Provide information on any grants awarded by the program.

Dependent upon the availability of funding from either federal grants or state General Revenue, DADS may issue grants in the form of competitive procurements. The competitive procurement process is administered through HHSC, Procurement and Contracting Services in collaboration with the DADS program area and Legal Services.

M. What statutory changes could be made to assist this program in performing its functions? Explain.

N/A

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion is sufficient to gain a preliminary understanding of these programs.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- **why the regulation is needed;**
- **the scope of, and procedures for, inspections or audits of regulated entities;**
- **follow-up activities conducted when non-compliance is identified;**
- **sanctions available to the agency to ensure compliance; and**
- **procedures for handling consumer/public complaints against regulated entities.**

N/A

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

N/A

Local Authorities

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Local Authorities
Location/Division	701 W. 51st Street, Austin, TX 78751/ Access & Intake Division
Contact Name	Elisa J. Garza, Assistant Commissioner for Access & Intake
Actual Expenditures, FY 2012	$74,888,295
Number of Actual FTEs as of June 1, 2013	32
Statutory Citation for Program	Texas Health & Safety Code §§533.035 and 533.0355; Texas Human Resources Code §161.071(1) and (3).

B. What is the objective of this program or function? Describe the major activities performed under this program.

DADS is the state agency responsible for oversight of the publicly funded intellectual and developmental disability (IDD) service delivery system in Texas. Each county in Texas is served by a local authority, which provides General Revenue services directly or through a network of local providers. Local authorities have the primary responsibility for the provision of IDD services to members of the priority population living in their service areas. Local authorities assist consumers in accessing appropriate services and supports. The mix of services delivered at the local level varies, with each local authority identifying service needs and priorities. Services include:

- eligibility determination, which is an assessment to determine if an individual has an intellectual disability or related condition and is a member of the IDD priority population; and
- service coordination, which is assistance in accessing medical, social, educational, and other appropriate services and supports to help individuals maintain or improve their quality of life and to remain within their chosen community.

Local authorities are also responsible for:

- facilitating enrollment of individuals into the ICF/IID program, including State Supported Living Centers and two Medicaid waiver programs: Home and Community-based Services and Texas Home Living;
- conducting permanency planning for children under the age of 22 who live in an ICF/IID

or residential setting of the Home and Community-based Services program; and
- conducting the annual community living options information process for all adults living in State Supported Living Centers.

IDD Community Services include services and supports provided to individuals in the IDD priority population who live in the community. These services do not include services provided through an ICF/IID or Medicaid waiver programs. However, local authorities are responsible for providing service coordination, which is an IDD community service, to individuals enrolled in the Home and Community-based Services and Texas Home Living Medicaid waiver programs. These services and supports allow individuals to live in their own or family home. Services and supports are also provided at times of emergency or crisis. These services are often referred to as safety net services.

There are 38 community centers and one Council of Governments designated as local authorities. The local authority serves as the point of entry for publicly funded IDD programs whether publicly or privately operated. In addition, local authorities provide or contract to provide an array of services for persons in the IDD priority population with General Revenue funds. These services and supports can include service coordination, respite, specialized therapies, and vocational services.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

The table below shows the monthly average number of people receiving non-Medicaid IDD community services during FY 2012.

Community IDD Services Provided by Local Authorities, FY 2012

Local Authority	Monthly Average Number of People Receiving Non-Medicaid IDD Community Services
ACCESS	61
Alamo Local Authority	267
Andrews Center	52
Austin-Travis County Integral Care	234
Behavioral Health Center of Nueces County	77
Betty Hardwick Center	103

Local Authority	Monthly Average Number of People Receiving Non-Medicaid IDD Community Services
Bluebonnet Trails Community Services	165
Border Region Behavioral Health Center	56
Burke Center	19
Camino Real Community Services	71
Center for Life Resources	40
Central Counties Services	77
Central Plains Center	38
Coastal Plains Community Center	32
Community Healthcore	71
Denton County MHMR Center	142
Emergence Health Network	61
Gulf Bend Center	14
Gulf Coast Center	84
Heart of Texas Region MHMR Center	96
Helen Farabee Centers	63
Hill Country MHDD Centers	71
Lakes Regional MHMR Center	130
LifePath Systems	104
MetroCare Services	694
MHMR Authority of Brazos Valley	44
MHMR Authority of Harris County	353
MHMR of Tarrant County	406

Local Authority	Monthly Average Number of People Receiving Non-Medicaid IDD Community Services
MHMR Services for the Concho Valley	42
Pecan Valley Centers for Behavioral and Developmental HealthCare	24
Permian Basin Community Centers	28
Spindletop Center	38
StarCare Specialty Health System	63
Texana Center	95
Texas Panhandle Centers	218
Texoma Community Center	143
Tri-County Services	51
Tropical Texas Behavioral Health	122
West Texas Centers	32
State Total	4,481

Source: DADS Reference Guide 2013

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

N/A

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

The local authorities serve individuals who meet one or more of the following criteria:

- having an intellectual disability as defined by Health and Safety Code, §591.003;
- having a pervasive developmental disorder, including autism, as defined in the Diagnostic and Statistical Manual;

- having a related condition who are enrolling in the ICF/IID program or the Home and Community-based Services or Texas Home Living waiver programs;
- living in a nursing facility and being eligible for specialized IDD services pursuant to Section 1919(e)(7) of the Social Security Act; or
- being a child who is eligible for Early Childhood Intervention services through the Texas Department of Assistive and Rehabilitative Services.

As of August 31, 2012, of the total unduplicated number of individuals served, 30 percent were age 17 or younger, 14 percent were ages 18–21, and 56 percent were age 22 or older.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

DADS provides IDD community services through contacts with 39 local authorities. Thirty-six of these entities are also mental health authorities.

DADS allocates General Revenue funds to the local authority. Additionally, Medicaid reimburses local authorities for service coordination and Preadmission Screening and Resident Review evaluations. A local authority's role is to serve as the single point of access to publicly funded services and supports for persons with intellectual disabilities residing within the local authority's service area. A local authority's responsibilities include:

- providing information about services and supports to individuals, legally authorized representatives, and families;
- performing safety net functions to ensure an individual's access into services and supports by conducting intake, enrollment, and admission activities;
- ensuring the provision and oversight of General Revenue-funded services by developing and managing a provider network and establishing processes to monitor provider performance;
- conducting service coordination for individuals receiving General Revenue-funded IDD community services and for individuals enrolled in the Home and Community-based Services and Texas Home Living Medicaid waiver programs;
- directing utilization management for General Revenue-funded services;
- conducting planning for the service area, including ensuring involvement by a local advisory committee and other stakeholders;
- completing permanency planning for certain individuals younger than age 22;
- conducting Preadmission Screening and Resident Review evaluations to individuals who may have IDD and who have been referred for admission to a nursing facility; and
- protecting the rights of individuals receiving services.

The Local Procedures Development and Support Unit is responsible for several activities.

- managing the development of policy, rules, handbooks, service definitions, guidance, and technical assistance;

- implementing strategies and efforts to facilitate individuals' access to publicly funded IDD services and supports;
- managing the Home and Community-based Services Interest List and authorizing local authorities to offer Home and Community-based Services and Texas Home Living waiver services to individuals;
- monitoring individuals' program enrollments to ensure compliance with the performance measures specified in the contract;
- monitoring the local authorities' permanency planning activities for individuals younger than age 22 to ensure compliance with the performance measures specified in the contract; and
- authorizing the refinance of General Revenue-funded services to waiver-funded programs.

The Performance Contracts Unit develops, revises, and improves the performance contracts with the local authorities, provides contract management and oversight of contract requirement, maintains ongoing communications with local authorities, and provides technical assistance and information regarding processes required by the contract. The unit processes contract amendments and conducts financial monitoring of local authorities.

The Contract Accountability and Oversight unit assures accountability of the local authorities through established law, rules, and their Performance Contracts with DADS. This unit:

- conducts on-site monitoring of authority functions (i.e., planning, policy development, coordination with other agencies, resource development, resource allocation, and oversight of General Revenue-funded IDD services);
- completes on-site reviews of enrollment and service coordination activities for the Home and Community-based Services and Texas Home Living programs;
- reviews and approves corrective action plans needed as a result of monitoring; and
- conducts follow-up on-site reviews to ensure resolution of outstanding issues.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

The funding sources for this program include General Revenue, local funds, and federal funds.

Funding Sources: Local Authorities

Program	State: General Revenue	Federal	Total
Local Authorities	$100,503,846	$32,566,517	$133,070,363

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

There is no other agency responsible for delivering services for individuals with IDD. DADS has primary responsibility for delivering long-term services and supports. By placing long-term services and supports responsibilities under one agency, duplication of services from another state agency does not occur. Other DADS programs may have procedures for assessing an individual's need and eligibility for their services, but only local authorities provide services to individuals with IDD using General Revenue funding.

Other programs and agencies provide some specific service components, such as case management, but the client populations differ in regards to need, disability, and/or diagnosis. Rules are in place to prevent an individual from receiving these services from more than one entity at a time.

Services funded through General Revenue and provided via the performance contract are very similar to services provided by the Home and Community-based Services and Texas Home Living programs, except that the quantity of services provided by either waiver is more than the quantity of services provided by General Revenue funding.

DADS licenses, regulates, and oversees numerous programs, which include the nursing facility, ICF/IID, and 1915(c) waiver programs, that provide similar services, such as personal care, specialized therapies, and nursing services. Most individuals whom DADS serves would be eligible for only a limited number of these programs due to eligibility requirements such as income, diagnosis, age, and functioning level.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency's customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

A person cannot receive General Revenue-funded services while enrolled in either the Home and Community-based Services and Texas Home Living Medicaid waiver programs. Nor can a person enroll in more than one institutional or 1915(c) waiver program at a time. A person may be enrolled in another waiver program and receive General Revenue-funded services if the service is not one provided by the waiver. Thus, services are not duplicated.

J. If the program or function works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.

DADS contracts with 39 local authorities, all of which are governmental entities: 38 community centers and one council of governments. All are governed by local boards of trustees who are appointed by local sponsoring taxing authorities such as cities, counties, independent school

districts, hospital districts, and any combination of these authorities as determined by the local communities.

K. If contracted expenditures are made through this program please provide:

- **a short summary of the general purpose of those contracts overall;**
- **the amount of those expenditures in fiscal year 2012;**
- **the number of contracts accounting for those expenditures;**
- **top five contracts by dollar amount, including contractor and purpose;**
- **the methods used to ensure accountability for funding and performance; and**
- **a short description of any current contracting problems.**

DADS maintains a performance contract with each of the 39 local authorities, as described above. Contracts awarded to local authorities are listed below.

Local Authorities Contracts

Program	Number of FY 2012 Contracts	FY 2012 Expenditures
Performance Contracts	39	$77,245,318
Service Coordination	39	$55,894,370

Local authorities are assigned performance targets based on their funding allocation. To ensure contract performance, DADS performs onsite and desk reviews to:

- monitor local authorities target achievement each fiscal quarter; and
- verify performance data reported by local authorities several times each year.

For additional information about DADS contracts, see Attachment 18, Contracted Expenditures.

L. Provide information on any grants awarded by the program.

N/A

M. What statutory changes could be made to assist this program in performing its functions? Explain.

N/A

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion is sufficient to gain a preliminary understanding of the local authorities.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- **why the regulation is needed;**
- **the scope of, and procedures for, inspections or audits of regulated entities;**
- **follow-up activities conducted when non-compliance is identified;**
- **sanctions available to the agency to ensure compliance; and**
- **procedures for handling consumer/public complaints against regulated entities.**

N/A

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

N/A

Medicaid Estate Recovery Program

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Medicaid Estate Recovery Program
Location/Division	701 W. 51st Street, Austin, TX 78751/ Access & Intake Division
Contact Name	Elisa J. Garza, Assistant Commissioner for Access & Intake
Actual Expenditures, FY 2012	Actual expenditures are captured with actual expenditures for Access, Intake and Eligibility Services in Section VII.
Number of Actual FTEs as of June 1, 2013	FTEs are allocated to Access & Intake.
Statutory Citation for Program	Social Security Act § 1917(b)(1) [42 U.S.C. §1396p(b)(1)]; Texas Government Code § 531.077.

B. What is the objective of this program or function? Describe the major activities performed under this program.

In 1993, the federal government enacted legislation that required each state to develop a Medicaid Estate Recovery Program. The federal law requires state Medicaid programs to recover a portion of the money spent on services provided to long-term Medicaid recipients. Under this program, the state may file a claim against the estate of a deceased Medicaid recipient, age 55 and older, who applied for certain long-term care services on or after March 1, 2005. HHSC delegates responsibility for implementing this law to DADS. Through a competitive bidding process, DADS contracted with a private entity to administer the claims filing process. DADS retains responsibility for contract oversight, determinations on program policy issues, and public educational efforts.

Claims include the cost of services, hospital care, and prescription drugs supported by Medicaid under the following programs:

- Nursing Facility;
- ICF/IID (includes State Supported Living Centers);
- Community Attendant Services;
- Deaf-Blind with Multiple Disabilities;
- Community Living Assistance and Support Services;
- Home and Community-based Services;
- Texas Home Living Program;

- Community Based Alternative;
- Community Attendant Services; and
- STAR+PLUS.

For more detailed information, the public can visit the DADS internet website at: www.dads.state.tx.us/services/estate_recovery/index.html.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

During FY 2012, the Medicaid Estate Recovery Program contractor created, researched, and processed approximately 17,833 estate cases. During this same period, the contractor sent 32,741 introductory letters to identified estates and sent 32,206 claim letters. Because of these efforts, DADS recovered $6,086,808 in claims. The total amount recovered since March 2005 is $25.2 million.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

Significant services and functions of this program have changed, including:

2010 As of April 2010, the program ceases requiring the current contractor to perform creditor administration. DADS delegates the claims deduction process to the contractor.

2011 The revised Request for Proposal, effective January 1, 2011, delegates standard hardship determinations to the contractor.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

The Medicaid Estate Recovery Program applies only to:

- services provided to individuals who are age 55 or older; and
- individuals who apply for the long-term services and supports **on or after** March 1, 2005.

Claims include the cost of services, hospital care, and prescription drugs supported by Medicaid under one of the programs listed in Section B above.

The recovery of the estate is limited to the amounts of assets remaining in the estate at the time of the recipient's death after subtraction of higher priority claims (e.g., claims for burial

expenses, last medical expenses, Internal Revenue Service obligations, etc.). The contractor will file a Medicaid estate recovery claim only when it is cost-effective. Claims will **not** be filed when the:

- recipient's spouse is alive;
- recipient's living child is under 21 years of age;
- recipient's living child of any age is blind or permanently and totally disabled;
- value of the recipient's estate is $10,000 or less;
- amount of Medicaid costs incurred by the recipient is $3,000 or less;
- recipient's unmarried adult child lived full-time in the recipient's home for at least one year before the recipient died;
- cost of selling the recipient's property is more than the property is worth; or
- recovery of the estate would cause an undue hardship for the recipient's heir(s).

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

Through a competitive bidding process, DADS contracted with a private entity to administer the claims filing process for this program. The contractor is responsible for identifying the decedent's Medicaid long-term care services and any assets that exist, notifying the heirs and/or personal representative of the decedent of the potential claim, and taking the necessary steps to collect payment from the identified assets.

DADS retains responsibility for contract oversight, determinations on program policy issues, and public educational efforts. DADS staff:

- provide contract management and oversight of the contract;
- resolve program policy issues;
- respond to inquiries from the public, staff, elected officials, and providers;
- manage the State's Medicaid Estate Recovery Program website; and
- provide training to stakeholders on a statewide basis.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

The funding sources for this program include General Revenue, federal funds, and other funds.

Funding Sources: Medicaid Estate Recovery Program

Program	State: General Revenue	Federal	Total
Medicaid Estate Recovery Program	$415,247	$415,247	$830,494

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

N/A

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency's customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

The program does not routinely require coordination of program activities to avoid duplication or conflict with other programs. However, staff notify DADS Third Party Recovery Unit of Medicaid Estate Recovery Program payments to avoid over-collection of payments.

J. If the program or function works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.

N/A

K. If contracted expenditures are made through this program please provide:

- **a short summary of the general purpose of those contracts overall;**
- **the amount of those expenditures in fiscal year 2012;**
- **the number of contracts accounting for those expenditures;**
- **top five contracts by dollar amount, including contractor and purpose;**
- **the methods used to ensure accountability for funding and performance; and**
- **a short description of any current contracting problems.**

Through a competitive bidding process, DADS awarded one contract for management of the claims and recovery process. DADS renewed contract for one additional year beginning March 1, 2013.

The contract outlines very specific contract requirements, responsibilities, and deliverables. DADS uses regular and unscheduled reviews, onsite visits, and reports to manage this contract and ensure contract and operational compliance. DADS tracks all payments sent in for Medicaid Estate Recovery Program claim payments and reconciles them once a month with

contractor records to confirm accuracy. Staff review and approve all contractor invoices. In addition, DADS performs reviews of hardship applications submitted for consideration under "other compelling reasons." DADS reviews and approves cases involving settlement offers that may comprise a claim for more than 20 percent of the claim amount. The contractor must document case facts and any justification for a recommendation to settle.

DADS is entitled to actual and consequential damages resulting from the contractor's failure to comply with any of the terms of the agreement included in the contract. If the contractor fails to perform in accordance with the contract, DADS may assess liquidated damages for specific conditions and amounts. DADS may elect to collect liquidated damages:

- through direct assessment and demand for payment delivered to contractor within ten business days of occurrence; or
- by deduction of amounts assessed as liquidated damages as set-off against payments then due to contractor after assessment of the liquidated damages, and notification is made to the contractor within ten days of occurrence.

L. Provide information on any grants awarded by the program.

N/A

M. What statutory changes could be made to assist this program in performing its functions? Explain.

N/A

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion is sufficient to gain a preliminary understanding of this program.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- **why the regulation is needed;**
- **the scope of, and procedures for, inspections or audits of regulated entities;**
- **follow-up activities conducted when non-compliance is identified;**
- **sanctions available to the agency to ensure compliance; and**
- **procedures for handling consumer/public complaints against regulated entities.**

N/A

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

N/A

Guardianship Services

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Guardianship Services
Location/Division	701 W. 51st Street, Austin, TX 78751/ Access & Intake Division
Contact Name	Elisa J. Garza, Assistant Commissioner for Access & Intake
Actual Expenditures, FY 2012	$6,889,913.00
Number of Actual FTEs as of June 1, 2013	108
Statutory Citation for Program	Texas Human Resources Code, Chapter 161, Subchapter E

B. What is the objective of this program or function? Describe the major activities performed under this program.

DADS Guardianship Services program provides guardianship services directly or through contracts with local guardianship programs to individuals referred to the program by the Texas Department of Family and Protective Services (DFPS). DADS also serves a limited number of guardianships referred directly from courts with probate authority under certain circumstances.

A guardian is a person or entity (such as a state agency) appointed by the court to make decisions on behalf of a person with diminished capacity. Depending upon the powers granted by the court, guardianship responsibilities may include some or all of the following:

- providing services for adults with diminished capacity who otherwise qualify for guardianship services under state laws;
- arranging for placement of the individual in facilities, such as long-term care facilities, hospitals, or foster homes;
- managing estates; and
- making medical decisions.

The Guardianship Services program provides services statewide through 82 field-based employees working from 23 regional offices, with an additional 17 employees in the state office. Nine attorney FTEs are part of the guardianship appropriation but are managed by the legal division. DADS employees providing guardianship services must be certified by the Texas Guardianship Certification Board. Effective January 1, 2014, this board becomes the Judicial Branch Certification Commission. The program also contracts with private guardianship entities to provide services in 84 counties of the state.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

Guardianship Program Statistics

	FY 2011	FY 2012
Average number of individuals receiving guardianship services from DADS staff	898	913
Average number of wards receiving guardianship services from DADS contractors	411	436
Average monthly cost per adult individual served by DADS staff	$549.13	$540.21
Average monthly const per adult individual served by DADS contractors	$218.36	$205.79
Average monthly cost per adult individual	$445.30	$432.44
Average monthly number of referrals from Texas Department of Family and Protective Services to DADS	40	39

Statewide, the program uses a comprehensive customized database system, Guardianship On-Line Database system, to track referrals from all sources, ward information, legal information, and financial assets belonging to the wards. The Department of Family and Protective Services sends referrals electronically.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

Guardianship services were originally established to serve youth aging out of foster care. The program began serving DFPS Adult Protective Services clients in September 1995, as an additional level of protection to these individuals. The program was transferred to DADS in 2005.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

Guardianship is an appointment by a court with probate authority of a person or organization to make decisions for and exercise control over an incapacitated person, referred to legally as a

ward. An incapacitated adult is an individual who, because of a physical or mental condition, is substantially unable to care for his or her own physical health or to manage his or her own financial affairs.

To be eligible for services via the Adult Protective Services program, an individual must be age 65 or older, or be age 18 to 65 and have a disability, and be determined by Adult Protective Services to be in a state of abuse, neglect or exploitation.

To be eligible for services via the Child Protective Services program, an individual must be beage 16 or older and must be a minor in the conservatorship of Child Protective Services. For these older children, Child Protective Services must have reason to believe the individual will be substantially unable to provide for his or her own food, clothing, shelter, and physical health, or to manage his or her own financial affairs as an adult. Guardianship may take effect only on or after the individual's eighteenth birthday.

By statute, the Guardianship Services program may be appointed by the court to serve as permanent guardian of the person or the estate in circumstances limited to individuals referred to the Guardianship Services program by DFPS. The program may also choose to otherwise agree to serve as permanent guardian in limited circumstances. The courts may appoint the Guardianship Services program as a temporary guardian of the person or estate if the person is found to be in imminent danger.

The Guardianship Services program cannot serve as a guardian for individuals who do not have private assets available to meet the expenses of day-to-day living or who are not eligible for government benefits (for example, Medicaid, Social Security, or veteran's benefits) sufficient to provide needed support. The Guardianship Services program cannot fund services provided to wards, including the cost of long-term services and supports or burial expenses.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

The Guardianship Services program is responsible for all guardianship functions performed by state office and field staff. The program is organized into three units: Regional Operations, Oversight and Community Supports, and Policy and Program Development.

Regional Operations is responsible for supervision of field staff located throughout the state. Field staff provides direct services to wards and assess proposed wards for the appropriateness of DADS guardianship.

The Policy and Program Development Unit is responsible for:

- policy development, including the preparation and maintenance of the guardianship handbook;

- development and operation of the Guardianship Training Academy;
- certification training and registration of eligible staff to meet the requirements established by the Texas Guardianship Certification Board;
- development and maintenance of the Guardianship On-line Database; and
- ward accounting functions.

The Oversight and Community Supports Unit is responsible for contract oversight of the guardianship services contracts and monitoring of the guardianship services provided by program staff. This unit also receives and investigates all complaints made against staff and contractors or conducts inquiries as otherwise directed by the section manager.

The program is administered using applicable guardianship statutes, comprehensive guardianship and contract handbooks, an outcome-based contract monitoring and quality assurance program, and the Texas Administrative Code, Chapter 10.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

The funding sources for this program include federal funds only. In FY 2012, the program received $6,889,913.

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

No other state agency provides guardianship services. Guardianship services are provided by family members, private guardians, for-profit and non-profit guardianship programs, and non-agency attorneys as appointed by the court.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency's customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

DADS and DFPS created a Memorandum of Understanding in 2004 to outline the roles and duties of each agency regarding guardianship services. The memorandum was updated in October 2009 to address recent legislation and other policy and process improvements.

J. If the program or function works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.

The Guardianship Services program receives referrals from, and regularly coordinates efforts with, DFPS. The program works closely with the Guardianship Certification Board on matters pertaining to the certification of the program's employees who provide direct guardianship services. Representatives of the program appear before judges in courts with probate authority throughout the state. The program follows the orders and directives of the court.

K. If contracted expenditures are made through this program please provide:

- **a short summary of the general purpose of those contracts overall;**
- **the amount of those expenditures in fiscal year 2012;**
- **the number of contracts accounting for those expenditures;**
- **top five contracts by dollar amount, including contractor and purpose;**
- **the methods used to ensure accountability for funding and performance; and**
- **a short description of any current contracting problems.**

The contractors serve as successor guardians and perform guardianship functions as set forth by the court for DADS referred wards. In FY 2012, DADS spent $1,030,569.48 for guardianship services, through 11 contracts with 6 providers. The top five contracts for FY 2012 were:

- Friends for Life – $537,768 (4 contracts);
- Family Elder Care –$118,942.80;
- Guardianship Services Incorporated – $111,240;
- League of United Latin American Citizens Project Amistad – $170,304 (2 contracts); and
- Senior Source – $84,000.

The program monitors contractor at least annually for program and fiscal issues. Program rules and standards ensure funding from DADS is used appropriately. In addition, DADS has a contract with Panoramic Software to provide, host, and maintain the Guardianship On-Line Database system**.** The total FY 2012 contract amount with Panoramic Software was $72,768. There are no current contracting problems.

L. Provide information on any grants awarded by the program.

N/A

M. What statutory changes could be made to assist this program in performing its functions? Explain.

N/A

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion is sufficient to gain a preliminary understanding of the Guardianship Services program.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- **why the regulation is needed;**
- **the scope of, and procedures for, inspections or audits of regulated entities;**
- **follow-up activities conducted when non-compliance is identified;**
- **sanctions available to the agency to ensure compliance; and**
- **procedures for handling consumer/public complaints against regulated entities.**

N/A

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

N/A

Community Outreach, Engagement, and Volunteerism

Overview

To address demographic shifts in the Texas population, DADS provides additional supports to state government, local communities, and individuals to address aging- and disability-related issues. DADS has a strategic priority to create opportunities that lead to increased self-sufficiency and independence for older Texans and those with disabilities. DADS programs and services address a number of related issues, including meeting the need for building community capacity, promoting wellness, and increasing access to caregiver support services.

Aging Texas Well

Aging Texas Well supports projects that promote wellness and healthy aging, including:

- demonstration projects that promote the adoption of evidence-based programs to improve health status and symptom management;
- technical assistance to local communities seeking to measure and improve their ability to serve a growing aging population;
- research and publications providing data and analysis of the needs of older Texans; and
- partnerships with public and private organizations to build community capacity to serve the aging population.

Direct Service Workforce Initiative

Direct service workers provide an estimated 70 to 80 percent of the long-term services and supports to individuals who are aging or living with disabilities or other chronic conditions. The Direct Service Workforce Initiative works to positively impact the challenges of recruitment and retention faced by providers and recipients of home and community-based services and by the workers themselves.

Employment Initiative

The Employment Initiative is designed to improve competitive, integrated employment (including self-employment) outcomes for persons with disabilities.

Texas Autism Research and Resource Center

The Texas Autism Research and Resource Center's primary purpose is to coordinate resources for individuals with autism spectrum disorder and their families by:

- disseminating information and research on autism and other pervasive developmental disorders;
- conducting training and development activities for some professionals;
- coordinating with local entities that provide services; and
- providing support to families affected by autism.

Texas Lifespan Respite Program

Respite services provide temporary relief to informal, unpaid caregivers (often relatives and friends of the individual) from their duties and may be provided in home or institutional

settings. For example, a respite program might offer in-home care for an aging individual to allow her spouse to go grocery shopping. The Texas Lifespan Respite Program was established to:

- update the inventory of respite services in Texas;
- disseminate training toolkits for caregivers and respite providers;
- maintain a website of respite-related resources and information;
- replicate innovative models of service to educate and support caregivers; and
- provide direct respite services, as funding is available, for caregivers who are unable to obtain those services through other avenues.

Volunteer and Community Engagement

Through Volunteer and Community Engagement, DADS develops partnerships with public, private, non-profit, and faith-based organizations to help create awareness of programs and services and to expand and enhance existing resources. One community engagement effort undertaken by Volunteer and Community Engagement is Texercise, a statewide health promotions program designed to educate and involve individuals and communities in physical activity and proper nutrition.

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Community Outreach, Engagement and Volunteerism
Location/Division	701 W. 51st Street, Austin, TX 78751/ Access & Intake Division; Center for Policy and Innovation; Center for Consumer and External Affairs
Contact Name	Elisa Garza, Assistant Commissioner for Access & Intake Lynn Blackmore, Director of the Center for Policy and Innovation Allison Lowery, Director of the Center for Consumer and External Affairs
Actual Expenditures, FY 2012	Actual expenditures for these programs are captured under Access, Intake and Eligibility Services and Operational Support.
Number of Actual FTEs as of June 1, 2013	FTEs are allocated among the above divisions.
Statutory Citation for Program	N/A

B. What is the objective of this program or function? Describe the major activities performed under this program.

Aging Texas Well

The purpose of the Aging Texas Well Initiative is to encourage Texans to prepare for aging and to facilitate state and local preparedness for the rapidly growing older population**.** Major strengths include:

- the Aging Texas Well Advisory Committee, which advises and provides feedback to DADS on the development of the Aging Texas Well Plan, aging policy issues, state government readiness, and community preparedness;
- the Aging Texas Well Plan, which documents initiatives carried out by DADS and its partners;
- the Aging Texas Well Indicators Survey, which gathers data about the conditions and needs of Texans age 60 and older living in the community by asking participants questions on topics such as life satisfaction, health, finances, legal preparedness for end of life needs, and the communities in which they live;
- issue briefs, which build on indicator survey results and explore topics such as nutrition, physical activity and obesity, mental health and substance abuse, physical health, financial preparedness, and social engagement and recreation;
- Aging Texas Well Evidence-based Clearinghouse, which promotes the adoption of

evidence-based programs to improve health status and symptom management, caregiving, and many other life areas; and

- Aging Texas Well Community Assessment Toolkit, which provides evaluation tools to cities and counties seeking to improve their ability to serve a growing aging population.

Direct Service Workforce Initiative

The objective of the Direct Service Workforce Initiative is to positively impact the challenges of recruitment and retention faced by providers and recipients of home and community-based services and by the workers themselves. Staff are preparing a report and overseeing contracts to develop a matching system and an on-line training system.

Employment Initiative

The objectives of the Employment Initiative are:

- removing disincentives to employment;
- providing outreach, training, and resources;
- seeking input from providers and stakeholders through the Promoting Independence Advisory Committee, Subcommittee on Employment for People with Disabilities;
- participating in the State Employment Leadership Network through which technical assistance and collaborative opportunities are available through other states;
- coordinating activities with the Department of Assistive and Rehabilitative Services (DARS);
- collecting and reporting employment data; and
- positioning the state to improve options for integrated competitive employment for persons with disabilities as required under the Americans with Disabilities Act and related court rulings.

Texas Autism Research and Resource Center

The Texas Autism Research and Resource Center provides research and resources on autism spectrum disorder. The Texas Autism Research and Resource Center Consortium, a collaborative of state agencies, education service centers, university-based autism programs, and non-profit organizations, was formed to implement and advise the Center.

Texas Lifespan Respite Care

Texas Lifespan Respite Care arises from a 2009 federal grant from the Administration on Aging to create an inventory of respite services and best practice tools, hold forums for providers, and coordinate outreach and awareness activities aimed at caregivers. This initiative focuses on caregivers caring for individuals, regardless of age, disability, or healthcare condition, and specifically focuses on help for caregivers who cannot get respite care through any other program. The program includes respite services available through traditional providers, the use of vouchers for families to obtain their own respite care, the use of trained volunteer caregivers, and some emergency respite care.

Volunteer and Community Engagement

Volunteerism and community engagement opportunities provide individuals, communities, and businesses with options for engaging in activities and programs that enrich and improve the quality of life for older Texans and people with intellectual or developmental disabilities (IDD).

Through health and wellness programs, volunteer opportunities and collaborative partnerships, Volunteer and Community Engagement:

- promotes the development of local health and wellness programs to enhance the lives of individuals and communities through DADS internationally recognized Texercise program;
- supports volunteerism across all agency programs
- promotes and supports the service of volunteers and contributions from public/private partnerships;
- oversees the recruitment, placement, and policies that govern the agency's internship opportunities;
- serves as the agency's primary point of contact for education, awareness, information, and referral for volunteer and community engagement efforts benefiting DADS consumers at state and local levels;
- identifies, evaluates, and develops appropriate partnership opportunities that enhance awareness and service delivery and generate resources;
- develops tools, resources, and materials to promote and enhance volunteerism and partnership opportunities; and
- recognizes DADS volunteers and partners through the annual statewide DADS Vision Ceremony.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

Aging Texas Well

- The Administration on Aging awarded DADS two cycles of Texas Healthy Lifestyle grants (2006–2009 and 2010–2012) to develop and make available evidence-based programs to 240 Texas counties.
- In May 2013, 226 users visited the Aging Texas Well website, with the majority accessing the Evidence-Based Clearinghouse and the Resources and Reports sections.

Direct Service Workforce Initiative

The Direct Service Workforce initiative:

- produced two realistic job previews, which DADS loaded on its website and other organizations widely use;
- requested and received Legislative Budget Board (LBB) and Governor's Office authority to conduct a report on the survey and evaluation of direct support workers (2013–2014);

- requested and received LBB and Governor's Office authority to contract to develop an employee/employer matching system (2014–2015); and
- requested and received LBB and Governor's Office authority to contract to develop an on-line training system (2014–2015).

Employment Initiative

- In FY 2011, 5 percent of clients with IDD received employment services.
- In FY 2011, 1 percent of DADS clients received DARS vocational rehabilitation services.
- In 2009/2010, sampled programs had a 9 percent average employment rate among adult clients.

Texas Autism Research and Resource Center

- The center's website received over 10,000 website visits in May 2013.
- Autism researchers have submitted over 100 requests, questions, study proposals, or calendar suggestions to the center since January 2013.
- The center delivered training to 301 first responders and 166 community members at five sites around the state on autism recognition and response.
- The center hosted the Texas Autism Research Conference, an annual two-day event that was attended by 170 researchers, other professionals, and family members in 2012.

Texas Lifespan Respite Care

- Texas Lifespan Respite Care created the Take Time Texas website in response to an HHSC survey. The survey found that half of respondents didn't know about types of respite care available in their area and two-thirds didn't know how to find a licensed, reputable respite care provider.
- Between October 1, 2012 and March 31, 2013, three local community partners provided respite services to 143 caregivers who were caring for individuals under 60 years of age. These individuals would not have had access to respite services without the Texas Lifespan Respite Care program, as the age of the care recipient would have been an issue for most existing programs.

Volunteer and Community Engagement

- For FY 2012, DADS State Supported Living Centers had approximately 2,460 volunteers and interns who gave more than 87,000 hours of service. According to the Independent Sector, the dollar value of the hours of service is $1.88 million. Volunteer and Community Engagement recruits volunteers but does not track volunteer numbers or activities in other facility types.
- Since its inception, Texercise has distributed over 150,000 copies of the Texercise handbook and provided over 28,000 T-shirts to communities and local programs to help them recognize and motivate their participants.
- Volunteer and Community Engagement developed the Texercise 12-week program, coordinators' kit, and the Texercise Champions program.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

Direct Service Workforce Initiative

In August 2009, then-HHSC Executive Commissioner Tom Suehs directed HHSC and DADS to establish a Workforce Advisory Council and specified that DADS provide staff support to the Council with assistance from HHSC. After the completion of the Council's work, at their request, a vehicle was created to continue their interest and advocacy for their issues through the direct service workforce subcommittee of the Promoting Independence Advisory Committee.

Because direct service workers are critical to community-based services, federal monies from the Money Follows the Person Initiative funded parts of the initiative's activities.

Employment Initiative

In 2006, DADS joined the national State Employment Leadership Network. Partly because of the network's IDD focus, DADS initiative originally included only IDD programs; however, DADS expanded the initiative to include all DADS programs serving persons with disabilities.

Senate Bill 1226, 83rd, Legislature, Regular Session, 2013, established a statewide employment-first policy and task force to promote competitive employment opportunities that provide a living wage for individuals with disabilities.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

- Aging Texas Well impacts the population of Texans over the age of 65, which is projected to increase from 2.8 million in 2013 to 7.5 million in 2040.
- The Texas Workforce Commission estimates that there are currently 278,450 direct service workers in Texas. These workers are impacted by the Direct Service Workforce Initiative.
- The Employment Initiative affects all of DADS programs.
- Services and resources provided through Texas Autism Research and Resource Center focus on individuals, families, and professionals affected by Autism Spectrum Disorder. In 2012, HHSC estimated that 299,900 Texans had Autism Spectrum Disorder.
- Texas Lifespan Respite Care affects caregivers caring for individuals of any age, any disability, or chronic healthcare condition. The program also targets caregivers who cannot access respite care through any other program, due to the programs' specific, limiting criteria or due to other gaps in the service system.
- Volunteer and Community Engagement opportunities are available to all Texans. Volunteer and Community Engagement staff work with State Supported Living Center

staff to ensure that organizations conduct required volunteer background checks, administer trainings, and track donations to the state appropriately.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

Aging Texas Well

Federal and state priorities, objectives, and mandates support the Aging Texas Well Initiative. The DADS Center for has primary responsibility for the administration, policy development, and planning functions. The Aging Texas Well Advisory Committee advises, informs, and works to involve the statewide community in setting and achieving the goals of the Aging Texas Well Initiative. Aging Texas Well staff collaborate with other DADS and Department of State Health Services programs and staff who serve older Texans.

Direct Service Workforce Initiative

The Direct Service Workforce Initiative is staffed by contractors, with oversight from the DADS Center for Policy and Innovation. The Centers for Medicare & Medicaid Services provide funding through the Money Follows the Person Demonstration.

Employment Initiative

The Employment Initiative is administered by the DADS Center for Policy and Innovation. Staff coordinate and work in collaboration with staff in other areas of DADS to amend rules and waivers and to provide policy clarifications, as needed. Staff also work with rate staff at HHSC to establish rates for newly adopted services and with staff from other state agencies to coordinate services, policies, and training.

Texas Autism Research and Resource Center

An interagency agreement between DADS and HHSC outlines the responsibilities with respect to developing the collaborative, website, and the Texas Autism Research and Resource Center. The DADS Center for Policy and Innovation administers the Texas Autism Research and Resource Center in collaboration with HHSC. A collaborative of state agencies, university-based autism programs, non-profits, and others involved in service provision participates in and advises DADS and HHSC on the development of the center. The DADS Center for Policy and Innovation is responsible for developing policies and procedures.

Texas Lifespan Respite Care

The Special Projects Unit within DADS Access & Intake Division administers the Texas Lifespan Respite Care Program, with a grant coordinator responsible for the oversight of the program.

Volunteer and Community Engagement

The DADS Center for Consumer and External Affairs administers Volunteer and Community Engagement activities. The program's policies and procedures can be found at

http://dadsview.dads.state.tx.us/handbooks/vcepph.

DADS staff share information with regional and field offices about recruiting and retaining volunteers, and policies and procedures, including the community services and supports area and State Supported Living Centers. DADS staff hold monthly conference calls with all local volunteer managers at the State Supported Living Centers. A toll-free telephone number, 1-800-889-8595, is available for the public to contact Volunteer and Community Engagement.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

Direct Service Workforce Initiative, Employment Initiative, Texas Lifespan Respite Care, and Volunteer and Community Engagement

The funding sources for these programs include General Revenue, federal funds, and other funds.

Aging Texas Well

DADS has no funds designated for this initiative. The agency funds activities through the DADS Center for Policy and Innovation's operating budget, which includes General Revenue, federal funds, and other funds.

Direct Service Workforce Initiative

The Money Follows the Person demonstration funds the Direct Service Workforce Initiative.

Texas Autism Research and Resource Center

HHSC, the Texas Council on Autism and Pervasive Developmental Disorders, and DADS each provide the Texas Autism Research and Resource Center with funds annually through an interagency agreement.

Program	General Revenue	Federal	Total
Texas Autism Research and Resource Center	$151,126		$151,126
Texas Lifespan Respite Care	$376,906		$376,906
Volunteer and Community Engagement	$151,785	$227,678	$379,463

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

Aging Texas Well

Although the Mental Health Transformation initiative within DSHS has a Behavioral Health evidence-based clearinghouse, it has a different target population and encompasses different areas of research.

The Age Well Live Well program and Texercise within DADS Volunteer and Community Engagement section complement the Aging Texas Well focus areas of promotion of older adult physical health and community engagement. However, Aging Texas Well serves as a broad umbrella initiative, influencing DADS and state policy.

Direct Service Workforce Initiative

At the state level, this initiative and the related Promoting Independence Advisory Committee subcommittee serve as an umbrella for information regarding the direct service workforce, eliminating most duplication. At the national level, federal funds, often from the Centers for Medicare & Medicaid Services (CMS), help support the efforts of other states and national groups. CMS houses the National Direct Service Workforce Resource Center, which provides information and resources about the direct service workforce.

Employment Initiative

Both DADS and DARS offer employment services. The Vocational Rehabilitation program at DARS helps people who have physical or mental disabilities prepare for, find, or keep employment. DARS services generally are considered short-term. For individuals who are not eligible for DARS services, DADS programs offer a similar service to help the individual prepare for and find employment. However, unlike DARS, DADS programs also offer ongoing and long-term support to help an individual maintain employment. Within DADS, individuals in several programs have the option to receive day activity services instead of being employed and receiving employment services

Texas Autism Research and Resource Center

Many state and local units of government provide specific services to individuals and families with Autism Spectrum Disorder. The Texas Autism Research and Resource Center does not provide these direct services, but rather coordinates resources, research, and information sharing. Some of these entities include DARS, the Texas Education Agency, local school districts, and local authorities.

Texas Lifespan Respite Care

In Texas, respite services are available through three primary channels:

- DADS services and programs funded under the Older Americans Act, Medicaid, non-Medicaid, and other state-funded programs;
- other health and human services agencies' programs and services; and

- disease-, disability-, or age-specific advocacy groups and community-based organizations.

The Texas Lifespan Respite Care program differs from other respite care resources in that it is targeted to persons who cannot obtain respite services through any other program.

Volunteer and Community Engagement
N/A

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency's customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

Aging Texas Well
The Aging Texas Well Advisory Committee includes members from a wide range of public and private entities and, through the communication of this statewide committee, coordinates all proposals and deliverables with other divisions in DADS and in the larger aging network.

Employment Initiative
DADS and DARS have established under what circumstances each agency will fund employment services and have clarified roles and responsibilities to better coordinate services. The agencies have also engaged in various activities intended to improve service coordination and employment outcomes.

Texas Autism Research and Resource Center
DADS has formed a collaborative of state agencies, university-based autism programs, non-profits, and others involved in providing services to individuals with Autism Spectrum Disorder and their families to participate in and advise DADS on the development of the Texas Autism Research and Resource Center. An interagency agreement between DADS and HHSC outlines the responsibilities of DADS with respect to developing the collaborative, website, and center.

Texas Lifespan Respite Care
The Texas Lifespan Respite Care program is not limited to certain population groups, diseases, or disabilities. Further, this program is available to caregivers who cannot access respite care through any other program. DADS requires staff working in this program to be familiar with respite resources available through other programs and agencies, and to make referrals to these entities, as appropriate.

Direct Service Workforce Initiative and Volunteer and Community Engagement
N/A

J. If the program or function works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.

Aging Texas Well

The Aging Texas Well Community Assessment Toolkit provides support to counties, cities, and other governmental and non-governmental organizations in their efforts to plan for an aging population. Aging Texas Well also coordinates with the Texas Statewide Health Coordinating Council and the Texas Higher Education Coordinating Board to monitor recruitment and retention of healthcare providers trained in geriatrics. Aging Texas Well works closely with DSHS on the Texas Behavioral Health and Aging Collaborative.

Direct Service Workforce Initiative

The Promoting Independence office maintains a close relationship with and reports regularly to the project funding source, the Centers for Medicare & Medicaid Services. The initiative does not work with local or regional units of government.

Employment Initiative

As part of assisting individuals find and maintain employment, DADS case managers/service coordinators and providers work with community partners, including DARS, the Texas Workforce Commission, local school districts, and the Social Security Administration.

Texas Autism Research and Resource Center

N/A

Texas Lifespan Respite Care

DADS contracts with the Texas Association of Regional Councils (TARC) to serve as the state Texas Respite Coordination Center. TARC is a statewide nonprofit association that assists and provides resources to 24 local regional councils of government (quasi-governmental agencies). Additionally, DADS contracts with two Aging and Disability Resource Centers and the Area Agency on Aging of the Capital Area to expand the availability of respite services at the local level.

Volunteer and Community Engagement

Through health and wellness programs, volunteer opportunities, and collaborative partnerships, the Volunteer and Community Engagement program works with local Area Agencies on Aging, parks and recreation departments, local Mayor's Fitness Councils, and other community organizations to develop community projects that support DADS vision. These projects include opportunities for older adults to engage in physical activity or to volunteer and share information about DADS programs and services.

K. If contracted expenditures are made through this program please provide:

- **a short summary of the general purpose of those contracts overall;**
- **the amount of those expenditures in fiscal year 2012;**
- **the number of contracts accounting for those expenditures;**
- **top five contracts by dollar amount, including contractor and purpose;**
- **the methods used to ensure accountability for funding and performance; and**
- **a short description of any current contracting problems.**

Aging Texas Well, Direct Service Workforce Initiative
N/A

Employment Initiative
DADS maintains a $35,000/year membership in the State Employment Leadership Network. DADS also received approximately $1,000,000 in funding for a Money Follows the Person employment pilot, which funds a contracted employee at DADS, a part-time employee at DARS, and grants to providers of IDD services to improve employment outcomes of individuals served. There are no known contracting problems.

Texas Autism Research and Resource Center
The center uses contracts for specialized autism recognition and response training to first responder organizations and community members, conference planning, conference hosting, and to develop a resource guide for communities wanting to assess and improve local autism services. There are no known contracting problems.

Texas Lifespan Respite Care
The Texas Lifespan Respite Care program has four contracts. The contracting facilitates statewide project coordination implementation and evaluation. Accountability methods include desktop and onsite monitoring, budget workbook submissions, and federal program and financial reports. There are no known contracting problems.

Volunteer and Community Engagement
Volunteer and Community Engagement has issued one contract with Texas A&M Health Sciences Center School of Rural Public Health to evaluate the Texercise program. The goal of the evaluation is to achieve evidence-based status by the Administration on Aging Title IIID. For FY 2012, the contract is not to exceed $200,000. Biweekly telephone conference calls and pre-agreed upon performance deliverables and measures ensure accountability. DADS knows of no current contracting problems.

L. Provide information on any grants awarded by the program.

Aging Texas Well
In 2013, the DADS Access & Intake division awarded three $50,000 grants to conduct the Aging

Texas Well Community Assessment Toolkit project. The Aging Texas Well initiative monitors and provides technical assistance to the awardees.

Direct Service Workforce Initiative and Employment Initiative
N/A

Texas Autism Research and Resource Center
The center and the Texas Council on Autism awarded a $40,000 grant to the UT-Dallas Pathways Efficacy Study to examine the efficacy of Pathways Early Autism Intervention (Pathways), a developmental behavioral, parent-mediated, research-guided intervention on toddlers with autism spectrum disorder.

Texas Lifespan Respite Care
Dependent upon the availability of funding from either federal grants or state General Revenue, DADS may issue grants in the form of competitive procurements for the Texas Lifespan Respite Care program. HHSC Enterprise Contract and Procurement Services administers the competitive procurement process, in collaboration with the DADS program area, Legal Services, and Chief Operating Officer—Contracts Oversight and Support.

Volunteer and Community Engagement
Volunteer and Community Engagement is collaborating with Access & Intake to award five Area Agencies on Aging with Age Well Live Well grants. The grants are for developing community collaborations focused on health and wellness, volunteerism, and sharing information resources. The grants total $125,000 over a two-year period. The Access & Intake division administers these funds.

M. What statutory changes could be made to assist this program in performing its functions? Explain.

N/A

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

Direct Service Workforce Initiative
Demand for direct support workers in the U.S. is increasing rapidly due to a number of factors:

- growing U.S. population;
- aging of the baby boom generation;
- aging of family caregivers; and
- increasing national commitment to and steady expansion of community and in-home services for individuals needing long-term services and supports.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- **why the regulation is needed;**
- **the scope of, and procedures for, inspections or audits of regulated entities;**
- **follow-up activities conducted when non-compliance is identified;**
- **sanctions available to the agency to ensure compliance; and**
- **procedures for handling consumer/public complaints against regulated entities.**

N/A

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

N/A

Quality of Long-term Services and Supports

Overview

DADS is tasked with ensuring that contractors who bill the state for long-term services and supports are providing services thatimprove and protect the health and well-being of individuals receiving those services.

The three DADS centers are responsible for and lead quality initiatives: the Center for Policy and Innovation, the Center for Program Coordination, and the Center for Consumer and External Affairs.

Long-term Care Ombudsman Program

Long-term care ombudsmen promote quality care by serving as advocates for residents of nursing facilities and assisted living facilities. Services include complaint resolution by an long-term care ombudsman, who represents the residents' interests to the management of the facility. Advocacy activities also include development of resident and family councils, in addition to education for long-term care facility staff and community organizations. Long-term care ombudsmen also protect resident rights by advocating for change in policy, rule, and law.

Quality Monitoring Program

The underlying premise of the program is to promote positive partnerships with providers to assess and strengthen systems to improve outcomes for residents. The goal of the program is to provide technical assistance to providers regarding evidence-based best practices, approaches, and systems that can improve outcomes. Quality Monitoring staff schedule visits in advance with facility staff or upon request by providers.

Minimum Data Set (MDS) and Outcome and Assessment Information Set (OASIS)

DADS receives federal funds to administer these two federal systems in the state of Texas. Certified nursing facilities are required to use the MDS to assess residents, and certified home health agencies are required to use the OASIS. DADS staff provide technical support, education, consultation, and monitoring to providers and DADS staff on the use of these systems.

Quality Reporting Function

CPI administers several functions designed to obtain and disseminate data for the purpose of improving long-term services and supports and long-term care systems. These functions include quality surveys, provider comparison websites, and a data repository.

Joint Training Program

Pursuant to Senate Bill 1839, 77th Legislature, Regular Session, 2001, and Senate Bill 223, 82nd Regular, Session 2011, DADS provides frequent training sessions around the state for both providers and surveyors. These training sessions educate providers and surveyors about DADS minimum licensing and certification standards, and they address the latest trends in health and safety violations as cited by DADS Regulatory Services.

Electronic Visit Verification (EVV)

To ensure individuals are receiving the services authorized for their support and for which the state is being billed, the 82nd Legislature mandated the creation of the EVV initiative. EVV is a telephone- and computer-based system that verifies service visits are occurring and documents the precise time when provision of service begins and ends.

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Quality of Long-term Care Services and Supports
Location/Division	701 W. 51st Street, Austin, TX 78751/ State Long-term Care Ombudsman; Center for Policy and Innovation; Center for Program Coordination; Chief Operating Officer; Regulatory Services
Contact Name	Patty Ducayet, State Long-term Care Ombudsman Lynn Blackmore, Director of the Center for Policy and Innovation Wes Yeager, Director of the Center for Program Coordination Tom Phillips, Chief Operating Officer Susan Davis, Acting Assistant Commissioner for Regulatory Services
Actual Expenditures, FY 2012	Actual expenditures for these programs are captured under multiple strategies.
Number of Actual FTEs as of June 1, 2013	FTEs for these programs are captured under multiple divisions.
Statutory Citation for Program	See Section B below.

B. What is the objective of this program or function? Describe the major activities performed under this program.

The objective of these programs is to ensure that individuals receiving services receive quality services as directed by their care plan or medical orders and to promote public health strategies that improve outcomes and contain healthcare costs.

Long-term Care Ombudsman Program

The Office of the State Long-term Care Ombudsman advocates for the rights of individuals who live in nursing facilities and assisted living facilities so they receive optimal quality of care and achieve high quality of life. Long-term care ombudsmen identify, investigate, and seek to resolve complaints made by or on behalf of residents. They also promote the health, safety, welfare, and rights of residents. Program staff and volunteers work with state agencies, legislators, and other advocates to disseminate information and help develop resident-focused public policy and support the development and operation of resident and family councils.

DADS Long-term Care Ombudsman staff administer the statewide program through 28 Area Agencies on Aging. Local ombudsman programs operate with paid professional ombudsmen.

These local ombudsman recruit, train, and supervise approximately 800 certified volunteer ombudsmen.

As required by the Older Americans Act, all states must have an office of the State Long-term Care Ombudsman and a statewide program.

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

Quality Monitoring Program

The Quality Monitoring Program represents an educational, non-regulatory approach to quality improvement. Quality monitors, who are licensed nurses, pharmacists, and dietitians, provide technical assistance regarding evidence-based best practices on a variety of clinical topics to long-term service and support facility staff. In addition, quality monitors provide in-service education programs to facility staff and families, and they disseminate best practice educational tools and materials. DADS also maintains the Texas Quality Matters website, which provides best practice tools, information and resources.

Statutory Citations: Health and Safety Code, Title 4, Subtitle B, Chapter 255; General Appropriations Act for the 2012-13 biennium, 82nd Texas Legislature Regular Session, 2011.

Minimum Data Set (MDS) and Outcome and Assessment Information Set (OASIS)

The Centers for Medicare & Medicaid Services (CMS) requires that MDS assessments are completed to ensure the accuracy and timeliness of nursing clinical assessment data for skilled nursing facilities and nursing facilities and in rural hospitals that used CMS authorization to swing beds from hospital beds to skilled nursing facility beds. CMS requires that the OASIS is completed to ensure the accuracy and timeliness of home health clinical assessment data. These assessments guide payment structures for each individual residing in a nursing facility or receiving home health services from a certified home health agency.

Statutory Citations: CMS FY2012 Mission and Priority Document

Quality Reporting Function

DADS administers two quality surveys: the Nursing Facility Quality Review (NFQR) and the Long-term Services and Supports Quality Review (LTSSQR). The NFQR is a statewide process to benchmark the quality of Medicaid-contracted nursing facility services. The LTSSQR includes approximately 4,000 individuals who participate in Medicaid and ICF/IID services. Outcome measures include quality of services and service satisfaction of individuals and families using the state waiver programs.

DADS also maintains the following websites.

- Quality Reporting System — Allows the public to locate long-term care facilities and providers, find services and supports and compare providers via the internet. The public

accesses this website an average of 9,000 times per month.

- Facility Information, Vacancy and Evacuation System — Allows certain facilities to find or record facility vacancy information during a natural disaster requiring mass evacuations.

The Data Mart houses information from a variety sources within the HHS enterprise and supports reporting and analytics of data regarding individuals receiving long-term services and supports. Historical information is available dating back to January 2001. The Data Mart assists DADS in meeting mandates to enhance quality monitoring of Medicaid waiver programs and aids in providing data for waiver program quality measures.

Statutory Citation: 2010-11 General Appropriations Act (Article II, Department of Aging and Disability Services, House Bill 1081, 81st Legislature, Regular Session, 2009); 2012-13 General Appropriations Act (Article II, Department of Aging and Disability Services, Rider 13, House Bill 1, 82nd Legislature, Regular Session, 2011).

Joint Training

The Joint Training program promotes quality care by nursing facilities, assisted living facilities, ICFs/IID, and home and community support services agencies by providing training to both service providers and DADS survey staff on regulatory expectations and requirements. The program educates providers and surveyors in the same setting to ensure consistency in the application of licensure and certification standards and protocols. The venue provides a place to enhance communication between the two groups to discuss and identify health and safety concerns.

Statutory citation: Health and Safety Code, §142.0091; Human Resources Code §22.039.

Electronic Visit Verification

The objective of electronic visit verification is to promote the health and safety of individuals receiving services by verifying the provision of scheduled services. DADS administers the contract for electronic visit verification with the single vendor and uses reports generated by the vendor's software system to verify service delivery.

Statutory citation: Senate Bill 7, 82nd Legislature, Regular Session, 2011.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

Long-term Care Ombudsman Program

In FY 2012:

- there were 880 active, certified long-term care ombudsmen;
- Long-term care ombudsmen made 5,438 visits to 1,317 assisted living facilities; and

- 87 percent of complaints made to the program were resolved or partially resolved.

Quality Monitoring Program

- In FY 2012, registered nurses completed 2,246 visits, registered dietitians completed 624 visits, and pharmacists completed 702 visits to nursing facilities for a total of 3,572 visits.
- The Texas Quality Matters webpages received 298,289 hits in the first ten months of FY 2013.

Minimum Data Set (MDS) and Outcome and Assessment Information Set (OASIS)

- For FY 2012, the MDS Clinical Coordinator conducted 11 face-to-face trainings for 451 staff and providers, answered 1,280 questions by phone or e-mail, and published four issues of The MDS Mentor, a quarterly newsletter/training guide.
- For FY 2012, the OASIS Education Coordinators conducted 29 face-to-face trainings for 562 providers representing 326 home health agencies and 12 face-to-face trainings for 275 DADS home health surveyors. Staff answered 2,594 questions by phone and 1,484 by email.

Quality Reporting Function

- For both of the quality reviews, DADS incorporates inter-rater reliability and standardized instruments into the methods to ensure that the quality reviews are valid and reliable.
- Program information websites were visited 106,751 times in 2012.
- In 2012, 96 facilities updated the Facility Information, Vacancy and Evacuation System 335 times.
- In 2012, DADS staff used the Data Mart to run 126 periodic and 124 ad-hoc reports.

Joint Training

- DADS staff trained 7,308 DADS employees and 4,802 long-term care and home and community support services agencies providers in FY 2012

Electronic Visit Verification

The savings estimates for the 2012–2013 biennium is $20.5 million All Funds, with $7.8 million General Revenue. The estimated savings for the 2014–2015 biennium is $39.1 million All Funds, with $15 million General Revenue.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

Quality Reporting Function

The two quality reviews were completed on an annual basis from 2002–2010. As of 2011, the reviews are completed every other year.

Minimum Data Set (MDS) and Outcome and Assessment Information Set (OASIS)
In September 2008, Texas began using MDS 2.0 for Medicaid payment instead of CARE TILE Form 3562. In October 2010, Texas began using MDS 3.0.

Joint Training
In 2011, the Legislature expanded the scope of joint training to include home and community support services agencies. The Legislature authorized that DADS may charge participants a fee of no more than a $50 fee to attend a home and community support services agencies joint training presentation.

Electronic Visit Verification
Electronic Visit Verification began in Region 9 (Midland, Odessa, San Angelo, and the surrounding areas) in March 2011. The initiative expanded to Region 2 (Abilene, Wichita Falls, and the surrounding areas) and Region 4 (Longview, Tyler, and the surrounding areas) in December 2011; then to Region 3 (Dallas, Fort Worth, Denton, and the surrounding areas) and Region 7 (Austin, Waco, Temple, and the surrounding areas) in August 2012; and then to Region 5 (Beaumont, Nacogdoches, Jasper, and surrounding areas) and Region 6 (Houston, Conroe, Bay City, and the surrounding areas) in November 2012.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

Long-term Care Ombudsman Program
The Long-term Care Ombudsman Program affects the approximately 92,844 residents of Texas nursing facilities and 35,017 residents of assisted living facilities (Source: Regulatory Services Annual Report, FY 2012), and also affects their family members, friends, and others concerned with care in these settings. DADS has no eligibility requirements for these services, other than the issue must relate to a resident of a nursing or assisted living facility.

Quality Monitoring Program and Quality Reporting Function
These programs/functions, both directly and indirectly, affect the quality of care and quality of life for 92,844 individuals residing in nursing facilities.

Minimum Data Set (MDS) and Outcome and Assessment Information Set (OASIS)
MDS affects the 92,844 residents of Texas nursing facilities. OASIS affects individuals receiving Medicare-certified home health services from one of the 2,535 certified home health agencies in Texas.

Joint Training
Joint training is available to 1,108 DADS regulatory staff and benefits staff of the 10,360 applicable regulated providers in addition to interested members of the public.

Electronic Visit Verification

The Electronic Visit Verification initiative affects providers of attendant-like services and the individuals receiving such services in Regions 2, 3, 4, 5, 6, 7, and 9 in the following programs:

- Community Attendant Services,
- Community Based Alternatives,
- Community Living Assistance and Support Services,
- Family Care,
- Medically Dependent Children, and
- Primary Home Care.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

Long-term Care Ombudsman Program

Program administration is housed within the Associate Commissioner's area. DADS contracts with 28 Area Agencies on Aging to provide Long-term Care Ombudsman services throughout the state. Most ombudsman programs are housed within Area Agencies on Aging, although the Dallas and Harris County programs contract with non-profit agencies to operate ombudsman programs in the Area Agency on Aging service areas. Programs operate with support from a cadre of certified volunteer ombudsmen who are recruited, trained and supervised by staff. Administrative procedures are at www.dads.state.tx.us/providers/AAA/Procedures/index.html and http://www.dads.state.tx.us/handbooks/oppm/. A statewide toll-free number routes the majority of phone calls to local ombudsman offices; however, the overall majority of ombudsman work is accomplished by an ombudsman's routine, unannounced visits to facilities and private communications with residents. The state office serves as a point of contact for local ombudsman representatives who require consultation, in accordance with program policy. The state office also oversees the monitoring of program compliance with performance measures, policies and procedures, and training.

Quality Monitoring Program

The Center for Policy and Innovation administers the Quality Monitoring Program. The program's field staff includes licensed registered nurses, pharmacists, and dietitians who conduct visits to assess best clinical practice systems in nursing facilities.

Minimum Data Set (MDS) and Outcome and Assessment Information Set (OASIS)

The Center for Policy and Innovation administers MDS coordination. The Chief Operating Officer's Educational Services section administers OASIS Coordination.

Quality Reporting Function

The Center for Policy and Innovation administers the quality reporting function. Staff includes a statistician, a PhD-level researcher, and several data analysts who provide advanced data related functions.

Joint Training
The Chief Operating Officer's Educational Services section and Regulatory Services Policy, Rules, and Curriculum unit collectively administer the Joint Training Program. Regulatory Services staff develop the training materials, while Educational Services staff teach the classes.

Electronic Visit Verification
The Center for Program Coordination coordinates the electronic visit verification initiative. Program staff in Access & Intake, the Center for Policy and Innovation, the Chief Operating Officer's Contract Oversight and Support unit, and Regulatory Services implement the initiative collaboratively.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

The funding sources for these quality initiatives include General Revenue, federal funds, and other funds.

Funding Sources: Quality of Long-term Services and Supports

Program	State: General Revenue	Federal	Other	Total
Long-term Care Ombudsman Program	$438,427	$3,200,990		$3,639,417
Quality Monitoring Program	$867,926	$1,948,395	$151,030	$2,967,351
Minimum Data Set and Outcome and Assessment Information Set	$84,206	$252,618		$323,678
Quality Reporting Function	$591,610	$639,942		$1,276,773
Electronic Visit Verification	$745,729	$1,177,710		$1,923,438

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

Long-term Care Ombudsman Program
DADS Regulatory Services and DFPS have direct contact with clients served by the program. As a result, both have memoranda with the program to describe services provided and delineate appropriate steps to take when referring a client. The purpose of Regulatory Services is to

determine provider compliance with minimum requirements, while the purpose of the Long-term Care Ombudsman Program is to serve as an advocate for clients in the long-term care system. DFPS protects the health and safety of adults in the community, whereas the program serves residents of nursing facilities and assisted living facilities. By agreement, suspicion of abuse, neglect, or exploitation occurring to a facility client while outside the responsibility of the facility is referred to DFPS for investigation.

Quality Monitoring Program, Minimum Data Set and Outcome and Assessment Information Set

N/A

Quality Reporting Function

The federal Department of Health and Human Services also provides a nursing home comparison website and a Home Health Compare website on www.medicare.gov. While the information provided is similar, it is presented differently, and the Quality Reporting System provides detailed information about all types of long-term care facilities, not just Medicare/Medicaid certified nursing facilities.

Joint Training

While training may be available privately for providers of long-term care services, the Joint Training program is unique in that DADS provides it, and in that it focuses exclusively on improving quality of care through an understanding of the nature of regulatory compliance. DADS also offers classes regularly throughout the state, thus promoting a greater consistency of information than is available from private entities.

Electronic Visit Verification

No current programs provide identical or similar services or functions for DADS programs in Texas. HHSC is in the planning stage of developing a similar function for the programs it administers.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency's customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

Long-term Care Ombudsman Program

The program has a memorandum of understanding with DADS Regulatory Services. It outlines a cooperative working relationship between contracted long-term care ombudsman services and regional staff of Regulatory Services and cooperation between the State Long-term Care Ombudsman and the Director of Survey Operations for Regulatory Services. The agreement describes investigation of abuse, neglect, and exploitation as the responsibility of Regulatory Services and directs a long-term care ombudsman to refer such complaints to DADS.

The program also has a memorandum of understanding with DFPS. The memorandum

describes the functions of both long-term care ombudsmen and DFPS staff in nursing facilities and assisted living facilities. The memorandum outlines the appropriate circumstances when each organization may refer to the other for client assistance.

Quality Monitoring Program, Quality Reporting Function, Minimum Data Set and Outcome and Assessment Information Set
N/A

Joint Training
Educational Services coordinates joint training events for long-term care providers and surveyors with DADS Center for Policy and Innovation, DSHS, and the Texas Medical Foundation.

Electronic Visit Verification
Staff from the DADS Center for Program Coordination works closely with HHSC staff to ensure that the DADS initiative is compatible with the program ultimately being designed by HHSC.

J. If the program or function works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.

Long-term Care Ombudsman Program
As a publicized statewide resource, long-term care ombudsmen are contacted by city and county governments and regional and federal units of government to assist individual clients. Long-term care ombudsman services are provided by contract with an Area Agency on Aging, or by subcontract between an Area Agency on Aging and a local non-profit organization.

Minimum Data Set (MDS) and Outcome and Assessment Information Set (OASIS)
DADS staff work with the Centers for Medicare & Medicaid Services, which oversees and promulgates rules and regulations for the Medicare and Medicaid programs that the state of Texas then helps administer and promote.

Quality Reporting Function
DADS staff act in accordance with a memorandum of understanding between DFPS and DADS for the abuse, neglect and exploitation database. The memorandum defines the data elements, protocol, release of information, and privacy information.

Joint Training, Quality Monitoring Program, and Electronic Visit Verification
N/A

K. If contracted expenditures are made through this program please provide:

- **a short summary of the general purpose of those contracts overall;**
- **the amount of those expenditures in fiscal year 2012;**
- **the number of contracts accounting for those expenditures;**
- **top five contracts by dollar amount, including contractor and purpose;**
- **the methods used to ensure accountability for funding and performance; and**
- **a short description of any current contracting problems.**

Quality Reporting Function

DADS uses contracts for the following purposes:

- per unit, performance-based contracts with Nurse Aide Competency Evaluation Services Plus Foundation, Inc., to conduct annual, large-scale surveys; and
- to administer the Data Mart, websites and web-based systems.

Center for Policy and Innovation staff monitor all contracts according to specifications outlined in the individual contract and in the DADS Contract Administration handbook. Staff collect, verify, and submit the contractor time sheets to DADS Information Technology to ensure funding and performance accountability. DADS currently has no identified contracting issues.

Electronic Visit Verification

DADS contracted with Sandata Technologies, LLC, to develop and maintain the DADS electronic visit verification system. Expenditures in FY 2012 totaled $2,034,035 from two contracts.

Contract	Dollar Amount	Purpose
Sandata Technologies	$1,981,696	Implementation of electronic visit verification system
TIBH Industries	$52,340	Temporary employment services to support the initiative

Per the contract, DADS staff may address areas of concern through controlled correspondence. Issues currently being tracked through controlled correspondence include reporting concerns and the accessibility of vendor software. If a concern cannot be resolved through controlled correspondence, DADS may assess liquidated damages or place the vendor on a corrective action plan. At this time, DADS has not implemented either liquidated damages or a corrective action plan.

For additional information, see Attachment 18, Contract Expenditures.

Long-term Care Ombudsman Program, Quality Monitoring Program, Minimum Data Set, Outcome and Assessment Information Set and Joint Training

N/A

L. Provide information on any grants awarded by the program.

N/A

M. What statutory changes could be made to assist this program in performing its functions? Explain.

Long-term Care Ombudsman Program
The program encounters problems with providers who interfer with ombudsmen in the course of the ombudsmens' performance of official duties. Statute does not include an effective method of deterrence. If the interference is not a residents' right issue, the state has no realistic method of resolving the interference, and facility residents do not have an effective ombudsman program to use for problem-solving. Other states, including California, Ohio, and New Jersey, have statutes that allow financial penalties to be imposed as a remedy to the problem. Similar statutory language would assist the ombudsman program in fulfilling its federally-required functions.

Quality Monitoring Program, Quality Reporting Function, Minimum Data Set, Outcome and Assessment Information Set, Joint Training, and Electronic Visit Verification
N/A

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion is sufficient to gain a preliminary understanding of these programs and initiatives.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- **why the regulation is needed;**
- **the scope of, and procedures for, inspections or audits of regulated entities;**
- **follow-up activities conducted when non-compliance is identified;**
- **sanctions available to the agency to ensure compliance; and**
- **procedures for handling consumer/public complaints against regulated entities.**

Long-term Care Ombudsman Program, Quality Monitoring Program, Quality Reporting Function, Minimum Data Set, Joint Training, and Electronic Visit Verification
N/A

Outcome and Assessment Information Set (OASIS)

OASIS data, collected as part of a patient-specific comprehensive assessment, are a key component in supporting home healthcare patient outcome measures, payment, and the survey process. It is the basis for the home health Medicare Prospective Payment System and is used for Pay-for-Reporting. Medicare certified home health agencies must comply with the Centers for Medicare & Medicaid Services federal regulatory requirements and time-frames to electronically submit the patient's OASIS data to the State. As directed in Regional Survey and Certification Letter 99-28, OASIS Education Coordinators in Educational Services provide continuous off-site monitoring to identify which home health agencies in Texas are not electronically transmitting their OASIS data. The OASIS Coordinators then contact the agencies to submit the required data. If data are not entered timely, the OASIS Coordinators write certification deficiencies against the home health agency. The procedures for addressing these deficiencies and available sanctions are discussed in Section VII, Regulatory Services—Survey Operations and Section VII, Regulatory Services—Enforcement. The regulatory function provided by Educational Services OASIS Coordinators is conducted via online monitoring system, and the OASIS coordinators do not receive complaints.

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

N/A

Regulatory Services

Overview

Regulatory Services regulates certain individuals and providers that participate in DADS programs. The regulatory functions of licensure/certification, survey/inspection, and enforcement are imperative in protecting the health, safety, and well-being of those Texans receiving services by DADS providers.

Program Administration

The Policy, Rules and Curriculum section within Regulatory Services provides important administrative and operational support for DADS Regulatory Services. Staff maintain ten Texas Administrative Code chapters that regulate applicable individuals and providers, develops internal and external policy guidance for Regulatory Services, and creates educational materials to inform Regulatory Services staff, providers, and the public about state and federal licensure requirements and the latest concerns in long-term care health and safety.

Provider Licensure, Certification, and Contracting

Regulatory Services regulates adult daycare facilities (ADCs), assisted living facilities (ALFs), Home and Community-based Services program providers (HCS), home and community support services agencies (HCSSAs), ICFs/IID, nursing facilities (NFs), and Texas Home Living program providers (TxHmL). DADS providers have differing requirements regarding state licensure, federal certification, state contracts, and accreditation. Most providers are required to have a state license to operate. Some providers have the option of pursuing certification from the Centers for Medicare & Medicaid Services to provide services to Medicare or Medicaid beneficiaries. Contracting to provide services as described in previous sections of this report (Medicaid waiver programs, State Plan Entitlement programs, and non-Medicaid programs) is an option for certain providers and enables them to provide services to individuals participating in those programs. Certain providers also have the option of pursuing accreditation through private accreditation organizations; depending on the program's licensure and certification rules, maintaining such accreditation may exempt a provider from certain DADS regulatory activities.

Comparison of Licensure, Certification, and Accreditation, by Provider Type

Provider	State Licensure	Federal Certification	DADS Contracting	Accreditation Organizations
ADC	Required	None	Optional	None
ALF	Required	None	Optional	Optional
HCS	None	None	Required	None
HCSSA	Required	Optional	Optional	Optional

Provider	State Licensure	Federal Certification	DADS Contracting	Accreditation Organizations
ICF/IID—private	Required	Required	Required	None
ICF/IID—State Supported Living Centers	None	Required	None	None
NF	Required	Optional	Optional	None
TxHmL	None	None	Required	None

Complaints against Regulated Entities

Complaints related to care, treatment, and services provided to individuals receiving services may be made to the DADS Consumer Rights and Services Complaint Intake Call Center via the toll-free number. Providers may also submit self-reported incidents on-line. Many providers are required through licensing regulations to post notices on how to report complaints to DADS or to provide that information in writing to individuals receiving services. Complaints may come directly from individuals receiving services, family members, healthcare providers, advocates, law enforcement, and other state agencies. Unlike some state agencies, DADS Regulatory Services oversight of providers is not solely complaint driven. DADS also conducts routine onsite investigations and surveys of providers. Enforcement action may be taken as a result of a complaint or a routine survey or investigation; accordingly, complaints and enforcement actions are separated in the tables below.

Since all components of Regulatory Services and the Consumer Rights and Services portion of the Chief Operating Officer division are involved in the process of receiving and investigating complaints, the complaint data pertinent to all regulated programs and entities are provided in this introduction. The complaint numbers provided are an overview for FY 2011 and FY2012. Factors such as multiple complaints called into DADS on the same issue spanning FY 2011 and FY2012 and surveys and investigations spanning both fiscal years affect the complaint totals for each year.

Complaints and Enforcement Actions Against Adult Daycare Facilities FY 2011 – FY 2012		
	FY 2011	**FY 2012**
Total number of persons served in program	21,136	21,826
Total number of regulated entities	497	498
Total number of entities inspected	519	401
Complaints		
Total number of complaints received from the public	622	533
Total number of complaints initiated by DADS	0	0
Number of complaints pending from prior years	18	10
Number of complaints found to be non-jurisdictional	129	35
Number of jurisdictional complaints found to be without merit	431	393
Number of complaints resolved	502	486
Average number of days for complaint resolution	8.5	12.1
Enforcement Actions		
Number of enforcement actions taken:		
Office of the Attorney General Referrals— Injunctive/Other Relief/Civil Penalties	0	0
Emergency Suspension and Closing Orders—Ordered	0	0
Denial of License—Recommended	22	20
Denial of License—Denied	20	11
Revocation of License—Recommended	0	2
Revocation of License—Revoked	0	0

Source: Senate Bill 190 Report FY2011, FY2012; CARES Central Data Repository

Complaints and Enforcement Actions Against Assisted Living Facilities FY 2011 – FY 2012		
	FY 2011	**FY 2012**
Total number of persons served in program	33,182	35,017
Total number of regulated entities	1,664	1,723
Total number of entities inspected	1,640	1,463
Complaints		
Total number of complaints received from the public	1,855	2,015
Total number of complaints initiated by DADS	0	0
Number of complaints pending from prior years	61	71
Number of complaints found to be non-jurisdictional	28	34
Number of jurisdictional complaints found to be without merit	1,262	1,204
Number of complaints resolved	1,810	1,919
Average number of days for complaint resolution	11.4	18.1
Enforcement Actions		
Number of enforcement actions taken:		
Administrative Penalties—Imposed	45	33
Administrative Penalties—Assessed	5	7
Office of the Attorney General Referrals—Injunctive/Other Relief/ Civil penalties	5	6
Amelioration Requests—Approved	0	1
Amelioration Requests—Denied	4	2
Trusteeships—Ordered	0	0
Emergency Suspensions and Closing Orders—Ordered	1	1
Denial of License—Proposed	69	51

Complaints and Enforcement Actions Against Assisted Living Facilities FY 2011 – FY 2012		
	FY 2011	**FY 2012**
Denial of License—Denied	48	28
Revocation of License—Proposed	0	2
Revocation of License—Revoked	0	1

Source: Senate Bill 190 Report FY2011, FY2012; CARES Central Data Repository

Complaints and Enforcement Actions Against Home and Community-based Services Providers FY 2011 – FY 2012		
	FY 2011	**FY 2012**
Total number of persons served in program	20,863	21,006
Total number of regulated entities	704	754
Total number of entities inspected	630	684
Complaints		
Total number of complaints received from the public	2234	2581
Total number of complaints initiated by DADS	0	0
Number of complaints pending from prior years	0	0
Total number of complaints resolved	2234	2581
Number of complaints resolved by Consumer Rights and Services	2197	2504
Number of complaints resolved by Regulatory Services	37	77
Number of complaints found to be non-jurisdictional	0	0
Number of jurisdictional complaints found to be without merit	37	0
Average number of days for complaint resolution by Regulatory Services	22.1	21.9

Complaints and Enforcement Actions Against Home and Community-based Services Providers FY 2011 – FY 2012		
	FY 2011	**FY 2012**
Enforcement Actions*		
Number of enforcement actions taken:		
Certification		
Pending Corrective Action Plan	416	159
Level I Sanctions	41	35
Level II Sanctions	16	6
Vendor Hold	4	10
Decertification	8	12

Source: Senate Bill 190 Report FY2011, FY2012

* DADS Regulatory Services oversight of providers is not solely complaint driven. DADS also conducts routine onsite investigations and surveys of providers. Enforcement action may be taken as a result of a complaint or a routine survey or investigation.

Complaints and Enforcement Actions Against Home and Community Support Services Agencies Providers FY 2011 – FY 2012		
	FY 2011	**FY 2012**
Total number of persons served in program	n/a*	n/a*
Total number of regulated entities	5,834	6,063
Total number of entities inspected	2,169	2,178
Complaints		
Total number of complaints received from the public	1,995	1,834
Total number of complaints initiated by DADS	0	0
Number of complaints pending from prior years	505	506

Complaints and Enforcement Actions Against Home and Community Support Services Agencies Providers FY 2011 – FY 2012		
	FY 2011	**FY 2012**
Number of complaints found to be non-jurisdictional	310	241
Number of jurisdictional complaints found to be without merit	1,413	1,163
Number of complaints resolved	1,612	1,462
Average number of days for complaint resolution	119.5	76.9
Enforcement Actions		
Number of enforcement actions taken:		
Administrative Penalties—Imposed	413	266
Administrative Penalties—Assessed	64	30
Office of the Attorney General Referrals—Injunctive/Other Relief/ Civil penalties	0	0
Denial of Initial License—Proposed	24	23
Denial of Initial License—Denied	6	12
Denial of License Renewal—Proposed	12	3
Denial of License Renewal—Denied	2	3
Expiration of License—Completed	23	19
Immediate Suspensions—Suspended	0	0
Surrender of License—Completed	27	29
Revocation of License—Proposed	225	183
Revocation of License—Revoked	26	71

Source: Senate Bill 190 Report FY2011, FY2012; HCSSA Central Data Repository

* Census no longer collected annually; now collected every other year for the two-year period.

Complaints and Enforcement Actions Against ICF/IID Providers FY 2011 – FY 2012		
	FY 2011	**FY 2012**
Total number of persons served in program	9,833	10,097
Total number of regulated entities	861	861
Total number of entities inspected	870	865
Complaints		
Total number of complaints received from the public	295	423
Total number of complaints initiated by DADS	0	0
Number of complaints pending from prior years	25	4
Number of complaints found to be non-jurisdictional	22	26
Number of jurisdictional complaints found to be without merit	186	237
Number of complaints resolved	295	381
Average number of days for complaint resolution	9.3	10.0
Enforcement Actions		
Number of enforcement actions taken:		
Administrative Penalties—Imposed	7	5
Administrative Penalties—Assessed	1	3
Office of the Attorney General Referrals—Injunctive/Other Relief/Civil Penalties	2	0
Amelioration Requests—Approved	1	0
Amelioration Requests—Denied	1	0
Trusteeships—Ordered	0	0
Emergency Suspensions and Closing Orders—Ordered	0	0
Denial of License—Proposed	1	3

Complaints and Enforcement Actions Against ICF/IID Providers FY 2011 – FY 2012		
	FY 2011	**FY 2012**
Denial of License—Denied	0	0
Revocation of License—Proposed	2	0
Revocation of License—Revoked	0	0
23-day Termination	3	0
90-day Termination	76	56

Source: Senate Bill 190 Report FY2011, FY2012; CARES Central Data Repository

Complaints and Enforcement Actions Against Medication Aides FY 2011 – FY 2012		
	FY 2011	**FY 2012**
Number of medication aides	10,711	10,524
Total number of persons investigated	*N/A	*N/A
Complaints		
Total number of complaints received from the public	*N/A	*N/A
Total number of complaints initiated by DADS	*N/A	*N/A
Number of complaints pending from prior years	*N/A	*N/A
Number of complaints found to be non-jurisdictional	*N/A	*N/A
Number of jurisdictional complaints found to be without merit	*N/A	*N/A
Number of referrals received from region	3	6
Average number of days for complaint resolution	*N/A	*N/A
Enforcement Actions		
Referrals resulting in disciplinary action:	2	3

Complaints and Enforcement Actions Against Medication Aides FY 2011 – FY 2012		
	FY 2011	**FY 2012**
Administrative penalty		
Reprimand		
Probation		
Suspension		
Revocation	2	3

Source: Nursing Facility Administrator Licensing Database and Agency Records Management System

* Complaints alleging misconduct by individuals are tracked as complaints against the facility in which the alleged act occurred. If during the course of the investigation, wrongdoing by an individual is identified, that individual is referred to his or her licensing board. For nursing facility administrators, certified nurse aides, medication aides and employees who are unlicensed or un-credentialed, those referrals are made to DADS Regulatory Services Enforcement for enforcement activity.

Complaints and Enforcement Actions Against Nurse Aide Training and Competency Exam Programs FY 2011 – FY 2012		
	FY 2011	**FY 2012**
Total number of regulated entities	762	812
Total number of entities inspected	312	269
Complaints		
Total number of complaints received from the public	11	13
Total number of complaints initiated by DADS	2	4
Number of complaints pending from prior years	0	0
Number of complaints found to be non-jurisdictional	0	3
Number of jurisdictional complaints found to be without merit	1	2
Number of complaints resolved	8	13

Complaints and Enforcement Actions Against Nurse Aide Training and Competency Exam Programs FY 2011 – FY 2012		
	FY 2011	**FY 2012**
Average number of days for complaint resolution	21	25
Enforcement Actions		
Complaints resulting in disciplinary action:	8	12
Administrative penalty	n/a	n/a
Reprimand	8	8
Probation	0	0
Suspension	0	0
Revocation	3	1
Other	0	0

Source: Nursing Facility Administrator Licensing Database and Agency Records Management System

Complaints and Enforcement Actions Against Nursing Facilities FY 2011 – FY 2012		
	FY 2011	**FY 2012**
Total number of persons served in program	87,533	92,844
Total number of regulated entities	1,211	1,215
Total number of entities inspected	1,218	1,224
Complaints		
Total number of complaints received from the public	7,632	8,108
Total number of complaints initiated by DADS	0	0
Number of complaints pending from prior years	271	231
Number of complaints found to be non-jurisdictional	298	289

Complaints and Enforcement Actions Against Nursing Facilities FY 2011 – FY 2012		
	FY 2011	**FY 2012**
Number of jurisdictional complaints found to be without merit	5,723	5,578
Number of complaints resolved	7,375	7,634
Average number of days for complaint resolution	10.2	12.1
Enforcement Actions		
Number of enforcement actions taken:		
Administrative Penalties—Imposed	26	38
Administrative Penalties—Assessed	12	8
Office of the Attorney General Referrals—Injunctive/Other Relief/Civil Penalties	2	3
Amelioration Requests—Approved	3	1
Amelioration Requests—Denied	3	3
Trusteeships—Ordered	0	0
Closures under Trusteeship—Accomplished	0	0
Emergency Suspension and Closing Orders—Ordered	0	0
Suspension of Admissions—Ordered	0	0
Denial of License—Proposed	6	5
Denial of License—Denied	3	0
Revocation of License—Proposed	0	2
Revocation of License—Revoked	1	2
Civil Money Penalties—Imposed	237	216
Civil Money Penalties—Assessed	62	69

Source: Senate Bill 190 Report FY2011, FY2012; CARES Central Data Repository

Complaints and Enforcement Actions Against Nursing Facility Administrators FY 2011 – FY 2012		
	FY 2011	**FY 2012**
Number of nursing facility administrators	2,103	2,148
Total number of nursing facility administrators investigated	*N/A	*N/A
Complaints		
Total number of complaints received from the public	2	1
Total number of referrals initiated by DADS	140	128
Number of complaints pending from prior years	*N/A	*N/A
Number of complaints found to be non-jurisdictional	*N/A	*N/A
Number of jurisdictional referrals found to be without merit	99	75
Number of referrals and complaints resolved	136	114
Average number of days for complaint resolution	*N/A	*N/A
Enforcement Actions		
Referrals resulting in disciplinary action:	37	39
Administrative penalty	1	4
Reprimand	4	11
Probation	1	0
Suspension	2	0
Surrender of license	0	3
Revocation	0	0
Other (CEUs)	34	21

Source: Nursing Facility Administrator Licensing Database and Agency Records Management System

*Complaints alleging misconduct by individuals are tracked as complaints against the facility in which the alleged act occurred. If during the course of the investigation, wrongdoing by an individual is

identified, that individual is referred to his or her licensing board. For nursing facility administrators, certified nurse aides, medication aides, and employees who are unlicensed or un-credentialed, those referrals are made to DADS Regulatory Services Enforcement for enforcement activity.

Complaints and Enforcement Actions Against Regulated Nurse Aides FY 2011 – FY 2012		
	FY 2011	**FY 2012**
Number of nurse aides	137,873	139,451
Total number of nurse aides investigated	*N/A	*N/A
Complaints		
Total number of complaints received from the public	*N/A	*N/A
Total number of referrals initiated by DADS	51	50
Number of complaints pending from prior years	*N/A	*N/A
Number of complaints found to be non-jurisdictional	*N/A	*N/A
Number of jurisdictional referrals found to be without merit	1	2
Number of referrals resolved	51	49
Average number of days for complaint resolution	*N/A	*N/A
Enforcement Actions		
Referrals resulting in disciplinary action:	50	47
Administrative penalty		
Reprimand		
Probation		
Suspension		
Revocation	48	45
Other	2	2

Source: Nursing Facility Administrator Licensing Database and Agency Records Management System

* Complaints alleging misconduct by individuals are tracked as complaints against the facility in which the alleged act occurred. If during the course of the investigation, wrongdoing by an individual is identified, that individual is referred to his or her licensing board. For nursing facility administrators, certified nurse aides, medication aides, and employees who are unlicensed or un-credentialed, those referrals are made to DADS Regulatory Services Enforcement for enforcement activity.

Complaints and Enforcement Actions Against Texas Home Living Providers FY 2011 – FY 2012		
	FY 2011	**FY 2012**
Total number of persons served in program	2,593	5,457
Total number of regulated entities	191	303
Total number of entities inspected	115	320
Complaints		
Total number of complaints	7	59
Total number of complaints initiated by DADS	0	0
Number of complaints pending from prior years	0	0
Total number of complaints resolved	7	59
Number of complaints resolved by Consumer Rights and Services	7	58
Number of complaints resolved by Regulatory Services	0	1
Number of complaints found to be non-jurisdictional	0	0
Number of jurisdictional complaints found to be without merit	0	0
Average number of days for complaint resolution by Regulatory Services	0	2
Enforcement Actions		
Number of enforcement actions taken:*		
Certification	78	174
Pending Corrective Action Plan	40	135

Complaints and Enforcement Actions Against Texas Home Living Providers FY 2011 – FY 2012		
	FY 2011	**FY 2012**
Level I Sanctions	0	6
Level II Sanctions	0	0
Vendor Hold	0	2
Decertification	0	1

Source: Senate Bill 190 Report FY2011, FY2012

*DADS Regulatory Services oversight of providers is not solely complaint driven. DADS also conducts routine onsite investigations and surveys of providers. Enforcement action may be taken as a result of a complaint or a routine survey or investigation.

Licensing and Credentialing

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Regulatory Services – Licensing and Credentialing
Location/Division	701 W. 51st Street, Austin, TX 78751/ Regulatory Services
Contact Name	Dana McGrath, Director of Licensing and Credentialing
Actual Expenditures, FY 2012	$1,251,144.00
Number of Actual FTEs as of June 1, 2013	81
Statutory Citation for Program	Human Resources Code 161.071(6) – (9), various other statutory provisions requiring licensing and credentialing of providers and individuals, as discussed below.

B. What is the objective of this program or function? Describe the major activities performed under this program.

The Licensing and Credentialing section provides licensing, certification, credentialing, and contract enrollment services to specified persons and providers to ensure compliance with state and federal standards and the delivery of high quality services from qualified service providers.

The Licensing and Credentialing section also ensures the protection of individuals receiving services from regulated providers by maintaining the Nurse Aide Registry, a state listing of all individuals who have satisfactorily completed a Nurse Aide Training and Competency Evaluation Program (NATCEP) or a Competency Evaluation Program approved by DADS or qualified by waiver or reciprocity and deemed active and employable in a nursing facility. Nurse aides who have a finding entered on the registry of committing an act of abuse, neglect, or misappropriation of resident or consumer property are deemed unemployable in a nursing facility pursuant to 42 CFR, §483.156.

The following processes are administered by Licensing and Credentialing:

- state licensure of adult daycare facilities,
- state licensure of assisted living facilities,

- state licensure of home and community support services agencies,
- federal certification of home health agencies,
- federal certification of hospices,
- state licensure of ICFs/IID,
- dontract enrollment of ICFs/IID,
- federal certification of ICFs/IID,
- state permitting of medication aides,
- state credentialing of nurse aides, including administration of the NATCEP,
- state licensure of nursing facilities,
- contract enrollment of nursing facilities,
- federal certification of nursing facilities,
- state licensure of nursing facility administrators,
- maintenance of the Nurse Aide Registry,
- division support for the Compliance, Assessment, Regulation, Enforcement System and Automated Survey Processing Environment, two databases used to enter survey and inspection data,
- statewide support for the Minimum Data Set nursing facility resident assessment instrument, and
- administration of documents and files produced by the division.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

In FY 2012, the Licensing and Credentialing section enrolled 80 nursing facility contracts and 13 ICF/IID contracts for participation in the Medicaid program.

Licensing and Credentialing also provides data collection and reporting for the Regulatory Services division. In FY2012, Licensing and Credentialing:

- produced 1,895 routine reports,
- produced 87 ad hoc reports,
- responded to 3,800 open records and other records requests, and
- responded to 1,920 file room record requests,

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

N/A

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

Licensing and Credentialing affects persons applying for or holding a nursing facility administrator license, nurse aide certification, or medication aide permit. It also affects persons applying for a license to operate or receiving services from an adult daycare facility, assisted living facility, home and community support services agency, ICF/IID, or nursing facility. It affects open records requestors and other areas of the division or department that request data or other information regarding regulated entities.

Qualifications for persons seeking a license, certification, or permit are described below.

Person	Qualification(s)
Nursing Facility Administrator See 40 Texas Administrative Code (TAC), Part 1, §§18.15-18.16.	• Completed application and fee • Presented Texas Department of Public Safety criminal conviction report/ fingerprint card • Received baccalaureate degree from a university or health science center • Earned 15 semester credit hours in long-term care administration or its equivalent in specified topics • Completed an internship that meets the requirements in 40 TAC §18.12
Nurse Aide See 40 TAC, Part 1, Chapter 94.	• Completed NATCEP approved by the state or determined competent by waiver or reciprocity • Listed as active on the NAR
Medication Aide See 40 TAC, Part 1, §§95.109-95.111.	• Completed application and fee • Completed training program • Passed an open book exam • Passed a written exam
Nurse Aide Training and Competency Evaluation Program See 40 TAC, Part 1, §94.3.	• Completed application • Not prohibited in accordance with 40 TAC §94.3

Qualifications for persons and entities seeking or holding a provider license are found in the following administrative rules:

- Adult daycare facilities: 40 TAC, Chapter 98, Subchapter B and Subchapter D;
- Assisted living facilities: 40 TAC, Chapter 92, Subchapter B and Subchapter C;
- Home and community support services agencies: 40 TAC, Chapter 97, §97.11; Subchapter C (Division 2); §97.244, §97.247 and §97.248;

- ICFs/IID: 40 TAC, Chapter 90, Subchapter B; and
- Nursing facilities: 40 TAC, Chapter 19, Subchapter C and §19.201.

Eligibility requirements for individuals receiving services from various providers are described in the sections for the respective programs.

At the end of FY 2012:

- 2,148 persons were licensed to be nursing facility administrators;
- 139,451 persons were certified to be nurse aides;
- 812 persons or entities were approved to conduct Nurse Aide Training and Competency Evaluation Programs;
- 10,524 persons were permitted to be medication aides;
- 2,057 long-term care facilities (adult daycare facilities, assisted living facilities, ICFs/IID and nursing facilities) were certified;
- 4,151 long-term care facilities were licensed;
- 6,042 home and community support services agencies were licensed;
- 80 nursing facility contracts were awarded; and
- 13 ICF/IID contracts were awarded.

Source: Nursing Facility Administrator Licensing Database, Agency Records Management System, CARES Central Data Repository, Home Health Central Data Repository and Provider Administration System

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

The Licensing and Credentialing section reports to the Assistant Commissioner for Regulatory Services. The section is divided functionally into Provider Licensure and Certification, Nursing Facility Administrator Licensing, and Data/Records Management.

Provider Licensure and Certification

The Provider Licensure and Certification unit:

- reviews applications for initial, renewal and change of ownership licenses for long-term care facilities and home and community support services agencies;
- reviews and processes all Medicaid applications and related requests from nursing facility and ICF/IID applicants regarding opening new facilities, changes of ownership, stock transfers, replacement, and relocation and reopening facilities;
- enrolls providers into the nursing facility and ICF/IID Medicaid programs and coordinates Medicare/Medicaid certifications; and
- implements Medicaid bed allocation requirements applicable to Medicaid-certified nursing facilities.

State law requires DADS to limit the number of Medicaid nursing facility beds. In order to become Medicaid certified, an applicant must possess the rights to allocated Medicaid beds or obtain an allocation of Medicaid beds via various waiver and exemption requirements. The unit also de-allocates and decertifies unused Medicaid beds in low occupancy Medicaid nursing facilities annually.

Nursing Facility Administrator Licensing

The Nursing Facility Administrator Licensing unit conducts professional credentialing and licensing activities:

- review of initial and renewal applications for nursing facility administrator licensure;
- approval, disapproval, and termination of Nurse Aide Training and Competency Evaluation Programs;
- maintenance of the Nurse Aide Registry, which involves processing an average of approximately 8,388 inquiries a month;
- review of initial and renewal applications for medication aide permits; and
- approval, disapproval, and monitoring of medication aide training programs in educational institutions and proctoring of state exams.

Data/Records Management

The Data/Records Management section provides routine and ad hoc reports regarding the regulation of long-term care providers for internal and external inquiries, responds to open records requests, and responds to requests for survey and investigation documents.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

The funding sources for this program include General Revenue, federal and other funds.

Program	State: General Revenue	Federal	Total
Regulatory Services, Licensing and Credentialing	$938,428	$2,251,661	$3,190,089

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

No other programs provide services or functions identical or similar to Licensing and Credentialing to the target population. The Texas Department of Licensing and Regulation and various professional boards issue licenses to other professions, and the Department of State

Health Services issues licenses and certification to other providers, but DADS services are unique to this population.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency's customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

The Licensing and Credentialing section is currently duplicating death reports that are also made available through the Bureau of Vital Statistics. See Section M., relating to statutory changes for complete discussion.

J. If the program or function works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.

Licensing and Credentialing's Coordination with Local Units of Government

Name	Activity	Description
Local fire marshals	Verify compliance with local fire codes	All institutional providers (i.e., adult daycare facilities, assisted living facilities, inpatient hospices, ICFs/IID, and nursing facilities) must comply with local fire codes for licensure.
Local police departments; district attorneys	Respond to document production requests	These entities may request copies of regulatory documentation, primarily for use in court proceedings.

Licensing and Credentialing's Coordination with State Units of Government

Name	Activity	Description
Board of Nursing (BON)	Respond to document production requests	The BON may request copies of regulatory documentation, primarily for use in court proceedings.
Comptroller of Public Accounts	Review licensure/ certification applications	State law prohibits issuance of a license to any person or entity that owes franchise taxes to the comptroller.
Department of Public Safety (DPS)	Respond to document production requests	DPS may request copies of regulatory documentation, primarily for use in court proceedings.
DSHS	Respond to document production requests	DSHS may request copies of regulatory documentation, primarily for use in court proceedings.

Name	Activity	Description
HHSC	Maintain Nurse Aide Registry Respond to document production requests	HHSC is the single state agency designated to administer the Medicaid program and oversees DADS. The Nurse Aide Registry is a required part of the Medicaid State Plan. HHSC Office of the Inspector General may request copies of regulatory documentation, primarily for use in court proceedings.
Office of the Attorney General (OAG)	Respond to document production requests	The OAG may request copies of regulatory documentation, primarily for use in court proceedings.
State Bar of Texas	Respond to document production requests	The State Bar may request copies of regulatory documentation, primarily for use in court proceedings.
Texas Guaranteed Student Loan Corporation (TGSLC)	Review license renewal applications for nursing facility administrators and medication aides	Holders of professional or occupational licenses who are identified as defaulters on loans guaranteed by TGSLC are not eligible for license renewal until TGSLC certifies they are no longer in default or have entered into a repayment agreement.

Licensing and Credentialing's Coordination with Federal Units of Government

Name	Activity	Description
Centers for Medicare & Medicaid Services (CMS)	Notify ineligible Nurse Aide Training and Competency Evaluation Programs (NATCEP) Take action on certification applications Workload tracking Database management Respond to document production requests	DADS, acting as the CMS designated state survey agency: • notifies NATCEP employees of nursing facilities that are ineligible to offer a NATCEP due to an imposed sanction; • works directly with CMS to implement actions against a provider's certification application; • reports DADS staff certification activity to CMS for workload tracking and federal funding purposes; and • manages data entry, data upload, and user security in the federal database. CMS may request copies of regulatory documentation, primarily for use in court proceedings.

Name	Activity	Description
Federal Bureau of Investigation (FBI)	Respond to document production requests	The FBI may request copies of regulatory documentation, primarily for use in court proceedings.

K. If contracted expenditures are made through this program please provide:

- **a short summary of the general purpose of those contracts overall;**
- **the amount of those expenditures in fiscal year 2012;**
- **the number of contracts accounting for those expenditures;**
- **top five contracts by dollar amount, including contractor and purpose;**
- **the methods used to ensure accountability for funding and performance; and**
- **a short description of any current contracting problems.**

As discussed in previous sections of this report, DADS contracts with nursing facilities and ICFs/IID to provide long-term services and supports through Medicaid provider agreements between DADS and the individual providers. The Licensing and Credentialing section also contracts with Pearson VUE to develop and administer nurse aide and medication aide exams and provide data support.

DADS ensures that services delivered by nursing facility and ICF/IID providers meet service quality standards in accordance with the Medicaid Provider Agreement. DADS verifies the quality of services, billing, and achievement of outcomes through annual contract monitoring. DADS reviews monthly report data provided by Pearson VUE regarding examination results and works with Pearson VUE to identify and correct discrepancies.

L. Provide information on any grants awarded by the program.

N/A

M. What statutory changes could be made to assist this program in performing its functions? Explain.

Resident Death Reports

Nursing facilities and ICFs/IID are statutorily required to report resident deaths to DADS; however, the report is costly to produce ($21,500), is duplicative of a report already created by the DSHS Bureau of Vital Statistics (BVS), and presents an undue burden to providers. Once DADS has collected the information from providers, it takes DADS staff up to three months to ensure that providers have entered the information and duplicate entries are deleted. BVS then attempts to match the data to available death certificates (approximately 7 percent of reported deaths did not match to a death certificate in 2011). Because of the verification and

validation of information required to produce an accurate report, data submitted by providers in one year are generally not available for release until over a year later. In the last 13 years that the report has been required, it has been publicly requested once. Therefore, the staff time, resources, cost, and administrative burden to providers are not cost effective and do not result in value for the agency or the public. Repealing the statutory requirement to complete the report found in Health and Safety Code §260A.016 and §252.134 would reduce administrative burdens on the agency and providers..

Consistency of Statutory Language

Under current licensure rules, assisted living facilities may be certified to provide Alzheimer's services under certain conditions. The facility's Alzheimer's certification is obtained and renewed in concert with its licensure as an assisted living facilities. At one point in time, the Health and Safety Code provided statutory authority to support these rules; however, during a statutory change several years ago, this authority was inadvertently lost. DADS would like to request statutory change to increase consistency between statute and rules.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion provides sufficient information to gain a preliminary understanding of Licensing and Credentialing.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- **why the regulation is needed;**
- **the scope of, and procedures for, inspections or audits of regulated entities;**
- **follow-up activities conducted when non-compliance is identified;**
- **sanctions available to the agency to ensure compliance; and**
- **procedures for handling consumer/public complaints against regulated entities.**

The regulatory programs administered by Licensing and Credentialing are regulated pursuant to federal law (Code of Federal Regulations, or CFR, and Omnibus Reconciliation Act of 1971, or OBRA), state law (Health and Safety Code, or HSC, or Human Resources Code, or HRC) and administrative rule (Texas Administrative Code, or TAC).

Program	Federal Law	State Law	Administrative Rule
Adult Daycare	N/A	HRC Chapter 103	40 TAC Chapter 98
Assisted Living Facility	N/A	HSC Chapter 247	40 TAC Chapter 92

Program	Federal Law	State Law	Administrative Rule
Home and Community Support Services Agency	Home Health: 42 CFR Part 484 Hospice: 42 CFR Part 418	HSC Chapter 142	40 TAC Chapter 97
ICFs/IID	42 CFR Part 483	HSC Chapter 252	40 TAC Chapters 9, 90
Medication Aide	N/A	HSC Chapter 242	40 TAC Chapter 95
Nurse Aide Registry	42 CFR §483.156	HSC Chapter 250	40 TAC Chapter 94
Nurse Aide Training and Competency Evaluation Program	OBRA 1987; 42 CFR Parts 431, 498	HSC Chapter 250	40 TAC Chapter 94
Nursing Facility Administrator	N/A	HSC Chapter 242 Subchapter I	40 TAC Chapter 18
Nursing Facility	42 CFR Part 483	HSC Chapter 242	40 TAC Chapter 19

Inspections and surveys, follow-up activities and sanctions for the nursing facility administrator, Nurse Aide Registry, and Medication Aide programs are addressed in VII. Regulatory Services—Enforcement.

Nurse Aide Training and Competency Examination Program (NATCEP)

- DADS may conduct an inspection of a NATCEP at any reasonable time. DADS regional staff conduct on-site visits to determine NATCEP compliance and use the results of those visits to determine whether to renew the NATCEP's approval.
- DADS notifies a NATCEP of any deficiencies identified during an on-site review. The NATCEP must submit a written response to DADS including a written plan of correction for all deficiencies. A NATCEP that does not submit an adequate plan of correction is subject to withdrawal of approval.
- DADS may withdraw its approval from a NATCEP.
- Complaints related to NATCEPs must be submitted in writing to DADS. Complaints must be resolved within 45 days.

Nursing Facility and ICF/IID Programs

- Providers must maintain compliance with the terms of the contract, as well as all applicable standards, requirements, regulations, laws, and policies.
- Contracts are subject to Trust Fund Monitoring performed by DADS Chief Operating Officer staff. ICF/IID contracts are also subject to inspections and surveys conducted by DADS Regulatory Services staff.
- When non-compliance is identified, DADS may conduct a follow-up survey.
- DADS may impose vendor holds and contract termination on contract holders.
- DADS may revoke, suspend, or deny licenses and impose administrative penalties.
- Persons with a complaint against a provider may call the CRS Complaint Intake Line at 1-800-458-9858.

Assisted Living Facility, Adult Daycare, and Home and Community Support Services Agencies Programs

- Providers licensed by DADS must maintain compliance with all applicable standards, requirements, regulations, laws, and policies.
- When non-compliance is identified, DADS may conduct a follow-up survey.
- DADS may revoke, suspend, or deny licenses and impose administrative penalties.
- Persons with a complaint against a provider may call the CRS Complaint Intake Line at 1-800-458-9858.

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

Please see the introduction to Section VII. Regulatory Services for complaint data for each regulated person or entity.

Survey Operations

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Regulatory Services—Survey Operations
Location/Division	701 W. 51st Street, Austin, TX 78751/ Regulatory Services
Contact Name	Carol Tomlinson, Director of Survey Operations
Actual Expenditures, FY 2012	$69,844,888.00
Number of Actual FTEs as of June 1, 2013	905.5
Statutory Citation for Program	Human Resources Code §161.071(6)-(9), various other statutory provisions requiring survey operations and investigations, as discussed below.

B. What is the objective of this program or function? Describe the major activities performed under this program.

The Regulatory Services—Survey Operations division is responsible for ensuring that providers of long-term services and supports meet and maintain compliance with all state licensure and applicable federal certification requirements. Survey Operations conducts surveys, inspections, and reviews and investigates complaints of regulated providers to ensure that individuals receiving services from these providers receive an acceptable quality of care and are protected from abuse, neglect, and exploitation.

Survey Operations regulates the following providers:

- adult daycare facilities;
- assisted living facilities;
- home and community-based services providers;
- home and community support services agencies;
- intermediate care facilities for individuals with an intellectual disability (ICFs/IID);
- nursing facilities; and
- texas home living providers.

Survey Operations:

- conducts architectural plan reviews for residential providers on a fee-for-service basis;

- conducts initial, annual, and follow-up licensing inspections of licensed providers;
- conducts initial, annual, and follow-up certification surveys of Medicare/Medicaid certified providers (which may include home health agencies, hospices, ICFs/IID, and nursing facilities),
- conducts initial and annual certification reviews of Home and Community-based Services and Texas Home Living providers;
- investigates complaints and self-reported incidents at regulated providers;
- investigates allegations regarding unlicensed facilities;
- follows up on findings received from DFPS related to abuse, neglect, or exploitation of individuals receiving services from Home and Community-based Services and Texas Home Living providers or from ICFs/IID;
- monitors any regulated provider found to be out of compliance with regulations; and
- reviews deaths of individuals enrolled in the Home and Community-based Services and Texas Home Living, and Deaf Blind with Multiple Disabilities programs.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

As an element of the formal agreement with the Centers for Medicare & Medicaid Services stipulated by Section 1864 of the Social Security Act, which assigns responsibility for measuring provider compliance with all applicable federal regulations to the state agency that carries out those day-to-day responsibilities, the Compliance and Oversight unit is responsible for coordinating all data collection, analysis, and reporting necessary to ensure compliance with all federal performance standards. Unit employees conduct quality assurance and improvement activities necessary to ensure the efficient and effective operation of survey and certification activities for regulated providers.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

N/A

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

The facilities, agencies, and programs regulated by Survey Operations affect Texans age 60 or over, Texans with intellectual or developmental disabilities, and Texans with other long-term services and supports needs, directly or indirectly, by protecting the health and safety of individuals receiving services through measurement of provider compliance with applicable

state and federal regulations.

Eligibility requirements for regulated providers are discussed in VII, Regulatory Services—Licensing and Credentialing. Eligibility requirements for individuals receiving HCS and TxHmL are discussed in VII, Medicaid Waiver Programs.

Institutional Statistics by Program Type

Program	Count	% of All Facilities	Occupancy	% of all Occupants
Adult Daycare	498	11.6%	21,826	13.7%
Assisted Living	1,723	40.1%	35,017	22.0%
ICF/IID	861	20.0%	9,570	6.0%
Nursing Facilities	1,215	28.3%	92,844	58.3%
Total	**4,297**	**100%**	**159,257**	**100%**

Source: Regulatory Services Annual Report, FY 2012

Community Statistics by Program Type

Program	# of Providers	# of Individuals Served (FY 2011-FY 2012)
Home and Community Support Services Agencies	6,063	1,119,309
Home and Community-based Services contracts	706	20,568
Texas Home Living contracts	277	5,239

Source: Regulatory Services Annual Report, FY 2012

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

Survey Operations reports to the Assistant Commissioner for Regulatory Services. State office staff provide administrative support, compliance, oversight, and architectural support. Survey and investigation activities are generally conducted out of eight regional offices, each led by a Regional Director. Home and Community-based Services and Texas Home Living certification reviews are administered by a state office manager and conducted by regional teams in Austin, Dallas/Fort Worth, Houston, San Antonio, and Lubbock.

Generally, most surveys, complaint investigations, and other visits made for the purpose of determining the appropriateness of care and day-to-day operations of the provider are unannounced, as required by law. Survey procedures for various providers are governed by state and federal law, as discussed in VII, Regulatory Services—Licensing and Credentialing, Subsection O.

Self-reported incidents are processed in most cases as a desk review. The report may be forwarded to the appropriate regional office to conduct an on-site investigation. Complaints may be withdrawn by the complainant only if abuse, neglect, or exploitation was not alleged. Sometimes, a person may call the DADS complaint hotline to give specific information about a provider that is not found to constitute a violation of program requirements. For each facility type, the table below shows the type and frequency of survey or inspection and the required time-frame for responding to complaints.

Survey and Investigation Time-Frames

Program	Frequency of Surveys and Inspections	Required Response Time-Frames for Complaints/Self-Reported Incidents
Adult Daycare Facility	• Initial health and life safety survey • Every two years thereafter	• Immediate threat: on or before 24 hours • Non-immediate threat (high): on or before 14 calendar days • Non-immediate threat (medium): on or before 30 calendar days
Assisted Living Facility	• Initial health and life safety survey • Every two years thereafter	• Immediate threat: on or before 24 hours • Non-immediate threat (high): on or before 14 calendar days • Non-immediate threat (medium): on or before 30 calendar days • Non-immediate threat (low): on or before 45 calendar days
Home and Community Support Services Agencies	• Before expiration of the initial license • 18 months from the date of the initial survey • Every 36 months thereafter	• Immediate threat: on or before 2 working days • Non-immediate threat (high): on or before 10 working days • Other: on or before 90 working days • Non-immediate threat (low) for deemed providers: on or before 45 calendar days* • Other: 120 working days**
ICF/IID	• Initial health and life safety survey • Every two years thereafter	• Immediate threat: on or before 24 hours • Non-immediate threat (high): on or before 14 calendar days • Non-immediate threat (medium): on or before 14 calendar days • Non-immediate threat (low): on or before 45 calendar days

Program	Frequency of Surveys and Inspections	Required Response Time-Frames for Complaints/Self-Reported Incidents
Nursing Facility	• Initial health and life safety survey • Within a year of being issued a probationary license • Every three years thereafter	• Immediate threat: on or before 24 hours • Non-immediate threat (high): on or before 14 calendar days • Non-immediate threat (medium): on or before 14 calendar days • Non-immediate threat (low): on or before 45 calendar days
Home and Community-based Services and Texas Home Living	• Within 120 days of first consumer enrollment/ transfer into contract • At least annually thereafter	N/A—investigated by DFPS

Source: DADS Internal Memorandum #06-35; 40 TAC §98.1(e), §92.81; §90.215; §19.2010(d); CMS Survey and Certification Letter #04-09; SOM Chapter 5

* Complaints against certain accredited providers require CMS Regional Office approval and cannot be prioritized in excess of 45 calendar days.

** Allegations of abuse, neglect, and exploitation are referred to DFPS in accordance with the Memorandum of Understanding dated 5/20/02.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

The funding sources for this program include General Revenue, federal funds, and other funds.

Funding Sources: Survey Operations

Program	State: General Revenue	Federal	Total
Regulatory Services, Survey Operations	$13,783,397	$33,071,814	$46,855,211

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

DSHS conducts investigations and surveys of other providers, but DADS services are unique to this population.

DFPS conducts investigations of abuse, neglect, and exploitation in certain providers surveyed and investigated by Survey Operations. In these cases, DADS investigates only for violations of licensure and certification requirements, and DFPS investigates only the allegation of abuse, neglect, or exploitation.

Federal surveyors from the Centers for Medicare & Medicaid Services conduct periodic follow-behind surveys to evaluate the effectiveness of DADS staff in conducting surveys according to federal standards and processes. However, these surveys are for training and quality control purposes rather than certification.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency's customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

DADS Regulatory Services has in place several MOUs to ensure individuals served by DADS are protected. MOUs include, but are not limited to:

- *Clarification of Roles and Responsibilities in Investigations of Abuse, Neglect and Exploitation; Exchange of Information; and Assistance with Closure of Certain DADS Regulated Facilities Between DADS and Department of Family Protective Services*—clarifies roles and responsibilities in certain investigations of abuse, neglect, or exploitation; exchange of agency information and assistance with closure of certain DADS-regulated facilities. (August 28, 2008)
- *Cooperative Agreement between the Board of Nurse Examiners for the State of Texas and Department of Aging and Disability Services*—relating to circumstances under which the provision of health-related tasks or services by a home and community support services agency does not constitute the practice of professional nursing. (June 28, 2007)
- *Memorandum of Understanding Between the Texas Department of Aging and Disability Services and the Texas Board of Nursing*—relating to requirements that will apply to a state-wide pilot program implemented by DADS, and when telephone on-call services may be provided by a Licensed Vocational Nurse. (July 6, 2011)
- *Memorandum of Understanding For Regulation and Prosecution of Assisted Living Facilities Between the Department of Aging and Disability Services, Department of Family Protective Service and the Office of the Attorney General*—defines each agency's responsibilities concerning ALFs; outlines procedures to be used by the agencies in responding to complaints about ALFs; identifies enforcement needs of the agencies, including access to information; and provides a plan for correcting violations in ALFs. (September 5, 2007)

J. If the program or function works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.

Survey Operations Coordination with State Units of Government

Name	Activity	Description
DFPS	Coordinated response to allegations of abuse, neglect or exploitation	• HCSSA: DADS staff investigate for compliance with criminal background checks • HCS/TxHmL: DADS staff review DFPS findings and assess whether additional action is warranted against the provider

Survey Operations with Federal Units of Government

Name	Activity	Description
Centers for Medicare & Medicaid Services (CMS)	Conducting certification surveys and investigations	• DADS staff act as representatives of CMS to conduct surveys and investigations of certified providers

K. If contracted expenditures are made through this program please provide:

- **a short summary of the general purpose of those contracts overall;**
- **the amount of those expenditures in fiscal year 2012;**
- **the number of contracts accounting for those expenditures;**
- **top five contracts by dollar amount, including contractor and purpose;**
- **the methods used to ensure accountability for funding and performance; and**
- **a short description of any current contracting problems.**

Survey Operations contracts with individuals to assist with fulfilling regulatory oversight activities. These contracted staff supplement Regulatory Services staff and perform the same regulatory duties and processes as employed survey staff. Accountability is ensured by approving and tracking invoices. Survey Operations is not experiencing any contract problems with these contracted staff.

L. Provide information on any grants awarded by the program.

N/A

M. What statutory changes could be made to assist this program in performing its functions? Explain.

N/A

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion provides sufficient information to gain a preliminary understanding of Survey Operations.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- **why the regulation is needed;**
- **the scope of, and procedures for, inspections or audits of regulated entities;**
- **follow-up activities conducted when non-compliance is identified;**
- **sanctions available to the agency to ensure compliance; and**
- **procedures for handling consumer/public complaints against regulated entities.**

The regulatory programs administered by Survey Operations are regulated pursuant to state and federal law, as described in VII, Regulatory Services—Licensing and Credentialing, Subsection O.

The scope of, and procedures for, inspections and surveys are addressed in Section F above.

Adult Daycare Facilities, Assisted Living Facilities, Home and Community Support Services Agencies, ICFs/IID and Nursing Facilities

At the conclusion of an inspection or investigation, the findings are discussed in an exit conference with provider management. A written list of identified problem areas is left with the facility. If additional violations or deficiencies are identified after the exit conference, an additional exit conference is conducted. A final list of violations or deficiencies is given to the provider within 10 working days of the exit conference.

Upon receipt of the statement of violations, the provider has 10 calendar days to submit an acceptable plan of correction. Plans of correction are monitored, either through desk review (except for ICFs/IID and nursing facilities) or on-site visit, to ensure the provider has successfully implemented all identified corrective actions.

Home and Community-based Services and Texas Home Living Providers

The provider must submit a corrective action plan to DADS when non-compliance with program principles is identified but sanctions are not imposed. Intermittent reviews are conducted based on complaints, critical incidents, provider performance history, or provider organizational

changes. If the provider does not submit an acceptable corrective action plan, DADS initiates termination of the provider's waiver program agreement, implements vendor hold against the provider and, in conjunction with the local authority, coordinates the provision of alternate services for the individuals receiving services from the program provider.

Sanctions available to DADS to ensure compliance are discussed in VII, Regulatory Services—Enforcement.

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

Please see the introduction to Section VII, Regulatory Services for complaint data for each regulated person or entity.

Enforcement

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Regulatory Services—Enforcement
Location/Division	701 W. 51st Street, Austin, TX 78751/ Regulatory Services
Contact Name	Susan Davis, Director of Enforcement
Actual Expenditures, FY 2012	$2,146,488
Number of Actual FTEs as of June 1, 2013	40
Statutory Citation for Program	Human Resources Code §161.071(6)-(9); various other statutory provisions requiring sanction activity listed below.

B. What is the objective of this program or function? Describe the major activities performed under this program.

The Regulatory Services—Enforcement section enforces licensure requirements and makes recommendations to the Centers for Medicare & Medicaid Services to enforce certification requirements. The section encourages entities to comply with state and federal standards and to ensure that individuals receive an acceptable quality of care and are protected from abuse, neglect, and exploitation. To achieve this objective, the section conducts financial monitoring, and imposes enforcement actions against regulated entities and individuals as appropriate.

Enforcement Activities

- Review, approve, manage, and monitor state office and regional recommendations for state enforcement actions pertaining to long-term care providers in accordance with applicable state licensing statutes.
- Receive, review, approve, manage, and monitor regional referrals for state enforcement action against nursing facility administrators, certified nurse aides, permitted medication aides, and unlicensed employees of DADS-regulated facilities and agencies.
- Review, recommend for approval, manage, and monitor state office and regional enforcement recommendations for federal enforcement actions related to medicare or medicaid certified providers.
- Investigate nursing facility administrators.
- Coordinate sanction recommendations and other licensure actions with the Nursing Facility Administrators Advisory Committee, provide administrative due process, and

impose and monitor sanctions.

- Determine nurse aide employability in nursing facilities and make appropriate entries into the Nurse Aide Registry.
- Impose and monitor sanctions against permitted medication aides and make appropriate entries into the database.
- Maintain the Employee Misconduct Registry.
- Receive and enter into the Employee Misconduct Registry final findings from DFPS regarding investigations of abuse, neglect, or exploitation.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

During FY 2012, DADS completed the following enforcement activities:

- Imposed 342 administrative penalties against providers, totaling $603,676.16.
- Referred 22 facilities for injunctive/other relief and civil penalties.
- Approved two amelioration requests (a request by a provider to use all or part of a recommended administrative penalty to remedy the situation leading to the violation).
- Denied 55 initial and renewal applications for licensure.
- Revoked 74 licenses.
- Allowed 19 home and community support services agencies licenses to expire in lieu of further enforcement actions.
- Allowed 29 home and community support services agencies to surrender their license in lieu of further enforcement actions.
- Imposed 49 sanctions against Home and Community-based Services and Texas Home Living contracts.
- Placed 12 Home and Community-based Services and Texas Home Living contracts on vendor hold.
- Denied certification to 14 Home and Community-based Services and Texas Home Living contracts.
- Referred 13 unlicensed facilities (facilities illegally operating without a state license) for injunctive/other relief and civil penalties.
- Imposed eight civil money penalties against Medicaid-certified nursing facilities.

Source: Senate Bill 190 Annual Report, FY 2012

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

N/A

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

The imposition of sanctions against facilities, agencies, programs, and individuals by the Enforcement section affects Texans age 60 or over, Texans with IDD and Texans with other long-term services and supports needs, directly or indirectly, by protecting the health and safety of individuals receiving services through deterrence, correction, rehabilitation, and denunciation.

Eligibility requirements and statistical breakdowns for regulated entities are discussed in VII, Regulatory Services—Licensing and Credentialing and VII, Regulatory Services—Survey Operations.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

The Director of Enforcement reports to the Assistant Commissioner for Regulatory Services.

The Provider Enforcement unit takes enforcement actions necessary to ensure that individuals receiving services from long-term care providers receive appropriate services and care, are treated with respect, enjoy full civil and legal rights, and receive care that complies with state licensure and federal certification requirements.

The Professional Credentialing Enforcement unit administers enforcement aspects of the credentialing and professional certification programs. The unit receives referrals and complaints, conducts investigations, and imposes enforcement actions on nursing facility administrators, medication aides, nurse aides through the Nurse Aide Registry, and unlicensed facility and agency staff through the Employee Misconduct Registry.

The Survey and Certification Enforcement unit participates with regional staff in regional enforcement meetings to ensure that all final enforcement actions comply with federal and state requirements and are consistent statewide per provider type. Staff also provide an informal review of deficiencies for home and community support services agenciess and imposes directed plans of correction and vendor holds against ICFs/IID.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

The funding sources for Regulatory Services—Enforcement include General Revenue and federal funds.

Funding Sources: Enforcement

Program	State: General Revenue	Federal	Total
Regulatory Services, Enforcement	$631,432	$1,515,056	$2,146,488

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

No other programs provide services or functions similar to Regulatory Services—Enforcement to the target population. The Department of Licensing and Regulation, in addition to various professional boards, impose sanctions against professional licenses; however, they do not perform this function for these providers, entities, and persons.

Likewise, DSHS recommends and imposes enforcement actions on other types of providers. However, only DADS Regulatory Services—Survey Operations performs these services for these providers, entities, and individuals.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency's customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

N/A

J. If the program or function works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.

Enforcement Coordination with State Units of Government

Name	Activity	Description
HHSC	Informal dispute resolution (IDR)	• For nursing facilities, ICFs/IID, and assisted living facilities, ensures that IDR decisions regarding deletions and alterations to federal deficiency statements and state licensing violations are made in compliance with state and federal requirements.
Office of the Attorney General	Obtaining orders	• DADS staff may need to obtain a temporary restraining order, injunction, or civil penalties.

Enforcement Coordination with Federal Units of Government

Name	Activity	Description
Centers for Medicare & Medicaid Services (CMS)	Seeking clarification and determination regarding proposed actions	• DADS staff seek sclarification to determine whether adverse certification actions are approved. • DADS staff consult with CMS on federal enforcement actions.
US Department of Justice (DOJ)	Legal activities	• DADS staff may serve as witnesses in federal trials.

K. If contracted expenditures are made through this program please provide:

- **a short summary of the general purpose of those contracts overall;**
- **the amount of those expenditures in fiscal year 2012;**
- **the number of contracts accounting for those expenditures;**
- **top five contracts by dollar amount, including contractor and purpose;**
- **the methods used to ensure accountability for funding and performance; and**
- **a short description of any current contracting problems.**

Enforcement contracts with West Government Services for use of its data broker service to research the suitability of an applicant or controlling party for a license.

The funding and performance accountability of this contract is ensured through close contact with the vendor's trainers through both live on-line sessions and personal visits. Enforcement is not experiencing any contract problems with this vendor.

See Attachment 18, Contracted Expenditures, for additional details.

L. Provide information on any grants awarded by the program.

N/A

M. What statutory changes could be made to assist this program in performing its functions? Explain.

N/A

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion is sufficient to gain a preliminary understanding of the Enforcement section.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- **why the regulation is needed;**
- **the scope of, and procedures for, inspections or audits of regulated entities;**
- **follow-up activities conducted when non-compliance is identified;**
- **sanctions available to the agency to ensure compliance; and**
- **procedures for handling consumer/public complaints against regulated entities.**

See VII, Regulatory Services—Licensing and Credentialing and VII, Regulatory Services—Survey Operations for a discussion of why regulations are needed; the scope of, and procedures for, inspections and surveys of providers; follow-up activities conducted when non-compliance is identified; and procedures for handling consumer/public complaints.

Complaints against professional licensed or credentialed individuals (nursing facility administrators) are investigated by Enforcement.

Complaints related to care, treatment, and services provided to consumers of all program types including complaints about nurse aides and medication aides may also be received by the DADS Consumer Rights and Services Unit. They may come directly from residents/consumers, family members, healthcare providers, advocates, law enforcement, and other state agencies. Complaints and self-reported incidents are sent to DADS regional survey staff for an investigation.

Inspections and Follow-up Activities (Professional Licensing and Credentialing)

Licensed Nursing Facility Administrators

- Upon receiving a complaint or a referral by DADS survey staff, Enforcement staff conduct on-site investigations and other contact visits to determine the nursing facility administrator's compliance with established rules and standards.
- Investigation reports are presented to the governor-appointed Nursing Facility Administrator Advisory Committee periodically for consideration and recommendation.

Nurse Aide Registry

- Upon receiving an allegation of abuse, neglect, or misappropriation of resident property by a nurse aide, DADS survey staff investigate the allegation.
- Upon a preliminary finding of misconduct, the region offers the nurse aide an opportunity for informal review.

- If the nurse aide does not request an informal review, or if the informal review confirms the finding of misconduct, the region makes a referral to Enforcement.

Employee Misconduct Registry

- Upon receiving an allegation of reportable conduct by an unlicensed employee of a regulated facility, DADS survey staff investigate the allegation.
- Upon a preliminary finding of misconduct, the region offers the employee an opportunity for informal review.
- If the employee does not request an informal review, or if the informal review confirms the finding of reportable conduct, the region makes a referral to Enforcement.

Medication Aides

- Allegations are investigated by DADS regional survey staff.
- Substantiated violations are referred to Enforcement.

Sanctions Available to DADS to Ensure Compliance: Providers

Program	Authority	Available Sanctions
Adult Daycare Facilities	40 Texas Administrative Code (TAC) §98.102-§98.104	• Suspension of license • Revocation of license • Emergency suspension and closing order • Administrative penalties
Assisted Living Facilities	40 TAC §92.151-§92.551	• Suspension of license • Revocation of license • Referral to the attorney general for civil penalties or injunctive relief • Administrative penalties
Home and Community Support Services Agencies	40 TAC §97.601-§97.602	• Suspension of license • Revocation of license • Immediate suspension of license • Immediate revocation or denial of license • Emergency suspension and closing order • Administrative penalties
ICFs/IID	40 TAC §90.231 – §90.238	• Warning letter • Suspension of license • Revocation of license • Emergency license suspension and closing order • Attorney General referral– injunction • Civil penalties • Administrative penalties • Trustee appointment

Program	Authority	Available Sanctions
Nursing Facilities	40 TAC §19.2103 – §19. 2118	• Warning letter • Suspension of license • Revocation of license • Emergency suspension and closing order • Referral to the attorney general for civil penalties or injunctive relief • Suspension of admissions • Administrative penalties

Sanctions Available to DADS to Ensure Compliance: Regulated Persons/Entities

Program	Authority	Available Sanctions
Nursing Facility Administrator	Health and Safety Code (HSC) §242.313, §242.314, §242.315, §242.319 40 TAC §18.57	• Revocation of license • Suspension of license • Denial of license renewal • Administrative penalties • Issue written reprimand • Require participation in continuing education • Probation • Civil penalties
Nurse Aide Registry	42 CFR §488.335 40 TAC §94.10	• Placing a finding of abuse, neglect, or misappropriation of resident property against a certified nurse aide on the NAR. • This renders the nurse aide unemployable as a nurse aide in a nursing facility or as an unlicensed employee in facilities or agencies regulated by DADS.
Employee Misconduct Registry	HSC §253.007(a)	• Placing a finding of reportable conduct on the EMR • This renders person unemployable in facilities or agencies regulated by DADS.
Medication Aide	40 TAC §95.123(c)	• Deny application or permit renewal • Permit suspension • Permit revocation

Sanctions DADS May Recommend to Centers for Medicare & Medicaid Services to Ensure Compliance with Certification Requirements

Program	Authority	Available Sanctions
Home Health Agencies	42 Code of Federal Regulations §§488.800, 488.820, 488.825, 488.835, 488.840, 488.845, 488.850, 488.855, 488.865, 489.53 State Operations Manual 3010, 3012	• Civil money penalties • Suspension of payment of all new admissions • Temporary management • Directed plan of correction • Directed in-service training • Termination of provider agreement
Hospices	42 CFR §489.53(a) State Operations Manual 3010, 3012	• Termination of provider agreement
ICFs/IID	Social Security Act §1910(b)(1) State Operations Manual §3006	• Termination of participation in Medicare/Medicaid program • Directed plan of correction • Directed in-service training • State monitoring • Denial of payment for new admissions
Nursing Facilities	42 Code of Federal Regulations §§431.151, 431.153, 488.301, 488.325(g), 488.330, 488.331, 488.335, and 488.400-488.456 State Operations Manual 7500	• Temporary management • Denial of payment for new admissions • Civil money penalties • Directed in-service training • State monitoring • Termination • Directed Plan of Correction

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

Unlike some state agencies, DADS Regulatory Services oversight of providers is not solely complaint driven. DADS also conducts routine onsite investigations and surveys of providers. See VII, Regulatory Services—Survey Operations, Subsection F for information regarding survey/investigation frequency. Enforcement action may be a result of a complaint or a routine survey or investigation.

State Supported Living Centers

A. Provide the following information at the beginning of each program description.

Name of Program or Function	State Supported Living Centers (SSLCs)
Location/Division	701 W. 51st Street, Austin, TX 78751/ SSLC Division
Contact Name	Joe Vesowate, Assistant Commissioner of SSLCs
Actual Expenditures, FY 2012	$671,016,215
Number of Actual FTEs as of June 1, 2013	13,925.25
Statutory Citation for Program	Texas Human Resources Code §161.0515; Texas Health and Safety Code §551.0225

B. What is the objective of this program or function? Describe the major activities performed under this program.

The State Supported Living Centers (SSLCs) program and the Rio Grande State Center provide specialized assessment, treatment, support, and medical services for individuals with IDD.

Twelve SSLCs and the Rio Grande State Center are located statewide, as listed below, and provide 24-hour services and supports to 3,607 individuals (as of May 31, 2013). The Rio Grande State Center, located in Harlingen, is operated by the Department of State Health Services (DSHS). DADS has contracted with DSHS to provide services to individuals with IDD at this location.

- Abilene SSLC
- Austin SSLC
- Brenham SSLC
- Corpus Christi SSLC
- Denton SSLC
- El Paso SSLC
- Lubbock SSLC
- Lufkin SSLC
- Mexia SSLC
- Richmond SSLC
- Rio Grande State Center
- San Angelo SSLC
- San Antonio SSLC

The program provides 24-hour residential services, comprehensive behavioral treatment services, and healthcare services, including physician, nursing, and dental services. Other services include skills training, occupational, physical and speech therapies, and vocational programs.

Note that DSHS operates the Rio Grande State Center, which contains 70 ICF/IID beds. While the Rio Grande State Center is operated and administered by DSHS, DADS and DSHS coordinate intensively, and the Rio Grande State Center is subject to the same requirements as DADS SSLCs, including Medicaid certification and the Settlement Agreement with the U.S. Department of Justice (DOJ).

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

Each SSLC is certified by the Centers for Medicare & Medicaid Services as an ICF/IID. The centers must be in compliance with applicable laws and rules in order to operate as a certified facility and receive Medicaid reimbursement. The SSLCs must also be in compliance with Life Safety Code requirements that provide safety to residents from fire, smoke, and panic.

Each facility undergoes an annual recertification survey and must comply with the Conditions of Participation (Code of Federal Regulation, Part 483, Subpart I, Sections 483.400 – 480) in order to be recertified. As of December 1, 2012, each SSLC was certified to participate as a Medicaid provider in the ICF/IID program.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

The SSLCs have been significantly impacted by a Settlement Agreement between the State of Texas and the U.S. Department of Justice and by legislation passed during the 81st Session of the Texas Legislature in 2009.

2005 The DOJ notifies the State of Texas of intent to conduct an investigation of alleged civil rights violations at the Lubbock SSLC.

2006 DOJ issues a findings letter on the Lubbock SSLC investigation.

2007 DOJ and the State of Texas begin negotiations on a Settlement Agreement.

2008 DOJ notifies the State of Texas of its intent to conduct an investigation of alleged civil rights violations at the Denton SSLC and to investigate the other 11 SSLCs.

2009 The State of Texas and the DOJ sign a Settlement Agreement in June 2009 regarding the operation of the SSLCs. The agreement outlines provisions governing service delivery at each SSLC, including: the use of restraints; management of incidents of abuse and neglect; medical and nursing care; individuals' choice of living options; functional communication; physical and nutritional management; and other areas.

2009 Senate Bill 643 passes and makes several changes: renames state schools as "State Supported Living Centers;" requires fingerprint-based criminal history checks on SSLC employees and volunteers; institutes random drug testing of SSLC employees; requires the installation of video surveillance camera systems in SSLCs; creates a mortality review process for persons with IDD; applies a forensic designation to Mexia SSLC; establishes an assistant commissioner position to oversee the SSLCs and the ICF/IID portion of the Rio Grande State Center; creates the Office of the Independent Ombudsman for SSLCs; expands regulatory oversight for providers of HCS; and expands training for persons providing services and supports.

2010 Independent Settlement Agreement monitors complete baseline reviews of all SSLCs and begin conducting semi-annual compliance reviews at each of the facilities.

2013 The monitors are currently completing their seventh set of semi-annual reviews.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

The SSLCs serve individuals in 24-hour residential programs and day programs for persons with severe or profound intellectual disabilities or individuals with IDD who are medically fragile or who have challenging behavioral needs. Each resident has an Individual Support Plan that is unique to his or her needs.

As of May 31, 2013:

- 3,608 individuals were receiving services or supports at a SSLC;
- 43 percent were medically fragile (e.g., who have chronic health problems, such as uncontrolled seizures or heart ailments that require professional intervention less than daily, or whose health status is unstable, or who have multiple, serious health problems that may be life-threatening and require professional intervention on a daily basis); and
- 63 percent had an intellectual disability and psychiatric diagnosis.

The local authorities determine an individual's eligibility for admission to a SSLC and are responsible for facilitating enrollment of an individual, including determining Medicaid eligibility. The local authority is the point of entry for individuals into a SSLC. The individual, or legally authorized representative, makes the choice of where the individual will be served based on information provided by the local authority.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

Each SSLC employs a director, assistant director of programs, and assistant director of administration, to oversee the services and supports provided to residents. The workforce includes: direct support professionals; physicians; nurses; dentists; physical, occupational and speech/language therapists; psychiatrists; psychologists; and certified behavior analysts; pharmacists; vocational counselors; and many other support personnel who work to ensure services and supports are delivered consistent with state and federal regulations, laws, and rules.

Management support and oversight of the twelve SSLCs is the function of DADS SSLCs Division state office staff. Under the direction of an assistant commissioner, support is provided through policies and procedures to the SSLCs and State Center in these areas:

- general administration and management (provided by DSHS for the Rio Grande State Center);
- clinical oversight for medical, nursing, psychological, and habilitation therapies services;
- habilitation therapy;
- active treatment and vocational services;
- DOJ Settlement Agreement compliance;
- incident management;
- legislative and media information coordination;
- staffing;
- quality assurance and quality improvement, including the development of statewide policy and rules and the maintenance of system-wide data;
- admissions and placement support; and
- administrative coordination and contracts oversight.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

The funding sources for this program include General Revenue, federal funds, and other funds.

Funding Sources: State Supported Living Centers

Program	State:General Revenue	Federal	Other	Total
State Supported Living Centers	$276,525,782	$373,957,337	$20,533,096	$671,016,215

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

Services and supports at SSLCs are facility-based and provided by DADS staff. The services and supports are concentrated and readily available at each SSLC and are not duplicative of another program. Residents of SSLCs may not receive services and supports through other DADS programs for individuals with intellectual disabilities.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency's customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

Each individual (or their legally authorized representative) decides where the individual will receive services and supports to meet his or her unique needs. This can be in a home, community ICF/IID, or SSLC.

Individuals can only receive services from one IDD program. This avoids the duplication or conflict of services and supports to individuals.

Memoranda of Understanding (MOU) and interagency agreements between SSLCs and other governmental entities can be used for a variety of services. See Attachment 19 for a complete list of MOUs by facility. General categories of MOUs and interagency agreements include:

- colleges or universities (clinical rotations by students);
- hospitals (services provided to residents of SSLCs);
- school districts (educational services for residents); and
- client protections.

J. If the program or function works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.

The SSLCs program works with a multitude of local, regional, state, and federal agencies in order to provide services and supports for residents. The level of involvement with these governmental agencies may vary from center to center.

State Supported Living Center Coordination with Local Units of Government

Name	Description
Independent School Districts	Education services provided for school age residents

Name	Description
Law enforcement (police, sheriff, district/county attorney, Texas Department of Public Safety)	Criminal investigations of incidents at SSLCs
Local emergency services (fire and emergency medical services)	Incidents at centers involving fire response or emergency medical services

State Supported Living Centers Coordination with State Units of Government

Name	Description
Local Authorities	Facilitates admission and discharge of residents
DFPS	Investigates abuse, neglect , or exploitation of residents
DSHS	Psychiatric in-patient care at State Hospitals for SSLCs residents Coordination of management and oversight for the ICF/IID component of the Rio Grande State Center
Court system	Court commitments under Chapter 46B of the Code of Criminal Procedure and Chapter 55 of the Family Code
HHSC Office of Inspector General	Investigates allegations of criminal conduct involving residents/staff of SSLCs and coordinates investigation activities with local law enforcement agencies
Office of Attorney General	Represents the agency in litigation involving SSLCs
Office of the Independent Ombudsman	Independent of the DADS organization. Serves as an independent, impartial and confidential resource to assist residents, families, and the public with services and related complaints and issues regarding SSLCs
HHSC Centralized Training and Development	Provides training materials and tracking for SSLCs
HHSC Office of Health Policy and Clinical Services	Provides oversight; executes and monitors mortality review contract, and coordinates and facilitates monthly communications between DADS and contractor

State Supported Living Centers Coordination with Federal Units of Government

Name	Description
U.S. Department of Justice (DOJ)	Activities involving compliance with DOJ Settlement Agreement

The SSLCs also interact with the State's Protection and Advocacy agency (Disability Rights Texas) designated under federal law with the responsibility to advocate for and protect individuals with disabilities. Disability Rights Texas staff have the ability to request documents and records, view surveillance tapes, attend meetings, and receive communications on behalf of the individuals they represent and upon request.

K. If contracted expenditures are made through this program please provide:

- **a short summary of the general purpose of those contracts overall;**
- **the amount of those expenditures in fiscal year 2012;**
- **the number of contracts accounting for those expenditures;**
- **top five contracts by dollar amount, including contractor and purpose;**
- **the methods used to ensure accountability for funding and performance; and**
- **a short description of any current contracting problems.**

The general purpose of contracting for services is to improve and enhance the quality of our services for residents. Most contracts executed for the SSLCs are to provide routine and specialized healthcare services and supports and include contracts for specialty services from physicians, psychiatrists, psychologists, registered nurses, licensed and assistant therapists, and various specialties. In addition, contracts are executed for maintenance and support assistance.

Each center has a designated contract manager with specific knowledge and experience of state contracting procedures. There are specific mechanisms and annual review criteria for each contract. The SSLCs Division has worked closely with internal accounting, HHSC Enterprise Procurement and Contracting Systems, and DADS and HHSC Legal Services Departments to ensure proper processing of new contracts. The contracts are monitored by each facility, and proper documentation is maintained in the respective working files, to support payment approvals and contract compliance and modifications.

L. Provide information on any grants awarded by the program.

N/A

M. What statutory changes could be made to assist this program in performing its functions? Explain.

N/A

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

SSLCs strive to support the personal goals and choices of individuals living in the centers and to offer a comprehensive array of quality and cost-effective services, including a review of community living options that are available to each individual.

Current initiatives being addressed and undertaken include the following:

- implementation of a Quality Improvement System to monitor medically complex individuals with high risk needs, improve overall clinical care and programming, and ensure future program goals are based on data-driven outcome measures;
- compliance with conditions of the Settlement Agreement with the DOJ; and
- recruitment and retention of qualified staff.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- **why the regulation is needed;**
- **the scope of, and procedures for, inspections or audits of regulated entities;**
- **follow-up activities conducted when non-compliance is identified;**
- **sanctions available to the agency to ensure compliance; and**
- **procedures for handling consumer/public complaints against regulated entities.**

N/A

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

N/A

Operational Support

Operational Support

DADS is under the leadership of Commissioner Jon Weizenbaum, appointed by the Executive Commissioner of the Health and Human Services Commission with the approval of the Governor. Commissioner Weizenbaum provides executive leadership and direction to agency.

Deputy Commissioner

94 FTEs

Deputy Commissioner Chris Adams ensures that policy direction and technical assistance are provided to improve services, and that planning and reporting processes are coordinated with agency projects.

Center for Policy and Innovation

The Center develops, coordinates, and directs policy initiatives in long-term services and supports. It contains four units: Policy Development and Oversight, Quality Monitoring Program, Research Analysis and Support, and Quality Reporting.

Center for Program Coordination

The Center manages and facilitates agency-wide improvements and enhancements to operations and service delivery through project management and business, operational, and strategic planning and reporting, and it administers the contract for the provision of Electronic Visit Verification. It contains two units: Project Management and Planning and Reporting.

Promoting Independence Initiative

The Promoting Independence Initiative is Texas' response to the June 1999, United States Supreme Court's *Olmstead v. L.C.* decision which stated, in part, that individuals have a right to live in the most integrated setting when receiving long-term services and supports, as long as they meet certain qualifications. The Promoting Independence Initiative also works to implement Texas' Money Follows the Person policy and the Balancing Incentive Program.

Associate Commissioner

62 FTEs

Associate Commissioner Kristi Jordan oversees the Center for Consumer and External Affairs and the Office of the State Long-term Care Ombudsman.

- The Center for Consumer and External Affairs coordinates and ensures timely and effective external communications to a variety of stakeholders, including legislators, consumers, provider organizations and associations, and media. It contains five units: Stakeholder Relations, Government Relations, Media Relations, Communications Office, and Volunteer and Community Engagement.
- The Office of the State Long-term Care Ombudsman carries out the federally mandated ombudsman program through supporting a network of staff and volunteers who assist individuals who live in nursing and assisted living facilities and their families by defining concerns, explaining rights, and identifying possible courses of action.

Chief Financial Officer
204 FTEs

Chief Financial Officer James Jenkins oversees the areas of Accounting, Budget and Data Management, and Claims Management.

- Accounting provides professional accounting services via accurate and timely measurement, processing, and communication of DADS financial information to allow for informed business and economic decisions about DADS.
- Budget and Data Management manage functions to produce accurate fiscal data to support the operations of the agency in a fiscally responsible manner.
- Claims Management ensures accurate and timely payments to providers through oversight and monitoring of enhancements to and maintenance of the Claims Management System and related operations.

Chief Operating Officer
443.5 FTEs

Chief Operating Officer Tom Phillips oversees Legal Services, Consumer Rights and Services, Information Technology, Contract Oversight and Support, and Executive and Staff Operations. The COO is also responsible for some program and service-related administrative support activities and for coordination with HHSC to ensure the effective and efficient delivery of administrative support services to other HHS agencies.

- **Legal Services** supports all agency programs and facilities, the Commissioner, and the DADS Council.
- **Consumer Rights and Services** provides complaint intake, suspected provider fraud tracking, consultations, and surrogate decision making services.
- **Information Technology** provides services for automation and computer support to DADS. The Information Technology Director/Information Resources Manager is the principal advisor to the Commissioner and Executive Leadership on the application of information technology to support and improve the DADS business processes.
- **Contract Oversight and Support** develops, implements, coordinates, and maintains standardized contract policy and procedures for agency programs areas involved in contract activities. Contract Oversight and Support is also responsible for conducting resident trust fund monitoring in nursing facilities and intermediate care facilities for individuals with an intellectual disability.
- **Executive and Staff Operations** coordinates administrative management, educational, and support services.

Internal Audit
13 FTEs

Internal Audit Director Penny Rychetsky reports directly to, and serves at the pleasure of, the Commissioner, and has direct access to the Commissioner regarding internal auditing activities.

Internal audit provides a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes. Assurance services include objective and independent examinations, such as financial, compliance, economy and efficiency, effectiveness, investigations, and information technology engagements. Internal Audit also provides consulting services. Consulting services are advisory in nature, and the scope is agreed upon with the client and intended to improve an organization's governance, risk management, and control processes.

VIII. STATUTORY AUTHORITY AND RECENT LEGISLATION

A. Fill in the following chart, listing citations for all state and federal statutes that grant authority to or otherwise significantly impact your agency. Do not include general state statutes that apply to all agencies, such as the Public Information Act, the Open Meetings Act, or the Administrative Procedure Act. Provide information on Attorney General opinions from FY 2009 – 2013, or earlier significant Attorney General opinions, that affect your agency's operations.

Department of Aging and Disability Services Exhibit 13A: State Statutes	
Code of Criminal Procedure	
Article 16.22	Relates to examination and transfer of a defendant suspected of having mental illness or IDD.
Article 46.04	Relates to who may accompany a patient to a mental health or residential care facility and requirements for transportation.
Chapter 46B	Relates to incompetency to stand trial.
Chapter 46C	Relates to the insanity defense.
Family Code	
Chapter 55	Relates to court proceedings concerning children with mental illness or IDD.
Government Code	
Chapter 411	Contains DADS authority related to guardianship.
Chapter 531	Relates to general responsibilities of the HHS Executive Commissioner; Medicaid Programs, Guardianship Advisory Board, Permanency Planning, Promoting Independence.
Health and Safety Code	
Chapter 142	Relates to licensing of home and community support services agencies.
Chapter 166	Contains provisions related to advance directives.
Chapter 222	Relates to nursing facility standards and surveys of ICFs/IID.
Chapter 242	Relates to licensing of nursing facilities and related institutions.

Department of Aging and Disability Services Exhibit 13A: State Statutes	
Chapter 247	Relates to licensing of assisted living facilities.
Chapter 250	Relates to criminal conviction histories of individuals as a condition of employment in certain institutional settings.
Chapter 252	Relates to licensing of ICFs/IID.
Chapter 253	Relates to a registry of abuse, neglect ,or exploitation in facilities and employment of persons who are in the registry.
Chapter 255	Relates to quality assurance early warning systems for long-term care facilities and creating rapid response teams.
Chapter 260A	Relates to investigations of abuse, neglect, and exploitation.
Chapter 313	The Consent to Medical Treatment Act.
Chapter 322	Relates to the use of restraint and seclusion in certain healthcare facilities.
Chapter 531	Provisions generally applicable to the Texas Department of MHMR.
Chapter 532	Relates to organization of the Texas Department of MHMR.
Chapter 533	Relates to general powers and duties related to the provision of services; ICF/IID program; and Department facilities.
Chapter 534	Relates to the provision of community services.
Chapter 535	Relates to the provision of support services.
Chapter 551	Relates to general powers and duties relating to state facilities.
Chapter 553	Relates to denial of admission to a state school because of epilepsy and the San Antonio State Supported Living Center using facilities of the Texas Center for Infectious Disease.
Chapter 574	Relates to court ordered mental health treatment and return to facility under certificate of administrator or court order.
Chapter 575	Relates to the transfer of persons with IDD to a state-operated facility.
Chapter 591	Statute governing rights of persons with IDD.

Department of Aging and Disability Services Exhibit 13A: State Statutes	
Chapter 592	Relates to recognizing and protecting the individual dignity and worth of each person with IDD.
Chapter 593	Relates to admission and commitment to IDD services.
Chapter 594	Relates to transfer or discharge of persons from a state facility.
Chapter 595	Relates to confidentiality of medical records of a person with IDD.
Chapter 597	Relates to the capacity of a client to consent to treatment.
Chapter 611	Relates to special provisions relating to mental illness and IDD and mental health records.
Chapter 612	The Interstate Compact on Mental Health.
Chapter 613	Relates to kidney donation by a ward with IDD.
Chapter 614	Contains provisions relating to the Texas Correctional Office on Offenders with Medical or Mental Impairments.
Chapter 615	Contains miscellaneous provisions relating to county responsibility to support a person with mental illness or IDD and access to mental health records by protection and advocacy system representatives.
Human Resources Code	
Chapter 12	Contains general penal provisions.
Chapter 21	Administrative provisions relating to the Department of Human Services.
Chapter 22	General functions of the Department of Human Services.
Chapter 22	Section 22.039 (3)(b) requires a surveyor to complete basic training delivered by the Department before inspecting, investigating, or surveying a long-term care facility.
Chapter 22	Section 22.039 (3)(c) requires the Department to provide training on subjects that address the 10 most common violations for longterm care providers and surveyors.
Chapter 22	Section 22.039 (3)(c) requires the Department to provide training on subjects that address the 10 most common violations for home health providers and surveyors.

Department of Aging and Disability Services Exhibit 13A: State Statutes	
Chapter 32	Relates to Medicaid.
Chapter 35	Relates to support services for persons with disabilities.
Chapter 36	Relates to Medicaid fraud provisions.
Chapter 48	Provides for the authority to investigate the abuse, neglect, or exploitation of a person who is older or who has disabilities and to provide protective services to that person.
Chapter 101	Contains provisions relating to the Texas Department of Aging.
Chapter 102	Relates to the rights of older people.
Chapter 103	Relates to licensing of adult daycare centers.
Chapter 105	Relates to contracting with residential facilities for older people.
Chapter 161	Contains provisions relating to DADS.
Probate Code	
Chapter 13	Contains provisions relating to guardianship including definitions, purpose; applicability and proceedings.

Department of Aging and Disability Services (DADS) Exhibit 13B: Federal Statutes	
42 United States Code (USC) §1396 *et seq./* Title IXX of the Social Security Act	Provides authority to operate federally-funded Medicaid programs.
42 USC §1397 *et seq.*/ Title XX of the Social Security Act	Provides authority to operate federally-funded block-grant programs.
42 USC §1997, *et seq*./ Civil Rights of Institutionalized Persons Act	Provides rights for persons living in institutions.
42 USC §1320d, *et seq./* Health Insurance Portability and Accountability Act	Provisions relating to the administration of health insurance, including Medicaid, and the security and privacy of health data.
42 USC §12101, *et seq./* Americans with Disabilities Act	Provides right for persons with disabilities.

42 USC §2000e, *et seq.*/ Title VII of the Civil Rights Act of 1964	Provides civil rights for persons in public programs and employment.
42 USC §3001 *et seq.*/ Older Americans Act	Promotes independence of older people and prepares society for an aging population.
42 USC §15041 *et seq.*/ Protection and Advocacy for Individuals with Developmental Disabilities Act	Provides protection of rights for persons with developmental disabilities and, in particular, authorizes a federal protection and advocacy system for persons with developmental disabilities in each state. (Disability Rights Texas, in Texas)
Centers for Medicare & Medicaid Services (CMS) State Operations Manual – Chapter 4, Section 4003.2A	Requires the state agency to be responsible for ensuring surveyors are trained to survey in order to meet regulatory requirements and to provide continuing education to its surveyors through in-service education.
CMS State Operations Manual – Chapter 4, Section 4003.2B	Requires the state agency have its own program of staff development that responds to the needs of new employees for orientation and basic training.
CMS State Operations Manual – Chapter 4, Section 2202.5E	Requires the state agency to have OASIS coordinators to work directly with providers to help them access and review reports and perform offsite compliance monitoring.
CMS State Operations Manual – Chapter 4, Section 2202.14A	Expects the state agency to provide educational and technical resources for home health agencies concerning OASIS.

Department of Aging and Disability Services (DADS) Exhibit 13C: Attorney General Opinions	
JC-0461 (2002)	Disability Rights Texas may have access to a person with IDD or records over the objection of the person's guardian.
GA-0403 (2006)	An establishment that furnishes food or shelter to four or more persons unrelated to the proprietor and requires those persons to obtain personal care services through the proprietor's licensed home health agency is an assisted living facility that must be licensed under Health & Safety Code §247.021(a).
GA-0416 (2006)	Health & Safety Code §533.035(e), which provides that a local mental health authority or local authority may serve as a provider of services only as a last resort.

GA-0507 (2007)	A county attorney is not authorized to represent DADS in the initiation and prosecution of an application for placement under Health & Safety Code §593.041 absent a request to do so; however, a county attorney may initiate and prosecute an application on behalf of the county when requested and authorized to do so by the commissioners court.

B. Provide a summary of recent legislation regarding your agency by filling in the chart below or attaching information already available in an agency-developed format. Briefly summarize the key provisions. For bills that did not pass, briefly explain the key provisions and issues that resulted in failure of the bill to pass (e.g., opposition to a new fee, or high cost of implementation). Place an asterisk next to bills that could have a major impact on the agency. See Exhibit 13 Example or click here to link directly to the example.

Department of Aging and Disability Services
Exhibit 13: 83rd Legislative Session Chart

Legislation Enacted – 83rd Legislative Session

Bill Number	Author	Summary of Key Provisions
*H.B. 33	Menendez, Jose	Makes substantive changes to the Informal Dispute Resolution procedures available to assisted living facilities. Makes arbitration available in certain enforcement actions taken by DADS against an assisted living facility and sets the procedures to be followed when arbitration is elected.
H.B. 148	Burkett, Cindy	Creates offenses related to compensation for aiding voters with mail in ballots. Provides exemptions for assistance in certain DADS regulated facilities and agencies.
H.B. 424	Burkett, Cindy	Specifies applicability of chapter, a group home director's responsibility to perform a sex offender status check, and the director's obligation to notify current residents and legal guardians regarding sex offenders. Provides immunity to a group home or its director for damages arising from their conduct required under the chapter.
*H.B. 1760	Darby, Drew	Gives DADS the authority to accept in-kind and monetary donations and repeals the sections giving the DADS legacy agencies the authority to accept donations. Specifies DADS may accept donations; designate the donations for a

Department of Aging and Disability Services Exhibit 13: 83rd Legislative Session Chart		
		specific purpose; receive and record gifts and track all donations.
H.B. 1971	Davis, John	Allows DADS to develop a pilot program for the accreditation of assisted living facilities. The accreditation standards must meet or exceed current licensure requirements. The Department may implement the pilot program with the goal that not later than August 31, 2014, at least one facility will have used an accreditation survey under the pilot program. Note that this goal is not a requirement.
H.B. 2276	Crownover, Myra	Requires that DADS ensure that the person seeking residential services receives a pamphlet or similar material: explaining that any programs or services, including a State Supported Living Center, community ICF/IID, waiver services, or other services, may be an option for those eligible. Requires that DADS have information on whether residential services are available in each program or service nearest to the residence of the proposed, eligible resident.
*H.B. 2673	Price, Four	Expands criminal history check requirements to include contractors and extends the authority and duty to conduct criminal history checks to HHSC. Requires HHSC to contract with an institution of higher education or a healthcare organization or association with experience in conducting research-based mortality studies, rather than a patient safety organization, to conduct independent mortality reviews of deaths of persons receiving services from ICFs/IID and from 1915(c) waiver programs for individuals eligible for ICF/IID services, and adds additional confidentiality provisions relating to the independent mortality reviews. Adds DFPS, the Office of Independent Ombudsman for State Supported Living Centers, and HHSC Office of Inspector General to the list of entities to whom the contracted organization must submit their semi-annual report.
*H.B. 2683	Price, Four	Makes employees of the consumer directed services option eligible for the nurse aide registry (NAR) and employee misconduct registry (EMR). Requires an individual employer taking part in consumer directed services to: search the NAR and EMR annually; follow employee discharge requirements resulting from an EMR, NAR, or criminal

Department of Aging and Disability Services Exhibit 13: 83rd Legislative Session Chart		
		history check; and maintain copies of the results of the search. Adds exploitation of a child, older person, or individual who is disabled to the list of convictions that bar employment in facilities or for an individual employer. Allows provider facilities and agencies to store EMR checks on employees wherever they prefer (such as in one comprehensive binder) instead of requiring providers to store EMR checks in individual personnel files. Directs DADS to send a report to DFPS specifying that an employee of an individual employer committed reportable conduct. Mandates the individual employer must notify his or her employees about the EMR. Requires DADS to complete an EMR reportable conduct hearing within 120 days after DADS receives the hearing request
H.B. 3188	Otto, John	Funds the settlement of two lawsuits affecting DADS.
*H.B. 3196	Price, Four	Requires DADS to increase the nursing facility license fee to cover the three year license period and increase the Alzheimer's certification to three years. The nursing facility license fee will be adjusted to $375 plus $15 per bed in order to be commensurate with the three-year license period. Authorizes DADS to require an applicant for a nursing facility Medicaid bed waiver to provide a performance bond or other financial security determined by DADS in the amount of $500,000.
*H.B. 3729	Coleman, Garnet	Specifies that a life safety code inspection is not required prior to issuance of a provisional license for an assisted living facility for a six-month term. For that provisional license to be granted, the following requirements must be met: • applicant must submit building plans to DADS for an early compliance review; • applicant must obtain all local approvals including the certificate of occupancy; • applicant must submit a complete license application form within 30 days of receipt of all local approvals; • applicant must pay the license fee; • DADS must determine that the license applicant or a person who owns the license applicant and controls the operations of the license applicant constructed another facility in this state that complies with DADS life safety code standards; and • DADS must determine the facility is in compliance with resident

Department of Aging and Disability Services Exhibit 13: 83rd Legislative Session Chart		
		care standards based on an on-site health inspection.
*S.B. 7	Nelson, Jane	See Attachment 21—Senate Bill 7 Summary for a summary of DADS-related provisions.
*S.B. 33	Zaffirini, Judith	Provides an exception to the existing statutory mandate that DADS not install or operate video surveillance equipment in a private space, or in a location where surveillance equipment could capture images within a private space. Provides definitions, identifies related civil and criminal liability, and provides what constitutes the "covert use" of an electronic monitoring device and associated liability of the Department or center. Requires the HHSC Executive Commissioner to create forms by rule that must, depending on the circumstances, be signed by or on behalf of the resident. Identifies who may request the monitoring equipment and the types, forms, and from whom the consent must be obtained. Explains reporting requirements for: abuse, neglect, or exploitation; when the tape or recording may be used in a court, administrative proceeding, or by the agency; and provides notice requirements for the electronic monitoring. Identifies certain enforcement sanctions which may be imposed on a center director and potential criminal penalties for interference with a device.
*S.B. 34	Zaffirini, Judith	Adds the right to refuse psychoactive medication to the list of rights of clients with IDD. Provides legal methods to administer these drugs when the client refuses consent.
*S.B. 45	Zaffirini, Judith	Requires that the HHSC or DADS, as appropriate, provide employment assistance and supported employment to individuals receiving services in the DADS Medicaid waiver programs, the STAR+PLUS Medicaid managed care and the youth empowerment services program
S.B. 50	Zaffirini, Judith	Updates the names of the legacy HHS agencies. Makes it permissive for HHSC to seek input from the Children's Policy Council workgroup. Adds mental health services to the services for which HHSC may

Department of Aging and Disability Services Exhibit 13: 83rd Legislative Session Chart		
		seek input from the workgroup.
*S.B. 492	Lucio, Eddie	Directs DADS to create a separate provider type and licensing category for a Prescribed Pediatric Extended Care Center (PPECC). Authorizes DADS to license and regulate PPECCs. PPECCs will be characterized by the following: • Will serve medically dependent or technologically dependent minors (younger than 21 years old) who because of an acute, chronic, or intermittent medically fragile or complex condition require on-going nursing services or routine use of a medical device prescribed by a physician to avert death or further disability. • Services will be prescribed by a physician. • Services will be available for 12 or fewer hours per 24-hour period and will not have a residential component. • Maximum patient capacity will be no more than 60 . • Services are strictly voluntary. • Requires PPECCs to hold a license beginning January 1, 2015.
S.B. 1235	West, Royce	Authorizes DADS to obtain the financial records of persons referred for guardianship and wards of the guardianship program in the Finance Code. Clarifies that an update or endorsement of a determination of an intellectual disability may be used instead of a determination of an intellectual disability to support an application to appoint a guardian for a person with intellectual disabilities.
Legislation Not Passed – 83rd Legislative Session		
Bill Number	**Author**	**Summary of Key Provisions/Reason the Bill Did Not Pass**
H.B. 43	Menendez, Jose	Would have added an affordable assisted living facility program to the low-income housing tax credit program administered by the Department of Housing and Community Affairs. Unknown—Referred to House Committee 2/4/13
H.B. 909	Gonzalez, Naomi	Would have changed the personal needs allowance from $60 to $75 a month for a long-term care facility Medicaid residents. Identical to H.B. 923 and S.B. 243. Unknown—Failed to receive affirmative vote in House committee

Department of Aging and Disability Services Exhibit 13: 83rd Legislative Session Chart		
H.B. 913	Kolkhorst, Lois	Would have removed home and community-based services group homes from exemption through boarding home licensure. Unknown—Referred to House committee on 2/19/13
H.B. 1005	Gonzales, Larry	Would have required certain entities providing day habilitation services to be certified by DADS. Would have set forth requirements for the certification process to be performed by DADS. Unknown—Referred to House committee on 2/18/13
H.B. 1267	Guillen, Ryan	Would have required DADS to create a hospital level of care waiver program. Would have amended the Home and Community-based Services waiver program to add a new level of need for medically fragile individuals. Similar to S.B. 29. Unknown—House committee report sent to Calendars on 4/29/13
H.B. 1828	Gonzalez, Naomi	Would have made employees of State Supported Living Centers and State Hospitals, who work directly with patients for more than fifty percent of their work hours, eligible for hazardous duty pay. Unknown—House committee report sent to Calendars on 5/2/13
H.B. 2374	Cortez, Phillip	Would have made substantial and significant changes to the Home and Community Support Services Agencies program and procedures related to abuse, neglect, and exploitation, including expanding the role and responsibility for DADS to investigate such maltreatment, penalties, and creation of a central registry for such maltreatment. Unknown—Referred to House committee on 3/11/13
H.B. 2437	Farias, Joe	Would have required certain "community homes" to register with DADS. Would have prohibited the operation, registration, licensure, or certification of a community home that is within one-half mile of an existing community home and authorized state agencies to enforce that prohibition. Unknown—No action taken in House committee on 4/23/13
H.B. 2939	Zerwas, John	Would have required the executive commissioner to make sure all communications and IT systems purchased after September 1, 2013 for use by an HHS agency were compatible with other

Department of Aging and Disability Services Exhibit 13: 83rd Legislative Session Chart		
		communications or IT purchases made on or after that date. Unknown—House committee report sent to Calendars on 4/30/13
H.B. 3251	Zerwas, John	Would have required DADS to use an automated functional assessment tool to assess the needs of persons with IDD who receive long-term services and supports. Would have required DADS to develop and implement a resource allocation system for use in the Home and Community-based Services program. Unknown—Referred to House committee on 3/19/13
H.B. 3312	Collier, Nicole	Would have directed HHSC and DADS to contract with an independent entity to conduct an evaluation of the State Supported Living Centers system. Would have listed factors that the independent entity were to consider together with any other relevant factor determined by HHSC and DADS. Would have directed HHSC and DADS to submit a report containing the findings of the independent entity to the legislature not later than October 1, 2014. Identical to S.B. 1045. Unknown—Referred to House committee on 3/19/13
H.B. 3527	Klick, Stephanie	Would have authorized DADS to close or consolidate a facility. Would have required the executive commissioner to adopt rules prescribing the procedure to be used in closing or consolidating a State Supported Living Center and to require the Department to identify four or more centers to begin closure by August 31, 2015. Similar to S.B. 1766. Unknown—Referred to House committee on 3/20/13
H.B. 3528	Klick, Stephanie	Would have created the State Supported Living Center Realignment Commission to evaluate the State Supported Living Centers system and determine which centers should be consolidated or closed by HHSC and DADS. Identical to S.B. 729. Unknown—Referred to House committee on 3/20/13
S.B. 32	Zaffirini, Judith	Would have limited the effective period of a civil commitment order to a State Supported Living Center to a 12-month period. Unknown—Referred to Senate committee on 1/28/13

Department of Aging and Disability Services Exhibit 13: 83rd Legislative Session Chart		
S.B. 35	Zaffirini, Judith	Would have required the HHSC Executive Commissioner to adopt rules to govern the administration of as needed psychoactive medication to residents at facilities regulated by HHS agencies. Unknown—Left pending in Senate committee on 2/12/13
S.B. 41	Zaffirini, Judith	Would have created two new models for Consumer Directed Services: the individualized budget option and the purchasing option. Would have required HHSC to adopt rules requiring that all home and community-based services under the Medicaid state plan, including STAR+PLUS and all 1915 and 1115 waiver programs, be eligible for delivery through consumer directed services. Unknown—Referred to Senate committee on 1/28/13
S.B. 419	Zaffirini, Judith	Would have created a central database of reports and investigations of alleged abuse, neglect, or exploitation and included reportable conduct by licensed healthcare providers. Unknown—Referred to Senate committee on 2/13/13

IX. MAJOR ISSUES

The purpose of this section is to briefly describe any potential issues raised by your agency, the Legislature, or stakeholders that Sunset could help address through changes in statute to improve your agency's operations and service delivery. Inclusion of an issue does not indicate support, or opposition, for the issue. Instead, this section is intended to give the Sunset Commission a basic understanding of the issues so staff can collect more information during our detailed research on your agency. Some questions to ask in preparing this section may include: (1) How can your agency do a better job in meeting the needs of customers or in achieving agency goals? (2) What barriers exist that limit your agency's ability to get the job done?

Emphasis should be given to issues appropriate for resolution through changes in state law. Issues related to funding or actions by other governmental entities (federal, local, quasi-governmental, etc.) may be included, but the Sunset Commission has no authority in the appropriations process or with other units of government. If these types of issues are included, the focus should be on solutions which can be enacted in state law. This section contains three components:

Brief Description of Issue.

Background. Include enough information to give context for the issue. Information helpful in building context includes:

- What specific problems or concerns are involved in this issue?
- Who does this issue affect?
- What is the agency's role related to the issue?
- Any previous legislative action related to the issue?

Possible Solutions and Impact. Provide potential recommendations to solve the problem. Feel free to add a more detailed discussion of each proposed solution, including:

- How will the proposed solution fix the problem or issue?
- How will the proposed change impact any entities or interest groups?
- How will your agency's performance be impacted by the proposed change?
- What are the benefits of the recommended change?
- What are the possible drawbacks of the recommended change?
- What is the fiscal impact of the proposed change?

Complete this section for each policy issue. Copy and paste boxes A through C as many times as needed to discuss each issue.

Issue #1: Pertaining to Assistive Technology

Should assistive technology be expanded to support persons living in integrated settings?

A. Brief Description of Issue

Assistive technology is technology which facilitates communication, increases mobility, assists with learning, provides control of one's environment, and enables an individual to work in competitive employment and become more self-reliant. DADS community waiver programs are inconsistent in how they approve and reimburse assistive technology, which results in a lack of availability of assistive technology to persons with disabilities living in integrated settings.

B. Discussion

Disability can be defined as any condition that challenges the development or functioning of an individual's, sensory, physical or mental capabilities. According to the federal Assistive Technology Act of 2004, "An assistive technology device is any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities."

The use of assistive technology:

- fosters less dependency on outside supports, which can extend an individual's ability to live with a greater level of independence;
- may result in the individual needing fewer attendant hours, thus creating the opportunity for cost savings for the state;
- emphasizes the individual's abilities instead of functional limitations;
- enhances the individual's quality of life; and
- encourages society to view individuals with disabilities as contributing members of society.

Examples of assistive technology include the following.

- Smart technology (e.g., iPads, iPhone applications).
- Augmentative communication devices to help a person communicate more effectively.
- Postural supports and custom seating systems for a wheelchair.
- Vocational and employment adaptations such as raising the height of a desk, fabricating work areas or adapting machinery to make it accessible to employees with disabilities.
- Home modifications, including lever door hardware, grab bars in the bathroom, lowered light switches and shelves, toe-space at counters and the sink and lowered counters and paddle faucet controls to promote greater self-reliance at home.
- Self-transfer lift systems including a track installed in the ceiling. Many lift systems require manual assistance to place the individual in a sling, but a self-transfer system can enable the individual to get in and out of the lift and move through the home without physical assistance from a caregiver (e.g., to get out of bed, move through the bedroom, across the hall, and into the bathroom directly to the toilet or the shower/tub).

DADS operates six Medicaid waiver programs, two for individuals who meet nursing facility eligibility criteria and four for individuals who meet ICF/IID eligibility criteria. In all, these waivers serve approximately 46,000 people.

All six waiver programs include adaptive aids and minor home modifications as part of the service array. However, depending on the waiver, a particular type of assistive technology may be reimbursed as an adaptive aid, a minor home modification or not at all. Thus there is inconsistency among the waivers as to what assistive technology devices are approved or denied.

The following challenges are associated with making assistive technology available to individuals served in Medicaid waivers.

- Assistive technology is a newer, non-traditional approach, so providers may not readily identify it as an option to address an individual's needs.
- As technology changes, providers, individuals and their families may not be informed or keep up with the changes and available choices in assistive technology.
- Waiver programs have annual limits on adaptive aids and lifetime limits on minor home modifications, which can make the purchase of some assistive technology impractical.
- The benefits of assistive technology are not limited to persons with a disability. As such people other than the person for whom the assistive technology is purchased may benefit from the assistive technology, leading to the potential misuse of Medicaid funds.

C. Possible Solutions and Impact

1. Develop rules requiring providers to assess an individual's need for assistive technology annually or more often as conditions change or upon request by the individual.

2. Develop and maintain a list of assistive technology or types of assistive technology that would be reimbursed through the waivers.

3. Conduct a pilot across all HHS programs at HHSC and DADS that include adaptive aids and minor home modifications (e.g., 1915(c) waiver programs; 1115 waiver program) in order to study the efficacy of assistive technology in reducing or preventing institutionalization, reducing costs to the state and increasing individuals' satisfaction.

Issue #2: Pertaining to the Coordination of Autism Services

Are the State's efforts to support individuals with Autism spectrum disorders well-coordinated between DADS and DARS?

A. Brief Description of Issue

Are the State's efforts to support individuals with autism spectrum disorders well-coordinated between DADS and DARS?

B. Discussion

Background:

Both DADS and DARS administer a number of programs that serve the needs of individuals with autism spectrum disorders and other disabilities.

The Department of Assistive and Rehabilitative Services

- DARS Autism Program (comprehensive Applied Behavior Analysis therapy) for children ages 3-8, with an autism spectrum diagnosis.
- Vocational services for adults with disabilities seeking employment, including transition services for students exiting high school. Services specific to consumers with autism are:
    - Statewide Autism Team consisting of vocational rehabilitation counselors and employment specialists conducting autism specific assessments and training as well as developing employment opportunities.
    - Applied Behavior Analysis providers are available to address behaviors or deficits that pose a barrier to employment.
- Early Childhood Intervention provides services for children from birth to age 3. Children are eligible based on one of the following criteria:
    - a developmental delay,
    - an auditory or visual impairment, or
    - a medically diagnosed condition that has a high probability of resulting in developmental delay. Autism is one of these medical conditions.

The Department of Aging and Disability Services

- The Texas Autism Research and Resource Center which provides information and online referral to individuals with autism spectrum disorder and their families, disseminates research information online and through its annual research conference, provides training to professionals and works with entities to coordinate services.
- Community-based long-term services and supports, including Medicaid waiver programs.
- ICFs/IID including State Supported Living Centers.
- Community Centers/Local Authorities.

While the primary constituents of the DARS autism program, the Texas Council on Autism, and the Texas Autism Research and Resource Center are individuals with autism spectrum disorder, other programs listed above also serve individuals with autism and individuals with other disabilities and support needs.

The Legislature established the Texas Council on Autism in 1987 and it is administratively supported by DADS. The Council's mission is to advise and make recommendations to state agencies and the state legislature to ensure that the needs of persons of all ages with autism and other pervasive developmental disorders and their families are addressed and that available resources are coordinated to meet those needs. The membership of the Council includes seven public members, the majority of whom are family members of persons with autism or a pervasive developmental disorder. Each member is appointed by the governor with the advice and consent of the Texas Senate. A representative from each of the following state agencies also serves as ex officio members:

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

Coordination:

Coordination of services and communication between DADS and DARS is ongoing at executive and staff levels and, in many cases, during program development and service delivery. Communication is facilitated by the presence of DADS and DARS ex-officio representation on the Texas Council on Autism and other workgroups.

Individuals and families of individuals with autism spectrum disorder seeking services may enter the system through:

- a telephone call to 211,
- contacting the DARS Inquiries Unit toll free number,
- contacting a local Early Childhood Intervention, Autism, or Vocational Rehabilitation program,
- contacting a Local Authority or Aging and Disability Resource Center,
- through agency websites, or
- by referral to a specific program from a third party.

Regardless of an individual's point of entry, it is the goal of agency staff to refer the person to the appropriate program(s) and provide assistance and information to facilitate transition to and from programs as needed, including the following.

- To be eligible for the DARS autism program, DADS Medicaid waiver participants must

demonstrate that no other resources for a requested service are available. During the enrollment process, DADS case managers may refer consumers to the DARS autism program or other DARS services, as appropriate.

- DARS autism program contractors use DARS funds as a payer of last resort, and advise families that other services may be available through the local authorities.
- DARS staff work with the Texas Autism Research and Resource Center, the Texas Council on Autism and other key stakeholders to address the legislative direction enacted by the 83rd Legislature.
- DARS Early Childhood Intervention providers refer families to DADS waiver programs and services. DADS staff regularly consult with DARS staff in responding to consumer information requests regarding services.
- DADS, Aging and Disability Resource Centers, and local authority staff refer individuals with autism and their family members to the DARS autism program, which serves children ages 3-8 and provides comprehensive applied behavior analysis services, as appropriate, particularly during initial contact or intake.
- The Texas Council on Autism includes representatives from DADS and DARS and regularly coordinate responses to Council questions related to policy and state services.
- Staff from DARS, DADS, and HHSC developed a guide to transition of students from school to work or post-secondary education with a goal to ensure integration of systems for persons with autism.

Employment Services:

Adhering with federal requirements through execution of an interagency memorandum of agreement, DADS and DARS have established criteria by which each agency will fund employment services and have clarified roles and responsibilities to better coordinate services. The agencies have also engaged in various activities (e.g., piloting a referral guide) with the goal of improving service coordination and employment outcomes for consumers receiving services from both agencies.

DADS and DARS also fund overlapping non-employment services (e.g., adaptive equipment). The agencies have tentatively agreed on funding policies and coordination practices regarding these services and are in the process of revising an existing memorandum of agreement to reflect these agreements.

All five HHS agencies and the Texas Education Agency provide significant input to the Texas Autism Research and Resource Center's strategic planning process. One issue that will be explored in the FY2014 strategic plan is developing a collaborative approach toward financing the Center's activities.

Although efforts to support individuals with autism spectrum disorder are coordinated between DADS and DARS, efficiencies in several areas could be realized by consolidating the State's autism-specific programs under one agency.

C. Possible Solutions and Impact

Although coordination between DADS and DARS currently occurs, one possible way of increasing efficiency and access would be to locate the autism-specific service delivery, advisory, and research functions in one agency. The programs affected would include the DARS autism program and the Texas Council on Autism and the Texas Autism Research and Resource Center (both administered by DADS).

Locating these functions in DARS as a single unit would:

- allow individuals to access information on all state autism services in one place;
- create an opportunity to collect more autism-specific data;
- enhance coordinated communications with the Texas autism community, other states and federal partners;
- assist policy makers when evaluating the state's array of services and related costs; and
- provide for a single state agency to speak for all autism-specific programs.

Consolidating autism services into a newly created Office of Autism Services at DARS would increase the visibility of the function and access to services. The Office could bridge the gap between the services of the Texas Autism Research and Resource Center and the DARS autism program with the policy and service coordination mandates of the Texas Council on Autism.

Staff anticipate that stakeholders in the autism community would be supportive of consolidation.

Current staffing and funding levels for the three projects would remain the same, but each would be consolidated at DARS. The Legislature could consider future additional resourcing for the Office of Autism Services with a broader scope of work or additional mandates.

Issue #3: Pertaining to the Role of Aging and Disability Resource Centers

What are the appropriate roles and responsibilities of Aging and Disability Resource Centers?

A. Brief Description of Issue

Historically, Aging and Disability Resource Centers (ADRCs) have been demonstration projects, which were developed locally with limited grant funding and extensive latitude to determine the best operational models, target populations, and protocols. However, the role of ADRCs is changing with their statewide expansion and their need to fulfill the fundamental Balancing Incentive Program requirement for increased standardization, monitoring, and oversight. As DADS moves toward establishing ADRCs as the foundation for the statewide "No-Wrong-Door" structure under Balancing Incentive Program, what are the appropriate roles and responsibilities of ADRCs in providing access to long-term services and supports within the community?

B. Discussion

Texas' 14 existing ADRCs play a key role in streamlining access to DADS programs and services, by promoting better coordination and integration in aging and disability service systems. ADRCs serve as single points of entry into the long-term services and supports system for older adults and individuals with disabilities. Individuals, family members, friends, or professionals can receive information, advice, and assistance to empower them to make informed decisions about long-term services and supports tailored to their needs. ADRC services may be provided at the center itself, over the phone, or in the home depending on the needs of the individual. Trained ADRC system navigators help individuals determine their needs; identify resources to address those needs; connect to services such as home care, meals, transportation, prescription drug assistance, legal services, attendant services, respite or caregiver support, housing and more; provide information about benefits and funding sources to help pay for services; and follow-up to ensure individuals are linked to needed services. ADRCs serve individuals of any age, at any income level.

In recent years, many federal grants have focused on the ADRC model as important for engaging communities in evidence-based interventions to promote health and wellness, better manage chronic health conditions, and provide enhanced informal caregiver support. ADRCs play a key role in disseminating interventions to target individuals most at risk for institutionalization.

ADRCs serve as the foundation for the statewide "No-Wrong-Door" structure proposed under the Balancing Incentive Program. To this end, six existing ADRCs will be expanded in fiscal year 2014 to serve their entire state planning region, adding 65 new counties. In addition, DADS will release a request for proposals to solicit community applications to establish six to nine new

ADRCs in the 12 state planning regions not currently served by an ADRC. DADS will fund this ADRC expansion with BIP funding through September 2015.

With the statewide expansion and need to fulfill the fundamental Balancing Incentive Program requirement that ADRC clients receive the same quality information in the same ways throughout the state, there is a need for increased standardization, monitoring and oversight of ADRCs. The program has matured to the point that it needs legislative legitimacy if it is to be the primary entry point for long-term services and supports.

C. Possible Solutions and Impact

Securing the permanency of ADRCs as an entry point for long-term services and supports includes the following possible solutions.

- The ADRC program could be established as a stand-alone program within DADS with a separate agency strategy, appropriation, and rule authority, as well as dedicated state-level staff for program development, maintenance, and oversight.
- DADS could submit a legislative appropriations request for funding to ensure ongoing sustainability of the ADRC system following the completion of the Balancing Incentive Program.
- A legislative package to establish a statutory foundation for the ADRC program, including establishment of the statewide ADRC Advisory Council and rulemaking authority related to the program, would ensure ongoing legitimacy of Texas commitment to rebalancing through a No-Wrong-Door system.
- Legislative direction requiring formal partnerships between ADRCs and managed care organizations would provide needed leverage to establish and maintain strong relationships, which is desirable given the statewide expansion of both managed care and ADRCs. As key partners with managed care organizations, ADRCs can provide members evidence-based interventions that support transitions from hospital to community, chronic disease self-management, fall prevention and caregiver support. All ADRCs provide system navigation and options counseling to individuals to assist in relocation from nursing facilities or other institutional settings. In addition, ADRCs with their knowledge of formal and informal community resources, could be used as a link between acute care and long-term services and supports, addressing the needs of individuals most at risk for readmission to hospitals or nursing facilities. With their focus on streamlining access to services and their role as foundation for the statewide No-Wrong-Door structure, ADRCs might also assist individuals with information and navigation with respect to the application and enrollment processes.
- Legislative direction requiring formal partnerships and protocols, either locally with Medicaid financial eligibility offices or at the state level between agencies, would further streamline access to services offered through ADRCs. Some ADRCs are located near or with an eligibility office, and this proximity enhances the ability for ADRC workers to assist consumers in troubleshooting or advancing an application.

Issue #4: Pertaining to Behavioral Support and Health Services in Communities

How can behavior support and healthcare services be improved for individuals in community based programs and long-term care facilities?

A. Brief Description of Issue

Individuals with complex behavioral or medical needs often experience significant challenges in identifying community-based services and supports adequate to meet their needs. The State should consider development of a plan to expand and improve community-based behavioral and medical services, as well as opportunities to leverage existing services and supports available through the State Supported Living Centers (SSLCs) for persons living in or seeking transition to community-based living. The SSLCs have valuable experiences in serving individuals with complex needs and can share successful models with community-based service providers. Conversely, community providers can also share similar information with SSLCs.

B. Discussion

Individuals with complex behavior and/or medical needs present significant demands on any continuum of services and service providers. These include the following.

Risk issues. Complex behavior, such as pica (the compulsive consumption of non-nutritive substances such as metal or glass objects), self-injurious behavior, aggression, and sexual misconduct, present a significant risk to the individual, peers, and service providers. Complex medical issues may relate to life-long genetic disorders and disrupted biological functions, presenting a challenge to search for medical expertise and methods to integrate services across disciplines, such as neurology, psychiatry, psychology, and applied behavior analysis. Given that the individual with complex behaviors may also have mental health issues, involvement with alcohol and drugs, and exhibit antisocial behavior, these individuals may require special mental health assistance or be involved in the criminal justice system.

Limited professional expertise and clinical settings to serve these two groups. Few universities and medical schools provide training and internships in serving individuals with complex service needs, and may address related complex medical issues only briefly in training. Due to the varied biological and environmental factors impacting the individual's success in the most integrated support setting, integration of clinical services is paramount. However, current community systems often lack integrated clinical and behavioral services. Likewise, applied behavior analysis has developed some effective evidence-based methods, but the number of board certified behavior analysts is small, and few choose to work with SSLCs or community providers serving individuals with an intellectual or developmental disability (IDD). Few counselors and therapists are available in the community with both the experience and desire to provide services to individuals with an IDD.

Integrated service planning and innovation. The significant impact of major behavioral and medical needs requires more extensive integrated service planning. Early identification and intervention for behavioral and medical disorders is not typical, which often leads to more intense crisis behaviors, after the behavior has become a habit and more costly to treat. Given that integrated service models are likely to have the most success, integrated service planning and cooperation is essential. The lifespan developmental model is not adequately used to provide early intervention, vocational opportunities for adults, and geriatric services for the increasing aging populations. As one service is developed, it is often done without planning for the total person, so continuity of services is rare. This becomes a critical issue when, due to complex needs, the individual is served by many separate systems for acute issues, but does not receive care coordination and planning for long-term issues.

C. Possible Solutions and Impact

1. Establish systems to prevent and manage risk issues.

As individuals with IDD transition to the community, service models, risk management, and developing a culture of safety are important. Continuity of care should be ensured through the exchange of information and technology across settings.

Possible Recommendations: Structures could be established to ensure that SSLCs and community providers coordinate the care of transitioning individuals to support risk management across settings. These structures may include a statewide conference for exchange of ideas across settings regarding risk management or the development of a combined planning group for high risk transitions. The conference should be as inclusive as possible, including SSLCs, community services providers, mental health authorities, jails, and families. The role of Qualified Intellectual Disability Professionals' care coordination for those with behavioral or medical complexity should be enhanced to help communities develop and adjust services to assist these individuals in continuing to live in the community.

2. Develop professional expertise and programmatic models for serving individuals with complex needs.

The SSLCs have developed several applied evidenced-based approaches to address individuals' complex needs based on the expanded training of the clinical disciplines at the SSLCs, an adherence to treatment accountability and integration of services. Efforts should be directed to leveraging these approaches with community-based providers while continuing to develop clinical expertise in the SSLCs.

Possible Recommendations: Use data from successful and unsuccessful transitions from the SSLCs to develop clinical indicators on complex needs to improve the transition process. Set up mechanisms to share clinical expertise between SSLCs and community providers, through seminars, working groups, consultations, and peer review exchanges. Expand liaisons between SSLCs and university programs and telehealth supports working with individuals with an IDD.

Develop incentives to develop and retain clinical expertise at the SSLCs, which can be leveraged with community providers.

3. Promote integrated service planning and innovation.

The role of the SSLC as a resource center should be developed and expanded. Approximately 1-3 percent of the population has an IDD, approximately 30-40 percent of individuals with an IDD will also have a mental health diagnosis, approximately 1,200 identified genetic causes of IDD have been identified, and the number of individuals with IDD is growing. Integrated service planning will be important to match services to funding.

Recommendations: Develop common languages, dependent measures and data systems that span SSLC and community provider systems to allow for the growth of the data base for planning. Develop the role of the SSLCs as a resource to share clinical expertise within the community, especially in rural counties. Consider expanding the role of the SSLCs to include the operation of specialized clinics for services provided to individuals living in the community, such as dental services, wheelchair repair, audiology, and applied behavioral analysis.

4. Develop an Electronic Health Record/Electronic Life Record (EHR/ELR) at the SSLCs.

Expand the current system by expanding current efforts to effectively implement use of an EHR/ELR to improve technology and information sharing that promotes client independence, provides additional community-based service options for residents of SSLCs, and ensures clients receive quality care in the most integrated setting of their choice. The implementation of an SSLC EHR/ELR will be beneficial in facilitating the secure exchange of personal health information and provision of needed services for SSLC residents.

5. Develop a care management program at the SSLCs.

Develop an SSLC care management program using evidence-based integrated clinical care activities tailored to the individual that ensure each individual has an individualized, coordinated plan of care and services. Such a plan would assist clinical and non-clinical staff in improving the overall care and outcomes for individuals served in SSLCs. This plan would also support individuals who have transitioned into the community by providing both a nurse and a behavioral health advice line to ensure appropriate redirection.

6. Increase collaboration between SSLCs and Local Authorities to strengthen community transition activities.

As transition of SSLC residents to more integrated settings continues, further identification, exploration, and expansion of collaboration efforts between SSLCs and local IDD authorities to both strengthen the transition process and also to expand and improve community-based services for persons with complex behavioral and healthcare needs is necessary.

Issue #5: Pertaining to State Supported Living Center Census

Does the State have a continuing need to operate all existing State Supported Living Centers?

A. Brief Description of Issue

Census in the SSLCs continues to decline as more individuals seek community-based services. Consistent with the requirements of the General Appropriations Act, 83rd Texas Legislature, DADS Rider 39, the Department should develop a long-range plan for services to be provided in the SSLCs, including a projected number of persons to be served, the number and location of facilities to provide those services, and any plans for specialized services within those facilities.

B. Discussion

DADS provides facility-based direct services and supports in 13 locations: Abilene, Austin, Brenham, Corpus Christi, Denton, El Paso, Lubbock, Lufkin, Mexia, Richmond, Rio Grande State Center (operated by DSHS), San Angelo, and San Antonio. DADS also provides services and supports for individuals who have transitioned from a SSLC into an integrated community setting.

SSLCs provide 24-hour residential services, comprehensive behavioral treatment services and healthcare services, including physician services, nursing services, dental services, and therapies. SSLCs also provide desensitization plans for individuals to prepare for dental and medical visits and procedures. This approach allows the opportunity for individuals with an intellectual developmental disability (IDD) to be better served and reduce the fear or trauma associated with certain clinical procedures. SSLCs also provide other specialized services, such as applied behavior analysis, habilitation therapy, audiology, and wheelchair/seating system design and repair.

Individuals with IDD who transition into the community from a SSLC are not able to continue the use of these facility-based services. These services may not always be available to individuals with IDD living in the community due to location, lack of available providers, or a lack of providers with expertise in the particular needs of individuals with IDD. The opportunity for individuals transitioning from an SSLC into the community to continue receiving services from their current provider would provide continuity of care and enable SSLC clinicians to maintain the existing patient-provider relationship. Expanding these services to include individuals with IDD currently living in the community who are in need of clinical, behavioral and dental care would provide additional choice of providers and increased availability of services. Quality of care for individuals transitioning into the community or currently residing in the community may also be improved if served by medical, behavioral, and dental professionals with the experience and skills to serve individuals with IDD.

C. Possible Solutions and Impact

As more individuals transition into the community from the SSLCs, the opportunity exists to repurpose SSLC facilities to provide clinical, behavioral, and dental services for individuals with IDD residing in the community as part of the SSLC long-range plan as required by the General Appropriations Act, 83rd Texas Legislature, DADS Rider 39. Many communities, especially in the rural areas, lack clinical, dental, and behavioral health resources to serve individuals with IDD or complex needs, and using the SSLCs to provide these services could meet that need. Implementation of this model of care to include the billing of clinical, dental and behavioral healthcare services to Medicaid, Medicare and private insurance would provide additional revenue sources. Approximately 60 percent of the operating funds for SSLC facilities are received from the federal government and 40 percent are provided through state General Revenue. Because of the statutory foundation of the SSLCs, any direction on consolidation or closure of SSLCs must come through legislative direction.

Issue #6: Pertaining to Services for High-risk Alleged Offenders

How can services for high-risk alleged offenders be improved?

A. Brief Description of Issue

Services and supports for individuals with IDD who have had negative interaction with law enforcement continue to be a major challenge for DADS. Following admission to an SSLC, such individuals are assessed for their propensity to inflict substantial physical harm to others and, based upon this determination, are housed separately from other residents of the facility. There is a need to conduct an extensive review of existing services and supports, and take action to revise statutes, program structures, and residential options for these individuals to assure restored competency and the supports necessary to provide them the greatest independence possible.

B. Discussion

Approximately 250 alleged offenders currently live in the SSLCs and approximately 93 percent of these residents are male. Although alleged offenders comprise only 7 percent of the total number of SSLC residents, meeting the needs of these residents poses significant challenges for DADS. Clinical and residential direct service professional staff must be reallocated to ensure appropriate services and supports are available to protect the health and safety of both alleged offenders and others receiving services in the same facility.

Additionally, the need for clinical services and supports (specifically psychiatric, behavioral, and pharmacological supports) is expected to increase as the number of alleged offenders with intense and often complex behavioral health needs continues to grow. Ongoing competency training for alleged offenders once psychiatric and other mental health needs have stabilized; tailoring active treatment programming to meet the needs and interests of this diverse population; and expanding rehabilitative efforts that promote a timely return to a community-based environment are other areas requiring concerted effort.

The Trauma/Informed Care project is a two-year contract (ending May 2014) funded through the Hogg Foundation to provide training to SSLC staff related to how trauma an individual has experienced in the past impacts current behavior and subsequent receipt of services. Expanding these trauma/informed care principles to the eleven facilities not involved in the pilot would significantly improve services to high-risk alleged offenders.

C. Possible Solutions and Impact

1. Collect and analyze relevant demographic data related to alleged offenders and use this data to project future capacity needs.

2. Structure appropriate clinical and residential direct supports at the SSLCs to ensure the health and safety of alleged offenders, while supporting their clinical stabilization to enable them to live and receive services in the most appropriate integrated setting
3. Continue to develop and expand the trauma/informed care project at the Mexia and San Angelo SSLCs and leverage these efforts across all state-operated facilities.
4. Provide both clinical and direct support, professional staff with training that embraces person-centered practices, behavioral modification, and re-entry into the most integrated setting possible for the individual.
5. Determine the best location(s) and structures for service delivery to this population to allow them to maintain needed natural supports, receive appropriate and necessary intensive clinical services and increase opportunities for transition to more integrated settings in or near their home communities.

Issue #7: Pertaining to the Role of Medication Aides

Should use of medication aides be expanded?

A. Brief Description of Issue

Providing appropriate healthcare supports for individuals receiving long-term services and supports continues to become increasingly complex while clinical resources (e.g., licensed nurses) are in short supply. For the assisted living facility (ALF) and intermediate care facilities for individuals with an intellectual disability (ICF/IID) programs, this concern has been compounded by DADS loss of statutory authority to permit medication aides to work in ALFs and ICFs/IID. To address this issue, statutory modification should be considered to expand the use of medication aides for medication administration in ALFs and ICFs/IID including state supported living centers.

B. Discussion

Statutory Background

As of September 2012, 10,524 active medication aides held permits in Texas. Administrative code rules detail the qualifications these persons must meet and follow to administer medications to facility residents, correctional facility inmates and to persons served by home and community support services agencies (HCSSAs).

DADS has the statutory authority to issue permits to medication aides authorizing them to administer medication to residents of nursing facilities and clients of HCSSAs. At one point, Health and Safety Code Chapter 242 also included ALFs and ICFs/IID. When ALFs and licensed ICFs/IID were removed from Chapter 242 and covered under separate statutes, the provisions related to medication aides were not included in the new statutes. This omission removed DADS statutory authority to permit medication aides to work in ALFs and licensed ICFs/IID and created conflict with existing DADS rules that indicate a medication aide may administer medication under a permit to residents of ALFs.

Rationale for Statutory Modification: ALFs

Licensure rules for ALFs require that medications in ALFs be administered according to physician's orders. Residents of an ALF who choose not to or who cannot self-administer their medications must have their medications administered by a person who holds a current medication aide permit or acts under the authority of a person who holds a current nursing license that authorizes the permit holder to administer medication. Using a nurse to train and supervise an individual administering medication in this situation is referred to as registered nurse delegation. While registered nurse delegation is a common practice in the healthcare industry, and it allows individuals with a medication aide permit to administer medication in the same manner as their non-permitted peers, removal of the statutory authority for DADS to

allow a medication aide to administer medication creates conflict in the rules and removes the impetus for individuals administering medications in ALFs to obtain and maintain medication aide certification. This is problematic because the training, continuing education and permitting requirements built into medication aide permitting and oversight increases the competence of each medication aide and thus presents significant benefits to individuals receiving services from a medication aide.

Rationale for Statutory Modification: ICFs/IID

Licensure rules governing medication aides no longer apply to licensed ICFs/IID because the definition of "facility" in these rules is tied to Health and Safety Code Chapter 242. Therefore, ICFs/IID may employ medication aides only as direct care staff. While medication administration by an unlicensed direct care staff is allowed in an ICF/IID, it is limited to facilities with a capacity of 13 or fewer beds and is only allowed if the medications are oral, topical or a metered dose inhaler prescribed for individuals with a stable or predictable condition. As is the case in ALFs, this situation limits provider flexibility and removes the impetus for individuals administering medications in ICFs/IID to obtain and maintain a medication aide permit.

C. Possible Solutions and Impact

Modifying statutes governing ALFs and ICFs/IID to authorize medication aides to perform certain health services would be of significant benefit to DADS, the individuals DADS serves and providers that render those services. For DADS, expanding statutory authority to allow medication aides would remedy the inconsistent position that an unlicensed person can administer medication when a medication aide cannot. For providers, expanding the use of medication aides in ALFs and ICFs/IID would give them flexibility to use medication aides to deliver services that may otherwise require care be provided by more scarce and costly clinical staff. Finally, for individuals receiving services, expanding the use of medication aides would increase the likelihood that individuals receive services from a permit holder with additional training in the administration of medication.

Issue #8: Pertaining to the Role of the Long-term Care Ombudsman Program

What is the appropriate role of the State Long-term Care Ombudsman?

A. Brief Description of Issue

The U.S. Department of Health and Human Services (HHS) issued federal regulatory guidance regarding long-term care ombudsman program (LTCOP) operations in June 2013. In the Federal Register (78 FR 36449), HHS estimates that a number of states may need to update their statutes, regulations, policies and/or practices in order to operate the program consistent with federal law and this proposed regulation. Specifically, Texas' Long-term Care Ombudsman has identified that DADS must be prepared to address rules governing organizational conflicts- of-interest.

B. Discussion

Proposed LTCOP regulations will require action by DADS and the Office of the State Long-term Care Ombudsman (the Office) to assure compliance. Most notable is the need for the identification and remedy of organizational conflicts-of-interest. Additionally, changes will need to be made to existing state policies regarding the confidentiality of records, program monitoring and individual conflicts-of-interest.

The Texas LTCOP is located within a state unit on aging that is part of a large umbrella agency. When describing independence of the LTCOP within this setting, the U.S. Administration on Aging (AOA) leadership describes programs with a "dotted-line" connection to the state unit director or other agency leader as a preferred structure.

Because the Office is charged with representing the interests of residents of long-term care facilities and making recommendations regarding laws that impact residents, the Office may need to take a position that differs from DADS or HHSC. Further, agency policies may conflict with certain federally required roles for the State Long-term Care Ombudsman and will need to be formally addressed.

C. Possible Solutions and Impact

The proposed LTCOP regulations show the Texas LTCOP is in compliance with many federal expectations about program operations. The most significant areas that will require change are in individual and organizational conflicts of interest.

DADS will need to consider the program's placement within the same agency as Regulatory Services and DADS Guardianship Services, and provide explanation of the program's independence within a state government agency.

The State Long-Term Care Ombudsman has asked, via comments to the proposed rules, for the AOA to provide additional guidance to states with a structure similar to Texas on how the organizational conflict of interest can be remedied.

X. OTHER CONTACTS

A. Fill in the following chart with updated information on people with an interest in your agency, and be sure to include the most recent e-mail address.

Department of Aging and Disability Services Exhibit 15: Contacts			
INTEREST GROUPS (groups affected by agency actions or that represent others served by or affected by agency actions)			
Group or Association Name/Contact Person	**Address**	**Telephone**	**E-mail Address**
ADAPT (The Institute for Disability Access) Bob Kafka	1640A East 2nd St. Suite 100 Austin, TX 78702	512-442-0252	bob.adapt@sbcglobal.net adapt@adapt.org
Adult Daycare Association of Texas (ADCAT) *Authorized Council* Troy Carter, President	1122 Colorado Suite 106 Austin, TX 78701	512-653-1018	president@adcat.org members@adcat.org
Alliance of Professional Healthcare Providers Joe Hendrus, LNFA	6010 Plantation Dr. Tyler, TX 75703	903-575-8424	jhendrus@transitionhealth.com
Alzheimer's Association John Gilchrist, Executive Director Greater Dallas Theresa Hocker, Executive Director North Central Texas Denese Watkins Debbie Hanna	4144 North Central Expressway Suite 750 Dallas, TX 75204	214-540-2432	John.Gilchrist@alz.org Theresa.Hocker@alz.org
American Association of Retired Persons (AARP) Trey Berndt, Associate State Director Amanda Fredriksen, Manager of Advocacy	98 San Jacinto Blvd. Suite 750 Austin, TX 78701	512-480-2424 512-480-2425	tberndt@aarp.org afredriksen@aarp.org

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Group or Association Name/Contact Person	**Address**	**Telephone**	**E-mail Address**
American Association on Intellectual & Developmental Disabilities (AAIDD) Pat Holder, Executive Director	P.O. Box 28076 Austin, TX 78755	512-349-7470	
Arc of Texas, The Amy Mizcles, Executive Director	8001 Centre Park Dr. Suite 100 Austin, Texas 78754	512-454-6694 800-252-9729	amizcles@thearcoftexas.org
ARCIL, Inc. (Austin Resource Center for Independent Living) John Meinkowsky	825 E. Rundberg Ln. Suite E-6 Austin, TX 78753	512-832-6349	johnm@arcil.com
Border Alliance of Adult Daycare Centers Jake Fuller, Chief Executive Officer	617 N. McColl Circle McAllen, TX 78501	956-972-1850 214-893-5823 (cell)	starcomjcf@aol.com
Brain Injury Association of Texas Jane Boutte, President	316 West 12th Street #405 Austin, TX 78701	972-241-9334	jboutte@paterehab.com
Care for Elders Evelyn Carlson, Director of Access and Coordination Jane Bavineau, Executive Director	3838 Aberdeen Way Houston, TX 77025	713-685-6579	ecarlson@carefprelders.org
Coalition of Texans with Disabilities (CTD) Dennis Borel, Executive Director	316 West 12th Street Suite 405 Austin, TX 78701	512-478-3366	dborel@txdisabilities.org

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Deaf Blind Multi-handicapped Association of TX (DBMAT) Paul Welch, President Steven Schoen, Executive Director	909 Mountain Park Dr. Big Spring, TX 79720	432-263-1658 512-336-7859	pwelch@usaonline.net stephenschoen@sbcglobal.net
Disability Policy Consortium (DPC) Toni Byrd	1016 La Posada Suite 145 Austin, TX 78752	512-371-1783	toni@dpctexas.org
Disability Rights Texas(DRTx) Susan Murphree, Policy Services Manager	7800 Shoal Creek Blvd. Suite 171-E Austin, TX 78757	512-454-4816 x445	smurphree@drtx.org
Easter Seals of Central Texas (formerly, United Cerebral Palsy of Texas) Jean Langendorf	1016 La Posada Suite 145 Austin, TX 78752	512-478-2581 800-798-1492	jlangendorf@eastersealstx.com
EveryChild, Inc. Elizabeth Tucker, Director of Policy	8400 North MoPac Expressway Suite 201 Austin, TX 78759	512-342-0543	etucker@everychildtexas.org
HomeCare Business Alliance Roy Serpa, CEO, Jordan Health Services	P.O. Box 1387 Mount Vernon, TX 75457	903-537-8601	rserpa@jhsi.com
LeadingAge Texas George Linial	2205 Hancock Dr. Austin, TX 78756	512-467-2242	George@leadingagetexas.org

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Meals on Wheels Association of Texas Betty L. Bradley, Vice President for Legislative Affairs	P.O. Box 6248 Austin ,TX 78762-6248 P.O. Box 903 Abilene, TX 79604	325-672-5050	bbradley@mealsonwheelsplus.com
National Association of Social Workers/Texas Chapter (NASW/TX)	810 West 11th Street Austin, TX 78701	512-474-1454	naswtex@naswtx.org
Parent Association for the Retarded of Texas (PART) Susan Payne, President Neil Davidson, Vice President Nancy Ward, Government Affairs	P.O. Box 9733 Austin, TX 78766-9733	Susan Payne 979-693-1656 Nancy Ward 817-292-0122	srapayne55@yahoo.com ne.davidson@yahoo.com jerryw@flash.net
Personal Attendant Coalition of Texas (PACT) Cathy Cranston, Organizer	1640A East 2nd Street Suite 100 Austin, TX 78702-4412	512-442-0252	flacacata@aol.com
Private Providers Association of Texas (PPAT) *Authorized Council* Carole Smith	8711 Burnet Road Suite E-53 Austin, TX 78757	512-452-8188	caroleppat@aol.com
Providers Alliance for Community Services of Texas (PACSTX) Michael T. Marks, Executive Director Heather Vasek	823 Congress Avenue Suite 230 Austin, TX 78702	512-479-0425	mmarks@eami.com Heather@delisicomm.com

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Providers Association for Home Health & Hospice Agencies (PAHHHA) Jo Devadoss	2695 Villa Creek Dr. Dallas, TX 75234	972-247-1643	jo@pahhha.org
Senior Source, The Molly Bogen, Executive Director Becky Bright, Board of Directors Chairman	3910 Harry Hines Blvd. Dallas, TX 75219	512-479-0425 x16	mbogen@theseniorsource.org Becky Bright: info@theseniorsource.org
Texas A&M University Department of Educational Psychology, Center on Disability & Development Amy N. Sharp, Ph.D., Associate Director Mike Benz, Director	Harrington 637 TAMU MS 4225 College Station, TX 77843-4225	979-845-4612	sharp@tamu.edu mbenz@tamu.edu
Texas Academy of Palliative Medicine (American Academy of Hospice and Palliative Medicine) Ron and Carla Crossno	P.O. Box 127 Rockdale, TX 76567	512-857-1233	ccrossno@tapm.org
Texas Advocates Rona Statman Tanya Winters	8001 Centre Park Dr. Austin, TX 78754	512-454-6694 800-252-9729	rstatman@thearcoftexas.org twinters@thearcoftexas.org

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Texas Advocates for Nursing Home Residents (TANHR) Beth Ferris, Austin Rep	TANHR: P.O. Box 68 DeSoto, TX 75123 Beth Ferris: 500 East Anderson Lane #234W Austin, TX 78752	TANHR: 972-572-6330 Beth Ferris: 512-719-4757 888-826-4748	bethferris@grandecom.net
Texas Adults w/Autism and Intellectual Disabilities (TAAID) Debby L. Salinas Valdez, Founder/Advocate	14610 Leatherwood San Antonio, TX 78231	210-493-0546	turtlegirl0725@aol.com
Texas and New Mexico Hospice Organization Larry A. Farrow, Executive Director	P.O. Box 1525 Austin, TX 78761	512-454-1247 800-580-0270	tnmho@sbcglobal.net
Texas Assisted Living Association (TALA) *Authorized Council* Gail Harmon, Executive Director Ben Campbell, Lobbyist Jordan Berry, Lobbyist	1122 Colorado Street Suite 307 Austin, TX 78701 P.O. Box 684642 Austin, TX 78764	512-653-6604	GHarmonTALA@aol.com bcampbell@austin.rr.com jordanDberry@gmail.com
Texas Assisted Living Provider Advocacy Group (TALPAG) (An affiliate of TORCH) Kathy Schoeneberg	P.O. Box 372 Ganado, TX 77962	361-771-3947	dddtexas@rocketmail.com Kathy Schoenberg: txtorch@ykc.com bcampbell@austin.rr.com jordanDberry@gmail.com

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Texas Association for Home Care and Hospice, Inc. (TAHCH) *Authorized Council* Rachel Hammon Marissa Machado Mike McLamore	3737 Executive Center Dr. Suite 268 Austin, TX 78731	512-338-9293 800-880-8893	rachel@tahch.org marissa@tahch.org mike@tahch.org
Texas Association of Aging Programs (TAAP) *Authorized Council* Bobbi Arthur, President	5000 Bernice Haltom City, TX 76117	817-834-8021	barthur@haltomcitytx.com
Texas Association of Area Agencies on Aging Doni Van Ryswyk	P.O. Box 5888 Arlington, TX 76005	817-695-9193	dvanryswyk@nctcog.org
Texas Association of Centers for Independent Living (TACIL) Michelle Crain, Executive Director	4902 34th Street Suite 5 Lubbock, TX 79410	806-795-5433 x123	Chelle7556@aol.com
Texas Association of Residential Care Communities Sid Rich	P.O. Box 9005 Austin, TX 78766-9005	512-338-1223	sidrich@austin.rr.com
Texas Association of Rural Health Clinics (TARHC) (An affiliate of TORCH) Ramsey Longbotham, Executive Director	P.O. Box 14547 Austin, TX 78761	512-873-0045	ramsey@torchnet.org

Department of Aging and Disability Services Exhibit 15: Contacts			
INTEREST GROUPS (groups affected by agency actions or that represent others served by or affected by agency actions)			
Group or Association Name/Contact Person	**Address**	**Telephone**	**E-mail Address**
Texas Autism Advocacy Mike Bernoski, Executive Director Michelle Guppy, Parent Resource Contact	13729 Research Blvd. Suite 610201 Austin, TX 78750	512-402-5842 Ext. 22	michellemguppy@yahoo.com
Texas Center for Disability Studies/Texas Technology Access Project Dr. Penny Seay, Executive Director (temporary contact)	The UT JJ Pickle Research Campus 10100 Burnet Rd. Building 137 CMS 1.54 Austin, TX 78758	512-232-0740	pseay@mail.utexas.edu
Texas Council of Community Centers, Inc. *Authorized Council* Susanne Elrod Danette Castle, CEO	8140 North MoPac Expressway Westpark Building 3 Suite 240 Austin, TX 78759	512-794-9268	selrod@txcouncil.com
Texas Council on Autism and Pervasive Developmental Disorders *Authorized Council* Ron Ayer, DADS Coordinator Frank McCamant, Chair Anna Hundley, Vice Chair	Ron Ayer: P.O. Box 149030 Mail Code W578 Austin, TX 78714 Frank McCamant: P.O. Box 26921 Austin, TX 78755 Anna Hundley: 6415 Brook Lake Ln. Dallas, TX 75248	Ron Ayer: 512-438-4329 Frank McCamant: 512-422-4704 (cell); 512-794-8024 (home) Anna Hundley: 972-489-0527 (cell); 972-661-0500 (home)	ron.ayer@dads.state.tx.us fmccamant@me.com ahundley@ATCoftexas.org

Department of Aging and Disability Services Exhibit 15: Contacts			
INTEREST GROUPS (groups affected by agency actions or that represent others served by or affected by agency actions)			
Group or Association Name/Contact Person	**Address**	**Telephone**	**E-mail Address**
Texas Council for Developmental Disabilities (TCDD) *Authorized Council* Roger Webb, Executive Director Jessica Ramos, MSW, Public Policy Director	6201 East Oltorf Suite 600 Austin, TX 78741	TCDD: 512-437-5432 800-262-0334 Roger Webb: 512-437-5440 Jessica Ramos: 512-437-5417	roger.webb@tcdd.state.tx.us jessica.ramos@tcdd.state.tx.us
Texas Culture Change Coalition (TxCCC) David Seaton	P.O. Box 705 San Marcos, TX 78667	512-938-1127	DS@LiveOakLiving.com
Texas Health Care Association (TxHCA) Tim Graves, President Dorothy Crawford, Director of Policy and Regulatory Analysis	Mailing: P.O. Box 4554 Austin, TX 78765 Physical: 4214 Medical Pkwy. Austin, TX 78756	512-458-1257	tgraves@txhca.org dcrawford@txhca.org
Texas Hospital Home Health Association (THHHA) (An affiliate of TORCH) David Pearson	P.O. Box 14547 Austin, TX 78761	512-873-0045	dpearson@torchnet.org
Texas Nurses Association James Willman	7600 Burnet Rd. Suite 440, Austin, TX 78757	512-452-0645	jwillmann@texasnurses.org
Texas Organization of Residential Care Homes (TORCH) Kathy Schoeneberg, Executive Director Ben Campbell, Lobbyist Jordan Berry, Lobbyist	P.O. Box 372 Ganado, TX 77962	361-771-3947 888-528-6724	Kathy Schoeneberg: txtorch@ykc.com info@txtorch.com bcampbell@austin.rr.com jordanDberry@gmail.com

Department of Aging and Disability Services Exhibit 15: Contacts			
INTEREST GROUPS (groups affected by agency actions or that represent others served by or affected by agency actions)			
Group or Association Name/Contact Person	**Address**	**Telephone**	**E-mail Address**
Texas Parent Advocates Consortium (TxPACS) Linda Litzinger	10709 Bay Laurel Tr. Austin, TX 78750	512-922-3810	Litzgo@swbell.net http://groups.yahoo.com/group/txpacs/ Post message: txpacs@yahoogroups.com Subscribe: txpacs-subscribe@yahoogroups.com Unsubscribe: txpacs-unsubscribe@yahoogroups.com List owner: txpacs-owner@yahoogroups.com
Texas Parent to Parent Network Laura Warren	10710 Cedar St Box 12, Austin, TX 78750	512-458-8600	laura@txp2p.org
Texas Silver-Haired Legislature (TSHL) William Graham, Speaker Carlos Higgins, Chair	William Graham: 451 CR 154 Cisco, Texas 76437 Carlos Higgins: 10712 Fountainbleu Circle Austin, TX 78750 (Please send regular mail to this address)	William Graham: 254-629-1403 Carlos Higgins: 512-258-3564	William Graham: info@TxSHL.org Carlos Higgins: carlostx@sbcglobal.net
Texas State Independent Living Council (Texas SILC) *Authorized Council* Regina Blye, Executive Director	P.O. Box 9879 Austin, TX 78766 5555 N. Lamar Blvd. Suite K-103 Austin, TX 78751	512-371-7353	admin@txsilc.org

Department of Aging and Disability Services Exhibit 15: Contacts			
INTEREST GROUPS (groups affected by agency actions or that represent others served by or affected by agency actions)			
Group or Association Name/Contact Person	**Address**	**Telephone**	**E-mail Address**
Texans Supporting State Schools Charles Ferguson, Associate	8600 Skyline Drive #1103 Dallas, TX 75243	214-221-4808 214-676-0910 (cell)	ferguson2441@sbcglobal.net
Texas Traumatic Brain Injury (TBI) Advisory Council *Authorized Council* Cheryl Kempf, Acting Chair Bettie Beckworth (HHSC), Director of Office of Acquired Brain Injury	Cheryl Kempf: 1702 Shepherds Ranch Rd. Bulverde, TX 78163 Bettie Beckworth: 4900 N. Lamar Blvd. Mail Code 1542 Austin, TX 78751	Cheryl Kempf: 512-585-4559 Bettie Beckworth: (512) 706-7115	Ckwords@aol.com Bettie.Beckworth@hhsc.state.tx.us
The Senior Source Molly Bogen, Executive Director	3910 Harry Hine Rd. Dallas, TX 78754	214-823-5700	mbogen@theseniorsource.org

INTERAGENCY, STATE, OR NATIONAL ASSOCIATIONS (that serve as an information clearinghouse or regularly interact with your agency)			
Group or Association Name/Contact Person	**Address**	**Telephone**	**E-mail Address**
ADRC Technical Assistance Exchange Connie Blakeway	3130 Fairview Park Dr. Suite 800 Falls Church, VA 22042	703-269-5711	Carrie.blakeway@lewin.com
Alliance of Information and Referral Systems (AIRS) Moayad Zahralddin	11240 Waples Mill Rd. Suite 200 Fairfax, VA 22030	703-218-2477	Moayadzahralddin@airs.org

INTERAGENCY, STATE, OR NATIONAL ASSOCIATIONS (that serve as an information clearinghouse or regularly interact with your agency)			
Group or Association Name/Contact Person	**Address**	**Telephone**	**E-mail Address**
American Dietetic Association	12050 South Riverside Plaza Suite 20000 Chicago,IL 60606	800-877-1600	Govaffairs@eatright.org
Claims Management System (CMS) Advisory Council Teresa Jackson, Chair	2660 South Garland Rd. Garland, TX 75041	214-703-1313	teresa.jackson@outreachhealth.com
Department of Aging and Disability Services (DADS/PNA Liaison) Wayne Stark	701 West 51st Street Mail Code C-751 Austin, TX 78751	512-438-2228	wayne.stark@dads.state.tx.us
Department of Aging and Disability Services Maria Garcia-Montoya, Claims Team Council – Chair	701 West 51st Street Mail Code W-543 Austin, TX 78751	512-438-2129 512-438-4380	maria.montoya@dads.state.tx.us
Girling Health Care, Incorporated Diane Kenyon	P.O. Box 4294 Austin, TX 78765	512-458-3090 Ext. 5080 512-453-7707	dkenyon@girling.com
Human Services Research Institute	2336 Massachusetts Ave. Cambridge, MA 02140	617-844-2304	staub@hsri.org
National Association of Area Agencies on Aging (N4A) Sandy Markwood	1730 Rhode Island Avenue Northwest Suite 1200 Washington, DC 20036	202-872-0888	www.n4a@org
National Association of Social Workers (NASW)	750 First Street Northeast Suite 700 Washington, DC 2002-4241		www.nasw.org

INTERAGENCY, STATE, OR NATIONAL ASSOCIATIONS (that serve as an information clearinghouse or regularly interact with your agency)			
Group or Association Name/Contact Person	**Address**	**Telephone**	**E-mail Address**
National Association of State Directors of Developmental Disabilities Services (NASDDDS) Robert Gettings, Executive Director	113 Oronoco St. Alexandria, VA 22314	703-683-4202	www.nasddds.org
National Association of State Units on Aging	1201 15th Street, Northwest Suite 350 Washington, DC 20005	202-898-2578	www.nasua.org
National Guardianship Association Pat Heuser	174 Crestview Dr. Bellevue, PA 16823-8517	877-326-5992	www.guardianship.org
National Guardianship Foundation Denise Calabrese	P.O. Box 5704 Harrisburg, PA 17110	717-238-4689	www.nationalguardianshipcertification.org
Texas Alliance of Information and Referral Systems Marco Galvan	P.O. Box 898 San Antonio, TX 78293-0898	210-352-7050	Mdamsgaard@unitedwaysatx.org
Texas Association of Personal Emergency Response Services Providers (TAPERSP) Kathy Patterson	P.O. Box 292894 Lewisville, TX 77556	512-258-4311	kpatter48@mail.ev1.net
Texas Deafblind Project Cyral Miller, Project Coordinator	Division of Special Education Programs and Complaints Texas Education Agency 1701 North Congress Avenue Austin, TX 78701-1494	512-206-9242	cyralmiller@tsbvi.edu

INTERAGENCY, STATE, OR NATIONAL ASSOCIATIONS (that serve as an information clearinghouse or regularly interact with your agency)			
Group or Association Name/Contact Person	**Address**	**Telephone**	**E-mail Address**
Texas Interagency Task Force on Deaf blindness David Wiley, co-chair Paul Welch, co-chair	c/o Texas Deaf blind Project, Texas School for the Blind and Visually Impaired 1100 West 45th Street Austin, TX 78756	512-206-9219 432-263-1658	davidwiley@tsbvi.edu pwelch@usaonline.net

LIAISONS AT OTHER STATE AGENCIES (with which your agency maintains an ongoing relationship, e.g., the agency's assigned analyst at the Legislative Budget Board, or attorney at the Attorney General's office)			
Agency Name/Relationship/ Contact Person	**Address**	**Telephone**	**E-mail Address**
Comptroller of Public Accounts Dennis Alley	111 East 17th Street Austin, TX 78701	512-305-9743	dennis.alley@cpa.state.tx.us
Comptroller of Public Accounts Juan Deluna	111 East 17th Street Austin, TX 78701	512-463-5914	juan.deluna@cpa.stae.tx.us
Comptroller of Public Accounts Juanita Gonzales	111 East 17th Street Austin, TX 78701	512-463-6002	juanita.gonzales@cpa.state.tx.us
Comptroller of Public Accounts Tom Mathey	111 East 17th Street Austin, TX 78701	512-463-3868	tom.mathey@cpa.state.tx.us
Comptroller of Public Accounts Ann Zigmond, Financial Reporting Analyst	111 East 17th Street Austin, TX 78701	512-463-1801	ann.zigmond@cpa.state.tx.us
Comptroller of Public Accounts ADHOC Reports Ralph Pleasant	111 East 17th Street Austin, TX 78701	512-463-4874	ralph.pleasant@cpa.state.tx.us

LIAISONS AT OTHER STATE AGENCIES (with which your agency maintains an ongoing relationship, e.g., the agency's assigned analyst at the Legislative Budget Board, or attorney at the Attorney General's office)			
Agency Name/Relationship/ Contact Person	**Address**	**Telephone**	**E-mail Address**
Comptroller of Public Accounts, Comptroller Holds Franny Villarreal	P.O. Box 13528, Capitol Station Austin, TX 78711-3528	512-463-4036	franny.villarreal@cpa.state.tx.us
Comptroller of Public Accounts, SWCAP Joe Pacheco	111 East 17th Street Austin, TX 78701	512-936-6211	joe.pacheco@cpa.state.tx.us
Corrections Office on Offenders with Medical and Mental Impairments April Zamora, Director	8610 Shoal Creek Boulevard Austin, TX 78757	512-465-5100	tcoommi@tdcj.state.tx.us
General Land Office Ruth Gutierrez	1700 North Congress Austin, TX 78701	512-475-1414	ruth.gutierrez@glo.state.tx.us
General Land Office Shaun Seale	1700 North Congress Austin, TX 78701	512-463-5174	shaun.seale@glo.state.tx.us
Governor's Office of Budget, Planning, and Policy (BPP) Dianna E. Velasquez	P.O. Box 12428 Austin, TX 78701	512-463-3471	Dianna.Velasquez@governor.state.tx.us
Legislative Budget Board Lindsay Littlefield	1501 Congress Avenue, 5th Floor Austin, TX 78701	512-463-1200	Lindsay.littlefield@lbb.state.tx.us
Office of the Attorney General Barbara Deane, Chief, Administrative Law Division	P.O. Box 12548 Austin, TX 78711-2548	512-475-4300	barbara.deane@oag.state.tx.us
Office of the Attorney General Ronald Del Vento, Chief, Bankruptcy & Collections Division	P.O. Box 12548 Austin, TX 78711-2548	512-463-2173	ronald.delvento@oag.state.tx.us

LIAISONS AT OTHER STATE AGENCIES (with which your agency maintains an ongoing relationship, e.g., the agency's assigned analyst at the Legislative Budget Board, or attorney at the Attorney General's office)			
Agency Name/Relationship/ Contact Person	**Address**	**Telephone**	**E-mail Address**
Office of the Attorney General Sheri Eble	209 West 14th Street Austin, TX 78701	512-475-4479	sherri.eble@oag.state.tx.us
Office of the Attorney General Nelly Herrera, Chief, Tort Litigation Division	P.O. Box 12548 Austin, TX 78711-2548	512-463-2197	nelly.herrera@oag.state.tx.us
Office of the Attorney General, Torts George Jennings	300 West 15th Street Austin, TX 78701	512-475-4094	george.jennings@oag.state.tx.us
Office of the Attorney General David Mattax, Chief, Financial Litigation Division	P.O. Box 12548 Austin, TX 78711-2548	512-463-2018	david.mattax@oag.state.tx.us
Office of the Attorney General Robert O'Keefe, Chief, General Litigation Division	P.O. Box 12548 Austin, TX 78711-2548	512-463-2120	robert.okeefe@oag.state.tx.us
Office of Court Administration/Guardianship Certification Program Tony Franco	P.O. Box 12066, Austin, TX 78711-2066	512-463-6321	tony.franco@courts.state.tx.us
Office of the Lieutenant Governor Blaine Brunson	P.O. Box 12068 Austin, TX 78711	512-463-0010	blaine.brunson@ltgov.state.tx.us
Office of the Lieutenant Governor Jamie Dudensing	P.O. Box 12068 Austin, TX 78711	512-463-0010	jamie.dudensing@ltgov.state.tx.us
Office of the Texas Secretary of State, Texas Register	1019 Brazos Room 245 Austin, TX 78701	512-463-5561	register@sos.state.tx.us

LIAISONS AT OTHER STATE AGENCIES (with which your agency maintains an ongoing relationship, e.g., the agency's assigned analyst at the Legislative Budget Board, or attorney at the Attorney General's office)			
Agency Name/Relationship/ Contact Person	**Address**	**Telephone**	**E-mail Address**
Speaker of the House Jennifer Deegan	1400 Congress Ave Austin, TX 78701	512-463-1546	jennifer.deegan@speaker.state.tx.us
State Energy Conservation Office, LoanSTAR Program Manager Theresa Sifuentes	111 East 17th Street, #1114 Austin, TX 78701	512-463-1896	theresa.sifuentes@cpa.state.tx.us
Texas Council for Developmental Disabilities Roger Webb, Director	6201 E. Oltorf Suite 600 Austin, TX 78741	512-437-5440	roger.webb@tcdd.state.tx.us
DARS, Center for Consumer and External Affairs David Hagerla	4800 N. Lamar Blvd. 3rd Floor Austin, TX 78756	512-377-0696	David.hagerla@dars.state.tx.us
DFPS, Center for Consumer and External Affairs Ann Strauser	701 W. 51st Street Austin, TX 78751	512-438-3979	Ann.strauser@dfps.state.tx.us
Texas Department of Housing and Community Affairs Steve Schottman	P.O. Box 13941 Austin, TX 78711	512-475-3800	stephen.schottman@tdhca.state tx.us
Texas Department of Insurance Norma Almanza	333 Guadalupe Austin, TX 78701	512-322-4340	norma.almanza@tdi.state.tx.us
DSHS, Center for Consumer and External Affairs Ricky Garcia	1100 W. 49th Street Austin, TX 78756	512-458-7263	GovtAffairs@dshs.state.tx.us
Texas Medicaid & Healthcare Partnership, CMS Liaison Anand Dange	Austin, TX	512-506-6212	anand.dange@tmhp.com

LIAISONS AT OTHER STATE AGENCIES (with which your agency maintains an ongoing relationship, e.g., the agency's assigned analyst at the Legislative Budget Board, or attorney at the Attorney General's office)			
Agency Name/Relationship/ Contact Person	**Address**	**Telephone**	**E-mail Address**
Texas State Board of Nurse Examiners Carol Marshall	333 Guadalupe #3-460 Austin, TX 78701	512-305-6841	carol.marshall@bne.state.tx.us
University of Texas Center for Disability Studies Steve Thomas	4030 West Braker Ln. Building 1, Suite 180 Austin, TX 78759	512-232-0740	txcds@uttcds.org

XI. ADDITIONAL INFORMATION

A. Texas Government Code, Sec. 325.0075 requires agencies under review to submit a report about their reporting requirements to Sunset with the same due date as the SER. Include a list of each report that the agency is required by statute to prepare and an evaluation of the need for each report based on whether factors or conditions have changed since the statutory requirement was in place. If the list is longer than one page, please include it as an attachment.

Please see Attachment 17—Statutory Reports.

B. Has the agency implemented statutory requirements to ensure the use of "first person respectful language"? Please explain and include any statutory provisions that prohibits these changes.

Section 531.0227 of the Government Code requires the Executive Commissioner to ensure that HHSC and the HHS System agencies "use the terms and phrases listed as preferred under the person first respectful language initiative in Chapter 392 [of the Government Code] when proposing, adopting, or amending the commission's or agency's rules, reference materials, publications, and electronic media." Section 531.0227 was effective September 1, 2011.

As DADS develops new rules or proposes to amend existing rules, the originating program and legal staff review to ensure the use of preferred terms.

In response to H.B. 1481, DADS:

- published guidelines regarding the use of person-first respectful language on DADS website; and
- reviewed and updated forms, manuals, other documents on DADS website to reflect the change.

C. Fill in the following chart detailing information on complaints regarding your agency. Do not include complaints received against people or entities you regulate. The chart headings may be changed if needed to better reflect your agency's practices.

Department of Aging and Disability Services
Exhibit 15: Complaints Against the Agency* — Fiscal Years 2011 and 2012

	FY 2011	FY 2012
Number of complaints received	466	507
Number of complaints resolved	469	492

Number of complaints dropped/found to be without merit	425	416
Number of complaints pending from prior years	4	4
Average time period for resolution of a complaint	See Note**	See Note**

*Due to adjustments in reporting parameters made during this time period, data reported from DADS systems as displayed in this exhibit may differ from complaint data reported by the HHSC Ombudsman's Office.

** As of September 2012 (FY 2013), the agency enhanced its complaint tracking and reporting database and began collecting and reporting the average time period for resolution of a complaint. This information was not available prior to this date.

D. Fill in the following chart detailing your agency's Historically Underutilized Business (HUB) purchases.

Department of Aging and Disability Services
Exhibit 16: Purchases from HUBs
Fiscal Year 2010

Category	Total $ Spent	Total HUB $ Spent	Percent	Agency Specific Goal *	Statewide Goal
Heavy Construction	$180,817	$52,606	29.0%	11.9%	11.9%
Building Construction	$156,999	$8,786	5.59%	26.1%	26.1%
Special Trade	$18,809,897	$4,633,484	24.6%	57.2%	57.2%
Professional Services	$14,410,172	$944,216	6.55%	20.0%	20.0%
Other Services	$55,247,306	$10,375,930	18.7%	33.0%	33.0%
Commodities	$71,269,932	$12,371,674	17.3%	12.6%	012.6%
TOTAL	$160,075,127	$28,386,699	17.7%		

* If your goals are agency specific-goals and not statewide goals, please provide the goal percentages and describe the method used to determine those goals. (TAC Title 34, Part 1, Chapter 20, Rule 20.13)

The methodology used to calculate the Aspirational HUB goals generally follows the method used to calculate the federal disadvantage business program goals. Factors in this methodology include using past HUB spending and the availability of minority and woman-owned businesses

who are ready, willing, and able (RWA) to do business with the state of Texas. These two factors were given weighted percentages. Past HUB utilization received a weight of 80 percent and availability received a weight of 20 percent.

(HUB utilization x 80 percent) + (RWA businesses identified by the disparity study x 20 percent) = agency HUB goal percentage.

FISCAL YEAR 2011					
Category	**Total $ Spent**	**Total HUB $ Spent**	**Percent**	**Agency Goal**	**Statewide Goal**
Heavy Construction	$170,877	$54,362	31.81%	11.9%	11.9%
Building Construction	$65,560	$5,540	8.45%	26.1%	26.1%
Special Trade	$22,345,207	$9,597,403	42.95%	57.2%	57.2%
Professional Services	$12,995,179	$382,052	2.94%	20.0%	20.0%
Other Services	$48,988,712	$8,212,525	16.76%	33.0%	33.0%
Commodities	$74,810,942	$9,276,403	12.40%	12.6%	12.6%
TOTAL	$159,376,480	$27,528,287	17.27%		
FISCAL YEAR 2012					
Category	**Total $ Spent**	**Total HUB $ Spent**	**Percent**	**Agency Goal**	**Statewide Goal**
Heavy Construction	$374,933	$99,287	26.48%	32.8%	11.2%
Building Construction	$20,365	$0	0.00%	21.1%	21.1%
Special Trade	$6,563,982	$1,894,055	28.86%	32.7%	32.7%
Professional Services	$9,901,067	$130,875	1.32%	23.6%	23.6%
Other Services	$46,167,061	$7,912,622	17.14%	24.6%	24.6%
Commodities	$69,883,142	$10,059,660	14.39%	21.%	21.0%
TOTAL	$132,910,551	$20,096,501	15.12%		

E. Does your agency have a HUB policy? How does your agency address performance shortfalls related to the policy? (Texas Government Code, Sec. 2161.003; TAC Title 34, Part 1, rule 20.15b)

Yes, DADS has a HUB policy. The Department's HUB policy is based on its adoption of the Texas Comptroller of Public Accounts (CPA) HUB rules.

In accordance with the CPA HUB rules and the 2009 Texas State Disparity Study, DADS has set the following minimum HUB goals:
(1) 11.2 percent for heavy construction other than building contracts;
(2) 21.1 percent for all building construction;
(3) 32.7 percent for all special trade construction contracts;
(4) 23.6 percent for professional services contracts;
(5) 24.6 percent for all other services contracts; and
(6) 21.0 percent for commodities contracts.

The policy mandates that DADS shall make a good faith effort to ensure that HUBs receive their respective share of the total value of all DADS contract each fiscal year. Therefore, DADS contractors are required to make a good faith effort to increase subcontract awards to HUBs each fiscal year.

The Department addresses performance shortfalls on a monthly basis by monitoring its contract agreements to ensure that prime contractors comply with their HUB subcontract plan and are on track to meet their HUB commitments. Compliance determination is restricted to considering factors that indicate good faith efforts were made. If a contractor/supplier failed to implement the HUB subcontracting plan in good faith, the agency:

- may bar the contractor/supplier from future business with DADS;
- enforce any other penalty language in the contract relating to non-compliance; and
- will report non-performance to the Texas Comptroller of Public Accounts, which may result in the contractor/supplier being debarred from future business with all state agencies.

To increase HUB contract awards, the Department:

- participates in external Economic Opportunity Forums and related HUB Outreach events statewide;
- hosts internal HUB forums providing HUBs the opportunity to give business presentations to agency management, purchasing, and agency HUB staff;
- notifies HUBs of contract opportunities posted on the electronic business daily;
- sponsors mentor-protégé relationships between prime contractors and HUBs;
- provides HUBs with information regarding state procurement procedures;
- assists minority and woman-owned businesses with HUB certification; and
- encourages HUBs to register on the CPA's Centralized Master Bidders List to ensure they receive automatic bid notices through email.

F. For agencies with contracts valued at $100,000 or more: Does your agency follow a HUB subcontracting plan to solicit bids, proposals, offers, or other applicable expressions of interest for subcontracting opportunities available for contracts of $100,000 or more? (Texas Government Code, Sec. 2161.252; TAC Title 34, Part 1, rule 20.14)

Yes. The DADS HUB program office reviews all contracts with an expected value of $100,000 or more prior to soliciting to determine if the probability of subcontracting exist. When subcontracting exists, a HUB subcontract plan (HSP) is required as part of the bid response. Solicitation responses that do not include a completed HUB subcontracting plan are rejected as a material failure to comply with advertised specifications.

The HUB program office works closely with program staff and Health and Human Services (HHS) Enterprise procurement staff to ensure HUB compliance throughout the solicitation process up to the contract award. DADS HUB staff then monitor and report on the awarded contractor's efforts to meet their HUB plan commitments.

G. For agencies with biennial appropriations exceeding $10 million, answer the following HUB questions.

	Response / Agency Contact
1. Do you have a HUB coordinator? (Texas Government Code, Sec. 2161.062; TAC Title 34, Part 1, rule 20.26)	Yes - DADS HUB Program Coordinator: **VACANT Position** HUB Program Administrator: Teresita Alvarado W-260 4405 North Lamar Blvd., Bldg. #1 Austin, TX 78756 Phone: (512) 206-4546 Fax: (512) 206-4711 FAX teresita.alvarado@hhsc.state.tx.us
2. Has your agency designed a program of HUB forums in which businesses are invited to deliver presentations that demonstrate their capability to do business with your agency? (Texas Government Code, Sec. 2161.066; TAC Title 34, Part 1, rule 20.27)	Yes - DADS and HHS agencies host monthly internal HUB forums. Invited HUB vendors provide technical or professional presentations regarding their products, staff, and core capabilities. Participants include DADS HUB staff, HHS staff, procurement staff, end users, senior managers, and program staff. HUB vendor discussions include potential contracting opportunities.

	Response / Agency Contact
3. Has your agency developed a mentor-protégé program to foster long-term relationships between prime contractors and HUBs and to increase the ability of HUBs to contract with the state or to receive subcontracts under a state contract? (Texas Government Code, Sec. 2161.065; TAC Title 34, Part 1, rule 20.28)	Yes. DADS Mentor-Protégé Program includes policy and procedures for outreach, compliance, reporting, and assessment of its mentor and protégé relationships to ensure that protégé's are benefiting from the program. The Department promotes its Mentor Protégé program at HUB forums.

H. Fill in the chart below detailing your agency's Equal Employment Opportunity (EEO) statistics.[1]

Department of Aging and Disability Services
Exhibit 17: Equal Employment Opportunity Statistics

Fiscal Year 2009

Job Category	Total Position	Minority Workforce Percentage					
		Black		Hispanic		Female	
		Agency	Civilian Labor Force %	Agency	Civilian Labor Force %	Agency	Civilian Labor Force %
Officials/Administration	336	12.8%	7.5%	9.8%	21.1%	65.2%	37.5%
Professional	4,527	18.4%	9.7%	23.7%	18.8%	76.5%	53.3%
Technical	905	25.7%	13.9%	21.8%	27.7%	85.9%	53.9%
Administrative Support	1,278	19.5%	12.7%	27.0%	31.9%	89.7%	67.1%
Service Maintenance	8,341	46.5%	14.1%	24.1%	49.9%	73.8%	39.1%
Skilled Craft	352	5.7%	6.6%	23.3%	46.3%	4.3%	6.0%

[1] The Service/Maintenance category includes three distinct occupational categories: Service/Maintenance, Para-Professionals, and Protective Services. Protective Service Workers and Para-Professionals are no longer reported as separate groups. Please submit the combined Service/Maintenance category totals, if available.

Source Data: Fiscal Year 2009 from Human Resources/PeopleSoft 08/31/2009.

The Service/Maintenance category includes three distinct occupational categories: Service/Maintenance, Para-Professionals, and Protective Services. Protective Service Workers and Para-Professionals are no longer reported as separate groups. Please submit the combined Service/Maintenance category totals, if available.

Civilian Labor Force Figures from Texas Workforce Commission

DADS Exhibit 17: Equal Employment Opportunity Statistics							
Fiscal Year 2010							
Job Category	Total Position	Minority Workforce Percentage					
		Black		Hispanic		Female	
		Agency	Civilian Labor Force %	Agency	Civilian Labor Force %	Agency	Civilian Labor Force %
Officials/Administration	337	14.5%	7.5%	10.7%	21.1%	68.2%	37.5%
Professional	5,127	19.2%	9.7%	23.5%	18.8%	76.6%	53.3%
Technical	979	26.7%	13.9%	20.6%	27.7%	85.2%	53.9%
Administrative Support	1,247	18.3%	12.7%	28.5%	31.9%	91.0%	67.1%
Service Maintenance	9,213	45.3%	14.1%	25.3%	49.9%	71.8%	39.1%
Skilled Craft	345	6.1%	6.6%	23.8%	46.3%	3.8%	6.0%

Source Data: Fiscal Year 2010 from Human Resources/PeopleSoft 08/31/2010

The Service/Maintenance category includes three distinct occupational categories: Service/Maintenance, Para-Professionals, and Protective Services. Protective Service Workers and Para-Professionals are no longer reported as separate groups. Please submit the combined Service/Maintenance category totals, if available.

Civilian Labor Force Figures from Workforce Commission

DADS Exhibit 17: Equal Employment Opportunity Statistics							
Fiscal Year 2011							
Job Category	Total Position	Minority Workforce Percentage					
		Black		Hispanic		Female	
		Agency	Civilian Labor Force %	Agency	Civilian Labor Force %	Agency	Civilian Labor Force %
Officials/Administration	348	15.2%	8.99%	10.3%	19.5%	67.2%	39.4%
Professional	5,093	19.2%	11.33%	24.3%	17.4%	76.9%	59.14%
Technical	977	28.2%	14.16%	20.4%	21.63%	83.5%	41.47%
Administrative Support	1,226	17.9%	13.57%	27.8%	30.53%	90.9%	65.52%
Service Maintenance	8,892	45.1%	14.68%	25.7%	48.18%	81.1%	40.79%
Skilled Craft	350	6.0%	6.35%	25.1%	47.44%	3.7%	4.19%

Source Data: Fiscal Year 2011 from Human Resources/PeopleSoft 08/31/2011

The Service/Maintenance category includes three distinct occupational categories: Service/Maintenance, Para-Professionals, and Protective Services. Protective Service Workers and Para-Professionals are no longer reported as separate groups. Please submit the combined Service/Maintenance category totals, if available.

Civilian Labor Force Figures from 2011-2012 EEO and Minority Hiring Practices Report prepared by Workforce Commission, 01/2013

I. Does your agency have an equal employment opportunity policy? How does your agency address performance shortfalls related to the policy?

Yes. The Health and Human Services Human Resources Manual, Chapter 16, Equal Employment Opportunity, contains employment (EEO) policy for all system agencies. Employees who violate the HHS System policy on equal employment are subject to disciplinary action, including termination.

XII. AGENCY COMMENTS

The passage of House Bill 2292, in 2003, established a clear directive to transform the State's approach to the delivery of health and human services, with a particular focus on addressing the following issues.

- Access to services for individuals with complex health needs that required assistance from multiple agencies.
- Lack of integrated health and human services programs and agency policies.
- Redundant and/or inefficient administrative structures.
- Blurred lines of accountability.

Through the enactment of H.B. 2292, 12 stand-alone agencies were consolidated into an integrated system of four new departments under the leadership of the Texas Health and Human Services Commission (HHSC).

Today, nearly a decade post-consolidation, a coordinated HHS System services exists. Although continued improvements may be needed in areas, progress on addressing the issues originally identified can be seen in a myriad of ways, as highlighted by the following examples.

- **Improved Service Quality and Accessibility.** Integrated programs result in improved community health. For example, the Department of State Health Services (DSHS) developed a single agency focus on physical and behavioral health issues emphasizing multi-program collaboration to improve efficiency and enhance services. Also, through a collaborative effort, HHSC and DSHS promote the benefits of the Women's Health Program and DADS, DFPS, and DSHS continue to work together to improve services in HHS-operated facilities, such as State Supported Living Centers and State Hospitals.

  Integrating service delivery among physical and behavioral health providers improves outcomes. As a means to guide current and future planning and decision making, DSHS, in conjunction with external stakeholder efforts, developed a comprehensive approach to service integration by linking behavioral and physical health services. DSHS actively encourages the use of primary health care provision as a site for early screening and diagnosis of behavioral health problems.

  Meeting the demand for services is a perennial challenge facing the HHS System. Although waiting and interest lists for programs and services remains long, the ability to consolidate funding requests to address waiting lists and to request those funds as HHS System priorities has resulted in unprecedented levels of new funding to address interest lists, especially for waiver services.

  Managing long-term care services through one agency, the Department of Aging and Disability Services (DADS), leads to greater flexibility for individuals and families seeking services. For instance, previously some individuals rose to the top of a waiting list for one program, only to learn that another agency's waiver program was more appropriate for their needs than the waiver service for which they had originally applied. Unfortunately, sometimes that meant that the client would have to start over at the bottom of another

program's list. DADS now identifies, provides services and/or places the person on the most appropriate waiver list for meeting their needs.

Better alignment of guardianship responsibilities protects the public. The transfer of guardianship responsibilities to DADS reinforced the Department of Family and Protective Services' (DFPS) primary role of investigating and serving adults in need of protection. DADS' expertise with long-term services and support programs for persons who are older and for adults with disabilities made it the appropriate agency for assuming guardianship responsibilities. Transferring this program removed any appearance of conflict of interest for DFPS staff in assessing and providing services for individuals in need of guardianship. As a result of coordinated DADS and DFPS efforts, the transfer of the guardianship program was completed with no disruption in services to individuals served.

- **Strengthening Children's Services.** An integrated system allows for a comprehensive approach to improve children's health care. Three divisions within DSHS, along with the regional Education Services Centers, combined efforts and resources to promote a coordinated approach to improving children's physical and behavioral health. The comprehensive approach includes coordinated school health, obesity prevention, suicide prevention, mental health awareness, diabetes prevention and care, and abstinence education activities. In 2008, DFPS worked with HHSC to launch STAR Health, the Medicaid managed care plan for children in foster care. Under contract with HHSC, STAR Health coordinated oversight of psychotropic medication utilization and use of psychotropic medications decreased. Additionally, the Health Passport was developed as an electronic health information system that provides information about prescribed psychotropic medications and is used as a primary source for the Psychotropic Medications Utilization Review process.

  Interagency efforts reduce psychotropic medications use for foster children. Soon after the consolidation of HHS agencies, concerns arose about possible overuse of psychotropic medications with the foster care population. DFPS and DSHS worked together using the services of a child psychiatrist to assess prescribing practices, develop prescribing guidelines, and recommend a process for ongoing clinical reviews of the use of psychotropic medications in the treatment of children in foster care.

  Consolidation leads to enhanced support for Early Childhood Intervention (ECI). Before consolidation, ECI, as a small stand-alone agency, struggled with addressing specialized tasks such as assessing the implications of rules and setting rates. Now, as a division within DARS and the integrated HHS System, ECI receives valuable support on such matters as rules, rates, and state Medicaid plan amendments.

- **Efficient and Effective Service Delivery.** Unifying web support for blind and rehabilitation services replaced two redundant legacy agency systems, and reduces the technical support, need for modifications, and costs for hardware, software, and related maintenance. Using a single system also enhances consistency among programs, because program changes and modifications will now be applied to only one application, rather than the prior multiple applications. Eliminating the redundant rules of DARS legacy agencies resulted in the

elimination of more than 100 redundant or unnecessary administrative rules from the legacy agencies.

Consolidated pharmaceutical purchasing for the DSHS Pharmacy Branch, DSHS state hospitals, and DADS state schools saves millions of dollars annually in medication and medical supplies costs. Also, consolidated support services for such facilities save millions in personnel, operations, and supply costs for both DADS and DSHS.

- **Improving Information Accessibility Across the HHS System.** Coordinating long-term care licensing and regulatory activities yields coordinated, consistent, and direct oversight. Responsibility for long-term services and supports previously was split among DADS' three legacy agencies. The services and supports provided by the three agencies served various client populations. Many of the same regulatory issues were encountered for these services and supports. The agencies often addressed these issues in different ways and with limited coordination.

Adopting More Cost-Effective Business Practices. House Bill 2292 assigned HHSC responsibility for delivering administrative services for the HHS System. Examples include centralized HR services, civil rights, and support services for regional offices. These improvements saved millions in overhead costs and resulted in consistent policies, practices, and services.

ATTACHMENTS

Attachments Relating to Key Functions, Powers, and Duties

Attachment 1—Enabling Statute

Attachment 2—Plans and Reports
Regularly prepared planning and reporting documents, FY2008-FY2012

Attachment 3—Newsletters
Internal or external newsletters published in FY2011 and FY2012

Attachment 4—Publications and Brochures

Attachment 5—Studies Required by Legislation/Riders

Attachment 6—Legislative/Interagency Studies Being Performed During Current Interim

Attachment 7—Other State/National Studies Affecting Agencies with Similar Duties/Functions

Attachments Relating to Policymaking Structure

Attachment 8—Aging and Disability Services Council Biographical Information

Attachment 9—Current Agency Rules

Attachments Relating to Funding

Attachment 10—Attachments Relating to Funding
Legislative Appropriations Request for FY2014-FY2015
Annual Financial Reports, FY2010-FY2012
Operating Budgets, FY2011-FY2013

Attachments Relating to Organization

Attachment 11—Attachments Relating to Organization
DADS Regional Boundaries
DADS Organizational Chart

Attachments Relating to Agency Performance Evaluation

Attachment 12—Quarterly Performance Reports

Attachment 13—Recent External Studies

Attachment 14—Auditing Plans, Reports and Audits
Current internal audit plan
Internal audit reports from FY 2009 – FY 2013
State Auditor reports from FY 2009 – FY 2013

Attachment 15—Strategic Plan

Attachment 16—Customer Service Surveys

Other Attachments

Attachment 17—Statutory Reporting

Attachment 18—Contracted Expenditures

Attachment 19—State Supported Living Centers Memoranda of Understanding

Attachment 20—Annual Obstacle Report

Attachment 21—Senate Bill 7 Summary