



TEXAS
Health and Human
Services System



Texas

DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES



SELF-EVALUATION REPORT

SUBMITTED TO THE SUNSET COMMISSION

SEPTEMBER 2013

**DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES
SELF EVALUATION REPORT**

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I. Agency Contact Information

Department of Assistive and Rehabilitative Services Exhibit 1: Agency Contacts				
	Name	Address	Telephone & Fax Numbers	E-mail Address
HHS Executive Commissioner	Kyle Janek, M.D.	4900 N. Lamar Blvd. Austin, Texas 78751 Brown-Heatly Building	(512) 424-6502	kyle.Janek@hhsc.state.tx.us
Agency Head	Veronda L. Durden	4800 N. Lamar Blvd. Austin, Texas 78756 DARS Admin. Building	(512) 377-0600	veronda.durden@dars.state.tx.us
HHS Sunset Liaison	Kelly Garcia	4900 N. Lamar Blvd. Austin, Texas 78751 Brown-Heatly Building	(512) 487-3395	kelly.Garcia@hhsc.state.tx.us
Agency's Sunset Liaison	Keisha Rowe	4800 N. Lamar Blvd. Austin, Texas 78756 DARS Admin. Building	(512) 377-0616	keisha.rowe@dars.state.tx.us

II. Key Functions and Performance

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

Mission

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

Objectives

DARS works to create a state where people with disabilities and families with children who have developmental delays enjoy the same opportunities as other Texans to pursue independent and productive lives. The agency's main objectives include the following:

- Ensure eligible children and their families have access to the quality early intervention services resources and supports they need to reach their developmental goals as outlined in the Individual Family Service Plan.
- Ensure eligible blind and visually impaired children and their families receive blind children's vocational discovery and development services as developed in their individual service plans.
- Provide services to Texas children, ages 3 to 8, who have a diagnosis on the autism spectrum.
- Provide quality rehabilitation services, based on planned services consistent with informed choice and individual abilities, to eligible persons who are blind or visually impaired, with an employment goal consistent with the consumer's strengths, priorities, and abilities. Additionally, to provide quality consumer-directed independent living services to eligible persons who are blind or visually impaired with a goal of allowing the consumer to live independently in their community.
- Increase the number of people (who are deaf or hard of hearing) receiving quality services to allow consumers to participate in society to their full potential.
- Provide quality rehabilitation services, based on planned services consistent with informed choice and individual abilities, to eligible persons with a disability other than blindness or visual impairment with an employment goal consistent with the consumer's strengths, priorities, and abilities. Additionally, to provide quality consumer-directed independent living services to eligible persons with significant disabilities other than blindness or visual impairment, with a goal of allowing the consumer to live independently in their community.
- Achieve accuracy and timeliness for disability determination decisions as measured annually by Social Security Administration Disability Program guidelines.

Key Functions

DARS administers programs that help Texans with disabilities find jobs through vocational rehabilitation, ensure that Texans with disabilities live independently in their communities, and

assist families in helping their children under age 3 with disabilities and delays in development to reach their full potential.

To fulfill these main objectives, the agency performs the following key functions.

Provide services to children who have disabilities and developmental delays and their families to meet their educational and developmental goals

The Early Childhood Intervention Services (ECI) program serves families with children from birth to 36 months of age with developmental delays or disabilities. Services help families access resources and support they need for their child to reach developmental goals and achieve positive developmental outcomes.

The Blind Children’s Vocational Discovery and Development Program serves children from birth through age nine and children up to 21 years old who are blind and visually impaired and do not qualify for other programs and services are designed to provide information and teach the skills required for personal independence, potential employment, and other pursuits. These services foster vocational discovery and development while promoting the child’s self-sufficiency.

The Autism Program serves children 3 to 8 years of age with a diagnosis on the autism spectrum. Services include applied behavioral analysis and other positive behavior support strategies focusing on the child’s individual needs and aim to improve the child’s developmental trajectory and quality of life.

Provide Texans who have disabilities with time-limited assistance in preparing for, finding, and retaining employment

The Vocational Rehabilitation (VR)-General Program and VR-Blind Program provide eligible individuals with services that help them obtain or maintain employment. The principle of informed consumer choice guides employment decisions, which translates into services that are consistent with consumers’ strengths, resources, interests, and capabilities.

The VR-Blind Program serves eligible adults whose visual impairment limits their ability to begin or continue work. VR counselors work with multiple sources to ensure that individuals gain the training, education, and experience to reach their employment outcome goal. Similarly, the VR-General Program helps eligible Texans with disabilities other than blindness or visual impairment overcome vocational limitations and helps them prepare for, find, and keep meaningful jobs.

Help Texans with disabilities regain functionality and independence, avoid institutionalization, and live independently in their communities

The Independent Living programs, Blind and General, serve people who have significant disabilities that impede their ability to function independently, within a family and/or community. Program services are short term and focus on sharing information and are designed to help consumers either move from an institutional setting to a community setting or remain in their home or community.

Make disability determinations for Texans who apply for Social Security Disability Insurance and/or Supplemental Security Income

The Disability Determination Services Division (DDS) makes timely and accurate disability determinations for individuals who apply for Social Security Administration (SSA) disability benefits. Texans with physical and/or mental impairments apply for benefits at their local SSA field office and their applications are forwarded to DDS, which determines whether the applicant is disabled, according to federal criteria. SSA is responsible for making final disability eligibility decisions.

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?

The agency’s key functions continue to serve clear and ongoing objectives. The strategic objectives for DARS’ functions, explanations about why they are needed, and what harm would result if the functions were no longer performed are described below.

Provide services to children who have disabilities and developmental delays and their families to meet their educational and developmental goals

The programs that serve children with disabilities and developmental delays help children and their families access the early intervention services, resources, and supports needed to reach developmental goals. Such programs also ensure that eligible children who are blind or visually impaired and their families receive vocational discovery and development services, and provide treatment services to eligible children with a diagnosis on the autism spectrum.

Intervention services to children who have disabilities and developmental delays contribute to the overall success of these children later and into adulthood. Early intervention has a significant impact on brain development. Without such programs, many children with disabilities and developmental delays would lack the resources to gain skill development needed for personal independence, potential employment, and other life pursuits.

Provide Texans who have disabilities with time-limited assistance in preparing for, finding, and retaining employment

The Vocational Rehabilitation programs help consumers obtain or maintain employment, consistent with their skills, abilities, and interests. These programs ensure that people with disabilities, who typically have a high unemployment rate, have access to services that stress independence, economic self-sufficiency, and integration into society. As the state’s population continues to grow, the number of people with disabilities needing VR services also increases. VR services translate into competitive employment outcomes in the integrated labor market. Employed people with disabilities become taxpayers. For every dollar spent on VR, consumers generate more than nine dollars in taxable income through the remainder of their work lives. By retirement, the average rehabilitated consumer will have repaid the cost of services at least four times through taxes paid.

Help Texans with disabilities regain functionality and independence, avoid institutionalization, and live independently in their communities

The Independent Living programs, Comprehensive Rehabilitation Services, and programs for people who are deaf or hard of hearing help people with disabilities regain functionality and independence that allow them to remain in their home or community. The population of Texas is growing, and residents are living longer, creating increasing needs for rehabilitation and increasing demand for services to allow them to live independently in their home or community. For example, in 2013, approximately 270,000 blind or visually impaired Texans experience challenges in daily living. This number is expected to increase to more than 300,000 by 2017. Likewise, the number of people in Texas with significant disabilities who experience challenges to their independence is estimated to be approximately 875,000 and expected to increase to over 970,000 by 2017.

DARS programs help individuals with disabilities gain functionality and obtain or maintain independence, ultimately reducing the State’s cost by preventing the need for more expensive options, such as institutionalization. Without these programs, people with disabilities have few options for learning to live living independently or obtaining needed services for remaining in their community.

Make disability determinations for Texans who apply for Social Security Disability Insurance and/or Supplemental Security Income

DARS DDS makes disability determinations for Texans who apply for Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI) through the Social Security Administration. The need for Social Security Disability Insurance and Supplemental Security Income benefits continues to increase in Texas and across the nation due to population growth, aging “baby boomers” and other economic factors. As the population ages, people are more likely to apply for disability benefits in increasing numbers.

This function ensures that Texans with severe disabilities receive timely determinations of disability and receive the federal benefits to which they are entitled.

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

Performance Measures

The agency’s performance measures, as approved by the Legislative Budget Board, include certain benchmarks and provide justification when those numbers vary by ± 5 percent or more. In addition, most DARS programs receive federal funding and must meet federally mandated performance standards that ensure program effectiveness and efficiency. DARS uses other methods to ensure effective and efficient program operations as detailed below.

Consumer Surveys

It is a fundamental value of DARS to listen, learn, and be responsive to consumers in an ongoing

effort to improve programs and services. Consumer surveys solicit feedback and information directly from consumers and their families regarding access to and timeliness of services, quality and effectiveness of services, and interactions with program staff. Survey results drive program strategies for providing services and highlight areas that need improvement.

Survey of Employee Engagement

The Survey of Employee Engagement helps organizational leadership by providing information about workforce issues that ultimately impact the quality of service delivered to all customers. Survey data provide information about employees' perceptions of the effectiveness of DARS' services, as well as employees' satisfaction with DARS management.

Planning Activities

Each DARS division develops and uses a business plan to guide program direction, efforts, and collaboration. Each program plan is part of a Department-wide framework that helps management align program activities with DARS' guiding principles, value statements, and beliefs.

In addition, all Health and Human Services (HHS) System agencies participate in the development a Strategic Plan. Through the Strategic Plan, the HHS System addresses the priority goals and health and human services benchmarks that are identified by the Governor's Office and the Legislative Budget Board.

Each HHS agency also develops an annual operational plan that identifies activities that allow the agency to operationalize the strategic plan. The operational plan focuses on communicating agency/division progress in addressing the key challenges and opportunities identified in the strategic plan and include:

- prospective and goal-oriented solutions to improve service delivery, achieve efficiencies, or enhance accountability;
- concrete action steps for addressing ongoing and/or future challenges; and
- milestones and/or measures against which to assess progress.

The linkage between the HHS System Strategic Plan and agency operational plans is essential to ensure that the System has a coordinated approach to achieving the System-wide strategic priorities.

Stakeholder Input

Input from stakeholders is integral to DARS ensuring that services are effective and efficient. DARS solicits feedback from stakeholders on agency initiatives, legislative activities, and rule and policy changes through public hearings on program rules, DARS advisory council meetings, dedicated stakeholder relations staff, and the DARS inquiries line. DARS encourages stakeholders to participate in the development of the agency's strategic planning and Legislative Appropriations Request processes. DARS takes stakeholder input into consideration when making operational decisions to ensure the effectiveness and efficiency of program operations.

Internal Audit Reports

The Internal Audit Division prepares a report for each audit performed, and each report provides opportunities for operational improvement. All audit reports are submitted to the Sunset Commission; Legislative Budget Board; Governor’s Office of Budget, Planning, and Policy; and the State Auditor’s Office in accordance with Government Code, Chapter 2107 – The Texas Internal Auditing Act. The audit reports provide recommendations for enhancing accountability, effectiveness, and efficiency in the areas under review. Additionally, Internal Audit coordinates external audits with other agencies such as the Comptroller, State Auditor’s Office, and the Health and Human Services Commission.

Complaints Data Monitoring

DARS operates a call center for consumer complaints and inquiries. DARS uses the information captured through this process to identify trends in consumer complaints and make needed programmatic changes.

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?

Yes, the agency’s enabling law continues to reflect DARS’ mission, objectives, and approach to performing agency functions. During the 79th, 80th, and 83rd legislative sessions, DARS identified statutory changes that would improve program operation and its ability to function more efficiently and effectively. The following is a list, by Session, of the legislative recommendations proposed by DARS. Also included is a short explanation of each proposed change, and whether or not the legislation was adopted.

79th Legislature

Court interpreter certification. Amends Chapter 57 of the Texas Government Code to require courts to appoint a court interpreter certified by DARS or the national Registry of Interpreters for the Deaf (both have certifications for interpreting in a legal setting) when a person who is deaf or hard of hearing is involved in a court proceeding. Also amends Section 21.003 of the Civil Practice and Remedies Code to define “court proceeding” and prohibit a person from interpreting for a hearing impaired individual at a court proceeding unless they are appropriately certified. Prior to the legislation, discrepancies in the statute allowed individuals who are not qualified to interpret in legal settings.

H.B. 2200 – Passed.

Comprehensive Rehabilitation Fund. Amends Section 111.060(b) of the Texas Human Resources Code to require the Comptroller to transfer to the General Revenue Fund any unexpended balance in the comprehensive rehabilitation fund that exceeds \$1.5 million. Previously, the amount was \$500,000. In addition, Section 111.060(d) is repealed that allowed

money in the comprehensive rehabilitation fund to be used for general governmental purposes, if certain procedures have been followed.

S.B. 187 – Passed.

81st Legislature

Autism Program. Amends Section 117.075 of the Texas Human Resources Code to codify the Autism Program and require DARS to provide services, including applied behavioral analysis, to children ages 3 to 8 who are diagnosed with autism.

S.B. 1217 – Did not pass.

83rd Legislature

Authority to request criminal background on Division for Blind Services (DBS) consumers. Amends Section 411.117 of the Texas Government Code to authorize DARS, rather than the legacy agencies (Texas Rehabilitation Commission and Texas Commission for the Blind) to obtain criminal history records for employment applicants, applicants for Department services, or Department clients, from the Texas Department of Criminal Justice or the Texas Department of Public Safety. Also, makes other conforming changes to make authority to obtain criminal background checks consistent across all programs.

S.B. 128 – Passed.

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?

Legislation reorganized the state health and human services system in 2003 to improve client services, consolidate organizational structures and functions, eliminate duplicative administrative systems, and streamline processes and procedures to maximize efficiencies across the agencies. House Bill 2292 realigned operations of 12 Health and Human Service agencies by consolidating similar programs into five new agencies for the express purpose of improving service delivery by reducing fragmentation of services across multiple agencies.

The legislation combined the functions of the Commission for the Blind, Rehabilitation Commission, Commission for Deaf and Hard of Hearing, and the Interagency Council on Early Childhood Intervention into one agency – DARS. Unlike other HHS agencies that provide ongoing acute medical or long-term care services, DARS provides time-limited services that serve to reduce long-term dependence on state programs by improving people’s ability to live independent, self-sufficient lives. During the hearings on H.B. 2292, stakeholders testified to the importance of locating small programs such as those serving the blind and deaf communities in a separate agency that would ensure their continued visibility and viability. DARS programs are appropriately placed within the agency and are consistent with the Department’s vision and mission and the expectations of stakeholders.

Additionally, DARS avoids duplication of services through the development of interagency memorandums of agreement (MOAs) or memorandums of understandings (MOUs) with other HHS and state agencies. These agreements outline areas of responsibility and mandate coordination across different programs serving the same populations. Agency employees participate in numerous federal, state, and community workgroups, councils, and committees in which the expressed intent is to ensure coordination and prevent duplication of services.

Provide services to children who have disabilities and developmental delays and their families to meet their educational and developmental goals

DARS programs that serve children with disabilities and developmental delays are unique in their design and purpose.

Texas established the ECI program to implement the federal Individuals with Disabilities Education Act (IDEA) under the U.S. Department of Education, which mandates that participating states provide early childhood intervention services to infants and toddlers with developmental disabilities and their families. The agency shares implementation responsibility with the Texas Education Agency (TEA); however, duplication of services is addressed through a memorandum of understanding between the two agencies to define early intervention roles and responsibilities in keeping with their respective federal and state mandates relating to children with disabilities, and to enhance agency collaboration. DARS is the lead agency designated or established by the governor for carrying out the general administration and supervision of the IDEA Part C program for children birth to 3 years of age. TEA administers the IDEA Part B program for children ages 3 to 21.

Through program rules and policies, DARS ensures that Early Childhood Intervention is the payer of last resort for certain services provided to eligible children. For other services that must be provided free of charge to families, ECI is the primary payer except when families authorize the use of other public or private benefits. Clear rules and policies prevent duplication with other possible payers of ECI services, such as Medicaid and private health insurance. The ECI program is appropriately placed within DARS as it is consistent with the DARS mission to work with people with disabilities, including children with developmental delays and disabilities.

The DARS Autism Program also ensures that DARS funds are utilized after all third party payers have been exhausted. Texas Medicaid and the Children's Health Insurance Program (CHIP) currently do not provide reimbursement for Applied Behavioral Analysis (ABA) services (except through a small number of Medicaid long-term care waivers) and only 30 percent of the private insurance plans are required by Texas statute to cover the cost of ABA services.

All of the DARS programs that serve children who have disabilities and developmental delays have rules and policies that prevent duplication of services, both with ECI and similar programs at other HHS and state agencies. Other actions include the development of MOAs or MOUs and participation in workgroups, councils, and committees with federal, state, and community-based organizations that have similar missions.

Provide Texans who have disabilities with time-limited assistance in preparing for, finding, and retaining employment

DARS Vocational Rehabilitation (VR) programs, which provide services to help consumers prepare for, find, and retain employment, are unique to DARS and are designed specifically for people with disabilities. Historically, people with disabilities, including blind and visually impaired individuals, have fared poorly in generic job training systems. For this reason, it is important that the VR program remain under a health and human services agency whose mission and goals focus on assisting this population. Research data and the federal Rehabilitative Services Administration Performance Standards and Evaluation Indicators consistently show that individuals with disabilities achieve better employment outcomes when served by specialized VR agencies such as DARS.

The placement at DARS of VR services ensures that consumers receive individualized services and guidance from Qualified Vocational Rehabilitation Counselors. These counselors are required to hold a master’s degree in rehabilitation counseling no later than seven years after their initial hire date. DARS’ mission and unique focus on people with disabilities creates an ideal environment to establish the kind of relationships individuals with disabilities often need to reach their employment goals. Further, DARS’ focus on independence allows consumers who need intensive, expert services the opportunity to become productive citizens.

DARS avoids duplication of VR services with agencies that provide similar programs, such as the Department of Aging and Disability Services (DADS) or the Texas Workforce Commission (TWC), by developing interagency MOAs or MOUs that outline areas of responsibility and mandate coordination. Programs at DADS that provide employment services to persons with a disability are structured to continue throughout the person’s lifetime. DARS VR services are intended to be short-term, and once a person is placed in successful employment, services end. Employment services at TWC are intended for the general population seeking employment. They are not designed to serve persons with a disability, nor provided by staff with specialized training in helping people with disabilities obtain or maintain employment.

In addition, DARS VR employees participate in numerous state and community workgroups, councils, and meetings in which the expressed intent is to ensure coordination and prevent duplication of services within similar service delivery systems.

Help Texans with disabilities regain functionality and independence, avoid institutionalization, and live independently in their communities

DARS programs that help people with a disability regain functionality and independence are unique in design and in the population they serve and are not duplicated by other Texas state agencies.

DARS independent living programs provide short-term services, including non-residential services through community-based Centers for Independent Living (CILs), to help individuals with significant disabilities, including those who are blind or visually impaired, live more independently in their community and potentially avoid living in an institution. These services promote the philosophy of independent living through consumer control, peer support, self-

help, self-determination, equal access, and individual and systems advocacy. The programs' goals are to maximize the leadership, empowerment, independence, and productivity of people with disabilities and to ensure their integration and full inclusion in society. Independent living programs are administered by the U.S. Department of Education, as the VR program, making them a natural fit for the agency and consistent with the overall goal of the Rehabilitation Act to promote independence and self-sufficiency.

The Comprehensive Rehabilitation Services (CRS) and Blindness, Education, Screening and Treatment (BEST) programs are unique in their design and population they serve and are not duplicated by other state or federal agencies. Both programs were created by state statute in recognition that no other programs existed for these populations. Similarly, DARS programs that serve Texans of all ages who are deaf or hard of hearing to eliminate communication barriers and ensure access and participation in their communities are grounded in state statute, unique and unduplicated.

Make disability determinations for Texans who apply for Social Security Disability Insurance and/or Supplemental Security Income

The DARS DDS is solely authorized by the federal Social Security Administration to adjudicate disability cases in Texas. Therefore, no duplication or overlap in functions is possible. DARS actively engages Social Security Insurance (SSI) and Social Security Disability Insurance (SSDI) recipients through the Vocational Rehabilitation program to assist their return to the workforce, creating a natural relationship between these programs. DDS functions are appropriately placed within DARS and are consistent with the Department's focus on improving quality of life for Texans with disabilities.

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

Provide services to children who have disabilities and developmental delays and their families to meet their educational and developmental goals

All states and U.S. territories have an IDEA, Part C, program (ECI in Texas). IDEA, Part C, authorization and funding are provided by the U.S. Department of Education, Office of Special Education Programs (OSEP). OSEP issues regulations for and performs oversight functions of all aspects of IDEA, Part C, implemented at the state level.

Each state or territory has a lead agency to administer the program for the state selected by the governor. Agency types vary from state-to-state, but the fundamental requirements of the program are universal. ECI programs may be located in social service, health, rehabilitation, or education agencies. Other states provide services through county-operated programs, contracting out for all individual services identified in the Individualized Family Services Plan (IFSP) or through contracts with local programs to provide the comprehensive services set forth in an IFSP.

A number of other states have Medicaid waivers or Medicaid State Plans that cover autism

services. Eligibility, beyond Medicaid eligibility, varies as do other program parameters. Most programs serve relatively small numbers (fewer than 200 children) when compared to the incidence of autism in the general population, currently estimated at one in 88 by the Centers for Disease Control. Costs per child vary and are often capped.

Provide Texans who have disabilities with time-limited assistance in preparing for, finding, and retaining employment

To receive federal funding for operating a vocational rehabilitation program under the Rehabilitation Act, states must have a plan that complies with regulations and has been approved by the Rehabilitation Services Administration, within the Office of Special Education and Rehabilitation Services, U.S. Department of Education. The State Plan must identify a designated state agency and designated state unit for operating the vocational rehabilitation program. The designated state agency varies from state to state and may be located in education or workforce agencies or, similar to Texas, in agencies that have a mission to provide services to people with disabilities. Some states have chosen to operate their VR-General and VR-Blind programs under one designated state unit. DARS believes that due to the unique differences in types of employment services required by persons who are blind or vision impaired and the skills required by VR counselors in those services, the programs function best as separate units in the same agency.

Help Texans with disabilities regain functionality and independence, avoid institutionalization, and live independently in their communities

To receive federal funding for operating an independent living services program under the Rehabilitation Act, states must have a State Plan that complies with regulations and has been approved by the Rehabilitation Services Administration, within the U.S. Department of Education. The plan must identify a designated state agency and designated state unit for operating the independent living program. The designated state agency varies from state to state and may be located in education or workforce agencies or, similar to Texas, in agencies with a mission to provide services to people with disabilities. Some states operate their independent living services programs under one designated state unit. DARS believes that due to the unique differences in types of services required by persons who are blind or vision impaired and the skills required by staff in those services, the programs function best as separate units in the same agency.

Programs to serve people who are deaf or hard of hearing in other states are governed by individual state regulations, and services, as well as structure, vary from state to state. Currently, 17 states have an agency with the sole mission of providing services to persons who are deaf or hard of hearing. Other states provide services from an office within a health and human services or social services agency.

Make disability determinations for Texans who apply for Social Security Disability Insurance and/or Supplemental Security Income

Each state has a Disability Determination Services (DDS) unit, and there is one federal DDS for Social Security Administration. Each state DDS unit, including the federal unit, must follow the

same Social Security Administration law, rules, and regulations in making disability determinations. Some states operate decentralized DDS offices, and others consolidate the function into one office.

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

Most DARS programs are federally funded and require the agency to comply with extensive federal statutes and regulations. The agency can experience challenges to successfully implement those programs when state laws or business practices (1) conflict with federal statutes and regulations; (2) require the agency to implement policies and procedures that conflict with federal statutes and regulations; or (3) do not facilitate operating the programs in a manner that complies with federal regulations.

In addition, federal funding is not sufficient to operate some DARS programs, requiring additional state funds to be fully implemented. When state appropriations are needed to operate a program, performance measures and policy direction often conflict with or do not support federal regulations.

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).

Workforce Investment Act Reauthorization

The Workforce Investment Act (WIA), of which Title IV is the Rehabilitation Act, is the federal legislation that governs the following DARS programs.

- Vocational Rehabilitation - Blind and General
- Centers for Independent Living
- Independent Living Services - Blind and General

Congress last reauthorized WIA in 1998. In this Congressional Session, S. 1356, the "Workforce Investment Act of 2013," was filed and voted out of the Senate Committee on Health, Education, Labor and Pensions. Most notably, S. 1356 transfers the Rehabilitation Services Administration to the Department of Labor (DOL) from the Department of Education (DOE). These two agencies fundamentally approach employment from different perspectives and processes. The DOL system is not designed to accommodate the holistic and unique needs of individuals with disabilities who require a comprehensive career plan to gain, maintain or return to employment and be independent. Additionally, the bill moves the Independent Living program from the Department of Education to the Administration for Community Living under the Department of Health and Human Services.

As Congress reviews and renews the authorizing statutes of DARS programs, substantial changes could result and have a major effect on services on DARS consumers.

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

DARS' programs provide services that are time limited and intended to eliminate or reduce the need for ongoing supports from other public benefits and services. State programs which provide outcomes that reduce future costs to the state and taxpayer enjoy broad public support. The agency has the opportunity to leverage that support and continue to expand access to these services.

New technologies are being developed at a rapid pace, and they allow people with disabilities to move from institutions to the community or to obtain competitive employment. Businesses are learning the value that hiring people with disabilities provides and are seeking to partner with the agency to hire qualified individuals with disabilities. The Business Relations Unit within DARS is specifically tasked with providing technical assistance to DARS Area Managers and staff related to the needs of the business customer. One of the key roles of the unit is to facilitate the infusion of the dual customer philosophy within defined geographic areas of the state. DARS has created a web-based portal that allows VR counselors to work directly with businesses to place people with disabilities into competitive employment. Unemployment rates for people with disabilities are much higher than for those without disabilities and the opportunity exists to bring these rates more in line with each other.

Public support for reducing the number of people with disabilities in institutions and moving them to a less restrictive and less costly community environment is high. New research shows the long-term benefits of early intervention, which allows children to attend schools without expensive supports and improves their developmental trajectories. The agency has widespread support for both the ECI program and the Autism Program and feedback from families and other stakeholders confirms that these services are valuable and will continue to benefit children and families.

DARS has the opportunity to build on these factors and serve more consumers, thereby helping them enjoy the same opportunities as other Texans to live independent and productive lives.

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 Assistive and Rehabilitative Services Exhibit 2: Key Performance Measures — Fiscal Year 2012			
Key Performance Measures	FY 2012 Target	FY 2012 Actual Performance	FY 2012 Percent of Annual Target
Percent of population under age 3 served	3.15%	2.99%	94.92%
Percent of ECI clients enrolled in Medicaid	63.10%	64.40%	102.06%
Percent of ECI program funded by Medicaid	51.70%	47.00%	90.91%
Percent of VR-Blind consumers who achieve employment outcomes	72.00%	69.56%	96.61%
Percent of VR-General consumers who achieve employment outcomes	55.80%	58.00%	103.94%
Percent of DDS case decisions that are accurate	97.00%	96.80%	99.79%
Average monthly number of children served in ECI comprehensive services	27,784	25,035	90.11%
Average monthly number of ECI children receiving respite services	270	235	87.04%
Average monthly number of children receiving habilitative services	3,200	3,685	115.16%
Average monthly number of children receiving autism services	127	140	110.24%
Number of IL-Blind consumers served	3,416	3,468	101.52%
Number of individuals receiving screening & treatment services in BEST program	3,368	4,387	130.26%

**Department of Assistive and Rehabilitative Services
Exhibit 2: Key Performance Measures — Fiscal Year 2012**

Key Performance Measures	FY 2012 Target	FY 2012 Actual Performance	FY 2012 Percent of Annual Target
Number of VR-General consumers served	8,807	10,486	119.06%
Number of individuals employed by BET businesses (managers and employees)	1,400	1,584	113.14%
Number of blind & disabled individuals employed by BET facility managers	95	84	88.42%
Number of consumers educated and interpreters trained (DHHS Contract Sevices)	1,120	1,222	109.11%
Number of STAP equipment/service vouchers issued	27,000	26,781	99.19%
Number of VR-General consumers served	84,844	83,930	98.92%
Number of VR-General consumers who achieved employment outcomes	11,563	11,686	101.06%
Number of people receiving services from Independent Living Centers	6,632	5,112	77.08%
Average monthly number of people receiving DRS independent living services	227	831	366.08%
Average monthly number of people comprehensive rehabilitation services	213	470	220.66%
Number of disability cases determined	328,778	375,294	114.15%
Average monthly cost per child: comprehensive services/state and federal (ECI)	\$484	\$465	96.07%
Average monthly cost per child served (ECI)	\$122	\$105	86.07%

**Department of Assistive and Rehabilitative Services
Exhibit 2: Key Performance Measures — Fiscal Year 2012**

Key Performance Measures	FY 2012 Target	FY 2012 Actual Performance	FY 2012 Percent of Annual Target
Average monthly cost per child receiving autism services	\$2,165	\$1,941	89.65%
Average cost per IL-Blind consumer served	\$872	\$847	97.13%
Average cost per individual served by BEST Program	\$91	\$84	92.31%
Average cost per VR-General consumer served	\$4,850	\$4,373	90.16%
Average time for ethics complaint resolution (DHHS Education, Training, and Regulation)	90.00	73.50	81.67%
Cost per VR-General consumer served	\$2,481	\$2,486	100.20%
Average monthly cost/person receiving DRS supported independent living services	\$2,467	\$663	26.87%
Average monthly cost per CRS consumer	\$6,695	\$4,120	61.54%
Cost per disability case determination	\$347	\$309	89.05%
Average monthly number of hours of service delivered per child per month (ECI)	2.00	2.70	135.00%
Number receiving habilitative services (end-of-year)	3,600	4,224	117.33%
Number receiving autism services (end-of-year)	180	240	133.33%
Number of people receiving DRS Independent Living Services (end-of-year)	1,890	1,840	97.35%
Number of people receiving comprehensive services (end-of-year)	595	1,008	169.41%

III. History and Major Events

Historical Perspective

The Legislature established the Department of Assistive and Rehabilitative Services (DARS) in 2003 by consolidating the following four legacy health and human services agencies.

- Texas Rehabilitation Commission
- Texas Commission for the Blind
- Interagency Council on Early Childhood Intervention
- Texas Commission for the Deaf and Hard of Hearing

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

- 1929 The Legislature authorizes participation in a federal program to promote the rehabilitation of injured workers by creating the Vocational Rehabilitation Division within the Texas State Department of Education.
- 1931 The Legislature creates the Texas Commission for the Blind.
- 1936 The Commission for the Blind is designated as the state licensing agency to administer the Business Enterprises Program, under the Randolph-Sheppard Act.
- 1943 Federal legislation extends vocational rehabilitation services to individuals with mental disabilities, and services to include physical restoration, transportation, and occupational tools.
- 1944 The State Board for Vocational Education delegates authority to the Texas Commission for the Blind to administer vocational rehabilitation services to blind persons under the new federal Vocational Rehabilitation Act.
- 1954 The Legislature creates the Disability Determination Division within the Texas Education Agency to evaluate claims for Social Security Disability Insurance (SSDI).
- 1965 The Commission for the Blind is given priority in establishing vending stands in state-owned buildings, expanding the Business Enterprises Program.
- 1969 The Legislature creates the Commission for Rehabilitation, later renamed the Texas Rehabilitation Commission.
- 1971 The Criss Cole Rehabilitation Center is established in Austin, Texas. The Legislature creates the State Commission for the Deaf.

- 1973 Congress enacts the Rehabilitation Act, requiring counselors to develop an Individual Written Service Plan for each client.
- 1979 The Legislature gives the Commission for the Deaf authority to train and license interpreters for the deaf, develop a directory of qualified interpreters, and recommend a fee schedule for interpreter services. The Legislature also expands services to include placing telecommunication devices for the deaf in state agencies and emergency response centers.
- 1981 The Legislature creates the Early Childhood Intervention program. ECI is governed by the Interagency Council on Early Childhood Intervention. Administration of ECI is under the Texas Department of Health, which receives federal and state funding for ECI and contracts with local agencies to provide ECI services.
- 1985 The Legislature transferred the Deaf-Blind Multi-handicapped program to the Texas Rehabilitation Commission from Texas Commission for the Deaf.
- 1991 **The Legislature abolishes the Health and Human Services Coordinating Council and creates the Texas Health and Human Services Commission (HHSC), 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. The Legislature originally placed the Texas Youth Commission under HHSC, but removed it in 1993.**
- The Legislature also expands services for people who are hard of hearing, and the agency's name is changed to Texas Commission for the Deaf and Hearing Impaired.
- 1992 Rehabilitation Act amendments required state vocational rehabilitation agencies to increase their focus on serving individuals with severe disabilities who are expected to require multiple vocational rehabilitation services over an extended period of time; and to make a presumption that clients can benefit from vocational rehabilitation in terms of employment unless clear and convincing evidence to the contrary can be demonstrated.
- 1993 Education Code amendments give the Texas Commission for the Blind authority to certify that a person is blind in order to receive tuition and fee exemptions from institutions of higher learning.

The 73rd Legislature recommends that the Texas Interagency Council on Early Childhood Intervention become a separate agency. The Council assumes responsibility for managing its own funds and implementing and maintaining an IDEA, Part C, services system.

1994 The Texas Commission for the Blind eliminates the priority given to people in imminent danger of becoming totally or legally blind from its order of selection to meet the intent of the Rehabilitation Act amendments to successfully place more blind clients in employment.

1995 The name of the Texas Commission for the Deaf and Hearing Impaired is changed to Texas Commission for the Deaf and Hard of Hearing to better reflect the population served.

2003 **As part of H.B. 2292, the Legislature creates the Department of Assistive and Rehabilitative Services by consolidating four legacy health and human services agencies: the Interagency Council on Early Childhood Intervention (ECI), the Commission for the Blind, the Commission for the Deaf and Hard of Hearing, and the Rehabilitation Commission. Under the oversight of the Health and Human Services Commission, DARS supports Texans with disabilities and families with children who have developmental delays to improve quality of life and to enable full participation in society.**

2004 DARS becomes a state agency.

2005 The Division for Deaf and Hard of Hearing is merged into the Division for Rehabilitation Services and becomes the Office for Deaf and Hard of Hearing Services.

The Governor appoints members of the first DARS Council.

The Social Security Administration certifies the DARS Disability Determination Services unit to process electronic disability claims.

2008 DARS begins administering the Autism Program

DARS also launches the Leadership Institute to provide DARS staff with leadership development opportunities.

2010 The Office for Deaf and Hard of Hearing Services begins testing and certification of interpreters who can translate Spanish, American Sign Language, and English.

DARS consolidates training functions across the Department and creates a new Center for Learning Management.

Early Childhood Intervention Services (ECI) begins a program evaluation to ensure program sustainability and quality outcomes. The evaluation focuses on growth in demand for services, funding levels, and contract structure.

The Divisions for Blind Services and Rehabilitation Services initiate the “dual customer model” in vocational rehabilitation (VR), a philosophical shift for VR that involves focusing not just on consumers but the businesses that hire them.

The Division for Blind Services (DBS) restructures service delivery to lower management-to-staff ratio for field directors.

ECI undertakes a Medicaid billing evaluation to improve methods used to secure reimbursement.

2011 Division for Rehabilitation Services (DRS) begins using ReHabWorks, a web-based consumer case management system.

ECI implements eligibility restrictions that allow the program to operate with reduced appropriations in the 2012-13 biennium.

DBS redesigns the Criss Cole Rehabilitation Center curriculum to improve programming and service delivery to its customers.

2013 DBS begins using ReHabWorks.

IV. Policymaking Structure

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

Department of Assistive and Rehabilitative 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
Assistive and Rehabilitative Services Council			
Judy Scott	6 years January 1, 2011 Governor	Public member	Dallas
Donald D. Roy	6 years May 20, 2013 Governor	Public member	Mount Pleasant
Diego Demaya	6 years May 6, 2009 Governor	Public member	Houston
Berkley Dyer	6 years May 6, 2009 Governor	Public member	Austin
Jon Arnold	6 years June 3, 2011 Governor	Public member	San Antonio
Tommy G. Fordyce	6 years June 3, 2011 Governor	Public member	Huntsville

Department of Assistive and Rehabilitative 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
Thomas Grahm, M.D.	6 years June 3, 2011 Governor	Public member	Tyler
Amanda Davis	6 years May 20, 2013 Governor	Public member	Buffalo

To be eligible for appointment to the Assistive and Rehabilitative DARS Council, a person must have demonstrated an interest in and knowledge of services and issues related to DARS. The nine DARS Council members are appointed by the Governor, with the advice and consent of the Senate, and serve staggered six-year terms with the terms of three members expiring February 1 of each odd-numbered year.

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

Appointed by the Governor, with the advice and consent of the Senate, the Health and Human Services (HHS) Executive Commissioner is the rulemaking and policymaking authority and is supported in this role by the five HHS agency councils.

- 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 in Section 117.021 of the Texas Human Resources Code, the DARS Council assists the DARS Commissioner in developing the agency’s rules and policies. The DARS Council studies and makes recommendations to the DARS Commissioner and the HHS Executive Commissioner regarding agency management and operations, including policies and rules governing services for persons served or regulated by the agency. The DARS Commissioner briefs the DARS Council at each quarterly council meeting and works with the council chair to call subcommittee meetings as appropriate.

The DARS Council also provides an effective forum for public input into DARS rules, policies, and budget priorities. Rules and policies affecting service delivery and programs originate within DARS and, once drafted, are vetted by the DARS Commissioner who seeks guidance from the

Council. The DARS Commissioner forwards final rule recommendations to the HHSC policy advisor for review and provides 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 chair, who serves in that capacity at the pleasure of the Governor, as set forth in Section 117.026 of the Human Resources Code. Council members may elect any other identified necessary officers. Currently, the council also has a vice-chair.

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

The HHS Executive Commissioner is the rulemaking and policymaking authority for the HHS System. However, as previously discussed, five advisory councils, including the DARS Council, support this decision-making process. This structure – a single Executive Commissioner overseeing an enterprise of five system agencies – is unique in Texas Government.

The nine public members who comprise the DARS Council reflect the geographic and ethnic diversity of the state. DARS Council members serve staggered six-year terms with the terms of three members expiring February 1 of each odd-numbered year.

In keeping with the DARS Council’s responsibility to provide a forum for public and stakeholder input, open public comments are a standing agenda item for each DARS Council meeting. To be eligible for appointment to the council, a person must have demonstrated an interest in and knowledge of problems and available services related to early childhood intervention services or to people with disabilities other than developmental delay and intellectual disabilities and people who are blind, deaf, or hard of hearing.

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

By statute, the DARS Council must meet at least quarterly. In fiscal year 2012 and 2013, the DARS Council met four times each of those years.

The DARS Council also participates in the HHS All-Councils meeting, Council Chair meetings as called by the HHSC Council Chair, and other DARS advisory councils. Although advisory in

nature, the DARS 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?

DARS Council appointees are provided training before participating as official council members. Section 117.023 of the Texas Human Resources Code requires that the training provide information on the following areas.

- The legislation that created DARS and the DARS Council.
- Programs operated by DARS.
- Roles and functions of DARS and the DARS Council, including the council’s advisory responsibilities.
- The division of authority and of responsibility between the HHS Executive Commissioner and the DARS Commissioner.
- The rules drafted by the HHS Executive Commissioner applicable to DARS, with an emphasis on rules that relate to disciplinary and investigative authority.
- DARS’ current budget.
- Results of the most recent formal audit of the agency.
- Requirements of relevant laws such as Open Meetings, Public Information, Administrative Procedures, Conflict-of-Interest, and applicable ethics policies.

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 Texas Human Resources Code Title 7, Sections 117.021 to 117.030, describes the roles of the DARS Council and Commissioner.

Statute requires:

- the Council to study and make recommendations to the HHS Executive Commissioner and the Commissioner regarding the management and operation of the Department, including policies and rules governing the delivery of services to persons the Department serves and the rights and duties of persons the Department serves or regulates; and
- the Commissioner, with the DARS Council’s advice and subject to the HHS Executive Commissioner’s approval, to develop policies that clearly delineate the policymaking responsibilities of the HHS Executive Commissioner from the management responsibilities of the Commissioner and the Department staff.

Purely advisory in nature, and unlike the boards that oversaw the legacy agencies pre-

consolidation, the DARS Council does not have a direct role in agency operations. To ensure Council members understand this unique role, training covers guiding principles, operating procedures, as well as roles and responsibilities.

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

At the regularly scheduled quarterly meetings, any called meetings, and any subcommittee meetings, the DARS Commissioner and senior staff brief the DARS Council on the agency's activities, as well as:

- current priorities,
- proposed agency rules,
- financial update,
- ongoing projects,
- new initiatives,
- awards,
- program updates, and
- legislative appropriations and updates.

These briefings may be presented for DARS Council action or for information.

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?

The DARS Council's guiding principles stress inclusiveness and an environment that fosters strong consumer and constituent input.

Public testimony is a standing DARS Council agenda item, and Council meetings are held in different locations of the state to ensure that stakeholders in all areas of the state have an opportunity to participate. Members of the public who cannot attend meetings in person are encouraged to provide written testimony in each council notice. Stakeholders' comments typically address policies, proposed rules, or other issues that may impact them or other people receiving DARS services.

This input informs the advice the DARS Council provides the DARS Commissioner and HHS Executive Commissioner. In addition, the DARS Commissioner and staff can use this input to work directly with stakeholders and address their questions or concerns.

J. If your policymaking body uses subcommittees or advisory committees to carry out its duties, fill in the following chart.

Department of Assistive and Rehabilitative Services Exhibit 4: Subcommittees and Advisory Committees			
Name of Subcommittee or Advisory Committee	Size/Composition/How members are appointed	Purpose/Duties	Legal Basis for Committee
Rehabilitation Council of Texas	15 members representing individuals with physical, cognitive, sensory, and mental disabilities; disability advocates; service providers; parents of individuals with disabilities; and rehabilitation counselors. Appointed by the Governor to three-year staggered terms.	Advise DARS on the policy, scope, and effectiveness of vocational rehabilitation services and eligibility requirements; work in partnership with DBS and DRS to develop the State Plan for VR.	Title I, Section 105 of the federal Rehabilitation Act of 1973, as amended by the Workforce Investment Act of 1998
Early Childhood Intervention Advisory Committee	24 members representing parents, service providers, a state legislator, advocates, state agencies, and the medical community. Appointed by the Governor to six-year staggered terms with terms of eight members expiring February 1 of each odd-numbered year. State agency representatives are nominated by their commissioners.	Advise ECI on its operation of the statewide system for providing services to eligible children and families in Texas.	Part C of the federal Individuals with Disabilities Education Act (IDEA)
State Independent Living Council	10 members, with the majority of the voting members being people with disabilities who are not employed by any state agency or center for independent living. Appointed by the Governor for three-year terms.	Develop, approve, and implement the State Plan for Independent Living; lead, promote, and advance the independent living philosophy; advocate for the rights of people with disabilities.	Title VII Section 705 of the federal Rehabilitation Act of 1973, as amended by the Workforce Investment Act of 1998

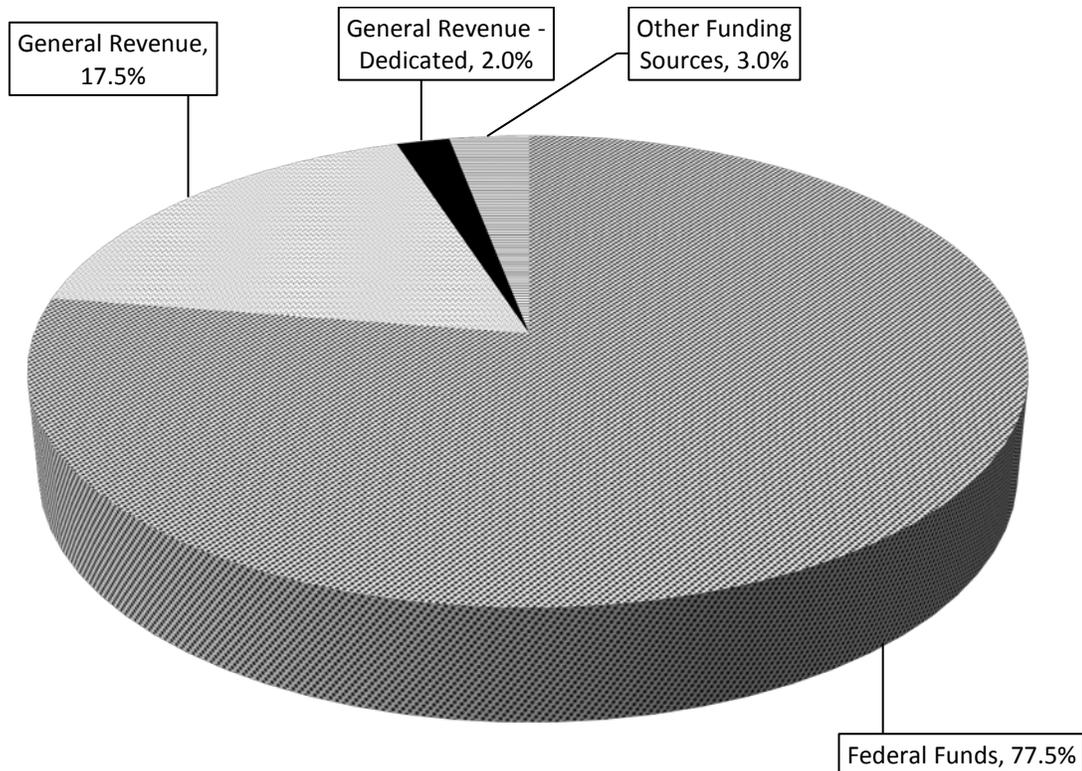
**Department of Assistive and Rehabilitative Services
Exhibit 4: Subcommittees and Advisory Committees**

Name of Subcommittee or Advisory Committee	Size/Composition/How members are appointed	Purpose/Duties	Legal Basis for Committee
Board for Evaluation of Interpreters	7 members, representing the public at large. Appointed by the DARS Commissioner for three-year terms. Members may be reappointed.	Advises the DARS Division for Rehabilitation Services, Office of Deaf and Hard of Hearing Services, on administering the interpreter certification program.	Texas Human Resources Code 81.007
Elected Committee of Managers	12 members, elected by blind managers participating in BET and serve two-year terms.	Participates with DARS in major administrative decisions, and policy and program development affecting the overall administration of the state's vending facility program. The ECM is not a governmental body, nor does it have decision making authority for the state's BET facility program.	The Randolph-Sheppard Act, 20 U.S.C. § 107.

V. Funding

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

The Legislature appropriated DARS approximately \$622.5 million in FY 2012. This appropriation includes the following types of funding.



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

The General Appropriations Act (GAA) contains approximately 34 riders that affect DARS. Below is a summary that highlights those that significantly impact the Department's budget.

House Bill 1, 82nd Legislative Session, Article II

Rider 5: Notification of Federal Funds Distribution. No General Revenue (GR) may be redirected to obtain additional federal funds for the Vocational Rehabilitation program unless the Department notifies the Legislative Budget Board (LBB) and the Governor by letter at least 30 days prior to redirecting the GR. In addition, at least 14 days prior to budgeting more than \$208.4 million in FY 2012, the Department must notify the LBB and Governor by letter.

Rider 9: Funding for Early Childhood Intervention (ECI) Services at DARS. If funding needed to provide ECI services exceeds available revenue, the DARS Commissioner is required to certify this shortfall to the HHS Executive Commissioner by February 1 of each year. HHSC is required to evaluate the factors and make a determination within 30 days as to whether a transfer of funds will be necessary. If a transfer is necessary, HHSC and DARS must submit a written request to the LBB and Governor (copying the Comptroller of Public Accounts) which provides specific information.

Rider 11: Education Funding. The Department is appropriated \$16.5 million in FY 2012, from the Special Education Allotment via a Memorandum of Understanding with the Texas Education Agency for the purpose of providing funds to the ECI contractors.

Rider 13: Appropriation: Unexpended Balances in Interagency Contracts for Administrative Fees. The Department is provided Unexpended Balance (UB) authority across and within bienniums for the purpose of specialized projections for individuals who are hard of hearing in Strategy B.2.2., Education, Training, & Certification – Deaf.

Rider 14: Appropriation: Unexpended Balances in Summer Camp Program. The Department is provided UB authority across and within bienniums for the purpose of expenses related to Summer Camp in Strategy B.2.2., Education, Training, & Certification – Deaf.

Rider 15: Unexpended Balances for the Board of Evaluation of Interpreters (BEI) Program. The Department is provided UB authority across bienniums for the purpose of developing evaluation materials, validating interpreter evaluation materials, and expenses related to the Department’s Certification Program in Strategy B.2.2., Education, Training, & Certification – Deaf.

Rider 16: Appropriations Limited to Revenue Collections. Fees, fines, and other miscellaneous revenues generated must cover, at a minimum, \$130,000 GR to support Strategy B.2.2., Education, Training, & Certification – Deaf, as well as \$50,966 for other direct and indirect costs in FY 2012. In addition, the Department is provided authority to expend any revenue collections above the Biennial Revenue Estimate (BRE) in the year after it is collected (FY 2013). The Department is also provided UB authority within the biennium.

Rider 17: Appropriation: GR-Dedicated I Love Texas License Plate Account No. 5086. The Department is appropriated \$40,000 for the biennium for revenue generated from the sale of specialized “I Love Texas” license plates and collected in the GR-Dedicated I Love Texas License Plate Account No. 5086 in Strategy B.2.2., Education, Training, & Certification – Deaf.

Rider 20: Appropriation of Donations: Blindness Education Screening and Treatment.

The Department is appropriated \$305,000 for FY 2012, in Strategy B.1.2. for the Blindness Education, Screening, and Treatment (BEST) program, contingent upon the generation of funds through donations. Any revenue collected above the appropriated amounts are appropriated to the Department for the same purpose. UB authority is provided within the biennium.

Rider 21: Appropriation: GR-Dedicated Business Enterprise Program Trust Fund Account No.

5043. The Department is appropriated funds in Strategy B.1.5., Business Enterprises of Texas Trust Fund for the purpose of establishing and maintaining a retirement and benefits plan for blind or visually impaired vendors. Any amounts necessary to conform with the Federal Randolph–Sheppard Act (20 USC 107) and Human Resource Code, 94.016, are appropriated to the Department. None of the funds in this strategy may be transferred to any other strategy.

Rider 22: GR-Dedicated Business Enterprise Program Account No. 492. The Department is appropriated \$1.6 million in FY 2012 in Strategy B.1.4., Business Enterprise of Texas from revenue deposited into the account in object codes 3747 and 3802.

Rider 23: Appropriation: Subrogation Receipts. Provides appropriation authority for Subrogation Receipts collected above the amounts appropriated in Strategy B.3.1., Vocational Rehabilitation – General and Strategy B.3.4., Comprehensive Rehabilitation for client services in the program from which the collections were generated.

Rider 24: GR-Dedicated Comprehensive Rehabilitation Account No. 107. The Department is appropriated \$10.55 million for FY 2012 in Strategy B.3.4., Comprehensive Rehabilitation (CRS) from the CRS Fund 107. This amount includes unexpended and unobligated balances in an amount not to exceed \$1.5 million. Any unexpended FY 2012 appropriations in an amount not to exceed \$1.5 million are appropriated for FY 2013. Revenues deposited into Fund 107 may only be used for CRS direct services in Strategy B.3.4., Comprehensive Rehabilitation. Additional revenue above the BRE is appropriated for the purpose of providing Comprehensive Rehabilitation Services, subject to written certification by the Comptroller’s Office that collections for the fiscal year have or will exceed the BRE.

Rider 25: Enhanced State Funding for Assistive Technologies and Devices. The Department is appropriated \$800k General Revenue in Strategy B.3.3., Independent Living Services – General and \$200k General Revenue in Strategy B.1.1., Independent Living Services – Blind for the purpose of providing assistive technologies, devices, and related training to Texans with the most significant disabilities. It is the intent of the Legislature that these funds be expended to the greatest degree possible on disabled Texans who, without these technologies and devices, would be placed in nursing homes or otherwise removed from their communities.

Senate Bill 1, 83rd Legislative Session, Article II, Special Provisions

Sec. 31: Early Childhood Intervention Family Cost Share. General Revenue funding in the amount of \$63,289,618 for the Early Childhood Intervention program is contingent upon DARS modifying the family cost share provision for families with adjusted gross income greater than 400 percent of the federal poverty level.

Sec. 57: Transfers to the Department of Assistive and Rehabilitative Services. HHSC is directed to transfer \$1,615,951 in General Revenue funds per fiscal year to the following DARS strategies, subject to certain conditions.

- A.3.1, Autism Program: \$ 1,187,800
- B.2.1, Contract Services-Deaf: \$ 105,000
- B.2.2, Educ., Training, Certification-Deaf: \$ 323,151

Sec. 58: Funding Transfer for Comprehensive Rehabilitation Services. HHSC is directed to transfer \$2,950,000 in General Revenue funds per fiscal year to DARS strategy B.3.4, Comprehensive Rehabilitation Services, subject to certain conditions.

C. Show your agency's expenditures by strategy.

Department of Assistive and Rehabilitative Services Exhibit 5: Expenditures by Strategy — Fiscal Year 2012 (Actual)			
Goal/Strategy	Amount Spent	Percent of Total	Contract Expenditures Included in Total Amount
01-01-01: Early Childhood Intervention Services	\$133,219,249	22.68%	\$76,848,049
01-01-02: ECI Respite Services	\$376,214	0.06%	\$376,214
01-01-03: Ensure Quality ECI Services by Training, Evaluation, and Assistance	\$1,180,536	0.20%	\$210,789
01-02-01: Habilitative Services for Blind and Visually Impaired Children	\$4,751,084	0.81%	\$206,402
01-03-01: Autism Program	\$3,276,961	0.56%	\$3,270,961
Subtotal, Goal 01	\$142,804,044	24.31%	\$80,912,415

Department of Assistive and Rehabilitative Services			
Exhibit 5: Expenditures by Strategy — Fiscal Year 2012 (Actual)			
Goal/Strategy	Amount Spent	Percent of Total	Contract Expenditures Included in Total Amount
02-01-01: Independent Living Services - Blind	\$2,981,474	0.51%	\$753,841
02-01-02: Blindness Education, Screening and Treatment (BEST) Program	\$370,678	0.06%	\$112,000
02-01-03: Vocational Rehabilitation Services for Persons Who are Blind or Visually Impaired	\$46,002,767	7.83%	\$6,677,675
02-01-04: Provide Employment in Food Service Industry for Persons Who are Blind (BET)	\$2,155,316	0.37%	\$351,292
02-01-05: Administer Trust Funds for Retirement & Benefits Est & Nontransferable	\$584,796	0.10%	\$0
02-02-01: Contract for Services for Persons Who Are Deaf or Hard of Hearing	\$2,292,972	0.39%	\$1,923,361
02-02-02: Ensure the Quality of Programs through Education, Training, and Regulation	\$1,262,561	0.21%	\$928,630
02-02-03: Ensure Telephone Access for Deaf and Persons with Other Disabilities	\$769,539	0.13%	\$373,908

Department of Assistive and Rehabilitative Services			
Exhibit 5: Expenditures by Strategy — Fiscal Year 2012 (Actual)			
Goal/Strategy	Amount Spent	Percent of Total	Contract Expenditures Included in Total Amount
02-03-01: Rehabilitate and Place People with Disabilities in Competitive Employment	\$211,232,953	35.96%	\$72,196,262
02-03-02: Work with Independent Living Centers and State Independent Living Council	\$2,684,160	0.46%	\$2,635,772
02-03-03: Provide Consumer-Driven Independent Living Services	\$6,674,079	1.14%	\$2,689,365
02-03-04: Provide Services to People with Spinal Cord/Traumatic Brain Injuries	\$25,029,244	4.26%	\$22,338,465
Subtotal, Goal 02	\$302,040,539	51.42%	\$110,980,571
03-01-01: Disability Determination Services	\$120,312,996	20.49%	\$16,882,789
Subtotal, Goal 03	\$120,312,996	20.49%	\$16,882,789
04-01-01: Central Program Support	\$11,198,826	1.91%	\$699,893
04-01-02: Regional Program Support	\$759,861	0.13%	\$0
04-01-03: Other Program Support	\$5,459,710	0.93%	\$352,743
04-01-04: Information Technology Program Support	\$4,783,259	0.81%	\$348,057
Subtotal, Goal 04	\$22,201,656	3.78%	\$1,400,693
GRAND TOTAL:	\$587,359,235	100.00%	\$210,176,468

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 Assistive and Rehabilitative Services Exhibit 6: Sources of Revenue — Fiscal Year 2012 (Actual)	
Source	Amount
Appropriated Receipts	\$390,762
Federal Funds	\$458,484,630
General Revenue	\$19,438,891
GR-Dedicated – BET Trust Fund 5043	\$590,142
GR-Dedicated – Business Enterprises Program Acct Fund 0492	\$1,590,109
GR-Dedicated – Comprehensive Rehab Acct Fund 0107	\$18,412,141
GR-Dedicated – I Love Texas Fund 5086	\$17,117
Interagency Contracts	\$1,052,145
Subrogation Receipts	\$542,279
Universal Service Fund	\$770,611
GR-Certified Medicaid for Match	\$8,231,312
GR Match for Medicaid	\$17,694,771
GR for Early Childhood Intervention	\$895,774
Foundation School Fund Match	\$4,600,442
Foundation School Fund	\$11,897,660
Endowment	\$284
GR for Vocational Rehabilitation	\$55,946,501
TOTAL	\$600,555,571

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

Department of Assistive and Rehabilitative Services Exhibit 7: Federal Funds — Fiscal Year 2012 (Actual)				
Type of Fund	State/Federal Match Ratio	State Share	Federal Share	Total Funding
Basic Support	21.3% / 78.7%	56,939,561	210,382,322	267,321,884
In Service Training	10.0% / 90.0%	38,857	349,713	388,570
Medicaid - DRS	58.2% / 42.8%	13,649,590	19,020,563	32,670,153
Medicaid – MAC	58.2% / 42.8%	4,082,446	5,688,846	9,771,292
Medicaid – TCM	58.2% / 42.8%	9,116,036	12,703,103	21,819,139
Medicaid Initiative Grant	N/A	0	616,479	616,479
Older Blind	10.0% / 90.0%	238,291	2,144,616	2,382,907
Part B – ECI	N/A	0	5,131,125	5,131,125
Part B – DRS/DBS	10.0% / 90.0%	172,181	1,549,631	1,721,812
Part C	N/A	0	38,058,038	38,058,038
SSA Disability	N/A	0	130,564,363	130,564,363
SSAVR	N/A	0	13,873,220	13,873,220
Supported Employment	N/A	0	2,189,572	2,189,572
TANF	58.2% / 42.8%	11,555,731	16,102,792	27,658,523
TCDD	10.0% / 90.0%	In Kind	108,760	108,760
VRPM	N/A	0	1,487	1,487
TOTAL		\$95,792,693	\$458,484,630	\$554,277,323

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

Department of Assistive and Rehabilitative 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 Fee Revenue is Deposited (e.g., General Revenue Fund)
Board of Evaluation of Interpreters (BEI) Fees – DHH Various Tests and Maintenance Fees (Human Resources Code Sec 81.007)	Varies, ranges from \$50 - \$100	2,255	\$163,420	General Revenue Fund
DHH Test and Rater Services from Other States (Human Resources Code Sec 81.006)	Varies	N/A	\$27,640	General Revenue Fund
Conference and Seminars, Training and Registration Fees (Consumer Training and Camp Sign Fees) (Human Resources Code Sec 81.006)	Varies	144	\$17,905	General Revenue Fund
Motor Vehicle Registration Fee – I Love Texas License Plate Transportation Code, Annotated, Sec 504.619; Human Resources Code, Annotated, Title 4 Sec 81.021	\$30	Undetermined; Funds collected by another agency	\$17,117	GR-Dedicated - I Love Texas Fund 5086

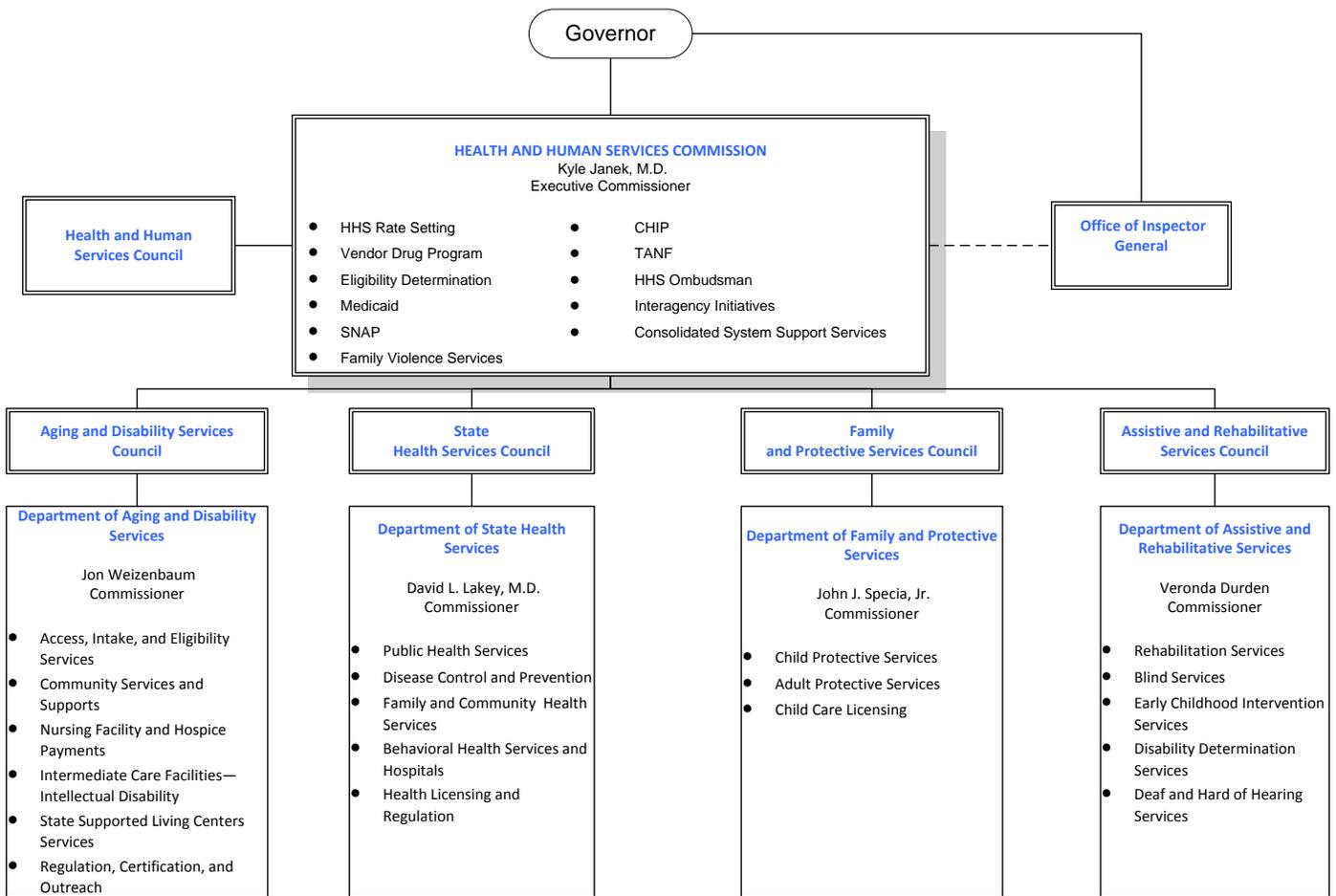
**Department of Assistive and Rehabilitative Services
Exhibit 8: Fee Revenue — Fiscal Year 2012**

Fee Description/ Program/ Statutory Citation	Current Fee/ Statutory maximum	Number of persons or entities paying fee	Fee Revenue	Where Fee Revenue is Deposited (e.g., General Revenue Fund)
CRS Fees from Court Fines and Costs (Human Resources Code Sec 111.060; Local Government Code Sec 133.102)	Varies	Undetermined; Funds collected by another agency	\$18,007,917	GR Dedicated – CRS Fund 0107
Blindness Education Unappropriated Receipts Donations when Renewing Drivers Licenses (Transportation Code, Annotated, Sec 521.421(f))	\$1	Undetermined; Funds collected by another agency	\$398,774	General Revenue Fund
Copy Fees (GAA. H.B. 1, 82 nd Leg, RS, Art IX, Sec 12.02)	Varies	Undetermined	\$1,253	General Revenue Fund

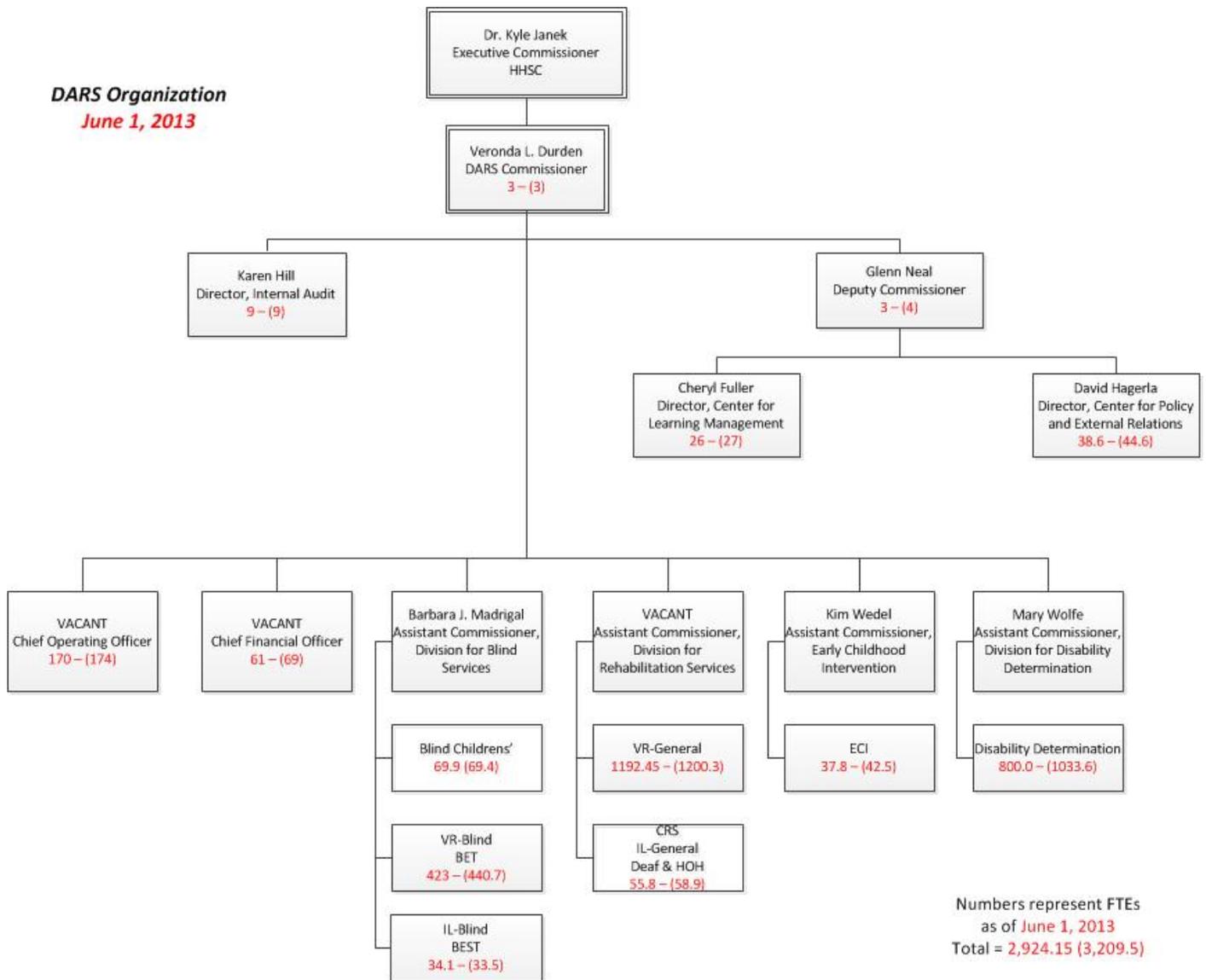
VI. Organization

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 shows the Department of Assistive and Rehabilitative Services organization.



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

Department of Assistive and Rehabilitative Services FTEs by Location — Fiscal Year 2013				
Headquarters, Region, or Field Office	Location	Co-Located? Yes/No	Number of Budgeted FTEs, FY 2013	Number of FTEs as of June 2013
Headquarters / Central	Austin	No	424.1	395.4
Warehouse	Austin	No	7	7
Central – DDS	Austin	No	1018.6	785
Satellite Office – DDS	Dallas	No	2	2
Satellite Office – DDS	Houston	No	6	6
Satellite Office – DDS	Galveston	No	1	1
Satellite Office – DDS	San Antonio	No	5	5
Satellite Office – DDS	El Paso	No	1	1
DRS Region 1 HQ	Lubbock	No	19	21
DRS Region 1 Field Office	Abilene	No	14	14
DRS Region 1 Field Office	Alpine	Yes	2	2
DRS Region 1 Field Office	Amarillo	No	17	18
DRS Region 1 Field Office	Big Spring	Yes	4	3
DRS Region 1 Field Office	Brownwood	Yes	4	4
DRS Region 1 Field Office	El Paso	No	20	20
DRS Region 1 Field Office	El Paso	Yes	23	23
DRS Region 1 Field Office	Ft. Stockton	Yes	2	2
DRS Region 1 Field Office	Graham	Yes	4	3
DRS Region 1 Field Office	Lubbock	No	13	12
DRS Region 1 Field Office	Lubbock	Yes	13	14
DRS Region 1 Field Office	Odessa	Yes	14	13

Department of Assistive and Rehabilitative Services FTEs by Location — Fiscal Year 2013				
Headquarters, Region, or Field Office	Location	Co-Located? Yes/No	Number of Budgeted FTEs, FY 2013	Number of FTEs as of June 2013
DRS Region 1 Field Office	Pampa	No	4	4
DRS Region 1 Field Office	Plainview	Yes	4	4
DRS Region 1 Field Office	San Angelo	Yes	6	6
DRS Region 1 Field Office	Wichita Falls	Yes	16	15
DRS Region 2 HQ	Arlington	No	27	28
DRS Region 2 Field Office	Arlington	No	22	22
DRS Region 2 Field Office	Carrollton	No	7	7
DRS Region 2 Field Office	Cleburne	No	4	5
DRS Region 2 Field Office	Corsicana	Yes	3	3
DRS Region 2 Field Office	Dallas	No	41	39
DRS Region 2 Field Office	Dallas	Yes	27	26
DRS Region 2 Field Office	Denton	Yes	18	18
DRS Region 2 Field Office	Duncanville	Yes	8	8
DRS Region 2 Field Office	Ft. Worth	No	19	20
DRS Region 2 Field Office	Ft. Worth	Yes	29	28
DRS Region 2 Field Office	Garland	No	16	16
DRS Region 2 Field Office	Greenville	No	6	6
DRS Region 2 Field Office	Irving	No	15	13
DRS Region 2 Field Office	Lewisville	No	8	8
DRS Region 2 Field Office	McKinney	Yes	8	8
DRS Region 2 Field Office	North Richland Hills	No	12	12
DRS Region 2 Field Office	Plano	No	20	19
DRS Region 2 Field Office	Sherman	Yes	12	12

Department of Assistive and Rehabilitative Services FTEs by Location — Fiscal Year 2013				
Headquarters, Region, or Field Office	Location	Co-Located? Yes/No	Number of Budgeted FTEs, FY 2013	Number of FTEs as of June 2013
DRS Region 2 Field Office	Stephenville	No	4	4
DRS Region 2 Field Office	Waxahachie	Yes	5	5
DRS Region 2 Field Office	Weatherford	Yes	5	5
DRS Region 3 HQ	Austin	Yes	19.45	19
DRS Region 3 Field Office	Athens	No	5	5
DRS Region 3 Field Office	Austin	No	62	61
DRS Region 3 Field Office	Bastrop	Yes	2	2
DRS Region 3 Field Office	Beaumont	No	19	19
DRS Region 3 Field Office	Brenham	Yes	2	2
DRS Region 3 Field Office	College Station	No	8	8
DRS Region 3 Field Office	Crockett	Yes	4	4
DRS Region 3 Field Office	Gatesville	Yes	2	2
DRS Region 3 Field Office	Jacksonville	Yes	2	2
DRS Region 3 Field Office	Killeen	No	8	8
DRS Region 3 Field Office	Livingston	Yes	2	2
DRS Region 3 Field Office	Longview	No	14	14
DRS Region 3 Field Office	Lufkin	No	11	11
DRS Region 3 Field Office	Marshall	Yes	5	5
DRS Region 3 Field Office	Nacogdoches	No	2	2
DRS Region 3 Field Office	Paris	Yes	5	5
DRS Region 3 Field Office	Port Arthur	Yes	4	4
DRS Region 3 Field Office	Round Rock	Yes	10	11
DRS Region 3 Field Office	San Marcos	No	2	2

Department of Assistive and Rehabilitative Services FTEs by Location — Fiscal Year 2013				
Headquarters, Region, or Field Office	Location	Co-Located? Yes/No	Number of Budgeted FTEs, FY 2013	Number of FTEs as of June 2013
DRS Region 3 Field Office	San Marcos	Yes	5	5
DRS Region 3 Field Office	Sulphur Springs	Yes	4	4
DRS Region 3 Field Office	Temple	Yes	10	10
DRS Region 3 Field Office	Texarkana	No	10	11
DRS Region 3 Field Office	Tyler	No	20.75	20.75
DRS Region 3 Field Office	Waco	No	18	17
DRS Region 4 HQ	Houston	No	20	18
DRS Region 4 Field Office	Alvin	No	5	5
DRS Region 4 Field Office	Bay City	Yes	1	1
DRS Region 4 Field Office	Baytown	No	6	6
DRS Region 4 Field Office	Conroe	No	12	13
DRS Region 4 Field Office	Galveston	No	4	4
DRS Region 4 Field Office	Houston	No	121	117
DRS Region 4 Field Office	Houston	Yes	18	18
DRS Region 4 Field Office	Humble	No	8	8
DRS Region 4 Field Office	Huntsville	No	2	2
DRS Region 4 Field Office	Katy	No	7	7
DRS Region 4 Field Office	Lake Jackson	No	6	6
DRS Region 4 Field Office	Liberty	Yes	2	2
DRS Region 4 Field Office	Pasadena	No	15	15
DRS Region 4 Field Office	Rosenberg	No	16	17
DRS Region 4 Field Office	Texas City	Yes	10	8
DRS Region 4 Field Office	Tomball	No	3	4

Department of Assistive and Rehabilitative Services FTEs by Location — Fiscal Year 2013				
Headquarters, Region, or Field Office	Location	Co-Located? Yes/No	Number of Budgeted FTEs, FY 2013	Number of FTEs as of June 2013
DRS Region 5 HQ	San Antonio	No	33	33
DRS Region 5 Field Office	Beeville	Yes	4	4
DRS Region 5 Field Office	Brownsville	No	3	4
DRS Region 5 Field Office	Brownsville	Yes	2	2
DRS Region 5 Field Office	Corpus Christi	No	1	1
DRS Region 5 Field Office	Corpus Christi	Yes	23	21
DRS Region 5 Field Office	Del Rio	Yes	2	2
DRS Region 5 Field Office	Eagle Pass	Yes	4	4
DRS Region 5 Field Office	Gonzales	Yes	2	2
DRS Region 5 Field Office	Harlingen	No	14	13
DRS Region 5 Field Office	Kerrville	No	4	4
DRS Region 5 Field Office	Kingsville	Yes	2	2
DRS Region 5 Field Office	Laredo	No	14	14
DRS Region 5 Field Office	McAllen	No	25	25
DRS Region 5 Field Office	New Braunfels	Yes	5	5
DRS Region 5 Field Office	Pearsall	Yes	1	1
DRS Region 5 Field Office	San Antonio	No	47	47
DRS Region 5 Field Office	San Antonio	Yes	22	22
DRS Region 5 Field Office	Seguin	Yes	4	4
DRS Region 5 Field Office	Uvalde	No	2	2
DRS Region 5 Field Office	Victoria	No	14	15
DRS Region 5 Field Office	Weslaco	Yes	4	5
DBS N. Texas Field Office	Abilene	No	7	7

Department of Assistive and Rehabilitative Services FTEs by Location — Fiscal Year 2013				
Headquarters, Region, or Field Office	Location	Co-Located? Yes/No	Number of Budgeted FTEs, FY 2013	Number of FTEs as of June 2013
DBS N. Texas Field Office	Amarillo	Yes	10.5	9.5
DBS N. Texas Field Office	College Station	No	6	6
DBS N. Texas Field Office	Dallas	No	45	46
DBS N. Texas Field Office	El Paso	Yes	20.5	20.5
DBS N. Texas Field Office	Ft. Worth	Yes	24	25
DBS N. Texas Field Office	Lubbock	Yes	19	19
DBS N. Texas Field Office	Lufkin	No	5	5
DBS N. Texas Field Office	Odessa	Yes	8	8
DBS N. Texas Field Office	San Angelo	Yes	5.5	5.5
DBS N. Texas Field Office	Texarkana	No	5	5
DBS N. Texas Field Office	Tyler	No	18.5	19
DBS N. Texas Field Office	Waco	Yes	17	17
DBS N. Texas Field Office	Wichita Falls	No	9	8
DBS S. Texas Field Office	Austin	No	9.6	10
DBS S. Texas Field Office	Austin	Yes	31	30
DBS S. Texas Field Office	Beaumont	No	11.5	12.5
DBS S. Texas Field Office	Corpus Christi	No	17	17
DBS S. Texas Field Office	Harlingen	No	8	8
DBS S. Texas Field Office	Houston	No	37	35
DBS S. Texas Field Office	Houston	Yes	22.5	22.5
DBS S. Texas Field Office	Laredo	No	7	7
DBS S. Texas Field Office	McAllen	No	11	11
DBS S. Texas Field Office	San Antonio	No	34	33

Department of Assistive and Rehabilitative Services FTEs by Location — Fiscal Year 2013				
Headquarters, Region, or Field Office	Location	Co-Located? Yes/No	Number of Budgeted FTEs, FY 2013	Number of FTEs as of June 2013
DBS S. Texas Field Office	Victoria	No	7	7
DBS Criss Cole Rehabilitation Center	Austin	No	110	99.5
			TOTAL: 3209.5	TOTAL: 2924.15

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

FY 2012: 3,282.0
 FY 2013: 3,209.5
 FY 2014: 3,209.5
 FY 2015: 3,209.5

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

As of August 31, 2012, DARS had 56 contractors performing services.

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

Department of Assistive and Rehabilitative Services List of Program FTEs and Expenditures — Fiscal Year 2012			
Program	Number of Budgeted FTEs, FY 2012	FTEs as of August 31, 2012	Actual Expenditures
CPER – Autism	0	0	\$3,276,961
DBS – BET	18	18	\$2,545,531
DBS – BEST	0	0	\$370,678

Department of Assistive and Rehabilitative Services List of Program FTEs and Expenditures — Fiscal Year 2012			
Program	Number of Budgeted FTEs, FY 2012	FTEs as of August 31, 2012	Actual Expenditures
DBS – BCP	69.40	65.85	\$4,240,881
DBS – ILS	33.50	32.60	\$2,653,369
DBS – VR	411.40	406.05	\$39,187,435
DDS – DDS	1119.60	875.00	\$113,224,755
DRS – CRS	17.70	19.30	\$25,029,244
DRS – ILC	0	0	\$2,684,160
DRS – ILS	22.20	19.35	\$6,471,570
DRS – VR	1192.10	1180.10	\$194,449,515
DRS – Education, Training, Interpreter	4.90	3.85	\$1,262,561
DRS – Contract Services	4.60	5.55	\$2,241,933
DRS – Telephone Access Assistance	8.60	8.60	\$734,867
ECI – ECI	41.50	39.00	\$134,377,059
CFO – Financial Services	69.00	67.00	\$10,542,952
COO – Operations	179.00	182.00	\$38,447,053
Deputy – Program Support	81.50	75.60	\$4,993,687
IA – Internal Audit	9.00	8.00	\$625,026
TOTAL	3282.00	3005.85	\$587,359,237

VII. Guide to Agency Programs

Program support is an administrative function that serves all DARS programs and activities.

Office of the Deputy Commissioner – 3 FTEs

The Office of the Deputy Commissioner works closely with the Commissioner on daily operations of DARS and provides strategic direction to program administration, operations, and fiscal processes. Within the office are the Center for Learning Management and the Center for Policy and External Relations. Center directors report to the Deputy Commissioner and each center helps the program areas support consumers.

Center for Learning Management – 26 FTEs

The Center for Learning Management (CLM) integrates training functions across the agency into a single source for learning resources. This includes a DARS training infrastructure that incorporates registration and tracking processes that are customer friendly and meet the agency's business needs. This center is dedicated to maximizing employee competencies, ensuring professional growth, and expanding staff careers through innovative, accessible, customer-focused training.

Center for Policy and External Relations – 38.6 FTEs

The Center for Policy and External Relations (CPER) serves DARS management and programs in the following areas.

- **Electronic Accessibility:** The DARS Accessibility Team tests and remediates electronic documents and applications on internet sites to ensure accessibility and provides training on creating accessible documents.
- **Communications:** Staff coordinates external and internal communications across the agency. Communications staff works with DARS employees throughout the state on media relations activities that raise awareness of DARS activities and ensure the confidentiality of consumers.
- **Government Relations:** The government relations staff helps the Department develop and maintain working relationships with elected officials and their staff.
- **Inquiries:** The inquiries line is the “front door” to all DARS services, responding to consumer complaints, providing program information and referral, and providing general agency information.
- **Policy Analysis and Development:** DARS policy staff manages a process for developing agency-wide and program policies, standards, and forms that are uniform and consistent.
- **Program Reporting and Analysis:** This unit provides data on DARS programs and services for operational management and data-driven decision support.
- **Rules:** Staff administers and is responsible for the process of rule promulgation in the agency.
- **Stakeholder Relations:** This unit coordinates communications with stakeholder groups and helps DARS divisions plan and implement stakeholder activities.

Chief Financial Officer – 61 FTEs

The Financial Services (FS) Division, under the direction of the Chief Financial Officer (CFO), provides financial services for all divisions within DARS and ensures that DARS follows all federal and state regulations as they relate to accounting and budget responsibilities. Financial services is organized consistent with the direction of HHSC and its mission focuses on providing the business support necessary to deliver services to consumers and working in partnership with customers to achieve their mission. Activities are organized along traditional business lines, and include accounting and budget functions.

Chief Operating Officer – 170 FTEs

The chief operating officer (COO) provides administrative and program support services to all agency divisions, including information technology, contract support and monitoring, legal services, business continuity and emergency preparedness, operations and facilities support, and direct regional program support. Activities in the COO offices are organized along traditional business lines. The COO's organization and mission are consistent with the direction of HHSC, which focuses on providing the business support necessary to deliver services to DARS consumers.

Internal Audit – 9 FTEs

The Internal Audit Division is an independent appraisal function established to meet the requirements of the Texas Internal Auditing Act (Texas Government Code, Chapter 2102). The division supports the DARS mission by providing objective assurance and advisory services to increase agency control awareness, improve the effectiveness of risk management and governance processes, and promote continuous improvement of agency operations.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

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

Name of Program or Function	Early Childhood Intervention Services
Location/Division	Brown-Heatly Building 4900 North Lamar Boulevard Austin, Texas 78751 Division for Early Childhood Intervention Services (ECI)
Contact Name	Kim Wedel, Assistant Commissioner
Actual Expenditures, FY 2012	\$134,377,059
Number of Actual FTEs as of June 1, 2013	37.80
Statutory Citation for Program	Individuals with Disabilities Education Act (IDEA) (20 U.S.C. Part C, Section 1431, et seq.), Texas Human Resources Code, Title 3, Chapter 73.

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

The U.S. Department of Education Office of Special Education Programs (OSEP) administers the Individuals with Disabilities Education Act (IDEA) through three programs.

1. Special Education Part B Section 611 for children ages 3 – 21.
2. The Preschool Grants program authorized by Part B Section 619 for children ages 3 - 5, which is administered by the Texas Education Agency.
3. The Grants for Infants and Families program authorized by Part C Section 631 for infants and toddlers, ages birth - 2 and their families.

The third program, Part C Section 631, is the special education program for infants and toddlers administered by the Department of Assistive and Rehabilitative Services (DARS).

The purpose of IDEA, Part C Section 631, Early Childhood Intervention (ECI), is to provide infants and toddlers with disabilities and their families with early intervention services through a statewide, comprehensive, coordinated, multidisciplinary, interagency system. Part C services enhance the development of infants and toddlers with disabilities and also enhance the capacity of families to meet their child's needs.

Early intervention reduces educational costs by minimizing the need for special education. The services also minimize the likelihood of institutionalization and maximize independent living.

In Texas, Early Childhood Intervention contracts with 51 local agencies (community centers, education service centers, and private nonprofit organizations) to provide early intervention services. Early intervention helps very young children (birth to 36 months) catch up or address specific developmental concerns as soon as possible. Local contractors work with families and other caregivers to help children overcome delays and make developmental progress. Each local agency has responsibility and authority to implement IDEA, Part C, for their designated service area in Texas.

Under federal law, the lead agency (DARS ECI) must have the following in place.

- Policies that:
 - establish state eligibility,
 - ensure that appropriate early intervention services based on scientifically based research are delivered in natural environments, and
 - ensure that qualified personnel deliver services.
- Policies pertaining to contracting with early intervention service providers and procedures for securing timely reimbursements of funds.
- A comprehensive child-find system and public awareness program.
- A comprehensive system of personnel development.
- Procedural safeguards to ensure families' rights.
- A system for compiling data.
- A state interagency coordinating council.

A more detailed list of requirements is included in Section F.

Contract management and oversight are central functions of the DARS ECI division. The division establishes policy based on approved rules and then monitors, provides technical assistance, and imposes sanctions to implement the rules.

Local activities focus on delivering services and complying with the rules and contract. Children are referred for early intervention services by family physicians, hospitals, family friends, social workers, day care providers, or others familiar with the child and with early intervention services. Families and professionals work together to evaluate the child, develop the Individualized Family Service Plan (IFSP), and ensure that appropriate services based on the unique strengths and needs of the child and family are offered.

Children and their families receive services in their natural environments-where children typically learn, live, and play – and where children without disabilities participate in daily activities. These environments may include home and places the child goes regularly such as child care, the park, or library. Professionals on the team may include licensed or credentialed

early intervention specialists, speech and language pathologists, physical and occupational therapists, psychologists, registered nurses, dietitians, social workers, and counselors.

DARS ECI also provides specialized training and a credential for early intervention specialists who work for ECI programs. The credential is based on a curriculum and requirements approved by the state, and it is not transferrable to other service programs or providers.

According to IDEA, Part C, services must include service coordination and the following comprehensive array of services:

- assistive technology,
- audiology,
- early identification, screening, and assessment,
- family counseling,
- family education,
- health services,
- home visits,
- medical services,
- nursing,
- nutrition,
- occupational therapy,
- physical therapy,
- psychological services,
- social work services,
- specialized skills training,
- speech language therapy,
- transportation, and
- vision services.

DARS ECI also provides transition services to help children and families access necessary assistance after age 3, when children are no longer eligible for DARS ECI services. Services for these children and families may be offered by public schools (IDEA, Part B, Special Education) or other organizations, such as Head Start.

In addition to referral and assessment, service planning, service delivery, and transition, DARS ECI provides respite care and follow-along services. Follow-along services track the developmental progress of children who are not eligible for comprehensive services but may be at risk for developmental delay.

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.

ECI measures changes in a child’s rate of growth across three functional areas chosen by the Office of Special Education Programs (OSEP) and based on a recommendation from the Early Childhood Outcomes Center. The three areas are necessary for each child to be an active and successful participant at home, in the community, and in other places like a childcare program or preschool.

Based on these measures, children who receive ECI services experience developmental growth and changes substantially beyond the levels that would be expected without intervention.

A National Early Intervention Longitudinal Study (NEILS) on Part C programs tracked children at risk of needing special education and found that 46 percent of these children did not need special education by the time they entered kindergarten. Results showed that 35 percent had no disability, 11 percent were reported to have a disability but were not receiving special education, and 54 percent were receiving special education. Texas was part of the sample for this national study. SRI, International conducted the NEILS for the U.S. Department of Education OSEP from 1996 to 2007.

As shown in the following charts, Texas performance compares favorably with national performance.

Comparison of Texas Child Outcomes with National Results

1. Percent of children who substantially increased their rate of growth by the time they exited the program.

Functional Area	FY 2011 US	FY 2011 Texas	FY 2012 Texas
Positive social-emotional skills (including social relationships)	68%	71.3%	70.3%
Acquisition and use of knowledge and skills (including early language/communication)	73%	75.5%	74.6%
Use of appropriate behaviors to meet their needs	73%	75.0%	75.6%

2. Percent of children who were functioning within age expectations by the time they exited the program.

Functional Area	FY 2011 US	FY 2011 Texas	FY 2012 Texas
Positive social-emotional skills (including social relationships)	61%	63.7%	60.8%
Acquisition and use of knowledge and skills (including early language/communication)	55%	55.9%	52.0%
Use of appropriate behaviors to meet their needs	55%	62.5%	58.7%

ECI surveys families whose children are enrolled in early intervention services to find out their perceptions of services, and their capabilities to help their children. Results of these surveys demonstrate that ECI was very helpful in showing caregivers how to help their children develop and learn. In fiscal year 2012:

- Eighty-five percent of families reported that early intervention helped their family effectively communicate their child’s needs;
- Eighty-seven percent of families reported that early intervention helped their family be able to help their child develop and learn; and
- Eighty-four percent of families reported that early intervention helped their family understand and know their rights.

Federal Reporting

DARS ECI submits annual performance data to OSEP. The State Performance Plan and Annual Performance Report (APR) require states to report on compliance indicators such as timelines for service planning, service delivery, and transition when the child is 3 years of age. The report also includes performance indicators such as percent of population served and child and family outcomes. The report must be approved by the ECI Advisory Committee and submitted to the governor. Select data for FY 2012 on APR indicators in addition to the child and family outcome is displayed in the table below.

Compliance and Performance Indicator	FY 2011 Performance	FY 2012 Performance	FY 2012 Target
Percent of infants and toddlers with IFSPs who received the early intervention services on their IFSPs in a timely manner (within 28 days of signing IFSP)	97.3%	96.6%	100%

Compliance and Performance Indicator	FY 2011 Performance	FY 2012 Performance	FY 2012 Target
Percent of infants and toddlers with IFSPs who primarily received early intervention services in the home or in community-based settings	99.4%	99.1%	98.5%
Percent of infants and toddlers birth to 1 with IFSPs compared to national data	1.03%	0.79%	0.85%
Percent of infants and toddlers birth to 3 with IFSPs compared to national data	2.51%	2.02%	1.98%
Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline	99.2%	98.6%	100%
Percent of children exiting Part C who received timely transition planning to support the child's transition to			
a. IFSPs with transition steps and services	99.8%	97.8%	100%
b. Notification to lead education agency if child is potentially eligible for Part B	92.5%	94.7%	100%
c. Transition conference, if child is potentially eligible for Part B	93.2%	88.5%	100%

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.

Families initiated the Interagency Council for Early Childhood Intervention to address the challenges faced by their infants and toddlers with disabilities. Parents sought help and, in partnership with professionals, worked in their communities to start programs that helped meet their needs. These original programs at local agencies formed the basis for the current organizational structure.

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- The Legislature creates the Early Childhood Intervention program. ECI is governed by the Interagency Council on Early Childhood Intervention. The Council is composed of a parent representative appointed by the Governor and a representative from the following agencies.
 - TDMHMR
 - Texas Department of Health
 - Texas Education Agency
 - Texas Department of Human Services
- Administration of ECI is under the Texas Department of Health, which receives federal and state funding for ECI and contracts with local agencies to provide ECI services.

1986

- Congress passes the Education of the Handicapped Act Amendments (PL 99-457). The amendments establish the Handicapped Infants and Toddlers Program (Part H). The law directs the program to address the needs of children who required early intervention services from birth to their third birthday. In addition, under this program, the child's family receives services to assist in the child's development. The U.S. Department of Education administers the program.

1990

- Congress reauthorizes the Education of the Handicapped Act Amendments (PL 99-457) and renames it the Individuals with Disabilities Education Act (IDEA). Early childhood intervention services are assigned to Part C of IDEA.

1993

- The 73rd Legislature recommends that the Texas Interagency Council on Early Childhood Intervention become a separate agency. The Council assumes responsibility for managing its own funds and implementing and maintaining an IDEA, Part C, services system.

1997

- The 1997 IDEA Amendments strengthen requirements for states to: (1) develop and articulate specific policy and procedures for providing early intervention services in natural environments, and (2) include a justification of the extent, if any, to which the services are not provided in a natural environment (within the family's IFSP). (Natural environments are settings where children live, learn, and play.)

2003

- ECI develops a family cost-share structure for implementation in 2004.

2004

- On December 3, President Bush signs the Individuals with Disabilities Education Improvement Act, a major reauthorization and revision of IDEA. While it preserves the basic structure and civil rights guarantees of IDEA, the new law also makes significant changes. Changes for Part C included new criteria related to the development of the individualized family service plan and child find for specific sub-populations, additional Early Childhood Transition provisions and additional dispute resolution options. Most provisions of Public Law (PL) 108-446 go into effect on July 1, 2005.

2011

- On September 6, the U.S. Department of Education announces the release of the final regulations for the early intervention program under Part C of IDEA.

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.

ECI provides services to children with developmental delays and disabilities from birth to 36 months to mitigate or eliminate the gap between their current and expected development trajectory. Early intervention is an effective way to help very young children catch up or address specific developmental concerns as soon as possible and before they are eligible for special education services. The program is a blend of developmental, educational, and medical services that:

- use a comprehensive evaluation and functional needs assessment for service planning;
- utilize the interplay between developmental areas and children's development;
- teach families how to incorporate learning opportunities throughout the child's day;
- develop strategies that support school readiness and pre-literacy;
- help families access needed community resources and supports and plan for services after leaving ECI; and
- coordinate services with the child's physician and other service providers.

In FY 2012, ECI served 49,198 children. Most children are served in their homes, where their families participate in service planning and learn how they can incorporate intervention techniques into their daily routines. Children also receive services in childcare settings with typically developing peers. Service providers work with caregivers to insert therapeutic techniques into the child's routines, which increases the opportunities for children to develop. Every time the infant or toddler eats, has her diaper changed, goes with a parent to the grocery store, or gets a bath, caregivers employ therapeutic strategies and multiply the effects of intervention.

Eligibility Requirements

Federal regulations require states to base eligibility criteria on a rigorous definition of developmental delay. They also require states to serve all eligible children. In Texas, eligible children are living in Texas, under 3 years of age, and have one or more of the following three conditions:

1. Developmental delay, documented on a standardized testing tool, of at least 25 percent in one or more of the following developmental areas.
 - Cognitive—difficulty with playing, learning, and thinking.
 - Motor—fine and gross (crawling and walking).
 - Communication—limited understanding or responses in communicating with others.
 - Social-emotional—attachment problems, limited parent/family interactions, or behavior concerns.
 - Self-help skills—feeding, dressing, or eating.
2. Medically diagnosed conditions with a high probability of resulting in a developmental delay. Diagnoses are on an approved list that is reviewed and revised with pediatricians. Examples include cerebral palsy, Down syndrome, failure to thrive, seizure disorder, and spina bifida.
3. Auditory or visual impairment, as defined by the Texas Education Agency rule at 19 TAC Section 89.1040. This determination is made by a team led by certified staff from the local independent school district.

Younger children are more likely to enter ECI with medically diagnosed conditions, which often are present at birth. Older children are more likely to enter ECI with developmental delays that appear when milestones of walking and talking are missed.

ECI Statistical Profiles for FY 2012

Served		Number
Children referred		67,679
Children receiving comprehensive services		49,198
Children receiving follow-along services		4,568
Reason for Eligibility		Percent
Medically diagnosed condition		18%
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Reason for Eligibility	Percent
Developmental delay	80%
Auditory or visual impairment	2%

Age at Enrollment	Percent
0 to 12 months	36%
13 to 24 months	34%
25 to 36 months	30%

Race/Ethnicity	Percent
Hispanic	53%
White	35%
Black/African American	11%
Other	<1%

This breakdown is consistent with the overall population of children birth to 3 in Texas.

Medicaid Information	Percent
Medicaid-eligible during the year	66%

Gender	Percent
Males	64%
Females	36%

This is consistent with epidemiological data and national prevalence rates that show boys are at higher risk than girls.

Primary Language	Percent
English	82%

Primary Language	Percent
Spanish	18%

Referral Source <i>(for all children referred)</i>	Percent
Medical/healthcare provider	47%
Family/parent/friend	28%
Social services	16%
Other	9%

In FY 2012, the national baseline for enrollment in Part C services was 2.79 percent of the birth to age 3 population. Texas served 2.02 percent of its birth to age 3 population.

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 DARS ECI program is structured so that some components are carried out at the state level, some are carried out at the local community level, and other requirements are carried out at both levels. This contract model places the responsibility on local community-based agencies to run programs consistent with DARS ECI funding and regulatory requirements.

The Part C system requires the following 16 components.

1. A rigorous definition of the term “developmental delay.”
2. A state policy that is in effect and ensures that appropriate early intervention services are based on scientific research and are available to all infants and toddlers with disabilities and their families, including Indian infants and toddlers residing on a reservation geographically located in the state and infants and toddlers with disabilities who are homeless children and their families.
3. A timely, comprehensive, multidisciplinary evaluation.
4. An individualized family service plan including service coordination services in accordance with such service plan.
5. A comprehensive child find system.
6. A public awareness program.

7. A central directory that includes information on early intervention services, resources, and experts available in the state and research and demonstration projects being conducted in the state.
8. A comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources with respect to the basic components of early intervention services available in the state.
9. Policies and procedures relating to the establishment and maintenance of qualifications to ensure that personnel necessary to carry out this part are appropriately and adequately prepared and trained, including the establishment and maintenance of qualifications that are consistent with any state-approved or recognized certification.
10. A single line of responsibility in a lead agency designated or established by the governor for carrying out the general administration and supervision of programs and activities and the monitoring of programs and activities.
11. A policy pertaining to the contracting or making of other arrangements with service providers to provide early intervention services.
12. A procedure for securing timely reimbursements of funds.
13. Procedural safeguards.
14. A system for compiling data.
15. A state interagency coordinating council.
16. Policies and procedures to ensure that early intervention services are provided in natural environments.

As stated in number 10 above, IDEA directs state Governors to assign a single line of authority to a lead agency for funding early intervention services. This authority has been granted to DARS, which meets lead agency responsibilities through its ECI division. The DARS Central Office houses the agency's administrative functions, and executive-level management.

The agencies that have contracts for ECI services include community centers, education service centers, and private nonprofit organizations. Each agency must implement IDEA, Part C, for their designated service area of the state and they are assigned (without duplication) to specific geographic areas that cover all counties. (See attachment for a service area map.) Each local program is responsible for providing a full array of services and implementing a comprehensive service delivery system that includes:

- child find and public awareness;
- screening and referral;
- eligibility determination;
- individualized family service plan (IFSP) development; and
- delivery of services identified on the IFSP.

Contractors assume sole responsibility for billing Medicaid, third-party payers, and families. They are also responsible for all other financial and administrative activities to comply with the contract including staff recruitment, public outreach, and service delivery within the approved service area. Additionally, the contractors coordinate service delivery and public outreach

activities with other ECI contractors and health and human services agencies serving the same county (ies).

Local agencies are responsible for maintaining a qualified workforce. They may provide services by hiring or contracting for staff or a combination of both. In FY 2012, there were more than 2,500 staff working for local contractors, including 912 early intervention specialists, 314 speech language pathologists, 32 speech language pathologist assistants, 133 physical therapists, 13 physical therapy assistants, 171 occupational therapists, and 15 occupational therapist assistants.

Once a child is referred to ECI, there are required timelines that the local program must meet, such as having the IFSP for eligible children within 45 days of referral, starting planned services within 28 days of completing the IFSP, and having transition steps and services in place for the child 90 days before their third birthday.

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).

Funding sources for 2012 were as follows.

General Revenue	
Regular GR	\$ 376,214
GR for ECI	\$ 30,087
GR Match for Medicaid	\$ 15,772,546
GR Medicaid Certified Match	\$ 7,321,486
Federal Funds	
IDEA Part C	\$ 36,168,332
Part B	\$ 5,131,125
TANF	\$ 16,102,792
Medicaid – TCM	\$ 12,267,076
Medicaid – DRS	\$ 19,020,453
Medicaid – MAC	\$ 5,688,846
Other Funds	

Foundation School Fund	\$ 11,897,660
FSF Match	\$ 4,600,442
Total Funding	\$134,377,059

In addition to the funding that contractors received through the DARS appropriation in FY2012, contractors collected over \$40,000,000 through third-party reimbursement for direct services from both public (Medicaid, CHIP) and private insurance (including TRICARE), payments from families, and contributions from local government or charitable organizations. There was also \$400,000 in respite funds received.

IDEA, Part C, funds come from a non-competitive formula grant program based on a predetermined formula. Formula grants are sometimes referred to as state-administered programs. The Office of Special Education Programs administered Individuals with Disabilities Education Act (IDEA) has three formula grant programs: Grants to States program authorized by Part B Section 611 for children ages 3-21; Preschool Grants program authorized by Part B Section 619 for children ages 3-5; and Grants for Infants and Families program authorized by Part C for infants and toddlers, ages birth through 2 and their families.

The statutory formula awards each state applicant on the proportionate share of children, aged birth - 2 years, in the general population, based on the most recent satisfactory data available from the United States Census Bureau. No state may receive less than 0.5 percent of the total funds available for all States.

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.

DARS ECI is the lead agency designated or established by the Governor for carrying out the general administration, supervision, and monitoring of the IDEA, Part C, program and activities. Part B, Special Education for children 3-21 is closely related to Part C as discussed in other sections. ECI services for children with auditory or visual impairments are provided by staff employed by independent school districts.

The delivery of services to children and families requires state and local coordination and cooperation with many other service systems that provide services to infants and toddlers in the 0-3 age range. These include:

- DARS Blind Children’s Vocational Discovery and Development Program,
- Department of State Health Services, including the Early and Periodic Screening, Detection and Treatment (EPSDT Texas Healthsteps) Texas Early Hearing Detection Initiative, the Audio Visual Library, and Children and Pregnant Women,

- Texas Education Agency, including the Deaf/Hard of Hearing Leadership Council and the Advisory Committee for Education of Visually Impaired,
- Health and Human Services Commission, including the Children’s Policy Council and the Office for Prevention of Developmental Disabilities-Fetal Alcohol Spectrum Disorders (FASD),
- Department of Family and Protective Services, including Child Protective Services and Child Care Licensing,
- Department of Aging and Disabilities Services Respite Coalition,
- Colleges, universities, and other higher education entities,
- Texas Parent-to-Parent Partners Resource Network, and
- Texas Pediatric Society.

The services provided by these agencies assist families with their unique needs. However, the service coordination (case management) provided by DARS ECI helps families access services specific to their family needs or their child’s disability and is critical. For example, a child receiving ECI services may receive additional services related to their visual impairment through the DARS Blind Children’s Program. The Blind Children’s Specialist can assist the child with specific needs around blindness and with transition to other services after age 3 and through the age of 21. The services received by a child through Early Periodic Screening Diagnosis and Treatment (EPSDT) may include evaluation and screening and/or assistance with medical needs that are not provided through DARS ECI. Children or caretakers may be referred for mental health services not provided by DARS ECI through community centers. Child Protective Services workers refer children to DARS ECI when a developmental delay or disability is suspected; these children then may be served by both Child Protective Services (CPS) and ECI. Children in foster care receive a developmental screening from their pediatrician to determine if a referral to DARS ECI is necessary.

Other services are often confused with ECI services, such as pediatric therapy clinics or in-home services for infants and children. Therapy as a separate service – without the coordinated services and benefits of specialized skill training, case management, and transition – is not comparable to the developmental, educational, and medical approach offered by ECI. Therapy and other services provided by ECI, support the development of caregivers’ skills and encourage a child’s development within their daily activities. This service is a cost-efficient model for families who choose it.

Early Head Start has some similarity to ECI services. It is a federally funded community-based program for low-income pregnant women and families with infants and toddlers. The program goals are to promote healthy prenatal outcomes for pregnant women, enhance the development of very young children, and promote healthy family functioning. Their mission is broader than mitigating developmental delays and addressing disabilities.

“Home Visitation” programs that include Nurse Family Partnership are prevention programs and focus on at-risk populations, which is different than Early Childhood Intervention. Funds

have to be targeted to specified communities with high rates of child abuse, family violence and must include first-time parents and moms who have not yet given birth. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs facilitate collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. The statutory purposes of the program are to (1) strengthen and improve the programs and activities carried out under Title V of the Social Security Act; (2) improve coordination of services for at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. While ECI programs coordinate with home visitation programs, they have different target populations and employ different strategies. These programs must demonstrate improvement among eligible families participating in the program in six benchmark areas.

- Improved maternal and newborn health.
- Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency Department visits.
- Improvement in school readiness and achievement.
- Reduction in crime or domestic violence.
- Improvements in family economic self-sufficiency.
- Improvements in the coordination and referrals for other community resources and supports.

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.

IDEA, Part C, requires an Interagency Coordinating Council (ICC). Texas fulfills this requirement with a 24-member, Governor-appointed ECI Advisory Committee that includes parents, a developmental pediatrician, advocacy organizations (disability, homelessness), collaborating state agencies, and local program directors. The DARS Council also has a liaison on the committee. Membership categories are specified in federal and state law and are appointed for a six-year term.

The ECI Advisory Committee assists the program by advising on policies that implement ECI requirements. Members from other state agencies represent the Department of Family Protective Services, Child Protective Services division (CPS), Health Human Services Commission Medicaid Office, Department of State Health Services, and Texas Education Agency (TEA). These representatives are the main points of contact for collaboration in regard to policy and service delivery coordination.

Collaborative efforts include routine meetings for ongoing coordination and/or updating Memorandums of Understanding with CPS staff, Texas Healthsteps, TEA, Head Start, Texas

Pediatric Society, Texas Early Hearing Detection Initiative, and the HHSC Medicaid office.

Contractors are required to collaborate and form interagency agreements at the local level in order to fulfill their child find and public awareness requirements.

Participants	Memoranda of Understanding (MOUs), Interagency Agreements, or Interagency Contracts
DARS Head Start Regional Office Texas Head Start Association Texas Migrant Council U.S. Department of Health and Human Services	Although there is no state agency that administers Head Start, DARS ECI maintains a MOU with other agencies and programs that have an interest in Head Start. In addition to describing the relationship among the signatory agencies, the MOU provides a template for local MOUs to be developed among community participants in early childhood intervention.
DARS DFPS	In response to the requirements under the Child Abuse Prevention and Treatment Act, a MOU has been adopted that aligns ECI and CPS in developing streamlined referral and reporting protocols. It also ensures an effective referral and communications system; enhances interagency collaboration and relationships; and coordinates an effective system of activities, policies, and procedures between ECI and CPS.
DARS TEA	A IAC defines roles and responsibilities of DARS ECI and TEA within their respective federal and state mandates relating to children with disabilities and coordination of activities, policies, and procedures. It also clarifies financial responsibility for services during the transition period when a child is approaching their third birthday.
DARS TEA	A MOU establishes the purpose and process for an Interagency Transaction Voucher for transferring funds from TEA to DARS for ECI services.

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.

DARS ECI receives funding from the U.S. Department of Education, Office of Special Education Programs (OSEP). OSEP issues regulations governing all aspects of IDEA, Part C, and performs oversight functions.

DARS ECI also works with the Health and Human Services Commission, which works with the Centers for Medicare & Medicaid Services and the Texas Health and Human Service Commission to modify the State Plan for specific ECI services.

DARS ECI contractor agency types and the number in each category are:

- private, nonprofit programs (15),
- programs administered through education entities such as the Harris County Department of Education, independent school districts, or education service centers (8),
- programs administered through community centers (27) and
- the University of Texas Medical Branch at Galveston (1).

Local ECI programs must follow not only the requirements of DARS ECI, but also the requirements of their local agencies. When a difference in requirements occurs, a federal IDEA, Part C, requirement supersedes a state or local agency requirement.

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 following contracted expenditures are made through this program.

Contracted Service	General Purpose	FY 2012 Expenditure	Number of Contracts
Client services	To provide goods and/or services which are primarily for the benefit DARS consumers and are for the purpose of carrying out agency programs.	\$77,134,405	51
Administrative services	Goods and/or services acquired primarily for direct consumption or use by DARS in support of the agency's administrative operations.	\$27,597	3
Total		\$77,162,002	54

Top Five Contracts

Contractor	Contract Purpose	FY 2012 Dollar Amount
MHMR of Tarrant County	Grants - Community Services Program	\$8,568,884
Launchability	Grants - Community Services Program	\$4,720,369
MHMR Authority of Harris County	Grants - Community Services Program	\$3,819,717
Easter Seal Rehabilitation Center, Inc.	Grants - Community Services Program	\$3,809,602
Harris County Department of Education	Grants - Community Services Program	\$3,711,733

All DARS ECI services are contracted out to local agencies, which are responsible for running programs according to DARS ECI funding and regulatory requirements for the full array of services discussed in the sections above.

DARS calculates contract amounts and projected total expenditures based on a combination of factors, including:

- historical costs per child;
- projected number of eligible children;
- percentage of children with Medicaid;
- projected Medicaid collections; and
- local collections, including private insurance, family fee payments, the Children’s Health Insurance Program (CHIP), Tricare, United Way, city, and county.

Accountability is maintained through a comprehensive monitoring system that includes:

- policy guidance,
- review of data reported by local programs,
- in-house review of program funding applications and required reports,
- on-site review based on a risk assessment,
- technical assistance, including on-site visits,
- self-assessments,
- telephone and email communication, and
- informal complaint resolution and formal complaint investigation.

Various sections within DARS ECI are tasked with data collection, information dissemination, child-find, the competency demonstration system, on-site visits, and internal reviews. Training

is also a critical component of the system to promote and maintain compliance and recommended practices. Coordination occurs to ensure that training focuses on identified areas of need.

Contractor program profiles, performance reports, and snap shots describe program-specific and statewide results. For some indicators, detailed analyses are used to describe the distribution across all programs, for example, in quartiles. In other cases, the analyses are done at the county and regional levels. Trend data allow for comparisons with previous years, and information is collected to understand regional performance variations.

Monitoring reports include corrective actions and specific timelines for actions to begin immediately upon notification. Corrective actions are written in terms of improving systems to prevent future noncompliance. Corrective actions may include, but are not limited to the following.

- Requiring the ECI contractor to review all records for certain deficiencies identified in the monitoring report.
- Requiring training for contractor staff that is approved by the ECI state office (topics may include service coordination, Individualized Family Service Plan (IFSP) development, documentation, or stronger internal controls).
- Developing systems to prevent further occurrences of compliance issues.

Contractor programs that do not implement required corrective actions are subject to enforcement actions such as required technical assistance, special contract requirements, withholding payments, and non-renewal of contracts.

Training and technical assistance are offered to all contractors across the state on a number of topics via webinars, online meetings, web-based modules, videoconferences, publications, documentation, and face-to-face meetings. Topics for direct service providers include basic standards, law, and rules, as well as specialized training on providing direct service.

Quantitative and qualitative features of the service system are captured in oversight, including proper contracting processes. The ECI Division assigns each contractor a performance manager who is responsible for contract management. Performance managers are the primary points of contact for contractors.

In general, agencies that contract to deliver ECI services face increasing challenges to provide quality services, including a complex contract payment structure with multiple federal, state, and local funding sources. IDEA, Part C, requires that ECI serve all eligible children and provide statewide coverage. ECI contractors determine program eligibility and may not turn away children who meet eligibility criteria. They must accept and serve children regardless of the family's service needs, where they live, or the type of insurance they have. Families have due process rights related to eligibility, service planning, service delivery, ability to pay, and other aspects of the service. Statewide coverage could be at risk due to varying degrees of contractor

skill managing finances, procedural safeguards and requirements (parental rights), and the number and extent of program requirements. Contractor agencies are expected to have the experience and knowledge required to implement both Medicaid and IDEA, Part C, requirements. They also must manage the complexities of projecting and collecting revenue and providing all eligible children with required services.

In the past two years, DARS ECI has experienced frequent and significant changes. The narrowing of eligibility criteria, implementation of a new evaluation tool and protocols, changes to the Medicaid Targeted Case Management rate payment, multiple changes in the methodology to obtain Medicaid reimbursement, and variability in negotiated therapy rates and third-party billing requirements for Medicaid Managed Care Organizations all created uncertainty in revenue for contractors.

Contractor responses to uncertainty vary. Some contractors were able to thrive with the changes. Contractors that no longer have capacity to deliver ECI services may be subject to family complaints and due process hearings; jeopardize their other lines of business; damage their reputation; and risk their financial stability. They also risk ECI contract sanctions and termination. If a contract is terminated and the State is unable to contract with another qualified entity to cover that area with sufficient time to transition families, inadequate statewide coverage and service disruption for families may result.

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

The program does not award grants.

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

No statutory changes are needed to assist this program in performing its functions.

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

Parents Rights and Complaints Process (Procedural Safeguards)

Procedural safeguards reflect the strong parental rights component of IDEA and protect children and families. Families can file complaints, request mediation, and/or request a due process hearing. Any individual or organization may file a complaint alleging that DARS or a contractor has violated IDEA, Part C, requirements or related regulations or policies. The complaint must be in writing and state the facts of the complaint. It may be submitted by mail,

fax, or email to the DARS ECI assistant commissioner. Informal concerns are received through the DARS Inquiries Unit and can be an important indicator of a families' experience with their assigned contractor. A small number of formal complaints are received, but the number is increasing and may reflect families' higher expectations and their better understanding of parental rights and of early intervention services.

Once a complaint is received, the DARS ECI assistant commissioner issues a letter of findings and conclusions resolving the complaint within 60 days. To ensure the effective implementation of the decision, the ECI assistant commissioner assigns a staff member to provide technical assistance and appropriate follow-up. In resolving a finding of failure to provide appropriate early intervention services, the DARS ECI assistant commissioner may remediate the denial of those services, including reimbursement or other corrective action appropriate to the child and the family's needs.

Confidentiality requirements for the program are in the Federal Family Education Rights and Privacy Act (FERPA). Contractors also must follow Healthcare Information Portability and Accountability Act (HIPAA) requirements. FERPA often is more restrictive than HIPAA.

Evaluation of the ECI Program

DARS ECI began an evaluation of the program in 2009 with the goal of developing recommendations for an ECI program that is sustainable and able to effectively serve children and families, thus reducing dependence on special education and other state services over time.

Accomplishments since the evaluation include the following.

Established the core direction for ECI based on stakeholder input on those aspects of the program that are most important to children and families

Implementation of the core direction included the adoption of a single evaluation tool for statewide use (Battelle Developmental Inventory), the development of a statewide training curriculum for service provider orientation and early intervention specialist training (*Making It Work*), a needs analysis report on levels of services delivered, implementation of group services, production of videos that help families and referral sources learn about ECI services, and establishment of a provider workgroup that helped streamline processes and paperwork.

ECI also sought stakeholders' input on potential changes to eligibility criteria for the program before the evaluation. Eligibility criteria were narrowed in FY 2012, resulting in a reduction in the average number of children served monthly. In FY 2010 that number was 32,101. After three quarters in FY 2013, it is 24,798. Growth in the number served was constrained despite the growing child population and increased demand for services for children with disabilities and delays. This was due to the implementation of a more rigorous eligibility process and definition of delay. The process change was articulated in rule and required the use of one

evaluation tool, narrowed the eligibility criteria and clarified the appropriate use and documentation of informed clinical opinion.

Assessed the gap between service needs and ECI service levels

The gap in services has closed as indicated by an increase in the average monthly number of ECI service hours delivered from 1.8 hours per month in FY 2008 to 2.7 hours per month in FY 2012. Federal regulations require that all children determined eligible for ECI must be served. DARS narrowed the eligibility criteria effective September 1, 2011, in response to reduced appropriations for the 2012-2013 biennium. Children enrolling in ECI since those criteria have been in place have more significant developmental delays, delays in more than one developmental domain, and/or are eligible based on a medically diagnosed condition. FY 2013, 2014, and 2015 appropriations and targets are based on ECI contractors delivering a monthly average of 2.9 hours of direct services and serving a monthly average of 26,869 children in FY 2014 and 28,372 in FY 15 children. Neither target has been reached in FY 2013.

Revised family cost participation

Despite the decrease in the number of children served between FY 2008 and FY 2012, family cost participation (private insurance, CHIP, TRICARE, and family out-of-pocket payments) has increased from \$4.7 million to \$8.3 million. Collections from families (family out-of-pocket payments) increased 245 percent from FY 2008 to FY 2012 to almost \$946,000. Changes to the family cost-share system include requiring all families above 100 percent of the federal poverty level (FPL) to contribute to the cost of their service, through insurance and out-of-pocket payments.

Additional changes are required by an appropriation rider from the 83rd Texas Legislature in order for DARS to access appropriated General Revenue Funds. Changes will require families at 400 percent of federal poverty level or above to pay the full cost of services, not to exceed 5 percent of their adjusted gross income. The rule will be promulgated on September 1, 2013.

An evaluation of the cost effectiveness of the family cost-share system also must occur and a legislative report must be submitted by December 1, 2014, as required by S.B. 1060, 83rd Texas Legislature. ECI will provide technical assistance to contractors to support implementation of changes and monitor contractor performance throughout the biennium.

Implemented New Processes for Billing Medicaid Eligible Services and Made Changes to Key Contract Provisions

Major changes in the contract structure and payment process were made in FY2012. ECI worked with HHSC Medicaid to change the payment methodology of Medicaid for ECI children. Public Consulting Group (PCG) recommended alternative structures that incorporate fee for service for specific direct services. ECI services to children on Medicaid are now paid through TMHP and MCO's on a fee for service basis.

Sequestration

The IDEA, Part C, grant is subject to federal sequestration. DARS assumed a 7.8 percent reduction in grant funds would occur under sequestration. Requirements of IDEA, Part C, prohibit a reduction in services to eligible children. A significant reduction in funding may require ECI to further narrow eligibility and result in a reduction of children served. A reduction in full-time employees is not anticipated. ECI contracts out all service delivery, and the adjusted funding level would not change the workload related to managing the contracts.

Ensure Program Integrity and Support Good Outcomes

Based on significant changes in financing for the system and implementation of new federal regulations in the last two years, DARS ECI will revise and strengthen monitoring and technical assistance. We will increase the use of data to identify system-wide trends and variation in contractor performance and implement a more detailed financial desk review to help ECI contractors manage financial risk. ECI will also add elements to the quality assurance component of on-site monitoring to identify system-wide trends and help contractors develop systems and processes for effective service provision.

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.**

Not applicable.

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.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

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

Name of Program or Function	Autism Program
Location/Division	4800 North Lamar Boulevard Austin, Texas 78758 Center for Policy and External Relations (CPER)
Contact Name	David Hagerla, Director of the Center for Policy and External Relations
Actual Expenditures, FY 2012	\$3,276,961
Number of Actual FTEs as of June 1, 2013	0.00
Statutory Citation for Program	Texas Human Resources Code, §111.071 Texas Government Code, §531.0055

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

The Autism Program provides treatment services, such as applied behavior analysis (ABA), to children ages 3-8 years with an autism spectrum disorder. Services are provided through contracts with local community agencies and organizations in Austin, Dallas, Fort Worth, Houston, Rosenberg, and San Antonio.

Applied Behavioral Analysis (ABA) is a treatment that uses behavioral principles to evaluate and teach socially relevant behavior and new skills and increase desirable behaviors through positive reinforcement. It is the most recommended, evidence-based treatment for this condition. Research indicates that early intensive behavioral intervention (EIBI), a type of ABA service, has the most effect on a child's long-term development when it is provided before the age of 4 years for a minimum of 30 hours a week for two or more years in multiple settings (home, clinic, and community settings). ABA services are customized to the individual child's needs and include an assessment, psychological testing, and a treatment plan. The team that develops the plan assesses progress and adjusts it to address the child's needs and strengths.

Most ABA therapy sessions involve one-on-one interaction between the behavior analyst and the participant. Group sessions may be used when appropriate. Parent involvement and training contribute to the achievement of treatment goals. Services may take place in the home, clinic, and familiar settings in the community. Contractors vary in their delivery of ABA

services; although all offer comprehensive ABA services, intensity varies from 10 to 35 hours per week. While most contractors offer services in a clinic setting, one uses a home-based delivery model.

In addition to ABA services, a treatment plan may include speech therapy, physical therapy, or occupational therapy, which private insurance, Medicaid, or the Children’s Health Insurance Program may cover. These therapy services are not funded by the DARS Autism Program.

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.

Research Findings

The DARS Autism Program began requiring the Psycho Educational Profile Third Edition (PEP3) and the Pervasive Developmental Disorder Behavior Inventory (PDDBI) to be administered to all children who enroll in the program as of September 1, 2011. These two tools were selected based on those available for the population, the need for standardized measures across contractors and contractor input. Both measures are administered before intervention services and at the end of services. For children who exit and are over the age of 7 and-a-half years, the PEP3 is not a valid measure; thus, the post-testing sample for the PEP3 is smaller than that for the PDDBI. The data are based on children enrolled between September 1, 2011, and May 31, 2013.

PEP3 results indicate that 86 percent of children are in the severe or moderate category for more than one area of developmental delay at entry. The more severe scores are on the Maladaptive Behaviors Composite, which indicates the extent to which a child’s autism interferes with or compromises developmental and adaptive functioning. For the DARS program, 50 percent of children are in the most severe category on this composite when they enroll. In addition the PDDBI results indicate that the majority of children are impacted in ways that are to be expected for children with autism. The PDDBI measures problem behaviors and social communication skills relevant to autism and is useful in measuring responsiveness to intervention over time.

State-level post-testing data on both measures indicate children are making progress during their time in services. Results of both tools indicate 48-62 percent of children improved their social communication, motor, behavior, and adaptive skills.

Percent with Improvement (Pre to Post Tests)

Percent of Children with Improvement on PDDBI at Post Testing

	Under Age 6	Ages 6 - 8	All Ages
REPRITC	67%	44%	60%
AWPC	71%	38%	62%
EXSCA-C	50%	67%	55%
REXSCA-C	40%	67%	48%
AUTISM	60%	62%	62%

REPRITC: Repetitive, Ritualistic and Pragmatic Problem Behaviors Composite

AWPC: Approach Withdrawal Problems Composite

EXSCA-C: Expressive Social Communication Abilities Composite

REXSCA-C: Receptive/Expressive Social Communication Abilities Composite

AUTISM: Autism Composite

Percent of Children with Improvement on PEP-3 at Post Testing

	Under Age 6	Ages 6 – 8*	All Ages
Communication	50%	0%	50%
Motor	59%	0%	59%
Maladaptive Behavior	55%	0%	55%

*No Post-testing was available for children over 6 at enrollment for whom pre-testing was also available. This is due in part to the limitation of the test which is only designed for children under age 7.5

Parent Survey

Every two years, a survey of parents of children enrolled in the DARS Autism Program assesses parent satisfaction with autism providers and their perception of their child's level of improvement in multiple skill areas. The survey was last sent out in May 2011 to all families who received services in FY 2010 and FY 2011. Of the 201 surveys mailed, 63 were returned, providing a response rate of 31 percent.

As shown in the table below, the majority of parents (66.2 percent) felt that their child made excellent progress overall and good or excellent progress in each of the listed skill areas.

Parental Rating of Skill Progress

Category	None	Little	Fair	Good	Excellent	Not Applicable
Overall Progress	0%	0%	4.6%	29.2%	66.2%	0%
Communication Skills	0%	3.1%	10.8%	29.2%	56.9%	0%
Initiating Social Interaction	1.5%	4.6%	12.3%	46.2%	35.4%	0%
Play Skills	0%	4.6%	15.4%	43.1%	35.4%	1.5%
Self-help Skills	0%	0%	9.2%	43.1%	47.7%	0%
Disruptive Behavior	0%	1.5%	1.5%	43.1%	46.2%	7.7%

The results of a survey sent to 240 families who received services in FY 2012 and FY 2013 are pending.

Key Statistics and Performance Measures

DARS reports to the Legislative Budget Board on three key performance measures for the Autism Program:

- Average Monthly Number of Children Receiving Autism Services
- Average Monthly Cost Per Child Receiving Autism Services
- Number Receiving Autism Services (End-of-Year)

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.

2007

- The Governor and the Legislative Budget Board submit a letter to HHSC informing the Executive Commissioner appropriations in the amount of \$5 million should be transferred to DARS for providing services to children ages 3-8 with autism.

2008

- DARS performs a competitive procurement and awards contracts to four community-based organizations in Dallas, Fort Worth, Houston, and Rosenberg to provide autism treatment services. These contractors begin providing services on March 13, 2008.

2009

- The 81st Legislature increases the appropriation for the DARS Autism Program by \$1.6 million. DARS performs a competitive procurement and awards contracts to two additional community-based organizations in Austin and San Antonio. The contractors begin providing autism services on September 1, 2009.

2013

- DARS promulgates initial rules for the Autism Program effective March 14, 2013.
- DARS implements a web-based data system for the Autism Program to allow contractors to enter client demographic and service data and to submit contract billing electronically effective June 24, 2013.
- The 83rd Legislature appropriates additional funding to the DARS Autism Program and requires DARS to develop a plan to increase the number of children receiving autism services.

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 consumers served are children ages 3 to 8 who are residents of Texas and have an autism spectrum disorder diagnosed by a physician or psychologist with training and background related to the diagnosis and treatment of neurodevelopmental disorders. The program impacts families of children with autism who receive services, as well as schools, and the community at large. Children who experience significant improvements in cognitive, language, social, and adaptive skills can participate in typical classroom and community settings with minimal or no supports. This enables families to fully participate in their communities and minimizes long-term costs for families and education and other services.

Autism Statistical Profiles for FY 2012

Race/Ethnicity*	Percent
White	37%
Hispanic	32%
African American	21%

Asian,	10%
Hawaiian/Pacific Islander	1%
American Indian	1%
<hr/>	
Primary Language	
<hr/>	
English	87%
Spanish	11%
Other	2%
<hr/>	
Gender	
<hr/>	
Male	80%
Female	20%
<hr/>	
Age at Entry to Services	
<hr/>	
3 – 4 years	51%
5 – 8 years	49%
<hr/>	
Gross Family Income	
<hr/>	
\$0-\$21,000	29%
\$21,000-\$51,000	41%
\$51,000-\$71,000	14%
\$71,000-\$100,000	12%
Over \$100,000	5%

*Consumers may report multiple race/ethnic categories

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.

DARS administers the Autism Program through six competitively procured, fee-for-service contracts with community-based agencies and organizations. DARS developed rules to govern the program effective March 2013. These rules, in addition to the contract terms and conditions, govern the operations of the DARS Autism Program.

The current contractors and locations are as follows.

Contractor	Location
Autism Treatment Center	San Antonio
Center for Autism and Related Disorders	Austin
Child Study Center	Fort Worth
Easter Seals North Texas	Fort Worth, Dallas, Carrollton
MHMRA of Harris County	Houston, Clear Lake
Texana Center	Rosenberg

The DARS Autism Program specialist serves as the program contract manager and is responsible for developing program rules and operating procedures. The Autism Program specialist is organizationally located in the Center for Policy and External Relations, which is part of the Deputy Commissioner’s office and is physically located at DARS Administration Building in Austin.

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).

Funding sources for 2012 were as follows.

General Revenue	
Regular GR	\$3,276,961
Total Funding	\$3,276,961

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 DARS program provides identical or similar services to the target population of children 3 to 8 years old. Further, no other state agency provides identical services for this population. The DARS program provides comprehensive Applied Behavioral Analysis services for up to 35 hours a week to children with an autism spectrum disorder in home- and clinic-based settings. These services are designed to address a child’s developmental needs and behavioral challenges.

A limited number of Medicaid waiver programs administered by DADS and some Texas MHMRA facilities (through General Revenue dollars) may provide limited, short-term ABA services to address targeted behaviors. However, these services are not designed to comprehensively

address a child's developmental needs; they serve people of all ages with a diagnosis of autism, who may have multiple disabilities, including autism.

The Texas Education Agency administers the Department of Education Individuals with Disabilities Education Act, but these services are based on educational need only and are not comparable to the comprehensive services provided through the DARS Autism 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.

Contract providers are required to work with families to ensure that DARS autism services are not in conflict with school services and are coordinated with other providers the family uses. The DARS Autism Program is the payer of last resort for services provided under the contract.

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.

Not applicable.

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 following contracted expenditures are made through this program.

Contracted Service	General Purpose	FY12 Expenditure	Number of Contracts
Client Services	To provide goods and/or services which are primarily for the benefit DARS consumers and are for the purpose of carrying out agency programs.	\$3,270,961	6
Administrative Services	Goods and/or services acquired primarily for direct consumption or use by DARS in support of the agency's administrative operations.	\$0	0
Total		\$3,270,961	6

Top Five Contracts

Contractor	Contract Purpose	FY 2012 Dollar Amount
Texana Center	Community Services Program	\$656,000
Child Study Center	Community Services Program	\$625,001
MHMR Authority of Harris County	Community Services Program	\$592,393
Easter Seals North Texas, Inc.	Community Services Program	\$561,567
Center for Autism and Related Disorders	Community Services Program	\$504,000

Program divisions develop and maintain programmatic/performance requirements for contracted providers and staff procedures. Staff approves contractor payments for processing based on compliance with program/contract requirements. Contract managers are responsible for the day-to-day management and oversight of DARS contracts.

Contract Oversight and Support (COS), which is a section under the Chief Operating Officer division, establishes and maintains DARS-wide contracting policies and procedures, provides contracting support and technical assistance, conducts quality assurance reviews, and coordinates with HHS agencies on enterprise contracting issues. In addition, COS conducts an annual risk assessment of all DARS client services contracts to develop a statewide monitoring plan and leads monitoring of contractors identified for review on the monitoring plan.

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

The program does not award grants.

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

Placing specific authority in statute for DARS to operate the Autism Program and develop program rules and contracts. Currently, legal authority to operate the program is based on general statutory authority to administer early childhood intervention programs and on general appropriations act funding, riders, and performance targets.

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

According to the Centers for Disease Control and Prevention, Autism spectrum disorder (ASD) is the fastest-growing serious developmental disability in the United States, affecting an estimated one out of 88 children in the United States and the Texas Health and Human Services Commission projects this as an estimated 26,700 children age 3 to 8 years in Texas as of January 2013. The number is projected to increase to approximately 28,000 in 2017. Research by the U.S. Department of Health and Human Services Interagency Autism Coordinating Committee in 2011 indicates that autism is more common in the United States than childhood cancer, juvenile diabetes, and pediatric AIDS combined, and the increasing numbers of children being diagnosed with autism has created a national health emergency. In 2008, there were approximately 50,100 Texas children under the age of 21 with ASD based on the Texas Health and Human Services Commission's strategic decision support demography team review. With this number growing at a significant rate, there continues to be an unmet need for services. The DARS Autism Program was developed in an effort to mitigate this need.

Numerous studies and meta-analyses have established the effectiveness of Applied Behavior Analysis (ABA) services in achieving improvements in cognitive and social functioning, with the potential to positively impact a child's developmental trajectory. This in turn may result in

fewer supports being required and potentially substantial lifetime savings. The Autism Society currently estimates the national cost of lifetime care for a person with autism at \$3.5 to \$5 million, with the potential cost-savings for those children with ASD receiving early intervention nearly \$2 million. In Texas a savings of \$208,500 per child was calculated by comparing the actual cost of a special education program to a three-year early intensive behavioral intervention (EIBI) program. The study by Gregory S. Chasson, et. al, Cost Comparison of Early Intensive Behavioral Intervention and Special Education for Children with Autism in the Journal of Child and Family Study in 2007, indicates that the taxpayer could potentially save over \$2 billion across 18 years.

The 83rd Texas Legislature provided additional funding to expand the DARS Autism Program to new areas of the state. The rider authorizing the funding requires HHSC approval of a DARS plan to increase the number of children receiving autism services before releasing the funds to DARS. The plan will address the following topics:

- evidence-based treatment modalities,
- the average number of treatment service hours necessary to make a measurable impact on behavior and the most appropriate duration of time to ensure that progress is maintained,
- which age range of children benefits the most from treatment,
- which provider qualifications are most appropriate for the delivery of treatment services,
- best practices for including parental and caregiver training and involvement in treatment services,
- best practices for including treatment services in an educational setting,
- state and federal laws related to insurance coverage of treatment services for autism, and
- funding options for treatment services that maximize non-state payer sources such as public and private insurance and family participation.

DARS staff are reviewing program data and research and gathering input from stakeholders to develop a plan to present to HHSC.

As of May 31, 2013, there were 1,025 children on interest lists at the six DARS contract providers. The interest lists are maintained by the individual contractors and the wait time varies based on the area of the state the child lives.

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.**

Not applicable.

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.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

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

Name of Program or Function	Blind Children’s Vocational Discovery and Development Program (BCVDDP)
Location/Division	4800 North Lamar Boulevard Austin, Texas 78756 Division for Blind Services (DBS)
Contact Name	Barbara J. Madrigal, Assistant Commissioner
Actual Expenditures, FY 2012	\$4,240,881
Number of Actual FTEs as of June 1, 2013	69.90
Statutory Citation for Program	Texas Human Resources Code, § 91.028

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

The Blind Children’s Vocational Discovery and Development Program (BCVDDP) serves children birth to 22 who reside in Texas. The program provides opportunities for children who are blind or severely visually impaired to learn the skills required for personal independence, potential employment, and other life pursuits. Habilitative services provided by BCVDDP enhance a child’s ability to develop skills comparable to his or her peers and help children achieve financial self-sufficiency as adults. DARS Blind Children’s Specialists serve the dual functions of case managers and direct service providers.

Primary services include the following.

Comprehensive Assessment

Blind Children’s Specialists complete comprehensive assessments for each child to gather information necessary to plan core services. The assessment includes the following components.

- Assessing the child and family’s proficiency in core skill areas.
- Arranging for routine eye exams and specialty eye exams.
- Arranging for medical or non-medical diagnostic services.
- Arranging for transportation to diagnostic services.
- Helping the family understand the results of diagnostic examinations.

- Communicating with educational and other professional staff on the results of evaluations and examinations and identifying service needs of the child and family.

Case Management Services

Case management services help children who are blind or visually impaired gain access to medical, social, educational, vocational, and other appropriate services that help them reach or maintain optimal levels of functioning in the community.

Family Service Plan Development

DARS Blind Children’s Specialists document needed services in the family service plan while completing the comprehensive assessment and in planning case notes throughout service delivery. The plan is always developed through mutual participation and acceptance by the specialist, child, and family. The family service plan:

- contains a written record of the consumer’s individualized service plan, which is based on the consumer’s strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choices;
- documents all steps of the habilitation process; and
- records the responsibilities assumed by all parties.

Counseling, Guidance, and Follow-up Services

These services help the child and family:

- identify appropriate medical services to correct or prevent further visual loss;
- understand their capabilities, attitudes, and rights throughout the habilitation process;
- understand the impact of blindness on child development; and
- understand the impact of the child’s severe visual loss on the child’s integration into a sighted society.

Training and Educational Support

Training and educational support is a direct service provided to families and consumers in the following core service areas:

- adjustment to blindness,
- independent living skills,
- travel/mobility,
- communication,
- support systems, and
- vocational discovery and development.

Skill Development Services

These services enhance the child’s functioning and are provided to enable the child to reach a higher level of development in non-educational settings (home environment and community).

Information and Referral

Blind Children’s Specialists help the child and family to understand the services available from DARS, as well as the following.

- Identify and access other community resources.
- Identify comparable benefits and resources.
- Help the family or consumer contact comparable benefits and resources.
- Provide appropriate application forms.
- Prepare the family or consumer for referral.
- Arrange and/or attend appointments, if necessary.
- Follow up on results.
- Review the family and consumer’s eligibility for comparable benefits and resources as needed.

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 program uses three measures in the following chart to assess effectiveness and efficiency of services, as outlined in the table below. These measures reflect the positive impact BCVDDP services have on the lives of blind children and their families.

Blind Children’s Vocational Discovery and Development Program	FY 2011	FY 2012
Number of consumers served	4,068	4,224
Number of successful closures	295	288
Percentage of consumers successfully completing services who were satisfied with the services	98.3%	91.7%

In FY 2011:

- DARS exceeded its target for the number of children served through BCVDDP by 6 percent.
- Of the children served, 76.4 percent had a successful closure, meaning that the child achieved the desired outcome of service. A child who completes services may:
 - experience restoration of vision and/or halting of progressive vision loss;
 - obtain the tools and resources needed to maximize independence, educational opportunity, vocational discovery, and development required for success as an adult.

- The majority of parents, 98.3 percent, were satisfied with the services their children received in the program.

In FY 2012:

- DARS exceeded its target for the number of children served through BCVDDP by 5 percent.
- The number of children experiencing successful closure was 118 percent of the goal.
- The majority of parents, 88.7 percent, were satisfied with the services their children received in the program.

Satisfaction Survey

In working with children, it is critical to recognize that parents are their children's greatest resource. The satisfaction survey is an essential tool for measuring BCVDDP's success in meeting the needs of parents and families and to safeguarding the quality of services for families. Parents are surveyed on various aspects of service delivery, including courtesy of DARS staff, assistance in understanding their child's eye condition, involvement in planning services, and the amount and timeliness of contact with the Blind Children's Specialist. The survey also collects information regarding coordination of services, the Blind Children's Specialist's involvement with the school, and whether services are received in a reasonable amount of time. Parents are asked if their child's abilities and/or skills were improved through the services they received and the quality of the parents' overall experience with the program.

The survey gathers information quarterly for closed cases. Once this information is compiled, it is distributed to each DARS DBS region for review. Trends are noted and evaluated to determine what focus and/or training is needed to improve service delivery.

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

The original intent of the BCVDDP program was to supplement services that other state agencies provided to children who were blind and visually impaired. The specified services were designed to help children achieve financial self-sufficiency as adults and, ultimately live fuller, richer lives.

1990

- Program enrolls as a Medicaid Targeted Case Management provider for Medicaid-eligible children who are blind and visually impaired and under the age of 16.

2000

- Following Sunset Commission review, the program adds case management benchmarks that establish reasonable timeframes for service delivery.

2004

- The program implements reductions to service delivery to remain within substantially reduced General Revenue appropriations for the FY 2004-2005 biennium. Reductions include elimination of:
 - vision screening services,
 - vision restoration services for temporary vision impairments, and
 - respite services for parents of severely disabled blind children.

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 receive program services, a child must meet three criteria.

1. Have a visual impairment (an injury, disease, or other disorder that reduces or may reduce visual functioning or requires cosmetic treatment, psychological assistance, counseling, or other assistance DARS can provide).
2. Be between the ages of birth and 22 (New referrals age 10 and older who are expected to be permanently, severely visually impaired are referred to the DBS Vocational Rehabilitation-Blind Transition Program).
3. Reside in Texas.

BCVDDP Statistical Profiles for FY 2012

Race / Ethnicity	Consumers Served*	
	Number	Percent
Hispanic	1,734	41%
White	1,692	40%
African American	580	14%
Not Reported	226	5%
Asian	89	2.0%
American Indian / Alaskan	25	0.6%
Islander	15	0.4%
Total	4,361*	103%

**Consumers self-report and may claim multiple categories. Therefore, the total is greater than Consumers Served, Eligible Served, and Successfully Rehabilitated counts.*

Gender Information	Consumers Served	
	Number	Percent
Male	2,252	55%
Female	1,806	45%
Total	4,058	100%

Average age at Application	Consumers Served	
	Number	Percent
0-9	3,673	87%
10-17	247	6%
18-22	21	0%
Not reported	283	7% *
Total	4,224	100%

Percentages are rounded and may not add to 100%

Education at Application	Consumers Served	
	Number	Percent
Ages 0-2	1,883	45%
Ages 3-5	585	14%
Elementary (K – 8 th grade)	1,234	29.21%
Secondary education (No High School Diploma)	63	1.49%
Not Reported	312	7.39%
All Others	147	3.48%
Total	4,224	100%

Referral Source	Consumers Served	
	Number	Percent
Education Institutions (PPCD, elementary, secondary)	916	21.69%
Early Childhood Intervention	982	23.25%
Healthcare Providers	316	7.48%
Welfare Agencies (State or Local Government)	46	1.09%
Community Rehabilitation Programs	26	0.62%
Social Security Administration	193	4.57%
Self-Referral (Family or Self)	814	19.27%
Other Sources	582	13.78%
DARS	130	3.08%
Head Start	9	0.21%
Education Service Center	178	4.21%
Vision Screening Referral	29	0.69%
Not Available	4	0.07%
Total	4,224	100%

Living Arrangement at Application	Consumers Served	
	Number	Percent
Private Residence (Independent or with Others)	3,895	92.21%
Rehabilitation Facility	2	0.05%
Nursing Home	1	0.02%
Other	1	0.02%
Community Residential / Group Home	3	0.07%
Mental Health Facility	0	0.00%
Halfway House	0	0.00%
Homeless/Shelter	1	0.02%
Foster Home	52	1.23%
Not Available	269	6.37%*
Total	4,224	100%

*Includes individuals who did not provide additional demographic information when they applied for services and whose cases were closed without determining eligibility.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies or procedures. List any field or regional services.

DARS employees that are Blind Children’s Coordinators and Specialists are located in field offices throughout Texas. There are 12 field directors responsible for offices around the state. The field directors report to directors of program management, who report to the assistant commissioner for blind services.

Services are provided in a four-step process that helps manage case flow and shows the services that are planned and provided for each consumer. Each step of the process includes specific activities.

1. Intake

- Referral for services
- Apply for services
- Determine eligibility or ineligibility

2. Plan Development

- Complete comprehensive assessments
- Develop plan for needed services

3. Active Services

- Provide planned services
- Monitor service delivery by providers
- Issue and pay purchase orders
- Monitor consumer progress

4. Closure

- Confirm completion of all purchases and case actions
- Confirm that all needed services have been provided
- Notify consumers/families of pending closure
- Close the case
- Provide post-outcome services, if needed

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).

Funding sources for 2012 were as follows.

General Revenue	
Regular GR	\$3,510,422
GR Match for Medicaid	\$ 297,568
Federal Funds	
Medicaid - TCM	\$ 432,376
Other Funds	
Appropriated Receipts	\$ 515
Total Funding	\$4,240,881

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

Services provided by the Blind Children’s Vocational Discovery and Development Program are unique and not duplicated by other state or federal agencies. However, there are other programs that provide services to children who are blind or visually impaired.

Vocational Rehabilitation (VR) - Blind is a similar program for transition-age students and adults, but the main focus is on employment. Once a child completes the BCVDDP they may be referred to the VR Program. The two programs compliment one another.

Early Childhood Intervention (ECI)

ECI serves children birth to 36 months with all types of developmental delays and disabilities. Blind Children’s Specialists can assist ECI families with specific services related to blindness and visual impairments. BCVDDP also can assist ECI children with transition to other services after they turn 3 and until they reach 22. BCVDDP provides information on eye conditions, case management, referral and linkage to community resources, training, and support to the family. The majority of children in BCVDDP younger than 3 receive ECI services; however, children who are blind or visually impaired are a very small percentage of the total number of children served through ECI.

Texas Education Agency (TEA), Educational Service Centers (ESCs), and Local Educational Agencies (LEAs)

While TEA, ESCs, and LEAs focus on community-based educational programs for students with visual impairments, educational support is just one of many services that the Blind Children's Vocational Discovery and Development Program offers the child and family. The program provides the child and their family information and training on educational rights; helps families prepare for and attend admission, review, and dismissal (ARD) meetings; reviews the child's educational progress; and meets with the child's educational team as necessary to discuss their progress and development at school, at home, and in the community. BCVDDP also addresses vocational and career awareness and development.

Texas School for the Blind and Visually Impaired (TSBVI)

TSBVI is a special public school for students who have a visual impairment. Students ages 6 to 21 who are blind, deafblind, or visually impaired (including those with multiple disabilities) are eligible for services on the TSBVI campus. TSBVI is a statewide resource for parents of these children and the professionals who serve them from a child's birth through transition from school.

BCVDDP works closely with TSBVI and their outreach department to support children and families in the education process. BCVDDP also helps children with visual impairments and their families get the greatest benefit from school and help the children learn to be as independent as possible. Through the program, families receive extensive information that helps develop successful futures for their children. The program also offers early detection and intervention to prevent blindness and conserve eyesight. BCVDDP provides services in the home, school, and community.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with 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.

BCVDDP communicates and works closely with ECI and TEA on the state and local levels to ensure quality services. At the state level, BCVDDP collaborates with ECI to provide training (when appropriate) and monitor service provision. Blind Children Specialists work in partnership with ECI contractors to provide children with in-depth blindness expertise. BCVDDP also participates on the Texas Advisory Committee for the Education of Students with Visual Impairments and meets as needed, but at least annually, with TSBVI. Across the state, Blind Children Specialists works closely with ESCs and LEAs to coordinate services and provide trainings to consumers and families.

Participants	MOUs, Interagency Agreements, Interagency Contracts
DARS Community Resource Coordination Groups	<p>Requires a MOU titled “Coordinated Services to Persons Needing Services from More than One Agency,” under Texas Government Code, Section 531.055. It provides guidelines for the continued operation of local community resource coordination groups (CRCGs).</p> <p>DBS Blind Children’s Specialists participate on these CRCGs, which strive to meet the complex service needs of children, youth, adults, and their families and coordinate services from multiple agencies.</p>
DARS TEA TSBVI Others	The Education of Blind and Visually Impaired Students Advisory Committee brings state leaders in the field of visual impairments together to identify issues, establish communication, and address concerns regarding students who are blind or have visual impairments.

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.

BCVDDP works with the Centers for Medicare & Medicaid Services and the Texas Health and Human Service Commission to maintain the State Plan for specific BCVDDP 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.

The following contracted expenditures are made through this program.

Contracted Service	General Purpose	FY 2012 Expenditure	Number of Contracts
Client Services	To provide goods and/or services which are primarily for the benefit DARS consumers and are for the purpose of carrying out agency programs.	\$23,545	11
Administrative Services	Goods and/or services acquired primarily for direct consumption or use by DARS in support of the agency's administrative operations.	\$11,985	4
Total	Total	\$35,530	15

Top Five Contracts

Contractor	Contract Purpose	FY 2012 Dollar Amount
Christal Vision	Technology & Adaptive Equipment	\$8,607
Texas School for the Blind and Visually Impaired	Publications	\$7,861
Texas School for the Blind and Visually Impaired	Service for Family Members	\$6,873
VII. Guide to Agency Programs BCVDDP	100	DARS

Top Five Contracts

Contractor	Contract Purpose	FY 2012 Dollar Amount
Stephen F. Austin State University	Developmental Equipment	\$2,843
Rilla E. Casey	Purchased Contracted Services	\$2,333

Program divisions develop and maintain programmatic/performance requirements for contracted providers and staff procedures. Staff approves contractor payments for processing based on compliance with program/contract requirements. Contract managers are responsible for the day-to-day management and oversight of DARS contracts.

Contract Oversight and Support (COS), a section under the chief operating officer, establishes and maintains DARS-wide contracting policies and procedures, provides contracting support and technical assistance, conducts quality assurance reviews, and coordinates with Health and Human Services agencies on enterprise contracting issues. In addition, COS conducts an annual risk assessment of all DARS client services contracts to develop a statewide monitoring plan and leads monitoring of contractors identified for review in the plan.

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

The program does not award grants.

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

No statutory changes are needed to assist this area in performing its functions.

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

There is no additional information necessary to gain a preliminary understanding of the Blind Children's Vocational Discovery and Development 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.**

Not applicable.

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.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

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

Name of Program or Function	Vocational Rehabilitation (VR) - General
Location/Division	4900 North Lamar Boulevard Austin, Texas 78751 Division for Rehabilitation Services (DRS)
Contact Name	Cheryl Fuller, Interim Assistant Commissioner
Actual Expenditures, FY 2012	\$194,449,515
Number of Actual FTEs as of June 1, 2013	1,192.95
Statutory Citation for Program	Workforce Investment Act of 1998 (P.L. 105-220) – Title IV, Rehabilitation Act Amendments of 1998, Vocational Rehabilitation Services (29 U.S.C. Chapter 16, Subchapter I), Texas Human Resources Code, Title 7, Chapter 111.

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

The Vocational Rehabilitation (VR)-General Program provides services to Texans with disabilities, other than those who are blind or severely visually impaired, that help them reach their individual goals of employment and living independently while also eliminating barriers to communication and or community access.

A Qualified Vocational Rehabilitation Counselor (QVRC) must determine if an applicant meets program eligibility requirements. Vocational Rehabilitation services are individualized for each person. Federal regulations require DARS to ensure that the following time-limited services are available to Texans with disabilities.

- Assessments to determine program eligibility and services needed to reach their employment goals.
- VR counseling that helps consumers make informed choices to reach their employment goals.
- Information and referrals to other programs and supports that help consumers obtain services they need to reach their goals and maintain their independence.

- Information and support to employers and other community partners to increase employment and community participation opportunities for individuals with disabilities.
- Restorative services to diagnose and treat physical or mental conditions that create barriers to obtaining, maintaining, or returning to employment; treatment must be expected to eliminate or reduce these barriers within a reasonable length of time and includes medical or behavioral health treatment, prosthetic devices, orthotic devices, hearing aids, and eye glasses, and other services.
- Vocational and other training services, including books, tools, other training materials, and personal and vocational adjustment training.
- Transportation in connection with planned assessments or services.
- Maintenance funds to offset the personal costs that result from an individual's participation in required assessments or planned services.
- Services to family members when they are necessary for the consumer to achieve their employment goals.
- Interpreter, translation, and other communication services.
- Job search, job placement services, job retention services, and related follow-up and/or follow-along services.
- Individualized assistance to find the most appropriate job match and ongoing support in the work environment to enable consumers with the most significant disabilities to enter competitive employment.
- Personal assistance services that are directly associated with participation in program services.
- Post-employment VR services that are necessary for an individual to maintain, regain, or advance in employment.
- Licenses, tools, equipment, initial inventory stocks, and/or supplies required for employment.
- Rehabilitation technology, including vehicle modifications, telecommunications, and other aides or devices, and related training or instruction for using these devices.
- Transition services to help high-school students move from school to work, including post-secondary education, vocational training, integrated employment (where consumers with disabilities interact with people without disabilities), post-employment services, continuing and adult education, independent living, or community participation.
- Technical assistance and consultation for consumers who are pursuing self-employment or a small business operation.
- Other goods and services necessary for an individual to achieve his or her employment goal.

Efforts are made to secure alternate funding for program services from all potential resources before using VR funding. Alternate funding programs can include but are not limited to:

- Medicaid,
- Medicare,
- private health insurance,
- workers' compensation,

- veterans' benefits,
- educational grants,
- scholarships, and
- any other available community, state, or federal benefit program.

Vocational Rehabilitation-General does not pursue alternate funding for assessments to determine eligibility, employment services, counseling and guidance, information and referral to other programs, or rehabilitation technology services or when pursuing alternate funding will significantly delay or interrupt 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.

Funds expended for VR services continue to generate tax dollars throughout the working lives of VR consumers. For every dollar spent on VR services, consumers generate more than \$9 in personal taxable income through the remainder of their work lives. By retirement, the average rehabilitated consumer will have repaid the cost of services at least four times through taxes paid.

The following chart reflects several measures the agency uses to assess the VR-General Program performance during FY 2012:

VR-General Services to Individuals With Disabilities	Fiscal Year 2011	Fiscal Year 2012
Number of consumers served (cumulative number of existing cases on September 1 st and applications added during the state fiscal year)	87,902	83,930
Number of consumers who achieved employment outcomes (i.e., successful VR closures)	11,496	11,686
Percentage of consumers whose cases were closed (as successful or unsuccessful with an Individualized Plan for Employment) who achieved employment outcomes (i.e. successful VR closures)	58.4%	58.0%
Percentage of individuals who achieved employment earning at/above minimum wage	97.8%	97.7%

VR-General Services to Individuals With Disabilities	Fiscal Year 2011	Fiscal Year 2012
Percentage of consumers whose cases were closed (as successful or unsuccessful with an Individualized Plan for Employment) who were satisfied with their overall experience	86.9%	87.3%

National Comparisons

DARS VR-General Program has consistently grown in effectiveness and efficiency and has been highly ranked among state programs over the years. The following charts provide comparative data from states with a population close to that of Texas. The Rehabilitation Services Administration (RSA), which is within the U.S. Department of Education, publishes these statistics annually.

Vocational Rehabilitation-General Services at the National Level Federal Fiscal Year 2012

State	Number Served	Number Employed	Successful Closures (%)
Texas	58,843	11,856	58.86%
California	68,864	11,187	57.94%
New York	59,752	11,900	55.04%
Florida	56,318	6,057	45.7%

*Federal fiscal year data differ slightly from state fiscal year data presented in the previous chart because the time period between state and federal fiscal years differ.

A standard measure of efficiency among VR agencies nationwide is the percentage of VR consumers who achieve employment outcomes, i.e., successful VR closures. In FFY 2012, the Texas VR-General Program exceeded the national rehabilitation rate standard by 3.06 percent (58.86 percent versus 55.80 percent). Of the 11,856 consumers who completed their Individualized Plan for Employment (IPE) and found or kept employment with the aid of VR services in SFY 2012, more than 97.7 percent were earning at least minimum wage after receiving services. The national standard is 72.6 percent. A small number of consumer cases are closed who make less than the minimum wage. These include people who start their own business but it has not yet become profitable and wait staff who also receive tips that are not reported by an employer.

Vocational Rehabilitation agencies nationwide capture the level of consumer self-support by

measuring the difference in the percentage of individuals who at program entry reported their income as the largest single source of support, and the percentage at program exit who reported their personal income as the largest single source of support. The Texas VR-General average for FFY 2012 was 53.99 percent; the RSA national standard is 53.00 percent. Of those consumers served by Texas VR-General in FFY 2012, who were earning \$7.25 per hour or more, 84 percent were classified as having a significant disability. The national standard is 62 percent. The RSA national standard for the ratio of minority individuals receiving services to non-minority individuals receiving services is 0.80. The Texas VR-General Program achieved 0.94 for FFY 2012.

Compliance and Quality Case Review Process

DARS regularly reviews selected VR-General consumer cases to monitor compliance with federal and state requirements and the quality of implementation and documentation of the VR process. There are two types of reviews: compliance/quality reviews and technical/purchasing reviews. The type and quantity of case reviews that are completed is determined based on individual staff, unit, and regional needs. The results are used as a part of annual performance evaluations for field staff and to identify ongoing training and coaching needs throughout the state.

In the past, case reviews were completed on paper forms and maintained at the field level. Oversight reviews also were completed at the VR-General Program regional and central office levels to check for consistency in the evaluation of quality and compliance. While this system was effective and helped ensure the reliability of the case review process, it did not provide a central repository of statewide data. In April of 2012, DRS began using the 2.0 version of an electronic case review system called "TxROCS" (Texas Review, Oversight, and Coaching System). In the 3.1.1 release, the system is used to complete all case reviews across the state and serves as the single repository for all case review information.

Ongoing training and coaching on correct application of the review process is provided to all managers. Additional tools and strategies used to support this training include the Case Review Guides and Supplemental Case Review Guide that subject matter experts develop and maintain on the Case Review intranet page. These guides are available to all staff. They provide instructions for completing a case review and rating quality measures throughout the review.

The VR-General Program also has undertaken a full review of its policies, processes, and practices, gathering input from more than 150 field staff. The goal is to streamline existing service delivery systems while ensuring that compliance pieces are clearly identified and easy to find. The program also is looking at systems throughout the state to find innovative ways to work more effectively and efficiently.

Caseload Analysis

Vocational Rehabilitation-General uses a standardized caseload analysis process to project and monitor the number of successful closures expected per caseload during a fiscal year. In

addition to yearly caseload analysis for tenured counselors, new counselors also develop a New Counselor Plan that includes a breakdown of specific caseload activities and outcomes during the counselor’s probationary period. These processes require VR-General counselors and DRS area managers to thoroughly analyze a caseload from a variety of perspectives. These processes identify what actions can be taken to optimize or strategically structure the caseload and caseload activities to produce the maximum number of successful outcomes.

Data used to complete a caseload analysis include end-of-day statistics, referral source summaries, disability lists, types of services purchased, Individualized Plans for Employment, and case notes of current consumers, closed cases, local labor market data, and any other tools available for analyzing caseloads.

Key Statistics and Performance Measures that Demonstrate Effectiveness and Efficiency

- In FFY 2012, Texas served 58,843 consumers and successfully closed 11,856 of those cases in successful employment for a rehabilitation rate of 58.86 percent.
- In FFY 2012, the Texas VR-General Program exceeded the national rehabilitation rate standard by 3.06 percent (58.86 percent versus 55.80 percent).
- Of the 11,856 consumers who completed their Individualized Plan for Employment and found or kept employment with the aid of VR services in SFY 2012, consumers who were earning at least minimum wage after receiving services totaled 97.7 percent. The national standard is just 72.6 percent.

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.

1920

- Congress enacts the Smith-Fess Act, also known as the Civilian Vocational Rehabilitation Act (Public Law 236), establishing a civilian VR program under the Federal Board for Vocational Education. The program is funded on a 50-50 matching basis with the states. Funding can be used for vocational guidance, training, occupational adjustment services, and job placement.

1929

- The VR program begins in Texas within the Texas Education Agency (TEA).

1944

- Congress introduces the Servicemen's Readjustment Act (the “G.I. Bill”) to provide vocational training programs to war-disabled veterans and establishes a VR program to help service members who have service-related disabilities.

1954

- Congress amends the Vocational Rehabilitation Act to:
 - expand the federal government’s involvement with VR;
 - increase the federal share of funding from a 50-50 match to three federal dollars for every two state dollars;
 - expand annual federal funding;
 - expand services for “mentally retarded and psychiatrically handicapped” individuals; and
 - authorize research and demonstration grants, extension and improvement grants, and funds for facility development.

1965

- Congress amends the Vocational Rehabilitation Act to:
 - eliminate economic need as a condition for receiving VR services;
 - make it possible to serve public offenders and those with drug and alcohol problems; and
 - set up model cities programs to work with the socially disadvantaged.

1969

- The Legislature creates the Texas Rehabilitation Commission (TRC) and moves the Texas VR program for individuals with general disabilities from TEA to TRC.

1973

- Congress amends the Rehabilitation Act to:
 - redirect the VR program’s focus so that the first priority is to serve severely disabled individuals;
 - increase consumer involvement by requiring consumer involvement in the development of an Individualized Written Rehabilitation Program (IWRP) (The consumer has to sign the plan to indicate they understood and approved it.);
 - authorize funding for demonstration centers for independent living that can work with individuals with a disability regardless of vocational potential. However, a vocational objective and the feasibility of reaching it are maintained as an eligibility requirement for the state-federal program;
 - establish affirmative action programs in Title V, Sections 501, 502, 503, and 504; and
 - change the federal/state funding ratio to 80 percent federal/20 percent state.

1986

- Congress amends the Rehabilitation Act to:
 - authorize state rehabilitation agencies to provide supported employment services to individuals with severe disabilities who traditionally could not be placed in competitive employment; and

- de-emphasize the traditional model of long-term placement in extended sheltered workshops

1992

- Congress amends the Rehabilitation Act to:
 - strongly emphasize the involvement of consumers in the policies and procedures of state rehabilitation agencies and in the development of their IWRPs;
 - mandate state rehabilitation agencies to establish Rehabilitation Advisory Councils with the majority of members being individuals with disabilities;
 - emphasize the importance of empowering people with disabilities, involving them fully in both the development and annual review of their IWRP;
 - require state agencies to respond with an eligibility decision within 60 days of receiving an application for services; and
 - Mandate greater interagency collaboration through formal cooperative agreements.

1998

- Congress amends the Workforce Investment Act (WIA) of 1998 and the Rehabilitation Act. The Rehabilitation Act becomes Title IV of WIA. The change:
 - increases consumer choice;
 - requires the public VR system to partner with other state/federal agencies that provide employment-related services;
 - further increases the emphasis on consumer control over their VR program (now called Individual Plan for Employment [IPE] rather than IWRP);
 - emphasize supported employment and client assistance projects; and
 - requires services to be provided to consumers by qualified personnel. (In Texas qualified personnel is referred to as "Qualified Vocational Rehabilitation Counselors.")

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 VR-General Program helps people with disabilities prepare for, find, and keep jobs. The program partners with businesses to help workers with disabilities keep their jobs and cultivate new employment opportunities for VR consumers. Vocational Rehabilitation counselors work with public school personnel on campuses across the state to provide transition services designed to move eligible students with disabilities from school to work. They serve consumers who need ongoing support in order to maintain employment. Vocational Rehabilitation-General counselors also work with the Veterans Administration in a coordinated effort by providing counseling and guidance to veterans with disabilities who can benefit from VR services.

Vocational Rehabilitation-General services are provided to individuals with disabilities who meet federally established eligibility criteria. Vocational Rehabilitation is not an entitlement program. In accordance with federal regulations, eligibility for VR services is determined only by Qualified Vocational Rehabilitation Counselors (also defined by federal regulations).

Criteria for eligibility are a:

- physical or mental impairment,
- determination that impairment constitutes or results in a substantial impediment to employment,
- determination that the individual requires VR services to prepare for, secure, retain, or regain employment, or
- presumption that the individual can benefit in terms of an employment outcome from VR services.

Pursuant to 34 CFR Section 361.42(a)(3)(i), recipients of Social Security Disability Insurance or Supplemental Security Income benefits based on disability are automatically presumed to meet all four of the above criteria unless it is determined that the individual is incapable of working due to the severity of their disability.

VR-General Statistical Profiles for FY 2012

Race/Ethnicity	
White	73%
Hispanic	28%
African American	25%
Gender	
Male	55%
Female	45%
Average Age at Application	36 Years
Number of Transition Students	26,420
Number of Social Security Recipients	16,547
Number of Veterans	3,339

Primary Disability	Total Consumers	Percent*
Neurological / Musculoskeletal / Orthopedic	23,753	28%
Substance Abuse	2,400	3%
Deaf & Hard of Hearing	10,989	13%
Mental/Emotional	15,789	19%
Cardiac/Respiratory/Circulatory	1,711	2%
Intellectual / Cognitive	21,713	26%
Traumatic Brain Injury/Spinal Cord Injury	2,362	3%
Other Chronic Diseases / Disorders	3,023	4%
All Other Impairments	2,190	3%
Total	83,930	100%

* Percentages are rounded and may not add to 100%.

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.

Qualified Vocational Rehabilitation Counselors provide VR-General services directly to individuals in 118 field offices across the state. Fifty Division for Rehabilitation Services area managers oversee the work of counselors and other technical and administrative staff. Regional offices in Lubbock, Arlington, Austin, Houston, and San Antonio provide management oversight and program support to field offices. Each regional office staff includes of a regional director, an operations director, and program specialists with expertise in VR-General, transition services, community rehabilitation programs, and other specialty areas. This organizational structure is established by 34 Code of Federal Regulations, A Community Rehabilitation Program.

Regional medical services coordinators help field staff purchase surgery, hospitalization, and associated medical services.

Vocational Rehabilitation-General central office program and operations staff are responsible for general oversight and support of field staff, state-level budget activities, and promulgation

and distribution of policy and technical assistance. Subject-matter expertise in all program and disability areas is available to all staff statewide. The central office staff also supports innovative initiatives at the regional and local levels and manages external consulting contracts.

To help facilitate the successful employment of individuals with disabilities, the DRS Business Relations Unit helps local staff develop and maintain effective relationships with businesses.

Qualified Vocational Rehabilitation Counselors use the following process to help eligible consumers meet their employment goals.

1. **Eligibility Determination.** The QVRC meets with the applicant and obtains preliminary assessment information, such as work history, disability history, medical records, and reports to determine eligibility within 60 days after completion of an application for VR services.
2. **Comprehensive Assessment.** If the applicant is determined eligible, the QVRC and consumer discuss potential vocational objectives and services that are reasonable and necessary to achieve each objective.
3. **Individual Plan for Employment.** The QVRC and consumer develop an IPE to document the consumer's chosen vocational objective, required services to support the objective, and other relevant information.
4. **Service Provision.** The QVRC arranges, provides, or purchases services that will help the consumer achieve the employment goal.
5. **Successful Rehabilitation.** Consumers are considered to have met the minimum requirements for being rehabilitated when they:
 - have received services stated on the IPE and the services have had a discernible impact on their employment outcome;
 - have a job that is consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice;
 - are employed at case closure;
 - have remained employed for at least 90 days after substantial services have been completed; and
 - consider the employment outcome to be satisfactory and are performing well on the job.

The Rehabilitation Council of Texas (RCT), which was established under the Vocational Rehabilitation Act, helps both the Division for Rehabilitation Services and the Division for Blind Services develop, implement, and revise state policies and procedures pertaining to VR services in Texas. Council members are appointed by the governor.

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).

Funding sources for 2012 were as follows.

General Revenue	FY 2012 Dollar Amount
Regular GR	\$24,537
GR Match for VR	\$42,920,582
Federal Funds	
Basic Support	\$147,585,706
Supported Employment (Rehab)	\$1,808,197
In-Service Training	\$249,909
SSA-VR	\$460,141
MIG	\$610,699
TCDD	\$108,760
VRPM	\$39,365
Other Funds	
Interagency Contracts	\$7,193
Appropriated Receipts	\$283,582
Subrogation	\$350,844
Total Funding	\$194,449,515

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.

Social Security Administration Ticket to Work and Employment Networks

Employment Networks (ENs) are public or private entities that enter into an agreement with the Social Security Administration (SSA) to provide or coordinate the delivery of employment and/or other support services to Social Security disability beneficiaries who want to go to work. The voluntary Ticket to Work Program expands the universe of service providers that are available to help beneficiaries obtain VR or other support services necessary to achieve long-term self-supporting employment.

Ticket to Work regulations encourages partnerships between VR agencies and ENs to meet the post-employment needs of many SSA disability beneficiaries. The SSA Ticket to Work Partnership Plus Program supports this service delivery model by allowing beneficiaries who require more extensive services, such as physical restoration or assistive technology, to obtain those “upfront” services from the VR agency. After a VR case is closed, the beneficiary has the option of working with an EN for job retention services or other long-term employment support services. Under Partnership Plus, the SSA compensates both a VR agency and an EN for providing these sequential employment services. In addition to improving the coordination of services between VR agencies and ENs, Partnership Plus increases the likelihood that more SSA disability beneficiaries will achieve self-supporting employment, thus decreasing the need to remain on the SSA’s benefit rolls.

The DARS VR-General Program addresses services needed to prepare for and obtain employment, while the EN provides job retention and long-term support services to selective individuals.

Division for Blind Services

DARS is the designated state unit to administer the State Plan for Vocational Rehabilitation (34 CFR Sec.13). Within DARS, there is the Division for Rehabilitation Services (DRS) and the Division for Blind Services (DBS), both of which offer a full array of VR services to individuals with disabilities. DRS provides VR services to individuals with a wide range of disabilities other than blindness or significant visual impairments, while DBS provides services for individuals whose primary disabilities are blindness or visual impairments.

Community-Based Autism Services

Vocational Rehabilitation practices a traditionally linear model of eligibility, assessment, and intervention to help consumers to prepare for, obtain, and maintain work. Parts of the traditional system can be quite daunting for people with an autism spectrum disorder (ASD). The VR-General Program is striving to change this through devising more relevant practices to meet the needs of consumers. Many other community practices offer social skill support or behavioral therapy to increase social skills or decrease challenging behaviors. The VR-General Program offers these services as well, but targets specific social skill deficits or challenging behaviors that are a direct barrier to employment. There are many private job-placement and supported employment agencies in the community, but none that specialize in providing services to individuals with Autism Spectrum Disorder (ASD). The ASD population requires providers to have specific knowledge about the disorder or offer assessments and strategies that enable consumers to be successful in employment. DARS has trained a statewide team of VR-General counselors and employment specialists who are addressing these very specific needs. The VR-General Program is creating the capacity to pull together best practice interventions and assessments in order to successfully place consumers with ASD in competitive employment.

Texas Workforce Commission

The Texas Workforce Commission (TWC) is the state agency charged with overseeing and providing workforce development services to employers and job seekers of Texas.

TWC and VR-General have a common goal of assisting individuals to obtain employment. TWC and local workforce centers provide employment assistance to all Texans, without a specific focus on individuals who have a disability. Vocational Rehabilitation focuses on individuals with disabilities that often require more individualized and intensive services, such as college level training, medical treatment, assistive devices, and rehabilitation technology, which are outside the scope of services available from TWC.

Coordination between VR-General and TWC is critical to successfully serving people with disabilities. DARS VR-General staff participates in TWC's local Workforce Development Boards, which ensures ongoing, open communications. The coordination also ensures that individuals with disabilities are referred from TWC to the VR-General Program for the more intensive services they need to reach their employment goals.

Vocational Rehabilitation-General staff training and daily work give them a wide, expert range of experience and familiarity in a variety of areas related to disability and employment. These include the following.

- An advanced level of knowledge about how specific disabilities affect someone's ability to work.
- How to overcome obstacles in the workplace through job accommodations that range from simple to sophisticated.
- How to approach employers and market this untapped segment of the workforce.
- How to work with individuals once they obtain a job to ensure long-term success.

DARS provides on-the-job assistance for a period of time and can provide supports and services even after a case has been closed. The Texas Workforce Commission does not provide these intensive, expert services, nor do they establish the kind of relationships individuals with disabilities often need to succeed in their jobs.

Department of Aging and Disability Services

The Department of Aging and Disability Services (DADS) is the state's designated long-term services and supports agency, which provides or contracts to provide long-term services and supports for people who have intellectual and developmental and/or physical disabilities and those who are elderly.

DADS and VR-General share a common goal to provide services to help people with disabilities achieve independence and inclusion where they live. While DADS provides services to people with intellectual and developmental disabilities, physical disabilities and people who are older, VR-General provides services to persons with any type of disability. People with disabilities may

access services from both agencies. Therefore, DADS and VR-General work together to help individuals with disabilities achieve their employment goals.

DADS and DARS differ in that DADS provides long-term services and supports while DARS provides time-limited services. Also, whereas DADS provides supports to help individuals with activities of daily living – cooking, cleaning, participating in the community, bathing, eating, and dressing – DARS provides services and supports to help people with disabilities get and keep a job.

Veterans Administration

DARS and the United States Veterans Administration (VA) offer similar services to disabled veterans. A memorandum of agreement (MOA) between the agencies ensures that duplication does not occur. The MOA identifies overlap in services, the criteria for working jointly on cases, which agency has the lead in outlined demographic areas, and how information and resources are shared.

In many cases, VR-General consumers who are veterans do not wish to obtain services from the federal government. Other veterans who were not injured in combat are limited as to what services they are eligible to receive from the VA. DARS differs from the VA in that the VR-General Program serves individuals regardless of how and where they became disabled, as long as they meet eligibility criteria. A number of VR-General consumers who are veterans are not eligible to receive services from the VA due to their discharge classification. If it were not for the VR-General Program administered by DARS, these veterans would not receive vital services for severe and complex 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.

Participants	MOUs, Interagency Agreements, or Interagency Contracts
DARS VA	MOUs between the DARS VR and independent living programs and the Department of Veterans Affairs Vocational Rehabilitation and Employment Services Program mutually assist veterans with disabilities.
DARS DADS DSHS Texas Education Agency (TEA)	A MOU pertaining to the Coordination of Services to Persons with Disabilities, as adopted in 40 TAC Sections 72.201-72.212, defines each agency's financial and service responsibilities in serving people with disabilities and also addresses how each agency will share data relating to those services.

Participants	MOUs, Interagency Agreements, or Interagency Contracts
DARS TEA	A letter of agreement describes each agency's roles and responsibilities in providing of transition services.
DARS Texas Department of Insurance (TDI)	An agreement provides for the exchange of information on client referrals to DARS made by the TDI Division of Workers' Compensation.
DARS The Rehabilitation Center Therapeutic	An agreement provides for DARS consumers to be assessed and referred when appropriate and for DARS to accept referrals from community resource coordination groups for children and adults and to provide VR services to appropriate referrals.
DARS 18 Local Workforce Development Boards East Texas Council of Governments Heart Of Texas Council of Governments Panhandle Regional Planning Commission	An agreement establishes a cooperative relationship relating to planning and implementing mutual duties, obligations, and responsibilities under the Workforce Investment Act of 1998.

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.

Rehabilitation Services Administration

The RSA, which is in the U.S. Department of Education, has federal oversight for each states VR and independent living (IL) programs. The RSAs formula grant program provides the federal match for the VR and IL programs and centers for independent living. DARS submits an annual State Plan for VR Services, which RSA must approve before federal VR funds can be released to the state. DARS also submits annual reports on information about VR consumers. Further, throughout the year, RSA provides training and technical assistance in the administration of the VR programs.

Social Security Administration

Through the SSA Ticket to Work program, DARS helps individuals who receive Social Security Income or Social Security Disability Income as a result of their disability return to or obtain employment. Once a consumer has gone to work and demonstrated the ability to earn wages at SSA's substantial gainful activity level, DARS is reimbursed for all costs associated with the case.

Texas Workforce Commission

The Texas Workforce Commission provides job seekers with job-search resources. The TWC contracts with 28 local workforce boards, which in turn operate more than 275 local workforce centers across the state. The TWC and DARS collaborate at the state and local levels to ensure that consumers receive appropriate services on a timely basis. For example, after a VR-General consumer completes necessary rehabilitation services, he or she can contact a local workforce center to obtain job leads. Also, TWC publishes labor market information, which DARS QVRCs use when discussing employment options with consumers.

Local Workforce Development Boards

Local Workforce Development Boards (LWDBs) provides job seekers with job-search resources. These LWDBs and VR-General collaborate at the state and local levels to ensure consumers receive appropriate services on a timely basis. For example, after a VR-General consumer completes necessary rehabilitation services, he or she can contact a local workforce center to obtain job leads. Also, LWDBs publish labor market information, which QVRCs use when discussing employment options with consumers.

Texas Workforce Investment Council

The council produces a strategic plan for the workforce development system. As a member of the Systems Integration Technical Advisory Committee, DARS helps with the development and annual update of the plan and also provides the council with performance measures related to workforce development.

Community Resource Coordination Groups

DARS representatives participate in local Community Resource Coordination Groups (CRCGs) as required by S.B. 298, which became law in 1987. These groups develop service plans for individuals and families whose needs can be met only through interagency coordination and cooperation. In many communities, CRCGs identify service gaps in their area and help plan for appropriate resources to meet their clients' needs.

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 following contracted expenditures are made through this program.

Contracted Service	General Purpose	FY12 Expenditure	Number of Contracts
Client Services	To provide goods and/or services which are primarily for the benefit DARS consumers and are for the purpose of carrying out agency programs.	\$66,003,639	784
Administrative Services	Goods and/or services acquired primarily for direct consumption or use by DARS in support of the agency's administrative operations.	\$3,129,323	94
Total		\$69,132,962	878

Top Five Contracts

Contractor	Contract Purpose	FY 2012 Dollar Amount
Phonak LLC	Restoration Goods; Hearing Aids	\$2,551,316
Whitby Road Alliance, Inc.	Assessment; Halfway House Service; Job Placement Services; Job Coach Training	\$2,080,417
Work Ready, Inc.	Job Placement Services; Supported Employment Services; Job Coach Training; Job Readiness Training; Training to Evaluate Abilities	\$1,897,152
TIBH Industries, Inc.	Temporary Employment Services	\$1,493,589

Top Five Contracts

Contractor	Contract Purpose	FY 2012 Dollar Amount
Advanced Mobility Systems of Texas, Inc.	Durable Medical Equipment Vehicle Modifications – the provision of automotive adaptive equipment and vehicle modifications for DRS consumers for whom the equipment and vehicle alterations are necessary in order to drive or ride as a passenger in a personal vehicle to get to and from work and to provide transportation independence in the community.	\$1,376,287

Program divisions develop and maintain programmatic/performance requirements for contracted providers and staff procedures. Staff approves contractor payments for processing based on compliance with program/contract requirements. Contract managers are responsible for the day-to-day management and oversight of DARS contracts.

Contract Oversight and Support (COS), which is a section under the Chief Operating Officer division, establishes and maintains DARS-wide contracting policies and procedures, provides contracting support and technical assistance, conducts quality assurance reviews, and coordinates with HHS agencies on enterprise contracting issues. In addition, COS conducts an annual risk assessment of all DARS client services contracts to develop a statewide monitoring plan and leads monitoring of contractors identified for review on the monitoring plan.

The provision of services in rural areas can be challenging due to the lower population totals, which sometimes can significantly decrease the number of service providers in comparison with urban and suburban settings. In addition, greater travel distances for both consumers and service providers in rural parts of the state can then further complicate the provision of some services.

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

The program does not award grants.

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

No statutory changes to assist the program in performing its functions are anticipated at this time.

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

There is no additional information necessary to gain a preliminary understanding of the Vocational Rehabilitation-General 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.

Not applicable.

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.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

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

Name of Program or Function	Vocational Rehabilitation - Blind
Location/Division	4800 North Lamar Boulevard Austin, Texas 78756 Division for Blind Services (DBS)
Contact Name	Barbara J. Madrigal, Assistant Commissioner
Actual Expenditures, FY 2012	\$39,187,435
Number of Actual FTEs as of June 1, 2013	405.00
Statutory Citation for Program	Workforce Investment Act of 1998 (P.L. 105-220) – Title IV, Rehabilitation Act Amendments of 1998, Vocational Rehabilitation Services (29 U.S.C. Chapter 16, Subchapter I), Texas Human Resources Code, Chapter 91, Subchapter D

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

The Vocational Rehabilitation (VR)-Blind Program helps individuals who are blind or severely visually impaired obtain or maintain employment. Without specialized assistance and training from this program, the majority of these individuals would be unemployed and not have the ability to be independent. The VR-Blind staff work with individuals to find employment that is consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. Employment in the community, alongside people without disabilities, is the employment outcome goal.

A Qualified VR Counselor (QVRC) must determine if an applicant meets program eligibility requirements. VR services are individualized for each person. Federal regulations require that DARS ensure the following time-limited services are available to Texans who are blind or have significant visual disabilities.

- An assessment for determining eligibility and vocational rehabilitation needs by qualified personnel, including, if appropriate, an assessment by personnel skilled in rehabilitation technology.

- Counseling and guidance, including information and support services to help an individual make an informed choice.
- Referral and other services to secure needed services from other agencies through agreements developed under the Rehabilitation Act.
- Rehabilitation teacher services and orientation and mobility services to teach the individual who is blind to function independently in their home and community (Orientation is the process of using the available senses to establish one's position and relationship within the environment; mobility is the ability to travel in the environment with the help of an established tool [including white canes, dog guides, and electronic travel aids]).
- Assistive technology services for the individual who is blind to be able to access information via computers or low-vision devices.
- Job-related services, including job-search and placement assistance, job retention services, and follow-up services.
- Vocational and other training services, including provision of personal and vocational adjustment services, books, tools, and other training materials.
- Diagnosis and treatment of physical and mental impairments, including:
 - corrective surgery or therapeutic treatment to correct or substantially modify a physical or mental condition that constitutes a substantial impediment to employment, if the correction or modification may reasonably be expected to eliminate or reduce the impediment to employment within a reasonable length of time;
 - necessary hospitalization in connection with surgery or treatment;
 - prosthetic and orthotic devices; and
 - diagnosis and treatment for mental and emotional disorders by qualified personnel who meet state licensure laws.
- Personal (maintenance) costs incurred while participating in an assessment for determining eligibility and VR needs or while receiving services under an individualized plan for employment.

Efforts are made to secure alternate funding for program services from all potential resources before using VR-Blind funding. Alternate funding programs can include but are not limited to:

- Medicaid,
- Medicare,
- private health insurance,
- workers' compensation,
- veterans' benefits,
- educational grants,
- scholarships, and
- any other available community, state, or federal benefit program.

Vocational Rehabilitation-Blind does not pursue alternate funding for assessments to determine eligibility, employment services, counseling and guidance, information and referral to other programs, or rehabilitation technology services or when pursuing alternate funding will significantly delay or interrupt 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 following reflects several measures used to assess VR-Blind performance:

VR Services to Individuals With Visual Disabilities	FY 2011	FY 2012
Number of consumers served	10,426	10,486
Percent of consumers who successfully achieved an employment outcome	73.6%	69.6%
Percentage of consumers who achieved employment earning at or above minimum wage	88.68%	87.9%
Percentage of consumers who are satisfied with services	97.9%	92.8%

National Comparisons

DARS VR-Blind Program has consistently grown in effectiveness and efficiency and has been highly ranked among state programs for many years. The following charts provide comparative data from states with a population close to that of Texas. The Rehabilitation Services Administration (RSA), which is within the U.S. Department of Education, publishes these statistics annually.

Vocational Rehabilitation Blind Services at the National Level for Federal Fiscal Year 2012

State	Number of Blind or Severely Visually Disabled Consumers Successfully Employed	Total Closed
Texas	1,417	3,211
California	767	1,369
New York	486	1,001
Florida	740	1,956

A national standard efficiency measure among VR agencies serving people who are blind is the percentage of consumers who are working for minimum wage or above in competitive employment, self-employment, or in the Business Enterprise of Texas (BET) program. In FFY 2011, 89 percent of VR-Blind consumers achieved this outcome, and in FFY 2012, it was 88 percent. This far exceeded the federal standard of 35.4 percent.

Of the 1,417 Texas consumers who achieved employment outcomes in competitive employment, self-employment, or BET in FFY 2012, almost all (99.7 percent) were persons with significant disabilities. The national standard is 89 percent. DBS also exceeded the national rehabilitation rate by 3.14 percent. This rate is defined as the number of clients who left the VR program with an employment outcome during the fiscal year compared to the total number of clients who received services and left the program during the same fiscal year.

Competitive employment is defined as work in the competitive labor market performed either full time or the maximum number of hours possible in an integrated work setting, i.e., a typical workplace setting where the majority of people employed are not people with disabilities. Vocational Rehabilitation-Blind consumers who achieve competitive employment are compensated at or above the minimum wage, but not less than the customary or usual wage paid by the employer for the same or similar work performed by people who do not have disabilities.

Quality Assurance

The Division for Blind Services monitors quality assurance and evaluates the provision of service in order to ensure that DBS consumers receive high-value services. The quality assurance system measures both compliance and quality.

Compliance is a set of performance expectations that includes specific actions that must be completed within a specific period of time. DBS has several tools to measure compliance, including case reviews.

At the caseload level, quality is measured by the results of consumer satisfaction surveys, the degree to which the number of contacts made met the goal set in the individual plan for employment (IPE), and successful outcomes. Quality measures also include:

- consumer earnings reports,
- case reviews, and
- rehabilitation rate.

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

1931

- The Legislature creates the Texas State Commission for the Blind. The agency's purpose is to:
 - prepare and maintain a register of people who are blind living in Texas to include their condition, cause of blindness, and capacity for education and industrial training;
 - set up a bureau of information and industrial aid for people who are blind;
 - help other agencies develop home industries among persons who are blind;
 - aid in furnishing books, materials, and tools for rehabilitation of persons who are blind;
 - devise other means of helping people who are blind; and
 - adopt such measures as may be expedient for the prevention and cure of blindness.

1941

- Helen Keller addresses the Texas Legislature. Her appeal for state aid to people who are blind results in increased appropriations for the Texas State Commission for the Blind for years to come.

1943

- The Texas State Commission for the Blind receives a state appropriation for sight conservation and prevention of blindness in children.
- The federal Barden Lafollette Act includes the following.
 - Expands eligibility for VR services to individuals who are "mentally retarded" and "psychiatrically handicapped."
 - Expands the types of physical restoration services that can be provided to individuals with disabilities and provides maintenance funds, both of which require establishment of financial need.
 - Expands VR services for people who are blind.

1944

- Congress amends the Vocational Rehabilitation Act to include individuals who are blind.
- The Texas State Commission for the Blind receives authorization to begin administering the federal-state VR program for Texans who are blind.

1954

- Congress amends the Vocational Rehabilitation Act is to:
 - expand the federal government's involvement with VR;
 - increase the federal share of funding from a 50-50 match to three federal dollars for every two state dollars;
 - expand annual federal funding;
 - expand services for individuals who are "mentally retarded and psychiatrically handicapped;" and

- authorize research and demonstration grants, extension and improvement grants, and funds for facility development.

1965

- Congress amends the Vocational Rehabilitation Act to:
 - eliminate economic need as a condition for receiving VR services;
 - make it possible to serve public offenders and those with drug and alcohol problems; and
 - set up model cities programs to work with the socially disadvantaged.

1971

- The Criss Cole Rehabilitation Center (CCRC) opens. Before CCRC opened in Austin, individuals who were blind and wanted an intensive, comprehensive VR training facility had to go out of state. The center offers comprehensive training in core skills such as orientation and mobility (O&M), Braille, daily living skills, career guidance and development, technology, and a seminar on adjustment to blindness.

1973

- Congress amends the Vocational Rehabilitation Act to:
 - redirect the focus of the VR program so that the first priority is to serve severely disabled individuals;
 - increase consumer involvement in the development of an Individualized Written Rehabilitation Program (IWRP); (The consumer has to sign the plan to indicate they understand and approve it.)
 - authorize funding for demonstration centers for independent living that could work with individuals with a disability regardless of vocational potential. However, a vocational objective and the feasibility of reaching it were maintained as an eligibility requirement for the state-federal program;
 - establish affirmative action programs in Title V, Sections 501, 502, 503, and 504; and
 - change the federal/state funding ratio to 80 percent federal/20 percent state.

1985

- The Texas Legislature renames the State Commission for the Blind to the Texas Commission for the Blind.

1986

- Congress amends the Rehabilitation Act to:
 - authorize the state rehabilitation agencies to provide supported employment, which enables consumers with the most significant disabilities to enter competitive employment by providing individualized assistance finding an appropriate job match and ongoing support at work; and

- de-emphasize the traditional model of long-term placement in facilities where individuals with disabilities may work below the minimum wage and not work with individuals without disabilities (sheltered workshops).

1992

- Congress amends the Rehabilitation Act to:
 - strongly emphasize the involvement of consumers in the policies and procedures of state rehabilitation agencies and in the development of their IWRPs;
 - mandate state rehabilitation agencies to establish Rehabilitation Advisory Councils, with the majority of members being individuals with disabilities;
 - emphasize the importance of empowering people with disabilities, involving them fully in both the development and annual review of their IWRP;
 - require state agencies to respond with an eligibility decision within 60 days of receiving an application for services; and
 - mandate greater interagency collaboration through formal cooperative agreements.

1998

- Congress amends the Workforce Investment Act (WIA) and the Rehabilitation Act. The Rehabilitation Act becomes Title IV of WIA. The change:
 - increases consumer choice;
 - requires the public VR system to partner with other state/federal agencies that provide employment-related services;
 - further increases the emphasis on consumer control over their VR program (now called an Individual Plan for Employment [IPE] rather than IWRP);
 - emphasizes supported employment and client assistance projects; and
 - requires that services be provided to consumers by "qualified personnel." (In Texas, "qualified personnel" are called "Qualified Vocational Rehabilitation Counselors.")

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 VR-Blind Program helps individuals of working age whose visual impairment limits their ability to obtain or retain employment. The program also assists individuals who are deafblind. Services may include:

- counseling and guidance,
- physical or mental restoration and vocational diagnostics,
- assistance in adjusting to blindness,
- training in vocational and adaptive skills,
- orientation and mobility training, and
- training on how to read and write Braille.

The VR-Blind transition services provide consumers age 10-24 with educational and career guidance, assistive technology, supported employment services, and assistance in obtaining employment.

Eligibility for services in the VR-Blind Program is prescribed by federal regulations. The Qualified Vocational Rehabilitation Counselor (QVRC) is the only individual who can make a determination of eligibility. There following lists the four eligibility criteria.

1. The individual must have a visual impairment.
2. The visual impairment must constitute or result in a substantial impediment to employment.
3. The individual must require VR services to prepare for, enter, engage in, or retain employment consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.
4. A presumption exists that the individual is capable of achieving an employment outcome.

The Vocational Rehabilitation Act, also states that an applicant who receives Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) based on their blindness and who desires to go to work is eligible for VR services unless it is determined that the individual is incapable of working due to the severity of the disability.

VR-Blind Statistical Profiles for FY 2012

Race/Ethnicity

White	45%
Hispanic	34%
African American	21%

Gender

Male	54%
Female	46%

Number of Veterans 271

Of consumers served, 50 percent had more than one disability.

Education at application	Total Consumers	Percent*
Elementary education	1,986	19%

Education at application	Total Consumers	Percent*
Secondary education, no diploma	1,576	15%
High school graduate/equivalency	2,459	23%
Post-secondary education, no degree	1,445	14%
Associate degree or Vocational/Technical certificate	697	7%
Bachelor's degree	613	6%
Special education certificate/in attendance	57	1%
Other	326	3%
Not reported	1,327	13%
TOTAL	10,486	100%

Percentages are rounded and may not add up to 100 percent.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies or procedures. List any field or regional services.

Qualified Vocational Rehabilitation Counselors provide VR-Blind services directly to individuals in 26 Division for Blind Services field offices across the state. Vocational Rehabilitation teachers also are located in each field office to teach alternative and non-visual techniques, as well as pre-vocational and job readiness skills. They show consumers who are blind how to apply these skills to a vocational goal in order to achieve an employment outcome.

Twelve field directors oversee the work of counselors, teachers, and support staff. The field directors are supervised by two directors of program management, who report directly to the assistant commissioner for blind services.

The VR-Blind field staff also has the following resources.

- The Criss Cole Rehabilitation Center provides training in skills such as orientation and mobility (O&M), Braille, daily living skills/career development, technology, and adjustment to blindness in a residential setting. CCRC also offers advanced career guidance.
- The Assistive Technology Unit works in partnership with consumers and DBS staff to evaluate consumers' technology needs and provide demonstrations, training services, and technical advice.
- Specialists in the Deafblind Unit offer VR-Blind consumers who also are deaf or hearing impaired the following services:
 - evaluation of their needs related to their dual sensory loss, and
 - recommendations regarding:
 - communication issues and options;
 - diagnostics and evaluations;
 - adaptive devices and other accommodations for work, independent living, and vocational or academic training;
 - specialized training options;
 - ongoing support services, such as Medicaid waiver programs;
 - training options for teens and young adults who are deafblind; and
 - support services, resources, and adaptive devices for teens and young adults for use in the educational environment.
- Employment Assistance Staff participate in-service training programs for staff and businesses, presenting information on:
 - the employment assistance process,
 - application and implementation of rehabilitation engineering,
 - the use of vocational information, and
 - other information about employing people who are blind or visually impaired.

The Division for Blind Services VR-Blind central office staff are responsible for state-level program budget activities as well as promulgation and distribution of policy and technical assistance.

Qualified Vocational Rehabilitation Counselors use the following process to help eligible consumers meet their employment goals.

1. **Eligibility Determination.** The QVRC meets with the applicant and obtains preliminary assessment information, such as work history, disability history, medical records, and reports to determine eligibility within 60 days after completion of an application for VR services.
2. **Comprehensive Assessment.** If the applicant is determined eligible, the QVRC and consumer discuss potential vocational objectives and services that are reasonable and necessary to achieve each objective.
3. **Individual Plan for Employment.** The QVRC and consumer develop an IPE to document the consumer's chosen vocational objective, required services to support the objective, and other relevant information.

4. **Service Provision.** The QVRC arranges, provides, or purchases services that will help the consumer achieve the employment goal.
5. **Successful Rehabilitation.** Consumers are considered to have met the minimum requirements for being rehabilitated when they:
 - have received services stated on the IPE and the services have had a discernible impact on their employment outcome;
 - have a job that is consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice;
 - are employed at case closure;
 - have remained employed for at least 90 days after substantial services have been completed; and
 - consider the employment outcome to be satisfactory and are performing well on the job.

The Rehabilitation Council of Texas (RCT), which was established under the Vocational Rehabilitation Act, helps both the Division for Rehabilitation Services and the Division for Blind Services develop, implement, and revise state policies and procedures pertaining to VR services in Texas. Council members are appointed by the Governor.

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).

Funding sources for 2012 were as follows.

General Revenue	FY 2012 Dollar Amount
Regular GR	\$9,740
GR Match for VR	\$7,403,481
Federal Funds	
Basic Support	\$29,783,182
Supported Employment (Blind)	\$290,400
In-Service Training	\$88,080
SSA VR	\$1,596,369
Other Funds	
Appropriated Receipts	\$16,183
Total Funding	\$39,187,435

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

Under the federal Vocational Rehabilitation Act, blindness is the only disability that can have a separate designated state unit. However, other programs and agencies provide similar services.

Division for Rehabilitation Services

The DARS Division for Rehabilitation Services, which also is a federal designated state unit, administers the VR-General Program for individuals with disabilities other than blindness or visual impairments. While the VR-General Program also helps people with disabilities to go to work, VR-Blind has the resources, training, and staff to address the specific needs of individuals who are blind. In addition to VR counselors, VR-Blind has teachers and orientation and mobility instructors who also assist the individual who is blind to function independently and return to employment.

Texas Workforce Commission

The Texas Workforce Commission (TWC) is the state agency charged with overseeing and providing workforce development services to employers and job seekers in Texas. While TWC and VR-Blind have a common goal of helping individuals obtain employment, TWC and local workforce centers provide employment assistance to all Texans, without a specific focus on individuals who are blind or visually impaired. Vocational Rehabilitation-Blind offers more individualized and intensive services, such as college-level training, medical treatment, assistive devices, and rehabilitation technology, which are outside the scope of services available from TWC. Individuals with disabilities often go to TWC first and are subsequently referred to DARS for VR services.

Coordination between VR-Blind and TWC is critical successfully serving people who are blind. DARS VR-Blind staff participates in TWC's local Workforce Development Boards, which ensures ongoing, open communications. The coordination also ensures that individuals who are blind are referred from TWC to the VR-Blind Program for the more intensive services they need to reach their employment goals.

Social Security Administration Ticket to Work and Employment Networks

Employment networks (ENs) are public or private entities that enter into an agreement with the Social Security Administration (SSA) to provide or coordinate the delivery of employment and/or other support services to Social Security disability beneficiaries who want to go to work. The voluntary Ticket to Work Program expands the universe of service providers available to help beneficiaries obtain VR or other support services necessary to achieve long term self-supporting employment.

Ticket to Work regulations encourages partnerships between VR agencies and ENs to meet the post-employment needs of many SSA disability beneficiaries. The SSA Ticket to Work Partnership Plus Program supports this service delivery model by allowing beneficiaries who require more extensive services, such as physical restoration or assistive technology, to obtain those “upfront” services from the VR agency. After a VR case is closed, the beneficiary has the option of working with an EN for job retention services or other long-term employment support services. Under Partnership Plus, the SSA compensates both a VR agency and an EN for providing these sequential employment services. In addition to improving the coordination of services between VR agencies and ENs, Partnership Plus increases the likelihood that more SSA disability beneficiaries will achieve self-supporting employment, thus decreasing the need to remain on the SSA’s benefit rolls.

The DARS VR-Blind Program provides VRs services, and after VR-Blind closes the consumer’s case, the EN provides job retention and long-term support services.

Veterans Administration

DARS and the United States Veterans Administration (VA) offer many similar services to veterans who are blind. A memorandum of agreement (MOA) between the two agencies ensures that duplication does not occur. The MOA identifies overlap in services, the criteria for working jointly on cases, which agency has the lead in outlined demographic areas, and how information and resources are shared.

In many cases, VR-Blind consumers who are veterans do not wish to obtain services from the federal government. Other veterans who were not injured in combat are limited as to what services they are eligible to receive from the VA. DARS differs from the VA in that the VR-Blind Program serves individuals regardless of how and where they became disabled, as long as they meet eligibility criteria. A number of VR-Blind consumers who are veterans are not eligible to receive VA services due to their discharge classification. If it were not for the VR-Blind Program, these veterans might not receive vital services for severe and complex disabilities.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with 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.

Participants	MOUs, Interagency Agreements, or Interagency Contracts
DARS VA	MOUs exist between the DARS VR and independent living programs and the Department of Veterans Affairs Vocational Rehabilitation and Employment Services Program to mutually assist veterans with disabilities. Individualized Written Rehabilitation Plans are developed

Participants	MOUs, Interagency Agreements, or Interagency Contracts
	for joint consumers. The VA pays as needed for tuition, fees, books, supplies, tools, equipment, assistive technology, medically prescribed equipment, and medical care. DARS pays for transportation assistance if needed.
DARS DADS DSHS Texas Education Agency (TEA)	A MOU pertaining to the Coordination of Services to Persons with Disabilities, as adopted in 40 TAC Sections 72.201-72.212, defines each agency's financial and service responsibilities in serving people with disabilities and also addresses how each agency will share data relating to those services.
DARS TEA	A letter of agreement describes each agency's roles and responsibilities in providing of transition services.
DARS DSHS	Big Spring State Hospital has agreed to provide referral services to DARS consumers.
DARS 18 Local Workforce Development Boards East Texas Council of Governments Heart Of Texas Council of Governments Panhandle Regional Planning Commission	An agreement establishes a cooperative relationship relating to planning and implementing mutual duties, obligations, and responsibilities under the Workforce Investment Act of 1998.

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.

Rehabilitation Services Administration

RSA, which is in the U.S. Department of Education, has federal oversight for each states VR and Independent Living (IL) programs. RSAs formula grant program provides the federal match for the VR and IL programs and centers for independent living. The Division for Blind Services submits an annual State Plan for VR Services, which RSA must approve before federal VR funds can be released to the state. The DBS also submits annual reports on information about VR consumers. Further, throughout the year, RSA provides training and technical assistance in the administration of the VR programs.

Social Security Administration

Through the SSA Ticket to Work program, DARS helps individuals who receive Social Security Income or Social Security Disability Income as a result of their disability return to or obtain employment. Once a consumer has gone to work and demonstrated the ability to earn wages at SSAs substantial gainful activity level, DARS is reimbursed for all costs associated with the case.

Texas Workforce Commission

The Texas Workforce Commission provides job seekers with job-search resources. TWC contracts with 28 local workforce boards, which in turn operate more than 275 local workforce centers across the state. TWC and DARS collaborate at the state and local level to ensure that consumers receive appropriate services on a timely basis. For example, after a VR-Blind consumer completes necessary rehabilitation services, he or she can contact a local workforce center to obtain job leads. Also, TWC publishes labor market information, which DARS QVRCs use when discussing employment options with consumers.

Local Workforce Development Boards

Local Workforce Development Boards (LWDBs) provides job seekers with job-search resources. The boards and VR-Blind collaborate at the state and local levels to ensure that consumers receive appropriate services on a timely basis. For example, after a VR-Blind consumer completes necessary rehabilitation services, he or she can contact a local workforce center to obtain job leads. Also, LWDBs publish labor market information, which Qualified Vocational Rehabilitation Counselors use when discussing employment options with consumers.

Texas Workforce Investment Council

The Council produces a strategic plan for the workforce development system. As a member of the Systems Integration Technical Advisory Committee, DARS helps with the development and annual update of the plan and also provides the council with performance measures related to workforce development.

Community Resource Coordination Groups

DARS representatives participate in local Community Resource Coordination Groups (CRCGs) as required by S.B. 298, which became law in 1987. These groups develop service plans for individuals and families whose needs can be met only through interagency coordination and cooperation. In many communities, CRCGs identify service gaps in their area and help plan for appropriate resources to meet their clients' needs.

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 following contracted expenditures are made through this program.

Contracted Service	General Purpose	FY12 Expenditure	Number of Contracts
Client Services	To provide goods and/or services which are primarily for the benefit DARS consumers and are for the purpose of carrying out agency programs.	\$4,795,213	253
Administrative Services	Goods and/or services acquired primarily for direct consumption or use by DARS in support of the agency's administrative operations.	\$455,115	28
Total		\$5,250,328	281

Top Five Contracts

Contractor	Contract Purpose	FY 2012 Dollar Amount
Christal Vision	Technology and Adaptive Equipment	\$1,001,480
Christal Vision	Technology and Adaptive Equipment	\$228,580
Kelley L. Trammell Rosser	Orientation and Mobility Evaluation, Orientation and Mobility Training	\$191,258

Top Five Contracts

Contractor	Contract Purpose	FY 2012 Dollar Amount
Humanware, Inc.	Technology and Adaptive Equipment	\$164,738
The Visionaries of Texas, Ltd.	Orientation and Mobility Evaluation, Orientation and Mobility Training	\$159,038

Program divisions develop and maintain programmatic/performance requirements for contracted providers and staff procedures. Staff approves contractor payments for processing based on compliance with program/contract requirements. Contract managers are responsible for the day-to-day management and oversight of DARS contracts.

Contract Oversight and Support (COS), which is a section under the Chief Operating Officer division, establishes and maintains DARS-wide contracting policies and procedures, provides contracting support and technical assistance, conducts quality assurance reviews, and coordinates with HHS agencies on enterprise contracting issues. In addition, COS conducts an annual risk assessment of all DARS client services contracts to develop a statewide monitoring plan and leads monitoring of contractors identified for review on the monitoring plan.

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

The program does not award grants.

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

No statutory changes are needed to assist these programs in performing their functions.

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

DARS policy requires all employees serving in positions functionally classified as VR counselors (VRCs), to meet the Comprehensive System of Personnel Development (CSPD) standard by holding one of the following:

- a master's degree in rehabilitation counseling or a closely related field with specific coursework;

- other master's degrees or a Ph.D. with specific coursework;
- current Certified Rehabilitation Counselor certificate from the Commission on Rehabilitation Counselor Certification; or
- Current licensure for Licensed Professional Counselors.

A counselor who meets the CSPD standard is considered a Qualified Vocational Rehabilitation Counselor (QVRC).

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.

Not applicable.

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.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

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

Name of Program or Function	Business Enterprises of Texas (BET)
Location/Division	4800 North Lamar Boulevard Austin, Texas 78756 Division for Blind Services (DBS)
Contact Name	Barbara J. Madrigal, Assistant Commissioner
Actual Expenditures, FY 2012	\$2,545,531
Number of Actual FTEs as of June 1, 2013	18
Statutory Citation for Program	Randolph-Sheppard Act (20 U.S.C. Chapter 6A), Texas Human Resources Code, Title 5, Chapter 94.

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

The BET program is a federally sponsored, state-administered program that provides training and employment opportunities for Texans who are legally blind to manage food service and vending businesses on state, federal, and private properties throughout Texas. BET recruits, trains, licenses, and places individuals who are blind as operators of these businesses.

BET provides competitive employment outcomes for consumers who have received DARS vocational rehabilitation (VR) services. Managers in the program operate as sole proprietors and rely on profits produced by their businesses for personal income. They also pay their employees and buy re-sale products. While BET does not provide VR services, placement as a BET manager is the successful result of those 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.

BET operates approximately 121 businesses, including cafeterias, snack bars, convenience stores, and vending services. The facilities in the program produced more than \$73 million in annual gross sales and more than \$17 million in profits for managers operating those

businesses during FY 2012. Managers in the program produce more than \$2 million annually in sales tax revenues and purchase more than \$10 million annually in goods from businesses operating in Texas. BET managers employ more than 1,700 Texans from a population that historically has experienced challenges in finding work.

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.

1936

- With the enactment of the Randolph-Sheppard Act, the first BET facility is opened at the Amarillo Post Office. In December, the Texas Commission for the Blind is appointed as the licensing agency for the Business Enterprises Program in Texas.

1946

- The first State Plan for the BET program is adopted.

1970

- BET becomes known as the Small Business Enterprise Program.

1972-1974

- An operator's advisory committee, comprised of people who are blind and elected by people who are blind, helps administer the program. The committee helps staff formulate policies and provide assistance on matters such as hearing individual grievances, establishing pricing systems, evaluating blind licensees and agency staff, and evaluating training activities. The committee later becomes known as the Elected Committee of Operators.

1974

- The Act is amended and updated significantly with language that strengthens the priority for blind individuals participating in the program. The amendments and updates provide full due process to aggrieved blind vendors to resolve disputes with state agencies through hearings, arbitrations, and federal court appeals and create a priority (rather than the mere preference that existed before 1974) for the operation of blind vending facilities on all Federal property. They also create elected committees of blind vendors in each state with a Randolph-Sheppard program; each committee is responsible for representing all the blind vendors in a state.

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.

Consumers in the DARS VR Program who are interested in the BET program are referred by their counselor and must meet program eligibility requirements.

Eligibility Requirements

- The consumer must be blind.
- The consumer must be at least 18 years old, a resident of Texas, and a U.S. citizen.
- The consumer must successfully complete all DARS DBS and BET assessment and training requirements to become a licensed BET manager.

BET Statistical Profiles for FY 2012

Race / Ethnicity	Percent
Caucasian	69%
Hispanic	24%
Black / African-American	6%
Asian / Pacific Islander	1%
American Indian / Alaskan	0%
Total	100%

Gender	Percent
Males	85%
Females	15%
Total	100%

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. List any field or regional services.

Since BET Vendors are not DARS employees, BET is administered by 18 full-time equivalent employees, including:

- a director;
- a supervisor of field operations, who supports and guides the program field staff and coordinates equipment purchasing and distribution and other logistic duties;
- a training specialist who provides initial and ongoing training for both blind managers and BET staff; and,
- a vending services specialist who monitors contracted vending services that provide future employment opportunities for the program

Twelve employees administering the program are located in DBS field offices in Fort Worth, Houston, El Paso, Austin, and San Antonio. These employees serve as business consultants for blind managers participating in the program.

Consumers in the DARS VR-Blind program, who have met all eligibility requirements, become licensed BET managers. BET managers are required to adhere to federal program guidelines to maintain their license.

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).

Funding sources for 2012 were as follows.

General Revenue-Dedicated	FY 2012 Dollar Amount
BET Fund	\$1,487,760
BET Trust Fund	\$ 584,797
Federal Funds	
Basic Support	\$ 456,436
Other Funds	
Appropriated Receipts	\$ 16,538
Total Funding	\$2,545,531

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

This program is unique in Texas government. No other programs provide identical or similar services or functions.

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.

This program is unique in state government and no other programs provide identical or similar services. Consequently, there is not duplication or conflict with other programs.

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 program receives oversight from the Rehabilitation Services Administration (RSA). RSA, which is part of the U.S. Department of Education, reviews and approves BET program rules and requires an annual program report.

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;
- a short description of any current contracting problems.

The following contracted expenditures are made through this program.

Contracted Service	General Purpose	FY 2012 Expenditure	Number of Contracts
Client Services	To provide goods and/or services which are primarily for the benefit DARS consumers and are for the purpose of carrying out agency programs.	\$0	0

Contracted Service	General Purpose	FY 2012 Expenditure	Number of Contracts
Administrative Services	Goods and/or services acquired primarily for direct consumption or use by DARS in support of the agency's administrative operations.	\$313,206	10
Total		\$313,206	10

Top Five Contracts

Contractor	Contract Purpose	FY 2012 Dollar Amount
HA Franz Company	Furniture and Equipment	\$141,318
Kamran and Company, Inc.	Furniture and Equipment	\$71,449
Time Insurance Agency, Inc.	Insurance Premiums	\$43,807
ISI Commercial Refrigeration, Inc.	Furniture and Equipment	\$25,569
Winstead P.C.	Legal Services	\$9,798

Contracting oversight for BET equipment and insurance contracts is provided by DARS Contract Oversight and Support. Contract Oversight and Support (COS), which is a section under the Chief Operating Officer division, establishes and maintains DARS-wide contracting policies and procedures; provides contracting support and technical assistance, conducts quality assurance reviews, and coordinates with Health and Human Services agencies on enterprise contracting issues. In addition, COS conducts an annual risk assessment of all DARS client services contracts to develop a statewide monitoring plan and leads monitoring of contractors identified for review on the monitoring plan.

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

The program does not award grants.

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

No statutory changes are needed to help this program perform its functions.

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

Advisory Committee

BET must, by federal requirement, support and maintain an advisory committee comprised of 12 BET managers elected by their peers. They actively participate in making major decisions affecting the program through quarterly meetings and bi-monthly conference calls with the DARS BET director.

Complaint Process

Managers participating in the BET program may file complaints related to program operations in accordance with the Randolph-Sheppard Act. The complaint process involves attempts to settle through mediation, evidentiary hearings, and finally arbitration, in that order. It is a unique, federally-mandated process.

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 BET program operates under the authority of both state and federal statutes that provide a priority for Texans who are blind to operate food service and vending facilities on certain properties (Title 5, Chapter 94, Texas Human Resources Code and 20 USC, Chapter 6A, Section 107). Both statutes require that DARS DBS adopt rules for issuing, maintaining and terminating licenses for individuals who are blind to manage the state and federal properties where the priority is afforded. BET rules (TAC, Title 40, Part 2, Chapter 106, Subchapter N, Section 106.1921) contain the rules and procedures for monitoring facilities within the program including inspections and audits. These include requirements that managers submit all sales taxes in a timely manner, operate a commercial business account, make payments for insurance, and hire sufficient employees to ensure efficient operation of the BET facility.

BET rules (TAC, Title 40, Part 2, Chapter 106, Subchapter N, Section 106.1923) also contain the policies and procedures for agency activities when non-compliance is identified. These include explanations of DARS DBS rules, procedures, policies, and standards; possible solutions to problems recognized by the manager or brought to the managers attention by the DARS DBS

staff or the facility host; continuing education opportunities for managers to enhance skills, productivity, and profitability; and information about laws, rules, and regulations affecting the operation of a BET facility

BET rules (TAC, Title 40, Part 2, Chapter 106, Subchapter N, Section 106.1929) outline agency actions to ensure compliance. These include:

- written reprimand in the form of a formal statement describing violations of applicable law, state rules, or any proper and authorized instruction by DARS DBS personnel;
- probationary period allowing a licensee to continue in BET in an effort to satisfactorily remedy a condition that is not acceptable under state rules;
- loss of facility resulting in the removal of a manager from the managers current facility for administrative reasons when the managers actions or inactions are endangering the state's investment in the facility; and
- termination of a license issued to a licensee to operate a facility and the removal of the individual from BET.

The program utilizes on-site licensed managers for receiving the bulk of customer complaints as they are handled more efficiently at that level. Customers may also utilize the toll free DARS Inquiry line. Finally, each facility has displayed a poster titled “Comments or Concerns” with an e-mail address for submitting such.

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.

Department of Assistive and Rehabilitative Services/Division for Blind Services Business Enterprises of Texas Exhibit 11: Information on Complaints Against Regulated Persons or Entities Fiscal Years 2011 and 2012		
	FY 2011	FY 2012
Total number of regulated persons	116	117
Total number of regulated entities	121	121
Total number of entities inspected	121	121
Total number of formal complaints received from the public	0	0
Total number of formal complaints initiated by agency being served	3	0
Number of formal complaints pending from prior years	0	0
Number of formal complaints found to be non-jurisdictional	0	0
Number of jurisdictional complaints found to be without merit	0	0

**Department of Assistive and Rehabilitative Services/Division for Blind Services
Business Enterprises of Texas
Exhibit 11: Information on Complaints Against Regulated Persons or Entities
Fiscal Years 2011 and 2012**

	FY 2011	FY 2012
Number of formal complaints resolved	3	0
Average number of days for complaint resolution	60	0
Formal complaints resulting in disciplinary action:	3	0
reprimand	0	0
probation	3	0
Removal from Facility	0	0
Termination of License	0	0
other	0	0

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

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

Name of Program or Function	Independent Living Services (ILS) - General
Location/Division	4900 North Lamar Boulevard Austin, Texas 78751 Division for Rehabilitation Services (DRS)
Contact Name	Cheryl Fuller, Interim Assistant Commissioner
Actual Expenditures, FY 2012	\$6,471,570
Number of Actual FTEs as of June 1, 2013	20.65
Statutory Citation for Program	Workforce Investment Act of 1998 (P.L. 105-220) – Title IV, Rehabilitation Act Amendments of 1998, Independent Living Services and Centers for Independent Living (29 U.S.C. Chapter 16, Subchapter VII),

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

The DARS Independent Living Services (ILS) General Program helps people with disabilities, other than those who are blind, live independent lives by promoting a self-directed lifestyle and improving abilities to perform daily living activities. The program supports help people with disabilities expand their independent living options as they acquire new skills, abilities, and technologies.

Independent Living Services-General promotes independence at home and in the community and enhances quality of life for people with significant disabilities. Services focus on mobility, communications, personal adjustment to living with a disability, social skills, and self-direction. DARS independent living (IL) counselors work with eligible consumers to develop goals to overcome specific barriers and then formulate strategies to achieve those goals. Independent Living counselors work with each consumer to develop an individualized plan, which is designed to help the consumer achieve the greatest level of independence possible.

Program services may include counseling and guidance and the purchase of telecommunications, sensory, and other assistive technology aids for people who are deaf or hard of hearing; wheelchairs and braces; home and vehicle modifications, and other devices or

services needed to achieve meaningful independent living goals. Services are time limited and based on individual needs and goals. Most requests for IL services involve purchases of assistive technologies and devices.

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 program uses results from the ILS Consumer Satisfaction Survey to determine whether consumers’ needs are being met and assess the quality of services. Throughout the year, an independent contractor surveys ILS consumers approximately one month after their cases are closed (as successfully rehabilitated or unsuccessfully rehabilitated).

ILS Consumers	FY 2011	FY 2012
Number of consumers served	1478	1,840
Number of consumers who achieved independent living goals	794	972
Percentage of consumers who expressed high satisfaction with services at case closure	97.0%	94.1%
Percentage of consumers who expressed high satisfaction with ILS counselors at case closure	97.0%	95.7%
Percentage of consumers who expressed that as a result of services they can do more for themselves	94.5%	89.9%
Percentage of consumers who expressed that as a result of services they can do more in their communities	84.9%	83.0%

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.

Since its inception, the enabling federal legislation for independent living services (Rehabilitation Act of 1973, as amended, Title VII, Chapter 2) has remained consistent in its focus on self-advocacy and full inclusion.

1978

- Amendments to the Rehabilitation Act of 1973 create the State ILS Program.

1984

- With the assistance of state and federal funds, the Texas Rehabilitation Commission establishes 10 ILS caseloads in Texas.

2008

- The 80th Texas Legislature provides additional funding to address the purchase of assistive technology and to reduce the ILS waiting list.

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 DARS ILS-General Program, a person must be a legal resident who has a significant disability that results in a substantial impediment to their ability to function independently in the family, home, or community. There are no income eligibility criteria. There must also be a reasonable expectation that ILS will help the person function, continue functioning, or move toward functioning independently. The presumption of eligibility based on being a recipient of Social Security disability benefits does not apply to ILS.

ILS-General Statistical Profiles for FY 2012

Race/Ethnicity

White	86%
Hispanic	47%
African American	13%

Gender

Male	45%
Female	55%

Average Age at Application 61 Years

Number of Veterans 88

Primary Disability	Total Consumers	Percent*
Neurological/musculoskeletal/orthopedic	987	54%
Deaf and hard of hearing	487	26%
Other chronic diseases/disorders	169	9%
Traumatic brain injury/spinal cord injury	97	5%
Cardiac/respiratory/circulatory	88	5%
All other impairments	12	1%
Total	1,840	100%

*Percentages are rounded and may not add to 100%

Type of ILS Service	Percent Consumers Receiving Service
Assistive Technology	54%
Prosthetics & Orthotics	18%
Hearing Aids/Services & Interpreter Services	16%
Diagnostics & Evaluation and Restoration Services	4%
All Other Goods & Services	8%

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.

Services are provided by 12 IL counselors who have expertise and resources to serve consumers who have physical, mental, or intellectual disabilities. IL counselors are located in El Paso, Amarillo, Lubbock, Fort Worth, Irving, Austin, Crockett, Houston, Conroe, San Antonio, and McAllen. DRS area managers oversee the work of counselors and other technical and administrative staff. Regional offices in Lubbock, Arlington, Austin, Houston, and San Antonio provide management oversight and program support to field offices.

An ILS Program specialist located in the DRS central office develops policies and procedures and has general oversight of the program. Program manuals include policies and procedures that

serve as day-to-day guides for field staff.

Independent Living counselors use the following process to help consumers meet their ILS goals:

Application for Services

Independent Living counselors meet with the applicant to complete the application. These meetings take place in DRS field offices or in some cases, due to the consumer's disability or the unavailability of accessible public transportation, in the applicant's home. Staff gathers and documents information and conduct a diagnostic interview. The diagnostic interview helps identify, from the consumers perspective, their abilities, resources, limitations, and other issues that impact the ability to function in the home, family, and/or community. Information from the diagnostic interview is used as part of the assessment to determine eligibility and to begin to develop IL goals.

Eligibility Determination

The IL counselor uses the applicant's disability history, medical records, and other information to determine eligibility within 60 days after the application is completed.

Assessment and Plan Development

The IL counselor and eligible consumer assess existing information to understand the barriers the consumer faces in accessing home, family or community. The counselor and consumer identify the consumer's goals and the services needed to overcome barriers and achieve the goals. This information is documented in an Individualized Written Rehabilitation Plan (IWRP).

Service Provision

The consumer receives services as he or she works toward achieving the goals documented in the IWRP. Independent Living Services counselors and rehabilitation service technicians may purchase services, provide services directly, or arrange for services through other sources.

Case Closure

An ILS case is closed as successful if two criteria are met;

1. At least one of the consumer's IL goals in one or more significant life areas has been achieved; and
2. Planned services have been completed to the greatest extent possible.

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).

Funding sources for 2012 were as follows.

General Revenue	
Regular GR	\$1,408,383
Federal Funds	
Part B ILS	\$1,054,658
SSA-VR	\$4,002,040
Other Funds	
Appropriated Receipts	\$3,114
Subrogation	\$3,375
Total Funding	\$6,471,570

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 IL network of services includes DARS, the Texas Department of Aging and Disability Services (DADS), and the statewide network of Centers for Independent Living (CILs). While each entity provides distinctly different services, they share the goal of increasing the ability of individuals with disabilities to live more independently and be integrated in their communities.

As required by the federal Rehabilitation Act of 1973, as amended, the Texas State Plan for Independent Living Services (SPIL) describes and prioritizes IL services in Texas. Critical partners in the SPIL include the DARS Division for Blind Services and Division for Rehabilitation Services, the network of Centers for Independent Living, and the State Independent Living Council (SILC). All SPIL components are related to the goal of full inclusion in community life for Texans with disabilities.

The IL-Blind Program at DARS serves individuals who are blind with the intent to increase their opportunities to live independently. The program helps blind and visually impaired Texans acquire the skills and knowledge they need to remain in their homes and the self-confidence that comes from believing in their own ability to exercise independent choice and live the way they choose within their community.

Given the different population it serves, the IL-General Program focuses on purchasing adaptive equipment or medical treatments/therapies needed to live independently. The IL-General

Program does not directly provide in- home and group independent living skills training to consumers, but it collaborates with the network of CILs that provide these services.

The CILs are community organizations that, under Title VII of the Rehabilitation Act, serve cross-disability populations. CILs provide four core services:

1. information and referral,
2. individual and system advocacy,
3. peer support, and
4. Independent living skills training and enhancement.

Each CIL may offer additional classes, programs, and services that meet the specific needs of their community. Additional community services may include assistance with accessing benefit programs, sponsoring housing voucher programs, and/or a radio reading service. Coordinating the relocation of individuals from nursing homes to the local community, in conjunction with DADS grants, has become a major CIL service in recent years.

DADS provides a wide array of personal and long-term care services that help individuals with disabilities live in the community or the least restrictive setting if needed supports are available. Services for older adults and for people with disabilities are provided primarily through Medicaid and Medicare and related waiver programs. Medicaid recipients may be eligible for more than two dozen community care programs. Some examples are adaptive aids, attendant services, meals, medication assistance, medical supplies, nursing services, and therapy. DADS provides to persons over the age of 60 benefits counseling, help for caregivers, health information counseling, and a state ombudsman related to nursing homes through local area agencies on aging. The Promoting Independence Initiative focuses on relocation from an institution to the community.

IL service network participants share information about offerings from each component so that staff in each sector can make appropriate and timely referrals.

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 DARS Division for Blind Services and the Division for Rehabilitation Services have policies and guidelines that delineate the responsibilities of each program, which helps avoid duplication of services and encourage cooperation and coordination.

At a statewide level, matters affecting independent living are addressed through the ex officio representatives from DARS and DADS serving on the State Independent Living Council (SILC). DARS has two ex officio representatives that participate in and coordinate with the SILC.

DARS and DADS participate in the Promoting Independence Initiative. DADS focus is on relocating people with disabilities from institutions into communities of their choice. This has been, and continues to be, a major initiative for DADS. Independent Living Services-General also helps consumers transition from institutions to community homes or apartments by providing needed assistive equipment or technologies not available from DADS to make these transitions possible.

ILS does not have any program-specific MOUs, interagency agreements, or interagency contracts.

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.

Rehabilitation Services Administration (RSA) is the federal oversight agency for each state's IL program. The RSAs formula grant program provides the federal match for IL programs.

Every three years, DARS and the State Independent Living Council must submit a State Plan for Independent Living that must be approved before federal IL funds can be released to the state. Each year, DARS must report to RSA important information about consumers served in the IL program. Throughout the year, RSA provides training and technical assistance to DARS to administer the IL programs.

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 following contracted expenditures are made through this program.

Contracted Service	General Purpose	FY 2012 Expenditure	Number of Contracts
Client Services	To provide goods and/or services which are primarily for the benefit DARS consumers and are for the purpose of carrying out agency programs.	\$2,653,031	83
Administrative Services	Goods and/or services acquired primarily for direct consumption or use by DARS in support of the agency's administrative operations.	\$0	0
Total		\$2,653,031	83

Top Five Contracts

Contractor	Contract Purpose	FY 2012 Dollar Amount
Advanced Mobility Systems of Texas, Inc.	Vehicle Modifications	\$273,618
Adaptive Driving Access, Inc.	Vehicle Modifications	\$213,665
Texas State Independent Living Council	Community Services Programs	\$199,523
First Care Medical Equipment	Restoration Goods; Vehicle Modifications	\$165,563
Phonak LLC.	Restoration Goods	\$161,006

Program divisions develop and maintain programmatic/performance requirements for contracted providers and staff procedures. Staff approves contractor payments for processing based on compliance with program/contract requirements. Contract managers are responsible for the day-to-day management and oversight of DARS contracts.

Contract Oversight and Support (COS), which is a section under the Chief Operating Officer division, establishes and maintains DARS-wide contracting policies and procedures, provides

contracting support and technical assistance, conducts quality assurance reviews, and coordinates with HHS agencies on enterprise contracting issues. In addition, COS conducts an annual risk assessment of all DARS client services contracts to develop a statewide monitoring plan and leads monitoring of contractors identified for review on the monitoring plan.

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

The program does not award grants.

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

No statutory changes are anticipated to be needed to assist the program in performing its functions.

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

There have been periods where the amount of available ILS funds was insufficient for immediately serving ILS consumers. Therefore, an ILS waiting list, which consists of all consumers who have not yet received purchased services, was developed.

The ILS waiting list is used to:

- identify who is to be served next when funds become available;
- track the timeliness of services provision;
- track the number of consumers who are waiting; and
- identify the estimated amount of additional funds that are needed.

During FY 2013, DARS transferred \$1.1 million of Social Security Administration/Vocational Rehabilitation reimbursement dollars from the VR strategy to the ILS Program to reduce the waiting list. These funds are collected from SSA when the VR program successfully rehabilitates an consumer receiving Supplemental Security Income or Social Security Disability Insurance Federal law allows the SSA/VR funds to be used in either the VR program or the IL program and the agency has latitude to decide how those funds are allocated, within limits established by the general appropriations act.

In FY 2008 and FY 2009, Rider 25 appropriated \$1 million, which was divided between Independent Living-General (\$800,000) and Independent Living-Blind (\$200,000). These funds were used to help consumers avoid nursing homes or other institutional placement with the

help of assistive technology. Assistive technology is any technology that can be used to enhance the functional independence of a person with a disability. Assistive technology devices help people with disabilities overcome barriers present in everyday life. Rider 25 was included in the Fiscal Year 2014-2015 biennium.

The ILS-General Program is exploring and adopting a variety of strategies to further enhance service quality, timeliness, and successful outcomes aligned with the program's philosophy. Strategies to further reduce the waiting list, as well as the length of time consumers remain on the list, continue to be implemented and explored. Feedback from ILS Program staff has been and is being used to inform changes.

Most IL counselors carry a Vocational Rehabilitation and/or Comprehensive Rehabilitation Services caseload in addition to IL caseloads, so approaches are examined with consideration toward enhancing supports to those counselors as well as the consumers they serve. Purchased services can take a long time to obtain, depending on the service or item. As a result, the program is exploring how to shorten those waits while at the same time maintaining active consumer engagement in activities designed to facilitate and enhance independence.

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.**

Not applicable.

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.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

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

Name of Program or Function	Independent Living Services - Blind
Location/Division	4800 North Lamar Boulevard Austin, Texas 78756 Division for Blind Services (DBS)
Contact Name	Barbara J. Madrigal, Assistant Commissioner
Actual Expenditures, FY 2012	\$2,653,369
Number of Actual FTEs as of June 1, 2013	34.10
Statutory Citation for Program	Workforce Investment Act of 1998 (P.L. 105-220) – Title IV, Rehabilitation Act Amendments of 1998, Independent Living Services and Centers for Independent Living (29 U.S.C. Chapter 16, Subchapter VII), Texas Human Resources Code, Title 5, Chapter 91.

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

The DARS Independent Living (IL) Blind Program enhances opportunities for individuals who are blind to live independently within their home and community. The program is designed to help blind and visually impaired Texans acquire the skills and knowledge they need to remain in their homes, as well as the self-confidence that comes from believing in their own ability to exercise independent choice and to live their life the way they choose within their community.

IL Blind services address the impact of vision loss so that consumers may do the following.

- Acquire information about local, state, and national resources related to blindness and disability.
- Are encouraged to use the information they acquire to access goods and services.
- Participate in individualized service planning.
- Learn to perform daily living tasks using adaptive techniques, which lead to self-confidence and success in a sighted community.

Program services focus extensively on understanding and experiencing the possibilities of living without fear and/or dependence on others. The primary approach is based on the consumer

handling their own daily living activities rather than someone performing tasks for them, and services are designed to reduce or decrease the need for long-term care. Examples include:

- learning to travel using a cane,
- shopping and preparing meals,
- identifying medications,
- using Braille to record and read information,
- managing financial records, and
- participating in recreation and other community events.

DBS IL-Blind workers (ILWs) serve a dual function; they are both case managers and direct service providers. As service providers, they assess the consumer’s situation in relationship to key self-help and daily living areas and address training strategies to achieve the consumer’s goals. The ILW provides in-home and/or group teaching services that help consumers acquire the skills they need to become independent in their home and actively involved outside the home. In some instances, individuals gain skills and confidence while participating in the IL program and recognize their ability to work again. In this situation, the consumer is transferred to the Vocational Rehabilitation (VR)-Blind Program.

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.

Internal and external measures are used to assess the effectiveness and efficiency of this program. Traditional measures address the population served, the number of individuals who successfully complete their program, the cost per individual served, and consumer satisfaction.

Consumers Who are Blind – IL	FY 2011	FY 2012
Number of consumers served	3,493	3,468
Number of consumers who achieved independent living goals (successful closures)	1,448	1,561
Percentage of consumers satisfied with services at case closure	99.2%	94%

To obtain the percentage satisfied with services, an independent contractor surveys IL-Blind consumers during the month after their cases are closed. The Independent Living Consumer Satisfaction Survey is a critical measure of whether consumer needs are being met, and it is an important tool to safeguard the quality of services. IL-Blind consumers consistently express high

satisfaction with program services. In FY 2011, there were 812 survey responses and in FY 2012 there were 655 responses.

The following data and observations describe the results from practices introduced to increase program effectiveness and efficiency over the last few years.

- A number of individuals receiving information and referral services, report that the information they received from the DARS *IL Guide* and from IL-Blind staff via phone contact met their independent living needs. The *IL Guide* is a publication that is mailed at the time of referral. In FY 2012, twenty percent of successful case closures were individuals who said that after receiving the guide, they had no additional need for agency services.
- A significant portion of individuals achieve their independent living needs via limited, in-home short-term services, such as labeling of appliances and clothing. In FY 2012, these individuals accounted for 26 percent of successful case closures.
- Group training provides opportunities for individuals to learn from one another, better understand their own abilities, and establish support networks. All regions in the state offer some type of group skills training based on consumer needs. Group skills training topics include Braille, cooking, and others. Some topics are offered as week-long mini-immersion classes.
- Some individuals require more in-depth in-home and community training to acquire the independent living skills they need, e.g., Braille or mobility for traveling. In FY 2012, individuals in this category made up 54 percent of IL-Blind consumers who successfully achieved their program goals.

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

Since its inception, the enabling federal legislation for independent living services (Rehabilitation Act of 1973, as amended, Title VII, Chapter 2) has remained consistent in its focus on self-advocacy and full inclusion.

1976

- The program begins as the Independent Living Rehabilitation Demonstration Project to serve blind and multi-handicapped individuals.

1978

- Amendments to the federal Rehabilitation Act of 1973 create the State Independent Living Services Program.

1979

- Federal grants become available via the Rehabilitation Services Administration (RSA) to fund centers for independent living (CILs).

2000

- Federal policy shifts from grant application to formula grant bring a significant increase in federal funds to the IL program.

2009

- The 80th Legislature provides the IL-Blind Program with additional funding for the biennium. A budget rider makes \$200,000 available annually to serve IL-Blind consumers who need assistive technology to avoid placement in a nursing home or similar placement. (The 81st and 82nd Texas Legislatures subsequently renewed the funding.)

2011

- The program receives funds through the American Recovery and Reinvestment Act - \$1.4 million for 2010 and \$1.1 million for 2011.

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 target population for the IL-Blind Program includes individuals whose blindness or significant visual impairment creates challenges to living independently. To be eligible for services, individuals must live in Texas and show documentation that they are in the United States legally. IL-Blind consumers tend to be older, are no longer able to work, and are experiencing serious vision loss that limits their daily living activities.

Other eligibility criteria, as established in the federal Rehabilitation Act of 1973, are:

- the consumer has a visual impairment that is a substantial limitation to living independently; and
- the delivery of IL services will improve the consumer's ability to function, continue functioning, or move toward functioning independently.

An individual is visually impaired if they have one of the following:

- visual acuity of 20/70 or less in the better eye with best correction,
- visual field of 30 degrees or less in the better eye, or
- a combination of both.

An individual is considered to be blind if they have either:

- visual acuity of 20/200 or less in the better eye with best correction, or
- a field restriction of 20 degrees or more, i.e., a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.

An individual is considered to have a substantial limitation to independent living when their vision results in one of the following:

- significant interference with the opportunity for independent living in the individuals residence, with family, or in their community;
- loss of independent living; or
- the need for special assistance to secure and maintain independence.

IL-Blind Statistical Profiles for FY 2012

Race/Ethnicity	Percent
White	57%
Hispanic	23%
African American	17%
Total	100%

Note: Consumers may report multiple race/ethnic categories

Gender	Percent
Female	65%
Male	35%
Total	100%

Primary Cause of Disability	Total Consumers	Percent
Macular Degeneration	997	29%
Diabetic Retinopathy	643	19%
Glaucoma	477	14%
Other	1,351	39%
Total	3,468	100%

Note: Percentages are rounded and may not add up to 100%

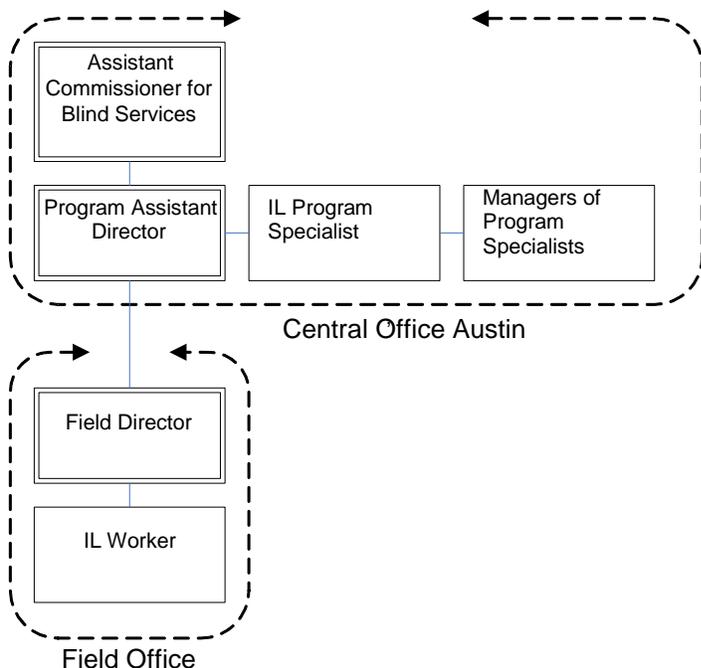
Education at Application	Total Consumers	Percent
High school graduate/equivalency	1,028	30%
Secondary education, no diploma	268	8%
Elementary education	234	7%
Post-secondary education, no degree	230	7%
Bachelor's degree	157	5%
Associate degree or voc/tech certificate	133	4%
Other	117	4%
Not reported	1,301	38%
Total	3,468	100%

Note: Percentages are rounded and may not add up to 100%

Additional Demographics	Value
Consumers having more than one disability	55%
Average age at application	67 years

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies or procedures. List any field or regional services.

IL-Blind Program services are provided by independent living caseworkers in field offices throughout the state. They report to 12 field directors. The field directors report to the directors of program management, who report to the assistant commissioner for blind services. In addition, two IL program specialists assist caseload and regional staff and work closely with the managers of program specialists in the central office to address administrative matters related to the IL-Blind Program, including program development, monitoring, reporting, and enhancement.



Agency policies and program procedures are delineated in the DBS Independent Living Manual, which is the day-to-day operational guide for IL workers.

Independent Living staff use the following process to help eligible consumers meet their independent living goals:

- Intake/application
- Eligibility determination
- Individualized written independent living plan
- Service provision
- Case closure – successful rehabilitation/unsuccessful rehabilitation

Program services are available across the state. Since vision loss can impact individuals in different ways, services are individualized and address each person’s goals in living independently. The most common services include:

- a detailed guide, Independent Living “How To” Guide, which provides information about blindness, low vision, and related resources;
- in-home short-term training and identification of strategies to sustain independence, e.g., marking stove, large button phones;
- group and in-home individual skills training in how to perform everyday tasks with little or no vision. These might include:
 - preparing meals,
 - identifying and organizing medication,
 - managing finances,
 - learning Braille or some other approaches to record and retrieve information,

- using a cane to travel in home and community, and
- monitoring diabetes through use of a talking blood glucose meter or learning to handle injections via adaptive methods.
- adaptive aids and devices for daily living, ranging from simple items to assistive technology;
- adjustment to blindness resources, e.g., referral to local support groups; and
- resources for recreation and socialization or other community participation.

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).

Funding sources for 2012 were as follows.

General Revenue	
Regular GR	\$402,546
Federal Funds	
Part B ILS	\$298,189
Older Blind	\$1,772,744
SSA VR	\$177,777
Other Funds	
Appropriated Receipts	\$1,829
Endowment	\$284
Total Funding	\$2,653,369

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

The independent living network of services is a collaborative effort of DARS, the Texas Department of Aging and Disability Services (DADS), and the statewide network of CILs. While each entity provides distinctly different types of services, they all share the goal of increasing the ability of individuals with disabilities to live more independently and be integrated in their community.

As required by the federal Rehabilitation Act of 1973, as amended, independent living services in Texas are described and prioritized in the Texas State Plan for Independent Living Services (SPIL). Critical partners in the State Plan include two designated state units, independent living programs at DARS (Division for Blind Services and Division for Rehabilitation Services), the network of CILs, and the State Independent Living Council (SILC). All of the service components described in the State Plan are related to the goal of full inclusion in community life for Texans with disabilities.

Independent Living service network representatives share information about their services so that staff in each sector can make appropriate and timely referrals, and, as needed, the IL-Blind Program refers individuals to other community resources. DBS IL-Blind Program staff also offers a statewide “train the trainer” service to promote independence.

The IL-General Program at DARS serves individuals with disabilities other than blindness with the intent to increase their opportunities to live independently. The IL-General Program tends to focus on purchasing adaptive equipment or medical treatments/therapies needed to accomplish living independently. It does not provide in-home and group independent living skills training to consumers.

CILs are community organizations that, under Title VII of the Rehabilitation Act, serve cross-disability populations. Centers provide four core services:

1. information and referral,
2. individual and system advocacy,
3. peer support, and
4. Independent living skills training and enhancement.

CILs may serve additional local needs and tailor their services to meet their community's specific needs. Therefore, each center may offer different classes, programs, and services. Examples of community services are:

- assistance with accessing benefit programs;
- sponsoring housing voucher programs; and
- a reading service.

Coordinating the relocation of individuals from nursing homes to the local community, in conjunction with DADS grants, has been a major CIL service for the past few years.

DADS provides funds to purchase personal and long-term care services for eligible consumers. These services are focused on attendant care and consumer medical needs. While these services provide supports that allow individuals with disabilities to live in the community or the least restrictive setting, they do not include training services that prepare blind or visually impaired consumers for independent living.

DADS also serves persons over the age of 60 through the network of local area agencies on aging. These services include benefits counseling, help for caregivers, health information counseling, and state ombudsman related to nursing homes. The Promoting Independence Initiative focuses on relocation from institution to community.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with 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.

Within DARS, the Division for Blind Services and the Division for Rehabilitation Services have policies that delineate the responsibilities of each IL program to ensure that no duplication occurs.

At a statewide level, matters affecting independent living are addressed through the DARS and DADS ex-officio representatives serving on SILC. SILC leads DARS, CILs, DADS, and the Texas Department of Housing and Community Affairs (TDCHA) in developing the State Plan for Independent Living (SPIL) every three years. The SPIL is submitted to RSA and is monitored quarterly to determine if Texas is meeting its independent living goals. Additionally, the SILC board of directors includes ex-officio representatives from DARS, DADS, and TDHCA, as well as voting members representing CILs, the Texas Association for Centers for Independent Living, disabled individuals, and community members. The broad representation on the board ensures that services are discussed and duplication is avoided.

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 RSA is the federal oversight agency for each state's IL programs. RSA's formula grant program provides the federal match for independent living programs. Every three years, DARS and SILC are required to submit the SPIL, which must be approved before federal independent living funds can be released to the state. Annually, DARS must report information about consumers served in the IL program to RSA. Throughout the year, RSA provides DARS with training and technical assistance in the administration of the IL programs.

- 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 following contracted expenditures are made through this program.

Contracted Service	General Purpose	FY12 Expenditure	Number of Contracts
Client Services	To provide goods and/or services which are primarily for the benefit DARS consumers and are for the purpose of carrying out agency programs.	\$692,778	107
Administrative Services	Goods and/or services acquired primarily for direct consumption or use by DARS in support of the agency's administrative operations.	\$4,571	5
Total		\$697,349	112

Top Five Contracts

Contractor	Contract Purpose	FY 2012 Dollar Amount
Christal Vision	Technology and Adaptive Equipment	\$136,391
Magnisight, Inc.	Technology and Adaptive Equipment	\$104,108
The Visionaries of Texas, LTD	Orientation & Mobility Evaluation Orientation and Mobility Training	\$51,734
Texas State Independent Living Council	Grants – Community Services Program	\$49,881
Kelley L. Trammell Rosser	Orientation & Mobility Evaluation Orientation and Mobility Training	\$22,866

Program divisions develop and maintain programmatic/performance requirements for contracted providers and staff procedures. Staff approves contractor payments for processing based on compliance with program/contract requirements. Contract managers are responsible for the day-to-day management and oversight of DARS contracts.

Contract Oversight and Support (COS), which is a section under the Chief Operating Officer division, establishes and maintains DARS-wide contracting policies and procedures, provides contracting support and technical assistance, conducts quality assurance reviews, and coordinates with HHS agencies on enterprise contracting issues. In addition, COS conducts an annual risk assessment of all DARS client services contracts to develop a statewide monitoring plan and leads monitoring of contractors identified for review on the monitoring plan.

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

The program does not award grants.

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

No statutory changes are needed to assist these programs in performing their functions.

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

There is no additional information necessary to gain a preliminary understanding of the Independent Living Services-Blind 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.**

Not applicable.

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.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

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

Name of Program or Function	Comprehensive Rehabilitation Services (CRS)
Location/Division	4900 North Lamar Boulevard Austin, Texas 78751 Division for Rehabilitation Services (DRS)
Contact Name	Cheryl Fuller, Interim Assistant Commissioner
Actual Expenditures, FY 2012	\$25,029,244
Number of Actual FTEs as of June 1, 2013	16.15
Statutory Citation for Program	Texas Human Resources Code, Sec 111.060.

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

DARS Comprehensive Rehabilitation Services (CRS) was implemented to fill a service gap for intensive rehabilitation services for individuals who have experienced a traumatic brain injury (TBI) or traumatic spinal cord injury (SCI). Before the CRS Program was available, consumers with TBI and SCI had few, if any, rehabilitation options. Two options were typically available for these individuals: spend the rest of their lives in a nursing home or live at home with the need for disability services and supports, which often were provided by family members. Living at home often required a family member to leave the workforce, which caused financial and other stress on the family. Further, vocational rehabilitation (VR) services were not an option because most consumers had no expectation of a vocational outcome because their injuries were so severe.

The CRS Program provides services needed to help consumers live independently in their home and community. The program focuses on three primary areas that affect both function and quality of life: mobility, self-care, and communication skills. Services are provided in the person's home, a hospital, a residential facility, or an outpatient clinic or in a combination of settings to encourage the maximum flexibility in service and gain toward independence. Depending on the consumers' needs, different program services are available: inpatient comprehensive medical rehabilitation services (ICMRS), post-acute brain injury (PABI) rehabilitation services, and outpatient therapies.

Inpatient Comprehensive Medical Rehabilitation Services

ICMRS provides medical services in a hospital. Services are coordinated and delivered by physicians and other medical professionals to address the consumer's physical, psychological, and rehabilitation needs. Often, these services are planned when a consumer is recently injured and lacks sufficient awareness about their new disability to manage many of the complicating factors associated with a traumatic injury. Primary interventions of ICMRS may include:

- medical supervision and treatment to help the consumer and those who support him or her learn to manage symptoms and prevent further disability;
- physical, occupational, cognitive, and speech therapy to improve functioning and develop strategies to perform or direct self-care and daily activities of living independently;
- prosthetic and/or orthotic appliances to improve the function of the arms and legs;
- psychological, social, and other services to help the consumer function in their community; and
- patient education to help support the consumer's knowledge and understanding of the disability, and to assist in coping with complications as they occur.

ICMRS addresses the consumer's medical and physiological needs, functional needs, and psychosocial needs. It is based on a need for 24-hour nursing rehabilitation services or day-treatment nursing rehabilitation services. These programs provide education and training for consumers and their family/support system. Holistically preparing a person for life with their family is a key factor in achieving success. Identifying needed supports helps families adjust to change, plan for the future, and sustain positive outcomes.

Post-Acute Brain Injury Rehabilitation Services

Providers of PABI rehabilitation services use an interdisciplinary team approach to deliver services aimed at improving cognitive deficits. The goal of treatment is to achieve functional changes by reinforcing, strengthening, or re-establishing previously learned patterns of behavior and/or establishing new patterns of cognitive activity, or compensatory strategies. For example, someone with a traumatic brain injury may have significant impairment in math functions. They may not be able to pay bills, count change, or complete any of the arithmetic problems that usually are addressed in daily living routines. The PABI provider may first try to re-teach math skills. If that approach doesn't work, other compensatory strategies are taught – alternative ways to maximize the consumer's residual skills. Learning to use a memory book to organize and retain information needed for everyday activities is one way of compensating for poor memory. If the approach works, it increases the consumer's confidence and allows for independence in different ways.

PABI services may be offered in a hospital setting, a residential setting, or in a day-treatment setting. The scope of services is extensive and addresses cognitive, psychosocial, and physical and medical rehabilitation needs.

These services differ from ICMRS programs in that the ICMRS program’s major focus is on medical needs while the PABI program’s major focus is on cognitive needs or the thought process.

Regardless of the approach, model, or combination of services used, outcomes are successful when the consumer leaves the program with a sense of meaning, goals for the future, and confidence in relationships with others that build a life where disability is just a part of the human experience.

Outpatient Therapy

Outpatient therapies include physical, occupational, cognitive, and speech therapy. Depending on the impact of the traumatic injury, combinations of therapies may be most effective to enhance the ability to function in the home and community. It is not unusual for consumers to need assistance in regaining gait, swallowing, and memory abilities in a rehabilitation program. Therapists work with consumers in a variety of settings, including clinical or home, to address the consumer’s specific needs and to teach others in the household how to help the consumer.

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 CRS Program improves a consumer’s ability to function independently at home and in the community. Therefore, effectiveness is measured according to the type of settings consumers reside in after they complete the program. In FY 2011 and FY 2012, almost 90 percent of consumers went on to live in private residences.

CRS Consumers	FY 2011	FY 2012
Number of consumers served	488	1008
Percent of consumers who went on to live in private residences	87%	88%
Percent of funds spent on cases closed as successful	92.5%	95.5%
Percentage of funds spent on core services	86%	87%
Percentage of consumers with Medicaid at Application	19%	20%
Percentage of consumers with Medicaid at Closure	36%	30%
The average cost per successful closure	\$53,960	\$43,345

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.

1986

- The 69th Legislature creates a Comprehensive Medical Rehabilitation Program to provide inpatient medical rehabilitation to consumers. Funding continues at approximately \$1 million per annum until 1991.

1991

- Federal policy shifts from grant application to formula grant bring a significant increase in federal funds to the IL program.
- The 72nd Legislature passes S.B. 195 creating the Texas Comprehensive Rehabilitation Fund (CRF) 107 Account and expands the types of services that can be provided for individuals with TBI or SCI under the Comprehensive Rehabilitation Services program (formerly the Comprehensive Medical Rehabilitation program). Funds are collected on surcharges on convictions of motor vehicle violations.

1997

- The 75th Legislature passes H.B. 2272 establishing that the source of CRS 107 funds will be surcharges on all misdemeanor and felony convictions (instead of vehicle violations) and also establishing that the CRF 107 Account will receive 12.37 percent of funds collected.

2003

- The 78th Legislature passes H.B. 2424 increasing the amount of each surcharge and decreasing the percent of the collections that go to the CRS 107 Account from 12.37 percent to 5.3218 percent. The change is revenue neutral.

2005

- The 79th Legislature passes S.B. 187 allowing DARS to carry forward \$1.5 million of all CRS funds to the next fiscal year. Previously, the carry-forward amount was limited to \$0.5 million annually.

2011

- The 82nd Legislature passes H.B. 442 increasing the amount of General Revenue dedicated funds appropriated to the CRF 107 Account from 5.3218 percent to 9.8218 percent.

2013

- The 83rd Texas Legislature appropriates additional funding for the CRS waiting list.

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 creation of the CRS Program resulted in a significant decrease in the number of consumers who needed nursing home care. For those who lived at home, the program created a significant decrease in the burden on the family to provide care for the individual because the individual learned to care for themselves or direct their own care. Each year, between 250 to 280 consumers improve so dramatically, they become eligible for Vocational Rehabilitation services, which helps individuals with disabilities develop and reach their goal to become employed.

Eligibility for the CRS Program requires that the consumer must:

- have a TBI and/or SCI that results in a substantial impediment to functioning independently in the home and the community in terms of mobility, self-care, and/or communication;
- be at least 15 years of age;
- be a citizen or resident alien of the United States;
- be a resident of Texas for at least six months or have a family member living in the state for at least six months who is, or will become, the consumer's primary caregiver;
- be sufficiently medically stable to participate actively in the program;
- be willing to accept treatment; and
- not be in the eligibility, plan initiated, or post-closure services phase of another rehabilitation services program.

CRS Statistical Profiles for FY 2012

Race/Ethnicity

White	80%
Hispanic	23%
African American	18%
American Indian/Alaskan Native	1%

Gender

Male	77%
Female	23%

Average Age at Application	37 Years
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Primary Disability	Percent*
Traumatic brain injury (TBI)	66%
Spinal cord injury (SCI)	29%
Both TBI and SCI	5%
Total	100%

* Percentages are rounded and may not total 100%

Education at Application FY 2012	Total consumers	Percent
Elementary Education	38	4%
Secondary education, no diploma	182	18%
High school graduate/equivalency	363	36%
Post-secondary education, no degree	214	21%
Associate degree or voc/tech certificate	82	8%
Bachelor's degree	75	7%
Special education certificate/in attendance	8	1%
Other	46	5%
Total	1,008	100%

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.

CRS services are provided by 62 Vocational Rehabilitation Counselors who carry partial CRS caseloads. Fifty DRS area managers oversee the work of counselors and technical and administrative staff.

Regional offices are located in Lubbock, Arlington, Austin, Houston, and San Antonio and provide management oversight and program support to field offices. Each regional office consists of a regional director, an operations director, and program specialists with CRS expertise. Regional medical services coordinators help field staff purchase hospital-based services and PABI rehabilitation services.

CRS central office program and operations staff are responsible for general oversight and support of field staff, state-level budget activities, and promulgation and distribution of policy and technical assistance. Subject matter expertise in CRS program and disability areas is available to all staff, statewide.

Applicants are generally referred to the CRS Program by hospitals, social workers, physicians, and other medical professionals. Their names are placed and tracked on the CRS Interest List while their cases are developed by CRS case managers who complete the application and begin the eligibility process, which ultimately results in an Individualized Written Rehabilitation Plan (IWRP), or plan of services. Eligible cases are then transferred from the case manager to a CRS counselor who assists the consumer and their support system to carefully match the needs and choices of the consumer with CRS service providers. As soon as the plan is completed, the case is then considered to be on the CRS Waiting List. As funding becomes available, the consumer who is first on the waiting list is moved into active services. Others are moved into services on a first-come, first-served basis as funding allows.

Once funds are assigned to the case, the consumer is removed from the waiting list and the CRS counselor, consumer, and family work closely to assure services are implemented according to the IWRP. As services are provided, the counselor works as a member of the treatment team to identify whether the consumer's progress toward their goals need to be supplemented with changes to the plan and ensures services are providing a substantial benefit towards independence. Throughout the process, the counselor works with the consumer and family to obtain information, provide education, and refer to additional resources to help them manage unanticipated issues in the rehabilitation process.

The counseling relationship between the counselor and the consumer is a fundamental part of the services provided. The consumer's case is closed successfully when the consumer and the counselor agree that all planned services were provided and the consumer has maximized their abilities to achieve their goals for independence at home and in the community. Referrals are made to needed support services such as medical services, support groups, independent living resources, and waiver services.

There are times when consumers are unable to sustain progress, choose not to participate, or do not follow through with a counselor's recommendations. When that happens, the consumer's case is closed as unsuccessful because the consumer's goals were not fully realized. Consumers are encouraged to reapply when their circumstances and needs change.

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).

Funding sources for 2012 were as follows.

General Revenue	FY 2012 Dollar Amount
Regular GR	\$ 6,491,053
General Revenue-Dedicated	
CRS	\$18,350,132
Other Funds	
Subrogation	\$188,059
Total Funding	\$25,029,244

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 CRS Program sponsors rehabilitation services similar to the DRS VR-General program at DARS. The two programs differ in that the CRS Program sponsors services to consumers who are not expected to benefit from an employment outcome. The program focuses instead on the consumer's function in the home and community with regard to mobility, activities of daily living and communication. Meanwhile, the VR-General program may use similar types of services, (e.g., PABI or outpatient therapies) but the goal of the program is to enhance abilities to engage in an employment outcome rather than independence.

Many of the specific services provided in the CRS Program are also paid by other programs such as private insurance, Worker's Compensation, Medicaid, Medicare, crime victim's funds, indigent health programs and the Veteran's Administration (VA). All sponsor some amount of rehabilitation services. While these services are similar, their eligibility criteria are different. These programs have different income-based criteria and different eligibility based on age. CRS counselors gather information relative to other available resources and apply benefits such as private health insurance, Medicaid, Medicare, worker's compensation benefits and indigent health services wherever possible.

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.

At application and throughout the life of the consumer's case, information about available resources is gathered by counselors and medical services coordinators in order to apply available comparable benefits. Counselors coordinate with other agencies to complement but not duplicate services that can be used as a resource. For example, CRS counselors, with appropriate consumer permission, work closely with the counselors in other organizations such as Medicaid Waiver programs or Veterans' services to share resource information and ensure that the coordination serves the consumer's interests. CRS medical services coordinators ensure that private insurance, crime victim's funds, Medicaid, Medicare and indigent health organizations pay for services when these resources are available. Coordinators also ensure that CRS funds are used only after other resources have been exhausted. When lawsuits have been initiated a subrogation process will determine the responsibility of third parties. That is, if a lawsuit determines a party responsible for rehabilitation, DARS legal department pursues payment for appropriate rehabilitation costs. Subrogation may also be used to obtain funding for acute and chronic needs of the consumer. The counselor helps the consumer understand these agreements and resources available to them to make choices about best use of programs and benefits over time.

A Memorandum of Agreement between DARS and the US Department of Veterans Affairs, Vocational Rehabilitation and Employment Services (DVA-VRE) focuses on the coordination of services to veterans with traumatic brain injury (TBI) and traumatic spinal cord injury (SCI). DARS provides TBI and SCI assistance under its Comprehensive Rehabilitation Services (CRS) program, through contracts with independent providers around the state. DVA-VRE provides similar services, but in more limited geographic areas. The MOA provides a clear understanding of services provided by each agency, methodology for making referrals and sharing information between agencies, and a system for coordinating services available from each agency. For example, a veteran/consumer may be eligible for VA benefits but unable to access them because of geographic constraints. In these cases, DVA-VRE would contact the DARS office nearest to the consumer, and DARS would facilitate referral of the consumer to the closest DARS-contracted provider. Eligible veterans may also receive additional services through the DARS CRS Program when those services are unavailable through DVA-VRE.

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.

CRS counselors help consumers apply to county indigent health programs to assist with medical care outside the scope of rehabilitation. There are no other known programs or resources available locally, regionally or federally.

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 following contracted expenditures are made through this program.

Contracted Service	General Purpose	FY12 Expenditure	Number of Contracts
Client Services	To provide goods and/or services which are primarily for the benefit DARS consumers and are for the purpose of carrying out agency programs.	\$22,338,465	105
Administrative Services	Goods and/or services acquired primarily for direct consumption or use by DARS in support of the agency's administrative operations.	\$0	0
Total		\$22,338,465	105

Top Five Contracts

Contractor	Contract Purpose	FY 2012 Dollar Amount
The Institute for Rehabilitation	Hospital Services-Assessment; Hospital Service Outpatient Diagnosis and Evaluation; PABI and Non-training Room/Board; Phys/Occup/Speech Therapy; Restoration Medical Services; Restoration-In Patient Surgery/treatment	\$2,840,372
Neurobehavioral Resources, Ltd.	PABI & Non Training Room/Board	\$2,827,180
Transitional Learning Center	PABI & Non Training Room/Board	\$2,067,370
E&J Health Care	PABI & Non Training Room/Board	\$1,816,129
Pate Rehabilitation Endeavors, Inc.	PABI & Non Training Room/Board	\$1,739,812

The majority of services in the CRS Program are purchased using contracts of three types: hospital contracts, post-acute brain injury rehabilitation provider contracts, and contracts for specific durable medical goods.

Program divisions develop and maintain programmatic/performance requirements for contracted providers and staff procedures. Staff approves contractor payments for processing based on compliance with program/contract requirements. Contract managers are responsible for the day-to-day management and oversight of DARS contracts.

Contract Oversight and Support (COS), which is a section under the Chief Operating Officer division, establishes and maintains DARS-wide contracting policies and procedures, provides contracting support and technical assistance, conducts quality assurance reviews, and coordinates with HHS agencies on enterprise contracting issues. In addition, COS conducts an annual risk assessment of all DARS client services contracts to develop a statewide monitoring plan and leads monitoring of contractors identified for review on the monitoring plan.

A review of PABI contracts reveals that the language in contracts varies significantly. As updates to contract language were developed they were not uniformly applied to all PABI contracts

leaving a large variation in language from one contract to the next. DARS is looking closely at the contracts and developing appropriate language that can be used with contracts for all PABI providers.

DARS is currently revising its methodology for setting contract rates. DARS is working with the Health and Human Services Commission rate analysis team to determine the best approach for setting rates and then will renegotiate contracts with providers for FY2015 using the new rate-setting methodology.

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

The program does not award grants.

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

DARS is undertaking a comprehensive review of this program and may identify statutory changes necessary to implement a revised program structure; however, at this time no statutory changes are needed.

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

In FY 2012, subsequent to passage of H.B. 442, the CRS Program received a large appropriation increase and served 1,008 individuals, an unprecedented number of consumers in the program's history. As a result, the CRS waiting list was eliminated. However, a large number of consumers were still receiving services at the end of FY 2012 and were carried over into FY 2013, making historical budget projection models ineffective for predicting program expenditures. As a result, DARS had to reinstate the program waiting list and identify additional funding sources for consumers in active status for the remainder of the fiscal year. DARS is currently performing an improvement project of the CRS Program operations with goals to do the following.

- Improve budgetary systems to achieve better predictability and flow of funds.
- Refine the approval process for encumbering funds and removing consumers from the waiting list to achieve better uniformity and predictability for consumers to know how long they might wait for funds.
- Identify data needs and system needs: Customize the electronic case management system, ReHabWorks, to yield better and more complete reports, which will help with describing and explaining the benefits and outcomes of the CRS Program.

- Establish a uniform and transparent rate-setting process for contracted services to achieve a defensible and fair process.
- Develop a contract procurement process for PABI contracts with a new rate- setting methodology which will assure that the process remains fair, transparent and vigorous relative to assessment of provider costs.
- Establish a standardized assessment tool for PABI services.
- Assess and make enhancements to the CRS service delivery process.
- Improve communication with providers and DARS staff regarding changes in the CRS process, contracts, rates, and the plan for serving consumers in FY 2014.
- Develop an ongoing evaluation plan for monitoring and tracking CRS Program changes.

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.

Not applicable.

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.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

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

Name of Program or Function	Blindness, Education, Screening, and Treatment Program (BEST)
Location/Division	4800 North Lamar Boulevard Austin, Texas 78756 Division for Blind Services (DBS)
Contact Name	Barbara J. Madrigal, Assistant Commissioner
Actual Expenditures, FY 2012	\$370,678
Number of Actual FTEs as of June 1, 2013	0.00
Statutory Citation for Program	Texas Human Resources Code, § 91.027

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

The objective of the BEST Program is to help eligible Texans prevent blindness. Functions of the program include two major activities:

1. provide adult vision screening services, and
2. pay for urgently needed eye medical treatment for adults who do not have health insurance or other resources.

BEST services are designed to reduce the number of Texans who lose their sight. The program encourages Texans to care of their eyes and seek professional care if they are at risk for potentially serious eye conditions. By assisting with medical treatment to prevent blindness, BEST helps Texans retain employment and support their families. The program saves federal and/or state funds that would otherwise be needed for rehabilitation and/or social services if blindness occurred.

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 BEST Program is assessed using two measures:

1. the average cost per individual served,
2. the number of individuals receiving screening and treatment services.

BEST Performance Measures	FY 2011	FY 2012
Total Number of individuals served (Screening and Treatment)	1,838	4,387
Number of individuals that received treatment services	93	100
Number of individuals that received screening services	1745	4287
Average \$ cost per individual receiving screening and treatment services	163	84
Percentage of target met	18.92%	130%

Note: FY 2011 performance measures were significantly impacted by a decrease in donations and in the screening budget. These reductions caused a delay in securing a screening contract. The screening contract was in place by the fourth quarter of FY 2011, but the impact to the number of individuals served was significant. The BEST Program continued to provide treatment services throughout FY 2011, and because the cost of surgical treatment services is significantly more than the cost of screenings services, the average cost per individual increased.

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

1997

- Texas enacts the BEST Program, as authorized by S.B. 1403.

The program was created to provide medical intervention and vision screening for adult residents of Texas who do not have the resources necessary to obtain treatment for eye conditions that pose an imminent risk of permanent or significant visual loss.

Today the BEST Program promotes proper eye care, helps prevent blindness, and reduces the need for rehabilitation services due to blindness. There have been no significant changes to the functions or services provided by the BEST Program since its inception.

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 vision screening services the individual must be an adult resident of Texas. To be eligible to receive BEST treatment services, the individual must be an adult resident of Texas who:

- has been referred to the program by their physician or optometrist;
- has certified to the physician or optometrist that they do not have health insurance or other available resources with which to pay for prescribed treatment to prevent blindness; and
- has been certified by the physician or optometrist as having a medically urgent eye condition that poses an imminent risk of permanent and significant visual loss if not treated with surgery or medical intervention.

BEST Statistical Profiles for FY 2012

Race/Ethnicity	Percent
Hispanic	94%
Caucasian	6%
African American	1%

Gender	
Female	62%
Male	38%

Average age	56 years
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Most common treated eye conditions	Percent
Diabetic retinopathy	90%
Glaucoma	4%
Detached retina	4%
Other	2%

* Consumers self report race/ethnicity and may report more than one category; therefore the sum may exceed 100%.

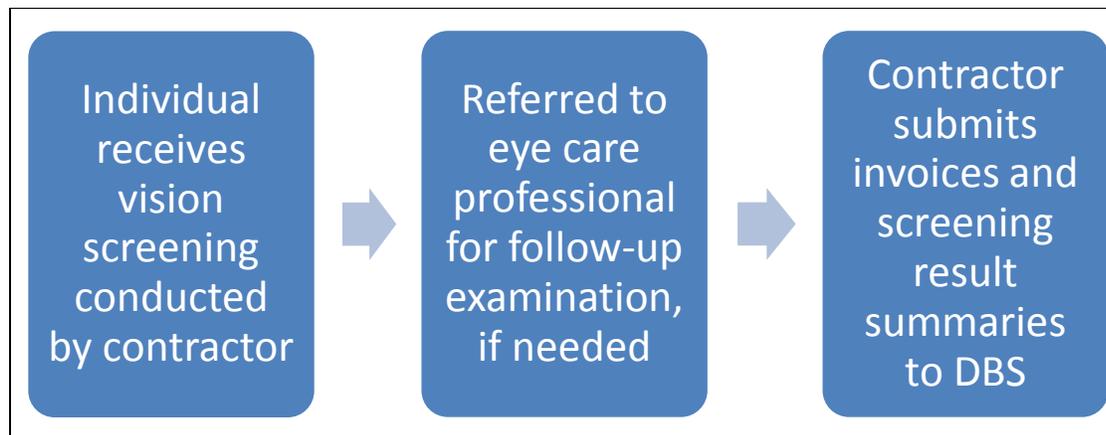
F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies or procedures. List any field or regional services.

Vision Screenings

Vision screening services for adult Texans are provided at locations across the state under a DARS contract for adult vision screening services. The contracted provider submits a monthly schedule of planned screening locations for approval by the BEST Program prior to service provision. All individuals who receive vision screening services are provided with screening results and, if necessary, are referred to their eye care professional for a follow-up examination.

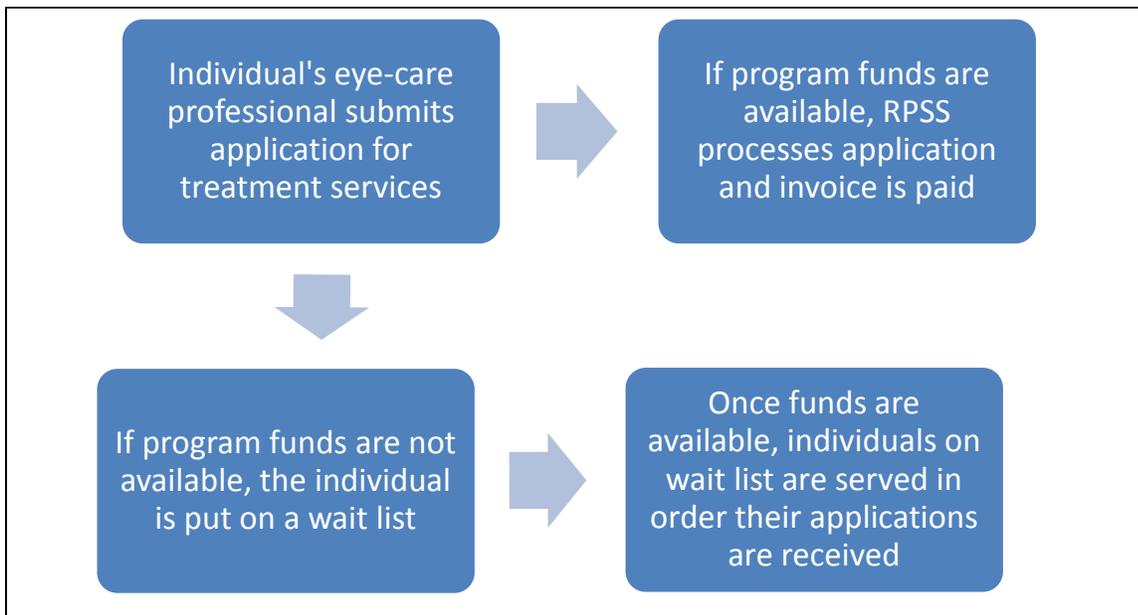
Once the screenings are completed, the provider submits monthly invoices to DARS that:

- detail the number of individuals screened at each of the approved locations;
- Summarize the demographic data for consumers at each location; and
- Summarizes the screening results for each location (passed, referred for acuity, referred for vision field, and referred for risk).



Treatment

The individual’s eye-care provider (usually an ophthalmologist or optometrist) submits applications for treatment services to one of six DARS Division for Blind Services offices (Austin, Dallas, Fort Worth, Houston, Lubbock, or San Antonio) to be processed by the regional program support specialist (RPSS) and the designated support staff in that region. All treatment services must be authorized in advance. Payment is based on the DARS DBS Maximum Affordable Payment Schedule rates, and invoices are processed and paid in accordance with standard agency procedures. A wait list is maintained when funding is inadequate to cover all of the applications for treatment services, and individuals on the wait list are served in the order their applications are received.



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).

Funding sources for 2012 were as follows:

General Revenue	FY 2012 Dollar Amount
Regular GR	\$370,678
Total Funding	\$370,678

By statute, Texas Transportation Code, Section 512.421(j), the sole funding source for the BEST Program is a voluntary one-dollar donation when Texans apply for or renew their Texas driver's license or identification card with the Department of Public Safety (DPS). DPS collects the donations and forwards the monies to the comptroller. The comptroller sends the funds to DARS, and the donations are allocated to the BEST budget.

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

Screening

Nonprofit agencies such as Prevent Blindness Texas, InFOCUS, Vision USA, and the Lions Clubs routinely provide vision screening services at health fairs, community clinics, and other settings. In general, these services are similar to the non-diagnostic vision screening services provided through the BEST Program; however, there are some clear distinctions between the BEST Program and these other agencies or programs.

- The Lions Club International Screening events are for early childhood intervention only, whereas BEST sponsors adult community vision screenings and does not serve children.
- Prevent Blindness of Texas also sponsors many vision screening events for children, employee groups, and senior citizens. BEST vision screenings, however, are limited to adult screenings and occur at community centers or at employer locations where vision screening plans are not offered.
- InFOCUS is geared to increasing access to affordable vision care for needy families only, and aims to establish “vision stations” in low-income areas. They also provide discounted glasses to individuals in need. Although the BEST Program only serves individuals without health insurance coverage, there are no income criteria to be eligible to receive services.
- Vision USA provides screenings services; however, there is not a local chapter that provides these services in Texas.

Treatment

With respect to treatment services, nonprofit groups such as the Knights Templar Eye Foundation, Celebrate Sight, Lions Clubs International, and EyeCare America, as well as county hospitals and county-based indigent healthcare programs, provide assistance for medical and surgical treatment of eye conditions. However, some distinctions exist, as are detailed below.

- The Knights Templar Eye Foundation recently has limited participation for direct patient care except for their work with the Seniors Eye Care Program, which serves only U.S. citizens or legal residents who are age 65 or older. The BEST Program does not have an eligibility requirement related to age and has only a Texas residency requirement.
- Celebrate Sight provides specific medical treatments for individuals with glaucoma who do not have insurance coverage, whereas the BEST Program can assist individuals with diabetic retinopathy, detached retina, or any other eye condition posing a risk of blindness.
- Celebrate Sight only provides services to citizens or legal residents who are at high risk for glaucoma, are age 50 or older, or meet other criteria to be considered high-risk, while the BEST Program serves all adults who are residents of Texas.
- Lions Club International provides treatment services outside of the United States. The Lions Clubs treatment services are limited to maintaining and providing the world with corneal tissue, which surgeons use to restore sight for individuals with diseased or injured corneas.

The BEST Program provides treatment services for conditions other than diseased or injured cornea.

- EyeCare America and the Foundation of the American Academy of Ophthalmology provide eye care to medically underserved seniors and seniors who are at a greater risk for eye disease only, whereas BEST serves adults who may not be considered seniors.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with 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 BEST Program works closely with vision screening contract providers to ensure that screening services are available in as many locations as possible statewide; however, BEST funding historically has been inadequate to meet the need for these services. The screening and treatment services sponsored by BEST are not duplicated by similar programs because their eligibility criteria related to age, citizenship, or specific eye conditions exclude the populations that BEST currently serves.

Most applicants for BEST treatment services do not meet program criteria for DARS vocational rehabilitation (VR) services or independent living services; however, the application for BEST treatment services offers each individual the opportunity to request information about the VR-Blind Program and/or the Independent Living-Blind Program. Further, the DARS regional program support specialists who receive and process BEST applications can refer potential candidates to the appropriate program for possible services.

When an application for BEST treatment services is received from an individual who resides within an area of the state served by a county hospital, the treating eye-care provider (usually an ophthalmologist or optometrist) is notified that the patient is eligible to use that resource and therefore is not eligible for the BEST Program. Efforts also are made to coordinate assistance through county-based indigent healthcare programs if the individual appears to meet their criteria.

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.

Not applicable.

- 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 following contracted expenditures are made through this program.

Contracted Service	General Purpose	FY 2012 Expenditure	Number of Contracts
Client Services	To provide goods and/or services which are primarily for the benefit DARS consumers and are for the purpose of carrying out agency programs.	\$0	0
Administrative Services	Goods and/or services acquired primarily for direct consumption or use by DARS in support of the agency's administrative operations.	\$112,000	1
Total		\$112,000	1

Top Five Contracts

Contractor	Contract Purpose	FY 2012 Dollar Amount
Prevent Blindness of Texas	Contracted Screening Services	\$112,000

Note: While there is only one contract associated with the screening services provided through the BEST Program, many eye-care providers across the state provide treatment services that are reimbursed by purchase order.

Program divisions develop and maintain programmatic/performance requirements for contracted providers and staff procedures. Staff approve contractor payments for processing based on compliance with program/contract requirements. Contract managers are responsible

for the day-to-day management and oversight of DARS contracts.

Contract Oversight and Support (COS), which is a section under the Chief Operating Officer (COO) division, establishes and maintains DARS-wide contracting policies and procedures, provides contracting support and technical assistance, conducts quality assurance reviews, and coordinates with HHS agencies on enterprise contracting issues. In addition, COS conducts an annual risk assessment of all DARS client services contracts to develop a statewide monitoring plan and leads monitoring of contractors identified for review on the monitoring plan.

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

The program does not award grants.

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

The BEST Program could be improved through a statutory change that would increase funding to pay for more vision screening services and more treatment services. DPS accepts voluntary donations for the BEST Program under the provisions of Title 7 of the Texas Transportation Code. As detailed in Section 521.421(j) for driver's licenses and Section 521.422(b) for DPS-issued identification cards, these provisions limit the public's ability to make a BEST donation to only those transactions that involve the issuance or renewal of a license and/or identification card and limit the donation contribution to \$1.

It is reasonable to assume that the annual dollar amount of voluntary donations to the BEST Program would increase if the public had additional opportunities to make such donations. Opportunities to make voluntary donations could be increased by expanding DPS authority to accept donations to include transactions beyond the issuance or renewal of a driver's license and/or identification card and increasing the amount that a donor can choose to contribute. Such opportunities could include, for example, situations where:

- an individual needs to apply for a duplicate license or identification card because they lost their license or changed their address;
- a newly-married woman needs to change her last name on her driver's license or identification card;
- an individual is replacing lost or stolen license or identification card;
- an individual is reinstating suspended license or identification card;
- an individual is receiving a hardship or provisional license/permit;
- a licensed driver needs to change their existing license to add additional authorization or make a change in classification (for instance, amending an existing driver's license to include authorization to operate a motorcycle or moped); or

- an individual is obtaining or renewing a commercial driver's license.

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

The BEST Program is a unique program focused on promoting the benefits of good eye care (screening services) and preventing blindness or permanent vision loss (treatment services). Because the program's sole source of funding is voluntary donations when Texans apply for or renew their Texas driver's license or DPS-issued identification card, the BEST Program provides critically important services without requiring federal or state resources.

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.

Not applicable.

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.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

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

Name of Program or Function	Centers for Independent Living (CILs)
Location/Division	4900 North Lamar Boulevard Austin, Texas 78751 Division for Rehabilitation Services (DRS)
Contact Name	Cheryl Fuller, Interim Assistant Commissioner
Actual Expenditures, FY 2012	\$2,684,160
Number of Actual FTEs as of June 1, 2013	0.00
Statutory Citation for Program	Federal Workforce Investment Act, of 1998, Title IV, VI and VII Rehabilitation Act Amendments of 1998; Texas Human Resources Code, Chapter 117, Section 117.071

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

Centers for Independent Living (CILs) are community-based, cross-disability, nonresidential, private nonprofit agencies that provide an array of independent living (IL) services. The services include the four “core services” mandated by the federal Rehabilitation Act.

1. Information and Referral – Sharing of data and resources of particular interest or use to people with disabilities.
2. IL Skills Training – Enhancing personal capacity through individual and group instruction in topics such as housekeeping, grooming, money management, and use of adaptive devices.
3. Peer Counseling – Advising and helping individuals and family members adjust to disability through mentoring and role modeling.
4. Advocacy – Resolving issues that impede service delivery and equal access to community facilities and programs; advancing social change by involvement in community issues that impact the ability of Texans with disabilities to live independently.

Centers for Independent Living are operated by staff, the majority of whom have disabilities and may have been CIL consumers.

Centers for Independent Living help people with disabilities achieve and/or maintain their optimal level of self-reliance and independence. The Independent Living philosophy emphasizes that people with disabilities are the best experts on their own needs, have crucial and valuable perspectives to contribute to society, and deserve equal opportunities to decide how to live, work, and take part in their communities. Centers for Independent Living advance this philosophy and the rights of people with disabilities through consumer-driven advocacy. They further the mission of the IL network to promote the leadership, empowerment, independence, and productivity of Texans with disabilities and integration and full inclusion into the mainstream of community life.

The majority of CILs in Texas provide relocation assistance for people leaving nursing facilities for an environment of their own choice, equipment loans, and help with selecting assistive technology to meet their needs. CILs also may contract to provide additional services, including counseling, securing housing or shelter, accessing consumer information programs, individual and group social and recreational activities, and community awareness programs.

The IL service network in Texas includes:

- DARS,
- 29 CILs,
- the State Independent Living Council (SILC), and
- the Texas Association of Centers for Independent Living (TACIL).

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 CIL contract includes a work plan listing activities the CIL will complete during the contract period.

Centers for Independent Living funded by DARS must report annually on a number of deliverables, including:

- number of consumers who requested and received IL services,
- number of consumers who set goals related to significant life areas (such as mobility or self-care),
- number of consumers whose goals are in progress, and
- number of consumers who achieved their goals as a result of receiving IL services.

The following statistics describe services provided by the 15 CILs that received DARS funding during FY 2012.

Service	Number of Services Provided*
Information & Referral (I & R) - General	44,051
IL Skills Training & Life Skills Training	14,878
Advocacy/Legal	18,283
Peer Counseling	9,663
Recreational	5,559
Housing, Home Modifications, & Shelter	7,029
Transportation	9,842
Vocational	3,466
Youth	5,607
Communication	5,116
Assistive Devices/Equipment	4,352
ADA Technical Assistance	4,621
Relocation from Nursing Home or Institution	2,058
Counseling and related services	2,489
Children's Services	303
Preventative services	1,513
Personal assistant services	1,025
Other	1,975
Total	141,830

**CIL consumers (with a plan or waiver) may have used these services multiple times. These are consumers who have taken part in the development of their plan (plan) or those who have chosen to waive participation in plan development (waiver).*

The following statistics describe services provided by the 15 CILs that received DARS funding during FY 2011.

Service	Number of Services Provided*
Information & Referral (I & R) - General	3,014
Advocacy/Legal	1,651
IL Skills Training & Life Skills Training	1,018
Peer Counseling	782
Relocation from Nursing Home or Institution to Community	758
Vocational	712
Assistive Devices/Equipment	676
Communication	644
Transportation	558
Recreational	546
Housing, Home Modifications, & Shelter	465
Youth	331
I & R - Assistive Technology	99
Children's Services	53
I & R - Transportation	41
Other	521
Total	11,869

**CIL consumers (with a plan or waiver) may have used these services multiple times. These are consumers who have taken part in the development of their plan (plan) or those who have chosen to waive participation in plan development (waiver).*

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.

1984

- With the assistance of both state and federal funds, the Texas Rehabilitation Commission establishes 10 CILs, the first CILs in Texas.

2007

- The 80th Legislature appropriates DARS funding to establish two additional CILs.

2009

- The 81st Legislature appropriates DARS funding to establish three additional CILs.

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.

Any individual with a significant disability, as defined by the Rehabilitation Act, is eligible for IL services under the CIL Program. Eligible individuals may seek information about IL services and request a referral to other services and programs for individuals with significant disabilities, as appropriate. CILs provide services without regard to age, gender, national origin, race, religion, or type of significant disability.

CILs do not impose any state or local residence requirement that excludes any individual who is present in the state and who is otherwise eligible for IL services from receiving CIL services.

Outcomes – FY 2012

- Total consumers served under a plan or waiver: 5,112

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 State of Texas, through DARS, funds 15 of the 29 CILs in Texas. Services are coordinated between DARS and the CILs to ensure that consumers in the CIL service areas have access to a full range of IL services.

Most CILs also receive funding directly from the Rehabilitation Services Administration (RSA). The RSA is part of the Office of Special Education and Rehabilitative Services (OSERS) in the U.S. Department of Education. Centers for Independent Living also access other funding that includes the following:

- grants from foundations, corporations, or trusts;
- fee for service contracts, often with state agencies or other organizations that serve people with disabilities;
- city or county local funding through Area Agencies on Aging or Community Development Block Grants;
- other federal or state funding, such as demonstration or pilot projects, the Social Security Administration, Centers for Medicare and Medicaid Services, the Department of Aging and Disability Services, and the Texas Department of Housing and Community Affairs; and
- local fundraising efforts.

Having partnerships between CILs and ILS counselors maximizes the use of funds and resources to serve Texans needing ILS. Examples include the following.

- Independent Living Services counselors referring applicants to CILs for needed services available from the CILs. If the CIL can meet the applicant's needs and DRS will not provide additional services, developing an IWRP or Waiver is not necessary.
- Centers for Independent Living referring applicants to ILS counselors for needed services not available through the CILs.
- Cases where services available from both ILS counselors and CILs are needed to enable consumers to become or remain independent.

State-funded CILs, the SILC, and any recipients of demonstration grants are subject to oversight and monitoring – both fiscal and programmatic – by DARS staff. Each year, state-funded CILs must submit a work plan and budget for review and approval by DARS. Any necessary changes are negotiated, and the contract is formally awarded for the state fiscal year.

Program Improvement

DARS staff identified areas for improvement and made changes to forms, tools, policies, and handbooks DARS-funded CILs use in administering their DARS contracts, as well as those that DARS CIL contract managers use to manage and monitor them. Training was provided to the CILs to discuss changes. Materials including provider standards for CILs, contract applications, forms, reports, and instructions were updated and streamlined for enhanced clarity and ease of use. Monitoring and technical assistance activities were clarified and expanded to enhance accountability, support, consistency, and program effectiveness.

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).

Funding sources for 2012 were as follows.

General Revenue	FY 2012 Dollar Amount
Regular GR	\$1,250,000
Federal Funds	
SSA-VR	\$1,434,160
Total Funding	\$2,684,160

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.

Centers for Independent Living are a critical link to the service delivery systems of other health and human services programs in local communities. They provide expertise in navigating the array of community services that otherwise may not be discovered by a person with a severe disability.

Centers for Independent Living are the primary provider of independent living services, as defined in the Rehabilitation Act. CILs are community-based, non-residential organizations that provide services to Texans with significant disabilities. CILs work with DARS, DADS, and other community partners to help people who have significant disabilities access health and human services programs.

Although a variety of private for-profit and not-for-profit agencies provide advocacy, information and referral, and related services to persons with significant disabilities, their services are not specifically designed to promote a philosophy of independent living. This philosophy promotes consumer control, peer support, self-help, self-determination, equal access, and individual and systems advocacy to maximize the leadership, empowerment, independence, and productivity of individuals with significant disabilities.

CILs and Department of Aging and Disability Services (DADS) Aging and Disability Resource Centers (ADRCs)

Aging and Disability Resource Centers serve as single points of entry into the long-term supports and services system for older adults and people with disabilities of all income levels. They focus on integrating, coordinating, and strengthening existing long-term supports and services systems, including Area Agencies on Aging (AAAs), state and local Medicaid offices, and other community-based organizations, including CILs. They assist individuals, their families, and caregivers to identify, understand and access long-term services and supports options available to them, including those offered by publicly-funded programs such as CILs. Centers for Independent Living and ADRCs both provide information and referral services among their core services. Information and referral services from both entities are intended to facilitate, expand and enhance consumer access to home and community-based services. Both CILs and ADRCs serve individuals of all ages, disabilities, and income levels.

Both CILs and ADRCs focus on maximizing the ability of the individual to remain in the community to the greatest extent possible.

However, while ADRCs serve all people with disabilities and functional limitations, they focus on the older adult population and identifying long-term service and support options for this population. Centers for Independent Living offer services, such as independent living skills training, that emphasize development of individual skills and abilities that the consumer may then use to develop or maintain independence in the home and community and, by extension, have a reduced need for long-term services and supports.

Centers for Independent Living are unique in that consumer control exists on every level: at least fifty one percent of CIL staff, management staff and the CIL's Board of Directors must be people with disabilities. This ensures consumer control in decision-making positions. Through peer counseling services, staff serves as role models, demonstrating that people with disabilities can be independent and productive. Their knowledge, support and guidance help to create informed choice options that give consumers the confidence to develop and pursue their own independent living goals.

While CILs work with people of all disabilities in their locale, often consumers are receiving independent living services from DARS as well. When a CIL, DADS, and DARS are all serving a consumer through relocation services, the DARS independent living services counselor, CIL, and DADS team work collaboratively to use resources available to each program to arrange services together to most effectively benefit the consumer.

DARS independent living programs provide short-term services, including non-residential services through community-based CILs, to help individuals with significant disabilities, including those who are blind or visually impaired, live more independently in their community and potentially avoid living in an institution. These services promote the philosophy of independent living through consumer control, peer support, self-help, self-determination, equal

access, and individual and systems advocacy. The program's goals are to maximize the leadership, empowerment, independence, and productivity of people with disabilities and to ensure their integration and full inclusion in society.

DADS' community programs provide long-term services designed to assist individuals throughout their entire lives. The DARS programs are appropriately placed within the agency because they are consistent with DARS' vision of inclusiveness for people with disabilities and they align with the agency's time-limited services intended to help people live independently without long-term supports.

CILs and DADS Money Follows the Person (MFP) relocation services

Texas is one of thirty states receiving federal funding intended to help persons who are elderly or who have disabilities move from institutional settings into the community. The Department of Aging and Disability Services (DADS) administers the Money Follows the Person Initiative, which helps people receiving long-term services and supports in nursing facilities return to the community to receive services without having to be placed on interest lists. DADS has a contractual relationship with many CILs to provide relocation assistance to individuals transitioning from nursing facilities to the community.

CILs that have a contractual relationship with DADS to provide relocation assistance to individuals transitioning from a nursing facility to the community provide the following services:

- outreach,
- identification and assessment of supports required for successful relocation,
- relocation assistance, including providing information about Medicaid 1915(c) waivers, transition plans, advocacy, and coordination of services and establishing a residence in the community, and
- post-transition services.

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 DARS Division for Blind Services and Division for Rehabilitation Services have policies and guidelines that delineate the responsibilities of each program and helps avoid duplication of services between those programs and services funded through the CILs, while still allowing for cooperation and coordination among all programs.

At a statewide level, matters affecting independent living are addressed through the ex officio representatives from DARS and DADS serving on the SILC. DARS has two ex officio representatives who participate in and coordinate with SILC.

DRS and DADS participate in the Promoting Independence Initiative. Centers for Independent Living often contract with DADS to provide relocation services through the Money Follows the Person program. DADS focuses on relocating people with disabilities from institutions to communities of their choice. This has been, and continues to be, a major initiative for DADS. DRS ILS also helps consumers transition from institutions to community homes or apartments by providing needed assistive equipment or technologies that are not available from DADS.

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 Rehabilitation Services Administration (RSA) is the federal oversight entity for each states vocational rehabilitation (VR) and IL programs. RSAs formula grant program provides the federal match for the VR, IL, and CIL programs.

Every three years, DARS and the SILC are required to submit a State Plan for Independent Living that must be approved by RSA before federal IL funds and federal funds to CILs can be released to the state. DARS sends the RSA an annual report on important information about consumers served in the VR and IL programs and CILs. Throughout the year, RSA provides training and technical assistance to DARS in administration of the VR and IL programs and CILs.

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 following contracted expenditures are made through this program.

Contracted Service	General Purpose	FY 2012 Expenditure	Number of Contracts
Client Services	To provide goods and/or services which are primarily for the benefit DARS consumers and are for the purpose of carrying out agency programs.	\$2,635,772	15

Contracted Service	General Purpose	FY 2012 Expenditure	Number of Contracts
Administrative Services	Goods and/or services acquired primarily for direct consumption or use by DARS in support of the agency's administrative operations.	\$0	0
Total		\$2,635,772	15

Top Five Contracts

Contractor	Contract Purpose	FY 2012 Dollar Amount
Rehabilitation Education and Advocacy	Community Services Program	\$250,000
The Valley Association for Independent Living	Community Services Program	\$250,000
Lifetime Independence for Everyone, Inc.	Community Services Program	\$250,000
Rehabilitation Education and Advocacy	Community Services Program	\$250,000
Mounting Horizons	Community Services Program	\$232,459

Program divisions develop and maintain programmatic/performance requirements for contracted providers and staff procedures. Staff approves contractor payments for processing based on compliance with program/contract requirements. Contract managers are responsible for the day-to-day management and oversight of DARS contracts.

Contract Oversight and Support (COS), which is a section under the Chief Operating Officer division, establishes and maintains DARS-wide contracting policies and procedures, provides contracting support and technical assistance, conducts quality assurance reviews, and coordinates with HHS agencies on enterprise contracting issues. In addition, COS conducts an annual risk assessment of all DARS client services contracts to develop a statewide monitoring plan and leads monitoring of contractors identified for review on the monitoring plan.

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

The program does not award grants.

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

No further statutory changes are needed to assist the program in performing its functions.

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

State Plan for Independent Living

Authorization for the establishment and operation of SILC is in the 1992 amendments to the federal Rehabilitation Act. Although the council is mandated by federal law and uses federal funds, it is not a governmental agency, but rather a non-profit 501(c)(3) tax exempt organization. The purpose of the SILC is to develop the State Plan for Independent Living. The three-year plan is approved by RSA and sets parameters and establishes goals for providing IL services in Texas. SILC also is charged with monitoring the implementation and effectiveness of the State Plan for Independent Living. This three-year plan is required for the state and the CILs to receive federal funding. Other roles of the SILC are systems advocacy, public education regarding disability-related topics, and technical assistance concerning the independent living philosophy and approach.

The Rehabilitation Act also requires that the State Plan for Independent Living establish priority areas for funding new CILs. As funding becomes available, through either the federal or state budget, those areas are considered available to submit a proposal to become a CIL. Proposals are screened to see if they meet the requirements in effect under either Section 725 standards of the Act (for federally-funded CILs) or the DARS Standards for Providers, chapters 7 and 8, (for state-funded CILs). DARS standards mirror those found in the Act.

RSA oversees federally funded CILs. DARS staff generally are invited to participate when RSA sends a monitoring team to a Texas CIL, but otherwise are not involved in those grants.

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.**

Not applicable.

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.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

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

Name of Program or Function	Communication Access Services for Individuals who are Deaf or Hard of Hearing
Location/Division	4900 North Lamar Boulevard Austin, Texas 78751 Division for Rehabilitation Services (DRS), Office for Deaf and Hard of Hearing Services (DHHS)
Contact Name	Cheryl Fuller, Interim Assistant Commissioner
Actual Expenditures, FY 2012	\$2,241,933
Number of Actual FTEs as of June 1, 2013	5.55
Statutory Citation for Program	Texas Human Resources Code, § 81.006

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

The objective of DHHS Communication Access Services for Individuals who are Deaf or Hard of Hearing is to remove barriers that impede communication so a person who is deaf or hard of hearing can function effectively in the community and become or remain self-sufficient. Barriers to communication include: resistance to providing interpreter or Communication Access Realtime Translation (CART) services, intolerance towards persons with a disability, and a lack of understanding or knowledge about laws governing services provided to persons who are deaf or hard of hearing.

Hearing Loss Resource Specialists

Hearing loss resource specialists help people who are hard of hearing or recently deafened use their residual hearing and adjust to their hearing loss. The specialists assess the needs of the individual and the individual's family and identify strategies to improve the person's quality of life by providing essential training and information. A needs assessment may be conducted at the person's workplace or in an educational or community setting. Training may include information about communication strategies, coping strategies, assistive technology, hearing loss awareness, cochlear implants, and hearing aids.

Specialists also help to persons who are hard of hearing by:

- locating advocacy services and other community resources;

- consulting with companies and individuals where the person is at risk of losing their job due to the impact of their disability;
- providing alternative methods for using the telephone;
- helping individuals request reasonable accommodations; and
- suggesting coping mechanisms for the individuals and their families, e.g., how to ask a person to rephrase words for better clarity by saying “five-zero” rather than “fifty.”

Individuals who suddenly lose their hearing may no longer feel connected to their surroundings.

Deafness Resource Specialists

Deafness resource specialists provide advocacy and self-empowerment training to persons who are deaf or hard of hearing. They also provide information about federal and state mandates that guarantee individuals who are deaf or hard of hearing equal access to services, education, and employment. In addition, deafness resource specialists provide training and guidance to local governments, service providers, and businesses to help them understand the unique needs of people who are deaf or hard of hearing.

Deafness resource specialists provide services that are similar to those provided by the hearing loss resource specialist. However, services from deafness resource specialists are intended for individuals who do not have residual hearing.

Senior Citizens Program

The Senior Citizens Program provides elderly persons who are deaf or hard of hearing with basic life skills training and life enrichment activities to help reduce isolation, including:

- blood pressure checks,
- coping skills, and
- field trips to environments where people communicate directly with each other, such as gardens, trails, and food markets.

Last Resort Communication Services Program

When there are no other resources available, the Last Resort Communication Services Program provides sign language, oral interpreter, and CART services to help individuals access essential services and participate in community activities. For example, individuals who are deaf or hard of hearing and do not know sign language can read a conversation word-for-word using a court stenographer who is specifically trained to translate the spoken word to text.

The Last Resort Communication Services Program helps organizations by paying for a communication service, for example CART, the first time it is requested. This approach provides an incentive for the organization to meet a person’s ongoing needs and educates the organization about their responsibility to provide communication 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.

Communication Access Services for Individuals who are Deaf or Hard of Hearing contractors are required to submit monthly reports. The totals for FY 2011 and FY 2012 are included in the following chart.

Deaf and Hard of Hearing Services	2011	2012
Number of Deaf and Hard of Hearing Consumers who received communication access services	48,287	42,543
Target from 2012-2013 Legislative Appropriations Request	50,000	50,000
Percent of Target Met	96.6%	85.1%
Number of presentations provided	1,095	904
Number of consumers served using presentation type settings	3,319	2,552
Number of consumers assisted with employment goals, which includes working with DARS Vocational Rehabilitation counselors in assessing a consumer's needs for assistive listening equipment	8,628	7,719
Completed consumer surveys regarding types of services delivered and effectiveness of the service provider	107	174
Number of state agencies served	1,503	1,275
Number of hours spent serving a consumer	21,843	22,283
Number of hours spent serving a state agency	5,816	6,517

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.

1998

- A pilot project in East Texas, through a cooperative effort with the Texas Rehabilitation Commission and Texas Commission for the Deaf and Hard of Hearing, demonstrates that the resource specialist concept is effective and beneficial to the target population of persons who are deaf or hard of hearing.

1999

- The 76th Texas Legislature appropriates funding to the Texas Commission for the Deaf and Hard of Hearing for a resource specialist project in each of the 11 Health and Human Services Commission Regions through contracts with 20 of the state's largest agencies that interact with the public.

2005

- The DARS Office for Deaf and Hard of Hearing Services merges with the DARS Division for Rehabilitation Services.

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.

Resource Specialist Programs

Resource Specialist Programs serve individuals who are deaf or hard of hearing and helps agencies and other service providers serve these consumers. There are no statutory eligibility requirements.

Senior Citizens Program

The Senior Citizens Program serves individuals who are deaf or hard of hearing and age 60 and older.

Last Resort Communication Services Program

The Last Resort Communication Services Program serves individuals who are deaf or hard of hearing. There are no statutory eligibility requirements.

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 Communication Access for Individuals who are Deaf or Hard of Hearing programs operate through contracts awarded for one-year terms with three one-year renewal options.

DRS central office staff provides oversight of the contracted service providers who serve each of the 11 Health and Human Services regions across the state.

Resource Specialist Programs

Two DHHS staff members report to the director of DHHS in the DRS central office and serve as the contract managers for the Resource Specialist Program contracts. These staff members

provide training and ongoing technical assistance to contractors. One staff member specializes in deafness and advocacy, and the other specializes in hearing loss and strategies for coping with hearing loss.

Senior Citizens Program and Last Resort Communication Services Program

One DRS central office staff member reports to the Director of DHHS and serves as the contract manager for the Senior Citizens Program and Last Resort Communications Services Program. The staff member provides training and ongoing technical assistance to contractors.

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).

Funding sources for 2012 were as follows:

General Revenue	
Regular GR	\$ 711,133
GR Match for VR	\$ 338,167
<hr/>	
Federal Funds	
Basic Support	\$1,192,405
<hr/>	
Other Funds	
Appropriated Receipts	\$ 228
<hr/>	
Total Funding	\$2,241,933

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.

DARS is unaware of other statewide programs that provide identical or similar services or functions to the target 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.

DARS is unaware of other statewide programs that provide services described above for people who are deaf or hard of hearing.

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.

Not applicable.

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 following contracted expenditures are made through this program:

Contracted Service	General Purpose	FY12 Expenditure	Number of Contracts
Client Services	To provide goods and/or services which are primarily for the benefit DARS consumers and are for the purpose of carrying out agency programs.	\$1,888,453	48

Contracted Service	General Purpose	FY12 Expenditure	Number of Contracts
Administrative Services	Goods and/or services acquired primarily for direct consumption or use by DARS in support of the agency's administrative operations.	\$9,677	2
Total		\$1,898,130	50

Top Five Contracts

Contractor	Contract Purpose	FY 2012 Dollar Amount
The Corpus Christi Area Council	Other Financial Services	\$70,003
Hancock Jahn Lee and Puckett, LLC.	Other Financial Services	\$70,002
Hancock Jahn Lee and Puckett, LLC.	Other Financial Services	\$70,001
Hancock Jahn Lee and Puckett, LLC.	Other Financial Services	\$70,000
Deaf Action Center	Other Financial Services	\$69,999

Program divisions develop and maintain programmatic/performance requirements for contracted providers and staff procedures. Staff approves contractor payments for processing based on compliance with program/contract requirements. Contract managers are responsible for the day-to-day management and oversight of DARS contracts.

Contract Oversight and Support (COS), which is a section under the Chief Operating Officer division, establishes and maintains DARS-wide contracting policies and procedures, provides contracting support and technical assistance, conducts quality assurance reviews, and coordinates with HHS agencies on enterprise contracting issues. In addition, COS conducts an annual risk assessment of all DARS client services contracts to develop a statewide monitoring plan and leads monitoring of contractors identified for review on the monitoring plan.

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

The program does not award grants.

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

No statutory changes to assist the program in performing its functions are anticipated at this time.

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

There is no additional information necessary to gain a preliminary understanding of Deaf and Hard of Hearing Contract Services.

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.

Not applicable.

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.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

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

Name of Program or Function	Education, Training, Board for Evaluation of Interpreters (BEI)
Location/Division	4900 North Lamar Boulevard Austin, Texas 78751 Division for Rehabilitation Services (DRS), Office for Deaf and Hard of Hearing Services (DHHS)
Contact Name	Cheryl Fuller, Interim Assistant Commissioner
Actual Expenditures, FY 2012	\$1,262,561
Number of Actual FTEs as of June 1, 2013	4.85
Statutory Citation for Program	Texas Human Resources Code, § 81.006 (6), Texas Human Resources Code, § 81.007

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

The Education and Training Program provides training opportunities to interpreters for people who are deaf or hard of hearing to enhance their skills. The Board for Evaluation of Interpreters (BEI) tests and evaluates interpreters at various levels of skill and awards certification.

Education and Training

This program provides training to:

- people who are deaf or hard of hearing,
- family members,
- service providers,
- businesses,
- people in education settings, and
- the general public.

The training includes:

- information on laws related to communicating effectively;
- hands-on demonstrations of assistive listening equipment such as personal listening systems and doorbell ring signalers;
- self-advocacy; and

- enhancing the skill levels of interpreters, including Hispanic trilingual interpreters (Spanish-English-American Sign Language).

The program also administers a summer training that provides an environment where youth who are deaf or hard of hearing can communicate directly with each other in their mode of communication (speech, signing, written, or other) through training and other educational activities.

Board for Evaluation of Interpreters

The Board for Evaluation of Interpreters tests and evaluates sign language and oral interpreter candidates to determine their skill level and award certification. In addition, BEI administers certification maintenance and an ethics complaint process. The program maintains a registry of certified interpreters by skill level and specialty, such as Hispanic trilingual certification and certification for court settings, which is available through the DARS public website.

Communication Access Services to State Agencies

DARS provides interpreter services to state agencies through a network of contracts with local interpreter referral agencies across the state. State agencies that contract with DHHS for interpreter services make requests for interpreter services through the local agencies contracting with DHHS. Services are provided and then billed to DHHS, which in turn bills the contracted state agency. DHHS assures that the appropriate level of service was provided, resolves service issues, and consolidates billing and purchasing for these 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.

Education and Training

Self-advocacy skills training helps people who are deaf or hard of hearing obtain reasonable and necessary accommodations in public and private settings, determine their own needs, and advocate for access.

Training that focuses on upgrading the skill level of interpreters is intended to increase both the number of certified interpreters and the number of certified interpreters becoming certified at a higher skill level.

Board for Evaluation of Interpreters

The Americans with Disabilities Act (ADA) requires the use of qualified interpreters where appropriate for reasonable accommodations. Certification at various skill levels and in specialty areas informs users of these services that interpreters have met recognized standards.

Communication Access Services to State Agencies

These services allow for a streamlined purchasing process in which one agency contracts with several interpreter referral agencies rather than each agency having to contract with the same vendors. In addition, state agencies that contract with DARS for these services receive a streamlined complaint process and contract monitoring to ensure the appropriate level of skill.

Deaf and Hard of Hearing Services	2011	2012
Number of Consumers Educated and Interpreters Trained	1,137	1,222
Target number from 2012-2013 Legislative Appropriations Request	1,120	1,120
Percent of Target Met	101.5%	109.1%
Number Certificates Issued to Sign Language Interpreters	1,737	1,754
Target number from 2012-2013 Legislative Appropriations Request	1,740	1,755
Percent of Target Met	99.8%	99.9%

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.

1979

- The 66th Legislature passes S.B. 1157, which establishes the BEI for testing and certifying interpreters and developing a registry of certified interpreters.

1993

- The 73rd Legislature passes S.B. 1118, which authorizes testing outside of Austin at no cost to the state and also authorizes payment to contracted test raters to evaluate videotaped test performance.

1999

- The 76th Legislature passes H.B. 1401, which authorizes development of a certification for trilingual interpreters.

2001

- The 77th Legislature passes H.B. 2735, which authorizes a court interpreter certification program for sign language interpreters. The Texas Commission for the Deaf and Hard of Hearing is mandated to establish requirements for interpreting in court settings and to regulate and certify sign language interpreters for this purpose.

2005

- The 79th Legislature passes H.B. 2200 which updates statutory language for court interpreters so that only certified individuals are allowed to interpret in a legal setting.

2013

- The 83rd Legislature appropriates additional funding to increase the number of certified interpreters and train existing interpreters for higher levels of certification or specialty certificates.

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.

Education and Training

This program provides training to consumers who are deaf or hard of hearing, parents of children who are deaf or hard of hearing, and to professionals who serve individuals who are deaf or hard of hearing. The program also serves employers and provides training to upgrade the skills of interpreters who serve the consumer population. The summer program trains youth who are deaf or hard of hearing and are ages 10-15.

Board for Evaluation of Interpreters

To be eligible to take the test to become certified, candidates must:

- be 18 years of age or older;
- have a high school diploma or its equivalent;
- not have a criminal conviction that could qualify as grounds for denial, probation, suspension, or revocation of a BEI certificate, or other disciplinary action against any holder of a BEI certificate; and
- have earned at least 30 credit hours from an accredited college or university, with a cumulative grade point average of 2.0 or higher.

Specialty certifications for court interpreters and Hispanic trilingual interpreters require additional eligibility requirements. To be eligible to receive court certification, candidates must:

- hold an advanced or master general certificate; and
- must provide proof of training that consists of:

- approved classroom instruction in courtroom interpretation skills of not less than 120 clock hours;
- mentoring of actual practice by a certified court interpreter (who has been approved to act as a mentor) of not less than 120 clock hours; or
- a combination of instruction and mentoring totaling 120 clock hours.

Advanced and master general certificates include:

- BEI levels III, IV, and V, Intermediary III, IV, and V, Oral: Comprehensive (OC:C), Advanced, or Master certificate;
- Registry of Interpreters for the Deaf (RID) levels Comprehensive Skills Certificate (CSC), Certificate of Interpretation (CI) and Certificate of Transliteration (CT), Reverse Skills Certificate (RSC), Certified Deaf Interpreter Certificate (CDI), and Master's Comprehensive Skills Certificate (MCSC);
- National Association of the Deaf - Registry of Interpreters for the Deaf (NAD-RID) levels National Interpreter Certification Advanced (NIC Advanced); and
- National Interpreter Certification Master (NIC Master).

To be eligible to receive Hispanic trilingual certification, candidates must:

- hold a general certificate,
- pass the Test of Spanish Proficiency, and
- pass the performance test.

General certificates for Hispanic trilingual certification:

- BEI Levels I, II, III, IV, V, Basic, Advanced, or Master certificate;
- Registry of Interpreters for the Deaf (RID) Comprehensive Skills Certificate (CSC), Certificate of Interpretation (CI), and Certificate of Transliteration (CT) or CI/CT; and
- National Association of the Deaf-Registry of Interpreters for the Deaf (NAD-RID) National Interpreter Certification (NIC), National Interpreter Certification Advanced, or National Interpreter Certification Master.

Communication Access Services to State Agencies

These services are provided through contracts with local interpreter referral agencies. Interpreter referral agencies must have been providing interpreter services at least nine months prior to the contract award and provide certified interpreters unless the requesting state agency waives certification. In situations where certification is waived, qualified interpreters must be provided.

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.

Training and Education Program

Two DHHS central office staff members report to the director of DHHS. Consumers, interpreters, and other applicants complete an application or online registration to sign up for training. Training is provided by DHHS central office staff and presenters who have specialized skills. The summer youth training program is arranged through contracts for facility use at a camp ground. Week-long trainings are held in partnership with community colleges.

Board for Evaluation of Interpreters

Three DHHS central office staff members provide oversight of the BEI program and report to the director of DHHS. Eligible individuals apply to take the test, and staff travel across Texas to administer tests. Certified interpreters are contacted annually and must respond in order to maintain certification. Interpreters who want to maintain their certification also must meet continuing education requirements.

BEI contracts with:

- certified interpreters to rate interpreter test candidates,
- entities to maintain or develop interpreter tests, and
- the University of Texas Distance Education Center to provide testing sites for the required Test of English Proficiency.

BEI works with an advisory committee established by statute to assist with the administration of the program. The advisory committee makes recommendations regarding complaints resolution, test development, policy or rule changes, and other administrative matters.

Communication Access Services to State Agencies

One DHHS central office staff member monitors contracts with state agencies and local interpreter referral agencies and reports to the director of DHHS.

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).

Funding sources for 2012 were as follows.

General Revenue

Regular GR	\$ 96,883
GR Match for VR	\$ 80,414
I Love Texas License Plate	\$ 17,117

Federal Funds	
Basic Support	\$ 40,739
Other Funds	
Interagency Contracts	\$ 975,302
Appropriated Receipts	\$ 52,106
Total Funding	\$1,262,561

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.

Training and Education Program

Interpreter Training Programs (ITPs) in community colleges or universities provide interpreter training. However, most graduates of these programs do not have the skills needed to become certified. As with spoken languages, learning sign language interpreting usually requires years of immersion in the language. Trainings provided by Deaf and Hard of Hearing Services supplement ITPs and offer opportunities for interpreters to upgrade their skills and obtain the Continuing Education Units (CEUs) required for maintaining certification. The trainings are developed in partnership with local video relay services, video remote interpreter services, or other interpreter-based entities.

Board for Evaluation of Interpreters

The Registry of Interpreters for the Deaf (RID), a national membership organization, provides testing, evaluation, and certification of interpreters. RID offers one level of testing, while BEI offers three. The RID written test determines a candidate's knowledge of ethics, while the BEI written test determines English proficiency. BEI requires ethics CEUs for maintaining certification.

Communication Access Services to State Agencies

DARS is unaware of other state-level publicly funded entities that provide coordination and streamlining of interpreting services for state agencies.

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.

Training and Education Program

DARS partners with local interpreter entities, such as video relay services or video remote interpreter services, to co-sponsor training opportunities. In many cases, these opportunities would not be available without DARS support.

Board for Evaluation of Interpreters

BEI accepts RID certification as meeting pre-requisites for higher-level testing and specialty testing requirements.

Communication Access Services to State Agencies

DARS is unaware of other state-level publicly-funded entities that provide coordination and streamlining of interpreting services.

Participants	MOUs, Interagency Agreements, or Interagency Contracts
DARS Department of State Health Services (Substance Abuse and Health Services-WIC) Office of Attorney General (Child Support) Texas Workforce Commission (Appeals, Uninsured Compensation) Health and Human Services Commission Department of Family and Protective Services	DARS provides interpreter services through individual interagency contracts.

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.

Not applicable.

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 following contracted expenditures are made through this program.

Contracted Service	General Purpose	FY12 Expenditure	Number of Contracts
Client Services	To provide goods and/or services which are primarily for the benefit DARS consumers and are for the purpose of carrying out agency programs.	\$788,841	32
Administrative Services	Goods and/or services acquired primarily for direct consumption or use by DARS in support of the agency's administrative operations.	\$139,789	43
Total		\$928,630	75

Top Five Contracts

Contractor	Contract Purpose	FY 2012 Dollar Amount
Communication Service for the Deaf, Inc.	Interpreter Service - Deaf	\$110,450
Delia Mott Merritt	Interpreter Service - Deaf	\$72,423

Top Five Contracts

Contractor	Contract Purpose	FY 2012 Dollar Amount
DSG, Inc.	Interpreter Service - Deaf	\$59,007
Texas Interpreting Services, LLC	Interpreter Service - Deaf	\$55,108
Hancock Jahn Lee and Puckett, LLC.	Interpreter Service - Deaf	\$53,695

Program divisions develop and maintain programmatic/performance requirements for contracted providers and staff procedures. Staff approves contractor payments for processing based on compliance with program/contract requirements. Contract managers are responsible for the day-to-day management and oversight of DARS contracts.

Contract Oversight and Support (COS), which is a section under the Chief Operating Officer division, establishes and maintains DARS-wide contracting policies and procedures, provides contracting support and technical assistance, conducts quality assurance reviews, and coordinates with HHS agencies on enterprise contracting issues. In addition, COS conducts an annual risk assessment of all DARS client services contracts to develop a statewide monitoring plan and leads monitoring of contractors identified for review on the monitoring plan.

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

The program does not award grants.

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

No statutory changes to assist the program in performing its functions are anticipated at this time.

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

There is no additional information necessary to gain a preliminary understanding of Deaf and Hard of Hearing Services – Education, Training, and Regulation.

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.**

An interpreter facilitates communication between two parties via sign language and voicing and often interprets information that is personal and confidential. Without regulations, the standards for interpreter skill levels and ethics could not be enforced and consumers might lose confidence in interpreters' ability to relay information appropriately and accurately. In addition, consumers would not know an interpreter's level of skill and whether the interpreter is qualified for an assignment. This knowledge is especially important in settings that require a higher level of skill, such as court or medical settings.

DARS obtains criminal conviction record checks when:

- a person applies to take a BEI examination;
- an interpreter applies for a five-year certificate renewal; and
- someone in the general public informs BEI that an applicant or certified interpreter has or is alleged to have a criminal conviction record.

BEI rules, policies, and procedures address:

- standards of conduct,
- grounds for denying, revoking, or suspending a certificate,
- prohibited acts, and
- disciplinary actions that may be taken against a certified interpreter, including revocation, suspension, probation, and/or denial; or, with respect to certified court interpreters only, assessment of an administrative penalty under the law.

DARS staff investigates allegations of the violation of interpreter standards of conduct. Allegations of violations may also be referred to another appropriate enforcement or regulatory authority, such as Adult Protective Services or Child Protective Services. Allegations concerning violations are forwarded, in writing, to the director of DHHS.

A certified interpreter who is found to be non-compliant is given the opportunity to respond, may be given the opportunity for a hearing, or may be given an opportunity for resolution through a DARS order.

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.

Department of Assistive and Rehabilitative Services Board for Evaluation of Interpreters Exhibit 11: Information on Complaints Against Regulated Persons or Entities FY 2011 and FY 2012		
	FY 2011	FY 2012
Number of regulated persons	1,544	1,563
Number of regulated entities	n/a	n/a
Number of entities inspected	n/a	n/a
Number of complaints received from the public	6	3
Number of complaints initiated by agency	0	0
Number of complaints pending from prior years	2	0
Number of complaints found to be non-jurisdictional	3	0
Number of jurisdictional complaints found to be without merit	0	0
Number of complaints resolved	8	3
Average number of days for complaint resolution	86.50	73.50
Complaints resulting in disciplinary action		
Administrative penalty	0	0
Reprimand	1	1
Probation	0	0
Suspension	1	0
Revocation	0	0

**Department of Assistive and Rehabilitative Services
Board for Evaluation of Interpreters
Exhibit 11: Information on Complaints Against Regulated Persons or Entities
FY 2011 and FY 2012**

	FY 2011	FY 2012
Other	0	0

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

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

Name of Program or Function	Specialized Telecommunications Assistance Program (STAP)
Location/Division	4900 North Lamar Boulevard Austin, Texas 78751 Division for Rehabilitation Services (DRS), Office for Deaf and Hard of Hearing Services (DHHS)
Contact Name	Cheryl Fuller, Interim Assistant Commissioner
Actual Expenditures, FY 2012	\$734,867
Number of Actual FTEs as of June 1, 2013	8.60
Statutory Citation for Program	Texas Utilities Code, Chapter 56

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

STAP provides financial assistance to individuals with disabilities in the form of a voucher to purchase specialized equipment or services for telephone network access. Equipment includes amplified telephones, two-way pagers, big button telephones, and voice dialers.

DARS and the Public Utility Commission of Texas (PUC) administer STAP. Before September 1, 2013, PUC was responsible for registering and reimbursing vendors for vouchers appropriately exchanged by consumers. This responsibility was transferred to DARS on September 1, 2013 as a result of S.B 512, passed by the 83rd Legislature.

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.

Deaf and Hard of Hearing Services	2011	2012
Number of Applications Received	32,188	29,961
Target number of applications received (from 2012-2013 Legislative Appropriations Request)	30,000	30,000
Percent of Target Met	107.3%	99.9%
Number of Vouchers Issued	28,389	26,781
Target number of vouchers issued (from Appropriations Bill)	22,600	27,000
Percent of Target Met	125.6%	99.2%

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.

1997

- The 75th Legislature passes S.B. 667, requiring PUC and the Texas Commission for the Deaf and Hard of Hearing to establish STAP for eligible individuals who are deaf, hard of hearing, or speech impaired. An application fee and proof of landline services deters many consumers from applying for services. Consumers complain about the requirement to have telephone service prior to receiving equipment needed to use the service.

1999

- The 76th Legislature passes S.B. 1441, which expands STAP to include all individuals with a disability that impairs their ability to effectively access telephone networks. The application fee and landline requirements are removed, which allows people to access telecommunication services, including wireless technology.

2013

- The 83rd Legislature passes S.B. 512 to transfer responsibilities to register and reimburse STAP vendors from PUC to DARS effective September 1, 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 STAP, an individual must be a Texas resident and have a disability that interferes with accessing telephone networks.

STAP's target population includes the 18.6 percent of Texans who have a disability, of whom 32.4 percent are age 65 or older. (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Disability and Health State Chartbook, 2006)

STAP Vouchers Issued	2011	2012
Percent of vouchers issued for amplified telephones	72%	74%

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.

STAP is funded through the Universal Service Fund, which is administered by PUC. The Universal Service Fund is generated by a charge on taxable telecommunications services that is paid by telecommunications providers. Telecommunication providers are allowed to pass the 4.3-percent charge through to residential and commercial customers.

DARS is responsible for determining voucher categories and values for the purchase of specific devices, such as amplified telephones, big button telephones, and voice dialers. DARS also processes consumer applications and issues vouchers. Seven DRS central office staff reporting to the DHHS director performs these functions. Staff process applications using a database system that prints a voucher or, if additional information is needed, a letter to the applicant. Staff also updates consumer information on incomplete applications so vouchers can be processed.

STAP contracts with local service providers across the state for outreach activities that help individuals complete the application and determine the equipment most appropriate for their needs relating to accessing the telephone.

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).

Funding sources for 2012 were as follows.

Other Funds	
Universal Services Fund	\$734,867
Total Funding	\$734,867

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.

DARS is unaware of other programs that provide equipment that allows persons with disabilities to access telephone networks.

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.

DARS is unaware of other programs that provide equipment that allows persons with disabilities to access telephone networks.

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.

Not applicable.

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 following contracted expenditures are made through this program.

Contracted Service	General Purpose	FY12 Expenditure	Number of Contracts
Client Services	To provide goods and/or services which are primarily for the benefit DARS consumers and are for the purpose of carrying out agency programs.	\$348,326	19
Administrative Services	Goods and/or services acquired primarily for direct consumption or use by DARS in support of the agency's administrative operations.	\$4,047	2
Total		\$352,373	21

Top Five Contracts

Contractor	Contract Purpose	FY 2012 Dollar Amount
Springtown Bridge Church	Other Financial Services	\$97,978
Deaf Action Center	Other Financial Services	\$72,715

Top Five Contracts

Contractor	Contract Purpose	FY 2012 Dollar Amount
Skillman Church of Christ	Other Financial Services	\$56,627
Hancock Jahn Lee and Puckett LLC	Other Financial Services	\$34,136
San Antonio Independent Living Services	Other Financial Services	\$31,176

Program divisions develop and maintain programmatic/performance requirements for contracted providers and staff procedures. Staff approves contractor payments for processing based on compliance with program/contract requirements. Contract managers are responsible for the day-to-day management and oversight of DARS contracts.

Contract Oversight and Support (COS), which is a section under the Chief Operating Officer division, establishes and maintains DARS-wide contracting policies and procedures, provides contracting support and technical assistance, conducts quality assurance reviews, and coordinates with HHS agencies on enterprise contracting issues. In addition, COS conducts an annual risk assessment of all DARS client services contracts to develop a statewide monitoring plan and leads monitoring of contractors identified for review on the monitoring plan.

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

The program does not award grants.

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

No statutory changes are needed to assist this program in performing its functions.

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

PUC responsibilities with regard to STAP were transferred to DARS beginning September 1, 2013. The PUC contract with Solix Inc. gives DARS authority to register and reimburse vendors for vouchers. DARS also has assumed audit authority and responsibility for implementing PUC rules, policies, and procedures related to vendor services.

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.**

Not applicable.

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.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

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

Name of Program or Function	Disability Determination Services (DDS)
Location/Division	6101 East Oltorf Austin, Texas 78741 Disability Determination Services (DDS)
Contact Name	Mary Wolfe, Assistant Commissioner
Actual Expenditures, FY 2012	\$113,224,755
Number of Actual FTEs as of June 1, 2013	800.00
Statutory Citation for Program	P.L. 74-271 as amended; Social Security Act as amended, Disability Determinations (42 U.S.C. Chapter 7, Subchapter II, Section 421)

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

DARS DDS makes disability determinations for Texans with severe disabilities who apply for Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI). The U.S. Social Security Administration (SSA) funds the division. The mission of DDS is to improve the quality of life of Texans with disabilities that apply for or receive SSA disability benefits by making timely and accurate disability determinations.

Texans with physical and/or mental impairments or an adult filing on behalf of a child apply for Social Security disability benefits directly to SSA at the local SSA Field Office, online, by mail, or by telephone interview. SSA then sends the disability application to DDS which determines if an applicant is disabled (meets the federal definition), using medical and non-medical evidence it gathers. SSA considers all the evidence gathered to address any outstanding eligibility requirements once DDS has made a medical determination. SSA makes the final decision regarding eligibility, which may differ from DDS' medical determination.

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.

Since 2004, DDS has consistently received the Social Security Administration’s Commissioner’s Citation for outstanding performance. The exceptional services DDS provides claimants who file for Social Security disability benefits are responsible, in part, for this recognition. A Commissioner’s Citation is the highest form of recognition within SSA.

SSA and DDS monitor federal performance indicators and use them to assess workload capacity.

DDS FFY Performance	2011	2012
Case Clearances:	367,599	373,705
Production Per Work Year (PPWY):	347.5	393.3
Cumulative Initial Accuracy Rate:	97.0	96.3%
Cost Per Case: *4 th quarter of FY 2012	\$348	\$309*
Initial Title II Mean Processing Time:	84.8	72.6 days

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.

Although Congress has amended the Social Security Act many times, the core functions of the DDS have not changed from the original intent.

1954

- Congress amends the Social Security Act to authorize states to make disability decisions for SSA.

1955

- The Texas Legislature creates DDS and places it within the Texas Central Education Agency’s Vocational Rehabilitation Division and begins to process disability claims.

1956

- Congress amends the Social Security Act to include benefits for the dependents of disabled workers.

1968

- Congress amends the Act to provide disability benefits for disabled widows.

1969

- The Legislature transfers the DDS Division from TEA to the newly created Texas Rehabilitation Commission.

1973

- Congress amends the Act to provide Supplemental Security Income (SSI).

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.

SSA governs both the SSDI and SSI programs. These programs pay cash benefits and/or provide medical coverage to people who are unable to work because they have disabling physical or mental impairments. These benefits are designed to replace part of lost income or help pay medical bills if a person becomes disabled. Disability Determination Services makes the disability determination for SSA, but only SSA can determine who is eligible to receive benefits. In 2012, there were 717,829 SSDI beneficiaries and 544,903 SSI disabled/blind beneficiaries for total monthly payments of \$963 million in Texas.

SSDI

SSDI is related to work. A person earns coverage for themselves and family members by paying Social Security tax. The program covers workers prior to full retirement age who are disabled, disabled widows/widowers, and disabled adult children of workers. Claimants must wait 5 months from the onset of their disability before getting their first check and 24 months after the first check before Medicare starts.

SSI

SSI is related to what a person has or possesses. A person who has minimal resources or income may qualify for this program. SSI covers individuals of any age. There is no waiting period for benefits to start; Medicaid coverage for medical care begins with the first check.

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.

An adult or parent/guardian on behalf of a child decides to apply for SSA disability benefits.

Disability applications are submitted directly to a local SSA Field Office in person, online, by mail, or by telephone interview.

The SSA field office first verifies that the submitted application meets non-medical SSA eligibility requirements. SSA immediately denies applications that fail to meet non-medical eligibility requirements. The field office then sends eligible disability claims to the DDS for evaluation and adjudication.

SSA transmits eligible claims to DDS using the SSA electronic case processing system, and DDS assigns received claims to disability specialists.

Disability Determination Services seeks to obtain evidence from the claimant's own medical sources first. DDS will arrange for a consultative examination in order to obtain additional information if that evidence is unavailable or insufficient to make a medical determination. DDS considers medical and non-medical evidence when making a disability determination, as required by SSA disability regulations.

A two-person adjudicative team consisting of a medical or psychological consultant paid by SSA and a DDS disability specialist makes the determination.

DDS returns the claim to the SSA Field Office for appropriate action and communication with the claimant after the DDS makes the disability determination.

SSA makes the final decision of allowance or denial on all Social Security disability claims.

The DDS organizational structure ensures efficiency and timeliness throughout four departments.

1. Disability Determination Operations is responsible for the majority of DDS staff, including all disability specialists.
2. Disability Infrastructure Support is responsible for assisting SSA with information resource equipment, support, infrastructure, personally identifiable information, and security.
3. Disability Resource Management is responsible for facilitating the administrative support provided by DARS for payroll and payment to vendors, as well as budgetary issues with SSA.
4. Disability Policy and Program Support is responsible for quality support, disseminating SSA policy/program changes to staff, transmitting medical evidence, scheduling consultative examinations, and supporting the DDS contracts with the State Agency Medical Consultants (SAMCs).

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).

Funding sources for 2012 were as follows.

Federal Funds

SSA Disability	\$113,224,755
Total Funding	\$113,224,755

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.

SSA exclusively authorizes DDS to adjudicate disability cases in Texas. There is one national SSA disability program, governed by the SSA Act. There is no possibility of duplication of services. Only an SSA or a state DDS, in accordance with law can adjudicate disability cases for SSA. Workloads can be transferred by SSA from one SSA or DDS to another, based on workload capacity.

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.

Participants	MOUs, Interagency Agreements, or Interagency Contracts
DARS DDS Social Security Administration (SSA) Office of Inspector General SSA Regional Office	SSA maintains two MOUs by the referenced participants for the purpose of continuing the operation of SSA's Cooperative Disability Investigation (CDI) units in Dallas and Houston. The mission of the SSA CDI units is to combat disability fraud by investigating questionable statements and activities of claimants, medical providers, interpreters, or other service providers. Under the terms of the MOUs, DARS DDS refers claims suspected of disability fraud to the SSA CDI unit. DARS DDS out-stations one full-time disability specialist to each SSA unit.

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.

SSA Central Office, Baltimore provides the following services.

- Promulgates program rules and regulations.
- Establishes budget levels and workloads for the DDS.
- Approves requests to fill DDS vacancies.
- Provides systems infrastructure, facility infrastructure, and armed security, equipment, and support.
- Establishes policy for disability determinations.

SSA Regional Office, Dallas

This office provides operational, budget, and workload oversight.

SSA Field Offices

These federal offices intake all disability claims from the public and send claims to DDS for adjudication.

Hospitals, Clinics, Mental Health Centers, School Districts, Prisons, and Jails

Disability Determination Services, on behalf of SSA, may request and/or receive medical information from these and other sources with which a Social Security disability applicant had a historical medical relationship.

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 following contracted expenditures are made through this program.

Contracted Service	General Purpose	FY12 Expenditure	Number of Contracts
Client Services	To provide goods and/or services which are primarily for the benefit DARS consumers and are for the purpose of carrying out agency programs.	\$0	0
Administrative Services	Goods and/or services acquired primarily for direct consumption or use by DARS	\$15,551,923	119
Total		\$15,551,923	119

Top Five Contracts

Contractor	Contract Purpose	FY 2012 Dollar Amount
TIBH Industries, Inc.	Temporary Employment Services	\$1,778,633
TIBH Industries, Inc.	Purchased Contracted Services	\$1,190,616
Scott D. Spoor	Medical Services	\$468,681
Laurence Ligon, MDPA	Medical Services	\$380,881
PD Morrison Enterprises, Inc.	Consumables: Personal Property; Medical Supplies; Parts and Supplies	\$367,082

Program divisions develop and maintain programmatic/performance requirements for contracted providers and staff procedures. Staff approves contractor payments for processing based on compliance with program/contract requirements. Contract managers are responsible for the day-to-day management and oversight of DARS contracts.

Contract Oversight and Support (COS), which is a section under the Chief Operating Officer division, establishes and maintains DARS-wide contracting policies and procedures, provides contracting support and technical assistance, conducts quality assurance reviews, and coordinates with HHS agencies on enterprise contracting issues. In addition, COS conducts an annual risk assessment of all DARS client services contracts to develop a statewide monitoring plan and leads monitoring of contractors identified for review on the monitoring plan.

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

The program does not award grants.

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

No statutory changes are needed to assist this program in performing its functions.

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

There is no additional information necessary to gain a preliminary understanding of the Disability Determination Services.

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.

Not applicable.

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.

Not applicable.

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 Assistive and Rehabilitative Services Exhibit 12: Statutes/Attorney General Opinions	
Statutes	
Citation/Title	Authority/Impact on Agency (e.g., provides authority to license and regulate nursing home administrators)
Workforce Investment Act of 1998 (P.L. 105-220) – Title IV, Rehabilitation Act Amendments of 1998	Provides federal authority for operation of the vocational rehabilitation and independent living programs.
Randolph-Sheppard Act (20 U.S.C. Chapter 6A)	Provides federal authority for operation of the Business Enterprises of Texas program.
Vocational Rehabilitation Services (29 U.S.C. Chapter 16, Subchapter I)	Provides federal authority for operation of Vocational Rehabilitation Services.
Independent Living Services and Centers for Independent Living (29 U.S.C. Chapter 16, Subchapter VII)	Provides federal authority for operation of Independent Living Services and Centers for Independent Living.
Individuals with Disabilities Education Act (IDEA) (20 U.S.C. Part C, Section 1431, et seq.)	Provides federal authority for operation of the Early Childhood Intervention program.
P.L. 74-271 as amended; Social Security Act as amended.	Provides federal authority for operation of Disability Determination Services.
Disability Determinations (42 U.S.C. Chapter 7, Subchapter II, Section 421)	Provides federal authority and guidelines for operation of Disability Determination Services and making disability determinations.
The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. Section 1232(g))	Governs the privacy and security of educational records, which impacts the Early Childhood Intervention program.
Individuals with Disabilities Education Act (IDEA) (20 U.S.C. Chapter 33)	Relates to the Early Childhood Intervention program.

**Department of Assistive and Rehabilitative Services
Exhibit 12: Statutes/Attorney General Opinions**

Statutes	
Citation/Title	Authority/Impact on Agency (e.g., provides authority to license and regulate nursing home administrators)
Family Educational Rights and Privacy (34 C.F.R. Part 99)	Governs the right of access to the records of those participating in the Early Childhood Intervention program.
Title XIX, Social Security Act (Medicaid) (42 U.S.C. Section 1396, <i>et seq.</i>)	Governs medical assistance to families of children with disabilities, which impacts the Early Childhood Intervention program.
Texas Human Resources Code, Title 5, Chapter 94.	Provides state authority for operation of the Business Enterprises of Texas program (Vending Facilities Operated by Blind Persons).
Texas Human Resources Code, Title 3, Chapter 73.	Provides state authority for operation of the Early Childhood Intervention program.
Texas Human Resources Code, Title 7, Chapter 111.	Provides state authority for operation of the rehabilitation programs for persons with disabilities.
Texas Human Resources Code, Title 4, Chapter 81.	Provides state authority for operation of the deaf and hard of hearing programs.
Texas Human Resources Code, Title 5, Chapter 91.	Provides state authority for operation of programs that provide services to the blind or visually impaired.
Texas Utilities Code, Chapter 56	Provides state authority for operation of the Specialized Telecommunications Assistance Program.
Texas Human Resources Code, Title 7, Chapter 116	Provides state authority related to durable medical equipment and assistive technology listing.
Texas Civil Practice and Remedies Code, Chapter 21	Relating to interpreters.
Texas Code of Criminal Procedure, Chapter 38	Relating to evidence in criminal actions and interpreters for deaf persons (see Section 38.31)
Texas Government Code, Chapter 57	Relating to court interpreters.
Texas Human Resources Code, Chapter 82	Relating to the confidentiality of interpreted, transliterated, or relayed conversations.
Texas Occupations Code, Chapter 53	Relating to the consequences of criminal conviction.

Department of Assistive and Rehabilitative Services Exhibit 12: Statutes/Attorney General Opinions	
Statutes	
Citation/Title	Authority/Impact on Agency (e.g., provides authority to license and regulate nursing home administrators)
Attorney General Opinions	
Attorney General Opinion No.	Impact on Agency
None.	

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.

Department of Assistive and Rehabilitative Services Exhibit 13: 83 rd Legislative Session Chart		
Legislation Enacted -- 83rd Legislative Session		
Bill Number	Author	Summary of Key Provisions/Intent
H.B. 16	Flynn	Amends current law that requires a state agency post its internal auditor's audit plan and audit report and other audit information on the agency's Internet website. Directs the State Auditor's Office (SAO) to provide guidelines on timing and manner in which the documents are posted. DARS Internal Audit will coordinate with SAO to obtain guidance and will post the information on the DARS website.
H.B. 194	Farias	Directs the Comptroller of Public Accounts (CPA) to add businesses owned, operated and controlled, as applicable, wholly or partly by one or more veterans to the list of designated Historically Underutilized Business (HUB) categories for HUB reporting purposes. Certification of businesses as HUBs is solely the responsibility of the CPA Statewide HUB Program. However, the new HUB eligible group would need to be integrated into existing

**Department of Assistive and Rehabilitative Services
Exhibit 13: 83rd Legislative Session Chart**

Legislation Enacted -- 83rd Legislative Session

Bill Number	Author	Summary of Key Provisions/Intent
		DARS HUB business processes.
H.B. 367	Martinez	Requires state agencies to maintain confidentiality of information exchanged between a legislator and state agency consumer and to contact the legislator if a request for public information that is related to constituent casework is requested of the agency. DARS will announce the new requirements to staff and will coordinate appropriate training of staff.
H.B. 489	Menendez	<p>Changes multiple references from assistance animal to service animal, restricting the definition of service animal to mean canine instead of any animal that provides the services referenced in the bill. Adds provisions that prohibit a person from making demands or inquiries relating to the qualifications or certifications of an assistance animal for the purpose of admittance to a public facility and expands the penalties for a person who falsely represents his or her animal as a trained assistance animal and places limitations on inquiries (for purposes of admittance to public facilities) to only what basic type of assistance an service animal provides to a person with a disability and sets forth criminal penalties if a person represents that his or her animal is a specially trained assistance animal when training of the type described by Section 121.001(1) (B) has not in fact been provided.</p> <p>Requires the Governor to proclaim October 15 as White Cane Safety and Service Animal Recognition Day and mandates that the Comptroller, Secretary of State and other agencies that regularly mail information to significant numbers of facilities and businesses to cooperate with rehabilitation agencies by sending information about this chapter in their regular mailings.</p> <p>DARS will update brochures containing information about service animals to include information about this chapter and ensure proper notification of name change for "White Cane Day" to "White Cane Safety and Service Animal Recognition Day."</p>

**Department of Assistive and Rehabilitative Services
Exhibit 13: 83rd Legislative Session Chart**

Legislation Enacted -- 83rd Legislative Session

Bill Number	Author	Summary of Key Provisions/Intent
H.B. 586	Workman	<p>Creates a statutory cause of action for breach of contract by the state where the damages exceed \$250,000 and waives the state's sovereign immunity in contract claims exceeding \$250,000. This might apply to construction contracts, information technology contracts, provider contracts, and any contract that may exceed \$250,000 in value.</p> <p>There is minimal impact to DARS. Sovereign immunity is waived only for purposes of filing a lawsuit for breach of a written contract pertaining engineering, architectural, and construction services contracts. DARS does not have many of these types of contracts. Procurement instruments and contract templates will require revision to reflect these changes, and policy will need to be revised appropriately.</p>
H.B. 617	Rodriguez, Eddie	<p>Requires that each school district name an employee as a transition and employment services designee, school districts communicate and collaborate with health and human services (HHS) agencies as appropriate and, Texas Education Agency (TEA), with assistance from the Health and Human Services Commission (HHSC), develop a Transition and Employment Guide. HHSC is required to assist TEA in developing the guide, but TEA may also contract to create it. Presumably, DARS may be asked to assist in drafting the guide.</p>
H.B. 633*	Farias	<p>Adds veteran's assistance as a donation option for an original or renewal driver's license or identification card. The bill directs DPS to add space on the first page of the application form for persons to indicate the amount that they are voluntarily contributing to the fund, add information to their Internet site that allows the opportunity to contribute, and allows DPS to deduct reasonable expenses for administration when they transfer funds to the state treasury for the fund.</p> <p>This additional donation option may have an adverse effect on DARS' success in securing voluntary donations to the Blindness Education, Screening, and Treatment (BEST) Program fund. Currently, applicants for driver's license renewals have an option to donate \$1 to the BEST fund and to donate to an organ donation registry (Glenda Dawson Donate Life-Texas). BEST is solely funded through these donations.</p>

**Department of Assistive and Rehabilitative Services
Exhibit 13: 83rd Legislative Session Chart**

Legislation Enacted -- 83rd Legislative Session

Bill Number	Author	Summary of Key Provisions/Intent
H.B. 798	Thompson	Gives licensing authorities the authority to suspend, revoke, or deny a person from receiving a license if that person has been convicted of an offense. DARS will draft and submit rules to implement the bill.
H.B. 1128	Herrero	Requires state agencies to establish an online method for employees and the general public to submit suggestions for cost-efficiencies and provides the public with the ability to monitor and vote on those suggestions. The Department of Information Resources (DIR) will adopt rules establishing procedures and required formats for implementing the posting of staff suggestions and ideas. DARS will develop a process for accepting and monitoring cost saving ideas submitted online, per DIR direction.
H.B. 1487	Harper-Brown	Requires state agencies that award a state grant over the amount of \$25,000 to post that information on the agency's website and to provide a link to the information to the Comptroller's office. DARS Financial Services and the Health and Human Services Commission (HHSC) are working together on implementation.
H.B. 1726	Bohac	Requires the comptroller to contract for the shipping services of all state agencies and increase contracting opportunities for vendors who employ veterans or persons with disabilities. DARS will use the Comptroller's approved contractor for shipping when established by the Comptroller.
H.B. 1965	Harper-Brown	Adds duties to the state quality assurance team (QAT), comprised of representatives from the State Auditor's Office, Legislative Budget Board, and the Department of Information Resources, as well as the Contract Advisory Team (CAT). The QAT is required to develop and recommend policies and procedures to improve state agency information resources technology projects; to develop recommended procedures to improve implementation of state agency information resource projects by including considerations for best value and return on investment. The CAT is required to develop a risk assessment of contracts. Based on the policies and procedures developed by the QAT and CAT, DARS may need to update policies, procedures, and tools.

**Department of Assistive and Rehabilitative Services
Exhibit 13: 83rd Legislative Session Chart**

Legislation Enacted -- 83rd Legislative Session

Bill Number	Author	Summary of Key Provisions/Intent
H.B. 2414	Button	Outlines options for video conferencing of meetings of governmental bodies and written electronic communications of governmental bodies being made public. DARS is working with HHSC External Relations to implement.
H.B. 2929	Sheets	Closes Insurance Code loopholes that allowed insurance companies to deny coverage of post-acute brain injury rehabilitation. The bill could have a positive fiscal impact on the Comprehensive Rehabilitation Services (CRS) program as it will expand insurance coverage for certain CRS consumers by offering a comparable benefit that requires insurance providers to more broadly cover post-acute brain injury rehabilitation services and prohibits the denial of insurance coverage based on the assisted living license of the provider.
H.B. 3276	Simmons	Requires insurance companies to cover autism screening for children between 18 and 24 months and adds the requirement that a health benefit plan must minimally provide coverage for treatment of autism for those diagnosed with autism. DARS Early Childhood Intervention (ECI) will send general information about the potential impact of the bill to contractors.
H.B. 3648	Harper-Brown	Requires DARS to update the DARS Procurement Manual and Contracting Process and Procedures Manual as necessary to reflect the new requirements for meetings due to extending the contract or increasing the amount to be paid by 10 percent or more. Also requires DARS to outline new requirements for nonresident bidders in determining whether to award a contract.
S.B. 1	Williams	The approved budget allows programs to continue to deliver services at current levels and funds increased caseload projections for the Early Childhood Intervention (ECI) program. The Legislature fully funded the agency's request to maintain ECI's service hours per child and partially funded DARS other Exceptional Items: <ul style="list-style-type: none"> • \$2.4 million to expand autism services to new geographic areas, • \$210,000 to fund additional deaf and hard of hearing resource specialist contracts, and • \$646,000 to increase the number of certified interpreters and train existing interpreters for higher levels of certification or specialty certificates.

**Department of Assistive and Rehabilitative Services
Exhibit 13: 83rd Legislative Session Chart**

Legislation Enacted -- 83rd Legislative Session

Bill Number	Author	Summary of Key Provisions/Intent
		Additional funding (\$5.9 million) was also provided to reduce the waiting list for comprehensive rehabilitation services.
S.B. 7	Nelson	<p>Directs HHSC and the Department of Aging and Disability Services (DADS) to jointly design and implement a maximum of two 24-month pilot projects for acute care services and long-term care services and supports system for individuals with intellectual and developmental disabilities in the manner and stages described. Requires these services to be piloted using current managed care models and through the development of new integrated capitated managed care program delivery models. The bill would incorporate benefits provided to recipients in nursing facilities into managed care. Mandates a new STAR Kids Medicaid managed care program for children with disabilities who are not enrolled in STAR+PLUS Medicaid managed care. Requires incentives for operating a cost-effective and quality-based program.</p> <p>The bill requires HHSC and all HHS agencies to share data to the extent permitted by state and federal regulations in order to facilitate patient care coordination, quality improvement and cost savings in the Medicaid, CHIP and other programs supported by General Revenue. This may require DARS to share data and may request data from other agencies on consumers who are also receiving Medicaid-funded services. This might reveal comparable benefits available through Medicaid funding, rather than DARS-funded programs.</p>
S.B. 8	Nelson	Creates a data analysis division at HHSC to improve contract management of Medicaid and the child health plan programs. It prohibits direct marketing to Medicaid and child health plan providers. Requires HHSC to enter a Memorandum of Understanding (MOU) with the Texas Department of Motor Vehicles (DMV) and the Texas Department of Public Safety (DPS) for medical transportation; adds responsibilities to the HHSC Office of Inspector General (OIG); and instructs HHSC to provide medical transportation program services through a managed care delivery model. The bill also strengthens the rules regarding revocation of an enrolled provider or denial of an application to include additional offenses. It also requires the Office of Attorney General (OAG) to be involved in settlement agreements with providers. The bill also provides

**Department of Assistive and Rehabilitative Services
Exhibit 13: 83rd Legislative Session Chart**

Legislation Enacted -- 83rd Legislative Session

Bill Number	Author	Summary of Key Provisions/Intent
		<p>legislative intent for certain sections of the Human Resources Code regarding HHSC acts and decisions on waste, fraud, and abuse in the Medicaid program.</p> <p>DARS will work with HHSC to ensure that the Early Childhood Intervention (ECI) program is not prohibited from conducting outreach, since compliance with the federal Individuals with Disabilities Education Act (IDEA) regulations require public outreach and child find activities.</p>
S.B. 58	Nelson	<p>Directs the executive commissioner of the Health and Human Services Commission (HHSC) to integrate behavioral health and physical health services to persons eligible for such services under the Medicaid program using the managed care organizations contracted with HHSC. The NorthSTAR Program is exempt. Although not required, DARS Early Childhood Intervention (ECI) will need to monitor the fiscal status of contractors, particularly centers, as this is implemented. This would likely significantly impact other lines of business for the majority of DARS ECI contractors.</p>
S.B. 128*	Nelson	<p>Authorizes DARS, rather than the legacy agencies (Texas Rehabilitation Commission & Texas Commission for the Blind) to obtain criminal history records for employment applicants, applicants for Department services, or Department clients, from the Texas Department of Criminal Justice or the Texas Department of Public Safety. This will allow all DARS divisions to access criminal history record information of employment applicants, applicants for services, or Department clients.</p>
S.B. 387	Nichols	<p>Provides an exemption relating to county participation in collection of court costs, fees and fines imposed in a criminal case for counties with a population of less than 50,000 when the prison population is not considered. The bill provides an exemption for collecting court fees for the following counties: Anderson, Cherokee, Polk, and Rusk. These counties contribute approximately \$129,600 per fiscal year to the CRS account, or a 0.71 percent reduction. For each fiscal year 2014 and 2015, DARS estimates to collect \$18,192,272 in revenues in Fund 107.</p>

**Department of Assistive and Rehabilitative Services
Exhibit 13: 83rd Legislative Session Chart**

Legislation Enacted -- 83rd Legislative Session

Bill Number	Author	Summary of Key Provisions/Intent
S.B. 512*	Carona	<p>Transfers authority of the Public Utilities Commission (PUC) to register and reimburse the Specialized Telecommunications Assistance Program (STAP) vendors for vouchers exchanged and oversight of fraud to DARS.</p> <p>Implementation of S.B. 512 requires the following.</p> <ol style="list-style-type: none"> 1. Consultation with PUC STAP staff and interagency workgroups to coordinate the transfer of responsibilities. DARS will need to enter into a Memorandum of Understanding (MOU) with PUC regarding PUC contract payments to vendors. 2. Hiring of one staff member to oversee and implement the vendor side of the program 3. Information technology transfer and possibly restructuring or development, or vendor/contractor databases 4. Public education on the transfer and possibly public hearings 5. Policy, rulemaking, and transfer of PUC rules to DARS. This would include DARS and HHSC collaboration with rule development to include implementing and managing program requirements, managing vendor payments and contract management.
S.B. 1060*	Nelson	<p>Codifies the Legislative Budget Board Government Effectiveness and Efficiency Report (GEER) recommendations and requires DARS to collect and analyze data about the Early Childhood Intervention (ECI) family cost share system and determine the cost-effectiveness of the family cost share provisions which govern the program. Within the 15-month time period allowed in the bill, DARS must complete programming changes to TKIDS to allow for the collection of adjusted income, amend the contracts of the local ECI program to direct contractors to enter this data and monitor contractor compliance, complete an evaluation of the cost-effectiveness of the provisions using the adjust gross income which has been collected, identify changes necessary to improve the cost effectiveness of the family cost share system, and develop and implement rules to the family cost share provision.</p> <p>DARS must also consider changes to the family cost share provision which bases the amount to be paid on the amount of service delivered. Any family cost share change must result in establishing a</p>

Department of Assistive and Rehabilitative Services Exhibit 13: 83 rd Legislative Session Chart		
Legislation Enacted -- 83rd Legislative Session		
Bill Number	Author	Summary of Key Provisions/Intent
		maximum amount to be paid by families in higher income brackets to pay more than under the current rules. "Higher income bracket" is not defined.
S.B. 1226	Zaffirini	Directs HHSC, TEA and the Texas Workforce Commission to jointly adopt and implement an Employment First Policy, and directs the Executive Commissioner of HHSC to appoint members for an interagency Employment First Policy and Task Force to develop recommendations for policy, procedure and rules change necessary for full implementation of a Statewide Employment First Policy. A DARS staff member will be appointed to serve on the task force.
S.B. 1620	Paxton	Requires a certified Communication Access Realtime Translation (CART) provider for court if a motion for such is filed by a party or requested by a witness in a civil or criminal proceeding in the court. Requires DARS to establish and maintain a list of certified CART providers.

Department of Assistive and Rehabilitative Services Exhibit 13: 83 rd Legislative Session Chart		
Legislation Not Passed in the 83 rd Legislative Session		
Bill Number	Author	Summary of Key Provisions/Reason the Bill Did Not Pass
H.B. 9	Flynn	Requires state agencies to document the methodology used for determining the salary of executive staff and post on the agency internet website. Executive staff is defined as the agency commissioner and other management and senior level staff members. DARS would have been required to document the methodology and post. The bill passed out of the Select House Committee on Transparency in State Agency Operations but did not advance to the House floor.
H.B. 291	King, Phil	Imposed a hiring freeze on all state agencies for the fiscal biennium ending August 31, 2015 and stated that an agency may not fill a position vacant on or after September 1, 2013, or use any money appropriated for the position for salary, wages, or benefits. Also, would have required the Comptroller to deposit any unexpended money from the vacant position to the fund or

**Department of Assistive and Rehabilitative Services
Exhibit 13: 83rd Legislative Session Chart**

Legislation Not Passed in the 83rd Legislative Session

Bill Number	Author	Summary of Key Provisions/Reason the Bill Did Not Pass
		<p>account from which the money was appropriated.</p> <p>DARS is currently operating under a hiring freeze that could have been applied to the requirements of this bill. However, the additional mandate that a state agency may not use salary and benefits appropriations for any other use means DARS would not have salary savings generated by vacant positions to move to client services or operating costs. Also, the Comptroller would have reduced the Department's appropriation based on salary and benefits appropriated to vacant positions. Therefore, unless a non-essential position received approval to fill, DARS would have been required to forfeit appropriated funds associated with that position. The bill was filed, but never moved.</p>
H.B. 306	King, Phil	<p>Repealed the limitation on appropriated funds for Temporary Assistance for Needy Families (TANF) Cash Assistance Program as a percent of total appropriated funds for the State. DARS ECI is considered an entitlement program under section 49, Maintenance of Certain Program Service Levels, Article II, of the General Appropriations Act. The Blind Childrens program provides targeted case management services and also receives federal reimbursement under the state Medical assistance program referred to in this legislation. Depending upon the total appropriations requested by all programs and the state's economic growth in any given biennium, DARS could have experienced a reduction in funds if voters had approved the amendment. This bill was contingent on voters approval of a constitutional amendment limiting appropriations for means-tested programs proposed in HJR 52, 83rd Legislature, Regular Session. The bill was filed, but never moved.</p>

**Department of Assistive and Rehabilitative Services
Exhibit 13: 83rd Legislative Session Chart**

Legislation Not Passed in the 83rd Legislative Session

Bill Number	Author	Summary of Key Provisions/Reason the Bill Did Not Pass
H.B. 451	Dukes	<p>Prohibited employers from requesting or requiring access to an employee or job applicants personal email or other social networking site on personal electronic devices. The changes would not have prohibited employers from maintaining lawful policies on employer issued electronic devices or personal devices usage during work hours, monitoring employee usage of employer-provided devices or employer-provided e-mail accounts, or obtaining information available in the public domain or that is otherwise lawfully obtained.</p> <p>If the bill passed, DARS would have worked with HHSC to implement/communicate guidelines. The bill was filed, but never moved.</p>
H.B. 486	Dukes	<p>Outlined new requirements that the State Council on Competitive Government and state agencies must follow before a service that is being performed by a state agency can be outsourced to a private commercial contractor, procedures state agencies must follow when an outsourced service is returned to that agency, and requirements for the State Auditor to audit outsourced contracts.</p> <p>If the agency had considered outsourcing a function that would have led to the loss of 100 or more state employee positions or that would have resulted in a contract value of \$10 million or more, DARS and the State Council would have had the opportunity to consider recommendations for improving DARS provision of services, including the possibility of a reorganized model, to compete with a private commercial contractor. In addition, DARS and the State Council would have needed to consider an estimate of the costs of returning an outsourced contract for services back to DARS in the cost analysis. The bill was left pending in House Human Services.</p>

**Department of Assistive and Rehabilitative Services
Exhibit 13: 83rd Legislative Session Chart**

Legislation Not Passed in the 83rd Legislative Session

Bill Number	Author	Summary of Key Provisions/Reason the Bill Did Not Pass
H.B. 745	Ashby	Exempted counties with a population between 50,000 and 100,000 if they have a state supported living center from collecting court costs and fees. This exemption could have reduced the collection of court costs that support the Comprehensive Rehabilitation Services 107 account. For each fiscal year 2014 and 2015, DARS estimates to collect \$18,192,272 in revenues in Fund 107. The bill was filed, but never moved.
H.B. 810	Cook, Byron	Added the legislative branch to the section definition of state agency and removed language to apply the entire section to mandate that all reports to the legislature should be distributed electronically. As a result, DARS would have been required to send any report, not just a legislatively mandated report, electronically to the legislature. The bill was scheduled for a hearing in House State Affairs but later removed from the schedule and not heard.
H.B. 1389	Zerwas	Required HHSC to develop and implement a quality improvement process to receive suggestions for clinical initiatives designed to improve the quality and care and cost-effectives of the Medicaid program and conduct an analysis of each suggestion. Specifically named the DARS Commissioner as one person HHSC must accept suggestions from and includes the other HHS Commissioners, as well as the medical care advisory committee, the physician payment advisory committee, and the Electronic Health Information Exchange System Advisory Committee. The bill was filed, but never moved.
H.B. 2072	Rodriguez, Eddie	Created a licensure program for deaf and hard of hearing interpreters, required interpreters for the deaf or hard of hearing to be licensed, given DARS enforcement authority for persons interpreting without a license, and broad authority to promulgate rules to manage the program. The House passed the bill, but it did not advance in the Senate.
H.B. 2089	Herrero	Made permissive the current requirement that DARS be the sole operator of vending facilities on certain state properties and removed the requirement that DARS be given a preference in operating vending facilities on certain state properties by making the decision to afford preference discretionary for the General Land Office Commissioner. The Land Commissioner would have

**Department of Assistive and Rehabilitative Services
Exhibit 13: 83rd Legislative Session Chart**

Legislation Not Passed in the 83rd Legislative Session

Bill Number	Author	Summary of Key Provisions/Reason the Bill Did Not Pass
		<p>been given authority to allocate space in state buildings for vending facilities.</p> <p>DARS receives approximately \$900,000 annually from commissions from vending machines facilities on State properties that is deposited to GR Dedicated account 492 for funding the Business Enterprises of Texas (BET) program. This funding could have been lost if the GLO Commissioner decided to utilize entities other than DARS to operate vending facilities on state properties. The bill was filed, but never moved.</p>
H.B. 2906	Harper-Brown	<p>Imposed a hiring freeze on all state agencies for the fiscal biennium ending August 31, 2015 and stated that an agency could not fill a position vacant on or after September 1, 2013, or use any money appropriated for the position for salary, wages, or benefits. Also, would have required the Comptroller to deposit any unexpended money from the vacant position to the fund or account from which the money was appropriated.</p> <p>DARS would not have salary savings generated by vacant positions to move to client services or operating costs. In addition, DARS funding is about 80 percent federal. If these funds could not be used for other DARS purposes, DARS and the State of Texas would receive fewer federal funds that could not be used by any other agency. The bill was filed, but never moved.</p>
H.B. 3587	Strama	<p>Created the Texas Early Learning Council to improve school readiness in the state. The council would have been composed of 12 members, including the DARS Commissioner or designee, and coordinated by the Texas Education Agency Commissioner. The bill was filed, but never moved.</p>
S.B. 142	West	<p>Required all state agencies, institutions, and departments to submit a zero-based budget before every third regular legislative session based on a schedule adopted by the Legislative Budget Board. The zero-based budgeting period starts from a "zero base" and every function and activity within an organization is analyzed for its needs and costs. This method of budgeting would have required more detail. The bill was left pending in Senate Finance.</p>

**Department of Assistive and Rehabilitative Services
Exhibit 13: 83rd Legislative Session Chart**

Legislation Not Passed in the 83rd Legislative Session

Bill Number	Author	Summary of Key Provisions/Reason the Bill Did Not Pass
S.B. 296	Deuell	Created a statutory cause of action for breach of contract by the state where the damages exceed \$250,000 and waived the state's sovereign immunity. The provisions of the bill could have applied to any claims for breach of contract against DARS that are more than \$250,000. This bill would have increased the general litigation relating to contracts, which would have resulted in increased costs to DARS in defending breach of contract claims. The bill was filed, but never moved.
S.B. 388	Nichols	Exempted counties with a population between 50,000 and 100,000 if they had a state supported living center from collecting court costs and fees. This exemption could have reduced the collection of court costs that support the CRS 107 account. For each fiscal year 2014 and 2015, DARS estimates to collect \$18,192,272 in revenues in Fund 107. This means that the potential reduction in collections would be 0.32 percent of \$18,192,272, approximately \$58,000 each fiscal year, approximately \$116,000 for the biennium. The bill was filed, but never moved.
S.B. 416	Ellis	Prohibited employers from requesting or requiring access to an employee or job applicant's personal email or other social networking site on personal electronic devices. The changes would not have prohibited employers from maintaining lawful policies on employer issued electronic devices or personal devices usage during work hours, monitoring employee usage of employer-provided devices or employer-provided e-mail accounts, or obtaining information available in the public domain or that is otherwise lawfully obtained. Currently, DARS does not request this type of information. If the bill passed, DARS would have needed to work with HHSC to implement/communicate guidelines. The bill was filed, but never moved.

**Department of Assistive and Rehabilitative Services
Exhibit 13: 83rd Legislative Session Chart**

Legislation Not Passed in the 83rd Legislative Session

Bill Number	Author	Summary of Key Provisions/Reason the Bill Did Not Pass
S.B. 442	Birdwell	Allowed state employees who re-entered state employment after departing for active duty military service to take up to 15 days of paid leave that was related to their military service or reintegration into civilian life. DARS would have been required to absorb the cost of the paid leave, and HHSC Human Resources (HR) would be required to update HR policies and the Centralized Accounting and Payroll/Personnel System (CAPPS) to track leave time for impacted employees. The bill passed through the Senate and was placed on the General State Calendar. House deadlines impeded advancement.
S.B. 522	Estes	Incorporates additional requirements associated with administrative hearing notices. If S.B. 522 had passed, the Business Enterprises of Texas (BET) Program and DARS Deaf and Hard of Hearing Services (DHHS) would have needed to review and discuss it and work with Legal Services to implement any policy and rule changes. The bill passed through the Senate and was placed on the General State Calendar. House deadlines impeded advancement.
S.B. 541	Watson	Required state agencies to explain the amount of federal funding the agency uses to fund agency operations and the amount of any increases in available federal funding if state funding were increased in the agency's annual financial report. The bill was referred to the Senate Finance Subcommittee on Fiscal Matters but never moved.
S.B. 794	Lucio	Mandated that the Department of Information Resources (DIR) is responsible for coordinating development, hosting and management of computer software for state agencies as well as the planning for these activities to eliminate duplicative responsibilities. It is possible that this bill would have had a minimal impact on DARS, but it is not clear if the software mentioned is custom-developed software or commercially available software (off the shelf). The bill was placed on the Senate intent calendar and removed.
S.B. 924	Lucio	Required several agencies, including DARS, to modify their strategic plans in order to address hunger, nutrition, and obesity in the state by increasing access to nutritious foods; improving access to and participation in the national free or reduced-price

**Department of Assistive and Rehabilitative Services
Exhibit 13: 83rd Legislative Session Chart**

Legislation Not Passed in the 83rd Legislative Session

Bill Number	Author	Summary of Key Provisions/Reason the Bill Did Not Pass
		<p>lunch program; strengthening educational initiatives to increase awareness of food and nutrition programs; and facilitating obesity prevention and diabetes awareness initiatives.</p> <p>DARS would have been required to develop a plan for implementing the requirements of the bill. Criss Cole Rehabilitation Center (CCRC) could provide access to nutritious meals, but DARS does not participate in the national free or reduced-price lunch program. DARS also contracts with diabetes educators around the state to provide consumers with nutritional information to minimize the progression of diabetes. DRS purchases nutrition counseling and diabetes education, for specific consumers to remove impediments to employment. DARS would have needed additional resources to provide public services announcements and educational outreach materials, if those were required in the strategic plan that is developed. The bill was left pending in the Senate Committee on Agriculture, Rural Affairs, and Homeland.</p>

XI. Major Issues

ISSUE 1: Is there a need to regulate interpreters?

A. Brief Description of Issue

The Board for Evaluation of Interpreters (BEI) is a certification body for interpreters for the deaf established in statute to ensure the quality of interpreter services. The certification program, overseen by the BEI, is voluntary and state law does not require interpreters to be certified to provide interpreter services, except in courtroom settings. Currently, there are approximately 1,600 certified interpreters in Texas, of which fewer than 150 are certified as court interpreters. With an estimated 900,000 deaf persons in Texas, the supply of certified interpreters cannot meet anticipated demand for qualified interpreter services, especially in rural areas and in medical settings.

Although a shortage of certified interpreters exists, a movement within the deaf and hard of hearing community led to the filing of H.B. 2072, 83rd Legislative Regular Session, to require licensure of all interpreters regardless of setting. While the bill did not pass, stakeholders continue to advocate for a licensure requirement for all interpreters. The following is an overview of some of the issues related to regulating interpreters.

B. Discussion

Regulation of Interpreters

Under the Americans with Disabilities Act (ADA), persons who are deaf or hard of hearing are a protected class in which effective communication is required. The ADA defines a qualified interpreter as one who is able to interpret effectively, accurately, and impartially both receptively and expressively. One way to measure skill level to determine if an interpreter is qualified is through certification.

The ability to communicate fluently in sign language does not mean a person has the ability to interpret. Interpreters must expand the message by adding the explicit and embedded meaning of each phrase or concept. For example, the phrase “you have the right to an attorney” has no meaning if a word-for-word language interpretation were conveyed to a person who is deaf. What is the meaning of the term “right”? Interpreters must convey the true meaning of this message by incorporating the implied message. The true meaning is automatically understood by a person who can hear, but it is not automatic for a person who is deaf.

The BEI program tests, rates, and issues certifications to interpreters for persons who are deaf or hard of hearing. The tests, developed in response to a job analysis, are designed to establish

an interpreter's level of skill. A person must first develop fluency in sign language before attaining the skills needed to become certified, and intensive training is required to develop these skills. Certification of interpreters in general settings is voluntary. Non-certified interpreters are not State-regulated.

In fiscal year 2005, the Legislature passed H.B. 2200 requiring a court certificate issued by the Registry of Interpreters for the Deaf or issued by the BEI. Federal statute (34 CFR §300.156(b) – Certification Requirements) establishes that interpreters in the educational setting must have qualifications consistent with any State-approved or State-recognized certification or licensure. The Texas Education Agency has followed suit requiring certification of interpreters in educational settings.

During the 83rd Legislative Regular Session, Representative Eddie Rodriguez filed H.B. 2072, relating to licensure requirements for interpreters for persons who are deaf or hard of hearing. The bill was filed at the prompting of the Texas Association of the Deaf and the Texas Society of Interpreters for the Deaf, two consumer membership organizations. Testimony given during committee hearings revolved around the increasing use of non-certified, non-qualified interpreters in the community. Examples mentioned during public testimony included persons sent to interpret who only knew the alphabet and an individual meeting with a doctor regarding his eye surgery in which the person who was deaf believed the interpreter was an intern who was not qualified.

In addition to the actions cited above, Michigan and Illinois have passed legislation requiring interpreters to be certified, which suggests a trend toward mandatory licensure for interpreters for persons who are deaf or hard of hearing.

Implications of Mandatory Licensure

Mandatory licensure of interpreters for the deaf and hard of hearing would regulate the profession. Regulation of interpreters would enable consumers to be aware of an interpreter's skill levels and qualifications and thus allow for informed choice. Mandatory licensure could motivate unqualified interpreters to enhance their skill level and become qualified and discourage interpreter referral agencies from hiring non-certified interpreters to underbid interpreter referral agencies providing certified interpreters.

However, mandatory licensure or certification could reduce the pool of interpreters available, especially in rural areas of the state. The lack of available interpreters in the rural areas is a reality regardless of whether licensure or certification is required. Individuals who need interpreter services often rely on larger cities closest to them when seeking services, and this would continue to be the case if mandatory licensure is in effect.

Establishing a mandatory licensure or certification would establish regulatory measures that may include enforcement actions such as suspension, monetary penalties or revocation of a professional license or certificate based on the severity of non-compliance.

In the absence of mandatory licensure, unqualified, non-certified persons may practice interpreting without penalty when providing services, resulting in miscommunication, such as when interacting with health care providers or during job interviews. Currently, DARS may revoke the certification of BEI certified interpreters who are in violation of a statute, rule, or policy, depending on the nature of the violation. However, without mandatory licensure, BEI certified interpreters whose certifications are revoked due to disciplinary actions can still interpret without any additional consequences. Moreover, DARS has no authority to take action against non-certified individuals who are acting as interpreters.

The use of non-certified, often unqualified interpreters can lead to ineffective communication resulting in persons being denied their right to legal counsel or making legal or medical decisions that are not in their or their children's best interest. There have been reports of non-certified interpreters conducting their own personal business while on an interpreting assignment, taking an assignment for which they are not qualified, or not rendering the information faithfully since regulation does not exist, except in courtroom settings. Requiring licensure or certification would provide for clear ramifications if a certified interpreter violated statute, rules, or policy. Without mandatory licensure or certification, unqualified individuals can continue the practice of interpreting, possibly to the detriment of individuals who need these services.

Licensure versus Certification of Interpreters

Licensure has the same legal effect as certification. The requirement of either certification or licensure would designate that a person is qualified to practice an occupation. The Department of State Health Services and the Department of Licensing and Regulation typically issue licenses rather than certifications for such occupations as audiologists, social workers, and cosmetologists. Stakeholders have expressed a preference for licensure over certification of interpreters. The assumption is that stakeholders tend to view licensure as meaning required where certification does not.

C. Possible Solutions and Impact

To increase the number of certified interpreters and to prepare for this growing interest in mandatory licensure, DARS will provide intensive training during the FY 2014-2015 biennium. This training will enhance the skills of non-certified interpreters and better prepare them to take certification exams. The goal is to increase the number of certified interpreters for general settings with an emphasis on increasing the number of interpreters in critical settings such as hospitals and courtrooms. DARS will partner with entities such as Interpreter Training Programs (ITP) at community colleges and universities, interpreter referral agencies, providers of video relay services, and video remote interpreting services to seek candidates interested in becoming certified.

While H.B. 2072, which would have required licensure of all interpreters, did not pass during the last Session, stakeholder interest remains and the potential ramifications of unqualified interpreters providing inaccurate interpretation persists. Many in the deaf and hard of hearing community believe that mandatory licensure is in the best interest Texans who rely on interpreter services.

ISSUE 2: How can DARS address challenges in the ECI Program?

A. Brief Description of Issue

The Early Childhood Intervention Services (ECI) program continues to experience challenges in operating the program within available appropriations and other available payer sources while remaining in compliance with federal regulations. The program is working to mitigate these challenges and maintain a strong state-wide provider base within the current operating model.

B. Discussion

In general, agencies that contract to deliver ECI services face challenges to provide services due to:

- federal IDEA requirements to serve all eligible children regardless of potential third party fund sources;
- federal IDEA requirements to ensure services are based on scientific research and while preserving families due process rights related to eligibility, services, and ability to pay; and
- a complex contract payment structure with multiple federal, state, and local funding sources.

The 51 comprehensive provider agencies are contracted to deliver the full range of early intervention services statewide. The ECI contractors include both public entities and private nonprofits. The relationship between DARS ECI and the contractor is that of a lead agency-sub recipient. The ECI contractor holds the responsibility for eligibility determination, as well as for full implementation of the State's obligation to deliver all appropriate early intervention services based upon child and family need. Each ECI contractor is responsible for comprehensive evaluation (eligibility determination) assessment, service plan development, direct medical, and other rehabilitative services.

DARS pays ECI contractors by contract on a cost-reimbursement basis, with a maximum budgeted amount established via the contract. The maximum budgeted amount is equal to approximately 43 percent of total expense across all contractors. The ECI contractor is expected to collect third-party reimbursement for direct services from both public (Medicaid, CHIP) and private insurance (including TRICARE), collect cash payments from families, and to

seek contributions from local government or charitable organizations. Before fiscal year 2012, DARS provided a significantly higher guaranteed portion of the total budget. However, beginning with fiscal year 2012 when Medicaid therapies were moved from the DARS budget to HHSC, the contractors were required to bill Medicaid therapies directly to Medicaid rather than receive this funding through their contract with DARS. With this change, contractors could no longer rely on DARS to provide funds if Medicaid revenue is not realized. If the funds the contractor projects to earn from the third party sources are not actually reimbursed from the third-party payers, the contractor must secure funds elsewhere or cease operations.

In the past two years, DARS ECI providers experienced frequent and significant changes. The narrowing of eligibility, implementation of a new evaluation tool and protocols, changes to the Medicaid Targeted Case Management rate payment, multiple changes in the methodology to obtain Medicaid reimbursement, and variability in negotiated therapy rates negotiated and third party billing requirements for Medicaid Managed Care Organizations all created uncertainty in revenue for contractors.

Contractor responses to uncertainty in revenue vary, and some contractors were able to thrive with the changes in funding. Other contractors either maintained staffing levels or if necessary, covered costs above revenues by contributing from their agency fund balance or decreasing expenditures, primarily by decreasing ECI staff. Decreasing staff reduced their resources to serve all eligible children, provide multi-disciplinary evaluations upon request, operate within federal timelines, and deliver the intensity of services planned. If a contractor no longer has capacity to deliver ECI services, the contractor risks family complaints and due process hearings, jeopardizes their other lines of business, the entity's reputation in their community, and financial stability, in addition to ECI contract sanctions and termination. Inadequate statewide coverage and service disruption for families is a risk if the State is unable to contract with another qualified entity to cover that area with sufficient time to transition families.

The program is working on implementation of state and federal direction on changes to the family cost share. Changes must be implemented while balancing the costs to contractor agencies and ensuring family rights. The cumulative impact of changes will be clearer after implementation.

Additionally, the IDEA Part C grant has been included and is subject to Federal sequestration. DARS is assuming a 7.8 percent reduction in grant funds would occur under sequestration. Requirements of IDEA Part C prohibit a reduction in services to eligible children.

C. Possible Solutions and Impact

Major changes in the contract structure and payment process were completed in FY 2012. Services are currently paid for through both a cost reimbursement mechanism and through a fee for service mechanism.

Senate Bill 1060, 83rd Regular Session, requires DARS to conduct a cost effectiveness evaluation of the family cost share system must and produce a legislative report by December 1, 2014, . Based on information gathered, the family cost share rules will be modified and technical assistance will be provided to contractors to support implementation of changes. Contractor performance will be monitored throughout the biennium.

The fiscal impact will vary based on the changes implemented. As stated above, if the funds the contractor projects to earn from the third party sources are not actually reimbursed from the third party payers, the contractor is financially at risk and must secure funds elsewhere or cease operations.

ISSUE 3: 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 (ASD) 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 (VR) 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 (ECI) 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 (TARRC) which provides information and online referral to individuals with ASD 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 LTSS, including Medicaid Waiver Programs.
- ICFs/IID including State Supported Living Centers.
- Community Centers (i.e., Local Intellectual and Developmental Disability Authorities, or simply LAs).

While the primary constituents of the DARS autism program, the Texas Council on Autism, and the TARRC are individuals with ASD, 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 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 ASD seeking services may enter the system through:

- a telephone call to 211,

- contacting the DARS Inquiries Unit 800 number,
- contacting a local ECI, Autism, or Vocational Rehabilitation program,
- contacting a Local Intellectual and Developmental Disability Authorities (LAs) or Aging and Disability Resource Center (ADRC),
- 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 LAs.
- 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 ECI 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, ADRC, and LA 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.

DADS, DARS, DFPS, DSHS, HHSC, and TEA provide significant input to the TARRC strategic planning process. One issue that will be explored in the FY2014 strategic plan is developing a collaborative approach toward financing TARRC activities.

Although efforts to support individuals with ASD 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 TARRC (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 TARRC and the DARS autism program with the policy and service coordination mandates of the Texas Council on Autism.

Staff anticipates 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.

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 Assistive and Rehabilitative Services			
Exhibit 15: Contacts			
INTEREST GROUPS			
Group or Association Name/Contact Person	Address	Telephone	E-mail Address
ADAPT of Texas	1640-A East 2 nd Street, Suite 100 Austin, Texas 78702	512-442-0252	Bob.adapt@sbcglobal.net
Alliance of and for Visually Impaired Texans	P.O. Box 301165, Austin, Texas 78703	512-630-2848	chair@alliancevitexans.org
American Foundation for the Blind	11030 Ables Lane Dallas, Texas 75229-4524	469-522-1802	jscott@afb.net
American Council of the Blind of Texas	None available. E-mail preferred.	936-445-3241	semien@sbcglobal.net
The Arc of Texas	8001 Centre Park Drive Austin, Texas 78754	800-252-9729	secretary@thearcoftexas.org
Coalition of Texans with Disabilities	316 W. 12th Street, Ste. 405 Austin, Texas 78701	512-478-3366	info@txdisabilities.org
Deaf-Blind Multihandicapped Association of Texas	909 Mt. Park Drive Big Spring, Texas 79720	432-264-6780	pwelch@usaonline.net
Deaf-Blind Service Center of Austin	P.O. Box 9463 Austin, Texas 78766	512-251-2550	info@austindbsc.org
Disability Rights Texas	2222 West Braker Lane Austin, Texas 78758	512-454-4816	mfaithfull@ disabilityrightstx.org
Easter Seals Central Texas	1611 Headway Circle - Building 2 Austin, Texas 78754	512-478-2581	jlangendorf@ eastersealstx.org
ECl Contractor Group	1416 North Church Street McKinney, Texas 75069	972-562-0190	rrouton@lifepathsystems.org
National Federation of the Blind of Texas	314 E. Highland Mall Blvd. Ste. 253 Austin, Texas 78752	(512) 323-5444	president@nfbtx.org

American Council of the Blind of Texas	P. O. Box 5251 Beaumont, Texas 77704-5251	409-866-5838	semien@sbcglobal.net
Alliance for the Visually Impaired of Texas	P.O. Box 301165 Austin, Texas 78703	512-630-AVIT (2848)	chair@alliancevitexans.org
Lighthouse industries for Blind Texans (LIBT)	20305 Roosevelt Avenue, San Antonio, Texas 78210	210-531-1530	mikeg@salighthouse.org
Texans Care for Children	811 Trinity, Suite A Austin, Texas 78701	512-473-2274	jsaxton@txchildren.org
Texas Advocates	8001 Centre Park Drive Austin, Texas 78754	800-252-9729, ext.12	sbickley@thearcoftexas.org
Texas Association of Centers for Independent Living	5555 North Lamar Blvd, Suite J-103 Austin, Texas 78751	512-374-0730	woodie@taciltexas.org
Texas Association of the Deaf	P.O. Box 1982 Manchaca, TX 78652	Not available. E-mail preferred.	paul@deaftexas.org
Texas Brain Injury Alliance	316 West 12 th Street, Suite 405 Austin, Texas 78701	800-392-0040	info@biatx.org
Texas Council of Community Centers	8140 North Mopac Expressway, Suite 240 Austin, Texas 78759	512-794-9268	selrod@txcouncil.com
Texas Deaf Blind Association	PO Box 9434 Austin, Texas 78766	Not available. E-mail preferred.	kim@txdba.org
Texas Early Childhood Education Coalition	316 West 12 th St #105 Austin, Texas 78701-1846	512-476-7939	kjohnson@tecec.org
Texas State Independent Living Council	5555 N. Lamar Blvd, Suite J-103	512-371-7353	regina@txsilc.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
Children's Policy Council, Sherry Broberg	4900 North Lamar Blvd. Austin, Texas 78756	512-420-2856	sherry.broberg@ hhsc.state.tx.us
ECl Advisory Council Harvey Salinas, Chair	P.O. Box 1676 Corpus Christi, Texas 78403	361-882-7491 ext 431	harvey.salinas@ workforcesolutionscb.org
Rehabilitation Council of Texas	4800 N. Lamar Blvd Austin, Texas 78756	512-424-4160	lhenning_austin@ yahoo.com
Texas Rehabilitation Association	13359 N. Hwy. 183, #406-264 Austin, Texas 78750	800-935-6582	Contact form: http://www.txrehabassoc.org/content/contact-us

Social Security Administration Irving Wilkerson, SSA Regional Office, Director, Center for Disability	1301 Young Street, Suite 670, Dallas, Texas 75202	214-767-3126	Irving.wilkerson@ssa.gov
Council of State Administrators of Vocational Rehabilitation (CSAVR), Stephen A. Wooderson, Executive Director	4733 Bethesda Avenue, Suite 330, Bethesda, Maryland 20814	301-654-8414	swooderson@ rehabnetwork.org
American Rehab Action Network	P.O Box 191 Niles, Michigan 49120	269-240-4028	ContactUs@ActionRehabNe twork.com
National Rehabilitation Association	P.O. Box 150235 Alexandria, Virginia 22315	888-258-4295	info@nationalrehab.org
National Council of State Agencies for the Blind (NCSAB)	4600 Valley Road, Suite 100, Lincoln, Nebraska, 68510-4844	717-783-3784	ddenotaris@pa.gov
Office of Special Education Programs/United States Dept. Of Education	Susan Kauffman 400 Maryland Ave., S.W. Washington, DC 20202- 7100	202-245-6432	Susan.Kauffman@ed.gov
Texas Council of Autism and Pervasive Developmental Disorders	Mail Code W-578 P.O. Box 149030 Austin, Texas 78714-9030	512-794-8024	fmccamant@me.com
Texas Traumatic Brain Injury Advisory Council	316 West 12 th Street, Suite 405, Austin, Texas 78701	512-326-1212	Bettie.beckworth@ hhsc.state.tx.us
U.S. Department of Education Rehabilitation Services Administration	C/O Edward J. West 550 12th Street SW Room 5098 Washington DC, 20202- 2800	202-245-6145	Edward.west@ed.gov
LIAISONS AT OTHER STATE AGENCIES			
Agency Name/Relationship/ Contact Person	Address	Telephone	E-mail Address
Office of Governor Rick Perry, Dianna Sosa Velasquez, Liaison	P.O. Box 12428, Austin, Texas 78711	512-463-3471	dianna.velasquez @governor.state.tx.us
Office of the Attorney General, Joe Thrash, Assistant Attorney General, Administrative Law Division	300 W. 15th Street, 12th Floor, William Clements Bldg., Austin, Texas 78701	512-475-4685	joe.thrash@texasattorneyge neral.gov
Office of the Comptroller, Aurora Ramirez, Appropriations Control Officer (ACO)	Post Office Box 13528, Capitol Station, Austin, Texas 78711-3528	512-463-7677	aurora.ramirez @cpa.state.tx.us

Governor's Committee on People with Disabilities, Angela English, Executive Director	P.O. Box 12428, Austin, Texas 78711	512-463-5742	Aenglish@governor.state.tx.us
Texas Council for Developmental Disabilities, Roger Webb, Executive Director	6201 E. Oltorf, Suite 600, Austin, Texas 78741	512-437-5432	roger.webb@tcdd.state.tx.us
Department of Aging and Disability Services, Wes Yeager, Center for Program Coordination	701 West 51st St., MC W-235, Austin, Texas 78751	512-438-4296,	wes.yeager@dads.state.tx.us
Department of State Health Services, Ricky Garcia, Center for Consumer and External Affairs	P.O. Box 149030 Austin, Texas 78714-9030	512-776-7113	ricky.garcia@dshs.state.tx.us
Department of Family and Protective Services, Peter Hajmasy, Center for Program Coordination/Policy and Innovation	701 West 51st St., 1001 E654, Austin Texas 78751	(512) 438-4124	peter.hajmasy@dfps.state.tx.us

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.

See attachment 21.

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.

This statutory directive has been implemented at HHSC, both through the Executive Commissioner’s instructions to HHSC and the HHS System agencies and through HHSC’s own work developing or revising agency materials. Specific examples include the following.

Guidance Memorandum

The Executive Commissioner issued Health and Human Services (HHS) Guidance Memorandum GM-12-002, *Person First Respectful Language in Communications*, in December 2011. In it, the Executive Commissioner directs each agency to use appropriate person first terms and phrases when proposing, adopting, or amending agency rules, reference materials, publications, and electronic media. Executive management at HHSC and the HHS System agencies was notified directly of GM-12-002. In addition, the release of GM-12-002 was featured in *The Connection*, the HHS System newsletter available to staff at HHSC and the HHS System agencies. GM-12-002 was last updated in January 2013.

Communications to Staff

The Connection highlighted the legislation underlying section 531.0227 – House Bill 1481, 82nd Legislature, Regular Session, 2011 – and noted efforts of DADS and other agencies to encourage person first respectful language. A second article noted the passage of H.B. 1481 and the new requirements for HHSC and the HHS System agencies.

Rule Review

Staff uses rule drafting guidelines that include a specific reference to H.B. 1481 and examples of person first respectful language. As HHSC develops new rules or proposes to amend existing rules, the originating program and legal staff review to ensure the use of preferred terms.

HHS Style Guide

HHSC’s Communications staff updated the *HHS Style Guide for Consumer Materials* to include instructions on the use of person first respectful language. The style guide is intended to ensure consistency in the materials written for consumers of HHS services by the agency or contractors providing those services. Medicaid managed care organizations, for example, are required by HHSC’s Uniform Managed Care Manual to use the style guide in writing marketing or other materials for their members.

HHSC has not encountered any statutory prohibition on using person first respectful language.

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 Assistive and Rehabilitative Services		
Exhibit 15: Complaints Against the Agency — Fiscal Years 2011 and 2012		
	FY 2011	FY 2012
Number of complaints received	310	334
Number of complaints resolved	315	325
Number of complaints dropped/found to be without merit	33	20
Number of complaints pending from prior years	5	0
Average time period for resolution of a complaint	2.33	3.67

D. Fill in the following chart detailing your agency’s Historically Underutilized Business (HUB) purchases.

**Department of Assistive and Rehabilitative Services
Exhibit 16: Purchases from HUBs
FISCAL YEAR 2010**

Category	Total \$ Spent	Total HUB \$ Spent	Percent	Agency Specific Goal *	Statewide Goal
Heavy Construction	\$0	\$0	0%	N/A	11.9%
Building Construction	\$86,134	\$9,086	10.5%	N/A	26.1%
Special Trade	\$2,698,489	\$488,962	18.1%	N/A	57.2%
Professional Services	\$9,226,903	\$0	0%	N/A	20.0%
Other Services	\$8,737,006	\$1,759,279	20.1%	N/A	33.0%
Commodities	\$7,817,714	\$3,483,695	44.5%	N/A	12.6%
TOTAL	\$28,566,247	\$5,741,024	20.0%		

FISCAL YEAR 2011

Category	Total \$ Spent	Total HUB \$ Spent	Percent	Agency Goal	Statewide Goal
Heavy Construction	\$425	\$425	0%	N/A	11.9%
Building Construction	\$0	\$0	0%	N/A	26.1%
Special Trade	\$3,028,465	\$1,564,876	51.67%	N/A	57.2%
Professional Services	\$11,554,896	\$48,280	0.42%	N/A	20.0%
Other Services	\$9,670,135	\$2,483,592	25.68%	N/A	33.0%
Commodities	\$8,524,930	\$2,479,489	29.09%	N/A	12.6%
TOTAL	\$32,778,851	\$6,576,239	20.06%		

FISCAL YEAR 2012

Category	Total \$ Spent	Total HUB \$ Spent	Percent	Agency Goal	Statewide Goal
Heavy Construction	\$1,200	\$0	0%	N/A	11.2%
*Building Construction	\$2,622,327	\$1,690,879	64.48%	N/A	21.1%
Special Trade	\$596,320	\$352,161	59.06%	14.9%	32.7%
Professional Services	\$12,233,113	\$78,813	0.64%	1.0%	23.6%
Other Services	\$4,174,710	-\$164,731	-3.95%	24.6%	24.6%

Commodities	\$5,521,564	\$2,077,239	37.62%	21.0%	21.0%
TOTAL	\$25,149,236	\$4,034,362	16.04%		

*Building Construction: \$2,612,422 of the total expenditures and \$1,680,974 of the HUB expenditures reported in building construction for FY 2012 were for IT staff augmentation services (Other Services) associated with the development of DARS internally developed case management system. Because a construction in progress software accounting code does not exist, CPA instructed DARS to code these expenditures using the construction in progress code for building maintenance and construction. Once completed, the project will be capitalized and these expenditures will be corrected in USAS.

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)

The Department of Assistive and Rehabilitative Services adopted the Comptroller of Public Accounts (CPA) HUB rules by reference. The policy mandates that DARS shall make a good faith effort to utilize HUBs or minority businesses in contracts for construction, services, and commodities; and to encourage the use of HUBs by implementing these policies through race-, ethnic-, and gender-neutral means.

DARS is committed to promoting full and equal business opportunities for all businesses in state contracting in accordance with the following goals as a result of the State of Texas Disparity Study:

1. 11.9 percent for heavy construction other than building contracts;
2. 26.1 percent for all building construction, including general contractors and operative builder's contracts;
3. 57.2 percent for all special trade construction contracts;
4. 20 percent for professional services contracts;
5. 33 percent for all other services contracts; and
6. 12.6 percent for commodities contracts.

DARS policy on the utilization of HUBs is related to all contracts with an expected value of \$100,000 or more over the life of the contract including any renewals, and whenever practical, in contracts less than \$100,000. It is the policy of DARS and its contractors to accomplish these goals either through contracting directly with HUBs or indirectly through subcontracting opportunities. DARS and its contractors shall make a good faith effort to meet or exceed the goals and assist HUBs in receiving a portion of the total contract value of all contracts that DARS expects to award in a fiscal year.

In order to address performance shortfalls, DARS monitors its contracts on a monthly basis to determine the level of HUB and minority participation. DARS strives to eliminate shortfalls by analyzing the expenditures and payments made to its vendors, improve the expertise in evaluating contract opportunities for HUBs or minority firms, and assist each program/division to implement good faith efforts to meet or exceed the goals. Because most of the DARS

contracts are highly specialized, DARS is continuously demonstrating its commitment to the use of HUBs by:

- participating in external Economic Opportunity Forums (EOFs) and related HUB Outreach events statewide;
- hosting internal HUB forums providing HUBs the opportunity to give business presentations to agency management, purchasing, and agency HUB staff;
- identifying and developing opportunities for HUBs;
- sponsoring and assisting in the development of mentor-protégé relationships with Prime Contractors and HUBs;
- recruiting new HUBs/minority vendors for potential contracting opportunities in the procurement categories where there has been minimal HUB utilization;
- offering HUBs assistance and training regarding state procurement procedures;
- assisting and soliciting minority firms for current and new contract opportunities;
- assisting HUBs with the certification and re-certification process for the Statewide HUB Program; and
- encouraging HUBs to register on the CPA's Centralized Master Bidders List (CMBL).

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)

DARS has an established process to ensure consideration is given to HUB goals when the Department enters into a contract with an expected value of \$100,000 or more. DARS makes a determination whether or not subcontracting opportunities are probable under the contract before DARS solicits bids, proposals, offers, or other applicable expressions of interest. DARS HUB Program Office reviews the solicitation document prior to advertisement to ensure that:

- it allows for the greatest amount of competition possible;
- the bonding and insurance requirements are reasonable;
- it lists potential subcontracting opportunities;
- it lists the HUB percentage participation goal;
- it lists the prime contractor's performance requirements related to the HUB program; and
- it includes HUB subcontracting plan requirements.

In addition, the DARS HUB Program Office works with DARS division/program staff to administer comprehensive HUB subcontracting plans that include the following.

- Providing an overview of the HUB subcontracting plan requirements during the vendor conference.
- How and when the HUB Program Office evaluate responses for compliance.

- Post award meetings or conference calls with the selected vendor which details the contractor performance expectations related to fulfilling the HUB requirements of the contract.
- Ongoing progress assessment monitoring and reporting to ensure the vendor maintains the agreed upon HUB participation percentage commitment, when applicable.

During the solicitation process, all respondents are required to make a good faith effort to complete a HUB subcontracting plan. If a good faith effort is not made or a subcontracting plan is not submitted or is incomplete, the proposal/bid will be disqualified. If subcontractors will be used, then the vendor will be required to demonstrate what effort was made to solicit a certified HUB subcontractor. DARS encourages vendors to utilize the CPA HUB directory for the inclusion of HUBs in its contract opportunities. If the subcontractor selected is not a certified HUB, the respondent must provide written justification of their selection process.

In addition to the above efforts, the HHSC Enterprise Contracts and Procurement Services (ECPS; Purchasing Section) assist in making a good faith effort to ensure HUBs are included in the procurement solicitation processes.

G. For agencies with biennial appropriations exceeding \$10 million, answer the following HUB questions.

	Response/ Agency Contact
Do you have a HUB coordinator? (Texas Government Code, Sec. 2161.062; TAC Title 34, Part 1, rule 20.26)	Yes. Debra Pendley, DARS HUB Coordinator 4405 North Lamar Blvd., Bldg. #1 Austin, Texas 78756 Phone: 512-206-4525 Fax: 512-206-4605 Debra.Pendley@hsc.state.tx.us
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)	DARS and the other HHS agencies conduct an internal HUB forum on a monthly basis where HUB vendors are invited to attend and give a presentation regarding their products, staff, and core capabilities. During the forum, agency staff also discusses potential contracting opportunities with the vendors. DARS invites procurement, program, HUB staff, and related decision-

	Response/ Agency Contact
	makers to attend these forums.
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)	DARS has a Mentor-Protégé Program and is currently sponsoring 10 mentor-protégé agreements.

H. Fill in the chart below detailing your agency's Equal Employment Opportunity (EEO) statistics.¹

Department of Assistive and Rehabilitative 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	191	13.6%	7.5%	15.7%	21.1%	47.1%	37.5%
Professional	2,410	19.3%	9.7%	22.9%	18.8%	74.6%	53.3%
Technical	24	8.3%	13.9%	20.8%	27.7%	58.3%	53.9%
Administrative Support	416	23.8%	12.7%	38.2%	31.9%	91.3%	67.1%
Service Maintenance	146	32.2%	14.1%	26.7%	49.9%	86.3%	39.1%
Skilled Craft	4	0.0%	6.6%	50.0%	46.3%	25.0%	6.0%

Source Data: Fiscal Year 2009 from Human Resources/PeopleSoft 08/31/2009

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. Civilian Labor Force Figures from Texas Workforce Commission.

Department of Assistive and Rehabilitative Services 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	196	14.3%	7.5%	16.8%	21.1%	49.0%	37.5%
Professional	2,483	19.5%	9.7%	23.0%	18.8%	75.5%	53.3%
Technical	22	4.5%	13.9%	22.7%	27.7%	59.1%	53.9%
Administrative Support	391	23.5%	12.7%	38.9%	31.9%	91.3%	67.1%
Service Maintenance	125	36.0%	14.1%	26.4%	49.9%	87.2%	39.1%
Skilled Craft	4	0.0%	6.6%	75.0%	46.3%	25.0%	6.0%

Source Data: Fiscal Year 2010 from Human Resources/PeopleSoft 08/31/2010
Civilian Labor Force Figures from Workforce Commission

Department of Assistive and Rehabilitative Services 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	193	15.5%	8.99%	18.1%	19.5%	50.3%	39.4%
Professional	2,408	20.2%	11.33%	23.5%	17.4%	75.7%	59.14%
Technical	21	4.8%	14.16%	23.8%	21.63%	52.4%	41.47%
Administrative Support	365	24.4%	13.57%	39.2%	30.53%	91.5%	65.52%
Service Maintenance	142	31.7%	14.68%	29.6%	48.18%	90.1%	40.79%
Skilled Craft	5	0.0%	6.35%	80.0%	47.44%	20.0%	4.19%

Source Data: Fiscal Year 2011 from Human Resources/PeopleSoft 08/31/2011
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?

The Health and Human Services Commission (HHSC) equal employment opportunity policy is located in the *Health and Human Services Human Resources Manual*, Chapter 16, subsection B. The equal employment opportunity policy requires the HHSC Civil Rights Office to prepare a workforce analysis for each agency once during the state biennium. If the analysis discloses underutilization for a protected class for any agency, the agency must prepare a Recruitment Plan (RP).

The responsibility for implementation of the RP is with the Executive Commissioner for Health and Human Services or a designee. The responsibility has been delegated to the Civil Rights Director. One of the primary factors of the RP is development and execution of action-oriented activities and programs, such as selection, recruitment strategies and training for managers.

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

1. Agency's enabling statute.
 - Texas Human Resources Code – Chapter 117
 - Subchapter A. General Provisions
 - Subchapter D. Powers and Duties of the Department
2. Annual report published by the agency from FY 2008 – 2012.
 - See attached annual reports FY 2008 – FY 2012.
3. Internal or external newsletters published by the agency from FY 2011 – 2012.
 - See attached list.
4. List of publications and brochures describing the agency.
 - See attached list.
5. List of studies that the agency is required to do by legislation or riders.
 - See attached list.
6. List of legislative or interagency studies relating to the agency that are being performed during the current interim.
 - S.B. 1060, 83rd Legislature – Family Cost Share Provisions Evaluation
7. List of studies from other states, the federal government, or national groups/associations that relate to or affect the agency or agencies with similar duties or functions.
 - See attached list.

Attachments Relating to Policymaking Structure

8. Biographical information (e.g, education, employment, affiliations, and honors) or resumes of all policymaking body members.
 - See attached.
9. Agency's most recent rules.
 - See attached.

Attachments Relating to Funding

10. Agency's Legislative Appropriations Request for FY 2014 – 2015.
 - See attached Legislative Appropriations Requests for FY 2014-2015.
11. Annual financial reports from FY 2010 – 2012.
 - See attached annual financial reports from FY 2010-2012.
12. Operating budgets from FY 2011 – 2013.
 - See attached operating budgets from FY 2011-2013.

Attachments Relating to Organization

13. If applicable, a map to illustrate the regional boundaries, headquarters location, and field or regional office locations.
 - See attached maps.

Attachments Relating to Agency Performance Evaluation

14. Quarterly performance reports completed by the agency in FY 2010 – 2012.
 - See attached quarterly performance reports from FY 2010-2012.
15. Any recent studies on the agency or any of its functions conducted by outside management consultants or academic institutions.
 - See attached studies.
16. Agency's current internal audit plan.
 - See attached.
17. Agency's current strategic plan.
 - See attached strategic plan.
18. Internal audit reports from FY 2009 – 2013 completed by or in progress at the agency.
 - See attached list.

19. List of State Auditor reports from FY 2009 – 2013 that relate to the agency or any of its functions.
 - See attached list.

20. Any customer service surveys conducted by or for your agency in FY 2012.
 - See attached surveys.