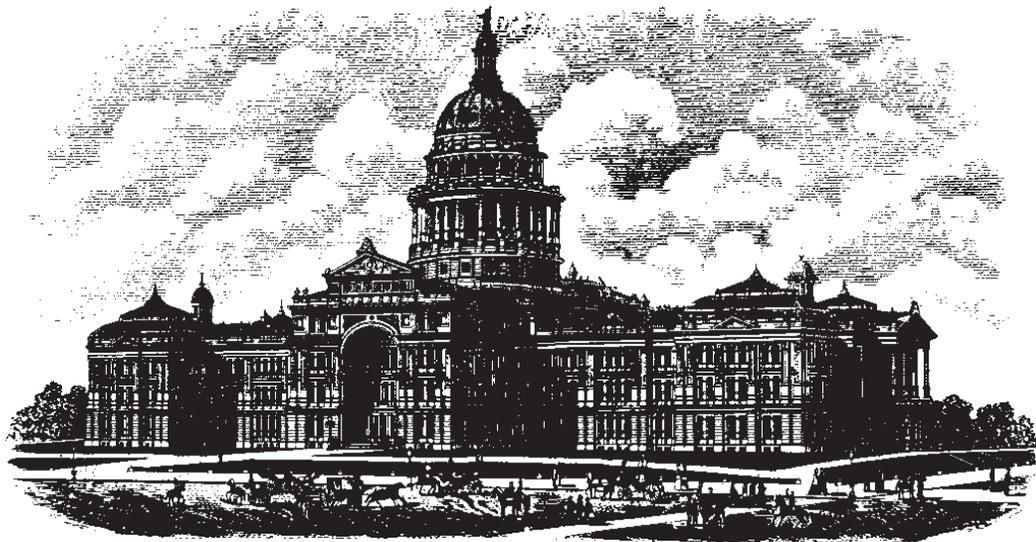


# Sunset Advisory Commission



TEXAS STATE CAPITOL BUILDING

*E.E. Davis architect*

## Texas Commission for the Blind



Staff Report

1998

## **SUNSET ADVISORY COMMISSION**

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In 1977, the Texas Legislature created the Sunset Advisory Commission to identify and eliminate waste, duplication, and inefficiency in government agencies. The 10-member Commission is a legislative body that reviews the policies and programs of more than 150 government agencies every 12 years. The Commission questions the need for each agency, looks for potential duplication of other public services or programs, and considers new and innovative changes to improve each agency's operations and activities. The Commission seeks public input through hearings on every agency under Sunset review and recommends actions on each agency to the full Legislature. In most cases, agencies under Sunset review are automatically abolished unless legislation is enacted to continue them.

**TEXAS COMMISSION FOR THE BLIND**

**SUNSET STAFF REPORT**

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# **EXECUTIVE SUMMARY**

# Executive Summary

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The Texas Commission for the Blind (TCB) is the State's main authority on the rehabilitation of persons with visual disabilities. The agency's primary focus is to provide services to persons with visual impairments to ensure they can actively and independently participate in society. TCB provides a variety of services, including counseling and guidance, independent living skills, vocational training, physical restoration and adaptive technology devices. The agency also operates the Criss Cole Rehabilitation Center, a 24-hour a day residential program in Austin that provides a comprehensive array of services and training in vocational and independent living skills to blind clients. TCB counselors work one-on-one with clients to assess their needs and abilities, develop goals, and devise a plan of services to achieve successful outcomes. To provide these services, TCB had 628 employees in fiscal year 1997. TCB served about 21,500 individuals in its programs and received \$8.6 million of General Revenue and \$31.1 million in federal funds, in fiscal year 1997.

The Sunset review of TCB primarily focused on increasing program efficiency by establishing better oversight of agency counselors and improving service delivery. The review also looked at the agency's contracting procedures and how those procedures complied with established state contracting policies. The following summarizes the results of the review.

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## 1. Increase Monitoring and Management of Service Delivery at the Counselor Level.

- TCB lacks sufficient written policies, relating to client progress and service delivery time frames, to provide guidance to counselors. These deficiencies hamper the agency's ability to manage the service delivery process.
- TCB could improve the contents of client service plans, and improve management information to more effectively oversee service delivery at the counselor level.

### **Recommendation**

- **Require the Commission to develop, by rule, a framework for improved service delivery.**
- **Require TCB to develop, by rule, policy guidelines for service delivery time frames.**

- **Require TCB to evaluate the contents of client service plans and improve program oversight.**

## 2. Improve TCB Contract Performance Measures and Monitoring to Ensure Quality Services for Agency Clients.

- The agency's contracting process does not meet best-value requirements for service contracts established in the General Appropriations Act.
- TCB does not fully comply with state standards for monitoring contractor performance.
- TCB cannot adequately monitor contractor performance without contract performance measures linked to client outcomes.

**Recommendation**

- **Require TCB to include clearly defined provisions in its contracts relating to performance standards, penalties, and reporting requirements.**
  
- **Require TCB to include in contract monitoring a risk assessment methodology, and tools, to evaluate contractors based on clearly defined and measurable program performance objectives.**

**3. Develop a Rate-Setting Methodology that is Open to the Public and Ensures the Best Value in Purchasing Medical Services.**

- TCB has not developed rules or policies that define how rates for medical treatment and procedures are set, to ensure best value for the State.
  
- TCB has let advisory councils and consultants use their own undocumented methods for determining the rates, without Commission approval or public input.
  
- For high volume procedures, such as eye examinations, the agency consistently pays well above Medicare rates.

**Recommendation**

- **Require the Commission to establish its rate-setting methodology and rates for all medical procedures and treatments in agency rules.**
  
- **Require the Commission to compare proposed rates to Medicare and Medicaid, document why rates may exceed these rates, and establish a schedule for the re-evaluation of rates.**

**4. Maximize Medicaid Reimbursements and Improve the Administration of TCBs Client Co-payment Policy for Children’s Services.**

- TCB has not formalized policies relating to Medicaid Targeted Case Management services and reimbursements, resulting in inconsistent counselor performance and the loss of potential federal funds.
  
- TCB does not consistently confirm the Medicaid eligibility of children served in the program, or adequately administer current co-payment policy.

**Recommendation**

- **Require TCB to set appropriate benchmarks, and improve guidance to counselors, regarding case management contacts. In addition, TCB should improve the administration of its co-payment system.**

**5. Decide on Continuation of the Texas Commission for the Blind as a Separate Agency After Completion of Sunset Reviews of All Health and Human Service Agencies.**

- Most of the State’s health and human service agencies are currently under Sunset review. While these agencies serve many unique purposes, they also have many similarities that should be studied as areas for possible improvement through organizational change.
  
- This analysis should occur before decisions are made to continue the HHS agencies as separate entities, including the Texas Commission for the Blind.

**Recommendation**

- **Decide on continuation of TCB as a separate agency upon completion of Sunset reviews of all health and human service agencies.**

## Fiscal Impact Summary

These recommendations are intended to enable TCB to improve service delivery to clients and increase the agency's oversight over counselors and providers. Two of the Sunset recommendations will result in direct savings, and additional federal funding of approximately \$730,000 per year as shown in the chart below. First, requiring TCB to establish methods to set rates for medical procedures, and comparing these rates Medicaid, or Medicare, will result in savings of approximately \$352,000 per year. Secondly, requiring TCB to consistently verify Medicaid eligibility, and establish case management benchmarks, will increase Medicaid reimbursements for services the agency currently pays for with state funding. This recommendation will result in additional federal funds of approximately \$378,000 per year. Sunset staff was not able to specifically calculate the fiscal impact of other recommendations in the report. Improvements in TCB contract monitoring could result in savings to the State, depending on the number of contracts used by TCB. Providing increased guidance to counselors will help ensure delivery of quality services to TCB clients, and may result in increased services to clients. The requirements for these two recommendations can be met with existing resources.

<b>Fiscal Year</b>	<b>Children's Program Gain in Federal Funds</b>	<b>Rate Savings Reallocated within TCB</b>	<b>Total Savings</b>
2000	\$378,000	\$352,000	\$730,000
2001	\$378,000	\$352,000	\$730,000
2002	\$378,000	\$352,000	\$730,000
2003	\$378,000	\$352,000	\$730,000
2004	\$378,000	\$352,000	\$730,000



## **APPROACH AND RESULTS**

# Approach and Results

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## Approach

Since its creation in 1931, the Texas Commission for the Blind (TCB) has served as the primary state agency for the rehabilitation of persons with visual impairments and is the largest such agency in the country. The goal of the agency is to help persons with visual impairments to become self-sufficient.

About 520,600 blind and visually impaired persons reside in Texas. TCB administers the following programs to help this population:

- Vocational Rehabilitation,
- Independent Living,
- Blind and Visually Impaired Children's Program, and
- Business Enterprises Program.

TCB served approximately 21,500 clients in these programs in fiscal year 1997.

TCB is funded by several sources of revenue including Federal Title I Basic Support (95 percent of federal funds), State General Revenue, fees and commissions from the Business Enterprise Program, and smaller sources of revenue such as the endowment fund. The agency had a total budget in fiscal year 1997 of \$41.3 million.

Over the years, TCB has faced numerous challenges created by changing federal policies, and advancements in medicine and technology. In addition, changes in state demographics have also complicated the agency's activities. For example, due to the aging of the Baby-Boom Generation, by the year 2000, Texas will have more than 200,000 citizens over the age of 65 with blindness or visual impairments. The incidence of severe macular degeneration resulting in vision loss increases with advancing age, and as this portion of the state's population ages, the agency will face an increasing need to assist these persons in remaining independent and staying out of more costly long-term care. In addition to the increasing needs of the state's elderly population, a greater percentage of the population will consist of ethnic groups having a higher prevalence of diabetes, which is the leading

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TCB is the country's largest stand-alone agency providing services to persons with visual impairments.

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TCB's greatest challenge will be meeting the needs of the state's growing elderly population.

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cause of blindness in adults. For example, in the Rio Grande Valley, the incidence of diabetes is three times higher than other areas of the state.

Over the last few years, several issues regarding the Business Enterprises Program (BEP) have come to light involving accountability for retirement funds, the financial practices of food facility managers, and a strained working relationship between BEP and facility managers. The Sunset review looked at these issues and found that the Commission, and the agency, have taken meaningful steps over the last year to address these concerns, including providing up to date retirement information to facility managers, scheduling more intensive audits of facility operations, and improving the working relationship between BEP and the managers. For these reasons Sunset chose not to conduct an in-depth review the BEP program.

To help persons overcome visual impairments TCB has been given broad latitude by both the federal and state governments in providing services. As a result, the Sunset review focused on how the agency oversees and determines the effectiveness of its activities. This focus required a detailed look at how the agency manages the methods used to deliver services to clients and how the agency builds safeguards to protect agency financial resources.

## Review Activities

In conducting the review of TCB, Sunset staff:

- worked extensively with agency staff at TCB;
- reviewed agency documents and reports, including the agency's Self-Evaluation Report, strategic plans, operating plans, internal audits, and case files;
- met with Legislative Budget Board staff;
- researched agencies in other states with common functions;
- reviewed state statutes, federal law, and reports by the State Auditor's Office, Rehabilitation Services Administration, and recommendations from TCB consultants;
- reviewed the State Plan for Vocational Rehabilitation and agency program manuals;
- attended public meetings of the governing Commission (Board), and the Business Enterprises Program Elected Committee of Managers;
- visited TCB regional offices in Austin, Dallas, Ft. Worth, Houston;

- accompanied agency staff on service delivery visits for Vocational Rehabilitation and Independent Living Programs, and visited with agency clients receiving post-employment services in the work place;
- attended training sessions for new TCB employees, Vocational Rehabilitation staff, and Children’s Program staff;
- participated in TCB training under blindfold for orientation, mobility, braille, and independent living skills; and
- met interest group representatives.

## Results

The Sunset review of TCB attempted to determine whether TCB is generally effective in serving its clients. Sunset staff found that TCB was generally fulfilling its mission to provide effective rehabilitation services to its clients. However, the review found that the agency could take steps to improve its overall performance in some specific areas. As a result, the Sunset staff made recommendations in three broad areas, service delivery, contract monitoring, and financial accountability.

**Service Delivery** — The heart of all TCB programs is the individual written service plan that serves as the “blue print” for successful client outcomes and increased independence. Sunset staff looked at the type of guidance provided to counselors by the agency in using the client service plan to help clients towards successful outcomes. In addition, Sunset assessed the type of documentation in client service plans to see how better, but not necessarily increased, documentation could best ensure successful client outcomes, and better program monitoring. **Issue 1** recommends that TCB develop, by rule, a framework for improved service delivery, relating at a minimum to:

- guidance to counselors,
- caseload management,
- financial planning information, and
- program oversight and monitoring tools.

This recommendation also requires the agency to establish procedures to improve guidance to staff in decision making regarding service delivery time frames, client progress, and evaluation of counselor performance. In addition, the recommendation improves the type of information included in client service plans, and guides the agency in making that information more accessible to clients, counselors and management staff.

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Some increased guidance and structure could improve service delivery.

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Despite recent improvements, contracts still need more focus on outcomes.

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***Contract Monitoring*** — In 1997, in an effort to comply with state contracting standards, TCB began work with the Health and Human Services Commission to develop contracting procedures that ensure the best value and performance from contractors for the agency's clients. Because TCB is continuing to develop formalized policies and procedures for contract administration, **Issue 2** recommends including clearly defined outcome measures in service provider contracts, and improving contractor oversight.

This recommendation will help to refocus the agency's attention on ensuring quality service delivery, rather than simply monitoring procedural requirements. Excluding measurable outcomes in service contracts may have resulted, in part, from inadequate development of specific outcomes in clients' service plans. Once the agency implements a system of improved planning to achieve client outcomes, as outlined in **Issue 1** of this report, provider contracts could be structured to link expectations of contractors to specific outcomes recorded in client service plans.

***Financial Accountability*** — State agencies are now required to make purchases based upon best-value criteria, to help ensure the state receives the best quality at the best price when making purchases. A component of best-value purchasing involves the rates set for services paid for by the State. To further contribute to the agency's ability to comply with best-value purchasing requirements, the Sunset review focused on the rate-setting process used by TCB. Sunset compared the rate-setting process to other established methods and schedules, such as Medicare and Medicaid. In addition, Sunset staff looked at the opportunities for public input in the rate-setting process. **Issue 3** requires the agency to develop a formal method for establishing medical and optometric rates based on lower Medicare or Medicaid rates. In addition, as with other state agencies, the new TCB rate-setting process should be open to the public and rates should be adopted in public meetings of the Commission.

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Rate-setting needs a closer link to an established method, such as Medicare, and should be more open to public input.

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Another area of concern relating to financial accountability involves TCB's efforts to recover Medicaid reimbursements for services being provided to clients that are eligible, or could be eligible, for Medicaid funds. Specifically, Sunset examined how the Children's Program could improve the amount of federal dollars coming into the program. Sunset staff found that while TCB has established a system to obtain federal Medicaid funds, and family co-payments, for Targeted Case Management (TCM) services, the agency has not maximized the recovery of these funds for services caseworkers are currently providing. **Issue 4** requires the agency to confirm Medicaid eligibility for all children below a certain income level, to increase guidance to case workers regarding TCM service delivery, and to improve the

administration of the co-payment billing system. These recommendations would allow the agency to use more of its State General Revenue funding for increased services to children.

**Continuation of TCB** — The question of whether TCB should be continued as an agency is not addressed in this report. **Issue 5** notes that most health and human services agencies and programs are currently under Sunset review. The Sunset Commission will complete its look across agency lines -- at services provided, clients served, and funding sources, before making recommendations regarding TCBs organization and continuation. Staff recommendations regarding continuation of TCB will be included in the staff's work on HHS organization, to be completed in the Fall of 1998.

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Increased emphasis  
on Medicaid  
reimbursement and  
co-payments would  
free up more State  
dollars for services.

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## Recommendations

1. Increase Monitoring and Management of Service Delivery at the Counselor Level.
2. Improve TCB Contract Performance Measures and Monitoring to Ensure Quality Services for Agency Clients.
3. Develop a Rate-Setting Methodology that is Open to the Public and Ensures Best Value in Purchasing Medical Services.
4. Maximize Medicaid Reimbursements and Improve the Administration of TCB's Client Co-payment Policy for Children's Services.
5. Decide on Continuation of the Texas Commission for the Blind as a Separate Agency After Completion of Sunset Reviews of All Health and Human Service Agencies.

## Fiscal Impact

Of the four recommendations in the Sunset report, two will result in direct savings, and additional federal funding of approximately \$730,000 per year. One recommendation requires TCB to establish formal methods to set rates for medical procedures, resulting in savings to the State. Although rates vary according to the type of procedure, Sunset staff sampled medical procedures identified by the agency as the most common and high-dollar procedures covered. The agency's payment rates for these services were then compared to Medicaid rates. Based on this limited sample, Sunset staff conservatively estimates a savings of \$352,000 per year.

The second recommendation with an estimated fiscal impact would enable TCB to increase Medicaid reimbursements for services the agency currently

pays for with State funding. TCB is recouping approximately 70 percent of potential Medicaid billings based upon the agency's standard of one TCM contact per client every three months. By increasing caseworker performance in meeting the agency standard for TCM contacts, and confirming Medicaid eligibility for more children in the program, TCB can recover more federal funds. Sunset estimates that TCB could increase Medicaid reimbursements for services it is currently providing, and paying for with State General Revenue funds, by approximately \$378,000 per year. In addition, more consistent billing of families with the ability to make co-payments could bring in additional revenues.

The fiscal impact of other recommendations were not able to be specifically calculated. For example, TCB currently spends about \$2.1 million on direct service contracts per year. Some savings should be achieved by including performance-related provisions in service contracts and improving contract monitoring. However, that amount will vary depending on the number and amount of contracts used by TCB, and therefore cannot be estimated for this report. Also, the recommendation to provide increased guidance to counselor will help to ensure quality services to TCB clients. The requirements in this recommendation can be met with existing resources. While the changes may result in increased services to clients, precise numbers could not be estimated for this report.

<b>Fiscal Year</b>	<b>Children's Program Gain in Federal Funds</b>	<b>Rate Savings Reallocated within TCB</b>	<b>Total Savings</b>
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# ISSUES

# Issue 1

## Increase Monitoring and Management of Service Delivery at the Counselor Level.



### Background

The Texas Commission for the Blind (TCB) provides a variety of services to blind and visually-impaired Texans. These services are provided through a number of programs such as the Blind and Visually Impaired Children's Program (Children's Program), the Independent Living Program (IL Program), and the Vocational Rehabilitation Program (VR Program). TCB has 117 counselors and 21 case coordinators who are responsible for working directly with clients. Together, these three programs served more than 20,000 clients in fiscal year 1997, with total expenditures of \$38.5 million, or 93 percent of the agency's budget.

TCB services are provided through client service plans developed for each individual client. The service plan documents client goals and specific services needed. The chart, *TCB Services Included in Client Service Plans*, details the types of services the plan documents. The client service plan also states that the client must agree to participate in the plan, and must inform the counselor of changes in vocational interests, health, income, and eligibility for other assistance programs. The service plans can be modified over time as the client progresses through different stages of services, or as a client's goals change.

#### TCB Services Included in Client Service Plans

- Client assessments and diagnostics evaluations
- Personal and work adjustment, and vocational training (VR)
- Information and referral for other agency services
- Rehabilitative services (VR and IL)
- Habilitative services (Children's Program)
- Case management
- Physical and mental restoration
- Skills training -- mobility, braille, cooking
- Interpreting and reading services
- Personal assistance services
- Transportation
- Services to family members to assist client's in reaching goals
- Job search, placement and post-employment follow-up
- Rehabilitation technology and aids
- School to work transitions

The agency currently oversees client service planning by using regional directors, and case coordinators, to review plans to check on documentation, service delivery, and client progress towards goals. Case coordinators are senior level counselors that assist regional directors with program oversight by monitoring the progress of caseloads and evaluating counselor performance. Case coordinators carry a recommended client caseload of 40 to 50, in addition to their oversight responsibilities.

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TCB attempts to balance accountability in service delivery with permissive federal requirements.

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The agency's delivery of vocational rehabilitation services is governed by Title I of the federal Rehabilitation Act, which establishes specific requirements for delivery of VR services. Those requirements relate to, among other things, evaluation standards and performance indicators, monitoring and review of programs, and individual client service plans. In addition, states are required to adopt provisions that ensure reasonable costs for VR services and reasonable amounts of time for service delivery.

The Sunset review looked at the overall management of the service delivery process, to identify if the agency could more effectively serve clients. Sunset staff focused on whether the type of documentation in client service plans, and current service delivery policies provide sufficient guidance to counselors. In addition, Sunset staff evaluated whether the agency has sufficient information to monitor service delivery at the counselor level.

## Findings

- ▼ **Overall, TCB's approach to service delivery appears to be working effectively, however, improvements are needed in a few key areas.**
  - ▶ TCB has developed and relied upon a moderately-structured approach in delivering services, resulting from an attempt to balance permissive federal requirements with the State's need for accountability in service delivery. A review of the practices for meeting client needs showed that the agency has established policy in most areas of service delivery. Also, the agency has invested effort in staff training to assist counselors in implementing existing policies. Yet, in some key instances, counselors are operating on rules-of-thumb and institutional knowledge informally communicated by senior staff.
  - ▶ Specifically, the Sunset review identified a problem with the general nature of some the key policies used to guide counselors in the development of client service plans used to manage client progress in use of TCB services. In addition, Sunset staff also found some deficiencies regarding management practices, information on funding for services, and in the agency's current approach to oversight and monitoring of counselors. Each of the areas needing improvement are addressed in the findings that follow.

▼ **TCB has not formalized in policy, or agency guidelines, benchmarks for the length of time services are provided.**

- ▶ While informal benchmarks for service delivery showing the “...standard maximum anticipated time for (clients) to be in the particular phase of the rehabilitation process...” are included in one monitoring tool, these benchmarks are not placed in policy or agency program manuals.<sup>1</sup> Sunset interviews showed that regional directors and case coordinators are expected to review a caseload using “rules-of-thumb,” not established policy, to determine if portions of the caseload are not progressing in a timely manner.

By not formalizing benchmarks in policy regarding service delivery, it is more difficult for counselors and clients to assess progress towards employment outcomes. In addition, counselors do not record the actual dates that services are delivered in the client service plan. Rather, counselors estimate dates for service delivery which can range from six to 24 months. Without policy on benchmarks for service delivery or specific dates being recorded in individual plans, Sunset staff had difficulty assessing if clients are receiving appropriate amounts of services.

- ▶ Federal regulations state the agency may not establish arbitrary limits on the scope of services, but it may establish reasonable time frames for service delivery. Benchmarks for service delivery in policy are not “arbitrary” limits nor inflexible time periods. Rather, benchmarks can assist staff in evaluating client progress relative to services provided and assist clients in seeing that their individualized needs are met.

▼ **Counselors need to strengthen assessment of client progress towards successful outcomes.**

- ▶ Current TCB policy requires counselors to define intermediate objectives for the client and evaluate progress towards the client’s expected outcome in the service plan. However, intermediate objectives used by counselors appear as broad categories of service provision standardized in all individual plans.

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Counselors rely on  
rules-of-thumb, not  
policy, for guiding  
clients.

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are still not aware that improved budget information may be available. Some counselors are still under the impression that if regional directors tell them that funds are running low at the end of the fiscal year, they must “really prioritize” services to clients. By not providing more accurate and timely budget information to regional directors and counselors, the agency risks inadvertently delaying services to clients.

▼ **High caseloads affect the agency’s ability to perform effective program oversight, and monitoring tools are not consistent across regions.**

- ▶ Case coordinators reported they spend only five to eleven percent of their time performing case reviews.<sup>3</sup> A TCB internal audit report found that all but two case coordinators exceeded the recommended case load standard of 40 to 50 cases, and that caseloads are not equally distributed in the regions.<sup>4</sup> During Sunset field visits, case coordinators confirmed that higher caseloads affected their ability to perform oversight functions, their ability to perform essential job functions such as evaluation of client files, and monitoring of expenditures.

Sunset staff surveyed other states with stand-alone agencies providing services to persons with visual impairments. Eight states, including Washington, Oregon, and Michigan, indicated that staff conducting case reviews did not carry a caseload, while review staff in two states carried a caseload of 25 to 50 clients.

- ▶ Also, the case review forms used by case coordinators for program monitoring are not consistent between regions. For example, in the Vocational Rehabilitation program, four different case review forms are used by case coordinators. In some regions case review forms are not even used and are replaced by other spreadsheet type forms. Also, Sunset staff found that case coordinators rarely filled out the narrative section of the form.<sup>5</sup>

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Agency oversight  
staff spend little time  
monitoring counselors  
and service delivery.

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## Conclusion

TCB has shown a commitment to providing quality services to persons with visual disabilities that assist clients in becoming independent while facing significant challenges. However, the lack of guidelines relating to client

progress and the lack of specific information documented in client service plans hampers the agency's oversight and management of the service delivery process. In addition, the agency lacks information to effectively oversee service delivery at the counselor level and could improve counselor awareness of agency funding levels.

## Recommendation ---

### Change in Statute ---

- **Require the Commission to develop, by rule, a framework for basic services delivered by TCB programs. This framework should relate to, at a minimum:**
  - oversight and monitoring of service delivery,
  - guidance to counselors on service delivery procedures,
  - case management benchmarks for service delivery, and
  - improved financial planning information.
  
- **Require TCB to establish written procedures to provide increased guidance to counselors and staff. These procedures should include at a minimum methods to evaluate:**
  - client progress,
  - service delivery effectiveness, and
  - counselor performance.

These recommendations would require the Commission to guide the agency's service delivery system. Placing management practices in policy would ensure the maintenance of the expert knowledge developed by staff, and would eliminate reliance on "rules-of-thumb" to ensure that clients are making progress towards their goals. Establishing case management benchmarks regarding phases of service delivery TCB would make it easier to assess how effective TCB programs are in addressing the needs of clients. Providing better expenditure data to staff will help the agency improve funding practices and fiscal planning. The agency would be better able to ensure counselors are aware of program funding levels, and that the agency is prepared to modify budgeting practices to meet the future increasing demand for services.

This recommendation would also require the agency to establish written procedures to improve guidance to staff in decision making regarding service delivery time frames, client progress, and evaluation of counselor performance. This recommendation does not require

TCB to set time limits for providing services. Rather, the recommendation will assist the agency in determining if time periods are meeting the needs of clients based on benchmarks the agency currently uses, but that are not documented in agency program manuals.

## Management Action

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- **TCB should reassess the information documented in individual service plans to determine whether that information enables the agency to improve the management of service delivery. Individual service plans should include:**
  - when client services are scheduled and actually delivered,
  - how services assisted the client in meeting their expected outcomes,
  - what each service cost and which party paid for the service, and
  - other information the Commission feels appropriate.
  
- **The agency should consider adjusting case coordinator duties, including client caseloads, to allow more effective oversight of counselors' activities.**
  
- **The agency should evaluate its case review forms and assess how these forms can be modified to better assess client outcomes, and be used more consistently by all TCB regions.**

This recommendation would enhance the agency's service delivery system by improving the type of information included in individual service plans, and providing that information in a format more accessible to clients, counselors and management staff. The individual plan should detail what the client's expected outcomes are, and document how the service assisted the client in reaching their outcomes. By establishing more appropriate documentation in the individual plan, counselors and case coordinators will be able to more effectively manage caseloads.

The agency should also evaluate case coordinator case loads based on service delivery improvements resulting from the above recommendations. In addition, the agency should evaluate how the revised information noted in individual service plans can provide case coordinators with improved data, and improved case review forms, to assess counselor performance and client progress towards meeting their expected outcomes.

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## Fiscal Impact

The requirements in this recommendation can be met with existing resources. The changes may result in increased services to clients although precise numbers could not be estimated for this report.

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<sup>1</sup> Texas Commission for the Blind. *TCB Response to Sunset. Issue "AA"* October 5, 1998. Page 11.

<sup>2</sup> Office of the State Auditor, *Management Control Audit of the Texas Commission for the Blind*. October 1995. Page 21.

<sup>3</sup> Texas Commission for the Blind. *Program Coordinator Positions Review*. Internal Audit Report No. 98-15. June 1998. Page 6.

<sup>4</sup> Ibid.

<sup>5</sup> Sunset staff review of case reviews, and interviews with TCB regional directors during site visits.

## Issue 2

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### Improve TCB Contract Performance Measures and Monitoring to Ensure Quality Services for Agency Clients.



#### Background

TCB contracts for various services, such as vocational rehabilitation and independent living services, in regions of the state where the agency does not have sufficient staff to manage the caseload. In fiscal year 1997, TCB spent approximately \$2.1 million on contract services for consumers, approximately 11 percent of the agency's case service expenditures.

In 1997, in an effort to comply with state contracting standards, TCB began work with the Health and Human Services Commission to develop contracting procedures that ensure the best value and performance from contractors for the agency's clients. To date, TCB continues to develop formalized policies and procedures for contract administration.

The agency's central office handles the contracting process, including publication of a request for proposal (RFP) in the Texas Register. The RFP cites the specific service and geographic area for which contractors are needed. Responses are reviewed and scored by the method listed in the notice, which usually includes review by a combination of field and central office staff. Once awarded a contract, providers are reimbursed on a fee-for-service basis for services provided according to monthly reports required by the agency. When the agency receives vouchers for reimbursement from contractors, they are checked for accuracy and appropriateness. This check is the primary way in which the agency monitors its contractors. In addition, the Internal Audit division conducts periodic on-site audits of the contractors based on a risk assessment. However, these audits focus on agency systems rather than contractor performance.

In recent years, the Legislature has focused on the evaluation of health and human service agencies' contract administration. This effort found several weaknesses, particularly the lack of performance measures in contracts and inadequacy of monitoring. In 1997, the Legislature, through a rider to the General Appropriations Act, required the following contract provisions:

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TCB spends more than \$2M annually to purchase services on a fee-for-service basis.

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- clearly defined goals, outputs, and measurable outcomes;
- clearly defined penalties and sanctions for noncompliance; and
- specific accounting, reporting, and auditing requirements applicable to funds received under the contract.<sup>1</sup>

These provisions in the General Appropriations Act were based on a series of State Auditor Reports and the 1996 General Investigating Committee's report on contracting.<sup>2,3</sup> Sunset staff compared the provisions and monitoring of TCB contracts, with guidelines recently established by the Legislature.

## Findings

### ▼ **Service contracts should include more clearly established measurable outcomes related to quality of services.**

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TCB contracts should be linked to client service plans.

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- ▶ Sunset staff's review of TCB service contracts and boiler plate contract language found that such contracts do not routinely contain clearly defined goals and measurable outcomes. The General Appropriations Act requires such provisions to help ensure that the State receives the best possible value from contractors and clients receive the best possible services.
- ▶ TCB service contracts need to include sufficient requirements for contractors to assist clients in achieving outcomes established in the clients' individual service plan. This would provide the agency with information to use in assessing whether or not contractors are successfully helping clients achieve their goals and objectives, or whether the services are received in a timely fashion. In standard contracting language recently developed by the agency, provisions that would hold contractors accountable for achieving positive client outcomes should be more clearly written, and linked to expectations in the clients' individual service plans.

### ▼ **TCB cannot adequately monitor contractor performance without contract performance measures linked to client outcomes.**

- ▶ To hold contractors accountable to a high level of performance, an agency must monitor contractor performance. However, TCB cannot accurately measure the effectiveness of contractors because provisions relating to performance in the

contracts need to be clarified and strengthened. As a result, client services could vary across the state or not benefit clients to the greatest extent possible.

- D
 For example, TCB vocational rehabilitation contracts do not include measurable client outcomes relating to job readiness, job seeking skills in preparation for employment, or general time frames in which objectives should be attained. As a result, TCB cannot hold contractors accountable for these outcomes and ensure that clients receive adequate services through performance monitoring.

▼ **TCB does not fully comply with State standards for contract monitoring.**

- D
 The General Appropriation Act requires agencies to evaluate contractor performance based on specific performance objectives. However, TCB does not have a formal process for consistently monitoring the performance of its contractors. Rather, the agency relies on feedback from clients, reports submitted by contractors, and periodic on-site visits conducted by program staff.

In addition, during normal internal audit reviews of agency programs to examine agency systems, the Internal Audit Division occasionally conducts on-site visits of contractors. However, the scope of the review is limited and focuses on procedural compliance and internal agency systems. As a result, the agency cannot always ensure that clients are receiving the best possible services within a reasonable time period.

- D
 Since the agency has a small number of service providers for blind and visually impaired Texans to contract with, competition among service providers is limited. When competitive procurement is limited as a method for ensuring quality of service, an agency must monitor its contractors more closely to maintain the level of quality.

▼ **Although the agency has made strides to implement the 1995 recommendations of the State Auditor's Office, TCB should further refine its contracting process.**

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TCB does not have a formal process for consistently monitoring contractor performance.

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TCB needs to complete its improvements to contracting administration.

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- In a 1995 report that examined management process at TCB, the State Auditor’s Office (SAO) found that TCB contracts lack, “essential contract provisions, such as performance standards...or workload measures.” Further, the SAO found that agency monitoring of its contractors was inadequate because “evaluating performance of contractors is done primarily through feedback received from consumers receiving the equipment for service.”<sup>4</sup>

Since the Auditor’s report, TCB has taken several steps to improve contracting and client service procurement processes. However, Sunset staff’s examination of agency service contracts found that outcomes could be strengthened and linked to service plans developed by counselors.

- In October 1996, in its response to the Auditor’s report, TCB stated that it was participating in the Health and Human Services Commission contracting taskforce and establishing a TCB workgroup to improve the accountability of contract management. However, after three years, the agency is still developing a formal system for improving contract provisions and monitoring contractor performance, as recommended by the State Auditor’s Office.

**While the agency’s Internal Audit division has identified deficiencies in contractor performance, this function cannot fulfill the role of contract monitoring.**

- Internal Audit visits generally do not focus on the quality of services provided, but rather on procedural compliance such as use of up-to-date forms and maintaining organized files. While these findings help to ensure a program’s administrative aspects work well, they do not address quality of client services provided by contractors.
- Although Internal Audit reviews generally focus on the effectiveness of the agency’s internal systems, the audits have been useful in pointing to problems with contractors. For example, in a 1995 internal audit report on the Blind and Visually Impaired Children’s Program and a Vision Screening Clinic noted that 10 percent of one contractor’s reimbursement submissions for children’s eye screens did not meet TCB’s eligibility criteria. The report stated that the contractor “may

not be thoroughly screening for the agency's eligibility criteria as required in the contract."<sup>5</sup> Such problems could result in limited services to another client who would meet eligibility criteria.

While the agency contract coordinator found this oversight in Dallas, a more formal and systematic means of monitoring contractor performance would ensure that such oversights do not occur in other regions across Texas. Once an agency-wide uniform system for contract monitoring is implemented, the Internal Auditor would be able to examine the effectiveness of agency contract monitoring and ensure that deficiencies are addressed in all regions.

▼ **Agency efforts to improve contract monitoring must be linked to improving the contracts themselves.**

- ▶ The agency recognizes its deficiencies in the area of contract monitoring, and is developing contract monitoring tools to be used by the program staff that will ensure a more uniform evaluation of the contractors across the state. However, the agency must first ensure that contract provisions are adequate, then must link contract monitoring tools to contract provisions.
- ▶ Including contract provisions that require contractors to meet the objectives in specified time frames as identified in the clients' individual plans would ensure contractors are delivering the best possible services by giving contractors clear direction about agency expectations, and giving the agency specific criteria by which to evaluate the contractor.
- ▶ Further, once the agency implements a sufficient contract monitoring process, the internal audit staff will be able to evaluate the performance of the contract monitoring staff, which is more in line with internal audit functions.

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To ensure the best services for clients, TCB must:

- include contract provisions based on client plans,
  - link monitoring to improved contract provisions, and
  - improve monitoring through Internal Audit.
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## Conclusion

While the agency has made some improvements, TCB's contracting process could be strengthened further. Such efforts would ensure that the agency meets the requirements for service contracts established in the General Appropriations Act. By not including clear performance requirements in contracts for client services, TCB cannot ensure the best quality of service

and runs the risk of some clients receiving inferior services. The State Auditor's Office identified contracting deficiencies in the past, and although the agency has made efforts to correct the deficiencies, further refinement is needed. In addition, the agency could improve performance monitoring of its contractors, which is vital due to limited competition to provide these services. The agency has recognized the need to improve its contractor performance monitoring, however the current methods used by the agency focus more on procedural compliance than quality issues.

## Recommendation ---

### Change in Statute ---

- **Require TCB to include the following specific provisions in its service provider contracts:**
  - **clearly defined and measurable program performance standards that directly relate to services provided;**
  - **clearly defined sanctions or penalties for non-performance of any contractual obligations; and**
  - **clearly specified accounting, reporting, and auditing requirements applicable to funds received under the contract.**
  
- **Require TCB to include the following in contract performance monitoring:**
  - **a risk assessment methodology to institute statewide monitoring of contract compliance of service providers, and**
  - **tools to evaluate contractors based on clearly defined and measurable program performance objectives.**

By strengthening agency outcome measures in service provider contracts, the agency would be able to hold contractors accountable for the best possible performance. Since the State Auditor's Office examination of agency contracts, TCB has begun development of contract procedures and has prepared boilerplate contracts. However, outcomes and goals are not linked to clients' individualized plans and are not clearly defined for the contractor.

Excluding measurable outcomes in service contracts may have resulted, in part, from inadequate development of specific outcomes in clients' individual service plans. Once the agency implements a system of improved planning to achieve client outcomes, as outlined in Issue 1 of this report, provider contracts could be structured to link expectations of contractors to specific goals laid out in the clients' individual service plans.

Likewise, once the agency makes improvements to service provider contracts, contractor monitoring procedures can be developed that measure contractor performance based on contractual obligations that reflect client goals. Since continual monitoring of all service providers is not an effective use of limited resources, the agency should design a risk-based monitoring system that focuses on poor performing providers to ensure that quality services are being delivered to clients.

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## Fiscal Impact

TCB's spends about \$2.1 million on direct service contracts each year. Some savings should be achieved by improving performance-related provisions in service contracts and improving contract monitoring. However, that amount will vary depending on the number and amount of contracts used by TCB and therefore cannot be estimated for this report.

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<sup>1</sup> Texas Legislature, General Appropriations Act, 75th Leg., Art. II, *Special Provisions Relating to All Health and Human Services Agencies*, Rider 13.

<sup>2</sup> Office of the State Auditor, *Contract Monitoring of Purchased Services*, October 1994.

Office of the State Auditor, *Contract Administration at Selected State Agencies - Phase Three*, February 1996.

Office of the State Auditor, *Contract Administration at Selected State Agencies - Phase Four*, September 1996.

<sup>3</sup> Texas Senate and Texas House of Representatives, Joint General Investigating Committee, *Report on State Contracting*, October 14, 1996.

<sup>4</sup> Office of the State Auditor, *A Management Control Audit of the Texas Commission for the Blind*, October, 1995.

<sup>5</sup> Texas Commission for the Blind, *Blind and Visually Impaired Children's Program Vision Screening Clinic Audit*, Internal Audit Report, February, 1995.



## Issue 3

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### Develop a Rate-Setting Methodology that is Open to the Public and Ensures Best Value in Purchasing Medical Services.



#### Background

In fiscal year 1997, TCB spent approximately \$6.4 million on medical and optometric services for consumers. Services included medical and optometric examinations, surgery, and treatment, such as vision screening and cataract surgery. Service providers include clinics, hospitals, physicians, and a variety of medically related professionals throughout the state.

Payment for eye care is based on a list of prices set by the agency's Executive Director, called the Maximum Allowable Payment Schedule (MAPS). Until this year, these rates were recommended by two Commission-appointed advisory councils, the Medical Advisory Council and the Optometric Advisory Council. The Medical Advisory Council, composed of 19 physicians, and the Optometric Advisory Council, composed of 10 optometrists, were discontinued this year by the Commission.

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In FY 97, TCB spent \$6.4M on medical and optometric services.

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Currently, the Executive Director sets rates for eye-related medical and surgical procedures after considering recommendations from a medical consultant and an optometric consultant. The consultants recommend rates for contested rates, new procedures, and complex cases, along with appropriate fee coding for each. Approval by the Executive Director is required before the new rates take effect. Consultant candidates were screened by agency administrative staff based on recommendations from regional staff and suggestions from physicians and optometrists, and appointments were made by the Executive Director. The consultants work on a part-time contractual basis, and are paid hourly with a maximum contract amount of \$21,000 per year for the medical consultant, and \$9,000 per year for the optometric consultant.

The Sunset staff examined the rate-setting process used by TCB and compared it to other established rate-setting methods and schedules, such as Medicare and Medicaid. In addition, Sunset staff looked at the opportunities for public input in the rate-setting process.

## Findings

### ▼ **The agency's rate-setting process suffers from a lack of formal policy guidance, despite recent efforts to significantly change the method used to establish rates.**

- ▶ No agency policies exist that indicate the methodology used to set or adopt its MAPS rates. Instead, TCB pays for procedures such as vision screening and cataract surgery based solely on the recommendations of the agency's contracted medical and optometric consultants, who do not have agency rules to guide them in determining rates.
- ▶ In addition, no policies exist regarding updating MAPS. The medical and optometric consultants do not have agency guidelines relating to a comprehensive re-evaluation of the rates. Rather, the consultants re-examine and change rates on an ad hoc basis, despite the fact that a comprehensive review of the reimbursement rates has not been conducted since the mid 1980s.
- ▶ Prior to dissolving the Medical Advisory Council and Optometric Advisory Council, TCB had not developed policies regarding setting, revising or adopting MAPS. Rather, the councils informally based rates on their knowledge of usual and customary charges for the same procedures, but did not conduct any comparison to rates paid by Medicaid, Medicare, or managed care companies.<sup>1</sup>

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TCB does not have policies that direct agency rate-setting.

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### ▼ **The agency's use of service providers to set rates, without Commission approval, results in a potential conflict of interest.**

- ▶ A potential conflict of interest exists in the agency's rate-setting process since the consultants who recommend the rates are also service providers for the agency. As a result, the consultants could potentially recommend rates that are advantageous for themselves and their professions. This risk is increased because the Commission does not approve the rate changes made by the consultants.

- The previous approach used by TCB also had the potential for conflict. As with the consultants, the Advisory Council members also provided services for which they recommended rates. The rates were inconsistent with other well-established public sector reimbursement rates, such as Medicaid or Medicare, and were not approved by the Commission. The potential for conflict of interest existed since the councils could be perceived as having set rates advantageous for themselves and their colleagues.

▼ **Some agency rates are higher than standard payment rates for these types of services, such as those allowed by Medicare.**

- For the agency’s top 30 most frequently purchased medical and optometric services, which represent 95 percent of the agency’s purchases of these services, the agency exceeds Medicare reimbursement for 18 procedures. Amounts paid for certain medical services exceed Medicare rates by as much as two and a half times. For fiscal year 1997, this represents a potential overpayment of \$351,767, or 19 percent of the agency’s annual expenditures for these services. The chart, *Comparison of Selected TCB Rates for Medical Services to Medicare Rates*, illustrates potential overpayments in the most frequently purchased services.

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More than half of TCB's most frequently purchased services are paid for at rates that exceed Medicare.

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<b>Comparison of Selected TCB Rates for Medical Services to Medicare Rates</b>				
<b>Procedure</b>	<b>Number paid for in FY 1997</b>	<b>TCB Rate</b>	<b>Medicaid Rate</b>	<b>% Above Medicare Rate</b>
New patient eye exam	2,825	\$115.00	\$75.88	66%
Established patient eye exam	2,217	\$50.00	\$33.26	67%
Visual field examination	797	\$60.00	\$44.96	75%
New patient medical exam	724	\$85.00	\$47.10	55%
Comprehensive eye exam	667	\$70.00	\$53.09	76%

- While the agency’s MAPS rates are intended to be the maximum amount the State will pay for procedures, in practice providers routinely bill at the set rate.<sup>2</sup> In the pay rates examined by Sunset staff, the more commonly purchased procedures, such as eye exams, are paid for at a much greater rate than the amount paid by Medicare or Medicaid. Even though the individual cost of these procedures is small, the

large number of these procedures results in a significant cost difference.

▼ **Unlike other state agencies, the TCB rate-setting process does not provide for public input.**

- ▶ TCB does not use an open, public process to set rates. Historically, rates have been set by the Executive Director, based primarily on recommendations of the agency's advisory councils. Even with the change of rate-setting procedure by the Commission, the medical and optometric consultants are not required to include public input as a factor in recommending agency reimbursement rates. This practice results in no public discussion of rates, or means for the public, clients, or service providers to participate in the rate-setting process.
- ▶ Most health and human service agencies, including the Texas Department of Health, the Department of Human Services and the Department of Protective and Regulatory Services, have an open, public rate-setting process in agency rules, publish the amounts of their proposed rates, and allow public and provider input through Board hearings. A public rate-setting process allows providers, clients, advocacy groups and other stakeholders to understand and comment on the method through which rates are established as well as the amounts of the rates. Public scrutiny of rate-setting and payment decisions helps to prevent biased decisions, errors, and the appearance that rates were set improperly.

▼ **The State Auditor's Office has recommended improvements to other state agencies with similar rate-setting problems.**

- ▶ In December 1996, a report by the State Auditor's Office found that the Texas Rehabilitation Commission does not have a formal rate-setting methodology for client services and that rates are not re-evaluated on a regular, recurring basis.<sup>3</sup> Based on these findings, the Auditor recommended that TRC implement a rate-setting methodology based on reasonable and necessary costs of services.

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The new rate-setting procedure provides no means for the public, clients, or service providers to participate.

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## Conclusion

TCB has not developed rules or policies that define how rates for medical treatment and procedures are set. Rather, the agency has let advisory councils, and more recently, consultants use their own, undocumented methods for determining the rates, without Commission approval or public input. As a result, the rate-setting methodology has not ensured that the State is getting the best value for services, and rates have varied greatly from other established reimbursement rates, such as Medicare.

## Recommendation

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### Change in Statute

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- **Require the Commission to establish its rate-setting methodology for all medical procedures and treatments in agency rules.**
- **Require the Commission, when adopting a rate schedule to:**
  - **compare the proposed rates to other cost-based rates for medical services, including Medicare and Medicaid;**
  - **document why any rate must exceed the rates established by Medicare or Medicaid; and**
  - **establish a schedule for the periodic re-evaluation of rates.**

These recommendations would require TCB to develop and document a formal method for establishing medical and optometric rates that would ensure that rate-setters consider established Medicare and Medicaid rates, and not set any rates higher than these standard public rates without documenting the reason. The agency should make every reasonable effort to not exceed these rates. While Sunset staff noted that many TCB rates are below the Medicare rate, this recommendation would not effect any of the agency's current rates that are already below Medicaid rates. Any adjustment to the rates would be approved by the Commission, based on documentation that a variance is needed.

As with other state agencies, the new TCB rate-setting process should be open to the public and rates should be adopted in public meetings of the Commission. Bringing the rate-setting methodology before the Commission in a public hearing would eliminate rate-setting on an ad hoc basis by consultants. The Commission should also determine the frequency that the rates should be re-evaluated.

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## Fiscal Impact

These recommendations would result in an estimated savings to the agency of about \$352,000, if the agency ensures that payments to providers do not exceed Medicare rates. Sunset staff based this estimate on a sample of rates, representing 95 percent of agency purchases for medical and optometric procedures in fiscal year 1997. The agency's payment rates for these services were compared to Medicare rates. In more than 9,500 instances, or 73 percent of these payments, the agency paid an amount in excess of Medicare rates. Capping these rates to not exceed standard Medicare rates would save an estimated \$352,000 per year.

<b>Fiscal Year</b>	<b>Total Savings to be Reallocated within TCB</b>
2000	\$352,000
2001	\$352,000
2002	\$352,000
2003	\$352,000
2004	\$352,000

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<sup>1</sup> Texas Commission for the Blind, Memorandum from Bob Packard, to Sunset Staff, September 14, 1998.

<sup>2</sup> Telephone interview by Sunset staff with TCB staff, Texas Commission for the Blind, Austin, Texas, September 1998.

<sup>3</sup> Office of the State Auditor, *A Follow-Up Audit Report on Management Controls at the Texas Rehabilitation Commission*, December, 1996.

## Issue 4

### Maximize Medicaid Reimbursements and Improve the Administration of TCB's Client Co-payment Policy for Children's Services.



#### Background

TCB provides children and youth with a number of services. The Children's Program provides services to blind and visually impaired children 16 years of age or less. The Transitions Program prepares youth who have not yet reached the age of 22 years old for higher education, vocational training, and independent living. TCB caseworkers help families access agency services including eye exams, glasses, or surgery. Children with more severe vision loss also receive counseling, educational support, career preparation, and independent living skills training. In addition, caseworkers provide targeted case management services for a child's family. Targeted Case Management (TCM) services assist the child and family in accessing medical, social, educational, vocational and other appropriate services. These services help blind or visually impaired children reach and maintain an optimum level of functioning in the community. Specific activities that caseworkers perform under TCM are shown in the chart, *TCB Children's Program Targeted Case Management Activities*. In fiscal year 1997, the TCB budget for the Children's Program totaled approximately \$2.6 million.

#### TCB Children's Program Targeted Case Management Activities

- planning diagnostics and restoration
- planning low vision services
- scheduling medical appointments
- consulting with providers about glasses
- assessments for adaptive equipment
- purchasing adaptive equipment
- planning and organizing social activities
- arranging summer camp attendance
- providing basic independent living skills
- coordinating independent living skills
- coordinating transitions referrals
- referrals and staff consultations for Medicaid

The agency can collect reimbursement from the federal government for TCM services under Medicaid for children below 16 years of age. The federal government reimburses the agency for \$42 out of \$68 claimed per counselor contact. The agency can only be reimbursed for one case management contact per month, per case, regardless of how often a client may be contacted. Caseworkers must document in the case file when a case management service is provided.

TCB policy states that families that are not eligible for Medicaid and have resources greater than 250 percent of the federal poverty level (\$2,845 per month for a family of three) shall be billed for TCM on a sliding-fee scale

<b>Targeted Case Management Sliding Scale Fees* (Family of Three)</b>	
<b>Gross Monthly Income</b>	<b>Co-Payment Amount</b>
\$2,845 to \$3,128	\$7.10
\$3,414 to \$3,697	\$21.31
\$3,982 to \$4,266	\$35.51
\$5,404 and over	\$71.02

\* The income figures shown are samples and do not show the full range of the co-payment scale.

based on income level. The chart, *Targeted Case Management Sliding Scale Fees*, shows a sampling of the fees families can be charged for case management services, ranging from \$7.10 to \$71.02 per contact per month.

TCB can require that families with incomes above certain limits help pay for other services such as eye operations, adaptive equipment, and special summer camps for children with visual impairments. Caseworkers determine family payments for services

based upon a combination of monthly income, agency funds available for services, and the types of services being provided. While some families may be required to help pay for services, income is not a criterion for program eligibility.

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An additional 3,200 children served by TCB could potentially be eligible for Medicaid.

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In fiscal year 1997, the Children’s Program served 7,265 clients, as shown in the chart *TCB Children’s Program Clients — Fiscal Year 1997*. Of the total clients served, 18 percent, or 1,317 were Medicaid eligible and 3,190 are potentially Medicaid eligible. The agency estimates that less than ten percent, or 727 families meet the income criteria for TCM co-payments.<sup>1</sup> The remaining 2,031 children served by contracted vision screening clinics are not added to caseworker caseloads because these children only required glasses for vision correction.

<b>TCB Children’s Program Clients Fiscal Year 1997 *</b>	
Currently Medicaid eligible	1,317
Potentially Medicaid eligible	3,190
Co-payment eligible	727
Served by vision clinics	2,031
<b>Total Served</b>	<b>7,265</b>

\*Figures are Sunset estimates based upon TCB data.

In fiscal year 1997, the agency collected approximately \$136,000 in Medicaid reimbursements and \$595 in client co-payments for these services. These amounts represent approximately six percent of program funding. The majority of program funding, 93 percent, comes from State General Revenue, with the remaining one percent coming from endowment funds.

The Sunset review looked at the agency’s current efforts to maximize the use of federal funds to cover all eligible services. In addition, Sunset staff examined how the agency administers client co-payments to determine if the agency can improve these practices. As a result, Sunset staff identified opportunities for the Children’s Program to obtain additional funding and hopefully serve more children.

## Findings

### ▼ **TCB does not maximize opportunities to confirm Medicaid eligibility.**

- ▶ Caseworkers can call the National Heritage Insurance Company (NHIC) to check on a client's Medicaid eligibility for TCM reimbursements. However, a TCB internal audit report indicated that counselors had not been checking all potential clients for Medicaid eligibility.<sup>2</sup> Currently about 3,200 children served are potentially Medicaid eligible. If 50 percent, or approximately 1,600 of these children were confirmed to be Medicaid eligible, then TCB could recover additional Medicaid funding for services that are already being provided by caseworkers.

Interviews of caseworkers by Sunset staff indicated that they have not made any special efforts to confirm potential Medicaid eligibility and were not aware of the availability of the NHIC eligibility inquiry system, which is detailed in the Children's Program handbook.

- ▶ By not consistently checking for Medicaid eligibility, counselors are missing opportunities to ensure Medicaid reimbursements for TCM. In addition, counselors could better ensure that Medicaid pays for other services such as eye surgeries and client transportation.
- ▶ In October 1998, TCB adopted new Children's Program rules requiring that, based upon a caseworker's determination, families apply for benefits such as Medicaid within 90 days of application. However, by placing this responsibility on the client, eligibility confirmation by the caseworker could be delayed.

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TCB could increase  
Children's Program  
funds by more  
consistently  
confirming Medicaid  
eligibility.

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### ▼ **Agency guidance to caseworkers regarding Targeted Case Management (TCM) contacts has been inconsistent, resulting in a lack of program implementation and inadequate accountability.**

- ▶ The agency has not provided consistent TCM guidance to ensure effective staff action to maximize Medicaid reimbursements. In fiscal year 1997, the agency had an

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TCB recovers 67 percent of potential Medicaid funding for Targeted Case Management contracts statewide.

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informal goal of collecting 70 percent of TCM billings based on one contact per client every three months.

In early fiscal year 1998, the agency requested that regional directors set TCM contact goals based upon individual performance.<sup>3</sup>

In late fiscal year 1998, the agency placed new revisions in the program manual to have client contacts made “as needed,” requiring at least one face-to-face contact per year.<sup>4</sup> Despite this guidance, the agency informed Sunset staff that caseworkers are still expected to make one case management contact per quarter with Medicaid eligible clients.<sup>5</sup>

- Individual caseworkers cannot be held accountable for TCM contact goals when the agency has given inconsistent guidance to caseworkers serving children that are Medicaid eligible. Federal reimbursement for TCM depends heavily on individual caseworker performance. Without clear direction to caseworkers, the agency cannot ensure that reimbursements are maximized.

▼ **TCB has not taken full advantage of Medicaid funding for Targeted Case Management.**

- TCB does not maximize potential TCM contact opportunities as shown in the chart, *Regional and Statewide Medicaid TCM Performance*. Data on contacts shows that performance varies significantly between regions.<sup>6</sup>

<b>Regional and Statewide Medicaid TCM Performance</b>			
<b>Region</b>	<b>TCM Billing</b>	<b>Eligible Children</b>	<b>Percentage</b>
Victoria	1	15	7%
Dallas	17	58	29%
Waco	31	97	32%
Austin	50	73	68%
San Antonio	110	121	90%
Harlingen	63	49	129%*
<b>Statewide</b>			<b>67%</b>

As a result, some areas of the state fail to recoup costs for a considerable portion of their Medicaid eligible cases.<sup>7</sup> By the agency’s own performance standard of one TCM contact every three months per eligible client, TCB is recovering approximately 67 percent of potential Medicaid funds for TCM services statewide.

Source: TCB, Regional Medicaid TCM Claims, Second Quarter 1998.

\*Percentages over 100% show that some clients were provided with TCM services more than the agency standard of once every three months.

- ▶ In addition, monthly individual caseworkers reports show similar variations in performance. Monthly Medicaid TCM contacts by caseworkers in one urban region ranged from zero to 50 percent of eligible clients being contacted during the month.<sup>8</sup>
- ▶ Further, case reviews show that caseworkers are not always billing for Targeted Case Management even though caseworkers have three months to bill for the service after contacting clients. By not billing for TCM, the agency is not receiving potential federal funds for the Medicaid billable services they are providing.

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TCB has collected \$595 in billings from over 700 families that could be eligible for co-payments.

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▼ **In addition, the agency does not adequately administer its current family co-payment policy.**

- ▶ TCB estimates that approximately 10 percent, or 727, of Children's Program families have sufficient resources to pay for some portion of case management services through co-payments. However, the agency does not recover all co-payments because billing and payment information is not adequately tracked.

The agency does not have records of co-payments that were not paid, and does not track regional billings and payments. In addition, the agency could not ensure that families were being properly billed. For example, the agency only collected \$595 in co-payments for fiscal year 1997 from over 700 families.

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Increasing Medicaid and co-payment revenues would allow State dollars to serve more children.

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## Conclusion

TCB has done a commendable job of beginning a system that supplements State General Revenue with federal funding. TCB has established one of the few programs in the country for children with visual impairments that uses Medicaid Targeted Case Management reimbursements and sliding scale co-payments to supplement funding. However, the agency's informal procedures and goals regarding Medicaid TCM reimbursements do not provide guidance to caseworkers, and result in the loss of potential federal funds. TCB does not consistently confirm the Medicaid eligibility of children served in the program, nor adequately administer current co-payment policy.

Sunset staff identified areas of improvement where the agency could increase Medicaid and co-payment revenues. Children's Program funding is almost exclusively State General Revenue funds, making any opportunities to increase alternative funding, and increase services to children, critical.

## Recommendation ---

### Change in Statute ---

- **Require TCB to verify the Medicaid eligibility of clients applying for Children's Program services.**
  
- **Require the Commission to determine the income level that would trigger the required eligibility determination.**
  
- **In verifying Medicaid eligibility, caseworkers shall:**
  - **access appropriate state or private Medicaid eligibility data bases;**
  - **record in the application for services if Medicaid eligibility was verified, the source of the verification, and the date of verification; and**
  - **verify Medicaid eligibility for those clients required to apply for Medicaid 90 days after application for services.**

By not consistently checking for Medicaid eligibility, counselors are missing opportunities to ensure Medicaid reimbursements for TCM services that caseworkers are currently providing, and other reimbursable services, such as eye surgery. The agency could require its counselors to confirm the Medicaid eligibility of all children at, or below, 185 percent of the Federal Poverty Level. This approach would identify most eligible children from birth to 16 years of age. Confirming such eligibility would allow the agency to receive federal funds for these services.

### Management Action ---

- **Require TCB to provide guidance to caseworkers in determining the appropriate number of case management contacts for all children eligible for those services. At a minimum, TCB should consider establishing case management contact benchmarks.**

By providing more consistent guidance to caseworkers regarding case management contacts, TCB will ensure that the individual needs of children are met using a benchmark for case management contacts that helps to provide consistent service delivery, and helps the agency assess caseworker performance.

- **TCB should improve the administration of its current co-payment policy to ensure all financially able families are being properly billed.**

This recommendation would help ensure that the agency is uniform in the application of its co-payment policy. The agency should adopt clearer policies to govern the co-payment process to ensure that billing and payments are accurately tracked statewide.

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## Fiscal Impact

These changes would enable TCB to increase Medicaid reimbursements for services the agency currently pays for with state funding. TCB is recouping approximately 70 percent of potential Medicaid billings based on the agency standard of one TCM contact per client every three months. The agency can achieve 100 percent of this standard by making an additional two contacts per currently eligible child each year. The number of Medicaid eligible children served (approximately 1,300) multiplied by two equals 2,600 contacts, resulting in \$109,000 per year in federal reimbursements.

In addition, if 50 percent of those children potentially eligible for Medicaid were verified to be eligible, the agency could recover federal funding for approximately 1,600 more children. Using the agency standard for TCM contacts, multiplying 1,600 by four contacts results in approximately \$269,000 in additional federal funding per year. Combining the \$109,000 for currently eligible children with the \$269,000 for potentially eligible children results in approximately \$378,000 in additional federal funding per year. The noted fiscal impact could be increased by more consistent billing of financially able families to bring in additional revenues, but no specific estimate could be made for this report.

<b>Increases in TCB Children's Program Funding</b>	
<b>Fiscal Year</b>	<b>Gain In Federal Funds</b>
2000	\$378,000
2001	\$378,000
2002	\$378,000
2003	\$378,000
2004	\$378,000

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<sup>1</sup> Texas Commission for the Blind, *BVICP Program Manual, Client Co-Pay Notification Letter*, Sec. 12.08.01. Revised July, 1998.

<sup>2</sup> Texas Commission for the Blind, *BVIC Statewide Case Review*, Internal Audit No. 95-06. June 1995. Page 24.

<sup>3</sup> Texas Commission for the Blind, *FY 98 BVICP and Transition Goals*. Interagency Memo, September 24, 1997.

<sup>4</sup> Texas Commission for the Blind, *BVICP Program Manual*, Sec. 09.03.01. Revised July, 1998.

<sup>5</sup> Texas Commission for the Blind, E-mail to Sunset staff from Robert Packard, August 27, 1998.

<sup>6</sup> Texas Commission for the Blind, *Case Management Quarterly Reports*. January 1998.

<sup>7</sup> Texas Commission for the Blind calculates TCM billing performance based on the assumption that each Medicaid TCM eligible child on the caseload is contacted once every three months. Thus, performance figures above 100% mean that some children in the caseload were contacted more than once every three months.

<sup>8</sup> Texas Commission for the Blind, *Fort Worth Regional Monthly TCM Billing Reports*. October 1997 to June 1998.

## Issue 5

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### Decide on Continuation of the Texas Commission for the Blind as a Separate Agency After Completion of Sunset Reviews of All Health and Human Service Agencies.



#### Background

The Legislature scheduled most of the State's health and human service agencies for Sunset review in 1999. Health and human services (HHS) is the second largest function of State government. With a combined appropriation of \$26.1 billion for the 1998-99 biennium, these agencies account for almost 30 percent of State government's budget.

With most HHS agencies under review together, the Sunset Commission has an unprecedented opportunity to study how the state has organized this area of government. Currently, 13 separate agencies have primary responsibility to carry out the numerous state and federal programs, services, assistance, and regulations designed to maintain and improve the health and welfare of the citizens of Texas. Reviewing these agencies together will enable a look across agency lines — at types of services provided, types of clients served, and funding sources used. Assuming any organizational changes are needed, this information will prove valuable in the analysis of how best to make those changes.

Central to the Sunset review of any agency is determining the continuing need for the functions it performs and whether the current agency structure is the most appropriate to carry out those functions. Continuation of an agency and its functions depends on certain conditions being met, as required by the Sunset Act. First, a current and continuing need should exist for the state to provide the functions or services. In addition, the functions should not duplicate those currently provided by any other agency. Finally, the potential benefits of maintaining a separate agency must outweigh any advantages of transferring the agency's functions or services to another agency.

The Sunset staff evaluated the continuing need for the Texas Commission for the Blind (TCB) and its functions in light of the conditions described above. This approach led to the following findings.

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TCB is one of 13 separate HHS currently under Sunset review.

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## Findings

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TCB is the State's main authority on the rehabilitation of persons with visual disabilities.

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### ▼ Texas has a continuing need for the services provided by TCB.

- ◆ TCB is the state's main authority on the rehabilitation of persons with visual disabilities. The agency's primary focus is to provide services to persons with visual disabilities to ensure that they can actively and independently participate in society. TCB provides a variety of services, including counseling and guidance, independent living skills, vocational training, physical restoration and adaptive technology devices. The agency also operates the Criss Cole Rehabilitation Center, a 24-hour a day residential program in Austin that provides a comprehensive array of services and training in vocational and independent living skills to blind clients. TCB counselors work one-on-one with clients to assess their needs and abilities, develop outcomes, and devise a plan of services to meet those outcomes. In fiscal year 1997, TCB served about 21,500 individuals in its programs and received \$8.6 million of General Revenue and \$31.1 million in federal funds.
  
- ◆ As the agency approaches the close of the 1990s and beginning of a new millennium, TCB faces challenges brought on by an aging population. Many causes of blindness and visual deterioration are age-related. As the Baby-Boom Generation ages, more Texans can be expected to seek services from TCB. Such a challenge will continue well into the next century.

### ▼ While the agency's current functions should continue, organizational alternatives exist that should be explored.

- ◆ TCB is one of 13 separate agencies that perform the State's health and human service functions. These agencies' responsibilities are generally unique, but the types of services offered, clients served, and funding sources used are sometimes very similar. For example, responsibility for providing vocational rehabilitation services funded under the federal Rehabilitation Act is split between TCB and the Texas Rehabilitation Commission (TRC). TRC's primary focus is on vocational rehabilitation and helping persons with mental and physical disabilities, other than blindness or visual impairments, prepare for, find, and maintain employment.

- Because of these similarities, many options to the current system have been and should continue to be considered. For example, the interim work of the Legislature during the past four years has yielded more than 550 recommendations for change in HHS policies and operations. Many of these recommendations have not been implemented and should be considered in the Sunset process.
- Continuation of an agency through the Sunset process hinges on answering basic questions about whether duplication of functions exists between agencies and whether benefits would result from consolidation or transfer of those functions. The Sunset staff has identified several instances where organizational change may be warranted. Examples include consolidation of core administrative functions, co-location of field offices, collapsing of contracting functions, better alignment of similar services to similar clients, and a close look at how planning and budgeting could be improved. These changes should be looked at before the Sunset Commission makes decisions to continue an HHS agency under review.

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The current split of  
responsibility  
between the agency  
and TRC deserves  
further study.

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▼ **Continuation of TCB as a separate agency should be decided after completion of all HHS agency Sunset reviews.**

- The Sunset reviews of the HHS agencies are scheduled for completion at various times before the end of 1998. The Sunset staff will use the results of this work in its review of the Health and Human Services Commission, the umbrella agency for HHS. The staff will also study the overall organizational structure of this area of government. Finally, the staff will evaluate issues that cut across agency lines, such as the need for a single agency for long-term care, consolidation of services to persons with disabilities, the need for a single agency to administer Medicaid services, and streamlining regulatory functions.
- The Sunset Commission's schedule sets the review of the Health and Human Services Commission and HHS organizational and cross issues for the Fall of 1998. Delaying decisions on continuation of all HHS agencies, including TCB, until that time allows the Sunset staff to finish its work on all the agencies and base its recommendations on the most complete information.

## Conclusion

Most of the State's health and human service agencies are currently under Sunset review. While these agencies serve many unique purposes they also have many similarities that should be studied as areas for possible improvement through organizational change. This analysis should occur before decisions are made to continue the HHS agencies as separate entities, including the Texas Commission for the Blind.

## Recommendation

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### Change in Statute

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- **Decide on continuation of TCB as a separate agency upon completion of Sunset reviews of all health and human service agencies.**

Sunset review of several other HHS agencies are ongoing. Sunset staff recommends that the Sunset Commission delay its decision on continuation of TCB as a separate agency until those reviews are completed. The results of each agency review should be used to determine whether changes are needed in the overall organization of health and human services.

The staff will issue a report to the Commission in the Fall of 1998 that will include recommendations for each HHS agency — to continue, abolish and transfer functions, or consolidate specific programs between agencies. This report will also include, for possible action, three agencies under the HHS umbrella not scheduled for specific review this cycle, the Department of Protective and Regulatory Services, the Texas Commission on Alcohol and Drug Abuse, and the Texas Juvenile Probation Commission. These agencies were reviewed by the Sunset Commission in 1996 and continued by the Legislature in 1997. Possible reorganization of health and human services may affect the continuation of these agencies as independent entities.

# **ACROSS-THE-BOARD RECOMMENDATIONS**

<b>Texas Commission for the Blind</b>	
<b>Recommendations</b>	<b>Across-the-Board Provisions</b>
	<b>A. GENERAL</b>
Already in Statute	1. Require at least one-third public membership on state agency policymaking bodies.
Update	2. Require specific provisions relating to conflicts of interest.
Already in Statute	3. Require that appointment to the policymaking body be made without regard to the appointee's race, color, disability, sex, religion, age, or national origin.
Already in Statute	4. Provide for the Governor to designate the presiding officer of a state agency's policymaking body.
Update	5. Specify grounds for removal of a member of the policymaking body.
Update	6. Require that information on standards of conduct be provided to members of policymaking bodies and agency employees.
Apply	7. Require training for members of policymaking bodies.
Update	8. Require the agency's policymaking body to develop and implement policies that clearly separate the functions of the policymaking body and the agency staff.
Already in Statute	9. Provide for public testimony at meetings of the policymaking body.
Update	10. Require information to be maintained on complaints.
Update	11. Require development of an equal employment opportunity policy.



# **BACKGROUND**

# Background

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## AGENCY HISTORY

The Texas Commission for the Blind (TCB) was created in 1931 by the 42nd Legislature to help prevent serious visual loss, and to provide assistance to the visually disabled in becoming productive and independent. Before 1931, state services for blind and visually disabled Texans were limited mostly to the Texas School for the Blind, which offered an educational program for school aged blind children.

During the 1930s, TCB provided limited services in the area of home teaching, workshop employment, and medical assistance to restore or conserve the sight of children and adults. In 1936, TCB was designated the state administering agency for the Business Enterprises Program (BEP), where blind clients are granted preference to manage food service operations in federal buildings, under the Randolph-Sheppard Act. In 1944, the agency's responsibilities were expanded when the agency was delegated the authority by the State Board for Vocational Education to administer vocational rehabilitation services to blind Texans under the federal Vocational Rehabilitation Act.

In 1965, during the 59th Legislature, the agency's overall duties took on the basic profile it has today, which includes comprehensive services to all sight-impaired Texans. During the 1960's, the agency focused on providing services to more persons with visual disabilities, rather than total blindness.

During the 1970's, through the efforts of Judge Criss Cole, the State recognized the increasing need to provide comprehensive vocational rehabilitation services in one location for Texans from across the State. As a result of the Judge's efforts, the Criss Cole Rehabilitation Center was opened in 1971. TCB operates the Center as a 24-hour a day residential program providing comprehensive services and training in vocational and independent living skills to blind Texans. More information about the Center can be found in Appendix A.

The 1980s saw a move toward prioritizing the populations served by TCB due to limited agency resources. As a result, TCB established an order of

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In 1965, the agency took on its basic profile of today, providing services to all sight-impaired Texans.

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selection for persons wishing to access agency programs. That order of selection shown in the chart, *Key Events in the Evolution of TCB*, placed an emphasis on serving more legally blind clients.

The federal 1992 Rehabilitation Act amendments emphasized serving a greater percentage of Texans with the most severe disabilities, and having employment as the preferred outcome whenever possible. As a result, the agency revised its order of selection by eliminating the high priority given to persons in imminent danger of becoming totally or legally blind in order to work with more blind clients.

Now, as the agency approaches the close of the 1990s and the beginning of a new millennium, TCB faces challenges brought on by an aging population. Many causes of blindness and visual deterioration are age-related. As the baby-boom generation ages, more people will begin to seek services from TCB. Such a challenge will continue well into the next century.

### **Key Events in the Evolution of TCB**

- 1931** The Texas Commission for the Blind was created by the 42nd Legislature.
- 1936** TCB was designated the state licensing agency to administer the Business Enterprises Program, under the Randolph-Sheppard Act.
- 1944** TCB was granted the first federal appropriation for sight conservation and prevention of blindness in children. TCB was also delegated the authority by the State Board for Vocational Education to administer vocational rehabilitation services to blind persons under the new federal Vocational Rehabilitation Act.
- 1965** TCB was granted priority in establishing vending stands in state-owned buildings, expanding the Business Enterprises Program.
- 1971** The Criss Cole Rehabilitation Center was established in Austin, Texas.
- 1973** The federal Rehabilitation Act was passed, requiring counselors to develop an Individual Written Service Plan for each client.
- 1980's** The agency operated under an order of selection to prioritize service delivery during times of limited funding. The order of selection was persons totally and legally blind; persons in imminent danger of becoming totally or legally blind; persons blind in one eye and visually impaired in the other eye; persons visually impaired in both eyes; persons blind in one eye and the other eye good; and persons whose vision is better than 20/70 in both eyes.
- 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 TCB authority to certify that a person is blind in order to receive tuition and fee exemptions from institutions of higher learning.
- 1994** The agency eliminates the priority given to persons 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.
- 1998** Serving the growing population of elderly Texans is the greatest challenge faced by the agency today as more people reach retirement, and age-related causes of vision loss begin to develop in this population.

## POLICYMAKING BODY

TCB is governed by a nine-member Commission appointed by the Governor with the advice and consent of the Senate. The Chair is appointed by and serves at the pleasure of the Governor. Members serve staggered six-year terms. Two members must be blind, and seven must be members of the general public.

The Commission's duties and responsibilities include -- appointing the agency's Executive Director; adopting rules prescribing the policies and procedures for agency programs; and approving the Executive Director's personnel appointments, delegation of powers, and establishment of administrative units within agency programs.

TCB Commission Members	Appointment Date
C. Robert Keeney Jr. , Chair (Houston)	8/09/95
Olivia Sandoval, Vice Chair (San Antonio)	1/13/94
James L. Caldwell, Ph.D. (Austin)	8/09/95
Carolyn M. Garrett (Houston)	1/13/94
Frank Mullican (Lubbock)	8/09/95
Don W. Oates (Nacogdoches)	2/11/97
Olivia Chavez Schonberger (El Paso)	1/13/94
Beverly A. Stiles (Freer)	2/11/97
John M. Turner (Hillcrest)	2/11/97

Although not required by statute, the Commission voted in 1996 to meet at least each quarter, and did so in fiscal years 1996 and 1997. The Commission also has five subcommittees for functions relating to administration, auditing, budgeting, legislative matters, and planning.

The Commission makes use of a consumer advisory committee and has adopted rules relating to the committee's size, geographical representation, meetings, duties and reporting requirements. The Commission receives quarterly reports from the Executive Director that may contain suggestions from this and its other advisory committees. The chart, *TCB Advisory Committees and Councils*, details the various entities that assist the Commission.

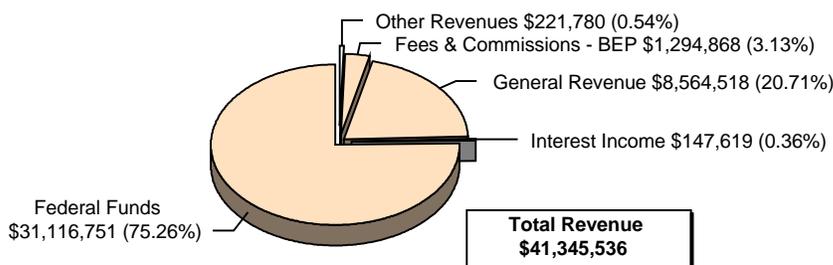
TCB Advisory Committees and Councils		
Committee	Composition	Purpose
Consumer Advisory Committee	12 chairpersons of the Regional Advisory Committees plus three members at large.	Advises the Executive Director on program development and policy implementation on an ongoing basis. The group meets once per year with the agency's Board. Required by state law.
Elected Committee of Managers	10 Business Enterprises Program food service operators, elected by peers.	Advises the Executive Director on policy decisions affecting the Business Enterprises Program. Advocates for program vendors. Required by the Randolph-Sheppard Act.
Regional Advisory Committees	Seven members appointed by the regional director.	Advises each regional director on agency programs and needs.
Statewide Independent Living Council	15 members of the disabled community, appointed by the Governor.	Works with the agency and the Texas Rehabilitation Commission to develop a state plan for independent living services. Required by federal law.

# FUNDING

## Revenues

TCB is funded by several sources of revenue including federal funds, State General Revenue, interest income, sales of goods and services, fees and commissions from the Business Enterprises Program, and donations to an endowment fund. Federal funding sources include Title I Basic Support (95 percent of federal dollars), Social Security Administration-

**Sources of Revenue  
Fiscal Year 1997**



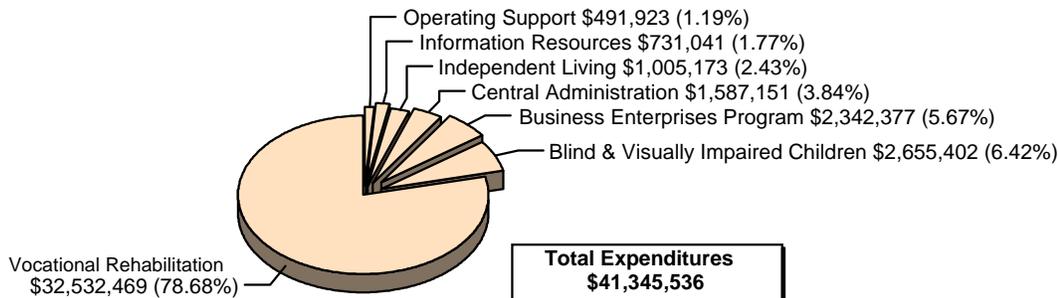
Vocational Rehabilitation, Title VI Supported Employment, Title III Training and Case Management dollars. The chart, *Sources of Revenue — Fiscal Year 1997*, shows the percentage of agency funding from each source

and total revenues. Federal funds make up the vast majority of TCB revenue sources with General Revenue making up the second largest revenue source.

## Expenditures

TCB expended federal and state funds on its seven strategies. The agency's total expenditures for fiscal year 1997 are shown in the chart, *Expenditures by Strategy — Fiscal Year 1997*. The Vocational Rehabilitation strategy expends the largest portion, 79 percent, of agency funds with other programs accounting between one and six percent.

**Expenditures by Strategy  
Fiscal Year 1997**



## ENDOWMENT FUND

TCB has an endowment fund established to receive donations and gifts from individuals and private organizations, as authorized by the Human Resources Code. For fiscal year 1997, the fund totaled \$709,000, of which \$20,000 is currently restricted for purposes relating to assisting the handicapped in becoming employed, and \$36,000 is available for loans to Texans who are blind for purchasing adaptive technology. As of August 1998, the fund did not have any outstanding loans. The average contribution to the fund each year is approximately \$26,500. The fund earns about \$25,000 per year in interest income. In fiscal year 1997, the agency expended \$27,000 of endowment dollars to draw down federal dollars at a ratio of \$3.70 for each fund dollar. The endowment fund is considered state money and is subject to legislative direction in its administration.

## HUB Expenditures

The Legislature has encouraged agencies to increase their use of Historically Underutilized Businesses (HUBs) in purchasing goods and services. The Legislature also requires the Sunset Commission to consider agencies' compliance with laws and rules regarding HUB use in its reviews. The chart, *Purchases from HUBs — Fiscal Year 1997*, provides detail on HUB spending by type of contract and compares these purchases with the statewide goal for each spending category. The chart shows that TCB exceeded two state goals and fell short of two.

Purchases From HUBs Fiscal Year 1997				
Category	Total \$ Spent	Total HUB \$ Spent	Percent	Statewide Goal
Heavy Construction	0	0	N/A	11.9%
Building Construction	0	0	N/A	26.1%
Special Trade	\$708,525	\$149,741	21.2%	57.2%
Professional Services	\$27,124	\$10,590	39.0%	20.0%
Other Services	\$865,080	\$201,769	23.3%	33.0%
Commodities	\$1,806,853	\$615,867	34.1%	12.6%
<b>Total</b>	<b>\$3,407,582</b>	<b>\$977,967</b>		

TCB is subject to the General Appropriations Act, including provisions that set employment goals for minorities and women by specific job category. These goals are a useful measure of diversity and an agency's commitment to developing a diverse workforce. The chart, *Texas Commission for the Blind Equal Employment Opportunity Statistics — Fiscal Year 1997*, compares the agency's minority workforce percentages to the state goals. TCB workforce percentages exceed state goals in most of the agency's job categories.

Texas Commission for the Blind Equal Employment Opportunity Statistics Fiscal Year 1997							
Job Category	Total Positions	Minority Workforce Percentages					
		Black		Hispanic		Female	
		Agency	Civilian Labor Force %	Agency	Civilian Labor Force %	Agency	Civilian Labor Force %
Officials/Administration	31	3.22%	5%	4%	8%	54.83%	26%
Professional	327	7.64%	7%	18.96%	7%	63.91%	44%
Technical	13	0%	13%	7.69%	14%	15.38%	41%
Protective Services	NA						
Para-Professionals	64	20.31%	25%	15.62%	30%	85.93%	55%
Administrative Support	173	16.76%	16%	26.58%	17%	93.06%	84%
Skilled Craft	4	0%	11%	25%	20%	0%	8%
Service/Maintenance	16	56.25%	19%	12.5%	32%	50%	27%

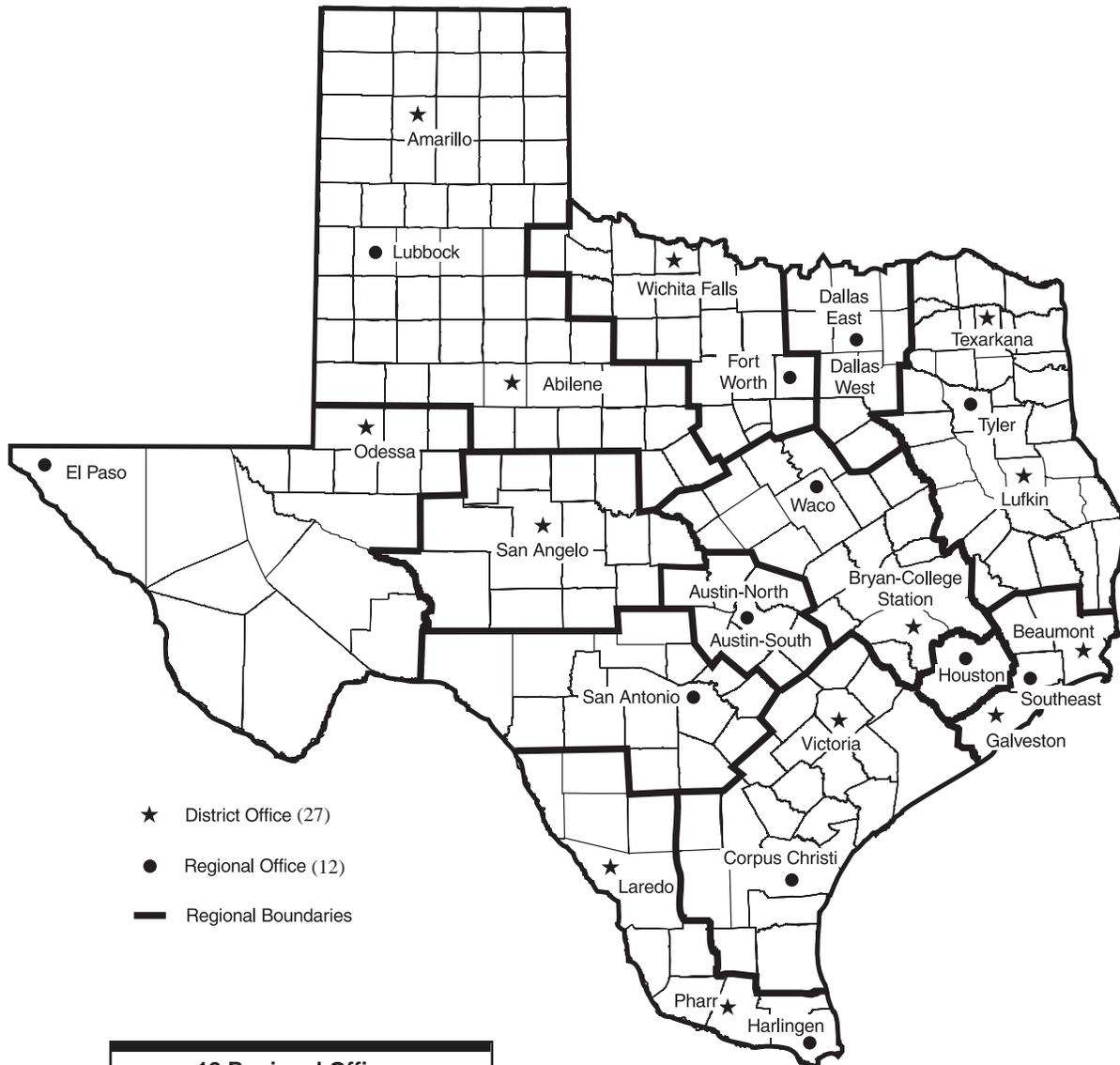
## ORGANIZATION

The Commission's central headquarters, Criss Cole Rehabilitation Center, and warehouse are located in Austin, Texas. Direct service staff (program counselors and specialists) operate out of 27 offices in 12 regions across the state. The agency's regional boundaries are different from the standard regions established for health and human services agencies. The map, *Texas Commission for the Blind Regional and District Offices*, illustrates the boundaries and the location of district and regional offices. Service personnel are also located at the University of Houston, the University of Texas at Austin, and Texas Tech University in Lubbock. TCB was placed under the organizational umbrella of the Health and Human Services Commission as a result of H.B.7 passed in 1991. The chart, *Texas Commission of the Blind Organizational Chart*, illustrates the agency's overall organizational structure.

## AGENCY OPERATIONS

State law designates TCB as the agency responsible for providing all services to visually disabled persons except welfare services and services provided by educational agencies. TCB also selects and certifies blind persons to operate vending facilities on state and federal property. TCB helps clients enter careers and develop independent living skills by providing adaptive technologies, sight restoration and preservation, vision aids, skills training, counseling, information/referral and case management services. TCB provides intake, assessment, and eligibility determination free to clients. To receive services from the agency, an individual must have a visual disability. Additional eligibility criteria vary across programs.

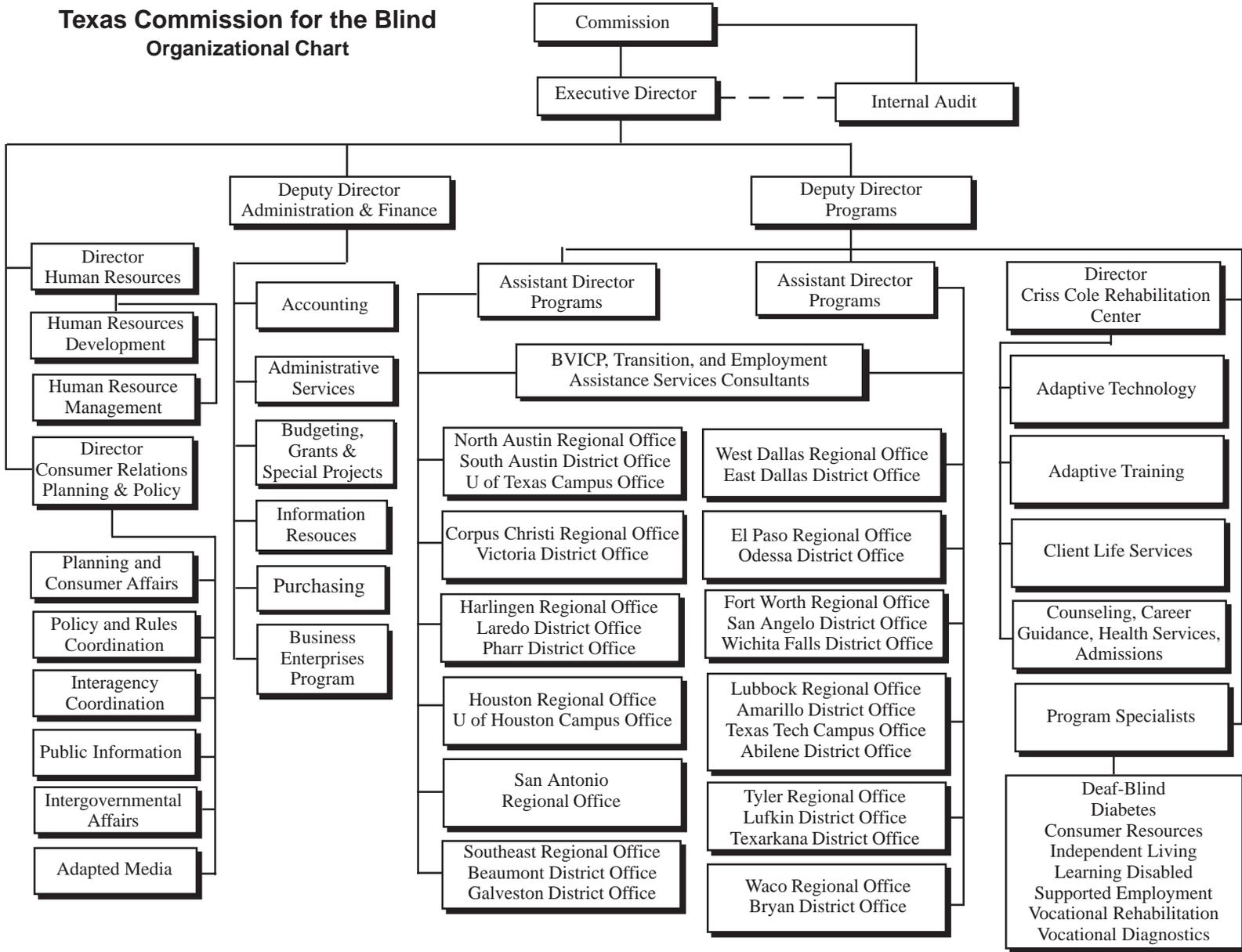
## Texas Commission for the Blind Regional and District Offices



- ★ District Office (27)
- Regional Office (12)
- Regional Boundaries

12 Regional Offices	
Austin	Houston
Corpus Christi	Lubbock
Dallas	San Antonio
El Paso	Southeast Houston
Fort Worth	Tyler
Harlingen	Waco

# Texas Commission for the Blind Organizational Chart



TCB programs use the following stages to assist clients -- intake, application, assessment, eligibility determination, individual plan development, service delivery, case closure, and follow-up services. Contacts for direct services are made in the client's home or work site, where personal needs can best be assessed or instructions provided. Counselors deliver services in local offices, in the home, workplace, community, or the Criss Cole Rehabilitation Center. Counselors travel within assigned regions, and most cover several counties. Depending on agency funding levels and clients resources, TCB provides or pays for all or part of medical services, skills training, adaptive technologies, and other services. TCB programs use third-party resources such as Medicaid when possible, or refers clients to providers that can bill Medicare or private insurance. Clients enter the TCB system by referral from many sources including self-referral, family members, physicians, employers, and other state agencies.

**TCB Definitions for Visual Disabilities**

**A person is legally blind if** - their corrected vision is 20/200 or less in the best eye, or the field of vision is 20 degrees or less in the best eye.

**A person has a severe visual impairment if** - their vision in one eye meets the definition of legally blind, and the best corrected vision in the other eye is between 20/70 and 20/200, or the person's best corrected vision in both eyes is between 20/70 and 20/200.

TCB administers the following programs -- Vocational Rehabilitation (VR), Independent Living (IL), Blind and Visually Impaired Children's Program (Children's Program), and the Business Enterprises Program (BEP). TCB served approximately 21,500 clients in these programs in fiscal year 1997. About 520,600 blind and visually impaired persons reside in Texas, as illustrated by the chart, *Blind and Visually Impaired Populations in Texas*.

### VOCATIONAL REHABILITATION SERVICES (VR)

The Vocational Rehabilitation program focuses on maximizing the self-sufficiency of clients by assisting them to find, retain, and advance in employment. For the first 30 days after the initial referral contact, TCB provides only assessment services, at no cost, to determine eligibility. A counselor assesses a client by reviewing the personal status of the client including the last eye exam, medical conditions, family situation, personal resources and other potential needs. After assessment, a client may continue by applying for services. Vocational rehabilitation counselors have several responsibilities, including making eligibility determinations, developing a rehabilitation plan with each client, promoting client self-confidence, contacting potential employers, helping ensure educational needs are met, and assisting the family in understanding how vision loss affects the client's life.

**Common Causes of Blindness and Low Vision**

**Diabetic Retinopathy** - Damage to the blood vessels in the retina, the leading cause of blindness in adults. Half of all diabetics develop some degree of Retinopathy. Treated with laser surgery.

**Cataract** - A clouding of the eye's lens due to clumping together of proteins. Age related, treatable by surgery.

**Glaucoma** - A disease where fluid pressure in the eye rises, causing damage to the optic nerve. Treated with medication or surgery.

**Macular Degeneration** - A disease that gradually destroys central vision by a breakdown of the light sensing cells in the middle of the retina. Primarily age related - no treatment.

**Retinitis Pigmentosa** - An inherited disease causing breakdown of retinal tissues, results in tunnel vision. Most commonly detected in young adults; no treatment.

<b>Blind and Visually Impaired Populations in Texas</b>	
Aged 0 - 12	51,980
Aged 13 - 64	263,353
Aged 65+	205,259
<b>Total</b>	<b>520,592</b>

Federal law requires the counselor to determine a client's eligibility for vocational rehabilitation services within 60 days after the client submits an application for services. By federal law, when making an eligibility determination, the counselor must presume that the client benefits from VR services that will lead to employment. A medical condition or severe disability can disqualify a client from the presumption of benefit from VR services resulting in employment, and counselors may place clients in suspension for up to 18 months to have in-depth assessments performed.

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The key element of TCB service delivery is the individualized client service plan.

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Vocational rehabilitation services are tailored to each person by developing an Individualized Written Rehabilitation Plan, as required by federal law. Services must be delivered in the most natural setting possible, such as the home or workplace, with the informed consent of the client. VR counselors may refer clients to vocational rehabilitation teachers, the Criss Cole Rehabilitation Center, other agency specialists, other entities for services, and to the agency's Business Enterprises Program for rehabilitation services. The chart, *Vocational Rehabilitation — Fiscal Year 1997*, shows the program's eligibility criteria, services, clients served, and program staff.

<b>Vocational Rehabilitation Fiscal Year 1997</b>	
Eligibility Criteria	<ul style="list-style-type: none"> <li>● A visual impairment that is a substantial impediment to employment</li> <li>● Requires VR services to prepare for and retain employment</li> </ul>
Services Available	<ul style="list-style-type: none"> <li>● Client referral to other agencies for services</li> <li>● Counseling, and physical or mental restoration services</li> <li>● Interpreting and reading services</li> <li>● Personal assistance services</li> <li>● Transportation relating to accessing services and mobility training</li> <li>● Assisting family members to help clients to become employed</li> <li>● Accessing jobs and post-employment follow-up</li> <li>● Securing occupational licenses</li> <li>● Training for, and purchasing of, rehabilitation technology</li> <li>● Helping clients make the transition from school to work</li> <li>● Training to develop skills needed for personal independence</li> </ul>
Clients Served	<ul style="list-style-type: none"> <li>● Total clients served - 11,595</li> <li>● Successfully achieving goals - 2,317</li> <li>● Closed before eligibility - 2,267</li> <li>● Closed unsuccessfully after eligibility - 905</li> </ul>
Program Staff	<ul style="list-style-type: none"> <li>● Counselors (64 FTE)</li> <li>● Coordinators (11 FTE)</li> <li>● Transition counselors (16 FTE)</li> <li>● Rehabilitation teachers (38 FTE)</li> </ul>

## TRANSITION PROGRAM

The Transition Program is included within vocational rehabilitation and provides services to young persons between the ages of 13 and 22 years old. Transition services focus on vocational awareness, career planning, and coordination with education. The program helps younger clients make the transition from high school to adult life. When transition services are completed, clients are transferred to the vocational rehabilitation caseload. The Transition Program served 1,167 clients in fiscal year 1997.

## INDEPENDENT LIVING (IL)

The Independent Living program provides skills training that helps clients remain or become independent in performing daily activities. No specific time frames exist for performing eligibility determination, assessment, or service delivery. Independent living services are available in all of the agency's 12 regions.

Independent Living clients average approximately one year in the program to achieve a successful outcome. The independent living caseworker and client develop an Independent Living Plan, which details the goals the client wishes to attain, and the services provided to meet those goals. The chart, *Independent Living — Fiscal Year 1997*, shows the program's eligibility criteria, services, clients served, and program staff.

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Clients in  
Independent Living  
average about one  
year to achieve a  
successful outcome.

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<b>Independent Living Fiscal Year 1997</b>	
Eligibility Criteria	<ul style="list-style-type: none"> <li>● A severe visual disability which results in a substantial limitation to living independently</li> <li>● The program's services will improve the client's ability to function</li> </ul>
Services Available	<ul style="list-style-type: none"> <li>● Skills training -- cooking, traveling, communicating, personal care and managing funds</li> <li>● Personal health management, self-testing blood sugar levels</li> <li>● Managing secondary disabilities</li> <li>● Referral to the Criss Cole Rehabilitation Center</li> <li>● Caseworkers advocating for clients with local entities</li> <li>● Providing information on housing, nutrition, health, transportation and other resources</li> <li>● Providing information to family members</li> </ul>
Clients Served	<ul style="list-style-type: none"> <li>● Total clients served - 2,253</li> <li>● Successfully achieving goals - 552</li> <li>● Closed unsuccessfully after eligibility - 128</li> </ul>
Program Staff	<ul style="list-style-type: none"> <li>● Caseworkers (9 FTE)</li> <li>● Coordinators (2 FTE)</li> </ul>

## BLIND AND VISUALLY IMPAIRED CHILDREN'S PROGRAM (CHILDREN'S PROGRAM)

The Children's Program is a habilitative program focusing on improving the functioning and life skills development of children and youth with visual impairment. The majority of children enter the program by referral from local schools when they have failed two consecutive eye screening tests or because they are in special education due to a functional visual impairment. The Children's Program is currently operating at the least restrictive eligibility and service payment status, which can become more restrictive as program funds are expended. Depending on the economic resources of the family, the family is billed for a portion of the cost of some services.

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The Children's Program targets the most severely vision impaired children.

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The chart, *Children's Program — Fiscal Year 1997*, shows the program's eligibility criteria, services, clients served, and program staff. Program caseworker duties include ensuring that parents understand their child's eye condition, and how vision loss impacts the child's ability to function. Caseworkers also educate the family on routine eye care, sight conservation, facilitate independent living skills and career awareness, and provide referral to other services. Caseworkers and family members jointly develop a plan outlining the goals for the child/family, services provided, and documenting the progress of the child.

Children's Program Fiscal Year 1997	
Eligibility Criteria	<ul style="list-style-type: none"> <li>● A child must be under 21, and have a visual loss equivalent to needing glasses, that contributes to the child's inability to function</li> <li>● Persons ages 13 to 21 may be served in the transition program</li> </ul>
Services Available	<ul style="list-style-type: none"> <li>● Initial diagnostics, such as an eye exam</li> <li>● Low vision evaluation and sight conservation</li> <li>● Eye restoration, such as glasses or surgery <i>Children with more severe vision loss are provided in addition to the above</i></li> <li>● Counseling for the family to understand the child's capabilities and rights</li> <li>● Educational support services</li> <li>● Independent living skills development</li> <li>● Career awareness and preparation</li> </ul>
Clients Served	<ul style="list-style-type: none"> <li>● Total Clients Served - 7,265</li> <li>● Successfully Achieving Goals - 3,771</li> <li>● Closed Unsuccessfully After Eligibility - 193</li> </ul>
Program Staff	<ul style="list-style-type: none"> <li>● Caseworkers (28 FTE)</li> <li>● Coordinators (8 FTE)</li> </ul>

Effective September 1998, the Children's Program is implementing a four-stage service delivery process which includes assessment, services, outcome, and post-outcome. The Children's Program is funded by state dollars and is not subject to federal policy requirements. Additionally, counselors and contracted providers must now refer families with a child under age three that may have developmental delay to the Texas Interagency Council on Early Childhood Intervention (ECI) within two days.

### THE BUSINESS ENTERPRISES PROGRAM (BEP)

The BEP demonstrates the competence and abilities of persons who are legally blind by training them in the food service industry and removing barriers to employment. Persons in the program usually manage food-service facilities such as cafeterias and snack bars. The BEP is authorized under the federal Randolph-Sheppard Act of 1936, and state law. The program provides management opportunities for blind persons in food services and vending facilities on public and private property throughout Texas. The Randolph-Sheppard Act requires that federal agencies and federally leased properties give preference to BEP vending operations, and state law gives the same priority to blind vendors operating on State property. The first BEP facility was established at the Amarillo Post Office in 1938, and is still in operation. For fiscal year 1997, BEP managers operated 111 facilities on 48 federal, 51 state, and 12 private sites. The average income for a BEP manager is approximately \$40,000 per year. The chart, *Business Enterprises Program — Fiscal Year 1997*, provides some details on eligibility, services, clients, and program staff. For more information on BEP see Appendix B.

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Blind food service managers are given preference in all federal and state buildings, except the State Capitol.

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<b>Business Enterprises Program Fiscal Year 1997</b>	
Eligibility Criteria	<ul style="list-style-type: none"> <li>● 18 years of age</li> <li>● legally blind</li> <li>● high-school graduate (or possess a GED)</li> <li>● U.S. Citizenship</li> </ul>
Services Available	<ul style="list-style-type: none"> <li>● Training and certification to operate a food service facility</li> <li>● Contract negotiation, start-up costs, and management support</li> </ul>
Clients Served	<ul style="list-style-type: none"> <li>● Currently 111 clients are operating food service facilities</li> <li>● Over the last two years, 32 clients completed the two-week pre-evaluation, and 20 of those clients graduated from training and received their certification</li> </ul>
Program Staff	<ul style="list-style-type: none"> <li>● Six specialized business consultants in six regions</li> <li>● Six administrative support staff</li> <li>● Vocational rehabilitation staff assist with referrals to the program</li> </ul>

## TCB CONTRACTED SERVICES

TCB has recently expanded its contracts for specialized services for clients. The agency contracts with local Lighthouse facilities and other providers for rehabilitation services. For fiscal year 1997, the agency had 63 contracts totaling \$2.1 million. Most TCB contractors are paid fees for service that are bid each year using a Request for Proposal process. The chart, *TCB Contracts by Program — Fiscal Year 1997*, shows the total number of contracts and the dollar amounts paid.

<b>TCB Contracts by Program Fiscal Year 1997</b>		
<b>Program</b>	<b>Number of Contracts</b>	<b>Amount Paid</b>
Vocational Rehabilitation - Client Services	9	\$1,380,627
Vocational Rehabilitation - Technology	22	534,439
Independent Living	6	25,035
Blind and Visually Impaired Children's Program	8	75,454
Transition Program	12	84,662
Criss Cole Rehabilitation Center - Consultants	6	50,485
<b>Total</b>	<b>63</b>	<b>\$2,150,702</b>

Source: TCB 7/16/98

# APPENDICES

## APPENDIX A

### The Criss Cole Rehabilitation Center Austin, Texas

The Texas Commission for the Blind operates the Criss Cole Rehabilitation Center (CCRC), a 24-hour a day residential program which provides a comprehensive array of services and training in vocational and independent living skills to blind clients. The Center opened in 1971, and is named after Judge Criss Cole, a previous State Senator and supporter of persons with disabilities. The Center supports all aspects of TCB programs by delivering services, training clients for the Business Enterprises Program and training agency staff.

TCB field counselors refer eligible clients to the Center for services provided free to clients. The Center does not open or close individual client cases. To participate in Center activities, clients must be eligible for VR or IL programs, legally blind, able to move independently, willing to attend classes, and be able to demonstrate progress in training activities. Approximately 60 percent of the Center's clients have secondary disabilities in addition to being blind. Each year 500 to 600 clients participate in CCRC activities. Room and board are available to clients who are in full-time training programs, and a client's average stay at the Center is 72 days.

The Center Director manages the facility and oversees administration, while a staff of 108 provide services to clients, operate a cafeteria, and maintain the facility. CCRC's budget for fiscal year 1997 was \$4.3 million, of which \$580,000 was General Revenue. Center employees work in the following five areas -- Center Administration, Program Coordination and Planning, Adaptive Training, Career Guidance, and Client Life Services. Services provided by Center staff include evaluations of client abilities through the Adaptive Technology Unit or Vocational Diagnostic Unit, and facilities management training for the Business Enterprises Program. In addition, the Center provides specific skills training including:

- braille lessons and communication
- cane use, transportation and mobility
- cooking and home management
- use of adaptive technologies, and
- personal care and grooming

Center staff also provide clients with:

- personal counseling sessions
- college preparatory training and career guidance
- job referral and placement assistance, and
- information and referral to community resources

The Center also trains agency and professional staff in providing TCB services to clients, and serves as conferencing site.



## APPENDIX B

### The TCB Business Enterprises Program

For fiscal year 1997, BEP managers operated 111 facilities on 48 federal, 51 state, and 12 private sites. The different types of operations include 10 convenience stores, 41 snack bars, 36 cafeterias, and 24 vending machine sites. BEP sites can be any combination of vending, snack bar, convenience store, short order food service or full cafeteria operations. BEP facilities fall into three levels based upon annual revenues.

- Level I - \$22,459 average annual net earnings, 70 sites
- Level II - \$61,009 average annual net earnings, 30 sites
- Level III - \$153,746 average net earnings, 11 sites

Net earnings are the annual income to the licensed manager, after the manager pays an 8 to 16 percent set-aside fee contributing to the agency's administrative costs. The set-aside fee is formulated by the agency and the Elected Committee of Managers in a negotiated process, and facilities are charged according to their earnings performance. TCB estimates that approximately seven new BEP sites open, or become available each year.

Eighteen TCB staff administer the BEP, including a director, supervising business consultants, a training specialist, and administrative staff. BEP has six regions, each with a business consultant, and an administrative secretary, overseeing 16 to 26 manned facilities each. TCB negotiates and signs contracts with the site host and a manager's agreement with the manager, who is sole proprietor of the facility. TCB provides a manager with initial start-up costs, equipment, and equipment maintenance for all manned facilities, which does not have to be re-paid. State and federal host sites typically do not charge the licensed manager for floor costs, utilities, and other costs that are negotiated in a contract. Beverage companies provide the majority of vending machines free of charge, with the stipulation that the licensed manager purchase the product from the company. The manager must see to the daily operations of the facility including hiring, maintaining inventory, managing funds, ordering foods and beverages, and meeting sanitation requirements. The manager must reimburse the agency for lost or unaccounted for equipment. The agency, with the participation of the Elected Committee of Managers, mediates complaints or grievances from the host or the licensed manager, and can place managers on probation for 30 days to several months, and has authority to revoke manager's certification.

TCB clients interested in BEP can be referred by their counselor in the Vocational Rehabilitation program. To be eligible for BEP a client must be 18 years of age, legally blind, a high-school graduate (or possess a GED), and be a U.S. citizen. The clients are assessed on their ability to work in BEP, undergo a math and skills test which can be taken three times, with tutoring by the vocational rehabilitation counselor if needed. After passing the test, the client is placed with an existing BEP manager for two weeks of on-site pre-training work evaluation. The evaluation period assists the client in deciding whether to pursue BEP, and assists the regional supervising business consultant in evaluating the client's potential for success in the program.

## APPENDIX B

### **The TCB Business Enterprises Program**

Upon completion of the evaluation by the local manager and business consultant, which requires a minimum acceptable score, the client submits an application to the BEP program, and is interviewed by a BEP panel consisting of BEP staff, a vocational rehabilitation counselor, and Elected Committee of Managers members. If successful in the interview process, the client may be chosen to undergo 14 weeks of cafeteria/food service management. The 14-week training is conducted at the Criss Cole Rehabilitation Center. Successful completion of the training class results in certifying the client to operate a facility. During the last two years, 32 clients completed the two-week pre-evaluation, and 20 of those clients graduated from training and received their certification.

Certified managers are awarded facilities to operate as they become available, and may operate the facility indefinitely. Managers start a with Level I site and may move up to a Level II or Level III site by the third year, if those sites are available.

**TEXAS COMMISSION FOR THE BLIND**

**Report prepared by:**

*D. John Hubbard - Project Manager*

Christian Ninaud

Katrina Daniel

Dawn Brinkman

**Charla Ann King - Senior Consultant**

**JOEY LONGLEY**

**DIRECTOR**

Sunset Advisory Commission  
P.O. Box 13066  
Room E2.002, Capitol Extension  
Austin, Texas 78711  
<http://www.sunset.state.tx.us>

(512) 463-1300  
FAX (512) 463-0705