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DADS Vision and Mission

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

Mission
To provide a comprehensive array of aging and disability services, supports, and opportunities that are easily accessed in local communities.
Overview of Services and Programs

- The Texas Department of Aging and Disability Services (DADS) was established in September 2004 and administers:
  - Programs for community care through various programs such as Medicaid 1915(c) home and community based waivers, community attendant and day activity services and primary home care, for institutional care such as Nursing Facilities and Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR), and other community services to individuals who are aging and/or have a disability (cognitive and physical).

- DADS responsibilities fall into the following functional areas:
  - Access and Intake
    - Area Agencies on Aging
    - Mental Retardation Authorities
    - Regional and Local Services
    - Guardianship
  - Provider Services
    - Institutional Services
    - Community Services
    - State Schools
  - Regulatory Services
    - Licensing and Credentialing
    - Survey Operations
    - Enforcement Operations
Current Initiatives
Interest List Reduction Initiative

• As a result of S.B. 1, 79th Legislature, Regular Session, 2005, DADS was appropriated $97.9 million in general revenue funds ($18.4 million for demographic growth and $79.5 million for interest list reduction) to serve additional persons from the non-Medicaid and Medicaid waiver community services interest lists.

• The Legislative Appropriations Request (LAR) DADS submitted in November 2004 reported a total of 115,560 consumers on interest lists.

• Since November of 2004, community services program interest lists have been reduced by a total of 40,757 consumers or approximately 35 percent. (Note: Since that time, an additional 26,128 names have been added to a list.)
## Interest List Reduction Summary
**Fiscal Years 2006-2007**

<table>
<thead>
<tr>
<th></th>
<th>CBA</th>
<th>CLASS</th>
<th>DBMD</th>
<th>MDCP</th>
<th>HCS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Clients on IL - LAR submission (November 2004)</td>
<td>66,787</td>
<td>13,453</td>
<td>18</td>
<td>8,604</td>
<td>26,698</td>
<td>115,560</td>
</tr>
<tr>
<td>Total Released/Removed from IL</td>
<td>34,286</td>
<td>2,853</td>
<td>34</td>
<td>1,560</td>
<td>2,024</td>
<td>40,757</td>
</tr>
<tr>
<td><em>Enrolled</em></td>
<td>5,977</td>
<td>327</td>
<td>4</td>
<td>92</td>
<td>1,205</td>
<td>7,605</td>
</tr>
<tr>
<td><em>in the Pipeline</em></td>
<td>6,852</td>
<td>1,969</td>
<td>21</td>
<td>751</td>
<td>287</td>
<td>9,880</td>
</tr>
<tr>
<td><em>Denied/Declined</em></td>
<td>21,457</td>
<td>557</td>
<td>9</td>
<td>717</td>
<td>532</td>
<td>23,272</td>
</tr>
<tr>
<td>Net Remaining from LAR submission</td>
<td>32,501</td>
<td>10,600</td>
<td>-16</td>
<td>7,044</td>
<td>24,674</td>
<td>74,803</td>
</tr>
<tr>
<td>Percent reduction from LAR submission</td>
<td>51.3%</td>
<td>21.2%</td>
<td>188.9%</td>
<td>18.1%</td>
<td>7.6%</td>
<td>35.3%</td>
</tr>
<tr>
<td>Added to IL since LAR submission</td>
<td>12,817</td>
<td>4,491</td>
<td>29</td>
<td>3,067</td>
<td>5,724</td>
<td>26,128</td>
</tr>
<tr>
<td>Current IL - June 30,2006 *</td>
<td>45,318</td>
<td>15,091</td>
<td>13</td>
<td>10,111</td>
<td>30,398</td>
<td>100,931</td>
</tr>
</tbody>
</table>

* Count is duplicated due to single names on multiple lists. The unduplicated individual count is 88,864
Self-Determination

- Consumer Directed Services (CDS), a component of self-determination, allows for:
  - Increased control over services and supports
  - Increased control over the persons that provide services and supports
  - Informed-choice for decision making
  - Understanding the risks and benefits of decisions
Self-Determination Continued

• Range Of CDS Service Delivery Models

  ➢ The **CDS Option** is a service delivery option in which an individual or legally authorized representative (LAR) employs and retains service providers and directs the delivery of program services. The CDS option will be expanded across all DADS waiver programs during 2007.

  ➢ **Agency with Range Of Service Delivery Models Choice Pilot (Service Responsibility Option [SRO])**), available in certain parts of the state, provides consumers control selecting, training and supervising personal care attendants but the provider agency keeps the fiscal functions and the responsibility for providing substitute attendants and administrative personnel functions.

  ➢ The **Traditional Agency Option** offers the least amount of consumer involvement as the individual entrusts the provider agency to make decisions, with consumer input, regarding the selection, supervision, and training of attendants.

  ➢ **Person Directed Planning (PDP)** focuses on developing a personal support plan that is directed by the resident of the state school or their LAR. The PDP model is currently being piloted at Abilene and Lubbock state schools. Statewide training for implementation at all other facilities is scheduled for January, 2007.
Promoting Independence Initiative

- Texas' Promoting Independence initiative supports allowing an individual with a disability to live in the most appropriate care setting available.
  - The Promoting Independence Advisory Committee (PIAC) is currently preparing policy recommendations for 2007, which will be sent to the Executive Commissioner of Health and Human Services Commission (HHSC) on September 1, 2006.
  - The *Promoting Independence Plan* is required to be revised every two years in advance of the legislative session. HHSC will submit the third revision of the plan to the Governor and Legislature on December 1, 2006.
  - In addition, the PIAC submits an annual stakeholders’ report providing a status update on the progress of the *Promoting Independence Plan* and is currently tracking over 70 recommendations from 2004.
Money Follows the Person Initiative

- Money Follows the Person (MFP) allows Medicaid clients in Texas’ nursing facilities to receive services in their community as long as the cost does not exceed the institutional cost for services.
  - H.B. 1867, 79th Legislature, Regular Session, 2005, codified the MFP option previously authorized by rider.
- Texas’ Money Follows the Person initiative was just awarded first-place honors at the Council of State Governments, Southern Legislative Conference, 2006 Innovation Awards Competition.
- Since September 1, 2001, approximately 11,300 residents have utilized the Texas MFP provision.
- A critical component of MFP is contracted relocations specialists. DADS currently has four contracts for $1,227,488.
- HHSC Promoting Independence funds will increase the funding for relocation activities by $606,744 beginning in FY07.
  - This additional funding will permit DADS to increase the number of people served and decrease the size of the contract service areas.
Money Follows the Person Continued

• The federal Deficit Reduction Act (DRA) includes an opportunity for DADS to expand MFP initiatives.
  ➢ Under the DRA – MFP grant, any Medicaid-eligible individual who has resided in a nursing facility, hospital, or ICF/MR for a specified period of time depending on state policy (at least 6 months up to 2 years) would be eligible for MFP.
  ➢ CMS would pay an enhanced rate for 12 months for qualifying individuals who choose to receive services in the community.
  ➢ For Texas, the enhanced rate would result in an increase in the federal match from 60 percent to 80 percent of eligible client costs for one year.

• DADS intends to submit a grant application in order to provide more services in community settings at an increased Medicaid match.
Quality Improvements

- Adapted the nursing facility program systematic literature review process for developing evidence-based best practices in clinical quality improvement to the full range of DADS populations.
- Expanded the nursing facility quality review process to include personal outcome surveys for individuals and family members in all DADS Medicaid waiver and Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR) programs.
- Initiated, as a result of S. B. 1839, 77th Legislature, Regular Session, 2001, a pilot of on-site technical assistance in the state schools in order to identify common quality issues in the ICF/MR setting and develop evidence-based best practice resources for all ICFs/MR.
- Through the technical assistance program, the department has been able to dramatically decrease the use of restraints in nursing homes and to significantly improve nursing home resident vaccination rates.
Senate Bill 6 Update - Guardianship

- S.B. 6, 79th Legislature, Regular Session, 2005, transferred statutory authority for the Guardianship Program from the Department of Family and Protective Services (DFPS) to the Department of Aging and Disability Services (DADS).
  - The transfer was completed on September 1, 2005, with no disruption in services to individuals served.
- The number of intakes to Adult Protective Services has steadily increased and is projected to continue increasing for the next few years. An effect of this, and as a result of the S.B. 6 reform, is an increase in the number of referrals to DADS guardianship.
  - The number of active guardianships increased from 656 in December 2004 to 805 as of May 31, 2006.
  - This represents an increase of approximately 23% without a corresponding increase in funding for additional state staff or contract guardians.
• Rules related to DADS Guardianship Program will be published for final adoption as of September 1, 2006.

• Steps taken to reform and improve guardianship services include:
  ➢ Developing a comprehensive quality assurance program that includes standards for future contract monitoring. Training of agency staff will be conducted in early fall.
  ➢ Conducting quality assurance visits to obtain baseline information on the performance of DADS regional guardianship staff in order to develop future evaluation standards.
  ➢ Certification of twenty-eight guardianship staff as Registered Guardians through the National Guardianship Foundation.
  ➢ Evaluating the current assessment process and procedure to ensure an accurate assessment of a person’s need for guardianship.
  ➢ Implementing a new data management system for regional and state office staff.
  ➢ Developing a new contract payment system to reimburse local contractors to replace the payment mechanism through the DFPS IMPACT system.
Looking Ahead
Growth in HCSSA Industry

• The Home and Community Support Services Agencies (HCSSA) industry has experienced significant growth over the last eight years with the transition in Medicare reimbursement from fee-for-service to a prospective payment system.
  ➢ The number of licensed HCSSA’s has grown an average of 11 percent per year the last five years, and approximately 15 percent for the last two years. Currently, there are approximately 3,500 licensed HCSSA’s.

• This dramatic growth, as well as the national and state shortage of RNs and the required training for HCSSA surveyors, has made it difficult for DADS to conduct initial Medicare Certification surveys and HCSSA complaint and incident investigations in a timely manner.

• DADS currently is attempting to address this issue by:
  ➢ Shifting staff resources
  ➢ Cross-training staff
  ➢ Reviewing rules for potential necessary revisions
Aging out of Programs

• Under the Texas Health Steps Comprehensive Care Program (CCP), which is administered by HHSC, children with significant medical needs receive medically necessary services, regardless of cost.

• When a child transitions from children’s services, such as CCP, and enters adult services, he or she may become eligible for certain DADS 1915(c) waiver programs.

• These waiver services are subject to a cost cap. The scope and amount of services available for adults in those programs typically cannot replicate the services available through the CCP program.

• The inability to continue the amount and scope of services received prior to reaching age 21 can result in a restructuring of services or, at times, a determination of ineligibility for the waiver program.

• These individuals are entitled to services in a nursing facility or ICF/MR.
Medicaid Waiver Optimization

• As a result of the health and human services consolidation, DADS now has oversight and administration of seven Medicaid 1915(c) waiver programs.
  ➢ These programs provide services and supports in the community to people who qualify for care in nursing facilities or an intermediate care facility that serves persons with mental retardation or a related condition (ICF/MR).
  ➢ Created under separate state agencies at different times for distinct populations, these programs vary significantly in service delivery and administration.
• DADS is initiating a study of the feasibility of combining 1915 (c) waiver programs and their services along functional need lines with consideration of service rates appropriate to the level of need of the individuals served. This study will examine efficiencies in administration; service definitions; case management and appropriate rate levels for services.
Streamlining Regulatory Services

• DADS has identified several areas in the regulatory arena where streamlining and standardization would be beneficial to consumers, providers, and the state. With legislative direction, DADS could:
  ➢ Establish consistent licensure periods for all regulated facilities and adjust licensing fees accordingly.
  ➢ Standardize:
    • Timelines for submittal of license renewal applications to 45 days before the expiration of the license.
    • The list of violations for which an administrative penalty may be imposed without affording a right-to-correct.
    • Late fees for failure to make timely payment into the trust fund.
Continued Funding Needs

• DADS wishes to build on the foundation the Legislature provided during the 79th Session and continue to reduce the interest list in all community waiver programs to allow individuals to remain in their homes, in the community, and with their families.

• In order to provide quality long-term services and supports, we must have a stable provider system with qualified, skilled workers. Rising costs, due to inflation and an upward trend in client care needs, require that provider rates keep pace to ensure this stability and quality care.
Continued Funding Needs

- DADS is a provider of services for persons with a cognitive disability through the operation of the State Schools. We are obligated to provide these services in a manner that meets the needs, safety, and well being of the residents, and ensures maintaining Medicaid certification. DADS will continue to request sufficient funding to meet this need.

- Demographic projections indicate that the demand for DADS programs will continue to grow. It is imperative that the infrastructure, which provides the foundation for these programs, keeps pace with program growth in order to ensure the safety and well being of people receiving our services.