Table of Contents

1) Overview ................................................................. 2
2) Promoting Independence ................................................. 7
3) Entitlements................................................................. 17
4) Non-Entitlement Services – Medicaid Funded. ................. 26
5) Services Funded With Other Federal Dollars. ................. 36
6) Services Funded With State General Revenue. ............... 41
7) Regulatory Services
8) Quality Initiatives......................................................... 49
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, disability, and mental retardation services, supports, and opportunities that is easily accessed in local communities.
Creation of DADS

- The **Texas Department of Aging and Disability Services (DADS)** was established in September 2004 as a result of House Bill 2292 (78th Texas Legislature), which consolidated:
  - mental retardation services and state school programs of the Department of Mental Health and Mental Retardation;
  - community care, nursing facility, and long-term care regulatory services of the Department of Human Services; and
  - aging services and programs of the Department on Aging.
Creation of DADS

• Having one integrated long-term care (LTC) services agency has been a desire of many persons with disabilities over the years. With the consolidation of LTC, we have:
  ➢ An opportunity to create a consistent, integrated, and accessible front door for services at the local level;
  ➢ The ability to look across both service delivery and regulatory systems to identify and implement the best approaches;
  ➢ The responsibility to develop and improve service options that are responsive to individual needs and preferences; and
  ➢ A commitment to continue to work in partnership with stakeholders to move toward a world-class service delivery system for aging Texans and people with disabilities.
Definition of Long-Term Care

- Long-term care (LTC) is defined in the Texas Human Resources Code (§22.0011) as:
  - “…the provision of personal care and assistance related to health and social services, given episodically over a sustained period, to assist individuals of all ages and their families, to achieve the highest level of functioning possible, and regardless of the setting in which the assistance is given.”
Long-Term Care Services Overview

• Long-term care services may be provided:
  ➢ In the person’s own home, in community settings, or in institutions.
  ➢ Over an extended period of months or years.
  ➢ By licensed professionals, such as nurses, and/or direct care/personal assistants or aides.

• Settings
  ➢ Nursing facilities serve people on a 24-hour inpatient basis and provide, at a minimum, physician, skilled nursing, dietary, pharmaceutical and activity services.
  ➢ Intermediate Care Facilities for persons with Mental Retardation (ICFs/MR) serve people with mental retardation and other developmental disabilities in a group living arrangement.
  ➢ Community care serves people in their own homes or in other home-like settings.
Promoting Independence Initiative and Plan

The Goal: To ensure that LTC services and supports effectively foster independence and acceptance of people with disabilities, and to provide opportunities for people to live productive lives in their home communities.
Promoting Independence Initiative and Plan

- The Texas Promoting Independence Initiative and Plan were created in response to several key legislative actions, decisions, and state actions related to the services for individuals with disabilities. They are in chronological order as follows:

  - **The Americans with Disabilities Act (ADA) 1990**
    - Public entity must provide services in most integrated setting appropriate and make reasonable modifications to avoid discrimination.

  - **The Olmstead Supreme Court Decision 1999**
    - Unnecessary institutionalization of persons with disabilities in state institutions is unconstitutional under ADA; identifies conditions under which states must serve persons in communities rather than in institutions.

  - **Gov. Bush Executive Order GWB-99 in 1999**
    - Directs review of services and recommendations in light of Olmstead.

  - **S.B. 367, 77th Legislature 2001**
    - Requires implementation of comprehensive plan to promote independence.

  - **Gov. Perry Executive Order RP-13 in 2002**
    - Additional direction for promoting independence in housing, employment, children’s services, community waiver services.
Promoting Independence Initiative and Plan (Cont.)

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

- Original and revised plans on our website at:
  [http://www.hhsc.state.tx.us/about_hhsc/reports/search/search_LTC.asp](http://www.hhsc.state.tx.us/about_hhsc/reports/search/search_LTC.asp)
DADS Services

Promoting Independence Initiative and Plan

Community
- Entitlement Programs
  - Primary Home Care (PHC)
  - Community Attendant Services (CAS)
  - Day Activity & Health Services (DAHS)
  - Home Hospice Programs
- Medicaid Waiver Programs
  - Community Based Alternatives (CBA)
  - Community Living Assistance & Support Services (CLASS)
  - Deaf-Blind with Multiple Disabilities (DBMD)
  - Home & Community-Based Services (HCS)
  - Medically Dependent Children Program (MDCP)
  - Consolidated Waiver Program (CWP)
  - Texas Home Living Waiver (TxHmL)

Institutional
- Nursing Facilities
- ICFs/MR
- Hospice Facilities

State Schools
- State Schools
- State Centers

Regulatory
- Survey Operations
- Enforcement
- Professional Licensing and Credentialing

Other State and Federally Funded Programs
- Services to Assist Independent Living
- In-Home and Family Support (IHFS)
- Mental Retardation Community Care Services
Populations Served

• Texans with Mental Retardation and Developmental Disabilities
  ➢ Mental Retardation: significantly sub-average general intellectual functioning that is concurrent with deficits in adaptive behavior and originates during the developmental period (before age 18). Overall incidence is about 2.7 percent
  ➢ Developmental Disabilities: severe and chronic disabilities manifested during the developmental period before the age of 22, which result in impaired intellectual functioning or deficiencies in essential skills.

• Texans with Physical Disabilities
  ➢ Physical disabilities manifested after age 21

• Aging Texans
## DADS FY 2004-05 Budget
(Millions)

<table>
<thead>
<tr>
<th>Strategy (or Objective*)</th>
<th>% FY04</th>
<th>FY04</th>
<th>% FY05</th>
<th>FY05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access &amp; Intake</td>
<td>.8</td>
<td>$ 36.5</td>
<td>.9</td>
<td>$ 41.0</td>
</tr>
<tr>
<td>LTC Functional Eligibility</td>
<td>1.3</td>
<td>64.5</td>
<td>1.4</td>
<td>63.6</td>
</tr>
<tr>
<td>Entitlement Programs*</td>
<td>16.5</td>
<td>793.5</td>
<td>18.9</td>
<td>891.7</td>
</tr>
<tr>
<td>Waiver Programs*</td>
<td>17.3</td>
<td>831.7</td>
<td>18.2</td>
<td>855.9</td>
</tr>
<tr>
<td>Non-Medicaid Programs*</td>
<td>5.2</td>
<td>251.0</td>
<td>4.9</td>
<td>232.3</td>
</tr>
<tr>
<td>PACE</td>
<td>.4</td>
<td>20.1</td>
<td>.5</td>
<td>24.6</td>
</tr>
<tr>
<td>NF &amp; Hospice</td>
<td>40.5</td>
<td>1,945.7</td>
<td>36.7</td>
<td>1,725.7</td>
</tr>
<tr>
<td>ICF-MR</td>
<td>7.8</td>
<td>374.6</td>
<td>7.8</td>
<td>368.2</td>
</tr>
<tr>
<td>State Schools</td>
<td>8.1</td>
<td>388.7</td>
<td>8.2</td>
<td>385.1</td>
</tr>
<tr>
<td>Capital Repairs</td>
<td>0.0</td>
<td>2.4</td>
<td>.4</td>
<td>18.2</td>
</tr>
<tr>
<td>LTC- Regulatory</td>
<td>1.0</td>
<td>47.6</td>
<td>1.1</td>
<td>50.7</td>
</tr>
<tr>
<td>Credentialing</td>
<td>0.0</td>
<td>0.9</td>
<td>0.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Quality Outreach</td>
<td>.1</td>
<td>4.7</td>
<td>.1</td>
<td>4.8</td>
</tr>
<tr>
<td>Indirect Admin*</td>
<td>.9</td>
<td>43.3</td>
<td>1.0</td>
<td>44.8</td>
</tr>
<tr>
<td>Capital Budget</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>100.0</td>
<td>$ 4,805.2</td>
<td>100.0</td>
<td>$ 4,707.6</td>
</tr>
</tbody>
</table>
## Payment Sources for LTC Services

<table>
<thead>
<tr>
<th></th>
<th>FY2003 Expended</th>
<th>FY2004 Estimated</th>
<th>FY2005 Budgeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Revenue</td>
<td>$ 200,371,173</td>
<td>$ 141,089,663</td>
<td>$ 128,922,576</td>
</tr>
<tr>
<td>GR Match for Medicaid</td>
<td>$ 1,633,635,030</td>
<td>$ 1,551,511,741</td>
<td>$ 1,609,537,626</td>
</tr>
<tr>
<td>Other General Revenue</td>
<td>$ 4,127,685</td>
<td>$ 46,547,730</td>
<td>$ 15,744,712</td>
</tr>
<tr>
<td>GR - Dedicated</td>
<td>$ 28,705,537</td>
<td>$ 51,720,519</td>
<td>$ 51,851,292</td>
</tr>
<tr>
<td>Other Funds</td>
<td>$ 53,707,237</td>
<td>$ 49,407,600</td>
<td>$ 65,180,684</td>
</tr>
<tr>
<td>Federal Funds</td>
<td>$ 2,825,942,928</td>
<td>$ 2,964,879,615</td>
<td>$ 2,836,382,910</td>
</tr>
<tr>
<td><strong>All Funds</strong></td>
<td>$ 4,746,489,590</td>
<td>$ 4,805,156,868</td>
<td>$ 4,707,619,800</td>
</tr>
</tbody>
</table>
Intake and Access to Services

- Individuals currently access DADS services through these three entities:
  - **41 Mental Retardation Authorities (MRAs)**
    - Determination of Mental Retardation
    - Service coordination
    - Assistance in accessing services and supports
  - **28 Area Agencies on Aging (AAAs)**
    - Information referral and assistance
    - Benefits counseling/Legal assistance
    - Care coordination
    - Caregiver support
    - Long-Term Care facility Ombudsman
  - **Regional and Local Services**
    - Functional eligibility determination
• Current Guardianship Responsibilities
  ➢ Transfer:
    • Functional responsibility was transferred from Department of Protective and Regulatory Services (DFPS) to DADS effective December 1, 2004. DADS will perform day-to-day guardianship services previously performed by DFPS. DFPS maintains legal guardianship and legal support services. This will continue until legislation is enacted to transfer the responsibility.
  ➢ Benefits:
    • Guardianship services include managing the ward’s living arrangements, citizenship issues, estates, medical treatment, including extraordinary medical procedures, and funeral arrangements and disposal of property.
Entitlements

Medicaid is an entitlement program, which means, generally, that states must serve all persons that meet eligibility requirements, and that Medicaid must pay for any service included in the State Medicaid plan.
Primary Home Care (PHC)

• Eligibility Requirements:
  ➢ Any age;
  ➢ Income 100 percent of Supplemental Security Income ($579/month);
  ➢ Resources of no more than $2,000;
  ➢ Functional assessment score of 24 or greater; and
  ➢ A medical practitioner’s statement that the individual’s medical condition causes a functional limitation for at least one personal care task.

• Benefits:
  ➢ PHC is a non-technical, non-medical attendant care service for recipients of all ages whose chronic health problems impair their ability to perform activities of daily living.
  ➢ Personal attendants assist clients in performing tasks of daily living such as arranging or accompanying clients on trips to receive medical treatment, bathing, dressing, meal preparation, housekeeping and shopping. On average, clients are authorized to receive 16.6 hours per week.
Community Attendant Services (CAS)

• Eligibility Requirements:
  ➢ Any age;
  ➢ Income within 300 percent of SSI ($1,737/month);
  ➢ Resources of no more than $2,000;
  ➢ A functional assessment score of 24 or greater; and
  ➢ A medical practitioner’s statement that the individual’s medical condition causes a functional limitation for at least one personal care task.

• Benefits:
  ➢ Formerly known as the Frail Elderly program, CAS is a non-technical, non-medical attendant care service for recipients of all ages whose chronic health problems impair their daily living and whose income otherwise makes them ineligible for Primary Home Care.
  ➢ Personal attendants provide services to assist clients in performing tasks of daily living such as arranging or accompanying the client on trips to receive medical treatment, bathing, dressing, meal preparation, housekeeping and shopping. On average, clients are authorized to receive 16.4 hours per week.
Day Activity and Health Services (DAHS)

- **Eligibility Requirements Title XIX DAHS:**
  - Any age;
  - Income of 100 percent the Supplemental Security Income ($579/Month);
  - Resources of no more than $2,000; and
  - A physician’s order requiring care or supervision by a licensed nurse because the individual has a functional disability related to a medical diagnosis and needs assistance with one or more personal tasks.

- **Eligibility Requirements Title XX* DAHS:**
  - Age 18+;
  - Income within 300 percent of SSI ($1,737/month);
  - Resources of no more than $5,000; and
  - A physician’s order requiring care or supervision by a licensed nurse because the individual has a functional disability related to a medical diagnosis and needs assistance with one or more personal tasks.

* The Social Services Block Grant in Title XX of the Social Security Act funds multiple community services, of which DAHS is just one. Income and resource limits are higher than for Medicaid funded services.
• Benefits:

  DAHS facilities provide daytime services Monday through Friday to individuals residing in the community to provide an alternative to placement in nursing facilities and other institutions. Services are designed to address an individual’s physical, mental and social needs and include meals, nursing and personal care, physical rehabilitation, social, educational and recreational activities and transportation.
Nursing Facility

• **Eligibility:**
  - Any age;
  - Income within 300 percent of SSI ($1,737/month);
  - Resources of no more than $2,000; and
  - Certification by a physician that the individual has a medical condition that requires daily skilled nursing care and must reside in a Medicaid-contracted long-term care facility for 30 consecutive days.

• **Benefits:**
  - Institutional care to Medicaid recipients whose medical condition requires the skills of licensed nurses on a regular basis.
  - The nursing facility must provide for the total medical, nursing, and psychosocial needs of each client, including room and board, social services, over-the-counter drugs, medical supplies and equipment, and personal needs items.
Hospice

• Eligibility:
  - Any age;
  - Income of 100% of SSI ($579/month) for community-based hospice, or meet the nursing facility eligibility requirements;
  - Have resources of no more than $2,000;
  - Voluntarily elect to receive hospice services; and
  - Certification by a physician that person has less than six months to live.

• Benefits:
  - Hospice provides palliative care consisting of medical, social, and support services for a period of six months to persons who are terminally ill. Services include, but are not limited to:
    - General inpatient care
    - Nursing care services
    - Home health aide services
    - Physician services. (Prescription drugs for terminal and non-terminal illness are covered under the Medicaid Vendor Drug program.)
Intermediate Care Facilities for Mental Retardation (ICFs/MR)

- **Eligibility Requirements:**
  - Income within 300 percent of Supplemental Security Income ($1,737/month);
  - Resources of no more than $2,000; and
  - Determination of mental retardation or a related condition and an Adaptive Behavior Level (ABL) score, as determined through a functional assessment, of greater than zero.
  - Individuals receiving these services may be ambulatory or non-ambulatory, may have seizure disorders, behavior problems, mental illness, visual or hearing impairments, or a combination of the above.
  - Providers may set their own criteria within the federal guidelines.
ICFs/MR (Cont.)

- Benefits:
  - Residential facilities of six or more beds, including state MR facilities, provide:
    - Room and board
    - Habilitation services
    - Nursing services
    - Prescription medications
    - Skills training
    - Adjunctive therapies
    - Supervision and support 24-hours per day/7 days a week
    - Adaptive Aids
  - The state is a provider of ICF-MR services through its state MR facilities which are intended to provide residential services for individuals with severe or profound mental retardation and those individuals with mental retardation who are medically fragile or who have challenging behavioral needs.
  - Other services provided by State MR facilities include time-limited services for persons who reside in the community but require temporary admission to address intensive behavioral or medical needs.
Non-Entitlement Services

Services not in the Medicaid state plan and services funded with general revenue and other federal funds. Unlike entitlement programs, states have the authority to limit the number of individuals served.
Community-Based Alternatives (CBA) Waiver

• Eligibility:
  ➢ Age 21 or older;
  ➢ Income within 300 percent of SSI ($1,737/month);
  ➢ Resources of no more than $2,000; and
  ➢ Certification by a physician that the individual has a medical condition requiring skilled nursing care.

• Benefits:
  ➢ An array of home and community-based services as cost-effective alternatives to nursing facility care. Services include:
    • Personal assistance
    • Adaptive aids
    • Medical supplies
    • Adult foster care
    • Assisted living residential care
    • Nursing
    • Rehabilitative therapies
    • Respite care
    • Home-delivered meals
    • Emergency response
    • Consumer-directed services
    • Minor home modifications
    • Transition Assistance Services
Community Living Assistance and Support Services (CLASS) Waiver

• Eligibility:
  - An individual must have a “related condition” (disabilities, other than mental retardation, that originated before age 22 and affect the ability to function in daily life);
  - Income within 300 percent of SSI ($1,737/month);
  - Meet the Intermediate Care Facility for Persons with Mental Retardation (ICFs/MR) Level of Care (LOC) VIII criteria; and
  - Resources of no more than $2,000.

• Benefits:
  - Home and community-based services to people with “related conditions.”
    Services include:
    - Habilitation Services
    - Adaptive aids
    - Medical supplies
    - Nursing
    - Rehabilitative therapies
    - Respite care
    - Emergency response
    - Consumer-directed services
    - Minor home modifications
    - Transition Assistance Services
Medically Dependent Children Program (MDCP) Waiver

- **Eligibility:**
  - Under 21 years of age;
  - Income at or below 300 percent of SSI ($1,737/month);
  - Resources of no more than $2,000; and
  - Certification that the individual has a medical condition requiring skilled nursing care.

- **Benefits:**
  - A variety of services such as respite, adjunct supports, adaptive aids and minor home modifications.
Deaf-Blind/Multiple Disabilities Program (DBMD) Waiver

• **Eligibility:**
  - Age 18 or older;
  - Income within 300 percent of SSI ($1,737/month);
  - Resources of no more than $2,000;
  - Deaf-Blindness with a third disability resulting in a demonstrated need for daily habilitation services; and
  - Plan of care cannot exceed 115 percent of the cost of the ICF/MR institutional care.

• **Benefits:**
  - Services include, but are not limited to, habilitation, assisted living, adaptive aids and minor home modifications.
Consolidated Waiver Program (CWP)

- The CWP is a pilot program:
  - Operating in Bexar County, since December 2001, that provides home and community-based services to adults and children who qualify for care in a nursing facility or ICF/MR. The program tests the feasibility of providing a single array of services to multiple populations, sharing common providers, with consistent rates.

- Eligibility:
  - Any age;
  - Income within 300 percent of SSI ($1,737/month);
  - Resources of no more than $2,000;
  - Choose waiver services in place of institutional care and reside in Bexar county;
  - Have current standing on interest list in Bexar county for CBA, CLASS, HCS or MDCP; and
  - Must have a individual services plan that does not exceed 125 percent of the cost of the ICF/MR institutional care or 150 percent of the nursing facility payment rate.

- Benefits:
  - Include, but are not limited to, home delivered meals, respite, transportation, adult foster care and emergency response service.
Home and Community-Based Services (HCS) Waiver

• Eligibility:
  - Any age;
  - Determination of Mental Retardation (DMR) or a related condition;
  - Meets the Intermediate Care Facility for Persons with Mental Retardation (ICFs/MR) Level of Care (LOC) 1 criteria;
  - Eligible for Supplemental Security Income (SSI) or eligible for Medicaid under one of the optional Medicaid groups covered by the HCS program;
  - Require services that do not exceed the cost limits set by the state of Texas; and
  - Not enrolled in another Medicaid waiver program.

• Benefits:
  - In-home and residential assistance, habilitation, case management, respite care, dental treatment, adaptive aids, minor home modifications, supported employment and professional services such as social work, occupational therapy, physical therapy, audiology speech/language pathology, dietician, psychology and licensed nursing services.
Texas Home Living Waiver (TxHmL)

• Eligibility:
  ➢ Any age;
  ➢ Determination of Mental Retardation (DMR) or a related condition;
  ➢ Live in their own home or their family’s home;
  ➢ Meet the Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) Level of Care 1 criteria; and
  ➢ Currently Medicaid eligible.

• Benefits:
  ➢ Community-based services and supports for eligible individuals who live in their own homes or their families’ homes. The service components are divided into two service categories:
    • The Community Living Service Category
    • The Technical and Professional Supports Services Category.
  ➢ The combined cost of the two categories must not exceed $10,000 per person, per year.
TxHmL Waiver (Cont.)

• TxHmL was developed in response to Executive Order RP-13 by Governor Rick Perry in 2002.
• The federal Centers for Medicare and Medicaid Services (CMS) approved the state’s waiver request in February 2004.
• Enrollments in the TxHmL program began in July 2004.
• Approximately 1,200 individuals previously receiving general revenue services have had their services refinanced into this waiver – thereby drawing new federal funds. An additional 200 individuals on the interest list also have begun receiving TxHML Waiver services.
Program for All-inclusive Care for the Elderly (PACE)

• **Eligibility:**
  - Age 55+;
  - Income within 300 percent of the SSI ($1,737/month);
  - Resources of no more than $2,000;
  - Certification by a physician that the individual has a medical condition requiring daily skilled nursing care;
  - Choose PACE services; and
  - Live in the PACE service area (current sites in El Paso and Amarillo).

• **Benefits:**
  - Any and all health-related services needed including inpatient and outpatient medical care, specialty services like dentistry and podiatry, social services, in-home care, meals and transportation.
Services Funded With Other Federal Dollars
Community Care – State

- Nutrition Services
  - Eligibility:
    - Age 60 and older.
    - Nutrition programs are targeted to older individuals with the greatest economic and social need, with particular attention to low-income minority individuals and older individuals residing in rural areas.
    - Home delivered meal recipients must be older individuals who are homebound and have deficiencies in performing activities of daily living.
  - Benefits:
    - Congregate meals program provides aging Texans with meals, nutrition education, nutrition counseling, and socialization in a group setting at nutrition sites or multi-service senior centers.
    - Home-delivered meals and nutrition education are provided to older Texans who are homebound by illness or other functional limitations/impairments, or who are otherwise isolated.
Community Care – State (Cont.)

• Services to Assist Independent Living
  ➢ Eligibility:
    • Age 60 and older
    • Services are targeted to older individuals with greatest economic and social need, with particular attention to low-income minority older individuals and older individuals residing in rural areas.

  ➢ Services:
    • In-home and other support services provided to this population include but are not limited to:
      – Homemaker
      – Personal assistance
      – Transportation
      – Residential repair
      – Respite
      – Health maintenance
      – Health screening/monitoring
      – Adult day care
      – Senior center operations
• **Community Care**
  - Community Care services are designed to meet the needs of aged or disabled Texans who seek to remain in their own homes. Services are provided in the most cost-effective manner through a combination of statewide activities and regional contracts.

• **Title XX**
  - **Eligibility:**
    - Age 18 or older;
    - Meets eligibility requirements for institutional care;
    - Have resources of no more than $5,000;
    - Has an unmet need for service, and
    - Meets the functional score requirements of the specific programs.
Community Care – State (Cont.)

Benefits:

• Services include:
  – Family care
  – Special services to persons with disabilities
  – Emergency response systems
  – Adult foster care
  – Residential care
  – Consumer managed personal attendant services
  – Home-delivered meals
Services Funded With State General Revenue
Community Care – State

• In-Home and Family Support (IHFS)

  ➢ Eligibility:
    • Age four or older;
    • Have a substantial functional limitation in at least one major life area that has been certified by a physician’s statement or other medical record;
    • When their income is 100 percent of the state median income level, the individual must begin to make co-payments for service.

  ➢ Benefits:
    • Direct grant benefits are provided to eligible individuals to purchase special equipment, medical supplies, adaptive aids, and also modify the home or an automobile so that they are accessible and functionally usable.
    • IHFS provides up to $1,200 per year in cash subsidy for the purchase of ongoing services, and/or the purchase of equipment or architectural modifications. There is a lifetime limit of $3,600 for purchases of equipment or modifications costing over $250.
• Mental Retardation In-Home and Family Support Services
  ➢ Eligibility:
    • An individual or their family is eligible for assistance if the individual meets certain diagnosis, residency, financial, and needs factors.
  ➢ Benefits:
    • Grant program to purchase items that are above and beyond the scope of usual needs, necessitated by the person’s mental disability and that directly support that person to live in his/her natural home.
    • Services purchased include respite care, specialized therapies, counseling, adaptive equipment, home modifications, training and non-traditional supports, such as in-home parent training.
    • There is a limit of $2,500 per year, with the amount granted depending on the individual’s needs, income, and the application of a sliding fee scale.
Community Care – State (Cont.)

- **Mental Retardation (MR) Community Care Services**
  - **Eligibility**
    - All services provided for persons with mental retardation (MR) who reside in the community that are not provided through the Medicaid waiver programs.
    - Persons receiving MR community services typically are adults or children who are living in their family home. Adults who live with their families receive training and support to help them work and live in their communities as independently as possible.
  - **Benefits**
    - Services include training and support that promote integration of the person with a disability to live and work in their home community.
    - Children may be involved in public school services and their families may receive respite services, behavioral support services or other therapies that enable the child to remain in the family home.
• MR Community Care Services Residential

  ➢ Eligibility
  • Individuals with MR, Autism or Pervasive Developmental Disorder who have historically been served by TDMHMR but are not eligible for Medicaid.
  • Individuals receiving these services are charged a sliding scale fee based on their ability to pay.

  ➢ Benefits
  • 24-hour residential care.
Regulatory Services

The State of Texas requires that all long-term care providers be licensed or certified and in compliance with all licensure rules to be in operation.

Providers wishing to participate in Medicare and/or Medicaid programs must be certified and in compliance with federal regulations under Titles XVIII and/or XIX of the Social Security Act.
DADS is responsible for regulating the following long-term care providers:

- 1,161 Nursing Facilities (licensure and certification)
- 894 ICF-MR/RC Facilities (licensure and certification)
- 1,410 Assisted Living Facilities (licensure)
- 420 Adult Day Care Facilities which provide Day Activity and Health Services (DAHS) (licensure and certification)
- 3,104 Home and Community Support Services agencies, including home health, hospice, and personal attendant services (licensure and certification)
- 355 Home and Community-Based Services Providers
- 136 Texas Home Living Waiver Providers
- 41 Texas Home Living Waiver Authorities

*As of January 2005*
• In addition to regulating providers, DADS administers licensing, certification and permit services for employability in long-term care to:
  ➢ Nursing facility administrators
  ➢ Nurse aides
  ➢ Medication aides

• Regulatory Process includes:
  ➢ Survey Process – annual surveys of LTC facilities and agencies
  ➢ Enforcement Process
    • Appropriate enforcement actions are chosen based on the scope and severity of identified problem areas. Enforcement actions include:
      – Temporary holds placed on vendor payments pending completion of corrective action(s); Administrative (monetary) penalties imposed by the Department of Aging and Disability Services (DADS); Civil (monetary) penalties imposed by the Attorney General in conjunction with DADS
  ➢ Appeals Process
    • If a provider disagrees with findings and/or recommendations made by a survey team, the following appeals processes are available to provide due process review:
      – Informal Reconsideration - Informal Review of Violations
      – Informal Dispute Resolution - Opportunity to Show Compliance
Quality Initiatives

- **S.B. 1839, 77th Texas Legislature, 2001 Technical Assistance**
  - Established a technical assistance program for long-term care. The program consists of three components that provide a non-regulatory framework for quality improvements in services to long-term care recipients. These components are:
    - Quality Monitoring
    - Joint Training and
    - Liaison function

- **Quality Monitoring**
  - Provides problem-oriented technical assistance (nursing, pharmacy, dietary) to long-term care staff in all Texas nursing facilities. Quality monitoring focuses on specific clinical problems (such as restraint use) that represent statewide opportunities for quality care improvements.
  - The Long-term Care Quality Reporting System (QRS) can help users make a quick comparison among Medicaid-certified nursing facilities of their compliance with state and federal regulations and potential weaknesses and strengths. This system is available at [http://facilityquality.dhs.state.tx.us/](http://facilityquality.dhs.state.tx.us/)
Quality Initiatives (Cont.)

• Joint Training
  ➢ Provides opportunity for providers and regulators to participate in an ongoing educational process that addresses both clinical and regulatory issues.

• Long-term Care Facility Liaison
  ➢ Provides an on-site forum to address regulatory questions and improve performance in long-term care facilities, while furthering open communication between facility staff and survey staff.