**Promoting Independence Advisory Committee**  
**Department of Aging and Disability Services Activity Report**

<table>
<thead>
<tr>
<th>Department Name:</th>
<th>DATE:</th>
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<tbody>
<tr>
<td>Department of Aging and Disability Services</td>
<td>January 2015</td>
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**Legislation/Rider Update:**

### 83rd Legislature, Appropriations for 2014-15 Biennium

**Promoting Independence** ($22.5M GR / $53.1M AF)

- 400 Home and Community-based Services (HCS) waiver slots for large and medium Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Condition (ICFs/IID)
- Individuals age 21 and under who reside in nursing facilities, slots are made available as needed – As of November 30, 2014, 16 HCS offers have been released and four individuals have been enrolled.
- Individuals in large ICFs/IID – As of November 30, 2014, 68 HCS offers have been released and 36 individuals have been enrolled.
- Individuals in small/medium ICFs/IID – As of November 30, 2014, 62 HCS offers have been released and 29 individuals have been enrolled.
- Residents of state supported living centers – As of November 30, 2014, 216 HCS offers have been released and 134 individuals have been enrolled.
- 360 HCS waiver slots for adult individuals transitioning from nursing facilities – As of November 30, 2014, 157 HCS offers have been released and 76 individuals have been enrolled.
- 300 HCS waiver slots for individuals at risk of ICF/IID institutionalization – As of November 30, 2014, 224 HCS offers have been released and 182 individuals have been enrolled.
- 150 HCS waiver slots for adult individuals at risk of nursing facility institutionalization – As of November 30, 2014, 90 HCS offers have been released and 61 individuals have been enrolled.
- 192 HCS waiver slots for children aging-out of the Department of Family and Protective Services (DFPS) foster care – As of November 30, 2014, 150 HCS offers have been released and 98 individuals have been enrolled.
- 25 HCS waiver slots for children transitioning from DFPS General Residential Operation – As of November 30, 2014, 21 HCS offers have been released and 13 individuals have been enrolled.

**Riders**

- Rider 34 (previously Rider 29) services under a 1915(c) waiver:
  - Children who are 21 years of age and younger, and residing in nursing facilities, may by-pass the HCS interest list to receive HCS.
    - Between September 1, 2009, and November 30, 2014, 67 individuals received an HCS offer through this rider.
• Rider 35 (previously Rider 30)
  o Services under HCS waiver program:
    - As of November 30, 2014, there have been three instances whereby an individual referred for HCS services from community ICFs/IID have been determined to be ineligible for HCS services.
• Rider 37 (previously Rider 31)
  o Promoting Community Services for Children – see Home and Community-Based Services under 2014-15 Promoting Independence Directives.
• General Revenue (GR) funds pursuant to the 2014-15 General Appropriations Act (Article II, Special Provisions, Section 43b, Senate Bill 1, 83rd Legislature, Regular Session, 2013)
  o Waiver Program Cost Limits:
• Use of GR Funds for Services:
  o Four individuals are receiving waiver services above the individual waiver cost limit with the difference being funded by GR.
    - Three individuals receive GR funds due to settlement agreements; and
    - One individual receives GR funds in compliance with Special Provision, Section 56.
  o For this reporting period there were no clinical assessments by DADS under Special Provisions, Section 56.
• Use of Utilization Management and Utilization Review Practices. Utilization review continues for waiver programs areas as authorized under this section.

Promoting Independence Plan Directives:

If directed and/or funded by the Legislature, HHSC will work with the DADS, the Department of State Health Services (DSHS), and the Department of Assistive and Rehabilitative Services (DARS) to reduce community-based interest lists.

<table>
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<tr>
<th>Interest List Releases</th>
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<th>DBMD</th>
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<th>HCS</th>
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<td>Summary Fiscal Years 2014 - 2015</td>
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<td>Number of individuals on IL – September 1, 2013</td>
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<tr>
<td>Total Released/Removed from IL *</td>
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<td>155</td>
<td>3,890</td>
<td>972</td>
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Current IL - May 31, 2014  52,226  282  26,171  71,956  150,635

* The counts for CLASS, DBMD, and MDCP include releases from fiscal years 2012-2013 that were still in the pipeline as of August 31, 2013.

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

PACE Expansion Request for Proposal

The 2012-13 General Appropriations Act (Article II, Department of Aging and Disability Services, Rider 48, S.B. 1, 83rd Legislature, Regular Session, 2013) allocated DADS funding to establish up to three additional PACE sites in Texas. DADS staff developed a request for proposal (RFP) in collaboration with Procurement and Contracting Services (PCS) staff at HHSC. The RFP was released and published in the Texas Register on June 6, 2014. On September 9, 2014, the top three tentative PACE awardees were announced on the Electronic State Business Daily. The top three awardees are:

- Volunteers of America (Dallas area),
- Bienvivir All-Inclusive Senior Health (western San Antonio area), and
- Kissito PACE of Houston, Inc. (Houston area).

DADS staff is working with the tentative awardees to assist them in submitting their applications to the Centers for Medicare and Medicaid Services (CMS). Once the applications have been accepted by CMS, DADS can enter into a contract with the PACE vendors. There is a tentative time frame of August to October 2015 to enter into contract with the PACE vendors.

Grant-Funded Projects

Lifespan Respite Care Program Continuation Grant - Increasing Integration and Sustainability

Funding Source: Administration for Community Living (ACL)
Purpose: DADS will use this grant funding to partner with the Texas Respite Coalition and key stakeholders to more effectively coordinate resources and service delivery for a more robust system of services for caregivers across the lifespan.

Funding: The total federal funding is $250,000 for 2012-2014.
Total state funding is $83,333 for 2012-2014.
Grant period: August 1, 2012 - October 31, 2014

Key objectives:
1. Improve and expand the Take Time Texas website and the Inventory of respite services.
2. Implement webinars on best practices in innovative and sustainable respite service delivery models.
3. Increase evidence based caregiver training for caregivers of adults with Alzheimer’s or dementia.
4. Improve coordination between 2-1-1 Texas Area Information Centers (AICs) and aging and disability resource centers (ADRCs) to provide better referrals for respite care.
5. Conduct outreach on the value of respite to health care providers.

**Lifespan Respite Care Program Continuation Grant - Building Integration and Sustainability**

**Funding Source:** ACL  
**Purpose:** DADS will use this grant funding to partner with the Texas Respite Coalition and key stakeholders to fill critical gaps in caregiver services and strengthen the long-term integration and sustainability of the Texas Lifespan Respite Care Program (TLRCP).

**Funding:** The total federal funding is $250,000 for 2013-2015.  
Total state funding is $83,333 for 2013-2015.  
**Grant period:** August 1, 2013 - January 31, 2015

Key objectives:
1. Increased integration of caregiver training and outreach at Texas ADRCs.
2. Training for faith-based organizations about best practices for developing volunteer respite care services.
3. Outcome evaluation for respite services provided by contracted providers through the TLRCP.
4. Development and implementation of a Respite Summit in June 2014, to engage community stakeholders in raising awareness of and planning for a better coordinated approach to providing statewide respite services.

In August 2014, DADS began a series of follow-up workgroup meetings to develop strategic plans. Planning processes will focus on the key issues identified at the June 2014 Respite Summit. Priority areas of concern include, increasing outreach and awareness of respite, creating a “one-stop-shop” for access to respite and increasing the availability of affordable respite care across the state. Action steps developed in these workgroup meetings will be included in the Texas Strategic Plan for the Lifespan Respite Care Program, due to the Administration for Community Living in June 2015.

**2014 Lifespan Respite Care Program: Building Long-Term Sustainability in State Lifespan Respite Programs**
**Funding Source:** ACL  
**Purpose:** DADS will use this funding over a three-year period for outreach to low income and Hispanic/Latino population of caregivers, expand faith-based respite, develop an emergency respite pool and augment respite care for caregivers receiving services through the Care Transitions Program.

**Funding:** The total federal funding is $351,000 for 2014-2017.  
Total state funding is $117,810 for 2014-2017.  
**Grant period:** September 2014-August 2017 (36 months)

- In October 2014, staff released two requests for application seeking ADRC contractors to provide respite services to caregivers of individuals receiving care transition services and caregivers in need of urgent or emergency respite care. The review process was completed in November 2014. Final notification will be released pending Commissioner approval.
- Project staff members are developing a RFP to contract with at least two contractors to provide training to assist faith-based organizations in developing volunteer respite programs. Projected date of RFP release is December 2014. In November 2014, additional funding was made available with an approved extension from ACL for the previous TLRCP grant. This brings the total funding available for this RFP to $113,000.
- The Take Time Texas website is being redesigned and improved to create a more user-friendly interface with increased resource listings.

**Texas Lifespan Respite Care Program**

**Funding Source:** Legislative Appropriation for 2014-15 Biennium  
**Purpose:** DADS is using the funds to award grants via contracts with four providers to increase the availability of respite in Texas for caregivers caring for individuals of any age with any chronic health condition/or any disability and to increase caregivers’ awareness of respite care services.

**Funding:** The total federal funding is $1,000,000 for 2014-2015.  
**Grant period:** July 2014-August 31, 2015

Key objectives:
1. Caregivers are connected with respite service providers.
2. Information about available respite is maintained and provided to caregivers.
3. Increase evidence based caregiver training for caregivers of adults with Alzheimer’s or dementia.

Two evaluation tools are being developed to gather information related to the provision of respite care through TLRCP. The first tool will be completed by TLRCP providers to capture information about the nature of the respite provided and about caregivers receiving respite. To assess satisfaction with respite care, caregivers will
complete a customer satisfaction survey, the second tool.

DADS awarded four TLRCP grants of $219,250 each to four providers: Care Connection Aging and Disability Resource Center, Central Texas Aging and Disability Resource Center, Coastal Bend Aging and Disability Resource Center, and East Texas Aging and Disability Resource Center. These ADRCs will increase the availability of respite to caregivers, conduct public awareness and outreach events about respite care, and educate caregivers about the benefits of and access to respite care.

### Aging and Disability Resource Center Program Development

#### New Federal Funding Opportunities – ADRC Program

**Funding Source:** Federal Administration on Aging (AoA) ACL  
**Purpose:** The purpose of the grant is to strengthen sustainability of the ADRC program.  
**Funding:** $183,894  
**Grant period:** September 30, 2013 – September 29, 2014

Current Project Objectives:

- **Administer a request for applications process for sustainability projects:** The process will result in proposals from ADRC partners to obtain assistance, administer training, or develop other research to support the following activities:
  - The development of managed care organization (MCO) contracts;
  - The development of a Medicaid administrative claiming (MAC) processes; or
  - The development of new sustainable funding sources.

- **Complete ADRC sustainability webinars:** The ADRCs funded through the request for applications process will discuss the success of their sustainability projects and any limitations to replication. The ADRCs will provide any templates they develop to the other ADRCs for use in the future.

- **Deliver the person-centered thinking training to ADRC staff:** The aim of the person-centered thinking training is to better promote the person-centered model by creating expertise within the ADRC structure. ADRCs will be able to provide person-centered thinking training to other community partners.

Sustainability project funds recipients, which include North Central Texas Aging and Disability Resource Center, West Central Texas Aging and Disability Resource Center, Central Texas Aging and Disability Resource Center, Rio-Net – Lower Rio Grande Valley Aging and Disability Resource Center and the Tarrant County Aging and Disability Resource Center completed their project deliverables. Funds were used to implement contracting, training, research and program development activities which promote sustainability. DADS held three webinars to disseminate the lessons learned from the sustainability project partners.

A select group of ADRCs completed a second round of person-centered training conducted by the Institute for Person-Centered Practices. The Institute is a
collaborative initiative between the Texas Center for Disability Studies at the University of Texas and the Center on Disability and Development at Texas A&M University.

**New Federal Funding Opportunities – ADRC Program**

**Funding Source:** Federal Administration on Aging (AoA) ACL  
**Purpose:** Transforming State LTSS Access Programs and Functions into A No Wrong Door System for All Populations and All Payers  
**Funding:** $225,000  
**Grant period:** September 30, 2014 – September 29, 2015

Grant funds will support a 12-month planning process to identify the key actions Texas should consider as we move forward with the development and implementation of a No Wrong Door System that has the functional and operational capacity to provide: public outreach and coordination with key referral sources, person centered counseling and streamlined access to public LTSS programs.

DADS intends to contract with an entity or individual to coordinate a formal strategic planning process on behalf of DADS and the ADRCs. The plan will complement existing Balancing Incentive Program efforts by ensuring that ADRCs adopt a coordinated approach to the operational, marketing, funding, and information technology aspects of all ADRCs. DADS will review the details and timeline for the strategic planning process at the next ADRC Advisory Committee meeting on January 2015.

**ADRC Statewide Expansion**

On September 1, 2014 DADS completed the contracting process for eight new ADRCs. This brings the total number of ADRCs to 22 and provides ADRC services in every county in Texas. The following organizations received new ADRC grant funding:

- NORTEX Regional Planning Commission
- Texoma Council of Governments
- South East Texas Regional Planning Commission
- Heart of Texas Council of Governments
- Capital Area Council of Governments
- Golden Crescent Regional Planning Commission
- South Texas Development Council
- West Texas Centers

DADS is implementing a new toll-free number (1-855-YES-ADRC) for access to the statewide ADRC network. Callers will be routed to the ADRC in their area via their zip code. A public webinar and announcement is schedule for January 2015.
Relocation Services

Statewide Service Areas

DADS relocation services are available statewide:

- Regions 1 and 2 (Lubbock and Abilene)
- Region 3 (Dallas)
- Region 4 (Tyler and Longview)
- Region 5 (Beaumont)
- Region 6 (Houston)
- Region 7 (Austin)
- Region 8 (San Antonio)
- Regions 9 and 10 (Midland and El Paso)
- Region 11 (Rio Grande Valley)

Contracts

DADS currently has nine contracts with the following entities for relocation services effective September 1, 2010:

- Lifetime Independence for Everyone, Inc. (LIFE/RUN) – Regions 1 and 2
- North Central Texas Council of Governments (NCTCOG) – Region 3
- ARCIL, Inc. – Region 4
- ARCIL, Inc. – Region 5
- Houston Center for Independent Living (HCIL) – Region 6
- ARCIL, Inc. – Region 7
- The Center on Independent Living, Inc. (COIL) – Region 8
- Lifetime Independence for Everyone, Inc. (LIFE/RUN) – Regions 9 and 10
- Coastal Bend Center for Independent Living – Region 11

Relocation Activity

For the reporting period, DADS relocation assistance contractors reported a total of 612 relocation assessments conducted and a total 263 transitions completed during this period. The transitions completed may or may not have required Transition to Life in the Community (TLC) assistance or Transition Assistance Services (TAS). Figure 1 provides a breakdown of assessments completed. Figure 2 provides a breakdown of the number of transitions completed.
Figure 1
Assessments Completed by Relocation Contractors, August 2014 through October 2014 (Total = 612)

Figure 2
Transitions Completed by Relocation Contractors, August 2014 through October 2014 (Total = 263)
For the reporting period, based on claims data, a total of $95,353.07 was billed for TLC grants. Figure 3 provides a breakdown of the consumer costs billed for TLC.

![Figure 3](image)

**Figure 3**

**TLC Costs Billed**

For the reporting period, costs billed were for 119 TLC consumers. Figure 4 shows the breakdown by month.

![Figure 4](image)

**Figure 4**

**Consumers Billed For**

For the reporting period, available data from the relocation contractors indicate 98 individuals transitioned back into their Own/Family home, 78 into Assisted Living Facilities (ALF), and 80 into rentals, 9 into an Independent Living Center (ILC) or retirement center and 68 into public housing authority. Please note the total number of individuals in figure 5 do not reconcile with the numbers who transitioned in figure 2 due to lags in reporting.
Figure 5
Living Arrangement – For Those Who Transitioned August 2014 through October 2014
(Total =333)

Living Arrangement

Employment Services Initiatives:

Employment First Task Force
- S.B. 1226, 83rd Legislature, Regular Session, 2013, created this advisory group to promote competitive employment of people with disabilities. The group includes stakeholders (i.e. individuals with a disability, family members of individuals with a disability, advocates of individuals with disabilities, providers of employment services, and employers or potential employers of individuals with disabilities), and representatives from HHSC, DADS, DARS, DSHS, DFPS, TEA and TWC.
- The Task Force began meeting monthly in April 2014. The first several meetings were devoted to developing recommendations for the Task Force’s first report.
- The report, which contains recommendations to the legislature, HHSC agencies, TEA, and TWC, was submitted to the Executive Commissioner, the Office of the Governor, and the legislature on October 1, 2014.
- An accessible version of the Task Force Report was posted on the DADS web site in November 2014.
- The Task Force now meets bimonthly and the next meeting is scheduled for January 15, 2015.

Employment Assistance and Supported Employment Services in Medicaid Waivers
- Employment assistance (EA) and supported employment (SE), including the consumer-directed services option, have being added to or revised in HCS, TxHmL, CLASS, DBMD, and MDCP waivers.
• DADS and HHSC have developed further guidance regarding the provision of EA and SE services, and continue to incorporate the guidance into the relevant program manuals.
• Two webinars were conducted in September related to the addition of EA and SE to the MDCP waiver service array.

Data Collection and Reporting
• The annual data exchange between DADS, DARS, and TWC for calendar year 2013 has been completed.
• DADS plans to use this information, in combination with service and billing records, to identify employment outcomes, track the success of the employment initiative, and to make aggregate data available to stakeholders.

Money Follows the Person Employment Pilot
• The project is providing funding to three DADS providers (Bluebonnet Trails, Hill Country MHDD Centers, and Thomas and Lewin Associates) to implement systems change within their own organizations, including Employment First policies and practices that improve employment outcomes for individuals served.
• The State Employment Leadership Network (SELN) conducted in-person provider assessments. The information collected was used to assist the providers in developing work plans for the pilots.
• Work plans were completed by the three providers and submitted to DADS on August 1, 2014.
• Two DADS project staff members, a DARS representative, and two staff from the Texas Center for Disability Studies who will be conducting the evaluation of the project, traveled to each of the provider locations for initial onsite visits.

DADS Guide to Employment for People with Disabilities
• The purpose of the guide is to provide information on how to support and assist working-age people with disabilities who are receiving DADS services to obtain and maintain competitive, integrated employment.
• It implements and expands on a recommendation from the workgroup established by H.B. 1230, 80th legislative session, 2007, enacted to improve the services provided to Texas youth with disabilities as they transition from school to adult living with an emphasis on transition into successful employment, for DADS and the Texas Department of Assistive and Rehabilitative Services (DARS) to develop an employment manual for people in intermediate care facilities for people with an intellectual disability or related condition (ICF/IID).
• The guide has been completed and was posted on the DADS web site on July 1, 2014. A revised version of the guide was posted in October.
Money Follows the Person Direct Service Workforce Projects Update:

The survey of Texas direct service workers (DSWs) was concluded in August 2014. It collected information from over 3,200 DSWs about their job experiences, the problems they face, and what would make their employment more rewarding. A preliminary report on the findings was presented to the Promoting Independence Advisory Committee in October 2014 and the final report will be published in January 2015 by the Texas Health and Human Services Commission.

As noted in previous PIAC quarterly reports, the DSW online training system project was put on hold in December 2013 pending the results of the DSW survey which collected data on, among other items, the training needs of the DSW workforce. With the DSW survey data now available, DADS staff is working to identify next steps, the scope and focus of the on-line training and timeframes for the project.

DADS Consumer Direction Activities:

On December 10, 2014, DADS staff held a quarterly technical assistance webinar for financial management services agencies (FMSAs) to address CDS updates that included information on Community First Choice, Department of Labor home care rule regarding the companionship exemption, new information letters and a reminder to check Medicaid eligibility before services start. Approximately 112 individuals participated on the webinar.

Department of Justice Settlement Agreement:

Efforts are ongoing to ensure all required activities are addressed. The settlement agreement monitors completed the eighth round of compliance visits at state supported living centers in September 2014. The ninth round of visits will begin in January 2015. The most recent compliance report for each facility is posted at http://www.dads.state.tx.us/monitors/reports/index.html
**State Supported Living Center (SSLC) Census Management:** Data relevant to movement of individuals to and from each of the Centers is evaluated on an ongoing basis. Overall census at the Centers continues to decline as noted in the table below:

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<th>Sep-09</th>
<th>Sep-10</th>
<th>Sep-11</th>
<th>Sep-12</th>
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**Community Transition Specialist positions at the SSLCs:** In December 2011, DADS received notice from CMS that 100% MFPD administrative funding project had been approved. The request was for 26 positions (24 Community Transition Specialists, 1 Community Transition Specialist Coordinator and 1 Administrative Assistant). One to three Transition Specialists have been assigned to each of the twelve SSLC and one State Center. The Transition Specialists’ duties are to provide education and support to assist individuals in making successful transitions into a community setting from a SSLC. They serve as a resource to the residents, legally authorized representatives, families and interdisciplinary teams (IDTs). They assist not only with education but facilitation of the transition process.

The transition specialists continue to:
- conduct training for SSLC staff, residents, legally authorized representatives, and family members regarding community transition processes, transition planning and other information relevant to successful community transition;
- attend annual planning meetings, and preparation meetings for the annual, to support a thorough discussion of living options;
- serve as a resource to the IDT regarding the transition process;
- work with local authorities and community-based service providers to help develop effective information sharing about community resources useful to individuals, legally authorized representatives, families and facility staff;
- assist with the coordination of facility-sponsored, community awareness educational opportunities including: provider fairs, community tours, in-service training, etc.;
• consult with facility Qualified Developmental Disabilities Professionals (QDDPs) regarding the IDT’s identification of needed supports and services for individuals referred for community transition including identification and planning to address obstacles to transition;
• research options to meet the identified needed supports and services for an individual in the preferred geographic area;
• assist with scheduling interviews, tours of homes and day programs/work sites;
• assist with the scheduling of in-services of community provider staff prior to overnight or extended visits; and
• assist with the completion of transition plans and monitoring following transition as needed.

Referrals for Community Transition

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**Department Name:** Department of Assistive and Rehabilitative Services (DARS)  
**Date:** January 15, 2015

**Legislative Implementation Activities**

**Awarding of DARS Autism Program and Innovative Contracts**

The DARS Autism Program provides comprehensive and focused applied behavior analysis (ABA) services to children with a diagnosis on the autism spectrum. DARS has awarded two new Autism Program contracts for fiscal year 2015. The contracts were awarded to Paso del Norte and the Center for Autism and Related Disorders (CARD) in El Paso and Corpus Christi, respectively. There are now eight contractors providing DARS Autism Program services in the following areas of the state: Dallas, Fort Worth, Houston, Rosenberg, Austin, San Antonio, El Paso and Corpus Christi.

DARS has awarded a new contract for an innovative autism treatment model for fiscal year 2015. The contract was awarded to Texas State University for Responsive Interactive Parent Training (RIPT). RIPT has promising research which indicates the model can be effective in treating children with a diagnosis on the autism spectrum while being less costly than ABA.
2010-2011 PROMOTING INDEPENDENCE PLAN DIRECTIVES

Requires legislative direction and/or appropriations. If directed and/or funded by the Legislature, HHSC will work with the Department of Aging and Disability Services (DADS), the Department of State Health Services (DSHS), and the Department of Assistive and Rehabilitative Services (DARS) to reduce community-based interest/waiting lists.

DARS was appropriated funds for the following programs:

Comprehensive Rehabilitation Services Program
A cross agency workgroup was created to implement operating improvements in the DARS Comprehensive Rehabilitation Services (CRS) program. In 2013, Phase I of the CRS Redesign Project was launched. Phase I accomplishments include an improved projection and budgeting process, strengthened processes to manage expenditures, improved data collection and reporting, the development of assessment tools, and improved program processes that include processes for managing the waiting list.

DARS continues with Phase II of the CRS Redesign Project which started in May 2014 to address additional areas of program improvement.

The following is an update on establishing the CRS Program Service Array:
- Four public hearings were held to obtain feedback from stakeholders and the public about the proposed service arrays. Meetings were held in Dallas, Houston, Lubbock and San Antonio. DARS is reviewing comments received during the public hearings and is in the process of finalizing the service arrays before the end of December.

As of November 30, 2014, in FY 15 the CRS Program has:
- served 565 consumers;
- 73 individuals on the waiting list; and
- closed 66 cases successfully.

Division for Rehabilitation Services Independent Living Services Program
For FY 15, as of November 30, 2014, the Division for Rehabilitation Services (DRS) Independent Living Services (ILS) program has served 1,642 Texans with significant disabilities, closed 259 cases successfully, and had a waiting list of 130 consumers and an interest list of 1,038. DARS continues to monitor the ILS waiting list and budget closely. DARS has strategies in place to evaluate and improve service delivery across the Texas Independent Living System. This includes identifying methods to facilitate service delivery more quickly and efficiently.

Division for Blind Services Independent Living Program
For FY 15, as of November 30, 2014, The Division for Blind Services (DBS) Independent Living (IL) program has served 1,893.

Rider 25 of the 2014-2015 biennium budget has made $200,000 available to DBS IL program for the purchase of assistive technology for individuals who, without these technologies and devices, would be placed in nursing homes or otherwise removed from their communities. As of the end of the first quarter of FY15, 66 consumers who were at risk of entering nursing homes or similar institutions were served, obligating an estimated $42,493.13.
**Other DARS Initiatives**

**Division for Rehabilitation Services Vocational Rehabilitation Transition Services**
The Division for Rehabilitation Services (DRS) Vocational Rehabilitation (VR) Transition Services provides transition planning services to eligible students with disabilities through the VR program. These services prepare students with disabilities to move from receiving education services to receiving VR services. Additionally, transition planning services help minimize potential delays in services delivery during the transition from school to competitive employment or independence.

As of November 30, 2014, the VR program:
- served 19,017 eligible transition age consumers; and
- closed 831 transition age consumer cases successfully.

DRS has approximately 98 Transition Vocational Rehabilitation Counselors (TVRCs) located in offices across the state. Additionally, there are approximately 500 VR counselors who work with transition consumers and serve as liaisons to high schools.

**Division for Blind Services Transition Services**
The Division of Blind Services (DBS) VR Transition Program currently has 25 counselors located in offices across the state. DARS and the Texas School for the Blind and Visually Impaired (TSBVI) have a long-standing Interagency Agreement to coordinate services for blind and visually impaired youth.

As of November 30, 2014, the VR Transition program:
- successfully transferred 13 consumers to the adult VR program;
- had 23 of the 25 transition counselor positions staffed; and
- served 1,924 transition age consumers.

**Early Childhood Intervention Services**
Harris County Department of Education has begun transferring the responsibilities for providing Early Childhood Intervention (ECI) services in northern Harris County to MHMRA of Harris County and Easter Seals of Greater Houston.

ECI families that were previously served by Harris County Department of Education will be served by the following agencies, based on the zip code in which the family lives:

**Zip Codes**: 77336, 77338, 77339, 77345, 77346, 77357, 77365, 77373, 77375, 77377, 77379, 77388, and 77389

Easter Seals of Greater Houston, Inc.
ECI Infant Program of Easter Seals
4500 Bissonnet, Suite 340
Bellaire, Texas 77401
(713) 838-9050, ext. 385

*Easter Seals of Greater Houston, Inc. also serves Liberty County, Montgomery County, other portions of Harris County, and portions of Fort Bend County.*
Zip Codes: 77014, 77032, 77039, 77050, 77060, 77064, 77065, 77066, 77067, 77068, 77069, 77070, 77073, 77086, 77090, 77336, 77396, 77429, 77447, 77484, 77088 (portion in Klein, Texas)

MHMR Authority of Harris County
ECI MHMR Authority of Harris County
6125 Hillcroft
Houston, Texas 77081
(713) 970-4900

*MHMR Authority of Harris County also serves other portions of Harris County.

Note: Portions of Harris County are also served by the following agencies:

BACH
BACH ECI
120 Hospital Drive
Angleton, Texas 77515
(979) 849-2447

Bay Area Rehabilitation Center
Bay Area Rehabilitation Center – ECI Program
7 Swalm Center Drive
Baytown, Texas 77520
(800) 247-3777

University of Texas Medical Branch at Galveston
ECI Launch
304 Tanglewood
Dickinson, Texas 77539
(281) 534-6755

Katy Independent School District
ECI Project Tyke
1736 Katyland Drive
Katy, Texas 77493
(281) 237-6647

Texana Center
Project GROW ECI
4706 Airport Avenue
Rosenburg, Texas 77471
(281) 238-1800
## DARS Council Meeting

January 15, 2015  
8:30 a.m.  
Criss Cole Rehabilitation Center Auditorium  
4800 North Lamar Blvd.  
Austin, TX 78756  

## Rehabilitation Council of Texas (RCT)

January 26-27, 2015 *(Joint meeting with State Independent Living Council)*  
9:00 a.m. to 4:00 p.m.  
Austin Marriott Hotel South  
4415 South IH35  
Austin, Texas 78744  

Report Completed By: Shiloh Gonzalez  
Telephone/Contact Number: (512) 377-0646
Legislation/Rider Update

DFPS Key Bill Summary:

**Senate Bill 7** Health and Human Services Commission (HHSC) staff have been holding regular meetings and workgroups on SB 7. DFPS is involved when one of the workgroups is focusing on an area of implementation that impacts children in DFPS conservatorship.

The bill requires the system for delivering acute and long-term care to individuals with intellectual disabilities (IID) to be redesigned and implemented using managed care. The bill allows for pilot programs and requires the transition of the waiver programs into managed care. The bill also requires the Department of Aging and Disability Services (DADS) and HHSC to develop and implement specific systems related to IID services and payment systems. There are several implementation dates within the bill that run from 2013 to 2020. DFPS is working throughout the system change process with DADS and HHSC to ensure that DFPS concerns about possible impacts on the abuse, neglect, and exploitation investigations are addressed.

**Senate Bill 33** requires a state supported living center to allow a resident to install electronic monitoring in the resident's room, subject to agreement of any roommates also present in the same room. APS will investigate any resulting reports of abuse, neglect, and exploitation based on a tape or recording. A memo was sent on the changes in this bill in July 2013, and APS Facility investigators have been trained on the changes resulting from this bill.

**Senate Bill 44** The draft investigation policy for "parents seeking to relinquish custody of a child with serious emotional disturbance to obtain mental health services for the child" is in review by DFPS legal prior to being published. DFPS' data management system has recently been updated to allow an automated system of reporting data on children with a serious emotional disturbance for whom parents are seeking to relinquish custody to obtain mental health services for the child.

The bill directs DFPS and DSHS to study ways to prevent families from relinquishing possession of a child to DFPS in order to get mental health care, and requires DFPS to collect certain data related to the number of children who suffer from a serious emotional disturbance for whom DFPS is appointed managing conservator because a person voluntarily relinquished possession
of the child solely to obtain mental health services for the child. The recent changes to DFPS' data management system will capture the needed data.

Additionally, Senate Bill 44 requires the Council on Children and Families to make recommendations to HHSC to eliminate the practice of including in the DFPS central registry the name of a person who relinquishes possession of his or her child to DFPS solely to obtain mental health services for the child.

**Senate Bill 50** DFPS continues to have representation on the Children’s Policy Council with the attendance of the Developmental Disability Specialist at the meetings. The CPS Mental Health Program Specialist attended the Children's Policy Council meeting and introduced herself and her role at DFPS. She will participate on the mental health subcommittee of the Children's Policy Council.

The bill makes changes to the composition and duties of the Children's Policy Council and adds "mental health" to the issue areas the Council may study. Recommendations from the Council will influence service provisions for long-term care, health services, and mental health services to children with disabilities.

**Senate Bill 152** expands protections for patients at state hospitals by increasing oversight, increasing employee training, strengthening abuse and neglect reporting requirements, and authorizing the HHSC Office of Inspector General to investigate criminal offenses in state hospitals. The bill also (1) adds professional licensing boards to the list of professionals with a duty to report, and (2) clarifies that a professional or other person with reason to believe that an adult was abused or neglected as a child must make a report if the report will protect the health or safety of another child, a person who is elderly, or person with a disability. APS Facility investigators were trained on the changes in this bill, including interviewing additional potential collateral witnesses that may result.

**Senate Bill 421** DFPS CPS Mental Health Program Specialist attends the System of Care Consortium meetings as the mental health representative for DFPS.

The bill relates to the Texas System of Care and the development of local mental health systems of care for certain children. This bill requires the HHSC to form a consortium for oversight and development of a mental health system of care for minors receiving or in need of mental health services.

**Senate Bill 769** As a result of this bill, DFPS and the Center for Health Care Services have partnered to provide specialized training for foster parents in San Antonio. Three trainings have been held this year with a fourth scheduled for December 13, 2014. Feedback from participants was positive and the majority of attendees said they would recommend this training to others.
The training curriculum is geared toward foster parents of children who have been traumatized or have serious mental health needs and is designed to present practical application of trauma informed caregiving for foster children. The training is offered in a one day, eight hour course and the number of attendees for the training is capped at 50. The Center for Health Care Services is considering providing trainings in Spanish and possibly training geared toward kinship caregivers in the future.

DFPS must evaluate the pilot and submit a report by December 1, 2016.

**Senate Bill 1226** DFPS is involved in the Employment-First Task Force to promote competitive employment for individuals with disabilities who receive public benefits. DFPS is represented on the task force and information has been disseminated to the Task Force describing CPS services for youth with disabilities. Duties of the task force include making policy and program recommendations and the submission of a report.

**Senate Bill 1236** became effective on May 18, 2013. The bill amends section 48.208(e-2) of the Texas Human Resources Code to permit an extension of an Adult Protective Services (APS) emergency order for protective services (EOPS) for a period of not more than 30 days after the date the original order would otherwise expire. This change will help to ensure that vulnerable adults at risk of ongoing abuse, neglect, and exploitation can be protected for up to 70 days, rather than the current 60 day limit. DADS has 70 days to determine if a vulnerable adult needs guardianship services, and to apply for guardianship, if appropriate. This change ensures that the individual APS client can be protected throughout that 70 day timeframe. This change was supported by Probate Judges throughout the state. A memo was sent out informing the field of the change since it had immediate effect. The emergency order for protective services (EOPS) forms were amended to reflect the change. The APS In-Home Handbook was updated May 1, 2014 to reflect the new deadlines.

**Senate Bill 1475** became effective September 1, 2013. It allows DSHS to develop a jail-based restoration of competency pilot program which will provide defendants with competency restoration treatment for up to 60 days in a county jail that is participating in the pilot program. The bill creates a competency restoration treatment pilot program in one or two county jails. DSHS is authorized to contract with a mental health provider that has expertise in jail-based restoration of competency programs and to select up to two county jails that are willing to provide the pilot treatment program. APS worked with DSHS to ensure that proposed rules cover potential APS investigations of abuse, neglect or exploitation if a mental health authority is providing services. (APS would not investigate if a private entity is providing services.)

**House Bill 908** expanded the category of professionals authorized to conduct the required psychological status assessment of a person who is elderly or who has a disability, for purposes of an emergency order authorizing protective services to include licensed professional counselors. APS In-Home Investigations caseworkers were informed of the change in this bill, and DFPS Contracting staff now accept assessment contracts from approved licensed professional counselors. The APS In-Home Handbook was updated May 1, 2014.
House Bill 915 Medical consenters must attend initial appointments where psychotropic medications may be prescribed and attend follow-up appointments with the prescriber of psychotropic medication every 90 days. The child must attend the appointment and the prescriber will: appropriately monitor the side effects of the medication; decide whether the medication is helping the child achieve the treatment goals; decide whether continued use of the medication is appropriate.

The bill directs CPS to ensure that a youth's transition plan includes provisions to assist the youth in managing medication usage after exiting foster care. The bill outlines requirements for informed consent for psychotropic medications. Notification of the child's parents at the next visit is required upon the initial prescription of a psychotropic medication, or any change in dosage of the medication. HHSC is directed to use Medicaid prescription drug data to monitor the prescribing of psychotropic drugs for children who are under the supervision of DFPS through the Interstate Compact on the Placement of Children (ICPC). Final implementation of HB 915 was complete August 31, 2014. This implementation includes revisions to medical consent and psychotropic medication training, CPS policy, DFPS public website, transition planning forms and processes; the hiring and training of Human Services Technicians to support caseworkers who provide medical consent for children in residential treatment facilities; development of psychotropic medication brochure to help prepare and guide medical consenters' conversations with providers about psychotropic medication; established process for review of psychotropic medications for children from other states placed in Texas through Interstate Compact and children dually eligible for both Medicaid and Medicare.

House Bill 2058 amended the Texas Education Code §7.111 and addressed some changes in the requirements to complete the General Education Development (GED) test effective as of June 14, 2013. The new GED was introduced January 2, 2014. The most significant changes to the 2014 GED test include:
- Implementation of a computer-based test;
- Testing over a battery of four tests, instead of the standard five tests;
- Assessing "higher order thinking skills", many of which require background knowledge in rudimentary concepts and theories; and
- Expiration of previous test scores.

The 2014 GED test will be more challenging than the 2002 GED test. DFPS staff is encouraging youth and young adults to complete high school requirements at a local public high school and take advantage of student support services such as credit recovery programs and courses offered through Texas Virtual School Network (TVSN).

HB 617 directed the Texas Education Agency to work with HHSC agencies to develop a Transition and Employment Guide for parents, caregivers and young people with developmental disabilities. The Texas Education Agency in collaboration with Statewide Leadership in Secondary Transition and Post School Results at Education Service Center Region 11 released
the Texas Transition and Employment Guide on December 1, 2014 and it has been posted to the Transition in Texas website located at www.transitionintexas.org. The purpose of this guide is to provide information on statewide services and programs that assist students with disabilities in the transition to life outside of the public school system.

House Bill 2673 became effective on June 18, 2013. The bill relates to the protection and care of individuals with intellectual and developmental disabilities. It allows HHSC agencies to obtain criminal history information on applicants and employees in contracted positions at SSLCs. It also ensures that independent mortality reviews are completed when an individual resides or receives services from an intermediate care facility for persons with intellectual disabilities (ICF-IID) or a community center. DFPS Records Management Group is responsible for the processing of reports to give to the contracted organization.

House Bill 2683 became effective January 1, 2014. It relates to employment in certain consumer directed services (CDS) programs and by certain facilities and to the nurse aid registry and the employee misconduct registry. It ensures that employees hired through the CDS program are eligible to be listed on the employee misconduct registry (EMR) or the nurse aide registry. APS trained field staff and sent out Procedural Memo PM14-002 December 30, 2013 on the changes resulting from this bill in preparation for the January 1, 2014 effective date. In FY2015 DFPS will update an existing interface between the IMPACT case management system and the internal-to-DFPS EMR database to accommodate CDS providers.

Promoting Independence Plan Directives

12. Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will work with the Department of Family and Protective Services (DFPS) to expand the Promoting Independence (PI) population to include children in DFPS conservatorship who have disabilities and are residing in select institutions licensed by DFPS.

- Senate Bill 49 relates to transitional living assistance for children who have disabilities who also reside in General Residential Operations (GRO). GROs are 24 hour residential facilities for children with intellectual and developmental disabilities and who are in Child Protective Services (CPS) custody. The bill codifies the current policy by adding GROs to the current definition in government code and requires that a child that lives in the GRO who has a disability would qualify for home and community based services through the Department of Aging and Disability Services (DADS). The bill includes this population in the Promoting Independence plan, giving them timely access to Home and Community based Services waivers similar to children in State Supported Living Centers, large Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and nursing facilities. This bill codifies current practice by DADS to include this population.

- CPS and Every Child Inc. staff continue to work together to find Home and Community-based Services (HCS) homes for the children in General Residential Operations who received
HCS waivers. DADS was allocated 25 HCS slots in General Residential Operations for children in DFPS Conservatorship who have intellectual and developmental disabilities. As of October 2014 12 HCS slots have been released for children with disabilities who are currently residing in DFPS licensed institutions.

- DADS was allocated 192 HCS slots for CPS youth aging out of care for FY 2013-2014. CPS continues to issue 12 HCS slots per month for youth aging out of care.

14. Requires legislative direction and/or appropriations.

*If directed and/or funded by the Legislature, HHSC will work with DADS and DFPS to develop adequate behavioral services to support children (0-21 years of age) coming out of institutions and to help provide them with community options in order to support individual choice.*

Funding in Other Agency Budgets that Impact Children in DFPS Conservatorship:

**Department of State Health Services (DSHS)**

- Ten beds in private residential treatment centers for children/youth that are at risk for parental relinquishment of custody to DFPS.
- Substance abuse expansion that will serve more DFPS clients.
  - DFPS has worked in collaboration with DSHS to train DFPS staff and other stakeholders on the service array of substance abuse services available through DSHS. DSHS developed a computer based webinar training that was viewed by just over 3,500 as of November 3, 2014. Through the training and additional awareness created, just over 3,000 additional DFPS clients were served by DSHS substance abuse services.

**Department of Aging and Disability Services (DADS)**

- Additional HCS capacity for 192 children aging-out of foster care.
- Additional HCS capacity for 25 children with IDD who are now receiving services in a DFPS residential facility

**Topics of Interest (ongoing issues/projects)**

DFPS and DSHS have established a referral process for children to access the ten Residential Treatment Center beds funded through DSHS. At this time there are 10 children placed in Residential Treatment Center beds and 20 children on a waiting list for placement.
Relevant Meeting Notices

The next DFPS Council meeting will take place on January 16, 2015, 9:00am to 12:00pm in the Winters Public Hearing Room, 701 W. 51st, Austin TX.

The next Texas Governor's Committee on People with Disabilities meeting will take place on January 9, 2015 in the DSHS building at 909 W. 45th Street, Austin TX in the conference room on the main floor entrance, from 8:30am to 5:00pm.

Report Compiled By: Peter Hajmasy as submitted by CPS and APS Programs
Telephone Number: 512/438-4124
Department Name: Department of State Health Services
Date: January 5, 2015

Legislation/Rider Update:

HHSC Special Provisions for all Agencies, Sec. 52. of the 81st Legislative Session (Waiting List for Children’s Community Mental Health Services)
Rider 65 of the 81st Legislative Session (Transitional and On-Going Community Mental Health Services)

2013-2014 Promoting Independence Plan Directives:

1. Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will work with the Department of Aging and Disability Services (DADS), the Department of State Health Services (DSHS), and the Department of Assistive and Rehabilitative Services (DARS) to reduce community-based interest/waiting lists.

DSHS (via HHSC) received exceptional item funding (Sec. 52) to reduce the waiting list for children needing community-based mental health services at community mental health centers. Both child and adult waiting lists will be reported.
  - Number of adults waiting for community-based mental health services = 511 as of November 30, 2014.
  - Number of children waiting for community-based mental health services = 6 as of November 30, 2014.

DSHS (via HHSC) received exceptional item funding (Sec. 52) for Children with Special Health Care Needs (CSHCN) to reduce waiting lists.
  - Number of CSHCN waiting for community-based services:
    - As of November 30, 2014 there were 107 children on the CSHCN Services Program waiting list for health care benefits. 462 clients were removed from the health care benefits waiting list during the first quarter of FY 2015.

2. Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will work with DSHS to implement a fully funded Assertive Community Treatment (ACT) service package as part of the Resiliency and Disease Management (RDM) program.

DSHS received exceptional item funding (Rider 65) in enhance the capacity of the community-based mental health service system by increasing the number of persons receiving intensive community-based mental health service packages at community mental health centers, including Assertive Community Treatment (ACT).
  - Number of persons receiving ACT = 2,048 in November 2014 (including NorthSTAR).
3. Requires legislative direction and/or appropriations

If directed and/or funded by the Legislature, HHSC will work with DSHS to provide services and supports for individuals leaving the state mental health facility (state hospital) system.

DSHS received exceptional item funding (Rider 65) to extend the post crisis/hospital benefit at community mental health centers from 30 to 90 days.

- Number of persons receiving service package 5 (crisis follow up) = 1,865 in November 2014 (including NorthSTAR).

Topics of Interest (ongoing issues/projects):

- Patients Admitted Three or More Times in 180 days
- Discharge Destination from State Hospitals
- Adults Readmitted to A State or Community Psychiatric Hospital Three or More Times in 180 Days Since FY 2001; Where are They Now?
- Children Readmitted to a State or Community Psychiatric Hospital Three or More Times in 180 Days Since FY 2001; Where are They Now?

Follow-Up From Previous PIAC Request:

Youth Empowerment Services (YES) Waiver

As of September, 2014, the program had enrolled 746 participants. The YES Program operates in ten counties: Cameron, Hidalgo, Willacy, Ft. Bend, Galveston, Brazoria, Harris, Travis, Bexar, and Tarrant. Comprehensive waiver providers are contracted through an open enrollment process. The Local Mental Health Authority (LMHA) serves as the waiver administrator for all approved counties and as the comprehensive waiver provider in counties where they are the provider of last resort.

- The YES Waiver was renewed for five years beginning April 1, 2013
- Since renewal, amendments have been submitted to expand the waiver to additional counties. Expansion to Houston area counties (Brazoria, Ft. Bend, Galveston, and Harris) was approved and began on February 1, 2014. Amendment to expand to south Texas area counties (Willacy, Cameron, and Hidalgo) was approved and began June 1, 2014.
- Expansion to Burnet, McLennan, and Williamson Counties is expected in January of 2015.
- Expansion to Dallas and several surrounding counties is planned for March of 2015.
- DSHS is planning statewide expansion of the program to the remaining counties by September 2015.
- DSHS continues to hold quarterly meetings with HHSC Quality Oversight.
- DSHS conducted Annual Site Reviews of all YES providers in June and July 2014.
- DSHS continues to contract with the University of Texas Center for Social Work Research to provide wraparound training to YES Waiver case managers using the National Wraparound Initiative (NWI) model. DSHS also supports virtual and on-site coaching and technical assistance from NWI Trainers for all LMHAs serving YES participants.
o The program continues to host bi-weekly conference calls with the LMHAs to discuss implementation, policy, and procedures.

o In May 2014 YES waiver service authorizations and provider billing were moved to an automated system. YES waiver sites implemented the new functionality on June 2nd. Beginning in October 2014, YES waiver claims are paid by TMHP.

**Home and Community-Based Services—Adult Mental Health: 1915 (i) State Plan Amendment**

DSHS received exceptional item funding (Rider 81) to develop a Home and Community-Based Services (HCBS) program for adults with complex needs and extended or repeated state inpatient psychiatric stays as defined by the Department. The Department was authorized to seek federal approval for a Medicaid 1915(i) state plan amendment (SPA) to enable federal financial participation, to the extent possible, in the HCBS program in collaboration with the Health and Human Services Commission (HHSC).

The SPA was formally submitted to Centers for Medicare and Medicaid Services (CMS) on July 22nd, 2014. CMS formally requested to stop the clock during the 90 day timeframe for approval resulting in the anticipated approval date to be April 6th, 2015. The Health and Human Services Commission (HHSC) in collaboration with DSHS has submitted responses to CMS formal request for additional information (RAI).

While awaiting CMS approval of the SPA, HCBS-AMH will operate a program funded by general revenue. Open enrollment applications for provider agencies and recovery management entities have been posted. Upon an executed contract with a provider agency and recovery management entity, HCBS-AMH may begin enrolling individuals into the program.

Texas Administrative Code (TAC) rules have been published in the Texas Register. HCBS-AMH rates are posted. All approved HCBS-AMH positions have been filled. The website has been updated to include program policies and procedures, including the Provider Manual and HCBS-AMH Billing Guidelines. The program has contracted for the provision of community living skills to a small number of individuals in San Antonio State Hospital and Austin State Hospital, who are likely candidates for enrollment in HCBS-AMH as approved by CMS.

DSHS is contracting with Via Hope for the development of online training in Person Centered Recovery Planning for providers and identifying training requirements for the provision of selected evidence based practices to better ensure fidelity and meet the needs of the target population.

HCBS-AMH has coordinated with SSA for development a state-wide interagency agreement for a pre-release program to facilitate reinstatement or establishment of Medicaid and SSI benefits for HCBS-AMH candidates.
Money Follows the Person Behavioral Health Pilot and Related Efforts

The Money Follows the Person (MFP) Behavioral Health Pilot (Pilot) in Bexar and Travis Counties (San Antonio and Austin) helps adults with co-occurring physical and mental health/substance abuse conditions leave nursing facilities to live independently in the community. Two pilot services, Cognitive Adaptation Training (CAT) and substance abuse counseling, are currently provided by the local mental health authority and the University of Texas Health Science Center at San Antonio. CAT is an evidence-based service designed to empower participants who have been dependent and institutionalized to improve or regain skills in managing daily activities. Both CAT and substance abuse services are available to participants for six months before nursing facility discharge (pre-transition) and one year after relocation to the community. Significant updates since the last report include the following:

- DSHS continues to work with the University of Texas Addiction Research Institute (UTARI) at the UT School of Social Work on project evaluation activities. Evaluation efforts help facilitate the sustainability of effective aspects of the MFP BHP, provide policy recommendations and programmatic improvements, and promote/disseminate effective practices relating to community transition for adult nursing facility residents with behavioral health (mental health and/or substance abuse) conditions.
- During this quarter, UTARI staff submitted their annual evaluation (Year 3) for DSHS approval, which included findings from participant interviews and data analyses, and quality improvement recommendation. Based on these findings, UTARI developed a presentation and training session materials for project stakeholders and service staff. UTARI has scheduled and will facilitate presentations for CAT therapists and Pilot project staff in both San Antonio and Austin. In addition, DSHS staff provided consultative services and technical assistance to stakeholders.
- The total number of people who have received at least one day of pilot services in the community since the start of the pilot in 2008 is 338.
- CAT services have reached maximum capacity in the Austin and San Antonio service areas due to robust outreach and recruitment efforts. New Pilot participants are being added to the program as others transition off services, after one year in the community. The Pilot is currently serving 49 clients in community settings in Austin and San Antonio, and 23 in nursing facilities (pre-transition).
- UT Health Science Center at San Antonio has continued to outreach to Local Mental Health Authority staff and has provided regional trainings in Illness Management and Recovery (IMR), funded under an MFP administrative grant award. Training in IMR and CAT is available online and this initiative is ongoing.
- The cognitive challenges faced by Pilot participants are similar to those faced by some long term residents of state psychiatric facilities. DSHS has been working with the Center for Healthcare Services (CHCS) to provide CAT services for individuals leaving the San Antonio State Hospital (SASH). This effort is funded with Mental Health Block Grant dollars. To date, 28 individuals have relocated from the state hospital into the community under the pilot. Of these, 9 are still enrolled, 7 are receiving pre-transition services, and 11 have successfully completed the program.
- Based on the positive results of the Medicaid Infrastructure Grant-funded initial employment project, DSHS elected to continue offering enhanced employment services for individuals in the Pilot, incorporating employment services as part of the CAT intervention. 13 participants are currently working towards occupation role functioning. Additionally, since incorporating employment services, 18 current or previous participants have achieved gainful employment, 5
have returned to school and 15 have begun volunteering.

- Lack of affordable, appropriate housing continues to be the major barrier in deinstitutionalizing pilot candidates. DSHS continues to work with CHCS to utilize the Texas Department of Housing and Community Affairs (TDHCA) Project Access housing vouchers. DSHS continues to mitigate barriers at TDHCA and DSHS to using these vouchers. Currently all funds are committed.

**Mental Health Transformation Initiatives**

Mental Health Transformation initiatives are activities designed to bring the latest evidence based and promising practices into the public mental health system for the benefit of consumers and family members. The focus of these practices is to promote recovery and build resilience for the people we serve. MHT initiatives are in line with and in support of the MHSA Division mission:

**To improve health and well-being in Texas by providing leadership and services that promote hope, build resilience, and foster recovery**

Recovery initiatives include:

- House Bill 2392 (83R) requires DSHS to develop a mental health program for veterans that includes jail diversion services. The mental health program focuses on training peers who provide support services. As of the end of the first quarter of fiscal year 2015, trained peers provided services to 12,238 peers. 15 of the 33 LMHAs that were participating in the program reported serving 6,153 peers. Contractors, in first quarter fiscal year 2015, trained 335 individuals in suicide prevention skills; this is the first year the program has required contractors to report each quarter the number of individuals trained in suicide prevention skills.

- TDCJ has trained and certified 30 Peer Coordinators who are employed by the 34 local mental health authorities (LMHAs) that provide veteran peer-to-peer support services. The certification allows the trained coordinators to provide services in TDCJ units. As of January 5, 2015, 4 trained coordinators had provided support services to 13 incarcerated veterans at TDCJ units in Austin, Beaumont, Plainview, and San Antonio.

- An interagency agreement between DSHS and the TVC was executed during fiscal year 2014 to implement a new Veterans Mental Health Grants Program, awarding a total of $1,550,000 to 11 local and regional veteran’s mental health projects. A second round of grant applications will be reviewed during the second quarter of fiscal year 2015.

- Texas Mental Health Resources: Via Hope continues to operate as a 501c3 and continues to provide peer provider trainings which include the certified peer specialist credential.

**Note:** Please note that due to grace periods in the submission of encounter data by funded community mental health centers to DSHS, the values listed in this report do not freeze until 37 days after the last day of FY2015 Quarter 1 (November 30, 2014), namely on/after January 7, 2015.
Managed Care Update

Nursing Facility Services

Nursing facility residents received enrollment packets for the STAR+PLUS managed care program in November 2014, and reminder letters were sent the week of January 5, 2015. In addition to the enrollment packets and reminder letters, the State’s enrollment broker, MAXIMUS, is conducting enrollment events at nursing facilities around the state. As of January 5, 2015, MAXIMUS has scheduled almost 750 events. Residents will need to select a health plan by February 6, 2015. Nursing facility residents will begin receiving services through STAR+PLUS effective March 1, 2015.

HHSC encourages nursing facility providers to help residents enroll with a STAR+PLUS health plan. While nursing facility staff may not select a health plan for a resident, staff may assist and encourage residents to choose a STAR+PLUS health plan that best suits their needs prior to the February 6th deadline.

In addition to the enrollment activities, HHSC has scheduled a series of nursing facility provider training sessions statewide. These started the week of January 5th and will run through early February. The training sessions provide detailed program information, and the STAR+PLUS managed care organizations are also on hand to answer questions and demonstrate their billing portals. For more information on the training sessions, visit HHSC’s meetings and events page: http://www.hhsc.state.tx.us/news/meetings.asp.

HHSC also has a Nursing Facility Provider webpage to post information as it becomes available: http://www.hhsc.state.tx.us/medicaid/managed-care/mmc/starplus-adding-nursing.shtml Please check the website for updates as new information is posted regularly.

If you have questions about the Nursing Facility Services in Managed Care or any of the above managed care initiatives, please send them to: Managed_Care_Initiatives@hhsc.state.tx.us

STAR Kids

S.B. 7, 83rd Legislature, Regular Session, 2013, directs HHSC to establish a mandatory STAR Kids capitated managed care program tailored to provide Medicaid benefits to children with disabilities. All children and youth under the age of 21 who receive SSI or SSI-related Medicaid will be required to receive Medicaid services through STAR Kids. Two key components of the STAR Kids model include robust service coordination and a comprehensive, multidisciplinary
assessment. The legislation also directs HHSC to fully integrate services provided through the Medically Dependent Children's Program (MDCP) into STAR Kids. Those served through other 1915(c) home and community-based waiver programs will continue to receive long term services and supports through DADS, but will receive acute care benefits through STAR Kids. S.B. 7 also mandated the creation of a STAR Kids Medicaid Managed Care Advisory Committee. STAR Kids implementation is planned for September 1, 2016.

HHSC released a request for proposal (RFP) for the STAR Kids managed care program on July 18, 2014. RFP responses were submitted by October 30, 2014. The HHSC evaluation process began on November 10th. HHSC is working with Texas A&M University, School of Public Health, to design and test the comprehensive, multidisciplinary assessment known as the "STAR Kids Screening and Assessment Instrument (SAI)". The STAR Kids Medicaid Managed Care Advisory Committee will meet for the sixth time on February 26, 2015.

For more information on all upcoming managed care initiatives, please visit the Expansion of Medicaid Managed Care webpage on the HHSC website: http://www.hhsc.state.tx.us/medicaid/managed-care/mmc.shtml

**Other HHSC Medicaid Initiatives**

**Dual Demonstration**

HHSC received federal approval from the Centers for Medicare & Medicaid Services (CMS) to test an innovative delivery model that combines health services for people with both Medicaid and Medicare coverage into one plan. The demonstration will include full-dual eligible adults (age 21 and above) who reside in a STAR+PLUS service area participating in the demonstration who are required to receive their Medicaid benefits through the STAR+PLUS managed care program. One entity will be responsible for coordinating the full array of Medicaid and Medicare services. This includes any benefits that will be added to the STAR+PLUS service array by March 1, 2015, such as nursing facility services, psychosocial mental health rehabilitation and targeted case management. The demonstration will be implemented in the following six counties: Bexar, Dallas, El Paso, Harris, Hidalgo and Tarrant and is anticipated to begin March 1, 2015. The goals of the demonstration are to improve quality and individual experience in accessing care and promote independence in the community. HHSC continues to conduct outreach on the demonstration, including provider information sessions scheduled throughout the month of January 2015. Additionally, the Medicaid enrollment broker will be hosting over 75 enrollment events specific to the demonstration to provide consumers with the information on the demonstration. For more information on the demonstration please see HHSC demonstration website at: http://www.hhsc.state.tx.us/medicaid/managed-care/dual-eligible/

**Community First Choice**

Senate Bill 7, 83rd Legislature, Regular Session, 2013, directs HHSC to implement the most cost-effective option for the delivery of basic attendant and habilitative services for individuals with disabilities under the STAR+PLUS program to maximize federal funding. Habilitation
services are currently only available in certain long-term services and supports (LTSS) waiver programs, and most of these programs have interest lists.

The implementation of Community First Choice (CFC) option in Texas will expand the availability of basic attendant and habilitation services to individuals with physical and intellectual disabilities who meet an institutional level of care. CFC services receive a 6% increased federal match, which is used in turn to fund services for individuals who today have no access to long-term services and supports.

CFC services include personal assistance services, habilitation, emergency response services, and support management, which is voluntary training on the selection, management, and dismissal of attendants.

Texas submitted a state plan amendment outlining Texas' proposed CFC benefit in October 2014 to the Centers for Medicare & Medicaid Services (CMS) with the intention to implement CFC effective March 1, 2015. CMS returned a set of questions on the proposal, the answers to which were submitted to CMS on January 2, 2015. CFC program and reimbursement methodology rules were proposed and will be adopted in February.

**Employment Initiatives**

**Employment First**

The Employment First Task Force is an interagency task force authorized by S.B. 1226, 83rd Legislature, Regular Session, 2013. The Task Force began meeting in April 2014. Smaller workgroups within the Task Force were formed to focus on specific identified barriers to employment of individuals with disabilities. The workgroups provided recommendations to the Task Force as a whole. Recommendations were discussed, edited as necessary or adopted, and eventually included in a report to the Governor, the Legislature, and the HHSC Executive Commissioner at the beginning of October 2014. Recommendations included suggestions for legislative action and policy changes for consideration by state agencies that may not require statutory change. Several recommendations were also made in response to members’ concerns about sub-minimum wage employment and employment services for students. The next meeting of the Task Force is January 15, 2015. Task Force members will be discussing recommendations from the first report to the Legislature, and hearing from state agency members about progress made in implementing the Employment First Policy.

Visit the Department of Aging and Disability Services (DADS) website at the link below for more information on the Employment First Task Force, its members, and a link to the first report to the Legislature:

http://www.dads.state.tx.us/providers/supportedemployment/pi/index.html

**HHSC Rate Analysis Department Update**

Rate Analysis is nearing the end of the rate cycle for provider’s 2013 Cost Reports. These cost reports undergo verification through HHSC’s Office of Inspector General Cost Report Review
Unit in preparation for the rate determination work that will happen at the end of the upcoming Legislative session. The 2013 cost reports will be used to set reimbursement rates for Medicaid contractors for the State’s 2016 & 2017 biennium. Additionally, these cost reports are used to hold providers accountable to the Rate Enhancement program’s spending requirements. The Rate Enhancement program is an optional program whereby providers receive increased payment rates that are required to be passed along to direct care staff in the form of wages and/or benefits in order to reduce staff turnover and increase the quality of care that is provided to Medicaid clients.

Beginning in January 2015, Rate Analysis will begin the next upcoming rate cycle by providing cost report training for provider’s 2014 cost reporting period in the form of online webinars. In previous years, Rate Analysis has provided cost report training through classroom settings and a self-paced online portal, however webinars allow tailored training with active teaching through the internet eliminating travel for both providers and state staff.

Through the next upcoming cost report, Rate Analysis will begin the process of collecting financial data from providers who serve Star+Plus clients. This data collection process will be through Rate Analysis online data collection tool referred to as STAIRS (State of Texas Automated Information Reporting System). The collection of financial data from Star+Plus providers in addition to those providers that remain fee-for-service will ensure the determination of accurate reimbursement rates. Rate Analysis has identified an additional 900 contractors that serve Star+Plus clients who will now be submitting cost report data to Rate Analysis. Rate Analysis staff provide technical assistance directly to approximately 4,000 contractors who are required to submit annual cost report information.

For more information on HHSC Rate Analysis activities, please visit the Rate Analysis webpage on the HHSC website at http://www.hhsc.state.tx.us/Rad/long-term-svcs/index.shtml.