ENROLLMENT OF HISPANIC DUAL ELIGIBLES ON THE TEXAS-MEXICO BORDER

**ENROLLMENT OF HISPANIC DUAL ELIGIBLES ON THE
TEXAS-MEXICO BORDER**

John Stockton, TDHS Project Officer,
Ray Bryant, TDoA Project Officer,
Liliana Santoyo, TDoA Project Assistant

Federal Project Officer: Judith L. Norris

Acknowledgements

Thank you to the following people for their participation and hard work on this project.

Contents

Executive Summary

The Texas-Mexico border extends about 1,250 miles along the Rio Grande River, from Ciudad Juarez/El Paso to Matamoros/Brownsville (Texas Low Income Housing Information Service, 1998). The Hispanic population makes up about 85% of the region's total population, and Spanish is the primary language for the majority of the residents. Quality of life indicators in the border region such as the poverty rate and level of completed education rank below national and state averages. Symptomatic of the regions' economic plight are unincorporated tracts of substandard housing in rural districts known as *colonias*. An estimated 500,000 persons live in approximately 1,800 *colonias* (Office of the Attorney General, 2001). Since *colonias* develop in unincorporated parts of the counties, water supplies are often polluted, sewage facilities are inadequate, and roads are poorly maintained (Federal Reserve Bank of Dallas, 1996). Furthermore, communicable diseases such as hepatitis and tuberculosis have relatively high incidences (Border Low Income Housing Coalition, 1998). Experts conclude that the unsanitary living conditions in the *colonias* pose a public health threat to the entire population of the border counties. According to the Texas Health and Human Services Commission (2001) about 27% of persons aged 0–64 are estimated to be uninsured in the border region. Problems of access to health care, in part due to lack of insurance by Texas border residents, result in cross-border utilization of medical services (Brandon, 1996).

Since 1997, the federal government has increased its focus on the dual eligibles programs and the Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration (HCFA), recognized a need to improve enrollment of the dual eligibles program as a specific government performance goal (Nemore, 1999). The Centers for Medicare and Medicaid Services therefore sponsored a grant opportunity entitled "Building Partnerships for Innovative Outreach and Enrollment of Dual Eligibles." The grant was designed to increase enrollment of low-income Medicare beneficiaries in the dual eligibles program. Dual eligibles are persons who are entitled to Medicare Part A and/or Part B and who are eligible for some form of Medicaid benefits. In the past, the Centers for Medicare and Medicaid Services has stressed the need to devise more effective strategies for increasing enrollment in the dual eligible programs among all Medicare beneficiaries, especially among the various subgroups of persons such as those with disabilities and members of minority and economically disadvantaged populations. Hispanics are the most under-represented ethnic group in the dual eligibles program (Nemore, 1999; Barents Group LLC, 1999).

An examination of the demographic distribution of residents across the state of Texas suggested an opportunity for outreach and enrollment that could target economically disadvantaged and minority populations in the Texas-Mexico border region where Hispanics constitute 85% of the border population. There are four area agencies on aging contiguous to the Texas-Mexico border: Rio Grande AAA, Middle Rio Grande

AAA, Lower Rio Grande AAA, and South Texas AAA. In this 22-county region[1], there are an estimated 45,700 persons eligible but not currently enrolled in the dual eligible program, representing 78% of the total number of persons eligible. The pilot program aimed to increase Medicaid enrollment among Hispanic Medicare recipients (ages 18 and older) by overcoming barriers to enrollment. These barriers included the welfare stigma associated with Medicaid agencies, low literacy levels among potential beneficiaries, language and cultural barriers, and the complexity of the enrollment process.

A need for effective strategies and partnerships in order to increase enrollment in the dual eligibles program for persons with disabilities and members of minority and economically disadvantaged populations resulted in the implementation of the following strategies: system changes to the State Medicaid Policies were implemented, existing area agency on aging "Access and Assistance" infrastructure was utilized, partnerships were developed, and outreach specialists were hired.

System changes to State Medicaid Policies

There were several system changes made to the Texas State Medicaid policies to simplify the application process. The application form (1200EZ) was shortened from eight pages to three pages and a Spanish translation of the application form was provided. The certification process was also simplified by allowing certification of assets based on self-declaration by the applicant and allowing mail-in options.

Area Agency on Aging "Access and Assistance" infrastructure

The area agency on aging "Access and Assistance" services are a major priority for the Texas aging network. The aging network includes 28 area agencies on aging that have contracts and/or vendor agreements with service providers such as senior centers, nutrition sites, and volunteers. Access and Assistance services are comprised of several components including information, referral and assistance, care coordination, benefits counseling, and ombudsman services. In the past years, area agencies on aging have undertaken a statewide effort to locally design and tailor community-wide access plans that encompass the full array of services across all clients and target groups. Although area agencies on aging have historically provided services to persons aged 60 and older, facilitation of these local plans provided an excellent and timely laid foundation to specifically target persons ages 18 and older eligible for the dual eligible programs.

Partnerships

Partnerships established at the local and state level were the core of the pilot program. A key partnership was between the state agency responsible for Medicaid certification (Texas Department of Human Services) and non-welfare agencies (Area Agencies on Aging), which provided the opportunity to increase the social acceptability

---

[1] The border region is comprised of the following 22 counties: Cameron, Hidalgo, Willacy, Dimmit, Edwards, Kinney, La Salle, Maverick, Real, Uvalde, Valverde, Zavala, Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio, Jim Hogg, Starr, Webb, and Zapata.

of the program and potentially minimize the welfare stigma. Partnerships were also established at the state level between the Texas Department on Aging, the Texas Health and Human Services Commission, and the Texas Department of Human Services. At the local level, the four area agencies on aging contiguous to the Texas-Mexico Border established partnerships with regional Texas Department of Human Services offices as well as other community-based organizations such as senior centers, nutrition centers, media sources, hospitals, housing authorities, *colonia* community centers, and churches.

Outreach

Bilingual Outreach Specialists were hired by area agencies on aging to develop community partnerships and explore innovative and effective ways to reach eligible persons. The Outreach Specialists recruited were culturally identifiable outreach professionals that educated Spanish-speaking applicants about the programs, and assisted them with the application process thereby minimizing language barriers. Outreach Specialist concentrated on settings that were culturally appropriate for the targeted Hispanic population and were outstationed to provide convenient community-based locations and improve access for persons with transportation problems, disabilities, and/or lack of mobility.

After initiating the pilot, the biggest obstacle identified was the lack of knowledge and the general confusion between the Medicare and Medicaid programs by potential enrollees. In many cases, potential enrollees were unsure of the benefits they were currently receiving. Area agencies on aging responded by educating the potential clients about the different programs. Area agencies on aging worked with the Social Security Administration and/or the Texas Department of Human Services to determine which benefits potential clients were already receiving.

Other methods of educating potential clients included media campaigns (e.g., television or radio) as well as flyers, letters, and informational presentations. Bilingual media campaigns and informational presentations designed by Outreach Specialists were also used to educate potential enrollees and increase community awareness about the program. Many of the informational presentations were held at local health fairs, senior centers, and nutrition centers. While many outreach efforts by area agencies on aging were similar, each area agency on aging adapted a distinctive approach to conducting outreach activities.

Over the last three years, the number of Hispanics enrolled in the dual eligibles program has steadily increased in the border region every year by an annual average of 10%. This is a monthly average of 11,741 Hispanic individuals certified for services. Based on estimates from the Texas Department on Human Services Medicaid eligibles file extract, an estimated 13,422 Hispanic applicants received services during the pilot project time frame (September 2000 to August 2001). This increase can be attributed in part to the direct and indirect outreach efforts of Outreach Specialists, other area agency on aging staff, and partners. Three hundred and fifty-one applicants were certified for services through direct outreach efforts by area agency on aging staff.

The Centers for Medicare and Medicaid Services measured success of the program by an enrollment increase of four percent increase over baseline. Baseline was calculated by taking the average number of applicants certified for services between September 1999 and August 2000, yielding a baseline number of 13,674 certified applicants. A four percent increase is 526 certified applications. While only 351 applicants were certified for services, this program can still be considered successful given the number of months the program was active. The program was funded for the period of September 15, 2000 to September 14, 2001. However, project implementation was slowed due to delays in the hiring and training of outreach staff and uncertainties of the continuation of the pilot program and Outreach Specialist positions. Furthermore, due to uncertainties of continuation of the program and the Outreach Specialist positions, there was a slowdown in the rate of applications during the last three months of the program. This resulted in a shorter operational time frame for the program (seven months). Although four percent over baseline was not achieved during these seven months, the projected number of certified applications for 12 months would have been 601, or about five percent.

All four area agencies on aging completed a significant amount of work, building foundations and establishing local partnerships, which were the key to informing and enrolling persons in the program. The innovative design of the pilot program addresses the regions' unique cultural, linguistic, and literacy barriers. As a result of this program, working conditions between border area agencies on aging and regional staff at the Texas Department on Human Services have been strengthened, partnerships have been developed, and a foundation has been established for future collaborative projects. The pilot program is targeted, innovative, replicable, and employs partnerships that have been key in the success of the pilot. As a result of the program and the various outreach efforts, area agencies on aging continue to receive calls from individuals interested in the dual eligibles program.

Introduction

The Texas-Mexico border extends about 1,250 miles along the Rio Grande River, from Ciudad Juarez/El Paso to Matamoros/Brownsville (Texas Low Income Housing Information Service, 1998). The Hispanic population makes up about 85% of the region's total population, and Spanish is the primary language for the majority of the residents. Quality of life indicators in this region such as the poverty rate and level of completed education rank below national and state averages. The population residing in the border area is relatively young. Thirty-three percent of the population is younger than 18 years of age compared to 28% of the Texas population. Elders account for 12% of the border population compared to 13% of the State population. The border region has been described as having a "poorly trained and uneducated workforce, [with] inadequate education and workforce development programs, substandard health and environmental conditions, and continues to battle against illegal immigration" (Federal Reserve Bank of Dallas, 2001). The border region is considered one of the poorest areas in the nation (Border Low Income Housing Coalition, 1998). About 36% of persons living in the border region are estimated to live below the poverty level (Chappa, 1997). The border population is further disadvantaged due to limited education, lower per capita income, and language barriers when English is not a persons' first language.

Symptomatic of the region's economic plight are unincorporated tracts of substandard housing in rural districts known as "*colonias*". Conditions in the border region are exacerbated in *colonias*. *Colonias* are unincorporated tracts of substandard housing in rural districts where water supplies are often polluted, sewage facilities inadequate, and roads poorly maintained (Federal Reserve Bank of Dallas, 1996). While *colonias* exist in other states (Arizona, California, and New Mexico), Texas has the largest number of *colonias* (1,800) and the largest number of *colonia* residents (500,000). Communicable diseases such as hepatitis and tuberculosis have relatively high incidences in the *colonias* (Border Low Income Housing Coalition, 1998). Experts conclude that the unsanitary living conditions in the *colonias* pose a public health threat to the entire population of the border counties.

According to the Texas Health and Human Services Commission (2001), about 27% of persons age 0 – 64 years old are estimated to be uninsured in the border region. Problems of access to health care, in part due to lack of insurance by Texas border residents, often results in cross-border utilization of services (Brandon, 1996). Cross-border utilization of services include, but are not limited to, medical services such as surgical consults, surgical procedures, dental services, and medication purchases. Purchasing medication in Mexico is a major concern for many in the region. Medications are currently not covered through Medicare, consequently many border residents purchase over-the-counter antibiotics in Mexico since prescriptions are not always required. This widespread availability of antibiotics may be contributing to drug-resistant bacteria present in the border region (Sharp, 1998). Through Medicaid, however, prescription medications are covered, which may decrease the number of persons purchasing over-the-counter medications (e.g., antibiotics) in Mexico.

There are four area agencies on aging (AAAs) contiguous to the Texas-Mexico border: Rio Grande Area Agency on Aging, Middle Rio Grande Area Agency on Aging, South Texas Area Agency on Aging, and Lower Rio Grande Area Agency on Aging. They comprise a total of 22 counties (see Appendix A). The demographic characteristics of each AAA present unique challenges to the enrollment of the target group.   While there are many similarities between counties located along the Texas-Mexico border, AAA regions vary on a number of important variables.

- ***Estimated dual eligible population by region***:   The Rio Grande AAA has an estimated 18,200 persons enrolled in the dual eligible program, Middle Rio Grande AAA has an estimated 7,104, South Texas AAA has 8,053, and Lower Rio Grande has an estimated 25,567.

- ***Hispanic population***:   The majority of the population in each AAA is Hispanic, however the percentages range from 96% in the South Texas AAA to 77% in the Rio Grande AAA.

- ***Population density***: The border region encompasses a large geographic area and is primarily rural. The population density of the region is relatively low compared to other regions in the state. Considerable variation in population density also exists within the region. The Lower Rio Grande Valley AAA contains two Metropolitan Statistical Areas (MSAs), Rio Grande and South Texas contain one MSA each, and Middle Rio Grande contains no MSAs.

Since 1997, the federal government has increased its focus on the dual eligibles programs and the Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration (HCFA), recognized a need to improve enrollment of the dual eligibles program as a specific government performance goal (Nemore, 1999). CMS therefore sponsored a grant opportunity entitled "Building Partnerships for Innovative Outreach and Enrollment of Dual Eligibles".   The grant opportunity was designed to increase the enrollment of low-income Medicare beneficiaries in the dual-eligible programs. Dual eligibles are persons entitled to Medicare Part A and/or Part B and are eligible form some form of Medicaid benefits. While the Medicare program provides beneficiaries with a basic set of health benefits, they are still required to pay a significant amount out-of-pocket for premiums, deductibles, and co-insurance. While many beneficiaries purchase supplemental coverage to offset the program's cost-sharing provision, low-income persons, especially those with poor health, are less able to afford supplemental coverage (United States General Accounting Office, 1999).   The dual eligible programs were enacted to help low-income Medicare beneficiaries with their out-of-pocket expenses. Despite the existence of these programs, substantial numbers of individuals eligible for the programs are not enrolled. It is estimated that nationally about 45% of those eligible are not enrolled in the dual eligibles program (Nemore, 1999). CMS has stressed the need to devise more effective strategies for increasing enrollment in the dual eligible programs among all Medicare beneficiaries, especially among various subgroups such as persons with disabilities and members of minority and economically disadvantaged   populations.   These   groups,   including   Hispanics,   are   currently

underrepresented in the dual eligible program (Nemore, 1999; Barents Group LLC, 1999) and are especially vulnerable.

An estimated 16 million Medicare beneficiaries are poor or low-income. Many of these low-income elderly and disabled beneficiaries have greater than average healthcare needs leading to higher health care costs, with some spending an average of 35% of their income on out-of-pocket health expenses (Nemore, 1999). The Qualified Medicare Beneficiary program was designed to assist low-income Medicare recipients with out-of-pocket health care costs. There are four dual eligible programs the pilot program focused on: the Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB), Qualifying Individuals-1 (QI-1), and Qualifying Individuals-2 (QI-2). In the QMB program, Medicaid pays all Medicare Part A premiums, if any, Medicare Part B premiums, Medicare deductibles and coinsurance premiums, and provides Medicaid benefits. In the SLMB program, Medicaid pays the Medicare Part B premiums and provides Medicaid benefits. In the QI-1 program, Medicaid pays the Medicare Part B premiums only. In the QI-2 program, Medicaid only pays a portion of the Part B premiums. These programs are generically referred to as "buy-in" programs and are operated through state-administered Medicaid programs (Nemore, 1999).

An examination of the demographic distribution of residents across the state of Texas suggested an opportunity for outreach and enrollment that targeted economically disadvantaged and minority populations in the border region where Hispanics comprise 85% of the population. Based on 1990 Census projections and Medicare enrollment data for the 22 Texas counties contiguous to the border estimates that less than 45,700 persons 18 years of age and older are eligible but not currently enrolled in the dual eligible program. The estimate represents 78% of the total number of persons in the border region eligible for the program. The estimate is based on the *Medicare County Enrollment in Texas*, *Aged and Disabled update 3/99* that was adjusted for the Hispanic population, the Hispanic Medicare enrollment percentages, and the percentage of Hispanics living at 100%, 120%, and 135% of the Federal Poverty Level (FPL). However, this estimate does not take into consideration married couples, sources of income, or assets.

CMS expects any successful outreach and enrollment strategy to have partnerships at its core. Therefore, the pilot program was specifically designed to foster partnerships between state and local community-based organizations for innovative outreach and enrollment of dual eligibles. In a joint effort, the Texas Health and Human Services Commission, the Texas Department of Human Services (TDHS), the Texas Department on Aging (TDoA), and four area agencies on aging (AAAs) submitted an application that was subsequently selected for funding (project number 11-P-91162/6-01). The four AAAs that participated in the grant were Rio Grande AAA, Middle Rio Grande AAA, South Texas AAA, and Lower Rio Grande AAA. These partnerships served as the platform to increase outreach and enrollment of Hispanic dual eligibles.

In addition to necessary partnerships, a focus of the pilot program was to strive to overcome barriers to enrollment, such as the welfare stigma of the Medicaid agency,

language and cultural barriers, and the complexity of the enrollment process. Procedures were, therefore, established to minimize barrier effects and increase enrollment. For example, AAA Directors hired bilingual Outreach Specialists that were trained by the state Medicaid agency and aging network staff. Training focused on the issues related to effective outreach to minimize cultural, linguistic, and social stigma barriers. The role of the Outreach Specialists was to coordinate recruitment, train volunteers to staff outstation locations, and explore innovative and effective ways to reach eligible persons.

The program was funded for the period of September 15, 2000 to September 14, 2001. However, project implementation was delayed primarily to barriers in the hiring and training of outreach staff. Nonetheless, each AAA completed a significant amount of work (i.e., outreach, application assistance, and establishing local partnerships). Partnerships were the key to enrolling persons in the dual eligible program.

Discussion

Program Components and Implementation

CMS has emphasized the importance of partnerships and outreach as a mechanism to increase enrollment in the dual eligibles program. As a result, the following strategies were implemented:

- System changes to State Medicaid Policies were implemented.
- The existing area agency on aging "Access and Assistance" infrastructure was utilized.
- Partnerships were developed.
- Outreach specialists were hired.

System changes to State Medicaid Policies

Several system changes were made to the Texas State Medicaid Policies to simplify the application process. The application form (1200EZ) was shortened from eight pages to three and a Spanish translation of the application form was provided (see Appendix B). Texas is one of 22 states with application materials and brochures in Spanish (Nemore, 1999). The certification process was also simplified by allowing certification of assets based on self-declaration by the applicant and allowing mail-in options.

All completed applications for the dual eligibles program are evaluated within 45 days of the file date. The file date is the date the application is received by TDHS. Applications are evaluated based on several factors, including disability, income, and assets. While applicants are allowed self-declaration of assets, if their income is within $10.00 of the income limit or within $100.00 of the resources limit, TDHS workers must verify the information through proper documentation. Disability determination is not a factor for individuals that have previously been determined disabled by the Social Security Administration.

Area Agency on Aging "Access and Assistance" infrastructure

The AAA "Access and Assistance" services are a priority for the Texas aging network. The aging network includes 28 area agencies on aging, senior centers, nutrition sites, volunteers, and contracts and vendor agreements with service providers. Access and Assistance services comprise several components including information, referral and assistance, care coordination, benefits counseling, and ombudsman services. In the past years, AAAs have undertaken a statewide effort to locally design and tailor community-wide access plans that encompass the full array of services across all clients and target groups. Although AAAs have historically provided services to persons aged 60 and older, facilitation of these local plans provided an excellent and timely-laid foundation to specifically target persons ages 18 and older eligible for the dual eligible programs.

Partnerships

Partnerships established at the local and state level were the core of the pilot program. A key partnership was between the state agency responsible for Medicaid certification (TDHS) and non-welfare agencies (AAAs), which provided the opportunity to increase the social acceptability of the program and minimize the welfare stigma. Partnerships were also established at the state level between the Texas Department on Aging and the TDHS. At the local level, the four area agencies on aging contiguous to the Texas-Mexico Border established partnerships with regional TDHS offices as well as other community-based organizations such as senior centers, nutrition centers, media sources, hospitals, housing authorities, *colonia* community centers, and churches. All AAAs established partnerships, however, not all partnerships were new. Many were existing partnerships (e.g., nutrition centers and senior centers) where outreach efforts for persons 60 years of age and older were expanded to include outreach for persons 18 years of age and older. New partnerships included but were not limited to hospitals, housing authorities, and parish halls and churches. Some partners referred individuals to the AAAs while other assisted with the application process.

Outreach

Bilingual Outreach Specialists were hired by each of the area agencies on aging to develop community partnerships and explore innovative and effective ways to reach eligible persons. The Outreach Specialists recruited were culturally identifiable outreach professionals that educated Spanish-speaking applicants about the program and assisted them with the application process. This strategy was designed to minimize cultural and language barriers. Outreach Specialists concentrated on settings that were culturally appropriate for the targeted Hispanic population and were outstationed to provide convenient community-based locations and improve access for persons with transportation problems, disabilities, and/or lack of mobility. Bilingual media campaigns designed by Outreach Specialists were also used to educate potential enrollees and increase community awareness about the program. Outreach Specialists were essential in the outreach process due to their extensive training on the programs and resources available in the community, the ability to identify with the community and establish partnerships, and the creative use of media to educate potential enrollees about and increase community awareness of the programs.

Informational presentations were one type of outreach. Presentations were used to increase awareness about the program, provide specific education to potential enrollees about the various programs, and to provide information to volunteers and partners on the program's eligibility requirements. Many of the informational presentations were held at local health fairs, senior centers, and nutrition centers. Outreach Specialists also trained volunteers and partners to disseminate information and help individuals with the application process when warranted.

Outstationing by Outreach Specialists and volunteers was another effective outreach strategy. Outstationing locations include but were not limited to *colonia*

community centers, parish halls and church facilities, *colonias*, courthouses, grocery stores, and hospitals. Outreach Specialists and /or volunteers stationed at the various locations were available to help potential enrollees with the application process as well as assist them with other resources available.

Data indicates the most successful form of outreach was media campaigns. All AAAs used media campaigns to educate persons and increase community awareness of the dual eligibles program. Media campaigns included flyers/posters, television ads, radio announcements, and newspaper ads. While many outreach efforts by AAAs were similar, each AAA adapted a distinctive approach to conducting outreach activities.

The Rio Grande Outreach Specialist participated in various presentations at locations including but not limited to senior centers, church functions, health fairs, and adult day care centers. However, applications were never distributed for completion at home. Instead, Rio Grande staff assisted potential enrollees complete the applications on-site. If potential enrollees did not have the time to complete the application on-site, outreach staff obtained contact information to follow-up at a later time. This strategy was effective in helping qualified persons fill out applications correctly without distributing applications that may have been discarded by those who did not have a clear understanding of the application process. Media campaigns used by Rio Grande described the dual eligibles program as a "savings program for Medicare recipients."

The Middle Rio Grande Outreach Specialist used a combination of media advertisements and a tent that served as a visible, mobile "center". The tent was placed various neighborhoods, including *colonias* to provide constant access to community members. Media advertisements broadcast information about the program, a list of necessary documentation, and the outstationing location of the tent and AAA Outreach Specialists, staff, or volunteers. Assistance was provided to many persons completing the application. Media campaigns described the dual eligibles program as a "Medicare Quality Savings Program." Many of the posters alluded to the fact the dual eligibles programs may be able to assist Medicare recipients with medical expenses.

The South Texas Outreach Specialist routinely visited people at home. These home visits were initiated by inquiries about the program. Outreach workers or volunteers would then follow-up with home visits to assist homebound individuals with the application process. South Texas workers used this as an opportunity to familiarize themselves with neighborhoods and community members. Media campaigns described the dual eligibles program as "a savings for Medicare beneficiaries" and in many instances used the slogan "getting the most out of Medicare."

The Lower Rio Grande Outreach Specialist used a combination of media campaigns, informational presentations, volunteers and partners. Media campaigns and informational presentations increased awareness of the program. Trained volunteers and partners (e.g., nutrition centers, religious organizations, hospitals) from the community were then used as a means to assist fellow community members who may be distrustful of "outsiders". Like media campaigns in the Middle Rio Grande AAA region, the Lower

Rio Grande also described the dual eligibles program as a "Medicare Quality Savings Program." Television ads used testimonials from persons recently enrolled in the program, which provided further credibility to the agency.

AAAs submitted Outreach Activity Reports to TDoA to track the types of outreach, the number time spent at an outreach location, the number of applications completed, and the number of applications handed out but not completed at the outreach location. AAAs also submitted a monthly report to TDoA that included the monthly achievements, partnerships, budget spending, personnel changes (including volunteers), and next steps. Finally, AAAs submitted a copy of page three of the 1200EZ application in order to track demographic information of applicants (See *Table 1*, page 13). Applicants completing applications were asked how they heard about the program in order to track what outreach methods were most successful (see *Figure 1*). Applicants were also asked to report their primary language.

Figure 1
Applications submitted by outreach activities
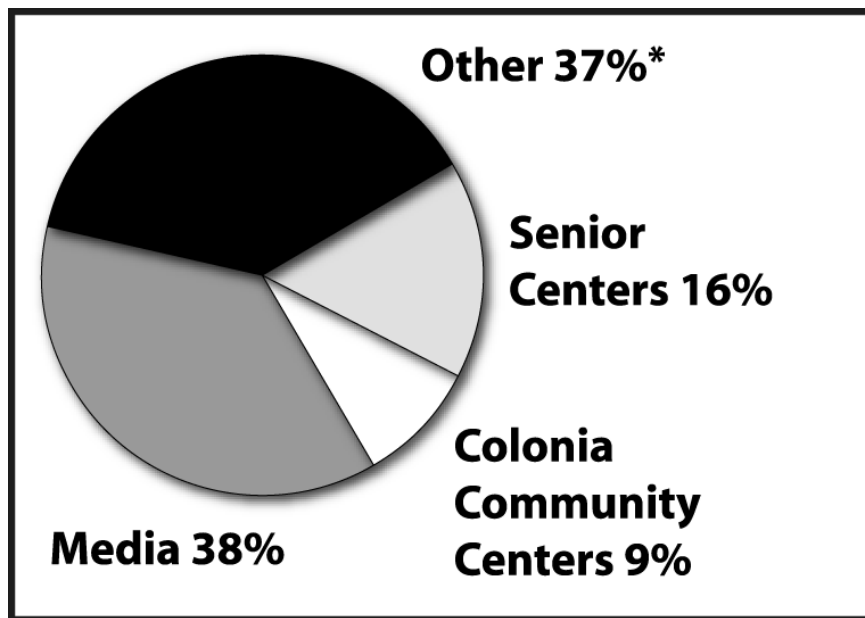
*Other outreach comprises 45 different outreach efforts, which include but is not limited to referrals, housing authority, home visits, and health fairs.

Primary Outcome

In the past, CMS has stressed the need to devise more effective strategies for increasing enrollment in the dual eligible programs among all Medicare beneficiaries, especially among the various subgroups of persons such as those with disabilities and members of minority and economically disadvantaged populations. Outreach strategies were successful in recruiting and enrolling persons in the dual eligibles program.

Table 1
Characteristics of applicants by AAA

Applicant Characteristics	Total (n=652)	Area Agency on Aging			
		Rio Grande (n=296)	Middle Rio (n=95)	South Texas (n=139)	Lower Rio (n=122)
Age					
Mean	71.62 yrs.	71.55 yrs.	71.65 yrs.	71.28 yrs.	72.16 yrs.
Range	27- 100	41 – 100	39- 97	27 – 90	32 – 96
Gender					
Male	51%	50%	55%	56%	47%
Female	49%	50%	45%	44%	53%
Race					
White	7%	5%	14%	7%	8%
Black	0.3%	0.7%			
Hispanic	92%	94%	86%	93%	92%
Asian	0.2%	0.3%			
Marital Status					
Single	2%	4%	1%	1%	
Married	63%	67%	65%	55%	65%
Divorced	6%	7%	3%	4%	10%
Separated	3%	3%	4%	1%	1%
Widowed	26%	19%	27%	39%	24%
Primary Language					
English	11%	10%	20%	2%	19%
Spanish	87%	86%	80%	98%	81%
Both	2%	4%			
US Citizen					
Yes	92%	86%	92%	96%	100%
No	8%	14%	8%	4%	
Texas Resident					
Yes	100%	100%	100%	99%	100%
No				1%	
Living Arrangements					
Own Home	63%	59%	75%	57%	71%
Rent House/Apartment	26%	28%	12%	33%	22%
Live w/ someone	4%	4%	4%	6%	
Live in house provided by someone	7%	9%	9%	4%	7%
Pay Rent?					
Yes	32%	40%	15%	29%	29%
No	68%	60%	85%	71%	71%

Data Collection

All completed applications were submitted to TDHS for evaluation and certification. Applications are evaluated based on several factors including disability, income, and assets. Applications submitted by AAAs were stamped with the AAA name in order to identify which applications were filed as a result of AAA outreach efforts. The TDHS then tracked the number of applications submitted by AAAs. There are three TDHS regions along the Texas-Mexico border. Region 10 (Upper Rio Grande) was responsible for tracking applications submitted by the Rio Grande AAA. Region 8 (Upper South Texas) was responsible for tracking applications submitted by the Middle Rio Grande AAA. Region 11 (Lower South Texas) was responsible for tracking applications submitted by the South Texas AAA and the Lower Rio Grande AAA. Monthly reports were completed by TDHS regional staff on the number of AAA applications received, certified, denied, and pending.

Certified Applications

Over the last several years, the number of Hispanics enrolled in the dual eligibles program has steadily increased in the border region every year by an average of 10%. This is a monthly average of 11,741 Hispanic applicants who are certified for services. Based on estimates from the TDHS Medicaid program eligibles file extract, some 13,422 applicants received services during the pilot project time frame (September 2000 to August 2001); this represents an increase of 14%. Four percent of the increase in enrollment may be attributed in part to the direct and indirect outreach efforts by Outreach Specialists, AAA staff, and partners.

The program was funded for the period of September 15, 2000 to September 14, 2001. CMS measured success of the program by an enrollment increase of four percent increase over baseline. Baseline was calculated by taking the average number of applicants certified for services between September 1999 and August 2000[2], yielding a baseline number of 13,674 certified applicants. Four percent over baseline is an increase of 526 certified applications. While only 351 applicants were certified for services, this program can still be considered successful given the number of months the program was active. Delays in project implementation were primarily due to barriers related to hiring and training of Outreach Specialists, which resulted in a shorter time frame the program was operational (seven months). Although four percent over baseline was not achieved, if the program had been operational for the full twelve months and recruitment remained at average rates, the projected number of certified applications would have been 601, which surpasses 4% increase.

All outreach workers were hired by December 2000. Outreach Specialists were trained by the TDHS (February 2001) and received ongoing training by aging network

---

[2] The baseline number was calculated based on all applicants regardless of race/ethnicity.

staff. Training focused on the issues related to effective outreach to minimize cultural, linguistic, and social stigma barriers. The role of the Outreach Specialists was to coordinate the recruitment, train volunteers to staff outstation locations, and explore innovative and effective ways to reach eligible persons. The Rio Grande AAA was the only AAA prepared to implement the program soon after notification. Between October 2000 and January 2001, Rio Grande AAA had submitted 18 applications that were certified for services. Beginning February 2001, application were submitted and certified for all AAAs (see *Figure 2*). A decline in the number of applications certified began immediately after uncertainties of the continuation of the program and the Outreach Specialist positions developed.

Figure 2
Number of applications certified by month
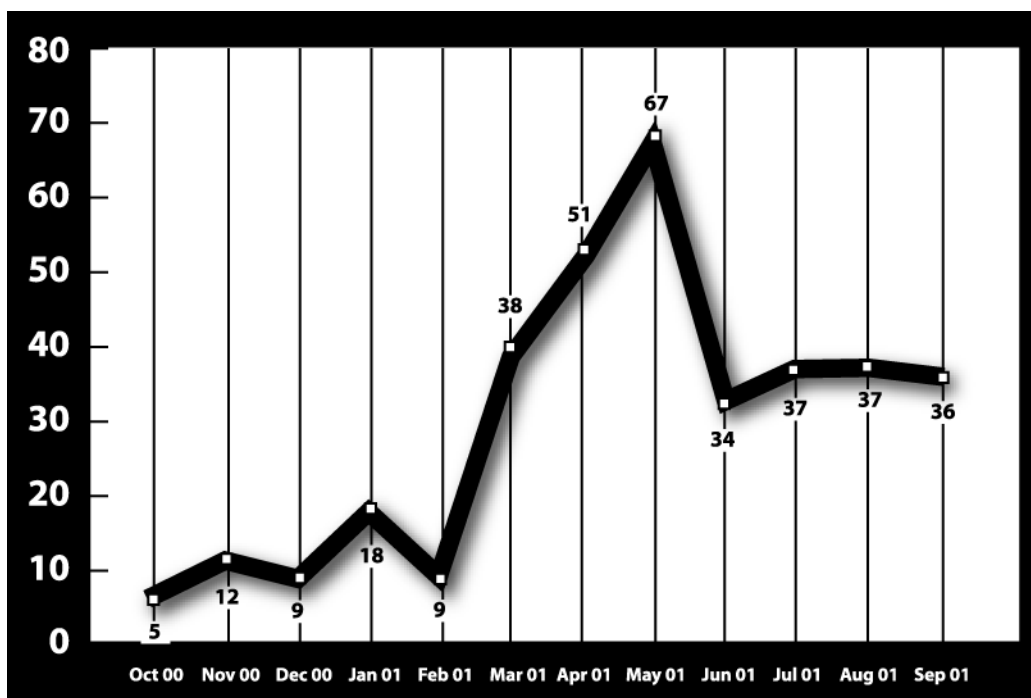
Eleven percent of applications submitted by South Texas AAA were certified for services, 12% of applications submitted by Lower Rio Grande AAA were certified, 28% of applications submitted by Middle Rio Grande AAA were certified, and 49% of applications submitted by Rio Grande AAA were certified.

A total of 313 applicants were denied for services (see *Figure 3*). Most applicants were denied because their income levels were higher than allowed. Other reasons for denial included having excessive resources, already receiving services, or failing to keep an appointment. TDHS notified AAA staff when applicants were denied for services. AAA staff would then contact the individuals and advise and/or assist them with re-application or obtaining other resources and/or services. While several applicants were

denied for services, many were assisted with other services or programs through collaboration of TDHS and AAAs. In some instances persons were not eligible for the program because they were not receiving Medicare but were entitled to it. AAA staff and Outreach Specialist assisted those applicants with the Medicare process.

Figure 3
Number of applications certified and denied arrayed by AAA
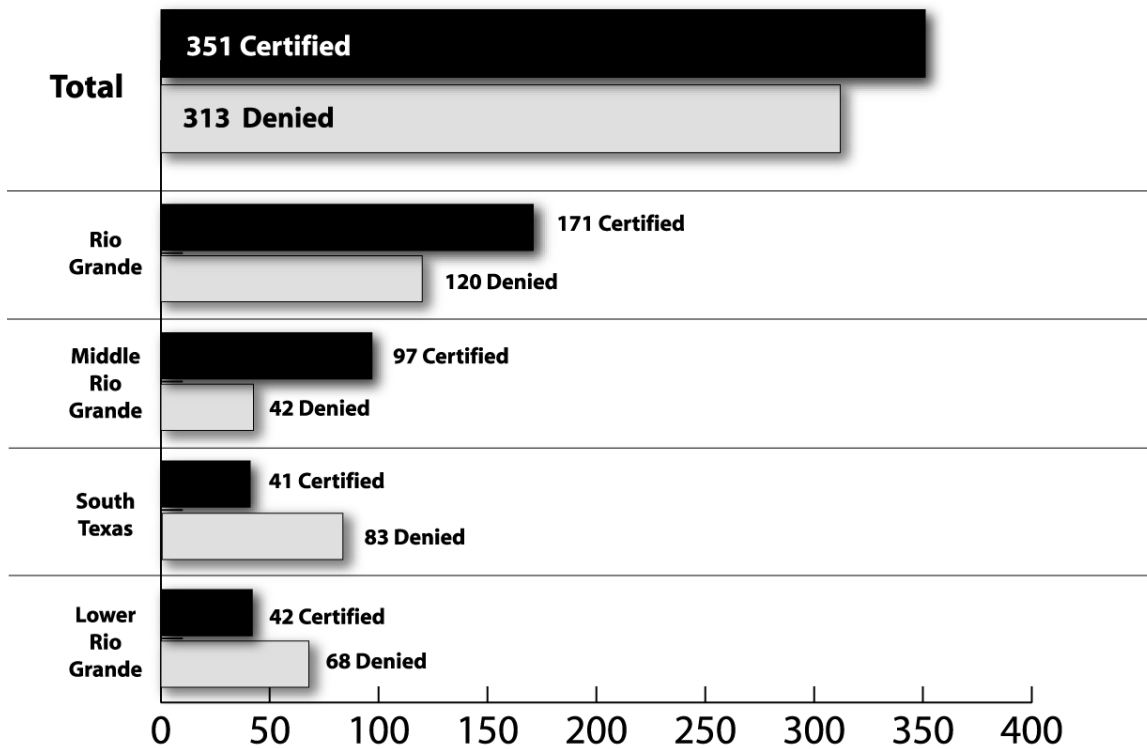
Financial Report

The budget for the grant award was $182,368.00. It was divided evenly between the four area agencies on aging, each receiving $45,592.00. Middle Rio Grande AAA was the only agency that utilized all the funds and South Texas AAA was the agency that utilized the least amount of funds available ($31,568.07). Rio Grande utilized $45,086.00 of the funds available and Lower Rio Grande utilized $33,032.90 of the funds available (see *Table 2*, page 17). A total of $27,089.03 of the funding remained unused by the AAAs.

Table 2
Monies expended by AAA

		Area Agency on Aging			
	Total	**Rio Grande**	**Middle Rio**	**South Texas**	**Lower Rio**
Salaries and Wages	$91,295.24	$23,006.00	$30,000.00	$19,412.30	$18,876.94
Travel	$9,663.74	$3,413.00	$2,000.00	$1,786.78	$2,463.96
Media	$21,278.53	$7,360.00	$8,000.00	$3,370.93	$2,547.60
Supplies	$15,262.35	$4829.00	$5,592.00	$3,095.74	$1,745.61
Indirect Costs (e.g., administrative overhead costs)	$6,478.00	$6,478		$3,902.32	$7,398.79
Total	$143,977.86	$45,086.00	$45,592.00	$31,568.07	$33,032.90

Program Obstacles

The greatest challenge for AAAs involved in this pilot was the hiring and training of the Outreach Specialists, since the position was not a part of the existing AAA structure. The identification of a qualified person to serve in this position proved time-consuming. As a result, the project operations were significantly delayed (five months) and were a primary factor in failure to achieve the primary project goal. Moreover, a decline in the number of applications certified began immediately after uncertainties of continuation of the program and the Outreach Specialist positions.

Another obstacle identified was the lack of knowledge and general confusion between the Medicare and Medicaid programs by potential enrollees. In many cases, potential enrollees were unsure of the benefits they were currently receiving. AAAs responded by educating potential clients about the different programs. AAAs worked with the Social Security Administration and/or the TDHS to determine which benefits potential clients were already receiving.

Conclusion

All four AAAs completed a significant amount of work, building foundations and establishing local partnerships, which were the key to informing and enrolling persons in the program. The innovative design of the pilot program addresses the regions' unique cultural, linguistic, and literacy barriers. However, due to barriers in hiring and training the Outreach Specialist and the uncertainties of program continuation and Outreach Specialist positions, the program did not achieve the intended 12 months of implementation.

Nonetheless, since the implementation of the program, working conditions between AAAs and TDHS have been strengthened, partnerships have been developed, and a foundation has been established for future collaborative projects. The pilot program is targeted, innovative, replicable, and employs partnerships, which have been key in the success of the pilot. At this time, there are no formal plans or funding to continue the pilot program, however, AAAs continue working with TDHS offices. Furthermore, due to the intensity of the various outreach efforts resulting from this program, AAAs continue to receive calls from individuals interested in the program.

When developing programs one must consider preparation time. A 12-month grant time period provides time to develop and begin implementation of a pilot program, if planning has already occurred. However, 12 months are not sufficient for planning, developing, and implementing a program. The first several months of a program are part of the planning phase, a time to learn about what works and what does not work as well as a time to identify and correct barriers. Significant delays in the implementation of this pilot resulted from barriers in hiring and training of Outreach Specialists. Once Outreach Specialists were hired and trained, the program was able to move forward. Future grants should consider the development stages of implementing a program. A minimum of at least two years should be sufficient time to plan, develop, and implement a solid program.

References

Barents Group LLC: A Profile of QMB-Eligible and SLMB-Eligible Medicare Beneficiaries. Contract No. 500-95-0057. Baltimore, MD. Health Care Financing Administration, 1999.

Border Low Income Housing Coalition: Border Facts and Statistics. [Online]. Available: http://www.bordercoalition.org/fact_bc.html, 1998. (8 Dec 2000).

Brandon, J.E.: Border health: An overview of challenges along the U.S.-Mexico Border. Frontera Norte/Sur News Nov. 1, 1996.

Chappa, J.: Colonia Housing and Infrastructure: Current Population and Housing Characteristics, Future, and housing, Water and Wastewater Needs. Austin, TX. LBJ School of Public Affairs, University of Texas at Austin, 1997

Federal Reserve Bank of Dallas: Texas Colonias: A Thumbnail Sketch of the Conditions, Issues, Challenges and Opportunities. Dallas, TX, 1996.

Federal Reserve Bank of Dallas: The Border Economy. Dallas, TX, 2001.

Nemore, P.B.: Variations in State Medicaid Buy-in Practices for Low-Income Medicare Beneficiaries: A 1999 Update. Contract No. 98-1433. Washington, D.C. Henry J. Kaiser Family Foundation, 1999.

Office of the Attorney General: Texas-Mexico Border. [Online]. Available: http://www.oag.state.tx.us, 2001.

Sharp, J.: Bordering the Future. Texas Comptroller of Public Accounts. Austin, TX, 1998.

Texas Health and Human Services Commission: Provisional Estimates of Texas Uninsured Population Under Age 64 by County in Year 2001. Printout, 2001.

Texas Low Income Housing Information Service, Border Low Income Housing Coalition.: Border Facts and Statistics. [Online]. Available: http://www.bordercoalition.org/fact_bc.html, 1998.

United States General Accounting Office: Low-Income Medicare Beneficiaries: Further Outreach and Administrative Simplification Could Increase Enrollment. GAO Pub. No. HEHS-99-61. Health, Education, and Human Services Division. Washington, 1999.

Appendixes

Appendix A

Area Agencies on Aging Located along the Texas-Mexico Border Region
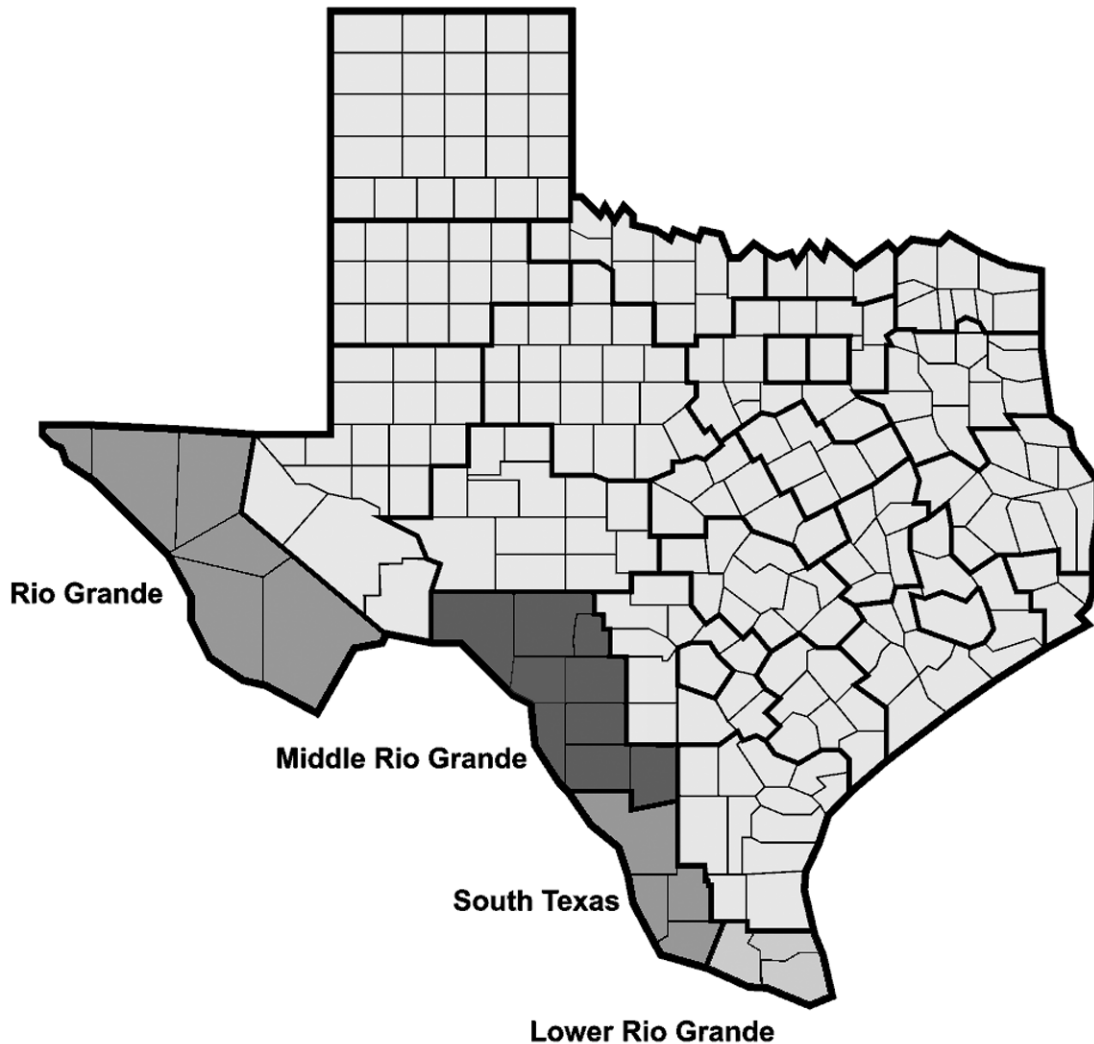
Counties listed by AAA region

Rio Grande: Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, and Presidio

Middle Rio Grande: Dimmit, Edwards, Kinney, La Salle, Maverick, Real, Uvalde Valverde, and Zavala

South Texas: Jim Hogg, Starr, Webb and Zapata

Lower Rio Grande: Cameron, Hidalgo, and Willacy

Appendix B

1200EZ Application Form

APPLICATION FOR ASSISTANCE – AGED AND DISABLED
SOLICITUD PARA ASISTENCIA/PERSONAS DE EDAD AVANZADA Y DISCAPACITADAS

If you need help paying your medical expenses, assistance with home care, or help paying Medicare cost-sharing expenses, the Texas Medicaid program may be able to help you. If you are interested, please complete the enclosed application.

It is important that you answer each question. Please enter "no" or "none" to questions that do not apply to you, and be sure that the application is signed and dated. You may ask a friend or relative to help you.

Please include with your application proof of all income and things that you own. The proof may be COPIES of the documents listed below; DO NOT SEND ORIGINALS:

- Award letters (VA, Social Security, Railroad Retirement)
- Earnings statements
- Current bank statements
- Savings passbook
- Certificates of deposit
- Certificates of notes, stocks, or bonds
- Insurance policies (life, burial, or hospitalization)
- Transfer papers or deeds (for anything that you owned, but sold or gave away)
- Prepaid burial contracts

After your application is received, we will review it to determine if you are eligible. We will notify you of the decision within 45 days.

Si necesita ayuda para pagar gastos médicos, servicios de atención médica en casa o su parte de los gastos de Medicare, es posible que el programa de Medicaid de Texas pueda ayudarle. Si está interesado, por favor, llene la solicitud adjunta.

Es importante que conteste todas las preguntas. Conteste "no" o "ninguno" a las preguntas que no aplican a su situación. Asegúrese de firmar la solicitud y poner la fecha. Puede pedir la ayuda de un pariente o amigo para contestar las preguntas.

Por favor, envíe con la solicitud comprobantes de todos sus ingresos y bienes. NO MANDE LOS ORIGINALES. Estos comprobantes deben ser COPIAS de:

- Cartas de concesión (para pensiones de veteranos, Seguro Social o ferrocarril)
- Estados de ingresos
- Estados de cuentas bancarias
- Libretas de cuentas de ahorros
- Certificados de depósito
- Certificados de notas, acciones o bonos
- Pólizas de seguro (vida, entierro u hospitalización)
- Documentos de traspaso o escrituras (de pertenencias o propiedades suyas que vendió o regaló)
- Contratos de entierro prepagados

Después de recibir la solicitud, la estudiaremos para ver si llena los requisitos de elegibilidad. Le avisaremos de la decisión, dentro de los 45 días.

IF YOU HAVE ANY QUESTIONS REGARDING THE APPLICATION,
PLEASE CALL:
LLAME AL:

SI TIENE ALGUNA PREGUNTA SOBRE LA SOLICITUD, POR FAVOR,

When you have completed the application, please mail it to us in the attached envelope. Someone will be in touch with you to schedule an inteview. An interview is required as part of the application process. You may request a telephone interview.

Free legal help from outside the department is available in many communities; call your local department office for information.

Al completar la solicitud, por favor, envíenosla en el sobre adjunto. Alguien le llamará para programar una entrevista. Se requiere la entrevista como parte del trámite de solicitud. Puede pedir una entrevista por teléfono.

En muchos lugares se pueden obtener servicios de abogado gratis. Estos servicios no son del departamento, pero la oficina local puede darle información.

- I have been advised and understand that this application or recertification will be considered without regard to race, color, religion, creed, national origin, age, sex, disability, or political belief.

- I have been advised and understand that I may request a review of the decision made on my application or recertification for assistance and may request a fair hearing, orally or in writing, concerning any action or inaction affecting receipt or termination of assistance.

- If my case is selected for review, I give my consent for the Texas Department of Human Services (DHS) to obtain information from any source to verify the statements I have made.

- I understand that DHS uses my Social Security number to compare its records with records of other state and federal agencies, such as the Texas Workforce Commission, Internal Revenue Service, Bureau of Veterans Affairs, Social Security Administration, and others, to ensure that benefits are correctly determined.

- I certify that DHS has provided me with information about a range of long-term care services that are available in my area, as required by state law (1 Texas Administrative Code, Section 351.15).

PENALTY STATEMENT

- My answers to all of the questions, and the statements I have made, are true and correct to the best of my knowledge and belief.

- I understand that if I obtain, or assist another person in obtaining, medical assistance by fraudulent means, I may be charged with a state or federal offense; and I may also be held liable for any repayment of benefits fraudulently obtained.

- I will let DHS know, within 10 days, of any changes that could affect my eligibility. This includes changes in income, resources, living arrangement, property holdings, or insurance (including health insurance premiums).

- Me avisaron y comprendo que esta solicitud o esta nueva certificación se estudiará sin discriminación de raza, color, religión, creencias, origen nacional, edad, sexo, discapacidad o creencias politicas.

- Me han avisado y comprendo que puedo pedir una revisión de la decisión que se tome sobre la solicitud o nueva certificación para asistencia, y que purdo pedir, oralmente o por escrito, una audiencia imparcial con respecto a cualquier acción, o falta de acción que afecte la concesión o la terminación de asistencia.

- Si escogen mi caso para una revisión, doy permiso que el Departamento de Servicios Humanos de Texas (DHS) obtenga información de cualquier fuente para verificar las declaraciones que he hecho.

- Comprendo que para asegurar una determinación correcta de los beneficios, el DHS usa mi número de Seguro Social para comparar sus archivos con los archivos de otras agencias estatales y federales, por ejemplo, la Comisión de la Fuerza Laboral de Texas, el Servicio de Impuestos Internos, la Oficina de Asuntos del Veterano y la Administración del Seguro Social.

- Certifico que DHS me dio información sobre varios servicios de atención a largo plazo que se pueden conseguir en mi región, de conformidad con la ley estatal (1 *Texas Administrative Code, Section* 351.15).

DECLARACIÓN DE SANCIONES

- Mis respuestas a todas las preguntas anteriores y las declaraciones que he hecho son verdaderas y correctas a mi leal saber y entender.

- Comprendo que si obtengo, o ayudo a otra persona a obtener, fraudulentamente asistencia médica, me pueden acusar de una ofensa federal o estatal; y pueden hallarme responsible de la devolución de beneficios obtenidos fraudulentamente.

- Avisaré al DHS cualquier cambio que pudiera afectar mi elegibilidad dentro de los 10 días siguientes al cambio. Éstos pueden ser, entre otros, cambios en: ingresos, recursos, arreglos de vivienda, propiedades o seguros (inclusive en las primas de seguros médicos).

Texas Department
of Human Services

Form **1200EZ**
September 2000

If form is being distributed by an agency other than
Texas Department of Human Services, enter agency name:

| For DHS use only | ☐ **Application** | Date Form Requested | Date Form Mailed | BJN |
| | ☐ **Recertification** | Date Form Received | Appointment Date | Applicant/Client No. |

APPLICATION FOR ASSISTANCE–AGED AND DISABLED
SOLICITUD PARA ASISTENCIA/PERSONAS DE EDAD AVANZADA O DISCAPACITADA

Applicant's name (last, first, middle initial)
Nombre del solicitante (apellido, nombre, inicial)

Social Security No.
Núm. de Seguro Social

Medicare Claim No.
Núm. de reclamación de Medicare

Home Address
Domicilio

City, State, ZIP
Ciudad, Estado, ZIP

County
Condado

Telephone No.
Núm. de teléfono

Date of Birth
Fecha de nacimiento

Sex
Sexo

Race
Raza

U.S. Citizen?
¿Es ciudadano de EE.UU.
☐ Yes/Sí ☐ No

Resident of Texas?
¿Es residente de Texas?
☐ Yes/Sí ☐ No

Spouse's name (last, first, middle initial)
Nombre del solicitante (apellido, nombre, inicial)

Social Security No.
Núm. de Seguro Social

Medicare Claim No.
Núm. de reclamación de Medicare

Spouse's Address (if different)
Domicilio

City, State, ZIP
Ciudad, Estado, ZIP

County
Condado

Telephone No.
Núm. de teléfono

Date of Birth
Fecha de nacimiento

Sex
Sexo

Race
Raza

U.S. Citizen?
¿Es ciudadano de EE.UU.
☐ Yes/Sí ☐ No

Resident of Texas?
¿Es residente de Texas?
☐ Yes/Sí ☐ No

Where do you live?/¿Dónde Vive?

☐ **Own home** Vivo en casa propia

☐ **Rent House/Apartment** Alquilo casa/apartamento

☐ **Live in House Provided by Someone** Vivo en casa de otra persona

☐ **Live with Someone** Vivo con alguien

☐ **Nursing Facility** Vivo en casa para convalecientes

Do you pay rent?/¿Paga renta? .... ☐ Yes/Sí ☐ No

Do you pay for your own food?/ ¿Paga por su propia comida? .... ☐ Yes/Sí ☐ No

Do you have Medicare Part A? ¿Tiene Medicare Parte A? ..... ☐ Yes/Sí ☐ No

Does your spouse have Medicare Part A? ¿Tiene su cónyuge Medicare Parte A? ...... ☐ Yes/Sí ☐ No

Do you have Medicare Part B? ¿Tiene Medicare Parte B? ..... ☐ Yes/Sí ☐ No

Does your spouse have Medicare Part B? ¿Tiene su cónyuge Medicare Parte B? ...... ☐ Yes/Sí ☐ No

List ALL resources owned by You or Your Spouse. (Some resources may not be counted.)
Indique TODOS los recursos que le pertenecen a usted o a su cónyuge. (Puede que algunos recursos no se cuenten).

Type Tipo	Amount Cantidad	Source/Name/Account No. Fuente/Nombre/Núm. de ciemta
Checking Account Cuenta de cheques	$	
Savings Account Cuenta de Ahorros	$	
Certificate of Deposit Certificado de depósito	$	
Stocks/Bonds/Annuities Acciones/Bonos/Anualidades	$	
Preneed Funeral Contract Contrato de entierro prepagado	$	
Cash on Hand Dinero en efectivo	$	
Notes Pagarés	$	
Automobiles Automóviles	$	
Life Insurance Seguro de vida	$	
Burial Insurance Seguro de entierro	$	
Burial Plots Terremps de sepultura	$	
Other Lots of Land Otros terrenos o tierras	$	
Additional Resources Owned by You or Your Spouse Recursos adicionales que le pertenecen a usted o a su cónyuge	$ $ $	

HEALTH/HOSPITALIZATION INSURANCE/SEGURO MÉDICP/DE HOSPITALIZACIÓN

Are you now covered or have you been covered during the past year by any insurance (no Medicaid or Medicare) paid for by you or someone else?

¿Tiene, o tuvo durante el año pasado, cobertura de algún seguro médico (que no sea Medicaid o Medicare) que usted u otra persona pagó? . . . . ☐ Yes/Sí ☐ No

If "Yes," complete the following: /Si contesta "Sí", llene lo siguiente:

Name of Insurance Company /Nombre de la compañía de siguiente:	**Policy No.**/Núm. de póliza
Address of Insurance Company/Dirección de la compañía de seguros	**Beginning Coverage Date** Fecha de vigencia de la cobertura

28

Appendix B *cont.*

List ALL Income Available to You or Your Spouse. (Some incomes may not be counted.)
Indique TODOS los ingresos que usted y su cónyuge tienen a su disposición. (Puede que algunos ingresos no se cuenten).

TYPE OF INCOME TIPO DE INGRESOS	APPLICANT/CLIENT / SOLICITANTE/CLIENTE		SPOUSE / CÓNYUGE	
	Monthly Gross Ingreso Mensual Bruto	Source Fuente	Monthly Gross Ingreso Mensual Bruto	Source Fuente
Social Security Seguro Social	$		$	
VA Pension Pensión de la VA	$		$	
Wages Sueldos	$		$	
RR Retirement Pensión de Ferrocarril	$		$	
Civil Service Servicio Civil	$		$	
Pension Pensión	$		$	
Annuity Anualidad	$		$	
Interest Interés	$		$	
Farm Income Ingresos agrícolas	$		$	
Mineral/Royalty Derechos minerales /Regalías	$		$	
Gifts Regalos	$		$	
Other Income Otros Ingresos	$		$	

_____   _____   _____   _____
Signature–Applicant/Client   Date   Signature–Spouse   Date
Firma–Solicitante/Cliente   Fecha   Firma–Cónyuge   Fecha

If the Applicant/Client cannot sign his/her name, two witnesses to the applicant making his mark (X) must sign below:
Si el solicitante/cliente no puede firmar su nombre, dos testigos deben estar presentes cuando el solicitante/cliente escriba una (X) y ellos deben firmar a continuación:

_____   _____   _____   _____
Signature–Witness   Date   Signature–Witness   Date
Firma–Testigo   Fecha   Firma–Testigo   Fecha

_____   _____
Signature–Responsible Party   Date
Firma–Persona Responsable   Fecha

Name of Person Completing Form (if not applicant/client) Nombre de la persona que completa el formulario (si no es el solicitante/cliente)	Relationship to Applicant/Client Relación con el solicitante/cliente	Telephone (home)/Teléfono (casa)
Address (Street, City, State, ZIP)/Dirección (Calle, Ciudad, Estado ZIP)		Telephone (work)/Teléfono (trabajo)

29

Appendix B *cont.*

- **If you believe you have been discriminated against because of race, color, national origin, age, sex, disability, political beliefs, or religion, you may lodge a complaint with the management staff of this agency and/or write or call immediately to:**

- **Si usted cree que lo han discriminado por motivo de raza, color, origen nacional, edad, sexo, discapacidad, creencias políticas o religión, puede presentar una queja ante la administración de esta agencia o escribir o llamar inmediatamente a:**

Civil Rights Department
Texas Department of Human Services
P.O. Box 149030
Austin, TX 78714-9030
512/438-4313
TDD: 512/438-2960

or to:
o a:

U.S. Dept. of Health and Human Services
Office of Civil Rights – Region VI
1301 Young St., Room 1169
Dallas, TX 75202
1/800/368-1019
TDD: 1/214/767-8940