



STATE OF TEXAS
DEPARTMENT OF AGING AND DISABILITY SERVICES

Service Delivery System Design Plan

FINAL REPORT

April 28, 2006



Texas Department of Aging and Disability Services

SERVICE DELIVERY SYSTEM DESIGN PLAN

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EXECUTIVE SUMMARY

I. EXECUTIVE SUMMARY

Public Consulting Group (PCG) is pleased to present this Service Delivery System Design Plan to the Texas Department of Aging and Disability Services (DADS). This report provides DADS with recommendations that resulted from the stakeholder Workgroups during their participation on this project.

Background and Purpose

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

The Texas Department of Aging and Disability Services (DADS) was established in September 2004 as a result of House Bill 2292 (78th Texas Legislature), which consolidated:

- Mental retardation services and state school programs of Department of Mental Health and Mental Retardation;
- Community care, nursing facility, and long-term care regulatory services of the Department of Human Services; and,
- Aging services and programs of the Department on Aging.

These three legacy agencies had individual service delivery systems that differed in structure, process, and procedures. DADS was presented with an opportunity to design a system of services and supports to better prepare the State to serve the growing number of citizens who are aging and/or have disabilities. With this in mind, then Commissioner Hine requested that a Service Delivery System Project be completed in which stakeholders of DADS would be given the opportunity to provide input and feedback on the service delivery system for the department. DADS worked to develop the structure for the SDS Project that would:

- Find common ground and consensus among various stakeholders;
- Develop recommendations from stakeholders regarding an integrated, comprehensive service delivery system that meets the current and future needs of the various populations served;
- Provide good stewardship of taxpayer funds; and,
- Ensure both the vision and mission of DADS are achieved.

DADS conceived the project concept in which participants are required to work together in a cooperative spirit, seeking solutions, compromises, and consensus.

To that end, on September 6, 2005 DADS released a request for proposals to find an organization that could assist the department in this undertaking. Through a competitive procurement process, Public Consulting Group was selected to work with the DADS team to complete this project. On November 1, 2005, the SDS project officially kicked off with the purpose of providing information to the DADS Commissioner and Executive Team, and the Health and Human Services Commission on the fundamental design of the DADS service delivery system for the future. In addition, the stakeholders participating in the project were charged with developing recommendations to guide DADS.

Project Overview

The SDS Project is designed with a Steering Committee as the oversight body, and three Workgroups that provide the necessary stakeholder input for the project. The Steering Committee serves as the overseeing body that provides direction to both the DADS team and PCG regarding project scope and desired outcomes. The Steering Committee is comprised of DADS staff and representatives of the other HHS agencies, appointed by Commissioner Hine to fulfill the following responsibilities:

- Serve as the decision making body for the SDS Project;
- Provide oversight for the SDS Project;
- Refine the range of topics for which each Workgroup will focus their recommendations;
- Review recommendations and deliverables from the three Workgroups;
- Oversee development and approval of final report and implementation plan; and,
- Ensure that the deliverables are in concert with the agency guiding principles; are realistic, cost-effective and achievable; and are congruent with the Enterprise statewide vision.

DADS designed the SDS Project with stakeholders in mind and made a concerted effort to solicit stakeholder ideas that DADS can implement to improve the service delivery system. The SDS Project Steering Committee asked for nominations from over twenty-five major consumer/advocacy and provider organizations. This resulted in over seventy potential candidates to sit on three, fifteen person Workgroups under the SDS Project Steering Committee to focus on access and intake, regulatory services, and provider services. The Steering

Committee selected forty-five people to serve on the three Workgroups, along with one member of the Steering Committee to act as a non-voting subject matter expert. While each Workgroup has its own set of responsibilities, as a group they were asked to keep in mind the following guiding principles as they went about developing recommendations to improve the service delivery system in Texas:

- **Consumer Focus** - *The individual needs, preferences, and rights of the consumer are primary to the design, development and implementation of all programs and service delivery systems;*
- **Consumer Choice** - *Consumers must have access to, and information about a complete array of aging and disability services, supports, and opportunities when entering the DADS system in order to make informed decisions;*
- **Accessibility** - *Consumers must be able to access services easily within the local community;*
- **Dignity, Well-Being, and Safety** - *Recommendations must promote and enhance the individual dignity, well-being, and safety of the consumer;*
- **Teamwork and Partnerships** - *Recommendations must foster the coordination and collaboration between consumers, advocates, elected officials, state and federal agencies, and the general public to achieve positive results;*
- **Local Participation** - *Recommendations should recognize that local participation in the service delivery system can increase the quality of care provided to DADS' consumers;*
- **Provider Accountability** - *The goal is to achieve statewide consistency in available services, while recognizing regional differences in consumer needs and best practices in the local delivery system;*
- **Realistic Recommendations** - *Recommendations for the Service Delivery System Project must be realistic, cost-effective and achievable;*
- **Best Business Decision** - *Identify and evaluate all available options in order to achieve the best business decision. This will require balancing consumer priorities, best practices, standards of excellence, and budgetary constraints; and,*
- **Respect** - *Participants will honor the opinions, values, dignity, privacy, and individuality of each other, consumers, DADS staff members, and project facilitation.*

Results

“The DADS mission is to provide a comprehensive array of aging and disability services, supports, and opportunities that are easily accessed in local communities. Key responsibilities to the citizens of Texas include: working in partnership with consumers, caregivers, service providers, and other stakeholders; developing and improving service options that are responsive to individual needs and preferences; and ensuring and protecting self-determination, consumer rights, and safety.” – DADS Mission Statement

The Workgroups met between December 1, 2005 and February 23, 2006 and developed recommendations to present to the SDS Project Steering Committee. The final recommendations represent the consensus opinions of the Workgroups and are detailed in Section III of this report. The recommendations developed by the Workgroups fall under one of the following broad categories:

Access and Intake:

- Identify elements for improving access to front door systems;
- Define and recommend how the information and referral process will be integrated;
- Describe local participation and control; and,
- Develop recommendations relating to geographical locations, interface with consumer support systems, and with Enterprise local structures and management.

Regulatory Services:

- Describe and recommend future survey operations for all institutional services and community care services; and,
- Describe and recommend suggestions for improving provider enrollment, contracting, licensing, and credentialing methods.

Provider Services:

- Describe and recommend future use of Nursing Facilities and Intermediate Care Facilities for Persons with Mental Retardation/Related Condition;

- Describe and recommend future optimization opportunities across programs and services;
- Define and recommend how the information and referral process will be integrated;
- Describe and recommend suggestions for improving provider enrollment and contracting methods; and,
- Based on recommendations, identify and describe needed changes to the future state plan and state rules regarding services and supports.

Some general themes emerged in the recommendations that cut across multiple Workgroups. The dominant theme throughout the SDS Project was the concept of Consumer Choice or Self-Determination. There has been a national push toward more consumer directed service delivery options within aging and disability services and the stakeholders here in Texas echo that sentiment. Many recommendations focus on the idea that the individual receiving services must be more involved in the decision making process to receive services.

Another prominent theme relates to monitoring. This includes monitoring the individual to make sure they are receiving the level of services they require, and monitoring providers to make sure they are following all state, federal, and contractual regulations and specifications. The recommendations are not aimed at any particular DADS system that is not performing the monitoring function, but rather at improving the current system to look more closely at individual needs and the quality outcomes of service delivery. Another component of the monitoring theme relates to the development of a standardized process for licensure and credentialing, as there is currently some overlap.

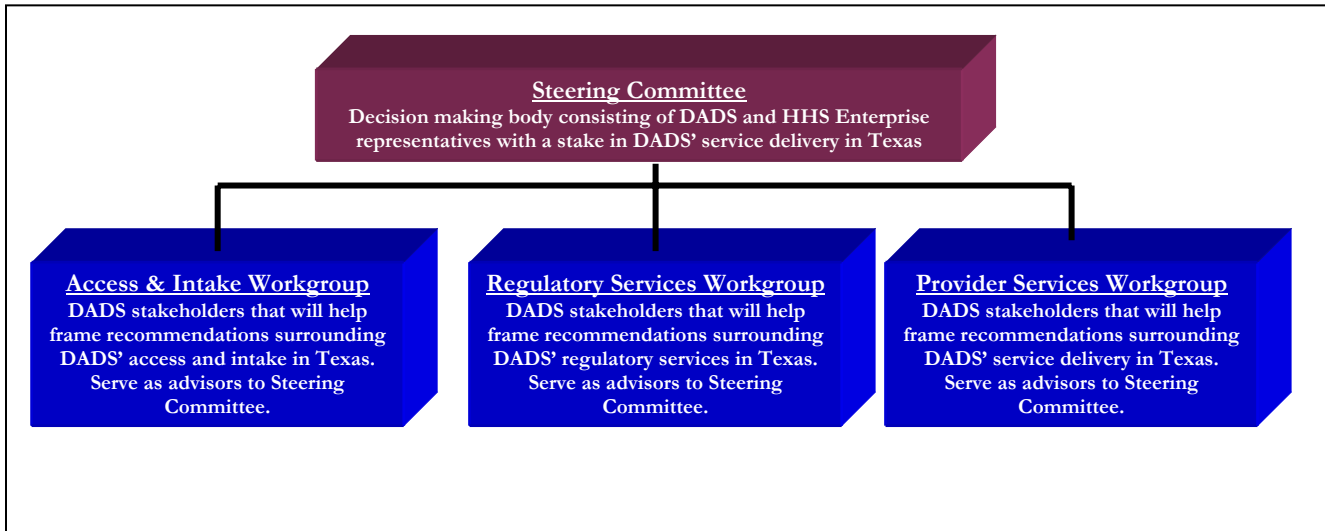
Conclusion

DADS and PCG would like to thank each Workgroup member for their work in developing the recommendations presented in this report. The Workgroups faced many challenges; however, they overcame those challenges and worked together toward the common goal of developing recommendations for this project.

PROJECT APPROACH

II. PROJECT APPROACH

The SDS Project was designed with a Steering Committee as the oversight body, and three Workgroups to provide the necessary stakeholder input for the project.



Steering Committee

The Steering Committee serves as the overseeing body that provides direction to the DADS team and PCG on project scope and desired outcomes. The Steering Committee is comprised of DADS staff and representatives of the other HHS agencies that have been appointed by the Commissioner and given the following responsibilities:

- Serve as the decision making body for the SDS Project;
- Designate the Chairperson for each of the three Workgroups;
- Provide oversight for the SDS Project;
- Refine the range of topics from which each Workgroup will focus their recommendations;
- Review recommendations and deliverables from the three Workgroups;
- Oversee development and approval of final report and implementation plan; and,
- Ensure that the deliverables are in concert with the agency guiding principles; are realistic, cost-effective and achievable; and are congruent with the Enterprise statewide vision.

The members of the Steering Committee are as follows:

SDS Project Steering Committee		
Name	Title	Organization Representing
Adelaide Horn (Chair)	Commissioner (2/1/06)	Department of Aging and Disability Services
James Hine (Fmr. Chair)	Commissioner (retired 1/31/06)	Department of Aging and Disability Services
Veronda Durden	Assistant Commissioner, Regulatory Services	Department of Aging and Disability Services
Jacquelyn McDonald	Assistant Commissioner, Access and Intake	Department of Aging and Disability Services
Barry Waller	Assistant Commissioner, Provider Services	Department of Aging and Disability Services
Lawrence Parker	Chief Operating Officer	Department of Aging and Disability Services
Gordon Taylor	Chief Financial Officer	Department of Aging and Disability Services
Debra Wanser	Assistant Commissioner, Adult Protective Services	Department of Family and Protective Services
Lynn Blackmore	Director of the Center for Policy and Innovation	Department of Assistive and Rehabilitative Services
Trey Berndt	Senior Policy Advisor, Office of Health Services	Health and Human Services Commission
Joe Vesowate	Assistant Commissioner, Mental Health and Substance Abuse Services	Department of State Health Services

Workgroups

DADS designed the SDS Project with stakeholders in mind and made a concerted effort to solicit stakeholder ideas that DADS can implement to improve the service delivery system. The SDS Project Steering Committee asked for nominations from over twenty-five major consumer/advocacy and provider organizations. The organizations that were asked to provide nominations are as follows:

Organization	Mission and Interests
ADAPT, Inc. (aka. The Institute for Disability Access)	Mission: to create housing and service options for people with disabilities to live in their own homes. Texas affiliate issues: ADA compliance, disability community services, housing options, and consumer control and choice of attendants.
Advocacy, Inc.	Mission: to advocate for, protect, and advance the legal human and service rights of persons with disabilities, is federally authorized and funded protection and advocacy organization; all states have protection and advocacy organizations.
Adult Day Care Association of Texas (ADCAT)	The Adult Day Care and Health Providers Association is a membership organization dedicated to keeping adults needing assistance healthcare, independent and non-institutionalized.
American Association of Retired People (AARP)	Mission: to enhance the quality of life for all as we age. Texas chapter Issues: Aging, long term care services, regulation of providers.
Austin Resource Center for Independent Living (ARCIL)	Mission: to provide independent living services to persons with disabilities. Participates in policy and legislative activities frequently since located in Austin. ARCIL is member of TACIL.
Coalition of Texans with Disabilities (CTD)	Mission: to ensure that persons with disabilities may work, live, learn, play, and participate fully in the community of their choice. Is a cross-disability membership organization that does policy and governmental advocacy, public awareness, and professional consulting.
Disability Policy Consortium (DPC)	Mission: to work collaboratively on progressive public policy issues: disability policy, education, employment, healthcare and managed care, housing, long term care services, and transportation. Organization of 20+ statewide groups in Texas that share common values and goals.

Organization	Mission and Interests
Parent Association for the Retarded of TX – PART	Mission: to support a full array of quality residential services and support options, and to work to ensure that the family’s and guardian’s choice is respected. It is a volunteer organization of parents of state school residents, family members, and interested persons.
Private Providers Association of Texas (PPAT)	The Private Providers Association of Texas is a professional non-profit organization of members, both for profit and not for profit providers of community based services to Texans with mental retardation and other developmental disabilities.
Texas Advocates	Mission: to advocate for more and better services and supports for people with disabilities to be included in their communities. Self advocate organization of persons with mental retardation and other developmental disabilities. Vision: “People with disabilities embrace life and advocate for their own rights and interests by making their own decisions and choosing services and supports that allow them to live the way they want to live.”
Texas Advocates for Nursing Home Residents	Mission: to advocate for improvement in the quality of life and care of Texas nursing home residents. Volunteer organization of family members and interested persons .
Texas Association of Area Agencies on Aging	Mission: to work collectively on shared issues common to AAAs and on aging services and programs. An organization of AAAs.
Texas Association of Centers for Independent Living (TACIL)	Mission: to promote dignity, equality, inclusion, and independence of Texans with disabilities. Independent Living Centers (ILCs) are defined in the 1973 federal Rehabilitation Act as consumer controlled, community based, cross- disability, nonresidential, private not for profit agencies, designed and operated in communities by persons with disabilities. ILCs provide independent living services funded by federal Title VII and DARS.
Texas Center for Disability Studies/Texas Technology Access Project	Mission: To serve as a catalyst so that people with developmental and other disabilities can be fully included in all levels of their communities and be in control of their lives. Federally funded and authorized, formerly called the University Affiliated program. Operates projects, including the Texas Assistive Technology Project.
Texas Council for Developmental Disabilities (TCDD)	Mission: to create change so that all people with disabilities are fully included in their communities and exercise control over their own lives. Council of 29 members, made up of members appointed by the Governor and agency representatives. Council develops a state plan for persons with disabilities and funds demonstration projects designed to advance best practices, consumer quality of life, etc. Federally funded and authorized.
Texas Senior Advocacy Coalition	Mission: to dedicate energy and resources on behalf of older adults following principles at: http://www.tsac.org/mission.htm Membership organization working on behalf of older adults.
Texas Silver-Haired Legislature (TSHL)	Mission: is to allow older Texans to be directly involved in legislative process, provide opportunity for advocacy training, and to advance policies to improve services to aging Texans. SCR 37 in 1985 (69 th Legislature) authorized organization which is non profit and nonpartisan with elected members.
Texas Assisted Living Association (TALA)	The Texas Assisted Living Association (TALA) represents the interests of assisted living facilities in Texas.
Texas Association for Home Care, Inc. (TAHC)	The Texas Association for Home Care is a membership organization to promote the quality and economic viability of licensed providers of home and community support services in Texas.
Texas Association of Homes and Services for the Aging	Texas Association of Homes and Services for the Aging is a membership organization of not for profit nursing facility providers.
Texas Association of Residential Care Communities	The Texas Association of Residential Care Communities is a not for profit corporation, voluntary member organization representing providers of Assisted Living, Nursing Homes, and Retirement Community Living.
Texas Council of Community MHMR Centers, Inc.	The Texas Council of Community MHMR Centers is a membership organization through which community MHMR centers work together as a public system serving Texans with mental illness, mental retardation, and chemical dependency.
Texas Health Care Association (THCA)	The Texas Health Care Association represents a broad spectrum of long-term care providers and professionals offering long term, rehabilitative, and specialized health care services. Member facilities, owned by both for-profit and not for profit entities, include nursing facilities, specialized rehabilitation facilities, and assisted living facilities.

Organization	Mission and Interests
Texas Organization of Residential Care Homes (TORCH)	The Texas Organization of Residential Care Homes, a membership organization, promotes and strives to implement the highest quality service and care to residents of assisted living and residential care homes throughout Texas.
The Arc of Texas	Mission: to create opportunities for people with mental retardation and other developmental disabilities to be included in their communities. Texas affiliate issues: funding and expansion of community services. ARC is a national organization with state affiliates.
United Cerebral Palsy (UCP) – Texas Chapter	Mission: to advance the independence, productivity, and full citizenship of people with disabilities through an affiliate (state and local) network. Texas chapter works on increasing integrated housing options and community services.
United Ways of Texas (UWT)	United Ways of Texas(UWT) is the voluntary state association for Texas United Ways. More than 70 local United Ways choose to participate in UWT. Members represent the overwhelming majority of Texans. United Ways of Texas is dedicated to being a non-partisan and neutral convener.

These stakeholder organizations sent over seventy nominations for the three, fifteen person Workgroups that focus on access and intake, regulatory services, and provider services. After much discussion and deliberation, the Steering Committee selected a representative mix of stakeholders to participate in the Workgroups developing the recommendations to improve the service delivery system for DADS, ensuring each stakeholder organization had at least one member on a Workgroup. The Steering Committee selected forty-five people, and designated one member of the Steering Committee to act as a non-voting subject matter expert for each Workgroup. The Workgroup members are as follows:

ACCESS AND INTAKE WORKGROUP	
Name	Organization Representing
Bruce Bower (Chair)	Texas Senior Advocacy Coalition
Peggy Boice	United Ways of Texas
Dennis Borel	Coalition of Texans with Disabilities
Mike Bright	The Arc of Texas
Danette Castle	Texas Council of Community MHMR Centers
Ron Cranston	ADAPT of Texas
Walter Diggles	Texas Association of Regional Councils
Beth Holt	Texas Advocates
Colleen Horton	The University of Texas, Texas Center for Disability Studies
Chris Kyker	Texas Silver-Haired Legislature
John Meinkowsky	TACIL / Network of Centers for Independent Living
Susan Murphree	Advocacy Inc.
Carole Smith	Private Providers Association of Texas
Ruth Snyder	Parent Association for the Retarded of Texas
Carol Zernial	Texas Association of Area Agencies on Aging
Jacquelyn McDonald	DADS – Non-voting Steering Committee Representative

REGULATORY SERVICES WORKGROUP	
Name	Organization Representing
James Meadours (Co-Chair)	Texas Advocates
Betty Streckfuss (Co-Chair)	Texas Silver-Haired Legislature
Candice Carter	Coalition of Texans with Disabilities
Adan Dominguez	Texas Association of Area Agencies on Aging
Darlene Evans	Texas Health Care Association
Beth Ferris	Texas Advocates for Nursing Home Residents
Walter Graham	Texas Senior Advocacy Coalition
Aaryce Hayes	Advocacy Inc.
George Linial	Texas Association of Homes and Services for the Aging
Kathy Maxey	Texas Association for Home Care, Inc.
Sandy Petersen	Texas Organization of Residential Care Homes
Sidney Rich	Texas Association of Residential Care Communities
Penny Seay	The University of Texas, Texas Center for Disability Studies
Teresa Shook	Texas Assisted Living Association
Beth Stalvey	Texas Council for Developmental Disabilities
Veronda Durden	DADS – Non-voting Steering Committee Representative

PROVIDER SERVICES WORKGROUP	
Name	Organization Representing
Ricky Broussard (Co-Chair)	Texas Advocates
Jean Langendorf (Co-Chair)	United Cerebral Palsy of Texas
Anita Bradberry	Texas Association for Home Care, Inc.
Mike Crowe	Texas Assisted Living Association
Roseanna Davidson	Parent Association for the Retarded of Texas
Daniel Flowers	Private Providers Association of Texas
Richard Garnett	Texas Council on Autism & Pervasive Developmental Disabilities
Susan Garnett	Texas Council of Community MHMR Centers
Andrew Johnson	Adult Day Care Association of Texas
Bob Kafka	ADAPT of Texas
Anthony Koosis	TACIL / Network of Centers for Independent Living
Pat Porter	Texas Silver-Haired Legislature
Glenda Rogers	Texas Association of Regional Councils
Linda Stewart	Texas Organization of Residential Care Homes
Pete Sulik	Texas Health Care Association
Barry Waller	DADS – Non-voting Steering Committee Representative

Recommendation Development

The Workgroups met for the first time on December 1, 2005 for an all-day orientation to the SDS Project. DADS stressed the importance of the process that the Workgroup members were about to undertake and reiterated that the SDS Project was looking for the Workgroups to develop consensus recommendations for the future optimization of the service delivery system. With the Workgroups composed of such a diverse set of stakeholders, DADS knew that finding consensus

was going to be a challenge. At the orientation, DADS stressed that if the Workgroups were going to find the common ground they needed to develop the recommendations, everyone must be willing to work together in guiding and shaping the work that would need to be accomplished. They further asked, in the spirit of creating a better system and improved outcomes for all persons seeking DADS services, that Workgroup members be willing to be challenged by each other, work on a team where their opinion, while valued, may not lead to a consensus recommendation, and work in an environment where the good of the system must be put before individual agendas.

With consensus building as a goal, the Workgroups met separately on December 1 to begin brainstorming ideas that could potentially lead to recommendations later in the process. To help the Workgroups develop recommendations and come to consensus, the following set of guiding principles have been developed by DADS so that all Workgroup members may utilize them as they go about developing recommendations to improve the service delivery system.

Consumer Focus - *The individual needs, preferences and rights of the consumer are primary to the design, development, and implementation of all programs and service delivery systems;*

Consumer Choice - *Consumers must have access to, and information about, a complete array of aging and disability services, supports, and opportunities when entering the DADS system in order to make informed decisions;*

Accessibility - *Consumers must be able to access services easily within the local community;*

Dignity, Well-Being, and Safety - *Recommendations must promote and enhance the individual dignity, well-being, and safety of the consumer;*

Teamwork and Partnerships - *Recommendations must foster the coordination and collaboration between consumers, advocates, elected officials, state and federal agencies, and the general public to achieve positive results;*

Local Participation - *Recommendations should recognize that local participation in the service delivery system can increase the quality of care provided to DADS' consumers;*

Provider Accountability - *The goal is to achieve statewide consistency in available services, while recognizing regional differences in consumer needs and best practices in the local delivery system;*

Realistic Recommendations - *Recommendations for the Service Delivery System Project must be realistic, cost-effective, and achievable;*

Best Business Decision - *Identify and evaluate all available options in order to achieve the best business decision. This will require balancing consumer priorities, best practices, standards of excellence, and budgetary constraints; and,*

Respect - *Participants will honor the opinions, values, dignity, privacy, and individuality of each other, consumers, DADS staff members, and project facilitation.*

In addition to the guiding principles, each Workgroup was given its own charge before the brainstorming session to help them focus on specific areas that DADS wanted to address in the final report. The charges or responsibilities of each Workgroup are below:

Access and Intake Workgroup Responsibilities

- Identify elements for improving access to front door systems;
- Define and recommend how the information and referral process will be integrated;
- Describe local participation and control; and,
- Develop recommendations relating to geographical locations, interface with consumer support systems, and with Enterprise local structures and management.

Regulatory Services Workgroup Responsibilities

- Describe and recommend future survey operations for all institutional services and community care services; and,
- Describe and recommend suggestions for improving provider enrollment, contracting, licensing, and credentialing methods.

Provider Services Workgroup Responsibilities

- Describe and recommend future use of Nursing Facilities and Intermediate Care Facilities for Persons with Mental Retardation/Related Condition;
- Describe and recommend future optimization opportunities across programs and services;
- Define and recommend how the information and referral process will be integrated;
- Describe and recommend suggestions for improving provider enrollment and contracting methods; and,
- Based on recommendations, identify and describe needed changes to the future state plan and state rules regarding services and supports.

The brainstorming sessions gave all the Workgroup members a chance to express their ideas and discuss the issues that they believed were important. During these sessions, no judgment was passed and at the end of the day, each Workgroup had created a list of potential ideas and issues that the Workgroups wanted to explore.

The Workgroups met again in person twice during January and again in February to refine the list of ideas and issues and develop consensus recommendations. There were several Workgroup conference calls and untold emails between members to assist them in developing the recommendations. Each Workgroup followed a slightly different path to get to their final recommendations; however, all members adhered to the principle that to be considered a consensus item, each Workgroup member needed to be 70% satisfied with the recommendation as presented by the Workgroup. There were several ideas that the Workgroups could not reach consensus on and they were moved to what was called a “parking lot” of issues, these are

identified in the Appendix of this report. These “parking lot” issues were not formally presented to the Steering Committee as recommendations to improve the service delivery system.

CONSENSUS RECOMMENDATIONS

III. CONSENSUS RECOMMENDATIONS

Access and Intake

The Access and Intake Workgroup started with a vision statement in order to help them form their recommendations. The vision they developed is a system that is fully funded, locally designed and managed, accountable, barrier free, easy to access/locate, and provides timely access to appropriate type, amount, and scope of person-directed supports and services in the most integrated setting along a continuum of options.

Charge #1 - Identify elements for improving access to front door systems

1. **Recommendation:** The Access and Intake workgroup have compiled a number of recommendations for strengthening the access and intake system to improve the front door system. These recommendations include the following items.
 - Sub-Recommendation: Any system designed should be cognizant of policy decisions that may occur in the future surrounding: facility closure; ICF/MR transfers; sufficient Medicaid eligibility workers; managed care integration with DADS services (Star+, ICM); and systemic access issues with Medicaid waiver programs (examples from consolidated waiver on both sides).
 - Sub-Recommendation: Development of appropriate assessment tools and applicability to adults and children, including assessment of the need for Guardianship, as well as those with intellectual disability.
 - Sub-Recommendation: Access to services should be based on functional needs as well as diagnosis.
 - Sub-Recommendation: There should be equity in accessing services based on functional need and diagnosis. This includes: equity in services across programs; equity in case management; equity in assessment; and coordination of programs and funding streams.
 - Sub-Recommendation: Ensure equity in services offered in waivers and community care programs.
 - Sub-Recommendation: Evaluate existing studies, data, and reports, including cost analysis, to develop options in the provision of case management that assures equity,

- choice, and accountability, including addressing any conflicts of interest that exist in the current system, with respect to access across programs.
- Sub-Recommendation: Adequate number of system navigator/service broker function should be expanded across programs.
 - Sub-Recommendation: Increased coordination and education outreach, and coordination among community partners regarding services.
 - Sub-Recommendation: All appropriate Community Living Options will be presented to people without conflict of interest.
 - Sub-Recommendation: Expand “money follows the person” across all programs, while assuring stability in services. There must be adequate capacity and funding in all programs to support ease of access and individual choice.
 - Sub-Recommendation: Ensure that people are presented all service options and have the ability to access the services they choose.
 - Sub-Recommendation: Support full coordination of programs and funding streams (inclusive of medical, Title XX, AAA, ILC, MRA, local, private, non-profit, faith-based, etc.).
 - Sub-Recommendation: Systems developed must benefit all populations and must be better and not just different.
 - Sub-Recommendation: Allow for and promote local control and flexibility in planning and managing service delivery.
 - Sub-Recommendation: Assure some level of standardization of access and intake across the state (timelines, terminology, qualifications, etc.).
 - Sub-Recommendation: Use of sliding fee scales to obtain services across the continuum of supports and services not limited to community based services, as allowed by administrative code.
 - Sub-Recommendation: Examine all confidentiality requirements to ensure information is shared as appropriate across agencies while continuing to protect customers’ privacy/data and rights.
 - Sub-Recommendation: End fragmentation and duplication across programs and agencies.

- Sub-Recommendation: Support expanded use of an appropriately descriptive and respectful term instead of “mental retardation”.
 - Sub-Recommendation: Include Person-Directed Planning in all programs.
 - Sub-Recommendation: Incorporate Promoting Independence principles and philosophies into any discussion regarding the development of a redesigned “front-door” and local access system. (From Promoting Independence Advisory Committee 2005 Stakeholder Report).
 - Sub-Recommendation: Ensure there is an Ombudsman function for all DADS service delivery systems at the local level.
2. **Recommendation:** Train staff on intake regulations to provide unbiased information on the full array of services.
3. **Recommendation:** Provide various technologies to inform and to allow individuals to make service decisions including:
- Everything from phone call to internet access;
 - Develop better educational materials (CD’s, brochures, etc.);
 - Laptop for in-home assessment – person to operate laptop and have access to web; and,
 - All forms of technology need to be accessible to persons with disabilities and without disabilities.
4. **Recommendation:** Access includes eligibility and equity of service availability.
- Evaluate eligibility criteria.
 - Determine if equitable.
 - Ability to access appropriate services regardless of disability, diagnosis, or funding stream.
 - Ability to access services appropriate to your need that may be defined by your disability or your diagnosis, and/or functional need (if ever one obtained), or all of the above.
 - Geographic equity of service availability-urban/suburban/rural, regions.
 - Eligibility requirements (IQ, age, diagnosis, etc.) are too restrictive – prevent people from getting into appropriate programs.
 - There should be equity in accessing services based on functional need and diagnosis. This includes: equity in services across programs; equity in case management; equity in assessment; and coordination of programs and funding streams.

5. **Recommendation:** Pilots need to be geographically representative, time limited, have measurable outcomes, and then be conducted, evaluated, and revised as necessary to make sure they are efficient, effective, and meet individual needs before taking statewide.
6. **Recommendation:** Individuals should benefit from savings resulting from the implementation of new processes (e.g. IEE). Recommendation that DADS benefit from HHSC savings created by IEE by directing some savings (up to \$4 million/year) toward community-based organizations to assist with integrated eligibility for their clients.
7. **Recommendation:** Learn/Expand on outcome-focused best practices.
8. **Recommendation:** Be cognizant when designing the front door for those that have multiple needs.
 - Do not categorize people by disabilities or demographics.
 - There should be coordination of benefits and services available through all health and human services agencies in Texas (Health and Human Services Commission – HHSC; Department of Aging and Disability Services – DADS; Department of Assistive and Rehabilitative Services – DARS; Department of Family and Protective Services – DFPS; and the Department of State Health Services – DSHS).
9. **Recommendation:** Interface acute care system with long term care system.
 - Improve communication and accountability.
10. **Recommendation:** Access and intake system values should include:
 - Self-determination;
 - Meaningful front doors;
 - Most integrated Setting;
 - Individual Choice; and,
 - Accountability at all levels throughout the system.
11. **Recommendation:** In addition to affording access to the services of all health and human services agencies in Texas (HHSC, DADS, DARS, DFPS, and DSHS), the front door needs to include access to other programs such as housing and transportation.

PCG Commentary

Two predominant themes for improving access to the front door system were identified by the workgroup: 1) enhancing individual choice and improving awareness and 2) linkage of front door systems. Both themes are critical to DADS as it considers ways of improving access to the

service delivery system. To achieve agency and stakeholder goals of an improved service delivery system, individuals must be empowered to make choices about the services they receive within a system that is easy to navigate, comprehend, coordinate, and evaluate.

Individual choice is a central element in the President's New Freedom Initiative and has been one of the key themes in administrative policy since it was introduced in 2001. Texas is embracing the national trend of empowering individuals to make choices in the services they receive. This national trend allows individuals to play an increasing role in their selection of the providers and types of services they receive. States have designed coordinated access and intake systems which support individuals entering the system to evaluate information on the complete array of services offered. As individuals gain access to information on a broader array of service options, they can make a more informed decision about the supports and services they require to meet their specific needs.

DADS can enhance the consumers' ability to exercise individual choice by educating and informing individuals, caregivers, and the general public about the services that are available to them. To improve the front door system to support the individual choice philosophy requires dedicated resources aimed at coordinating information on the availability of services in geographic areas. This effort seeks to better coordinate previously disparate front door systems and the services provided throughout the state. Improved coordination and education of the services available, along with empowering individuals by supporting them to exercise choice, creates the opportunity for individuals to make better economic purchasing decisions regarding the services they receive – ultimately leading to a more efficient and cost effective service delivery system to enhance consumer satisfaction.

Charge #2 - Define and recommend how the information and referral process will be integrated

1. Recommendation: Information and referral should include:

- Public Awareness;
- Outreach;
- Comprehensive and accurate information for individuals on how to access services and supports; and,
- Individual directed and locally driven services and supports.

2. Recommendation: Ensure automated means are not the only means of access to information and referral – access to a person, face-to-face, computer or by telephone as appropriate.

- With required individual support as necessary.

- 3. Recommendation:** Prior to, during, and after rollout, DADS works with HHSC to ensure the functionality of *YourTexasbenefits.com*, or something similar, enhances access to and coordination of services under programs that DADS administers.
- DADS shall work with HHSC to ensure *YourTexasbenefits.com* is able to be used by the individuals.
 - DADS shall work with HHSC to ensure *YourTexasbenefits.com* provides information about local programs in addition to state programs.
 - DADS shall monitor *YourTexasbenefits.com* to ensure the accuracy of the information and resources provided by the website.
 - DADS shall work with HHSC to ensure *YourTexasbenefits.com* achieves the appropriate benchmarks (accurate determination, timeliness, accessibility, individual satisfaction) before the system is rolled out and becomes a statewide system.

PCG Commentary

An effective and efficient service delivery system depends not only on the ability of individuals to find the services they need, but must also ensure the capacity to provide the needed services exists. To be truly effective, the system must make services available in the quantity and quality necessary to meet the needs of the individual. A system where individuals are not provided the services they need; when they need them, will ultimately result in higher long-term costs due to the exacerbation of the need or the utilization of available higher cost service options. A system where individuals are provided more services than they need does not effectively use limited resources. To achieve the goal of delivering services according to the needs of the individual requires that the system maintain accurate information on the availability of the services in the community and provide a mechanism for linking the needs of individuals with the availability of these resources. This type of system relies on an efficient referral process that connects individuals to higher and lower levels of services in accordance with their needs, rather than in accordance with the availability of those resources. Such a system is reliant upon the independence of these referral processes and assumes that services will be available when necessary.

Automated referral systems help individuals and communities identify, understand, and effectively use the programs that comprise the current service delivery system. Many state agencies across the country have successfully implemented information and referral systems to help individuals navigate through the array of services available within aging and disabilities systems, as well as across the array of other health and human services. At the community level, information and referral service systems facilitate planning by tracking requests for services and identifying gaps or duplications that may exist.

Trained staff should be available to assist individuals to identify needs, and make informed decisions about service options available. DADS should continue to actively participate in the development of the information and referral system for the reasons specified by the workgroup. It is essential to the individuals (the end users) that the system is effective and delivers accurate information. DADS' participation will require staff time and resources.

Charge #3 - Describe local participation and control;

1. **Recommendation:** Provide opportunity for local access and intake plans to be designed and managed to reflect the vision and recommendations adopted by the Access and Intake Workgroup.
2. **Recommendation:** Have active participation including, but not limited to state, sub-state, regional, and local governmental agencies, as well as private non-profit and for profit providers and other entities, faith-based organizations, individuals, direct service workers, families, advocates, and other stakeholders included in development of local access and intake plans. DADS must have broad planning and accountability standards developed by HHSC.
 - Require each local access and intake collaborative to have a local steering committee to ensure accountability to local community and funding sources of which the majority of members are individual/program participants (includes adults, parent of a minor child, and legally authorized representatives). Membership shall reflect the diversity of individual/program participants and other stakeholders in the system. Steering committee members shall receive assistance when needed to ensure meaningful participation.
 - The process to develop the initial access and intake plan and all future iterations of the plan shall ensure opportunities for meaningful public input.
3. **Recommendation:** Rather than HHSC determining the number and location of Access and Intake entities and the area to be encompassed by each, local communities of interest (ranging from a single county to multi-county areas) should voluntarily coalesce and collaborate to develop local access and intake plans covering defined geographic areas for approval by HHSC Commissioner.
 - In the event such a process does not result in all geographic areas of the state being included in a voluntarily developed Access and Intake plan, the HHSC Commissioner, in consultation with local officials from the affected areas (areas with an access and intake system and those without), may adjust such plans to ensure Texans are covered by an Access and Intake plan.

- 4. Recommendation:** HHSC Commissioner shall establish a mechanism, in addition to that afforded by the Texas Register rule making process, to receive input from A&I entities on public policies and rules.

PCG Commentary

As DADS seeks to make improvements to the existing service delivery system, it must leverage the experience and expertise of local agencies and stakeholders to build upon the strengths inherent in the existing delivery system. The system must remain flexible to accommodate the unique aspects and requirements of the individuals served within each community. A one-size-fits-all approach will not work for all areas of Texas. Each local system must contain consistent quality, accountability, licensure, outcome measures, and other standards; however, the method to achieve these standards must remain flexible.

Local communities understand the specific challenges that individuals experience when attempting to access the services they require to meet their needs. These communities must have the flexibility to develop innovative approaches to address the changing needs of the individuals who live in their areas. Along with this flexibility must also come accountability for the quality of the services, funds received, and outcomes achieved. The system must encourage and support efforts that are successful and have the ability to change those that do not meet the high standards set for the service system. Without innovation at the local level, the system will be ill-equipped to address the challenges individuals face in accessing the services they need, enhancing the quality of these services, and improving the outcomes for the individuals served.

Charge #4 - Develop recommendations relating to geographical locations, interface with individual support systems, and with Enterprise local structures and management

- 1. Recommendation:** Grievance and appeal process should be available in regards to access and intake.
- 2. Recommendation:** Transportation is fundamental to access and maintenance of services and should be considered at every level.
 - Location of agency offices should take into consideration access by public transportation.
 - DADS should coordinate with TXDOT on transit plans, the array of transportation services provided, and the reason why transportation services are needed.

PCG Commentary

Access to services in a State as large and diverse as Texas presents significant challenges. Texas has several densely populated areas along with large expansive geographic areas that are difficult to access. Therefore, service design must take into consideration the geographic availability of the service, how these services interface with the local community, and the assurance of consistent quality and accountability standards across the State, including the ability to systematically measure and evaluate these standards.

Provider Services

Charge #1: Describe and recommend the use of Nursing Facilities and Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR)/Related Conditions

1. Recommendation: Consider or use the facilities, Nursing Facilities, or ICF/MR's for other model purposes across all populations. Examples include:

- Single Room Occupancy (SRO);
 - Efficiency style apartments.
- Child day care centers;
- Adult day activity centers;
- Adult day health centers;
- Assisted living facilities;
- Community Center for the elderly;
- Potential site for Aging and Disability Resource Center (ADRC);
 - To help people connect to services.
 - HHSC eligibility office.
- Assist in planning with providers to facilitate other uses;
 - Offer specialized services (for example hemodialysis) or share expertise that can be used by a broader population than would otherwise be served in the original facility.
- Determine if there are conflicting state and federal regulations for use of nursing facilities and ICF/MRs;
- The number of nursing facility and ICF/MR beds is limited; therefore, investigate state and federal incentives to transition people from nursing and ICF/MR facilities;
- Employ eligibility coordination staff in facilities to complete registration process;
- Expand types of services in facilities/buildings that currently exist-do different things with existing building/space; and,
- Remove barriers for ICF/MR conversion to HCS (Home and Community-based Services)

PCG Commentary

The use, replacement and funding of the infrastructure of a service delivery system is a long-standing issue. There are several competing influences on this infrastructure including: a changing service delivery model that seeks to provide fewer institutional services and more community-based alternatives; the aging of the population places an increased demand for supports and services that have traditionally been only facility-based; and the aging of the physical infrastructure of facilities make them costly to maintain and operate. This challenge is not unique to Texas. In fact, most states face similar concerns. Each state has addressed them in

their own way. Any approach requires the development of a comprehensive, strategic approach to address the detailed needs of each community and encompass the changing landscape of target populations and the future direction for service delivery within the State.

Public Consulting Group has seen a developing trend in the co-location of health and human services to better address the multitude of needs of the individuals they serve. Traditionally, agencies and their programs were divided by the buildings and programs operated, creating fragmentation resulting in a system that was difficult to manage and coordinate. A common belief is that this fragmentation is the result of disparate funding streams and an insular mentality about the services and programs that are provided. This has led to a duplicative and/or inefficient service delivery system. The co-location of services helps to address these inefficiencies through better coordination and collaboration of services that are focused on the needs of consumers, rather than focused on the programs and services offered at those locations.

Charge #2: Describe and recommend future optimization opportunities across program and services

1. **Recommendation:** Provide monetary and other incentives to support a quality, sufficient provider base across the state to meet individual needs.
 - Fair and equitable rate structure.
 - Equalization of access to services around the state.
 - Expertise.
 - Rural availability.
 - Wage differentials.

2. **Recommendation:** Consolidation of services.
 - Task force to review purpose, history, population, design, contracting, services, and waivers for additional areas of consideration.
 - Individuals and providers are members of Task Force.
 - Many similar programs that have separate rules/functions.
 - Every program has a provider enrollment although these services are similar.
 - Research feasibility of standardizing or combining administrative contracting, billing, sanctioning, monitoring, enforcement, and compliance across the several different services and waivers.

3. **Recommendation:** Ensure system is flexible and adequately funded to meet the changing needs of individuals.
 - Changing needs of individuals including, but not limited to:

- Aging;
 - Disability;
 - Illness; and,
 - Personal Circumstances.
 - Create “Money Follows the Person” task force/workgroup.
 - Provider and individual representation.
 - Optional, not requirement for individuals.
 - Individual-directed services.
 - Various models/options.
 - Menu of services.
 - Core and specialty services.
 - Participation of local community based organizations to facilitate delivery of services.
4. **Recommendation:** Create equity in the accessibility for the individual – institution and community in a setting of their choice.
5. **Recommendation:** Study the benefits and consequences of three case management models in Community Care, including the impact to Self-Determination, which include:
- Service Provider performing case management;
 - Funding source performing case management; and,
 - Independent case management.

PCG Commentary

To identify future optimization opportunities across programs and services, it is important for a workgroup to be tasked with the responsibility of reviewing the existing services and programs. Texas has been a leader across the country in pursuing initiatives to consolidate programs as illustrated by H.B. 2292. The Workgroup has suggested there are viable opportunities to consolidate waiver programs. A comprehensive review will require significant time and staff resources; however, the investment will provide opportunities to improve the effectiveness and efficiency of service delivery and can enhance accountability and fiscal controls.

Staff will need to thoroughly examine and achieve understanding of the differences in the programs and services to make an informed decision on whether consolidation is feasible. Focus groups should be established to review certain program areas. Recommendations should be shared with the individuals that utilize the existing services to assess the potential positive and negative impact of any changes. Review, and possible consolidation, of the waivers may provide opportunities for more flexible service mixes that would benefit potential consumers.

Charge #3: Define and recommend how the information and referral process will be integrated

1. **Recommendation:** Assure individuals are offered a full array of person-directed/self-determined service delivery options.
 - Provide information on services in the most integrated setting, based on the individual's choice.

PCG Commentary

Automated referral systems help individuals and communities identify, understand, and effectively use the programs within the aging and disability service delivery system. This system must be linked with the larger, more comprehensive HHSC service delivery system to ensure that the full array of service offerings is provided to individuals. As with other recommendations, individual choice is stressed as a necessity. Evidence of this can be seen in national trends, including the Presidents' New Freedom Initiative. A comprehensive information and referral system provides valuable information and insight on the changing demands of individuals within the service delivery system. This information can be used to set the future direction of services or for the development of pilot programs.

Charge #4: Describe contracting, certification and licensure requirements for acute care models for replication, and applicability in long-term care system in DADS.

1. **Recommendation:** Research contracting, certification, and licensure requirements for acute care model for replication and applicability in long-term care system in DADS.
 - Examine redundancies between contracting, certification, and licensing. For example:
 - Nurses;
 - Multiple assessments;
 - Dietitians; and,
 - Home and community support services agency, etc...
 - Ensure individual and provider perspectives are included.
2. **Recommendation:** Contractors need to continue to be held accountable for their services.
 - Coordinate with licensure to avoid duplication and ensure efficiencies.

- Ensure equity, efficiency, and consistency in both contracts and monitoring throughout the state.

PCG Commentary

Any service delivery system must have appropriate checks and balances to ensure the safety, effectiveness, and quality of the services provided to individuals. State agencies are faced with the challenge of striking the appropriate balance of creating an accountable system without creating so many controls as to reduce the efficiencies and effectiveness of the programs. One means of finding this balance is to minimize or ideally eliminate redundancies within the existing system.

An examination of licensing, contracting, and certification should be conducted to identify duplication and redundancies in the current system. The workgroup has suggested that duplication of efforts may exist across these three functions. Specific opportunities have been identified in the following areas: nursing, multiple assessments, dieticians, and home and community support services. Common licensing, contracting, and certification functions are administered and integrated in other state agencies. The examination would require coordination with other agencies. The redundancies and “conflicts” described by workgroup members cross the Texas Health and Human Services Commission (HHSC) acute care, HHSC managed care (including long term care), and professional licensing boards as well as DADS program rules and licensure requirements. Because of this, these “conflicts” are more complex than the paragraph indicates. For example, one aspect of the issue described by the Adult Day Care representative about nursing requirements was created by a change made by the Board of Nursing Examiners (BNE).

Regulatory Services

Charge #1: Describe and recommend future survey operations for all institutional services and community care services.

1. **Recommendation:** Include qualitative and quantitative measures in the regulations, and use survey questions to ensure quality of life for every individual.
 - Develop operational definitions of what the outcomes are and how they are to be measured (surveyed) to ensure individual focused, quality of care, and quality of life outcomes.
2. **Recommendation:** Ensure self-determination and individual choice by:
 - Abiding by guiding principles of self-determination and individual choice;
 - Review current policies and regulations to identify regulatory barriers to self-determination and individual choice;
 - Eliminate and/or correct the regulatory barriers.
 - Develop a process to determine if education on self-determination is being made available, understood, and being provided.
 - Allow greater flexibility for individual choice.
 - Ensure appropriate protection and safeguards for confidentiality of complainants; and,
 - Develop measurement of quality of life (Develop a process to assess the quality of life related to individuals pursuing self-determination).
3. **Recommendation:** Ensure individuals have access to, and knowledge of, support, and services to live and age in place in the setting of their informed choice.
 - Setting should be meaningful and appropriate to individual needs.
 - Ensure that funds continue to follow the individual.
4. **Recommendation:** Ensure flexibility to allow for innovation including, but not limited to the following: (short term waivers for pilot projects)
 - Develop incentives to promote innovation.
 - Formalize process for waivers.
 - Formalize process for innovation on how regulations apply.
 - Ensure innovation improves service (rationale and evidence).
 - Formalize a process within DADS to allow providers to present new innovative ideas for care that could be implemented without specific legislation (SR).

5. **Recommendation:** Implement individual monitoring to determine if individuals get the services they need.
 - Individual monitors should receive adequate financial compensation.
 - Serve as a quality assurance mechanism.
 - Independent monitors – individuals with disabilities from outside the system.
 - Any information communicated to the Ombudsman by the monitor is to be shared with regulatory for systemic review.
 - Look to Oklahoma and Houston as a reference.
 - Similar to Ombudsman model.
6. **Recommendation:** Survey the quality of employment for individuals offered or presented by the caregiver, and notify individuals of the survey findings.
 - Streamline processes across TX agencies to make sure referrals from DADS are acted on by the agency receiving the referral and that they meet both the satisfaction and requirements of the individual.
7. **Recommendation:** Poor performers should be a regulatory focus within federal and state requirements, and with approved resources.
 - Increase focus on the poor performers (defined as those displaying a pattern of repetitive non-compliance) who are chronically not performing.
 - Provide assistance to poor performers to bring up to standard.
 - Draw a line as to when to terminate poor performers.
 - Repeated poor outcomes within an established timeframe.
 - Willfully negligent performers (those who repeatedly ignore regulations and conditions of participation).
8. **Recommendation:** Examine all requirements for licensure.
 - Are all elements present to make a decision on the requested license.
 - Focus on outcomes.
 - Include history and accountability, sanctions, and penalties.
9. **Recommendation:** Minimize inconsistency of interpretations during the survey and inspection process across all DADS regions.
 - Agree to come to the same conclusions on the same requirements.

10. Recommendation: Provisional Licenses.

- DADS should develop a process to consider provisional licenses in order to resolve special circumstances on a case-by-case basis.
- Improve regulatory language and awareness of provisional licenses.

11. Recommendation: Ensure results of survey findings are communicated in a timely manner to various stakeholders, individuals, and providers, and are easily accessible and in an understandable format.

12. Recommendation: Unlicensed providers - ALF/foster homes.

- Identify and allocate resources to address unlicensed facilities and ALF/foster homes in the community and address appropriate licensing issues.
- Determine source of the assistance being received by ALF/foster homes.

13. Recommendation: Protect individuals in unlicensed facilities and ensure that they receive care in an appropriate setting.*

- Review, or if necessary develop, regulations to monitor the care being rendered by these providers.
- Implement and fund a hotline to allow individuals to identify providers that are unlicensed.
- Develop processes to ensure the individuals using these resources are transferred to a licensed provider if necessary.
 - Review and implement Legislative task force recommendations.
 - Coordination needs to occur with DFPS and the Silver Haired Legislature on this issue.
 - Ensure DADS has the resources to monitor these providers.
 - Use provisional limited licenses with an expiration date to encourage unlicensed providers that want to become a licensed provider to complete the licensing process. This will allow DADS access to these providers to ensure that proper care is provided.

*Note: Any change in policy, practice, or information/referral that would lead to an increase in APS referrals for individuals residing in unlicensed facilities would need to be accompanied by an increase in direct service workers for APS.

14. Recommendation: Investigate inconsistency between DFPS and DADS.*

- Streamline the process of investigations to allow one entity to conduct investigations of abuse, neglect, and exploitation in health and human service settings and programs.
- Entity performing investigations is fully accountable for disseminating information to all involved parties.

*Note: This recommendation would require a change in statute and would require appropriate allocation, or transfer of resources in order to implement.

15. Recommendation: Develop a process to determine that staffing is adequate and appropriate to achieve positive outcomes for individuals.

- Avoid setting meaningless minimums and maximums related to staffing requirements.
- Tie the staffing to outcomes.
- Fully fund staff rate enhancements.

16. Recommendation: Request adequate resources to recruit, train, and retain staff to perform surveys to ensure the quality and consistency of the care and treatment of individuals.

17. Recommendation: Emergency preparation, response, and follow-up (accountability and oversight regarding natural disasters).

- Workgroups have been formulated by the Governor's office to review this issue.
- DADS' regulations need to be coordinated with the overall Emergency Preparedness plans of HHSC, specifically coordination with local resources.
- Review DADS' regulations and requirements on Emergency Preparedness.
- DADS needs to ensure that individuals representative of those with special needs are included in all State efforts on emergency planning.

PCG Commentary

Survey practices are a vital element of every service delivery system and serve to ensure the services delivered by providers adhere to state and federal regulations. The survey process protects the individuals that access the service delivery system by identifying service providers of high quality or those that may place individuals at risk. DADS' surveyors play an important role in the service delivery system by evaluating compliance with applicable standards and

developing plans of action for identified areas of non-compliance. The survey process addresses consumer safety and healthcare quality.

The Regulatory Services workgroup has recommended several approaches to improve current survey practices. One overarching theme is to improve self-determination and individual choice through survey operations. This is a national trend that DADS has embraced, but must now be integrated into the survey process. To that end, DADS should work to identify and remove any regulatory barriers to individual choice so individual consumers can play a more active role in determining the services that they receive and result in better individual outcomes. The DADS survey process should also act as a means of obtaining comparative information so consumers can make informed decisions when selecting services and providers. The survey process should be used as a way of encouraging the accountability of providers regarding the quality of the services they provide. Non-compliant providers should be identified and this information should be easily accessible so individuals can make informed choices during the selection of a service provider. In addition, the collection and reporting of survey data to stakeholders will ultimately stimulate the desire for quality improvement. Other states have systems in place that incorporate such ideas and DADS should continue to work toward implementing these changes with its current efforts of the CPI, QAIS unit. PCG has seen in other states that as barriers to individual choice are removed and information to individuals increases, the individuals play a much more active role in determining the services that they receive. This can create a more efficient system by forcing providers to improve their service delivery or risk having individuals choose a competitor. Ultimately, more consumer choice will drive the providers to deliver the quality of services that are necessary to produce the outcomes desired by the individuals.

Another theme is to coordinate and improve the consistency of the monitoring process across the state. To do this, the Workgroup recommends that DADS staff have a comprehensive understanding of the current regulations so that findings are consistent across the DADS system. This can be accomplished by evaluating and trending staff knowledge and their understanding of current regulations, identifying weaknesses that exist, and taking action to make sure that in all regions of the state, everyone has the same basic level of understanding and interpretation of requirements. In addition, training materials should be assessed for accuracy to ascertain if the documentation reflects the current regulatory environment. These are necessary investments that DADS should consider for immediate implementation. They would improve consistency in both the operations and monitoring of surveys, as well as ensure a more standardized set of information for the use of individuals accessing the DADS system. These changes will take time to implement, though they will not require significant resources, and can serve to address the current criticism expressed by stakeholders regarding the lack of consistency within the current survey structure.

Another way to improve the consistency of survey operations and the monitoring process is by assessing staff funding within DADS. The Workgroup members have suggested the survey operation within DADS is not sufficiently funded. This lack of funding may be contributing to

the high turnover rates within survey operations, resulting in a lack of experienced staff to conduct monitoring activities. DADS should seek to determine if additional funding is needed to reduce the turnover and determine whether deficiencies exist due to lack of staffing resources in the survey operations.

Charge #2: Describe and recommend suggestions for improving provider enrollment, contracting, licensing, and credentialing methods.

1. **Recommendation:** Evaluate licensing and contract requirements related to promoting self-determination and individual meaningful choice, and develop standards around these components.
2. **Recommendation:** Change of Ownership – (CHOW) -- simplify the process.
 - The CHOW process should be simplified for the same entity, if in good standing upon acquisition of additional facilities.
 - Legislation previously proposed by the Department should be revisited.
3. **Recommendation:** Improve education on licensure requirements.
 - Checklists currently available to assess licensure readiness.
 - Develop pre-survey training seminar to outline licensure requirements.
 - Review HCSSA model for applicability.
 - Provider organizations should provide a model agency for providers to visit and get a better understanding of what is required -- peer relationship.
 - Look for consultants, trade associations, or organizations within the provider community that can be of benefit to the system.

PCG Commentary

Individual choice is a theme that the workgroup is urging and is a philosophy that must be incorporated during the design of an improved licensing process. DADS' main objectives surrounding licensing should be to focus on improved quality of care by service providers and create a process of evidence-based licensing. DADS should assess whether current mandates best serve the individuals within the DADS system or those preparing to access the system. Specifically, DADS should consider if current requirements restrict or promote consumer choice. Changes should be made to streamline services, enhance consumer choice, and maintain the level of protection afforded by the existing regulations. Regulatory focus groups should be formed to develop a better understanding of the current environment and determine opportunities to implement changes with the above mentioned goals in mind. These recommendations will

require additional resources, but are not likely to be substantial given the benefits of creating a more effective licensure program.

Other Regulatory Services Issues

1. **Recommendation:** Continue networking and communication efforts in order to utilize stakeholder group resources.
2. **Recommendation:** Help foster communication between HUD and CMS.
 - DADS should continue to facilitate communication with regional CMS and HUD.

APPENDICES

- I. Acronyms**
- II. Steering Committee Members**
- III. Workgroup Members**
- IV. Meeting Schedules**
- V. Other Project Resources**
- VI. Non-Consensus Workgroup Findings**

I. Acronyms



Acronyms Used in SDS Final Report

BNE	Board of Nursing Examiners
CHOW	Change of Ownership
DADS	Texas Department of Aging and Disability Services
HHSC	Texas Health and Human Services Commission
ICF/MR	Intermediate Care Facility for the Mentally Retarded
PCG	Public Consulting Group, Inc.
SDS Project	Service Delivery System Project / Service Delivery System Design Plan Project

Other Acronyms

A & D	Aged and Disabled
A & I	Access and Intake
AAA	American Automobile Association or
AAA	Area Agency on Aging
AAMR	American Association on Mental Retardation
AARP	American Association of Retired Persons
ABEST	Automated Budget and Evaluation System
ACS	Affiliated Computer Systems
ACTS	ASPEN (See below) Complaint Tracking System
ADA	Americans with Disabilities Act
ADL	Activities of daily living
AFC	Adult Foster Care
AFR	Annual Financial Report
AHEC	Area Health Education Centers
AI	Applied income
AIDS	Acquired Immunodeficiency Syndrome
ALF	Assisted living facility
ALJ	Administrative Law Judge
ANE	Abuse, neglect or exploitation
AOA	Administration on Aging
AP	Area Plans for AAAs
APS	Adult Protective Services
AR	Accounts receivable
ASPEN	Automated Survey Processing Environment
ATW	Aging Texas Well
B/FM	Billing/ Fiscal Monitoring
BBA	Balanced Budget Act
BDM	Budget data management
BHO	Behavioral health organization
BICC	Business Intelligence Competency Center
BMW	Benefit Management Workgroup
CANRIS	Client Abuse Neglect Report Inquiry System
CANRS	Client Abuse Neglect Reporting System
CARE	Client Assignment and Registration System
CARES	Compliance, Assessment, and Regulatory Enforcement System
CBA	Community-based alternatives
CCAD	Community Care for the Aged and Disabled
CCEA	Center for Consumer and External Affairs
CCP	Comprehensive Care Program
CDR	Central Data Repository
CDS	Consumer directed services
CFO	Chief Financial Officer

CFR	Code of Federal Regulations
CG	Certification group
CHIP	Children's Health Insurance Program
CI	Critical incident
CIL	Centers for Independent Living
CLASS	Community Living Assistance and Support Services
CM	Contract management
CMA	Case management agency
CMPAS	Consumer managed personal assistance services
CMS	Center for Medicare and Medicaid Services or
CMS	Claims Management System
COB	Close of business
COG	Council of Government
COLA	Cost of living adjustment
COO	Chief Operating Officer
CORF	Comprehensive outpatient rehabilitative facility
COS	Contract Oversight and Support
CPA	Comptroller of Public Accounts
CPC	Center for Program Coordination
CPI	Center for Policy and Innovation
CPMO	Central Program Management Office
CPS	Child Protective Services
CPT	Common procedural terminology
CRCG	Community resource coordination group
CRS	Consumer Rights and Services
CSHB	Committee Substitute House Bill
CSHCN	Children with Special Health Care Needs
CSIL	Community Services Interest List
CSP	Coordinated strategic plan
CSRP	Consumer Services and Rights Protection
CWP	Consolidated Waiver Program
DADS	Department of Aging and Disability Services
DAHS	Day Activity and Health Services
DANSA	Dallas Area NorthSTAR Authority
DARS	Department of Assistive and Rehabilitative Services
DBA	Doing business As
DBMD	Deaf Blind/Multiple Disability
DFPS	Department of Family and Protective Services
DISCO	DADS Information Security and Control Organization
DISPRO	Disproportionate share
DM	Disease management
DMA	Data management access
DME	Durable medical equipment
DO	Doctor of Osteopathy
DOJ	Department of Justice
DPIC	Designated person in charge

DPMO	Departmental Program Management Office
DPNA	Denial of payment for new admissions
DRGs	Diagnosis related groups
DSA	Direct service agency
DSH	(Or Dispro) Disproportionate share (Medicaid hospital program)
DSHS	Department of State Health Services
DTAS	Disclosure Tracking and Accounting System
E/S	Enrollment/sanctions
EBT	Electronic benefits transfer
ECI	Early Childhood Intervention
ECPS	Enterprise contracting and purchasing services
EDBC	Eligibility determination and benefit calculation
EDG	Eligibility determination group
EDI	Electronic data interface
EDS	Emergency dental services
EEO	Equal employment opportunity
EIN	Federal employee identification number
ELP	English language proficient
EOB	Explanation of benefits
EPSDT	Early Periodic Screening, Diagnosis and Treatment
EQRO	External quality review organization
ERS	Emergency Response Services
ESC	Emergency Support Center or
ESC	Enterprise Service Center
ESI	Express Scripts Incorporated
ESL	English as a second language
ESO	Executive and Staff Operations
FAQs	Frequently Asked Questions
FDA	Food and Drug Administration
FFP	Federal financial participation
FFS	Fee-for-service
FFY	Federal fiscal year
FG	Foster Grandparent
FID	Federal tax payer identification number
FMAP	Federal Medicaid assistance percentages
FPL	Federal poverty level
FQHC	Federally qualified health center
FS	Food stamps
FSR	Federal Status Report
FTE	Full time equivalent
FY	Fiscal year
FYI	For your information
GAO	Government Accounting Office
GED	General Education Development
GL	General ledger
GLOB	Governor's Legislative Operating Budget

GME	Graduate Medical Education
GOBPP	Governor's Office of Budget, Planning and Policy
GR	General revenue
HB	House bill
H-CATS	HHSC Contract Administration Tracking System
HCFA	Health Care Financing Administration
HCS	Home and Community-Based Services
HCSS	Home and community support services
HCSSA	Home and community support service agencies
HDM	Home delivered meal
HEDIS	Health Plan Employer Data and Information Set
HHSAS	Health and Human Services Administrative System
HHSC	Health and Human Services Commission
HICAP	Health insurance counseling and assistance program
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HJR	House Joint Resolution
HMO	Health maintenance organization
HR	Human Resources
HRC	Human Resources Code (state)
HRO	House research organization
HSC	Health and Safety Code (state)
HUB	Historically underutilized business
HUD	U.S. Department of Housing and Urban Development
I & A	Intake and Assistance
IA	Internal Audit
IAC	Interagency contract
IADL	Independent activities of daily living
ICAP	Inventory for Client and Agency Planning
ICD9-CM	International Classification of Diseases, 9 th Revision, Clinical Modification
ICF/MR	Intermediate care facility for persons with mental retardation
ICF/MR/RC	Intermediate care facility for persons with a related condition
IDEA	Individuals with Disabilities Educational Act
IDT	Interdisciplinary team
IGT	Intergovernmental transfer
IHFSP	In-home and Family Support Program
IM	Instant messaging (See Separate Acronym list for IMs)
IMD	Institution for mental disease
IME	Incurred medical expense
INA	Immigration and Nationality Act
INS	Immigration and Naturalization Services
IPA	Individual practice association
IPC	Individual Plan of Care
IPP	Individual Program Plan
IQF	Interactive quality forums

IR&A	Information referral and assistance
IRS	Internal Revenue Service
ISD	Independent school district
ISP	Individual Service Plan
IT	Information Technology
ITO	Indian Tribal Organization
IV	Intravenous
JAD	Joint analysis design
JPC	Juvenile Probation Commission
LAR	Legally authorized representative or
LAR	Legislative appropriation request
LBB	Legislative Budget Board
LBHA	Local Behavioral Health Authority
LBM	Last benefit month
LCDL	Licensed Chemical Dependency Counselor
LEP	Limited English proficiency
LMHA	Local Mental Health Authority
LOC	Level of care
LOI	Letter of intent
LON	Level of need
LP	Limited program
LTC	Long-term care
LTCR	Long Term Care Regulatory
LTSS	Long Term Services and Supports
L UW	In TIERS, logical unit of work
LVN	Licensed Vocational Nurse
MAO	Medical assistance only
MCAC	Medical Care Advisory Committee
MCD	Medicaid/CHIP Division
MCO	Managed care organization
MD	Medical Doctor
MDCP	Medically Dependent Children Program
MDS	Minimum Data Set (Nursing Facility Data)
MDU	Multiple Disabilities Unit
ME	Medicaid eligibility
MERP	Medicaid estate recovery program
MFADS	Medicaid Fraud Analysis and Detection System
MFCU	Medicaid Fraud Control Unit
MFP	Money follows the person
MH	Mental health
MI	Mental illness
MIMS	Materials Inventory Management System
MIS	Management Information System
MMIS	Medicaid Management Information System
MN	Medical necessity
MOA	Memorandum of Agreement

MOU	Memorandum of Understanding
MPI	Medicaid Program Integrity
MR	Mental retardation
MR/RC	Mental retardation or a related condition
MRA	Mental Retardation Authority
MTP	Medical Transportation Program
NAPIS	National Aging Program Information System
NATCEP	Nurse Aide Training and Competency Evaluation Program
NDIS	National Data Interchange Standards
NF	Nursing facility
NFCSP	National Family Caregiver Support Program
NOA	Notice of application
NORS	National Ombudsman Reporting System
NPI	National provider identifier
NSIP	Nutrition Services Incentive Program
OA	Organizational area
OAA	Older Americans Act
OAG	Office of the Attorney General
OASIS	Outcome Assessment Information Set (HCSSA data)
OBRA	Omnibus Budget Reconciliation Act
OCC	Office of Community Collaboration
OECC	Office of Early Childhood Coordination
OES	Office of Eligibility Services
OGC	Office of General Counsel
OHS	Office of Health Services
OIG	Office of Inspector General
PA	Prior authorization
PACE	Program of All-inclusive Care for the Elderly
PAO	Pre-application orientation
PARTS	Procurement and Tracking System
PAS	Personal assistance services
PASARR	Preadmission Screening and Resident Review
PBM	Pharmacy benefits management
PC	Purpose code
PCCM	Primary care case management
PCF	Personal care facilities
PCP	Primary care physician
PDA	Personal digital assistant
PDL	Preferred drug list
PDN	Private duty nurse
PDP	Person directed plan
PHC	Primary home care
PHP	Prepaid health plan
PI	Promoting Independence or
PI	Process Improvement
PI ²	Program Improvement and Integration

PIAC	Promoting Independence Advisory Committee
PII	Program Improvement and Integration
PIN	Payee identification number
PM/PM	Per member per month
PMO	Project Management Office
PNO	Private nonprofit organization
POC	Point of contact or
POC	Plan of care
POS	Point of service
PPAT	Private Provider Association of Texas
PRN	As needed
QA	Quality assurance
QDWI	Qualified disabled and working individual
QI	Qualified individuals or
QI	Quality indicators
QM	Quality management or
QM	Quality matters
QMB	Qualified Medicare beneficiary
QMHP	Qualified Mental Health Professional
QMRP	Qualified Mental Retardation Professional
QRS	Quality Reporting System
RACs	Regional advisory committees
RC	A condition that is similar to mental retardation, a related condition
RFH	Registered family home
RFO	Request for offers
RFP	Request for proposals
RN	Registered Nurse
RSA	Risk self assessment
RSD	Regulatory Services Division
RSVP	Retired Senior Volunteer Program
RUGS	Resource Utilization Group System (National nursing facility payment rates)
SALT	Seniors and law enforcement together
SAMS	Social Assistance Management Software
SAO	State Auditor's office
SAR	State action request
SARC	Sanction Advisory Review Committee
SAS	Service Authorization System
SASO	Service Authorization System Online
SAVERR	System for Application Verification Eligibility Referral and Reporting
SB	Senate bill
SC	Service coordinator
SCC	Surrogate Consent Committee
SCR	Senate Concurrent Resolution
SDA	Service delivery area
SDM	Surrogate Decision Maker

SFY	State fiscal year
SHARS	School Health and Related Services
SHIP	State Health Insurance Program
SJR	Senate Joint Resolution
SKIP	State Kids Insurance Program
SLMB	Specified low-income Medicare beneficiaries program
SMCAC	Statewide Managed Care Advisory Committee
SMRF	State mental retardation facility
SNF	Skilled nursing facility
SO	State office
SOC	State Operations Center
SOCC	State Operations Command Center
SOLQ	State on-line query
SPA	Statewide Property Accounting
SPR	State Program Report
SPRA	Spousal protected resource assessment
SRI	Service request initiative
SRT	State Reporting Tool
SRU	Stakeholder Relations Unit
SSA	Social Security Administration
SSI	Supplemental security income
SSPD	Special Services to Persons with Disabilities
STAR	State of Texas Access Reform
STARS	State of Texas Assistance and Referral System
STP	Significant traditional provider
SUA	State Unit on Aging
SWSA	Southwest Society on Aging
TAC	Texas Administrative Code
TAHC	Texas Association on Home Care
TAHSA	Texas Association on Homes and Services for the Aging
TALA	Texas Assisted Living Association
TANF	Temporary Assistance for Needy Families
TARC	Texas Association of Regional Councils
TBD	To be determined
TBPC	Texas Building and Procurement Commission
TCADA	Texas Council on Alcohol and Drug Abuse
TDD	Telecommunication device for persons with hearing impairments
TEA	Texas Education Agency
TF	Total float, the amount of time an activity may be delayed
THCA	Texas Health Care Association
TIERS	Texas Integrated Eligibility Redesign System
TILE	Texas Index for Level of Effort (State nursing home rates)
TLS	Texas Legal Services
TMHP	Texas Medicaid and Healthcare Partnership (Medicaid vendor payment system)
TOA	Types of assistance

TPL	Third party liability
TPR	Third party resource
TQM	Total Quality management
TRAIL	Texas Records and Information Locator
TSC	Transition Steering Committee
TxHL	Texas Home Living
TXMHAC	Texas Mental Health and Aging Coalition
UM	Utilization management
UPL	Upper payment limit
UR	Utilization review
UR/UC	Utilization review and utilization control
USAS	Uniform Statewide Accounting System
USDA	United States Department of Agriculture
USPS	United States Postal Service
VA	Veteran's Administration
VDP	Vendor Drug Program
VFC	Verification of Freedom of Choice Form
VFI	Vendor fiscal intermediary
VISTA	Volunteers in Service to America
VO	Vendor operations
VR	Vocational Rehabilitation
WCA	Waiver contract area
WHCoA	White House Conference on Aging
WIC	Women, infants and children

II. Steering Committee Members

Steering Committee Members

Jim Hine Department of Aging and Disability Services
Addie Horn Department of Aging and Disability Services
Lawrence Parker Department of Aging and Disability Services
Gordon Taylor..... Department of Aging and Disability Services
Jacquelyn McDonald Department of Aging and Disability Services
Barry Waller..... Department of Aging and Disability Services
Veronda Durden..... Department of Aging and Disability Services
Joe Vesowate Department of State and Health Services
Debra Wanser..... Department of Family and Protective Services
Lynn Blackmore..... Department of Assistance and Rehabilitative Services
Trey Berndt Health and Human Services Commission

III. Workgroup Members

Access and Intake Workgroup Members

Bruce Bower (Chair)..... Texas Senior Advocacy Coalition

Peggy Boice United Ways of Texas

Dennis Borel Coalition of Texans with Disabilities

Mike Bright..... The Arc of Texas

Danette Castle Texas Council of Community MHMR Centers

Ron Cranston ADAPT of Texas

Walter Diggles Texas Association of Regional Councils

Beth Holt..... Texas Advocates

Colleen Horton..... Texas Center for Disability Studies, The University of Texas

Chris Kyker..... Texas Silver-Haired Legislature

John Meinkowsky TACIL / Network of Centers for Independent Living

Susan Murphree Advocacy, Inc.

Carole Smith Private Providers Association (PPAT)

Ruth Snyder Parent Association for the Retarded of Texas (PART)

Carol Zernial Texas Association of Area Agencies on Aging

Jacquelyn McDonald Texas Department of Aging and Disability Services

Regulatory Services Workgroup Members

Betty Streckfuss (Co-Chair)..... Texas Silver-Haired Legislature

James Meadours (Co-Chair) Texas Advocates

Candice Carter Coalition of Texans with Disabilities

Adan Dominguez Texas Association of Area Agencies on Aging

Darlene Evans Texas Health Care Association

Beth Ferris..... Texas Advocates for Nursing Home Residents (TANHR)

Walter Graham..... Texas Senior Advocacy Coalition

Aaryce Hayes Advocacy, Inc.

George Linial Texas Association of Homes and Services for the Aging (TAHSA)

Kathy Maxey..... Texas Association for Home Care, Inc.

Sandy Petersen Texas Organization of Residential Care Homes (TORCH)

Sidney Rich..... Texas Association of Residential Care Communities (TARCC)

Penny Seay..... Texas Center for Disability Studies, The University of Texas

Teresa Shook..... Texas Assisted Living Association

Beth Stalvey Texas Council for Developmental Disabilities

Veronda Durden..... Texas Department of Aging and Disability Services

Provider Services Workgroup Members

Jean Langendorf (Co-Chair) United Cerebral Palsy of Texas

Ricky Broussard (Co-Chair) Texas Advocates

Anita Bradberry Texas Association for Home Care, Inc.

Mike Crowe Texas Assisted Living Association

Roseanna Davidson.....Parent Association for the Retarded of Texas (PART)

Daniel FlowersPrivate Providers Association of Texas (PPAT)

Richard Garnett..... Texas Council on Autism & Pervasive Developmental Disorders

Susan Garnett..... Texas Council of Community MHMR Centers

Andrew Johnson..... Adult Day Care Association of Texas

Bob Kafka ADAPT of Texas

Anthony Koosis TACIL / Network of Centers for Independent Living

Pat Porter..... Texas Silver-Haired Legislature

Glenda Rogers..... Texas Association of Regional Councils

Linda Stewart..... Texas Organization of Residential Care Homes (TORCH)

Pete Sulik Texas Health Care Association

Barry Waller..... Texas Department of Aging and Disability Services

IV. Meeting Schedules

Project Meeting Schedule

November

November 21..... Steering Committee

December

December 1 Project Kick-off: Access and Intake, Provider Services, and Regulatory Services

December 16 Steering Committee

January

January 9 Regulatory Services

January 10 Access and Intake, and Provider Services

January 17 Steering Committee

January 30 Provider Services

January 31 Access and Intake, and Regulatory Services

February

February 7 Provider Services

February 13 Access and Intake, and Regulatory Services(Conf. Call)

February 16 Steering Committee

February 23 Provider Services(Conf. Call)

V. Other Project Resources

Other Project Resources

Throughout the project, materials were made available to the workgroup and steering committee members whenever it was seen by DADS or the group members as something that might be advantageous to the project as a whole. A listing of all these documents follows:

1. Workgroup SDS Reference Materials (Orientation Packet provided to all Workgroups)
 - DADS Reference Guide, 2005
 - DADS “As Is” Document, October 28, 2005
 - National Trends Observed for DADS’ Services
 - CMS Quality Improvement Roadmap, July 2005
 - Medicaid’s Role for People With Disabilities, August 2003
 - Aging Services Access Points Network Review – National Review of Promising Practices, August 2004
 - Reimaging America, 2005
 - State of the States in Developmental Disabilities, 2004
 - HHSC Pink Book (“Texas Medicaid in Perspective”), June 2004
 - The Revised Texas Promoting Independence Plan, December 2004
 - State of the State in Aging, 2005
 - Executive Order RP45 – June 17, 2005
2. DADS 101 – An Introductory Course for New Employees (All Workgroups)
3. Achieving Integrated Local Access and Services for the Elderly and Persons with Disabilities, HHSC - November 1, 2000 (All Workgroups)
4. Core Requirements/Components for Emergency/Disaster Recovery Continuity of Services Plan per Federal Regulations and State Rules – Nursing Facilities, ICF/MR-RC, ADC, ALF, HCSSA – April 12, 2005 (All Workgroups)
5. The New Eligibility System for Texas – Integrated Eligibility Enrollment and TIERS – January 6, 2006 (All Workgroups)
6. DADS – Service Delivery System – Background, “Draft” – January 9, 2006 (All Workgroups)
7. Service Delivery System Design – Texas Council on Autism 1/30 (All Workgroups)
8. TX DADS Access and Intake Services – December 2005 (Access and Intake Workgroup)
9. Elder Care Access Network Model – Access/Point of Entry and Coordination Work Groups (Access and Intake Workgroup)
10. Regional Access Planning Guidelines and Relevant SDS Access and Intake Recommendations (Access and Intake Workgroup)
11. Access and Intake SDS Workgroup Term Definitions (Access and Intake Workgroup)

12. SDS Project Access and Intake Services Workgroup Information Packet (Access and Intake Workgroup)
 - Department of Aging and Disability Services – Access and Intake Services, “Older Individuals, Persons with Disabilities” Diagram
 - DADS Access and Intake Service Booklet
 - A Status Report on An Assessment of the Design and Delivery of Long-Term Services and Supports
 - Enhancing Community Access for Long-Term Care
 - Texas Long-term Care – Access! Common System Barriers, Challenges and Solutions
 - Texas Real Choice Grant, Creating a More Accessible System for Real Choices in Long-Term Care Services
 - Long-term Care Workgroup Report
 - Overview of CCAD Services
 - CCAD Handbook Section:
 - 2110 – Description of Case Management
 - 2120 – Reference to Case Management Assessment of a client’s needs
 - 2443 – Description of Coordination with other social and community resources
 - Texas Administrative Code (TAC) Rule, Title 40, Part 1, Service Coordination for Individuals with Mental Retardation, Chapter 2, Subchapter L
 - Attachment M: Options for Mental Retardation Service and Support
 - DADS Form 8648, Initial Identification of Preference
13. *“Do We Really Mean Families for **All** Children? Permanency Planning for Children with Developmental Disabilities”*, Policy Research Brief, Vol. 11, No. 2, Research and Training Center on Community Living, University of Minnesota, September 2000. (Access and Intake Workgroup)
14. *“Better Quality and Sustainability By Giving More Control to People with a Disability”*, Testimony of Mark B. McClellan, MD, PH.D. Administrator, Before the Subcommittee on Health of the House Committee on Energy and Commerce Hearing on Long-Term Care and Medicaid, Centers for Medicare & Medicare Services, April 27, 2005. (Access and Intake Workgroup)
15. Proposed Outline to Implement the New Recommendations Relating to Local Access and Intake Plans For the A&I Workgroup's consideration, February 13, 2006 (Access and Intake Workgroup)
16. Regional Access Planning Guidelines and Relevant SDS Access and Intake Recommendations (Access and Intake Workgroup)
17. HHS System Strategic Plan for FY 2005-2009, Chapter X: Goals, Objectives, and Strategies – 2004 (Access and Intake)
18. FY 2005 Regulatory Services Annual Report, posted to the DADS website at: http://www.dads.state.tx.us/business/ltrcr/reports/RS_Annual_Report_FY05.pdf. (Regulatory Services Workgroup)

19. Regulatory 101 Document (Regulatory Services Workgroup)
20. A Decade of Achievement by OK-AIM (Regulatory Services)
21. House Bill 470 (Provider Services)
22. House Bill 1551, 73rd Reg Session – May 31, 1993 (Provider Services)
23. House Bill 2572 ENR 79th Reg Session (Provider Services)
24. PS Workgroup Q & A - Sent to the SC, questions posed to Larry North. (Provider Services Workgroup)
25. Medicaid Occupancy by Region – Sent to SC. (Provider Services Workgroup)
26. Texas Aging and Disability Resource Centers Project – Executive Summary (Access and Intake Workgroup)

VI. Non-Consensus Workgroup Findings

Non-Consensus Findings

The following items were discussed by the three workgroups to varying degrees, but no workgroup consensus could be reached on these matters.

ACCESS AND INTAKE

Issue Number (not by priority)	Workgroup Issue	A&I feedback to Workgroup on this issue
No items were placed in the parking lot.	-	-

PROVIDER SERVICES

Number (not by priority)	PCG Comments	Workgroup Issue
1.2	Discussed on Jan 10. No consensus on Jan 30. Moved to parking lot on Jan 30.	Ensure consideration for future need so skilled services are available to population. <ul style="list-style-type: none"> • People that needed or wanted services would have the availability of these services. • Maintain options for people.
1.4	Discussed on Jan 10. Discussed on Jan 30. No consensus on Jan 30. Moved to parking lot on Jan 30.	Ensure that facility based services and various delivery options continue to exist in the future. <ul style="list-style-type: none"> • Be available for those people that choose facility based services as well as those that choose community based services. • Promote independence and choice. • Need to improve resources. • Availability/quality of resources. • Reduce staff turnover.
1.7	New item discussed on Jan 10. Discussed on Jan 30. No consensus reached on Jan 30. Moved to Parking Lot on Jan 30.	Close and Consolidate State ICF/MRs. <ul style="list-style-type: none"> • Does the current delivery system provide effective and efficient services in the least restrictive environment. • State Schools are believed to be more expensive than comparable community based alternatives.

2.1	<p>Discussed on Jan 10.</p> <p>Moved to parking lot on Jan 10.</p> <p>Did not discuss item on Jan 30.</p>	<p>Education for new providers.</p> <ul style="list-style-type: none"> • Link new providers with successful businesses that currently operate in the environment. • Is this a realistic opportunity? • Private businesses will be hesitant to offer up successful business practices. <ul style="list-style-type: none"> - Require tighter standards to become a new provider of DADS' services. - Education/training for providers to increase likelihood of success. <p>Provider training and education needs to be updated (From 5.1).</p> <ul style="list-style-type: none"> • Training material is outdated and no longer relevant. • Doesn't follow current regulations.
NA	<p>New item discussed on Jan 30.</p> <p>No Consensus reached and moved to parking lot on Jan 30.</p>	<p>Children should not be admitted to institutions; they belong in families.</p>

REGULATORY SERVICES

Deliverable	Category	Regulatory Services Category Recommendations	Workgroup Recommendation
1.25y		Barriers	<p>Criminal history of individuals in a residency must be pro-active.</p> <ul style="list-style-type: none"> - This information is not currently communicated to the other families and individuals in the facility. - Must require legislative action.