



# House Committee on Human Services Interim Charges 2 and 5 80<sup>th</sup> Legislature

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Department of Aging and Disability Services  
Commissioner Adelaide Horn

March 13, 2008

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# Medicaid Entitlement Services: Facility Entitlement

# Nursing Facility

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- Services include:
  - Institutional care to Medicaid recipients whose medical condition requires the skills of licensed nurses on a regular basis.
  - The nursing facility must provide for the total medical, nursing, and psychosocial needs of each resident, including:
    - Room and board
    - Social services
    - Over-the-counter drugs
    - Medical supplies and equipment
    - Personal needs items

# Nursing Facility, continued

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## *Eligibility Requirements*

An individual may be of any age, and must:

- have a monthly income that is within 300% of the Supplemental Security Income (SSI) monthly income limit (\$1,911/month\*),
- have countable resources of no more than \$2,000,
- be certified by a physician as having a medical condition that requires daily skilled nursing care (medical necessity determination), and
- reside in a Medicaid-certified facility for 30 consecutive days.

\* *SSI levels are adjusted at the federal level each year based upon the annual increase in the Consumer Price Index .*

## Nursing Facility, continued

<b>Statewide Nursing Facility Program Statistics</b>	<b>FY 2007</b>
Average number receiving Medicaid-funded nursing facility services per month	57,217
Average cost per Medicaid resident per month	\$2,564.75

# Medicaid Entitlement Services: Community Entitlements

# Primary Home Care (PHC)

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- Services include:
  - Non-technical, non-medical attendant services for individuals whose chronic health problems impair their ability to perform activities of daily living.
  - Assistance with performing daily tasks such as:
    - Arranging or accompanying individuals on trips to receive medical treatment
    - Bathing
    - Dressing
    - Meal preparation
    - Housekeeping
    - Shopping



# PHC, continued

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## *Eligibility Requirements*

An individual must:

- be at least 21 years of age,
- have a monthly income that is equal to or less than 100% of the monthly income limit for Supplemental Security Income (SSI) (\$637/month\*),
- have countable resources of no more than \$2,000,
- have a functional assessment score of 24 or greater, and
- have a medical practitioner's statement that the individual's medical condition causes a functional limitation for at least one personal care task.

\* *SSI levels are adjusted at the federal level each year based upon the annual increase in the Consumer Price Index .*

## PHC, continued

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<b>Primary Home Care Statistics</b>	<b>FY 2007</b>
Average number of consumers served per month	59,065
Average monthly cost per consumer served	\$635.36

# Community Attendant Services (CAS)

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- Services include:
  - Non-technical, non-medical attendant services for individuals of all ages whose chronic health problems impair their ability to perform activities of daily living and whose income makes them ineligible for Primary Home Care.
  - Assistance with performing daily tasks such as:
    - Arranging or accompanying individuals on trips to receive medical treatment
    - Bathing
    - Dressing
    - Meal preparation
    - Housekeeping
    - Shopping

# CAS, continued

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## *Eligibility Requirements*

An individual may be of any age, and must:

- have a monthly income that is within 300% of the monthly income limit for SSI (\$1,911/month\*),
- have countable resources of no more than \$2,000,
- have a functional assessment score of 24 or greater, and
- have a medical practitioner's statement that the individual's medical condition causes a functional limitation for at least one personal care task.

\* *SSI levels are adjusted at the federal level each year based upon the annual increase in the Consumer Price Index .*

## CAS, continued

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<b>Community Attendant Services Statistics</b>	<b>FY 2007</b>
Average number of consumers served per month	42,089
Average monthly cost per consumer served	\$619.56

# Day Activity and Health Services (DAHS)

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- Services include:
  - Daytime services Monday through Friday to individuals residing in the community.
  - Services are provided in a non-institutional, community-based setting (state-licensed adult day care facilities), and are designed to address an individual's physical, mental and social needs and include:
    - Meals
    - Nursing and personal care
    - Physical rehabilitation
    - Social, educational and recreational activities
    - Transportation

## DAHS, continued

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### *Eligibility Requirements*

An individual may be of any age, and must:

- have a monthly income of 100% of the monthly income limit for SSI (\$637/month\*) or less,
- have countable resources of no more than \$2,000, and
- have a physician's order requiring care or supervision by a licensed nurse because the individual has a need for skilled or restorative nursing that can be met at the facility.

\* *SSI levels are adjusted at the federal level each year based upon the annual increase in the Consumer Price Index .*

## DAHS, continued

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<b>Day Activity and Health Services Statistics</b>	<b>FY 2007</b>
Average number of consumers served per month	17,349
Average monthly cost per consumer served	\$479.84



# Medicaid Community Services 1915(c) Waivers

# Community Based Alternatives (CBA)

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- Services include:
  - Adaptive aids
  - Adult foster care
  - Assisted living residential care
  - Consumer directed services
  - Emergency response (electronic call system)
  - Home delivered meals
  - Medical supplies
  - Minor home modifications
  - Nursing
  - Personal assistance
  - Rehabilitative therapies
  - Respite care
  - Transition assistance services

# CBA, continued

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## *Eligibility Requirements*

An individual must:

- be 21 years of age or older,
- meet the medical necessity for nursing facility admission,
- have a monthly income that is within 300% of the Supplemental Security Income (SSI) monthly income limit (\$1,911/month\*),
- have countable resources of no more than \$2,000, and
- have an Individual Service Plan (ISP) that does not exceed 200% of the reimbursement rate that would have been paid for that same individual to receive services in a nursing facility.

\* *SSI levels are adjusted at the federal level each year based upon the annual increase in the Consumer Price Index .*

## CBA, continued

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<b>Community Based Alternatives Statistics</b>	<b>FY 2007</b>
Average number of consumers served per month	26,783
Average monthly cost per consumer served	\$1,288.86

# Consolidated Waiver Program (CWP)

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- A pilot program operating in Bexar County since December 2001.
- Provides a broad array of services, including, but not limited to:
  - Adaptive aids and medical supplies
  - Audiology
  - Behavior communication
  - Case management
  - Dental treatment
  - Dietary services
  - Emergency response (electronic call system)
  - Habilitation
  - Home delivered meals
  - Intervenor services (to assist with communication and access to the community)
  - Minor home modifications
  - Nursing
  - Personal assistance services
  - Respite
  - Transition assistance services
  - Transportation

# CWP, continued

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## *Eligibility Requirements*

An individual may be of any age, and must:

- reside in Bexar County,
- be on the interest list in Bexar County for STAR+PLUS or one of the DADS 1915(c) waiver programs,
- have a monthly income that is within 300% of the SSI monthly income limit (\$1,911/month\*),
- have countable resources of no more than \$2,000, and
- have an Individual Service Plan (ISP) that does not exceed 200% of the reimbursement rate that would have been paid for that same individual age 21 or over to receive services in a nursing facility.

\* *SSI levels are adjusted at the federal level each year based upon the annual increase in the Consumer Price Index .*

## CWP, continued

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<b>Consolidated Waiver Program Statistics</b>	<b>FY 2007</b>
Average number of consumers served per month	182
Average monthly cost per consumer served	\$1,738.38

# Interest List

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- As of January 31, 2008, there were 30,862 persons on the CBA interest list.
- With the additional funding authorized by the 80<sup>th</sup> Legislature, we anticipate serving an additional 1,607 persons in the CBA waiver during the 08-09 biennium.



# Money Follows the Person

# Money Follows the Person (MFP)

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- The MFP policy is currently for individuals residing in nursing facilities.
- From September 1, 2001 through December 31, 2007, 14,393 individuals have transitioned from nursing facilities into community-based Medicaid waiver programs.

# Money Follows the Person (MFP)

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- Rider 37 created the “money follows the person (MFP)” policy for individuals residing in nursing facilities (2002-03 General Appropriations Act, Article II, Department of Human Services [DHS], S.B. 1, 77th Legislature, Regular Session, 2001).
  - “It is the intent of the legislature that as clients relocate from nursing facilities to community care services, funds will be transferred from Nursing Facilities to Community Care Services to cover the cost of the shift in services...”.
- DHS periodically transferred funds on a retrospective basis from the nursing facility strategy to the community care strategy.
- DHS transferred funds at expenditure levels for all Rider 37 individuals, rather than on an individual by individual basis. Transferred funds were then included in the overall base funding in future appropriations.

## MFP, continued

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- Rider 28 (2004-05 General Appropriations Act, Article II, DHS, H.B. 1, 78th Legislature, Regular Session, 2003) continued the MFP policy with a slight variation. The rider disallowed the expansion of the base number of appropriated waiver slots through transferred funds.
- New Rider 37 (2004-05 General Appropriations Act, Article II, DHS, H.B. 1, 78th Legislature, Regular Session, 2003) required that individuals utilizing Rider 28 be funded separately through transfers from the nursing facility strategy, and that those slots would not count against the total appropriated community care slots.

## MFP, continued

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- H.B. 1867, 79th Legislature, Regular Session, 2005 codified the MFP policy with a fundamental change. MFP was now included in the General Appropriations Act with its own strategy; beginning in Fiscal Year 2005, funds were no longer literally transferred between the nursing facility and community care strategies.
- The 2008-09 General Appropriations Act (Article II, DADS, 80th Legislature, Regular Session, 2007) allocated under A.6.4 Strategy: Promoting Independence Services (MFP): Fiscal Year 2008 -- \$81,396,147 and Fiscal Year 2009 -- \$91,324,489 to fund the “money follows the person” policy.

## MFP, continued

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Money Follows the Person Statistics	FY 2007
Average number of consumers served per month	4,640
Average monthly cost per consumer served	\$1,297.03

# MFP Demonstration

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- This initiative is a multi-year federal demonstration award to Texas to assist in its efforts to provide additional community-based options, and promote an individual's choice in where they want to receive their long-term services and supports.
- Texas will receive an additional 20 percent Federal Medical Assistance Percentage (FMAP) for all individuals who:
  - Have been in an institutional setting for at least six months;
  - Are Medicaid-certified;
  - Are eligible for community-based Medicaid (c) waiver programs; and
  - Want to relocate back into the community.

# Services Funded with State General Revenue



# General Revenue Services

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- In-Home and Family Support – Regional and Local Services (IHFS-RLS)
  - Services include direct grant benefits to purchase:
    - Attendant care
    - Health services
    - Respite
    - Transportation
    - Room and board incurred during evaluation or treatment
    - Capital expenditures for renovations to a residence to facilitate or improve access or for special equipment
  - Up to \$1,200 per year for the purchase of ongoing services, and/or the purchase of equipment or architectural modifications.

# General Revenue Services, continued

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## *Eligibility Requirements*

To be eligible for services, an applicant must:

- be age 4 or older,
- have a permanent physical disability that results in a substantial functional limitation in one or more major life areas that limits the individual's ability to function independently, and
- meet income eligibility criteria based on the State Median Income (SMI) [\$29,906/yr]. Co-payments, which are on a sliding scale, begin when an individual's income is at/above 105% of the SMI. (\$31,401/yr \$2,617/mo)
- There are no resource eligibility requirements.

## General Revenue Services, continued

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State In-Home and Family Support – RLS Statistics	FY 2007
Average number of clients per month receiving In-Home and Family Support – RLS	3,914
Average monthly cost of In-Home and Family Support – RLS per client	\$75.68

## IHFS-RLS - Interest List

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- As of January 31, 2008, there were 14,110 persons on the IHFS-RLS interest list.
- With the additional funding authorized by the 80<sup>th</sup> Legislature, we anticipate serving an additional 687 persons in the IHFS-RLS program during the 08-09 biennium.

# Title XX Services

# Title XX Services

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- Community Services and Supports (Title XX Block Grant)
  - Adult foster care
  - Consumer-managed personal assistance services
  - Day Activity and Health Services
  - Emergency response (electronic call system)
  - Family care
  - Home delivered meals
  - Residential care
  - Special services for persons with disabilities

## Title XX Services, continued

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### *Eligibility Requirements*

An individual must be:

- 18 years of age or older,
- have a monthly income of no more than \$1,911\* (equivalent to 300% of SSI),
- have resources of no more than \$5,000, and
- meet the functional assessment score requirements of the specific service.

\* *SSI levels are adjusted at the federal level each year based upon the annual increase in the Consumer Price Index .*

## Title XX Services, continued

Title XX Community Services and Supports	FY 2007	
	Average Persons Served per Month	Average Cost per Person per Month
Adult Foster Care	124	\$437.47
Consumer Managed Personal Attendant Services	493	\$1,032.86
Day Activity and Health Services	1,305	\$421.71
Emergency Response	18,019	\$23.36
Family Care	6,422	\$450.40
Home Delivered Meals	16,531	\$95.19
Residential Care	600	\$570.26
Special Services to Persons with Disabilities	132	\$669.10



## Title XX Services - Interest List

- As of January 31, 2008, the number of persons on the Title XX interest lists. Counts for each program are included in the table below.
- With the additional funding authorized by the 80<sup>th</sup> Legislature, we anticipate serving an additional 2,228 persons eligible for Title XX services during the 08-09 biennium.

<b>Title XX Service</b>	<b>Number on Interest List</b>
Adult Foster Care	122
Consumer Managed Personal Attendant Services	749
Day Activity and Health Services (Title XX)	696
Emergency Response	7,366
Family Care	813
Home Delivered Meals (Title XX)	4,645
Residential Care	832
Special Services for Persons with Disabilities	28

# Services Available Through Area Agencies on Aging

# Area Agencies on Aging

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- DADS is the state agency responsible for administering programs under the federal Older Americans Act (OAA). DADS provides services in all 254 counties through a network of 28 Area Agencies on Aging (AAA), with which it contracts.
- Designated under the OAA, 25 of the AAAs are sponsored by Councils of Governments. Of the remaining three:
  - Harris County AAA is sponsored by the City of Houston
  - Dallas County AAA is sponsored by Community Council of Greater Dallas
  - Tarrant County AAA is sponsored by the United Way of Metropolitan Tarrant County

# Area Agencies on Aging

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- DADS allocates funding to AAAs through a federally approved intrastate funding formula.
- Based upon the needs of older individuals within their service areas, AAAs utilize federal, state and local dollars to provide services.
- Service prioritization is a component required in AAAs' Area Plans.
- Not all services are available in all areas of the state.

# Eligibility Criteria for AAA Services

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- Services are provided for individuals 60 years of age and older and because funds are limited, they are targeted to individuals:
  - With greatest economic need (at or below the U.S. Poverty Guidelines)
  - With greatest social need (isolated, with a lack of family or other informal support)
  - Who are at risk for institutional placement
- Particular attention is given to:
  - Low-income minority older individuals
  - Older individuals with limited English proficiency
  - Older individuals residing in rural areas

# Eligibility Criteria for AAA Services

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- OAA services include those authorized under the National Family Caregiver Support Program (FY 2000). Under this program, services are available to Texans who:
  - Are caring for someone age 60 or older, or who has Alzheimer's disease or related disorders with neurological and organic brain dysfunction;
  - Are grandparents or relative caregivers age 55 or older, caring for a child age 18 or younger; or
  - Are grandparents or relative caregivers age 60 or older, caring for someone with a disability, ages 19-59
- Some in-home services, such as home-delivered meals, homemaker and personal assistance, require an assessment of an individual's need for services.
  - An assessment is conducted to document impairment in performing daily activities, such as food preparation, housekeeping, bathing and dressing.

## Funding Sources for AAAs

In FY 2007, AAAs received over \$115.6 million in funding from the following sources:

Federal Funds	\$77,265,007	60%
State General Revenue	\$5,035,160	4%
Local Funds	\$25,425,868	20%
Local In-Kind	\$13,064,314	10%
Local Program Income	\$7,040,452	6%
Total	\$115,600,711	

# Services Provided by the AAAs

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- AAAs provide an array of services within the following categories:
  - Access and assistance services
  - Nutrition services
  - Services to assist independent living
- During FY 2007, AAAs served a total of 228,513 persons.
  - Of the 3,336,180 individuals who are included in the 60+ population (based on 2007 Census Projections), 228,513 individuals represent 7% of the population.



# Access and Assistance Services

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- Access and assistance services provided by the AAAs (directly and through contractor and vendor agreements) help older persons, their family members and/or other caregivers receive the information and assistance they need in obtaining community services, both public and private, formal and informal.
  - Benefits counseling/Legal assistance
  - Care coordination
  - Caregiver support coordination
  - Information, referral and assistance
  - Legal awareness
  - Ombudsman services

## Access and Assistance Services

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Access and Assistance Services	Persons Served—FY 2007
Benefits Counseling/Legal Assistance	11,377
Care Coordination	16,297
Caregiver Support Coordination	3,968
Information, Referral and Assistance	110,701
Legal Awareness	100,098

# Ombudsman Services

<b>Ombudsman Services</b>	<b>FY 2007</b>
Number of certified Ombudsmen	1,048 (914 volunteers; 134 staff)
Number of nursing facility complaints received	42,819
Number of nursing facilities visited	1,138
Number of assisted living facility complaints received	3,876
Number of assisted living facilities visited	1,447

# Nutrition Services

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- Through their network of service providers, AAAs support a statewide system of nutrition services funded through the OAA, as well as state and local funds. These services include:
  - Congregate meals
  - Home-delivered meals
  - Nutrition education

# Nutrition Services

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<b>Nutrition Services</b>	<b>Persons Served—FY 2007</b>
Congregate Meals	58,416
Home-Delivered Meals	36,397
Nutrition Education	94,813

# Services to Assist Independent Living

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- The OAA authorizes a wide range of services that support an individual's independence. Services are provided through a network of service providers and include, but are not limited to:
  - Adult day services
  - Caregiver education and training
  - Caregiver information services
  - Caregiver respite care—in-home, institutional, and non-residential
  - Emergency response (electronic call system)
  - Health maintenance
  - Health screening/monitoring
  - Homemaker
  - Instruction and training
  - Personal assistance
  - Residential repair
  - Transportation—demand response

# Services to Assist Independent Living

Services to Assist Independent Living	Persons Served—FY 2007
Adult Day Services	347
Caregiver Education and Training	4,313
Caregiver Information Services	16,721,588*
Caregiver Respite Care	3,224
Emergency Response	1,603
Health Maintenance	5,052
Health Screening	2,781
Homemaker	2,829
Income Support	1,131
Instruction and Training	15,243
Personal Assistance	915
Residential Repair	1,855
Transportation—Demand Response	10,866

\*Calculated by the AAAs based on estimated attendance at events and from estimated audience as reported by media outlets. Contacts include people who receive services through seminars, information sessions and targeted radio and TV.

# Barriers

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Barriers AAAs face in serving eligible older population include:

- Geographic barriers in rural communities:
  - Fewer resources than large urban areas
  - Fewer opportunities to capitalize on economies of scale
  - Limited workforce
- Transportation barriers
  - Long distances and increased fuel costs make travel to access services for consumers and travel to provide services for providers difficult in some areas.
- Language barriers
  - There is a shortage of bi-lingual workers.



# Respite Services

# Respite Services

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- Respite provides temporary relief to caregivers from their duties and may be provided in an in-home or institutional setting.
- Numerous state and federally funded programs offer respite services. These include:
  - All DADS Medicaid 1915(c) waivers
  - In-Home Family Support
  - Older Americans Act services administered by AAAs

# Respite in Medicaid 1915 (c) Waivers

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- Two waiver programs which make respite services available to older individuals are:
  - Community Based Alternatives (CBA)
  - Consolidated Waiver Program (CWP)
- In CBA, respite is available in-home and out-of-home in:
  - Nursing facilities
  - Assisted living facilities
  - Adult foster care homes
- In the CWP (available only in Bexar County), respite is available in-home and out-of-home in settings such as:
  - Foster homes
  - Hospitals
  - Nursing facilities

## Respite in Medicaid 1915 (c) Waivers

Waiver	CBA	CWP
Number of Individuals Receiving Respite as Part of Service Plan – FY 2007	1,633	14
Average Days of Respite Per Person	8.7	15
Annual Cost Per Person	\$1,711	\$3,479

# Respite Services Provided through AAAs

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- Respite care is a key feature of the National Family Caregiver Support Program, and is available in:
  - In-home settings
  - Institutional settings
  - Non-residential settings
- Respite services are provided through:
  - Hospitals
  - Nursing facilities
  - Adult day centers
  - Home and community support service agencies
  - Individuals under the Voucher Program

# Respite Services Provided through AAAs

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- In 2007, a total of 5,172 individuals received respite services through AAAs.
- For in-home and institution combined:
  - Individuals received an average of 85 hours per year
  - Average annual cost per person was \$711
- For Adult Day Services:
  - Individuals received an average of 68 half-day\* stays per year
  - Average annual cost per person was \$1,765

\* A half-day stay is at least 3 hours but less than 6 hours.

# Preparing for an Aging Population

# Aging and Disability Resource Centers

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- In 2005, DADS received a three-year Aging and Disability Resource Center (ADRC) grant, jointly funded by the Administration on Aging and the Centers for Medicare and Medicaid Services (CMS). The amount of the grant is \$799,999 over the three years.
- The primary objectives of ADRCs are to:
  - Provide streamlined access and assistance to older adults and persons with disabilities
  - Work collaboratively with community agencies and organizations
  - Serve as a resource both for individuals eligible for publicly funded services and supports, as well as individuals with private resources
- Pilot projects are located in Bexar County, Central Texas, and Tarrant County.



# Community Roundtables

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- In 2007, DADS assisted with planning and convening community roundtables in 8 locations around the state.
- The goal of these roundtables is to determine what might be done at the state and local levels to integrate access to DADS services in a way that makes the most sense to consumers.
- Ideas resulting from the roundtables include:
  - The use of electronically-shared referral forms
  - Formal inter-agency training plans
  - United marketing activities
  - Employing the use of system navigators to assist individuals in understanding the DADS system of services and programs
- Additional roundtables will be convened in 2008.

# Long Term Care Partnership Program

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- Long-term care (LTC) Partnerships are public-private partnerships, authorized by the Federal Deficit Reduction Act of 2005 (DRA) to make affordable, high-quality LTC insurance available to individuals of moderate incomes.
- Senate Bill 22, 80th Legislature, Regular Session, 2007 requires the HHSC, DADS, and the Texas Department of Insurance (TDI) to coordinate in establishing a LTC Partnership program.
  - Provides \$600,000 in general revenue funds in FY09 – for staffing, operations, and outreach campaign
  - Requires program to be consistent with provisions of DRA
- TDI expects to finalize the rules allowing insurance companies to begin selling Partnership insurance policies in Texas by July 2008.
- DADS and HHSC are working together to implement the partnership.

# White House Conference on Aging (WHCoA)

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- WHCoA is held every 10 years to inform the president and Congress on aging issues.
- The Texas delegation is appointed by the Governor, members of Congress, and the WHCoA Policy Committee.
- Prior to the conference held in 2005, DADS developed the “Many Voices Report” as a resource guide on aging issues for Texas delegates to the conference.
- During the conference, delegates from around the country met to discuss and vote on the top 50 priorities from a list of over 70 resolutions.
- After the conference, DADS partnered with the Texas Silver Haired Legislature and the AAAs to host 14 “local solutions forums” around the state to get input from stakeholders regarding ideas or strategies for implementing the resolutions adopted at the conference.

# Aging Texas Well

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- The purpose of the Aging Texas Well (ATW) initiative is to ensure that Texans prepare for aging in all aspects of life and that state and local infrastructures are able to support aging well throughout the lifespan.
  - The ATW initiative was created in 1997 and on April 1, 2005, Governor Rick Perry issued Executive Order RP42 to establish the ATW Advisory Committee and Plan.
- ATW aims to improve individual preparedness and social infrastructure -- laws, policies and services -- that affect aging Texans.
- Encourages communities to identify features that define an “aging-friendly” community, to assess their community’s aging friendliness, and to undertake planning and action steps to build a community embodying Aging Texas Well attributes.

# Texercise

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- Texercise is a statewide intergenerational fitness program that educates and involves individuals and communities in adopting healthy lifestyles.
  - **The Texercise program:**
    - Promotes awareness of the benefits of regular physical activity and proper nutrition
    - Promotes activity among individuals, families and neighborhoods that adds support to the practice of positive lifestyle changes
    - Provides resources to motivate action (handbooks, pedometers, resistance bands, shoes and t-shirts)
    - Promotes partnerships to assist individuals and communities in achieving their fitness goals
    - [www.Texercise.com](http://www.Texercise.com)

# Texas Falls Prevention Coalition

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- Falls account for 70% of all emergency room admissions among older adults and 40% of all nursing home placements.
- The Texas Falls Prevention Coalition, begun in June 2007, is a collaborative partnership between the Texas Association of Area Agencies on Aging and the Texas A&M Health Science Center School of Rural Public Health.
- The project is being piloted in 17 AAAs and will eventually be operational statewide through train-the-trainer efforts.
- Project goals include:
  - Improving fall prevention
  - Changing attitudes and behaviors that predispose older persons to falls

# DADS Rider 38, Alzheimer's Nursing Facility Medicaid Rate Add-On Study

## Rider 38

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- Utilizing information found in existing databases, DADS staff have compiled quality related data on Alzheimer's units in nursing facilities (NF), for example:
  - Quality indicators
  - Number of health deficiencies
  - Number of nursing staff hours
- HHSC Rate Analysis staff are reviewing the cost reports of Alzheimer's certified NFs to determine how their costs compare to NFs that are not Alzheimer's certified.
- Later this month HHSC and DADS staff will meet to review the research findings and determine next steps.