Promoting Independence Advisory Committee
Agenda
SUBJECT TO CHANGE

April 17, 2009 (Friday)
9:00-1
Brown-Heatley Public Hearing Room (1410)
4900 North Lamar Boulevard
Austin, TX

Welcome/Business	**Marc Gold**
Legislative Mid-Session Review	**Health and Human Services Agencies and Texas Department of Housing and Community Affairs**
Public Comment	
ICM Transition	**Department of Aging and Disability Services**
STAR+PLUS	**Health and Human Services Commission**
2009 Stakeholder Report	**Marc Gold**

Members' Input to Agency Reports:
Agencies:

- **Department of Aging and Disability Services (Barry Waller)**
- **Department of Family and Protective Services (Donna Stephans)**
- **Department of State Health Services (Peggy Perry)**
- **Department of Assistive and Rehabilitative Services (Glenn Neal)**
- **Health and Human Services Commission (To be Filled)**

Adjourn	**1:00**

DRAFT

ICM Members Moving to New Medicaid Programs

The Texas Health and Human Services Commission (HHSC) and Evercare have agreed to end a contract for the state's Integrated Care Management (ICM) program. People now covered by ICM will begin receiving services through other existing Medicaid programs on June 1.

How will I get Medicaid services after ICM ends?

- I have Medicare and Medicaid: Medicare will cover your services when you go to your doctor or to the hospital. Medicaid will cover any long-term care services you were getting through ICM. Long-term care services include services such as adult foster care, assisted living services, home-delivered meals, and personal assistance services. Your prescriptions will be covered by Medicare. If you have questions about your prescriptions, call your Medicare Part D health plan.

- I am not on Medicare: You will get your health care through the Medicaid STAR program. You will continue to have unlimited prescriptions through Medicaid.

- I am under 21 and on Medicare: You will get your health care through traditional Medicaid. Your prescriptions will be covered by Medicare.

- I am under 21 but not on Medicare: You will get your health care through traditional Medicaid. You will continue to have unlimited prescriptions through Medicaid. You may choose to get your health care through the STAR program. To learn more about STAR, call 1-800-964-2777.

- I have ICM Waiver /Community-Based Alternatives services: You will continue to get these services. Your prescription coverage will not change.

Will I have to change doctors?

If you will be getting your health care through traditional Medicaid, you can see any doctor who accepts Medicaid.

If you will be in the STAR program, you will have a network of doctors to choose from. We will select a STAR health plan for you, and we will try to keep you in a plan that includes you current doctor. You will be able to change STAR health plans if you want to see a different doctor. If your doctors do not participate in STAR, you can change from STAR to traditional Medicaid to keep seeing those doctors.

Will my prescription coverage change?

No. Your prescription coverage will not change.

Who will help me with long-term services?

The Department of Aging and Disability Services (DADS) will give you a new case manager to help you with your long-term services, such as:

- Primary Home Care
- Day Activity and Health Services
- ICM Waiver services

You do not need to do anything for your services to continue. DADS will contact you to give you the name and phone number of your new case manager.

I don’t have long-term services now, but I would like them. How do I get those services?

To sign up for Primary Home Care, Day Activity and Health Services, or Community-Based Alternatives services, please call 1-888-337-6377. The call is free.

Helpful Phone Numbers

- For questions about current ICM services before June 1, 2009, call Evercare at 1-866-915-6474 (TDD 1-800-735-2989).

- For questions about changing from ICM to traditional Medicaid or STAR, call the Medicaid Managed Care Helpline at 1-866-566-8989.

- For questions about STAR, call MAXIMUS at 1-800-964-2777 (TDD 1-800-267-5008).

- For questions about Medicaid benefits or requirements, call 2-1-1.

- For questions about Primary Home Care, Day Activity and Health Services, or Community-Based Alternatives services, call 1-888-337-6377.

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Date this page was last updated: March 23, 2009

Integrated Care Management

Texas Medicaid News & Updates

Information & Assistance

Medicaid Program Info

Medicaid Managed Care - Primary Care Case Management (PCCM)

Provider Info

TMHP: Medicaid Administration Contractor

Related Links & Reports

Medicaid Enrollment Numbers

Contact Medicaid

Information for Long-term Services and Supports Providers In the ICM Provider Network

The Texas Health and Human Services Commission (HHSC) and Evercare have agreed to end a contract that provides Medicaid services to 74,000 people in the Dallas-Fort Worth area enrolled in the state's Integrated Care Management (ICM) program.

Under the agreement HHSC will end the contract on May 31, 2009, and people now covered by ICM will begin receiving services through other existing Medicaid programs on June 1.

Evercare's provider contracts for the ICM network will end May 31, 2009. Provider contracts with the Department of Aging and Disability Services (DADS) will be amended to allow you to continue serving these members.

You will receive more information from Evercare about the termination of your Evercare ICM provider contract. You will also receive information from DADS about contracts, billing, and authorizations affected by the termination of the ICM program.

Case Management Transferred from Evercare to DADS

Beginning June 1, 2009, DADS will provide case management for members currently receiving:

- ICM Primary Home Care (PHC)
- ICM Day Activity and Health Services (DAHS)
- ICM 1915(c) Waiver services

Members currently receiving these services do not need to do anything for their services to continue.

- Unless otherwise notified, members will continue to receive long-term services and supports from the same provider.
- Members will be contacted by their case manager based on a request for a service plan change, next annual reassessment or a monitoring visit, whichever action occurs first.

- Members who have not been receiving PHC, DAHS, or CBA services and are interested in starting them may call DADS at 1-888-337-6377 beginning April 1, 2009. The call is free.

Members with Medicare and Medicaid

The transition from ICM to traditional Medicaid will not reduce or change a member's Medicare benefits . Clients with Medicare will continue to receive covered services, including prescription drugs, from Medicare.

Members with Medicare are not eligible for the STAR program.

Claims

Long-term services and supports claims for ICM members with dates before or after June 1, 2009, will be processed by the Texas Medicaid & Healthcare Partnership (TMHP). The current service authorizations will continue on the same plan year; however, the current ICM PHC and DAHS codes will be changed to the traditional PHC and DAHS codes effective June 1, 2009. The current ICM waiver service codes will continue to be used.

Information for Acute Care Providers In the ICM Provider Network

Beginning June 1, 2009, ICM members will be served by programs that were in place before the implementation of the ICM program: traditional Medicaid or the STAR program.

Evercare's provider contracts for the ICM network will terminate on May 31, 2009. You will receive more information from Evercare about the termination of your Evercare ICM provider contract.

To ensure continuity of patient care, providers are encouraged to continue seeing their current ICM patients after the termination of the program.

Claims and Prior Authorization Information

Acute care claims for ICM members with dates of service prior to June 1, 2009, will be processed by TMHP as ICM claims. Claims for services provided after June 1, 2009, will be processed by TMHP as traditional Medicaid claims or STAR Supplemental Security Income claims, depending on the member's benefit plan at the time of service, and will be subject to all the rules/requirements relevant to services in traditional Medicaid or STAR as described in the Texas Medicaid Provider Procedures Manual, including prior authorization requirements.

Authorization for services to ICM members provided by Evercare before June 1, 2009, will remain valid. After June 1, 2009, providers who need to change an

existing authorization or obtain new authorization for ICM members that have been moved to traditional Medicaid should call the TMHP Contact Center at 1-800-925-9126. Providers who need to change an existing authorization or obtain new authorization for ICM members that have been enrolled in STAR must call the member's STAR health plan.

Members with Medicare and Medicaid

The transition from ICM to traditional Medicaid will not reduce or change a member's Medicare benefits. Members with Medicare will continue to receive covered acute care services, including prescription drugs, from Medicare. Members with Medicare are not eligible for the STAR program.

Helpful Phone Numbers

- For help with acute care claims, call the TMHP Contact center at 1-800-925-9126.
- For help with long-term services claims, call the TMHP Call Center/Help Desk at 1-800-626-4117 or 1-800-735-2989.
- For help with ICM authorizations for long-term services **before** June 1, 2009, call Evercare at 1-866-915-6474 (TDD 1-800-735-2989).
- For help with ICM authorizations for long-term services **after** June 1, 2009, call DADS at 1-888-337-6377.

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Promoting Independence Plan Recommendations
DADS Status Report

RECOMMENDATION	RESPONSE	START/END DATES	COMMENTS/ISSUES
1. If directed and/or funded by the Legislature, HHSC will work with DADS…to reduce community-based interest/waiting lists.	Legislative direction/ funding received.	FY08/FY09	Totals for the Biennium: • HCS: 2,676 • CLASS: 586 • DBMD: 16 • MDCP: 415 • Non-Medicaid Services: 2,228 • In Home and Family Support: 1,374 • CBA: 1,607 (of which 307 were appropriated to HHSC to increase the number of persons receiving CBA through STAR+PLUS)
2. If directed and/or funded by the Legislature, HHSC will work with DADS to expand "money follows the person" for individuals with intellectual and developmental disabilities living in ICFs/MR.	In process	FY08/FY10	See DADS grant update for current status of the Money Follows the Person grant.
3. If directed and/or funded by the Legislature, HHSC will work with DADS to establish a transition plan for ICFs/MR with 9 or more beds to downsize or close.	In process	FY08/FY10	See DADS grant update for current status of the Money Follows the Person grant.
4. HHSC will direct DADS to investigate the feasibility of consolidating DADS' seven 1915(c) waiver programs and their services along functional lines, with consideration of service rates appropriate to the level of need of the individuals	In process	March 2006 /Ongoing	**DADS is continuing to perform a thorough review and analysis of DADS waivers and is in the process of making recommendations aimed at maximizing efficiency, effectiveness, and consistency. Activities include:** o **Consolidating the two legacy service authorization systems: Service Authorization System (SAS) and Client Assignment and Registration system (CARE), into a single service authorization system;** o **Revising the Community Living Assistance and Support**

Promoting Independence Plan Recommendations
DADS Status Report

RECOMMENDATION	RESPONSE	START/END DATES	COMMENTS/ISSUES
served. The investigation should examine efficiencies in administration, service definitions, and appropriate rate level for services.			**Services (CLASS) waiver Program Provider Handbook. The CLASS Program Provider Handbook is the first of the waiver handbooks to be significantly revised. The intent is for the CLASS Program Provider Handbook to serve as a template for other DADS waivers;** o **Standardizing requirements for physician's signature on level of care (LOC) assessments;** o **Reviewing and standardizing terminology and service definitions across programs when applicable; and** o **Reviewing forms and handbooks to combine information when possible. The workgroup streamlined 38 forms down to 11.**
5. DADS will educate providers and consumers regarding the policy of "individual responsibility agreements (IRAs) which will help better serve persons with complex needs in the community.	Completed	April 2006/ August 2008	Complex Needs computer based training (CBT) was completed on 8/4/08 and is now available at: http://www.dads.state.tx.us/business/CBT/index.html.
6. HHSC and DADS will investigate different management structures to improve access and utilization of the Consumer Directed Services (CDS) option.	In process	June 2007/ Ongoing	The 2008-09 General Appropriations Act (Article II, Special Provisions, Section 48, H.B. 1, 80th Legislature, Regular Session, 2007) requires DADS, in coordination with the Consumer Direction Work Group (CDWG) and HHSC, submit a report on the barriers to use of CDS and the service responsibility option (SRO) and strategies to overcome them by 11/1/007. DADS and HHSC completed the report. HHSC submitted the report to the Legislative Budget Board (LBB) and Governor's Office. **DADS has developed a computer-based training (CBT) regarding certification training for individuals interested in becoming a Support Advisor. Offering this certification training via CBT, rather than in person, will allow a greater number of individuals across the state to access this support service for the CDS option. The CBT will be posted to the DADS website in April.**

Promoting Independence Plan Recommendations
DADS Status Report

RECOMMENDATION	RESPONSE	START/END DATES	COMMENTS/ISSUES
			Support Advisors provide a level of employer-related training and coaching for individuals using the CDS option beyond the training offered by the Consumer Directed Services Agencies (CDSAs). They can work with or independent of, a CDSA. The list of certified Support Advisors can be found on the DADS website. **Currently, Support Consultation is available in the Home and Community-based Services (HCS) and Texas Home Living (TxHmL) waiver programs. DADS plans to expand Support Consultation to other programs that have CDS by Fall 2009.**
7. If directed and/or funded by the Legislature, DADS will increase the current relocation specialists' budget from $1.3 million/annum (GR) to $2.6 million/annum (GR).	No legislative direction/ funding received.	N/A	N/A
8. If directed and/or funded by the Legislature, DADS will develop a community navigator program to assist individuals in accessing community based services.	No legislative direction/ funding received.	September 2005/ Ongoing July 2007/ Ongoing	Throughout 2008, DADS continued its Community Roundtables Initiative in Lubbock, Portland, Laredo and Arlington, and Tyler. Two more final events will be scheduled for Abilene and Bryan. **A follow up report has been released, titled, "Improving Access to Long-term Services and Supports: Community Assessment and Readiness, 2008 Supplemental Report." While this report is a follow up to the 2007 Interim Report and describes the seven roundtable events conducted throughout 2008, it also reviews the commitments made during roundtables held in both years and provides a status of where each region stands in fulfilling their local commitments. The challenges and strengths identified by local partners in 2008 are not discussed in this report, since they were very similar to those outlined in detail in the 2007 Interim Report.** Additionally, DADS issued an RFP to fund up to five additional ADRCs.

Promoting Independence Plan Recommendations
DADS Status Report

RECOMMENDATION	RESPONSE	START/END DATES	COMMENTS/ISSUES
			The newly selected ADRCS are: (1) Dallas County (Dallas); (2) North Central Texas (the 14 counties and rural towns surrounding Dallas and Ft. Worth); (3) the 14 counties and rural towns in East Texas; (4) Bexar County (San Antonio); (5) Harris County (Houston); and, (6) Houston-Galveston (the 12 counties and rural towns surrounding Houston). See DADS grant update for more information.
9. If directed and/or funded by the Legislature, HHSC and DADS will continue initiatives to ensure funding is available for institutionalized children to have the opportunity to transition to families.	Legislative direction/ funding received.	FY08/FY09	2008-09 General Appropriations Act (Article II, Department of Aging and Disability Services, Rider 37, H.B. 1, 80th Legislature, Regular Session, 2007): Children aging out of foster care: 120 HCS slots; release 5 per month. The 2008-09 General Appropriations Act (Article II, Department of Aging and Disability Services, Rider 41, H.B. 1, 80th Legislature, Regular Session, 2007): Provision of services under a 1915(c) waiver program, other than a nursing facility waiver program to an individual 21 years of age and younger in another 1915(c) waiver program if the individual meets eligibility for that waiver program and the individual requires services that are only available under that waiver program. 2008-09 General Appropriations Act (Article II, Department of Aging and Disability Services, Rider 43, H.B. 1, 80th Legislature, Regular Session, 2007): Provide opportunities for up to 50 children under age 22 residing in community ICFs/MR to transition to families.
10. If directed and/or funded by the Legislature, DADS will increase funding for permanency planning activities.	No legislative direction/ funding received.	January 2007/ Ongoing	DADS allocated additional funds to MRAs to conduct permanency planning for individuals under 22 years of age in nursing facilities.

Rider 28 Client Demographics

Data Effective Date: February 28, 2009

Description: Demographic information about currently active Rider 28 Clients. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Living Arrangement	Client Count
COMMUNITY - ADULT FOSTER CARE	45
COMMUNITY - ALONE	1,559
COMMUNITY - ALTERNATIVE. LIVING/RES. CARE	1,333
COMMUNITY - W/FAMILY	3,273
COMMUNITY - W/OTHER WAIVER PARTICIPANTS	144
ICF/MR - COMMUNITY	1
OTHER	33
Total	**6,388**

Note: The "OTHER" category includes those clients with a null living arragement or a living arrangement of Nursing Facility.

Service Group	Client Count
CBA	4,068
CLASS	51
COMMUNITY CARE	5
MEDICALLY DEPENDENT CHILDREN PROGRAM (	1,110
STAR+PLUS	1,154
Total	**6,388**

Age Group	Client Count
0 - 9	807
10 - 17	269
100 +	18
18 - 20	48
21	1
22 - 44	444
45 - 64	1,724
65 - 69	517
70 - 74	519
75 - 79	614
80 - 84	629
85 - 89	458
90 - 94	254
95 - 99	86
Total	**6,388**

Region	Client Count
00	1
01	282
02	368
03	1,720
04	783
05	348
06	519
07	616
08	674
09	175
10	128
11	774
Total	**6,388**

Gender	Client Count
FEMALE	3,716
MALE	2,672
Total	**6,388**

Ethnicity	Client Count
AMERICAN INDIAN OR ALASKAN NATIVE	26
ASIAN OR PACIFIC ISLANDER	62
BLACK- NOT OF HISP. ORIGIN	896
HISPANIC	1,341
UNKNOWN	298
WHITE- NOT OF HISP. ORIGIN	3,765
Total	**6,388**

Name of Grant	DADS Contact	Status Report
Money Follows the Person Demonstration (MFPD) **Funded by: Centers for Medicare & Medicaid Services**	**Steve Ashman (512) 438-4135**	The MFP Operational Protocol approved by CMS is posted on the DADS website and includes: • The number of people transitioning from nursing facilities, large (fourteen-plus bed) community ICFs/MR, State Schools, and nine-plus bed community ICFs/MR that voluntarily choose to close; • Qualified expenditures each year for the MFP Demonstration; • The number of individuals served through the behavioral health pilot; • The annual change in the number of licensed ICFs/MR facilities and certified beds taken off-line due to voluntary closure; and • Various housing related activities intended to make people aware of the need for affordable, accessible, and affordable housing. See: http://www.dads.state.tx.us/providers/pi/mfp_demonstration/operatingplan/operating_plan.pdf Target Groups include individuals who (1) are aging or have physical disabilities, (2) have intellectual or developmental disabilities, and (3) have behavior health needs such as mental illness and/or substance abuse disorder. The MFPD includes a behavioral health pilot project to transition 50 San Antonio area individuals with complex needs, especially those with behavioral health problems. Overnight Companion Services (formerly "Overnight Support Services") will be provided to eligible Community Based Alternative (CBA) applicants and participants residing in Cameron, Hidalgo and Willacy County. This service will assist individuals in their transition from institutional to community living by providing direct support and assistance in the individual's home during normal sleeping hours, not restricted to normal nighttime hours. DADS' staff conducted a series of meetings with providers regarding the voluntary closure of medium and large community ICFs/MR. As a result of these discussions, program details were developed and the application for voluntary closure was distributed on May 7, 2008. **As of January 31, 2009, there have been 840 people enrolled in the MFP Demonstration. Of this total, 555 transitioned from nursing facilities, 159 from community ICFs/MR, and 126 from state schools.** **One large 40-bed ICF/MR has been approved for voluntary closure and has begun transitioning residents to their choice of living arrangement. One additional application for voluntary closure is pending.**

Name of Grant	DADS Contact	Status Report
Aging and Disability Resource Center (ADRC) Grant **Funded by:** **U.S. Administration on Aging and Centers for Medicare & Medicaid Services**	**Winnie Rutledge** **(512) 438-5891**	The ADRC grant provides financial support to communities to develop and implement streamlined access to publicly funded long-term services and supports. In Texas, there are three projects: Bexar County, Tarrant County, and five counties in Central Texas. Projects established partnership agreements with local agencies that provide services, including advocacy services, to the target populations of older adults and their care givers and persons with disabilities, including physical and cognitive disabilities. This includes Medicaid eligibility regional offices, DADS regional offices, independent living centers, MRA agencies, local United Way agencies, and a variety of aging and disability advocates. Partners worked collaboratively to establish a "no-wrong door" approach to service delivery, by streamlining application procedures and referral protocols. All projects have at least one system navigator to assist individual consumers and their caregivers with finding community services; provide staff to provide assistance with benefits and options counseling; have developed extensive cross-training for staff of their partners; established advisory councils; developed referral protocols; are working on streamlining application processes with the partners; and are developing local marketing and outreach strategies. Federal funding for ADRCs ended in September 2008. Other ADRC notes: • DADS provided $60,000 to the existing ADRCs during FY 09 using FY 08 unexpended State Unit on Aging (SUA) administrative funds from the Older Americans Act. • DADS has made ADRC grant awards to the following sites to develop and implement streamlined access to publicly funded long-term services and supports. (Grant amounts noted below are for one year, with the same amount available for year-two). o City of Houston, Area Agency on Aging of Harris County (serving Harris County) - $110,000 o Community Healthcore (serving Gregg, Harrison, Marion, Panola, Rusk, and Upshur counties) - $110,000 o Lubbock Mental Health Mental Retardation Center (serving Lubbock County) - $110,000 o Metrocare Services (serving Dallas County) - $99,720 o North Central Texas Council of Governments, Area Agency on Aging of North Central Texas (serving Collin, Denton, Hood, and Somervell counties) - $110,000 **These awardees attended the January ADRC State Advisory Board and provided an update of implementation for each project.**

Name of Grant	DADS Contact	Status Report
2008 Nursing Home Diversion Modernization Grant (NHDM) **Funded by:** **U.S. Administration on Aging**	**Winnie Rutledge** **(512) 438-5891**	Grant award: $923,708 Total project cost: $ 1,218,977 Project Period: 9/30/2008 – 3/31/2010 Partners: Texas Health and Human Services Commission, Central Texas AAA/ADRC, Scott & White Healthcare System, Central Texas Independent Living Center, Central Texas Veterans Healthcare System. The DADS NHDM project will establish a nursing facility diversion program for individuals at risk for nursing facility placement and Medicaid spend-down. Major objectives: 1) exploring modifications of the current administration of Older Americans Act funds to promote flexible budgeting and reporting processes; 2) create a negotiated “monthly service budget” for each consumer served, funded through the coordination of a variety of funding sources; and, 3) implement diversion strategies related to the early identification of and interventions for, high-risk consumers. Additionally, with the ADRC serving as a single point of entry, all individuals will be assisted using a person/family-centered planning approach. Consumers will also be provided with options counseling, supportive decision-making assistance, consumer-directed options and education, as well as assistance with accessing other community supports, including those available through Title XX, state general revenue and other public or private pay resources. Measurable outcomes: 1) a reduction in consumer risk for nursing facility placement; and, 2) improvement in health-related quality of life indicators. To promote project replication and sustainability, DADS will work through its Promoting Independence Initiative to relay to other hospital systems throughout the state best practices gained through this project, such as tools and techniques for early identification and intervention, and the effective use of patient data and risk indicators. Finally, all assessment and risk profile tools, educational materials and protocols will be formalized for use by other ADRCs and/or communities in Texas. Included in the project is the provision of NHDM services to eligible veterans through a partnership with the Central Texas Veterans Healthcare System. **To date, the nursing home diversion project staff has been hired and is in the process of obtaining training, including Care Transition Training from the University of Colorado, use of the reporting software and other software used by the project, and caregiver support services provided in conjunction with the Rosalynn Carter Institute of Caregiving. Additionally, the project has received approval from the Administration on Aging to hire a veteran for a temporary staff position to develop the project with the Central Texas Veterans Healthcare System.**

Name of Grant	DADS Contact	Status Report
FY 2008 State Health Insurance Assistance Program (SHIP) **Funded by: Centers for Medicare & Medicaid Services (CMS)** **June 1, 2008 through March 31, 2009.** **1) Basic Program Grant: $1,904,547** **2) Supplemental Grant: $727,153** **3) Performance Award Supplement: $26,405**	**Beck Sanborn (512) 438-4205**	1) The SHIP Basic Program Grant addresses four CMS objectives: o provide personalized counseling to an increasing number and diversity of individual beneficiaries unable to access other channels of information, o conduct targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits, o increase and enhance beneficiary access to a counselor work force that is trained and fully equipped and proficient in providing the full range of services including enrollment assistance in appropriate benefit plans, and continued enrollment assistance in prescription drug coverage, o SHIPs will participate in CMS education and communication activities, thus enhancing communication between CMS and SHIPs to assure that SHIP counselors are equipped to respond to both Medicare program updates and a rapidly changing counseling environment. 2) Supplemental Grant Project will: o spend at least 50% of this funding to specifically target and assist people potentially eligible for low-income subsidy (LIS) in understanding the subsidy and assist them with filing their LIS applications, and o invest in infrastructure development and enhancement efforts that are likely to yield program enhancement dividends over the next several years. 3) Performance Award Supplement Funds are used to support expanded locally accessible counseling services through efforts include, but are not limited to: o providing increased support to local organizations that serve as local SHIP counseling locations, o funding systems to connect beneficiaries to local counseling assistance, such as providing internet access to local counselors and generally supporting efforts to provide enhanced locally accessible counseling services; and o increasing awareness of and application for the extra help available to pay for prescription drug costs.

Name of Grant	DADS Contact	Status Report
Disaster Assistance for State Units on Aging (SUAs) and Tribal Organizations in National Disasters Declared by the President **Funded by: U.S. Administration on Aging**	**Toni Packard (512) 438-4290**	Funding was awarded as a result of the disaster declaration for Hurricane Ike, and includes areas impacted by Hurricane Gustav which had not fully recovered at the time of Ike's impact. Funds were distributed Area Agencies on Aging (AAA) most affected by Hurricane Ike: o AAA of South East Texas ($15,000) o AAA of Harris County ($35,000) o AAA of Houston Galveston ($15,000) The funding assists with unmet needs such as extra home-delivered meals, home clean-up and safety, emergency medications, transportation, and benefits counseling. **To date, approximately $14,500 has been reimbursed to the AAAs involved. The deadline to expend the funding is September 2009.**

Name of Grant	DADS Contact	Status Report (Updates in **bold.**)
Texas Healthy Lifestyles **Funded by:** **U.S. Administration on Aging ($700,000) and DADS ($50,000)** **September 30, 2006 – July 31, 2009**	**Jeff Kaufmann** **(512) 438-4329**	Texas Healthy Lifestyles is a three-year project funded by the U.S. Administration on Aging (AoA), one of several chronic disease self-management grants funded by the AoA nationwide in support of evidence-based programs. These programs serve seniors who have at least one chronic condition, providing information about the risks associated with disease and the benefits of a healthy lifestyle. At the state level, DADS provides primary program support to the sub-grantees, with DSHS also contributing liaison assistance. Texas Healthy Lifestyles partners with three agencies providing direct services: Bexar Area Agency on Aging (AAA), Brazos Valley AAA, and the Neighborhood Centers Inc. (NCI). Each provides evidence-based chronic disease self-management programs (CDSMP) including CDSMP workshops, a falls-prevention program called A Matter of Balance, fitness classes, and other services. The Texas A&M Evaluation Center provides ongoing, in-depth evaluation of Texas Healthy Lifestyles, in order to ensure sustainability of the programs after grant funding comes to an end July 31, 2009. Updates: o On November 17-18, 2008 Texas Healthy Lifestyles partners hosted National Council on Aging (NCOA) grant project advisory officials at a two-day site visit in San Antonio. During an intensive two-day conference, Texas Healthy Lifestyles program staff gave in-depth presentations to the NCOA staff, concluding with all participants discussing ideas for sustaining Texas Healthy Lifestyles in the future, including marketing resources and networking with other grant recipient states. o **In March 2009 representatives from DADS, DSHS, the three Texas Healthy Lifestyles partners, and the A&M evaluation team attended the annual American Society on Aging Conference and presented on the progress of the grant project to date.**

Department of Aging and Disability Services (DADS)
State MR Facilities & Large Community ICFs/MR – April 2009

State MR Facilities	**Status**
Community Living Options Process	As of **3/14/09**, CARE information showed that of **4622** individuals, over 99% has a living options date entered into CARE.
Community Living Options Information Process (CLOIP)	The CLOIP was effective 1/2/08. Through **November** 2008, MRAs initiated the CLOIP for **4,384** adult residents with **14,710** contacts by CLOIP Service Coordinators.
Monitoring the referral of movement of individuals from SMRFs	Oversight of movement from SMRFs continues, with the majority of individuals moving within 180 days. Since 9/1/01, an additional **1311** persons have been referred and of those **951** have moved. At the current time, **173** individuals are preparing for movement. Movement continues through the use of recycled slots and the 250 slots allocated for the biennium
Community ICFs/MR	Status
Community Living Options Process	As of **3/14/09**, CARE information indicates there are **6,270** residents in community ICFs/MR (compared to **6,335** in previous update). Of the **6,270** approximately **86**% has a living options date entered into CARE and **17%** has a continued or new referral to the MRA.
Persons in Large ICFs/MR and on the HCS interest list	As of **3/14/09**: • **1094** have enrolled in HCS waiver program services [compared to **1033** in previous update] • **131** are in the targeted waiver group [compared to **157** in previous update] and of the **131, 40** have a current offer • Of the **131, 46** are under 22 years of age [compared to **44** in previous update]

Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups

Data Effective: February 28, 2009

Description: Rider 28 Client counts by Service Group, Age Group, Gender and Ethnicity, displayed by Region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total
CBA	100 +	F	BLACK- NOT OF HISP. ORIGIN			1		2								3
			HISPANIC							1						1
			WHITE- NOT OF HISP. ORIGIN				3	2	2	1					1	9
		M	HISPANIC												1	1
	22 - 44	F	ASIAN OR PACIFIC ISLANDER				2									2
			BLACK- NOT OF HISP. ORIGIN			1	10	6	3	1	6					27
			HISPANIC		3	2	4							3	5	17
			UNKNOWN			1										1
			WHITE- NOT OF HISP. ORIGIN		8	4	30	25	6	1	11	2	4	1		92
		M	ASIAN OR PACIFIC ISLANDER			1	1									2
			BLACK- NOT OF HISP. ORIGIN		1	2	11	8	7		5		1			35
			HISPANIC		3	2	9	1			3	1	2	3	24	48
			UNKNOWN				1	1								2
			WHITE- NOT OF HISP. ORIGIN		2	18	34	21	6	1	9	1	2	2	2	98
	45 - 64	F	AMERICAN INDIAN OR ALASKAN NATIV				1									1
			ASIAN OR PACIFIC ISLANDER				1									1
			BLACK- NOT OF HISP. ORIGIN		3	2	55	34	6	1	16		3			120
			HISPANIC		10	5	10					12	5	8	47	97
			UNKNOWN		2	1	8	5			1			1	1	19
			WHITE- NOT OF HISP. ORIGIN		29	26	162	90	34	4	32	13	17	3	13	423
		M	AMERICAN INDIAN OR ALASKAN NATIV				1	1						1		3
			BLACK- NOT OF HISP. ORIGIN		4	5	62	42	21	3	5	1	3	1		147
			HISPANIC		11	6	16	1	1	1	4	13	9	8	52	122
			UNKNOWN				7	6	1		1					15
			WHITE- NOT OF HISP. ORIGIN		34	24	152	60	23	2	22	7	4	5	8	341
	65 - 69	F	BLACK- NOT OF HISP. ORIGIN		1	4	13	5	2		7					32
			HISPANIC		2	1	2		1		1	6	1		15	29
			UNKNOWN			2	4		1		1				1	9
			WHITE- NOT OF HISP. ORIGIN		5	18	61	34	15	3	18	4	5	2	1	166
		M	AMERICAN INDIAN OR ALASKAN NATIV				1									1
			BLACK- NOT OF HISP. ORIGIN				6	9	6	1	2	1			1	26
			HISPANIC		1	5	4					2		2	32	46

Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups

Data Effective: February 28, 2009

Description: Rider 28 Client counts by Service Group, Age Group, Gender and Ethnicity, displayed by Region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	
CBA	65 - 69	M	WHITE- NOT OF HISP. ORIGIN		8	13	36	15	6	1	10	3	5	1	5	103
	70 - 74	F	ASIAN OR PACIFIC ISLANDER			1	1									2
			BLACK- NOT OF HISP. ORIGIN		2	2	11	6	7		7					35
			HISPANIC		3	1	2	1		1		5	2	4	31	50
			UNKNOWN				6				2					8
			WHITE- NOT OF HISP. ORIGIN		9	14	62	37	19		6	5	2	2	5	161
		M	ASIAN OR PACIFIC ISLANDER				1									1
			BLACK- NOT OF HISP. ORIGIN		1	1	10	4	6		1		1			24
			HISPANIC		2		2		1		1	8	1	5	15	35
			UNKNOWN				1	1								2
			WHITE- NOT OF HISP. ORIGIN		3	12	30	13	5	2	11	2	2		3	83
	75 - 79	F	AMERICAN INDIAN OR ALASKAN NATI\				1	1								2
			ASIAN OR PACIFIC ISLANDER				2									2
			BLACK- NOT OF HISP. ORIGIN			2	25	8	3		9					47
			HISPANIC		2	2	4			1	1	10	1	6	32	59
			UNKNOWN		1		4	3	1					1		10
			WHITE- NOT OF HISP. ORIGIN		8	23	82	43	17	2	29	6	6	4	9	229
		M	ASIAN OR PACIFIC ISLANDER				1									1
			BLACK- NOT OF HISP. ORIGIN		1	2	7	4	3		2					19
			HISPANIC			2	1				2	7	2	6	24	44
			UNKNOWN								1			1		2
			WHITE- NOT OF HISP. ORIGIN		5	10	26	15	7	1	8	1		3	6	82
	80 - 84	F	AMERICAN INDIAN OR ALASKAN NATI\				1				1					2
			ASIAN OR PACIFIC ISLANDER												1	1
			BLACK- NOT OF HISP. ORIGIN			2	14	9	6	2	2					35
			HISPANIC		4	2	4	1			4	6	1	7	45	74
			UNKNOWN			1	2	2						1		6
			WHITE- NOT OF HISP. ORIGIN		10	36	68	41	19	6	23	4	10	5	13	235
		M	AMERICAN INDIAN OR ALASKAN NATI\						1						1	2
			ASIAN OR PACIFIC ISLANDER				1									1
			BLACK- NOT OF HISP. ORIGIN				5	1	1		4					11
			HISPANIC			1	2				1	3	2	2	31	42

Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups

Data Effective: February 28, 2009

Description: Rider 28 Client counts by Service Group, Age Group, Gender and Ethnicity, displayed by Region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total
CBA	80 - 84	M	UNKNOWN			1	1	1								3
			WHITE- NOT OF HISP. ORIGIN		3	10	19	18	5	3	3	2	4	2	4	73
	85 - 89	F	ASIAN OR PACIFIC ISLANDER				2				1					3
			BLACK- NOT OF HISP. ORIGIN				9	7	11	1						28
			HISPANIC		3		1			1	2	3	3	6	24	43
			UNKNOWN			2	2	2								6
			WHITE- NOT OF HISP. ORIGIN		3	20	64	44	14	6	24	3	10	5	9	202
		M	BLACK- NOT OF HISP. ORIGIN				2	3			1		1			7
			HISPANIC		1							4		2	17	24
			WHITE- NOT OF HISP. ORIGIN		3	6	10	11	2	1	4		1	4	2	44
	90 - 94	F	BLACK- NOT OF HISP. ORIGIN				5	6	5							16
			HISPANIC				2				2	3			15	22
			UNKNOWN			1	2		1	1						5
			WHITE- NOT OF HISP. ORIGIN		4	10	54	24	13	2	13	4	5	1	5	135
		M	ASIAN OR PACIFIC ISLANDER			1										1
			BLACK- NOT OF HISP. ORIGIN				1		1							2
			HISPANIC								1	1	1	1	6	10
			WHITE- NOT OF HISP. ORIGIN		1	3	6	8	4		2		1	2	2	29
	95 - 99	F	BLACK- NOT OF HISP. ORIGIN				4	2	1	2						9
			HISPANIC		1		1							2	6	10
			UNKNOWN					1								1
			WHITE- NOT OF HISP. ORIGIN		1	4	16	11	1	1	3	2	2	1	1	43
		M	BLACK- NOT OF HISP. ORIGIN				1									1
			HISPANIC									1			2	3
			WHITE- NOT OF HISP. ORIGIN				1				1					2

Totals for CBA: 4,068

Description: Rider 28 Client counts by Service Group, Age Group, Gender and Ethnicity, displayed by Region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total
CLASS	0 - 9	F	BLACK- NOT OF HISP. ORIGIN				1									1
	10 - 17	F	WHITE- NOT OF HISP. ORIGIN				2	1								3
		M	HISPANIC											1		1
			UNKNOWN					1		1						2
			WHITE- NOT OF HISP. ORIGIN				1	2								3
	18 - 20	F	UNKNOWN					1								1
		M	BLACK- NOT OF HISP. ORIGIN									1				1
			WHITE- NOT OF HISP. ORIGIN				2									2
	21	M	WHITE- NOT OF HISP. ORIGIN									1				1
	22 - 44	F	ASIAN OR PACIFIC ISLANDER						1							1
			HISPANIC				1								1	2
			WHITE- NOT OF HISP. ORIGIN				1		1			1				3
		M	BLACK- NOT OF HISP. ORIGIN		1		1			1						3
			HISPANIC									1			1	2
			WHITE- NOT OF HISP. ORIGIN			1	3	3			4		1		3	15
	45 - 64	F	WHITE- NOT OF HISP. ORIGIN				1								1	2
		M	WHITE- NOT OF HISP. ORIGIN			1					2	2			2	7
	75 - 79	M	HISPANIC									1				1

Totals for CLASS: 51

Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups

Data Effective: February 28, 2009

Description: Rider 28 Client counts by Service Group, Age Group, Gender and Ethnicity, displayed by Region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total
COMMUNITY CARE	45 - 64	F	HISPANIC												1	1
			UNKNOWN								1					1
	70 - 74	F	HISPANIC									1				1
	75 - 79	F	HISPANIC											1		1
	80 - 84	F	WHITE- NOT OF HISP. ORIGIN			1										1

Totals for COMMUNITY CARE: 5

Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups

Data Effective: February 28, 2009

Description: Rider 28 Client counts by Service Group, Age Group, Gender and Ethnicity, displayed by Region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total
MEDICALLY DEPENDE	0 - 9	F	AMERICAN INDIAN OR ALASKAN NATI\				2			7						9
			ASIAN OR PACIFIC ISLANDER		1		9				1	1				12
			BLACK- NOT OF HISP. ORIGIN				17	1	1	4	1	1				25
			HISPANIC		4	1	18		1	10	4	20	4	1	3	66
			UNKNOWN		1	4	20	9	1	10	6	6			1	58
			WHITE- NOT OF HISP. ORIGIN		16	6	75	17	5	18	13	20	13	1	1	185
		M	AMERICAN INDIAN OR ALASKAN NATI\							4						4
			ASIAN OR PACIFIC ISLANDER				7			3						10
			BLACK- NOT OF HISP. ORIGIN			1	14	3	1	6	2	4				31
			HISPANIC		7	2	16	4	4	10	2	29	8	3	7	92
			UNKNOWN		5	3	28	5	5	6	5	6			1	64
			WHITE- NOT OF HISP. ORIGIN		21	11	99	19	15	25	18	27	12	2	1	250
	10 - 17	F	ASIAN OR PACIFIC ISLANDER				2									2
			BLACK- NOT OF HISP. ORIGIN		1	1	10		1		1					14
			HISPANIC		3		4	1		4		5	4	4	2	27
			UNKNOWN			3	6	4	2	2		1	1			19
			WHITE- NOT OF HISP. ORIGIN		6		18	4	3	8	4	1	3			47
		M	ASIAN OR PACIFIC ISLANDER				3									3
			BLACK- NOT OF HISP. ORIGIN				5		1	2		1				9
			HISPANIC		3		5			3	1	8	2		1	23
			UNKNOWN		3	3	9	2	2	1	3	1			1	25
			WHITE- NOT OF HISP. ORIGIN		6	6	41	5	6	10	2	9	5	1		91
	18 - 20	F	BLACK- NOT OF HISP. ORIGIN							1						1
			HISPANIC				2					1				3
			UNKNOWN		1		2	1								4
			WHITE- NOT OF HISP. ORIGIN		1	3	1	1	2		1		1			10
		M	AMERICAN INDIAN OR ALASKAN NATI\					1								1
			ASIAN OR PACIFIC ISLANDER				1						1			2
			BLACK- NOT OF HISP. ORIGIN				2									2
			HISPANIC		1	2	1								2	6
			UNKNOWN			1	1	1		2		1				6
			WHITE- NOT OF HISP. ORIGIN		2	2	2	1				1	1			9

Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups

Data Effective: February 28, 2009

Description: Rider 28 Client counts by Service Group, Age Group, Gender and Ethnicity, displayed by Region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total
.LY DEPENDENT CHILDREN PROGRAM (MDCP): 1,110																

Description: Rider 28 Client counts by Service Group, Age Group, Gender and Ethnicity, displayed by Region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total
STAR+PLUS	100 +	F	HISPANIC							1		1			1	3
			WHITE- NOT OF HISP. ORIGIN								1					1
	22 - 44	F	ASIAN OR PACIFIC ISLANDER								1					1
			BLACK- NOT OF HISP. ORIGIN							6	2					8
			HISPANIC									8			1	9
			WHITE- NOT OF HISP. ORIGIN							5	6	4			3	18
		M	ASIAN OR PACIFIC ISLANDER							2	1					3
			BLACK- NOT OF HISP. ORIGIN							8		2				10
			HISPANIC		1					7	1	5			6	20
			UNKNOWN								1					1
			WHITE- NOT OF HISP. ORIGIN							3	8	9			4	24
	45 - 64	F	ASIAN OR PACIFIC ISLANDER							1						1
			BLACK- NOT OF HISP. ORIGIN							19	4	5			2	30
			HISPANIC							3	4	26			12	45
			UNKNOWN								1				1	2
			WHITE- NOT OF HISP. ORIGIN							36	34	31			24	125
		M	BLACK- NOT OF HISP. ORIGIN							31	10	11			1	53
			HISPANIC							7	6	25			20	58
			UNKNOWN							3	4	2				9
			WHITE- NOT OF HISP. ORIGIN	1						36	13	30			21	101
	65 - 69	F	BLACK- NOT OF HISP. ORIGIN							6	2	1				9
			HISPANIC								1	7			3	11
			UNKNOWN								1	2				3
			WHITE- NOT OF HISP. ORIGIN							9	6	11			2	28
		M	AMERICAN INDIAN OR ALASKAN NATIV							1						1
			ASIAN OR PACIFIC ISLANDER							3						3
			BLACK- NOT OF HISP. ORIGIN						1	4	2	3			2	12
			HISPANIC							1	1	7			4	13
			UNKNOWN									2			1	3
			WHITE- NOT OF HISP. ORIGIN							8	5	4			5	22
	70 - 74	F	ASIAN OR PACIFIC ISLANDER							1						1
			BLACK- NOT OF HISP. ORIGIN							4	2	5			2	13

Description: Rider 28 Client counts by Service Group, Age Group, Gender and Ethnicity, displayed by Region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total
STAR+PLUS	70 - 74	F	HISPANIC							3	1	8			9	21
			UNKNOWN							1		1				2
			WHITE- NOT OF HISP. ORIGIN							11	12	6			4	33
		M	ASIAN OR PACIFIC ISLANDER								1					1
			BLACK- NOT OF HISP. ORIGIN							2	5					7
			HISPANIC							2	2	6			6	16
			WHITE- NOT OF HISP. ORIGIN							5	5	5			8	23
	75 - 79	F	ASIAN OR PACIFIC ISLANDER							1						1
			BLACK- NOT OF HISP. ORIGIN							2	1	5			1	9
			HISPANIC							2	6	16			8	32
			UNKNOWN							2	1					3
			WHITE- NOT OF HISP. ORIGIN							11	8	13			6	38
		M	ASIAN OR PACIFIC ISLANDER							1						1
			HISPANIC							1	2	5			5	13
			WHITE- NOT OF HISP. ORIGIN							6	2	4			6	18
	80 - 84	F	ASIAN OR PACIFIC ISLANDER							1						1
			BLACK- NOT OF HISP. ORIGIN							6	4	6			1	17
			HISPANIC				1			3	1	17			14	36
			UNKNOWN									2				2
			WHITE- NOT OF HISP. ORIGIN							17	10	21			10	58
		M	BLACK- NOT OF HISP. ORIGIN							1						1
			HISPANIC								1	7			2	10
			UNKNOWN												1	1
			WHITE- NOT OF HISP. ORIGIN							5	7	5				17
	85 - 89	F	ASIAN OR PACIFIC ISLANDER								1					1
			BLACK- NOT OF HISP. ORIGIN							5	1	2			1	9
			HISPANIC							3	2	14			7	26
			UNKNOWN								1				1	2
			WHITE- NOT OF HISP. ORIGIN							10	12	11			10	43
		M	BLACK- NOT OF HISP. ORIGIN							1	1					2
			HISPANIC							3	1	4			2	10
			UNKNOWN								1					1

Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups

Data Effective: February 28, 2009

Description: Rider 28 Client counts by Service Group, Age Group, Gender and Ethnicity, displayed by Region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total
STAR+PLUS	85 - 89	M	WHITE- NOT OF HISP. ORIGIN							2	2	2			1	7
	90 - 94	F	BLACK- NOT OF HISP. ORIGIN							2		1				3
			HISPANIC							2	1	3			2	8
			WHITE- NOT OF HISP. ORIGIN							4	5	7			2	18
		M	HISPANIC							1		1				2
			WHITE- NOT OF HISP. ORIGIN							1		1			1	3
	95 - 99	F	ASIAN OR PACIFIC ISLANDER												1	1
			BLACK- NOT OF HISP. ORIGIN							1						1
			HISPANIC							1		2			2	5
			WHITE- NOT OF HISP. ORIGIN							2	4	1			1	8
		M	BLACK- NOT OF HISP. ORIGIN							1						1
			WHITE- NOT OF HISP. ORIGIN								1					1

Totals for STAR+PLUS: 1,154

Grand Total **6,388**

Rider 28 Clients Living Arrangement after Leaving the Nursing Facility by Region

Data Effective: February 28, 2009

Description:
Unduplicated client count by client living arrangement and region. Rider 28 clients are those individuals who have an 'Enrolled From' code 12 entered in SAS on or after September 1, 2003, AND who has not previously been identified as a Rider 37 client.

Living Arrangement	00	01	02	03	04	05	06	07	08	09	10	11	Total
COMMUNITY - ADULT FOSTER CARE		1	1	10	2	1	1	2	9		17	1	45
COMMUNITY - ALONE	1	74	117	256	148	110	186	236	165	42	15	209	1,559
COMMUNITY - ALTERNATIVE LIVING/RES. CARE		37	81	558	248	54	93	73	97	22	18	52	1,333
COMMUNITY - W/FAMILY		164	157	853	369	174	232	266	394	109	75	480	3,273
COMMUNITY - W/OTHER WAIVER PARTICIPANTS		6	10	40	14	9	4	27	8	1		25	144
UNKNOWN			2	3	2		3	12	1	1	3	7	34
Total													**6,388**

Report: d:\upfront\iwr\administration\sas reports\admin_sas reports_monthly rider summaries\apps\Rider 28 Clients Living Arrangen

Rundate: 3/6/2009

Detail Filter: Rider 28 Flag C = 'Y'

Relocation Activity Report

Reporting Period: December 2008 – February 2009

Statewide Service Areas

DADS relocation assistance services are available statewide with six catchment areas:

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

Contracts

DADS currently contracts with the following six entities for relocation assistance services (effective January 1, 2007):

- *Lifetime Independence for Everyone, Inc. (LIFE/RUN) – Catchment Area 1*
- *North Central Texas Council of Governments (NCTCOG) – Catchment Area 2*
- *ARCIL, Inc. – Catchment Area 3*
- *Houston Center for Independent Living (HCIL) – Catchment Area 4*
- *Lifetime Independence for Everyone, Inc. (LIFE/RUN) – Catchment Area 5*
- *Valley Association for Independent Living, Inc. (VAIL) – Catchment Area 6*

Relocation Activity

For the reporting period, DADS relocation assistance contractors reported a total of 419 relocation assessments conducted and a total of 190 transitions completed during this period. The transitions completed may or may not have required Transition to Life in the Community (TLC) assistance or Transition Assistance Services (TAS). Figure 1 provides a breakdown of assessments completed. Figure 2 provides a breakdown of the number of transitions completed.

Figure 1
Assessments Completed by Relocation Contractors, December 2008 through February 2009 (Total=419)

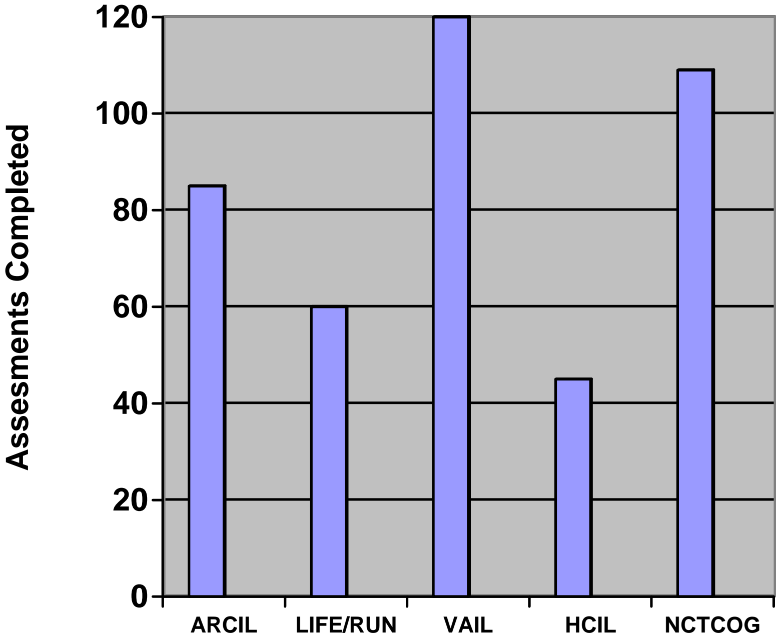
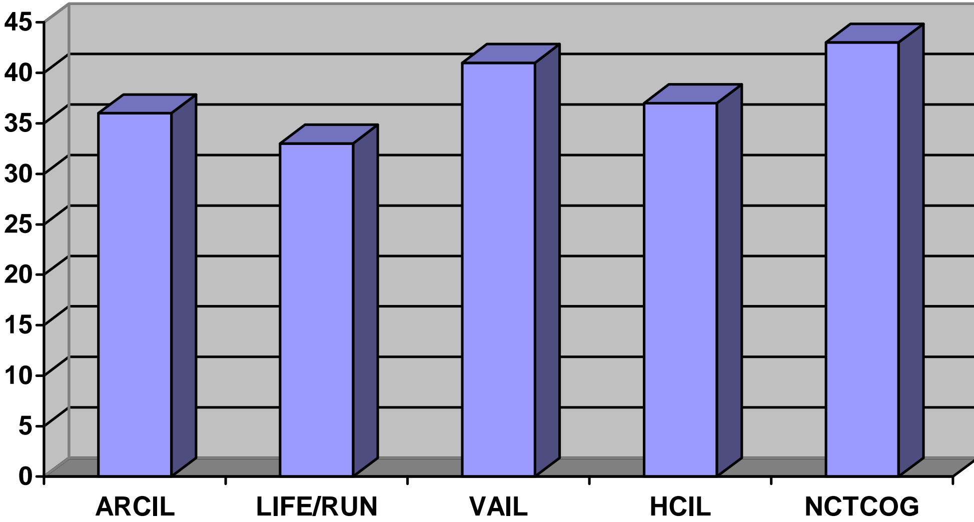
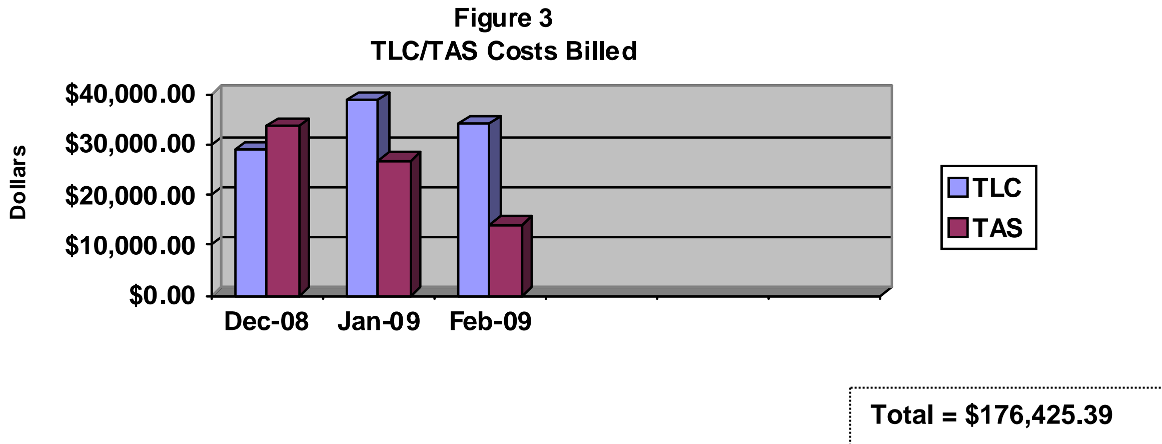


Figure 2
Transitions Completed by Relocation Contractors, December 2008 through February 2009 (Total=190)

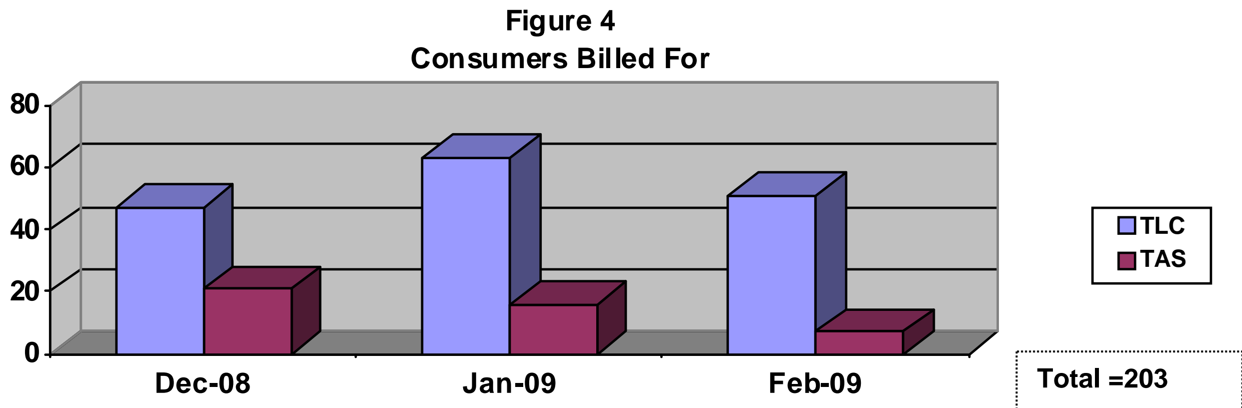


For the reporting period, based on claims data, a total of $101,975.27 was billed for TLC grants and a total of $74,450.12 (consumer expense only) was billed to Transition Assistance Services (TAS). Figure 3 provides a breakdown of the consumer costs billed for TLC and for TAS by month.



Total = $176,425.39

For the reporting period, costs billed were for 161 TLC consumers and 42 TAS consumers. Figure 4 shows the breakdown by month.



- Consumers who receive both TAS and TLC are counted twice in the total.

For the reporting period, available data from the relocation contractors indicate 91 individuals transitioned back into the community into their own home or family home, 48 into Assisted Living Facilities (ALF), 49 into rentals, one into an Independent Living Center (ILC) or retirement center and one into a halfway house.

Figure 5
Living Arrangement – For Those Who Transitioned December 2008 through February 2009
(Total=190)

Department of Assistive and Rehabilitative Services
Promoting Independence Advisory Committee Report
April 2009

New initiatives provided by the 80th Legislature (2007) related to the 2006 Promoting Independence Plan[1]

Initiative	Rider 30 - Assistive Technology
Purpose	$2M General Revenue (GR) for the biennium for a new initiative to provide consumers with assistive technology, devices, and related training to help them remain in the community and out of institutional settings. Of the $1M annual budget $800,000 is allocated to the Division for Rehabilitation Services (DRS) Independent Living (IL) program and $200,000 to the Blind Services (DBS) IL program.
Current Status	As of February 28, 2009, the IL program has served 58 consumers who were at risk of entering nursing homes or similar institutions; obligating $459,027. The DBS IL program has obligated $ 100,130 to serve 124 consumers. It is projected that the remaining funds will be expended before the end of the fiscal year.
Previous Status	As of November 30, 2008, DARS has served 285 consumers who were at risk of entering nursing homes or similar institutions. The remaining funds will be expended before the end of the fiscal year.

Initiative	HB1230 - Transition Specialists
Purpose	HB 1230 – Relating to services provided to youth with disabilities transitioning from school-oriented living to post-schooling activities; employment, services for adults, and community living. [2] The bill requires DARS to provide specialized training for employees who help students transition out of high school to the workplace or college. The training must provide information on (1) supports and services available from other HHS agencies for youth with disabilities who are transitioning and for adults with disabilities, (2) community resources available to improve the quality of life and (3) other resources to remove barriers to transitioning students. This law became effective 09/01/07.
Current Status	Since the onset of the Transition Program (9/1/06), DRS has served 10,510 students through 2/28/09. Of these, 462 have been successfully closed[i] For school year '09 (as of 2/28/09), DRS has served 3,706 students, with 36 of these being successfully closed. This number is likely to increase by the end of the current school year, as these students are still in school at this time. Each TVRC serves an average of three or four large high schools (5A and some 4A). TVRCs are assigned in 410 schools of the nearly 2,100 high/charter schools (20%). TVRCs do much of their work outside of schools to accommodate working parents. The use of flex time allows for evening and weekend meetings providing a more personalized service. Students have access to TVRCs in groups, or one on one.

[1] http://www.dads.state.tx.us/providers/pi/piac_reports/PIAC_2006.pdf

[2] http://www.capitol.state.tx.us/tlodocs/80R/billtext/pdf/HB01230F.pdf

Previous Status	A DVD has been created, distributed and viewed by all TVRCs and Regional Transition Specialists. The DVD provides baseline information on the various training components required by the bill. TVRCs and RSTs are currently involved in local forums to develop a library of resources. These resources are located in the community where each TVRC works. TVRC and DBS Transition Counselors will work together in an effort to share common resources for all. These forums are set to continue indefinitely.

Initiative	**Centers for Independent Living (CILs)**
Purpose	Statewide, there are gaps in the service areas covered by CILs. DARS, in collaboration with the Texas State Independent Living Council (TSILC), recommended that the network of CILS be expanded over time to achieve more coverage. To build on this process, DARS received funding for the creation of two new CILs for unserved areas in 2007. Each CIL will receive $250,000 in fiscal years 2008 and 2009.
Current Status	DARS is requesting $1.5M GR in the current LAR for the 2010-2011 biennium to add three new CILs. in the following unserved areas: Plano, San Angelo, Galveston, College Station and/or Sherman.
Previous Status	"Not Without Us" in Abilene has hired its entire staff and has been providing services. South Texas Advocacy and Accessibility Resource Services (STAARS) in Laredo recently signed a lease and are in operation.

Other Promoting Independence Plan Activities at DARS

Initiative	Institution to Community Coordination
Purpose	The Institution to Community Coordination (ICC) Program helps individuals who want to relocate from institutions to the community and who have employment goals. ICC does not provide direct supportive services from DARS, but the program coordinates existing community supports and services through a relocation provider. The relocation provider helps individuals navigate through a service delivery system. ICC services are time-limited, focus on the coordination of the relocation process, and support an employment goal by providing services that allow individuals with significant disabilities to function independently in the community. This is considered a first step to achieving employment. ICC is a permanent component of the service array for vocational rehabilitation within DARS and became a statewide program on December 1, 2006.
Current Status	DARS is conducting research to determine whether standards and fees for ICC need to be modified in order to make the service more viable for our consumers and more available to them. To that end, an action plan is being developed, and recommendations to management are expected this summer. In the meantime, DRS staff will be working with the TSILC and with individual CILs to promote additional interest in the service. In addition, various internal DRS communication methods will be used to ensure that VR and IL counselors are aware of the availability of this service for consumers for whom it is appropriate.
Previous Status	DARS is evaluating elements in the ICC program to identify ways to increase services, enhance participation and perform program outreach without duplicating services or conflicting with regulations within the Rehabilitation Act.

Initiative	Medicaid Infrastructure Grant (MIG)
Purpose	An important hallmark of MIGs across the country is in their unique role in bringing a variety of stakeholders together to address barriers to employment for people with disabilities and offer important solutions. Through the DARS MIG efforts, Texas Employment and Disability Connections (TEDC) was created, which is the partnership formed to develop and implement the Texas infrastructure supporting the competitive employment of people with disabilities, including those served by the mental health system. TEDC efforts include education and outreach about work incentives that assist consumers in obtaining and maintaining jobs. One of those is the Health and Human Services Commission Medicaid Buy-In (MBI) program, which offers affordable health care coverage to people with disabilities who work and earn a paycheck. 2009 objectives: 1. Increase participation in Medicaid Buy-In (MBI) and Personal Assistance Services (PAS) 2. Conduct mapping and analysis of system services and perform system needs evaluation 3. Continue partner collaboration 4. Sustain and improve efforts to inform consumers and employers.

Current Status	Achievements to date: ➢ Contracted with University of Texas School of Social Work (UTSSW) for 2009 resource mapping • Continue analysis of consumer survey data from year one to year two • Explore innovative models for enhancing employment supports for people with disabilities, including a peer support system for Texas ➢ Two masters-level students from UT School of Social Work interning with MIG for Spring semester ➢ Held first quarterly MIG Advisory Committee (MAC) meetings 1/29/09 • Next meeting scheduled 4/7/09 • MIG grant application for 2010 underway ➢ Conducted MIG and Medicaid Buy-In education and outreach to: stakeholders, advocates, consumers, and enterprise staff including three DARS regional managers – MBI training presentations – MBI web training conference (San Angelo) to regional partners, e.g., TWC Disability Navigators, Medicaid Eligibility, Adult Protection Services, and Social Security Administration staff – DARS MBI presentation, (Wichita Falls), to BRU, DADS, DRS, DBS, SSA, and 2-1-1 staff, and social and mental health workers • Disseminated over 8,000 MBI marketing materials • Finalizing TEDC website • MBI one-page information sheet under development, working with HHSC partners ➢ Working with Work Incentive Planning Assistance (WIPA) projects in Texas to strengthen infrastructure that facilitate linkages between work incentives and employment; continue building informed consumer base focusing education and outreach efforts on work incentive eligibility, benefits planning, and employment ➢ Creating sustainable MBI training plan for frontline DARS staff who interface with people with disabilities ➢
Previous Status	Achievements to date: ➢ University of Texas School of Social Work • Conducted an on-line consumer employment survey focused on employment related issues for people with disabilities. Questions

focused on work history, job preparation, job accommodations, and use of personal assistance services, self-employment, and transportation issues. The goal was to reach a broad cross-section of the disability population in Texas.

- Held third and fourth MIG Advisory Committee (MAC) Meetings October 15 and December 10, 2008.
    - Next meeting scheduled 01/29/09

- Employer and Consumer MAC Sub-Committees developed recommendations for strategies for Texas Employment and Disability Connections objectives
    - Next MAC meeting 01/29/09

- 12/10-11/08 Held First Annual Texas Employment & Disability Connections Conference with 100+ state, federal service provider staff, advocates, employers and stakeholders, bringing together people from across the state who impact the lives of Texans with disabilities through employment supports, services and information to improve access to Medicaid health insurance and employment outcomes.
- TEDC initial webpage in place on the DARS website.
- Conducted MIG and Medicaid Buy-In Education and Outreach:
    - Stakeholders, advocates, and consumers, included:
        - Private Providers Association of Texas Annual Conference
        - Texas RehabAction Network Conference
        - Disability Mentoring Day
        - DBS Consumer Meeting: Business of Work Seminar

    - Enterprise Staff, included:
        - DBS Program Managers and Staff
        - Aging Texas Well Advisory Committee, DADS

    - Employers, included:
        - Texas Workforce Commission – Texas Business Conference
        - 4th Annual Employment Symposium Better Your Bottom Line: Employer Access to People with Disabilities and Governor's Awards

	- Statewide network of employers that are HMOs working in Medicaid ➢ Texas Workforce Commission Annual Conference, Exhibitor

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[i] **6.2.1 Requirements for a Successful Closure**

- the consumer must
  - have received substantial VR services (as stated on the IPE) that have had an impact on the consumer's employment outcome;
  - *have achieved the employment outcome that is
    - described in the IPE; and
    - consistent with the consumer's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice;
  - have maintained the employment outcome for at least 90 days after substantial services have been completed; and
  - be employed at closure;
- the counselor and consumer must
  - consider the employment outcome to be satisfactory, and
  - agree that the consumer is performing well on the job; and
- the consumer must have been notified of
  - closure, and
  - the availability of post-employment services.*

*Based on 34 CFR Section 361.56

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Department of Family and Protective Services (DFPS) Report to the Promoting Independence Advisory Council (April 2009)

Child Protective Services

CPS continues working to improve service delivery to children and their families. The following is an update on programs that will affect all children in the CPS delivery system.

Moving Foster Care Forward

In order to streamline all capacity building efforts into a single endeavor, DFPS is working to incorporate the initiatives outlined in the *Moving Foster Care Forward Project* into the final *Placement Quality and Capacity Strategic Plan*.

DFPS Placement Quality and Capacity Strategic Plan

In 2007, the 89th Texas Legislature passed Senate Bill SB 758 requiring the Texas Department of Family and Protective Services (DFPS) to procure a statewide analysis of substitute care placement quality and capacity needs of children in conservatorship of DFPS.

DFPS determined that the analysis must:

- address current substitute care quality and capacity issues;
- provide projected needs for substitute care placement capacity and related services; and
- identify gaps in substitute care placement capacity and related services.

DFPS entered into an inter-agency contract (IAC) with the University of Houston Graduate College of Social Work in August 2008 to complete the statewide analysis. The contract was concluded in December 2008 after the University provided recommendations of alternatives and solutions and a draft strategic plan. These deliverables have laid the foundation that DFPS is currently using to develop a final strategic plan.

DFPS is currently working to prioritize the statewide analysis recommendations, and to make certain that all initiative work designed to build substitute care quality and capacity is included in the strategic plan.

At the same time DFPS is ensuring that the final *Placement Quality and Capacity Strategic Plan* aligns with the:

- HHS System Strategic Plan 2009-2013;
- Texas' Child and Family Services Review Improvement Plan;
- Title IV-B and IV-E State Plans; and

- all state and federal mandates.

Public Private Partnership

The initial concept for a public/private partnership originated from information DFPS staff and Private Agency partners obtained while attending the 2007 and 2008 Quality Improvement Centers conference on *Strengthening Public/Private Partnerships*.

After hearing a presentation by the State of Illinois Child Welfare Advisory Committee (CWA) and their successful public/private partnership, and recognizing the potential for Texas, DFPS and its Private Agency partners convened a forum facilitated by Casey Family Programs in December 2008. DFPS is involved in the ongoing development of a plan that will strengthen the partnership in Texas and result in improved outcomes for children.

The Texas forum brought together staff from DFPS, residential providers and other public partners to introduce and discuss the formation of the partnership. Representatives from the Illinois CWAC were invited to speak and provide a detailed presentation of their model. Their presentation included information to assist Texas in forming their own partnership. Following the Illinois presentation, the attendees recognized the value and opportunities of a public/private partnership and agreed to move forward. Together the attendees developed a comprehensive list of current processes that work well, and identified:

- barriers that exist;
- gaps that must be filled to provide an effective system;
- visions for success; and
- desired outcomes for the partnership.

The forum established two initial groups, each with specific tasks:

- A planning committee, responsible for developing the governing structure and partnership goals.
- A collaborative workgroup to address the issue of improving outcomes for those children in foster care that present the most difficult challenges and whose long term life success is most at risk.

As a part of this partnership and the common goal of improving outcomes for children and youth in care, DFPS has identified the need for a pilot project to track services for the top 20 children and youth in foster care who have challenges with maintaining stable placements.

A workgroup of both public and private providers has come together to focus on improving services and outcomes for these children and youth with the goal that the model can be replicated in the future for other children and youth with similar issues and needs.

The actual model has not been created yet; however DFPS plans to use information about these children and youth to:

- identify provider resources statewide that can provide specialized services;

- encourage providers to work collaboratively amongst each other and with DFPS and other professional entities to create a multi-provider, wrap-around approach to treatment plans;
- perform new assessments and build an intensive structure around each child or youth that is specifically tailored to individual needs; and
- review and adopt best practices from other states that have successfully implemented a wrap-around service program.

Children and youth in the pilot have similar characteristics:

- About half of them have been in and out of state care for less than five years and most were between the ages of 8 and 14 when placed into care.
- All of them, except one, have had psychiatric hospital stays.
- The average number of placements for each is between 15 and 25.
- All are physically aggressive and several exhibit self-harming behaviors.
- They are disproportionately African American.

DFPS desires the following outcomes be implemented into daily practice for these children and youth and replicated for other children and youth with similar issues and needs:

- Reduce and/or eliminate the number of placement moves by stabilizing and sustaining the current placement.
- Identify ongoing opportunities for the state to provide resources and tools.
- Encourage providers to support a multi-provider, multi treatment level approach.
- Create a team treatment approach that includes provider resources from both inside and outside a region that are specific to the child or youth's treatment requirements.

It is anticipated that by thoroughly researching and examining the placement history and the characteristics of these 20 children and youths, DFPS and the provider community can positively impact outcomes for all children in care.

STAR Health

As of March 1, 2009, more than 28,826 children in foster care and kinship care have successfully enrolled in STAR Health and are receiving services.

Superior HealthPlan continues its ongoing effort to recruit health care providers. Compliance with the network standards for providers, as of September 2008, is as follows:

- 5,700 primary care providers (PCPs) for an average of one provider for every five members statewide
- 10,500 physical health specialists
- 3,400 behavioral health providers, including 2,700 mid-level behavioral health providers (LCSWs, LPCs, and so on)
- 3,100 dental providers, including orthodontists
- 1,100 providers of vision-related services

99.7% of STAR Health members currently have access to a PCP with an open panel within 30 miles of their residence.

IMHS, the vendor with whom Superior HealthPlan Network contracts for behavioral health services, is implementing additional telemedicine services throughout a contract with Pathways Youth and Family Services Inc. in addition to its existing telemedicine contracts with 11 MHMR centers around the state. Telemedicine uses technology, such as videoconferencing, to improve access to health care services.

An automated system by which Psychotropic Medication Utilization can be monitored was implemented October 1, 2008 to augment an existing manual process. Since the implementation of STAR Health on April 1, 2008, there has been a 43% decrease in foster children who have taken prescription psychotropic medications for 60 days or more and a 74% decrease in the practice of polypharmacy with foster children.

Child and Family Services Review (CFSR)

All states participate in a Child and Family Services Review. The CFSR is a federal-state effort designed to help ensure that quality services to promote positive outcomes are provided to children and families through each state's child welfare system. The CFSR identifies the strengths of the state programs and systems and the areas that need improvement, particularly in regard to safety, permanency, and child and family well-being.

The review is administered by the Children's Bureau, within the Administration for Children, Youth and Families, of the Department of Health and Human Services. Following a review, states that did not substantially achieve all outcomes and systemic factors develop and implement Program Improvement Plans, as needed.

All states have completed one CFSR. The second round of CFSRs began in early 2007 after adaptations to the CFSR process. Texas completed its first CFSR in February 2002 and its second in March 2008. Texas has received the final draft report on the 2008 CFSR from the Children's Bureau and will submit a program improvement plan to address areas that need improvement by April 27, 2009.

The Children and Family Services Review (CFSR) gave DFPS/CPS Education a passing score of 97% citing the use of the Education Portfolio, ongoing support of CPS for children's education, and the work of the Regional Education Specialists for their role in advocating for all children through collaboration and participation in student/school meetings.

Strengthening Families Through Enhanced In-Home Support

One program created as a result of legislation enacted in the 80th Legislative Session is Strengthening Families through Enhanced In-Home Support. DFPS started a pilot in 15 counties in January 2008. The program has expanded to 16 counties to date.

A preliminary evaluation has been completed assessing the first six months of the Strengthening Families program. Additional steps are being taken to assure greater

awareness of both the program's benefits and the family characteristics that make families eligible for participation.

The pilot is ending August 31, 2009. A legislative appropriation request has been made to continue the program in the 16 counties. A final evaluation of the pilot will be completed December 2009.

Transitional Living

In January 2009, the Texas Workforce Commission approved continued funding in the amount of $320,000 for the Houston Alumni and Youth (HAY) Center, effective August 1, 2009 to July 31, 2010. The HAY Center is one of ten transition "one stop" centers in the state of Texas providing services and supports to youth ages 15 ½ to 25 years of age who are currently or formerly in DFPS conservatorship.

Youth in Action/Voices for Change day at the Capital in February was a huge success. Nine of the eleven DFPS regions were represented by youth in foster care and alumni of care. Youths passed out their own business cards when presenting to their legislators. A couple of youths left each legislator with a Kaleidoscope and asked them "to see it from our point of view" and to "help them put the pieces together to make things better." Issues the youths presented to their legislators included the need for:

- tuition fee waiver to age 25 or with no expiration, to include books, fees and dual enrollment;
- Transitional Medicaid to age 25;
- Transition Centers for Transitional Living;
- concern about over–medication;
- better screening of foster parents;
- more caseworkers and for someone checking up on caseworkers;
- regular sibling visits; and
- a foster care bill of rights in law.

Commissioner Anne Heiligenstein met with the statewide Youth Leadership Council (YLC) in February for their quarterly meeting. The YLC discussed some of their concerns on behalf of youth in care and proposed solutions. One YLC recommendation to the Commissioner was to increase the number of caseworkers so that caseloads could be smaller and the workers would have more time to spend with youth. They also pointed out that smaller caseloads would mean less turnover.

Circles of Support (COS) is a process used to support and assist young people 16 years of age and older in planning for transition from foster care. COS is based on the family group decision making model and includes specific identification of an individual who will commit to be a caring adult in the life of a youth as they age out of care. COS have been impacted by the growth in this population over the years without a corresponding growth in staff. In order to strengthen COS so that it can continue to help these youth transition successfully to adulthood, additional workers have been requested through the legislative appropriations request process.

Education

CPS continues to address the education issues of children in foster care through on-going collaborations with the Texas Education Agency, the Texas Higher Education Coordinating Board, regional consortiums, and community-based resources.

Parent Collaborative Group (PCG)

All eleven regions have established at least one parent collaboration group:

- Region 1 (Living Inside a Family Empowered LIFE),
- Region 2 (Empowering & Motivating Parents to Overcome With Education & Resources, or EMPOER),
- Region 3 (Parents Empowering Parents, or PEP),
- Region 4, Region 5, Region 7 (Parents Understanding Together, or PUT),
- Region 8 (Parents Informing Parents, or PIP),
- Region 9 (Parents Helping Parents, PHP),
- Region 10 (Parents Explaining About Case Experience, or PEACE) and
- Region 11.

Key Proposed Legislation Directed at CPS

House Bill 716 and Senate Bill 183

HB 716 and companion bill SB 183 relate to school choice for children with disabilities. It would allow parents of children with disabilities to:

- select a school in or out of the home school district; or
- offer tuition-type credit to attend another accredited school that is the most appropriate to provide educational services for the child.

House Bill 1050

HB 1050 addresses children with disabilities placed in disciplinary alternative education programs and juvenile justice education programs.

Senate Bill 451

SB 451 proposes mandatory education for all teachers on special education issues.

Senate Bill 987

SB 987 proposes that transition planning begin at an earlier age for children.

House Bill 1574

HB 1574 addresses the creation of a statewide autism spectrum disorders resource center.

Senate Bill 1060 and House Bill 1589

SB 1060 and its companion HB 1589 propose the creation of a strategic plan to reform long-term services and supports for individuals with disabilities.

House Bill 1905

HB 1905 proposes a study of the costs and benefits of a pilot program for services for adults with autism.

House Bill 67

HB 67 proposes a medical assistance buy-in program for children with certain developmental disabilities.

House Bill 2303

HB 2303 addresses the scope of services of and the persons who may be provided services by a community center.

Senate Bill 1824

SB 1824 addresses the Interagency Task Force for Children with Special Needs.

House Bill 704 and Senate Bill 984

HB 704 (identical to SB 984) would extend the court's jurisdiction in certain CPS cases beyond the age of 18. This bill amends the Family Code by adding new Sec. 263.504 to provide that the court "may" continue its jurisdiction over a "child" over the age of 18 if the "child" remains in substitute care on the "child's" 18th birthday or receives services from the department after the "child's" 18th birthday, **and** either of the following two conditions apply:

- the "child" consents to continued jurisdiction of the court, or
- the court, on the court's own motion, determines that the "child" is substantially unable to provide for the child's own food, clothing or shelter because of a mental or physical condition.

Under current law, the only situation in which the family court's jurisdiction over a "child" extends beyond the child's 18th birthday is in a suit affecting the parent-child relationship (SAPCR), which is for purposes of ordering child support from a parent (not DFPS) under Chapter 154. That section is specifically directed at the duty of the parents and does not purport to affect the legal or civil rights of the 18 year old.

House Bill 705 and Senate Bill 983

HB 705 and companion bill SB 983 would require additional information and supports for youth transitioning out of DFPS care.

SECTION 1(a) of the bill builds on legislation from the 80th Regular Session (SB 758, sec. 10) which required DFPS to provide certain records to a youth aging out of care no later than thirty days after the youth is discharged from care, either because he turns 18

or has had the disabilities of minority removed. Specifically, DFPS must provide the youth's birth certificate, immunization records, and the information in the child's health passport to the youth leaving care.

The amendments made by HB 705 would require DFPS to provide those same records no later than thirty days BEFORE a youth leaves care.

House Bill 1043

HB 1043 would add a new Chapter 672 to the Government Code requiring state agencies to give an employment preference to former DFPS foster children. This bill would require that an individual for whom DFPS had permanent managing conservatorship (PMC) on the day preceding their 18th birthday is entitled to preference in employment with a state agency.

House Bill 1912

HB 1912 requires DFPS to expand Circles of Support (COS) to children ages 14 to 15 years of age in DFPS conservatorship and to enroll the youth in Preparation for Adult Living (PAL) before they turn age 16. This expands the population to include more youth who would receive transitional living services.

Further, HB 1912 would require transitional living services to be provided even when a youth who is 18 and older is living with a person who was previously identified as a perpetrator of abuse and neglect. This would only be permitted if DFPS determines by criminal background check that despite the person’s prior history, the person does not pose a threat to the health and safety of the youth.

This bill would increase the numbers of youth served, and the current PAL contacts would have to be amended to include youth 14 and 15 years of age. This would increase the number of service delivery units for the contractor and could result in a need for additional staffing to meet the training requirements and increased numbers of youth.

Finally, this bill requires DFPS to ensure that on or before their 16th birthday, youth will acquire a copy of certain personal documents. Senate Bill 6 (79th Legislative Session) required DFPS to offer Circles of Support (modeled after Family Group Decision Making) and transition planning to youth beginning at age 16, including youth with disabilities. Although there was no funding attached to SB6 for this purpose, the department implemented a pilot and then expanded COS across the state. In our exceptional LAR, we are asking for dedicated, specialized staff to conduct COS for all youth 16 and up. The LAR did not account for resources needed to include 14 and 15 year olds.

Senate Bill 69

SECTION 4 prohibits DFPS from reassessing the substitute care placement of a child who is authorized at the specialized or intense service level more often than once every six months.

SECTION 6 requires DFPS to ensure that each youth participating in the PAL program receive information about the community resources in the county where the individual

resides to assist the youth in obtaining employment, job training, educational services, housing, food, and health care.

SECTION 7 requires DFPS to establish a mentor program under which a child's foster parents provide mentoring services to the child's biological parents to assist the child's parents in complying with the terms of the service plan.

SECTION 8 requires the Committee on Licensing Standards to meet at least three times yearly (the current minimum requirement is twice yearly) and adds a requirement to provide at least one opportunity per year for public testimony. It requires the Committee to include in its review an analysis of the "ways the licensing requirements for substitute care providers impair the department's ability to recruit and retain substitute providers." It also requires the Committee's report to be submitted by September 1 each year, rather than December 1 each year.

SECTION 9 modifies a provision related to the case management pilot program to specify that DFPS must contract for case management services no later than September 1, 2011 (the current requirement is 9/1/2008) and that the percentage goal for the program is ten percent, rather than 5 percent, of all the cases in the state.

Senate Bill 493 and companion House Bill 2443

SECTION 1 increases the number of children in DFPS conservatorship who would be eligible for the education tuition waiver to include those who:

- are adopted at any age; and
- have permanent managing conservatorship (PMC) given or transferred to someone other than the parent.

This section affects the Texas Education Agency (TEA) and the Texas Higher Education Coordinating Board (THECB).

SECTION 2 addresses the number of members who can be on citizen review teams (CRTs), who can be a member, and clarifies that these are volunteers.

SECTIONS 3 through 6 make minor modifications to the permanency hearings required when DFPS has temporary managing conservatorship (TMC).

SECTIONS 7 and 8 make minor modifications to the placement review hearings that are held when DFPS has permanent managing conservatorship (PMC) of a child.

Adult Protective Services

Key Legislation

<u>Senate Bill 70</u>

Transferring Responsibility to DFPS
SB 70 amends the following codes to transfer to DFPS from the Texas Department of Aging and Disabled Services (DADS) the responsibility for investigating abuse and neglect in private (licensed) intermediate care facilities for persons with mental retardation (ICFs-MR):

- Texas Health and Safety Code, Chapter 252, Subchapter E; and
- Texas Human Resources Code, Chapter 48.

DADS would remain the regulatory agency for private ICFs-MR for all other aspects of regulation and licensing.

Monitoring Client Deaths
SB 70:

- requires licensed ICFs-MR to report all client deaths to DFPS, regardless of the cause of death, so that trends can be identified and monitored; and
- transfers from DADS to DFPS the responsibility for maintaining statistics on client deaths.

<u>Senate Bill 277</u>

SB 277:

- Ensures APS's ability to obtain necessary evidence from banks and other financial institutions without undue delay or the obligation to pay fees.
- Authorizes APS to provide criminal background information on alleged perpetrators to clients or their caretakers, if an alleged perpetrator lives with a client and the client's welfare or safety is at stake.
- Increases from a Class B to a Class A misdemeanor the penalty for making a false APS report. The intent is to deter false reports.
- Clarifies the current statutory intent that APS may investigate abuse, neglect, or exploitation, even if the victim refuses to cooperate or cannot cooperate due to a physical or mental impairment. The intent is to empower caseworkers to make thorough investigations and protect clients when clients cannot provide information or are pressured by an alleged perpetrator to call off the investigation.
- Ensures that all special task units have the medical expertise needed to help APS protect clients. Special task units advise APS on difficult cases in certain counties.
- Authorizes APS to provide protective services to a relative or caretaker of an APS client. Services may include purchased client services, such as family counseling or training in family group decision making, and respite services. The

intent is to help the relative or caretaker avoid the stress that can lead to abuse or neglect.
- Authorizes APS to use licensed professional counselors to assess a client's capacity to consent to services. The intent is to better serve medically underserved areas where there are fewer psychologists and masters-level social workers.
- Increases from 72 hours to 10 calendar days the time within which APS must provide protective services under an emergency order. The amendment is supported by probate judges.
- Authorizes APS to request one 30-day extension of an emergency order for protective services when the first 30 days have been insufficient to stabilize the client's situation. The amendment is supported by probate judges.
- Clarifies that emergency medical services staff who remove, treat, or transport an APS client in an emergency when a court order could not be granted (typically after 5 p.m.) are not liable for damages except in cases of negligence. The intent is to alleviate for EMS staff the fear of being held liable when providing services to clients who do not want service, even when it is clear that the client lacks the capacity to understand the need for immediate treatment.

Senate Bill 643

The intent of SB 643 is to improve conditions at state schools.

Improve the State School System

Improvements to the state school system would include the following:

- Rename a state school as a state developmental center and a state school superintendent as a director of a state developmental center.
- Require DADS to establish by September 1, 2014, a separate state developmental center to care for alleged offenders. The center would house both children and adults who initially enter the system through the juvenile court or adult criminal court.
- Give HHSC specific authority to seek the criminal histories of employees and volunteers.
- Require specific training for the staff of all state developmental centers and special training for the staff of the state developmental center for alleged offenders.
- Require the installation of video surveillance at state developmental centers, in the centers' public areas only.

Create a Mortality Review Team at DADS

SB Bill 643 directs the HHSC executive commissioner to create an independent team to review all deaths that occur at state developmental centers. The team (a patient safety organization under contract with HHSC) would provide reports to HHSC's Office of Inspector General and to a proposed ombudsman at DADS. DADS would use the reports to advance statewide practices and would make only the statistical information in the reports public.

Create an Office of Independent Ombudsman

Sections 555.051-555.060 of SB 643 establish an Office of Independent Ombudsman within DADS to:

- evaluate the delivery of services to the residents of state developmental centers;
- investigate complaints; and
- protect the rights of residents and clients.

The ombudsman would be appointed by the governor.

The ombudsman would:
- hire an assistant ombudsmen at each state developmental center;
- report every two years to the governor, lieutenant governor, and speaker of the Texas House of Representatives with recommendations, reviews of investigations, and work completed;
- report immediately to the governor, lieutenant governor, and speaker serious or flagrant abuse or injury at a center, problems concerning the administration of a center, or interference by a center, DADS, or HHSC with an investigation conducted by the ombudsman;
- maintain privileged and confidential communications with any client, family member, or interested party concerning a complaint;
- refer abuse, neglect, and exploitation to DFPS; standards violations to DADS Regulatory Services Division; and criminal violations (other than those related to abuse, neglect, and exploitation) to HHSC's Office of Inspector General;
- investigate allegations (other than those related to abuse, neglect, and exploitation or other possible criminal offenses) when the complaint raises a systemic issue;
- audit annually each state developmental center's policies on clients' rights;
- establish and prominently display at all state developmental centers a toll-free number to report violations of clients' rights; and
- serve as an advocate and investigator for clients of state developmental centers and their families.

HHSC OIG Jurisdiction
Section 531.1022 would amend the Government Code, directing HHSC's Office of Inspector General to:
- hire and commission peace officers to assist state or local law enforcement in investigating alleged criminal offenses involving residents of state developmental centers.
- make a final report of each investigation, keeping confidential any identifying information on individuals in the case, and including a summary of the activities performed by the Office of Inspector General during the investigation, the finding of whether a crime was committed, and a description of the offense that was committed.
- produce an annual report and make it available to the public.

DFPS to Notify OIG of Possible Crimes
Amendments to §261.404 of the Texas Family Code and to §48.252 of the Human Resources Code would require APS investigators or supervisors to:
- report to HHSC's Office of Inspector General incidents of abuse, neglect, and exploitation that are suspected to be a crime; and
- provide HHSC's Office of Inspector General with a copy of the DFPS investigation report.

House Bill 1317

House Bill 1317:

- incorporates most of the language in SB 70 and SB 643; and
- adds language from SB 40 mandating that DADS complete surveys and certifications of all home and community-based service homes at least once every 12 months.

DSHS Promoting Independence
2nd Quarter 2009

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COMMUNITY MENTAL HEALTH AND SUBSTANCE ABUSE
2nd Quarter FY 2009

1. Money Follows the Person Behavioral Health Pilot

The Money Follows the Person Behavioral Health Pilot (BH Pilot) in Bexar County (San Antonio) helps individuals with co-occurring physical and mental health/substance abuse conditions leave nursing facilities to live independently in the community. Two pilot services, Cognitive Adaptation Training (CAT) and substance abuse counseling, are currently provided by the local mental health authority. As of February 2009, a total of 15 people had received pilot services in the community, while two received pre-transition substance abuse services in nursing facilities. The CAT is an evidence-based service designed to empower participants who have been dependent and institutionalized to improve or regain skills in managing daily activities. Examples of pilot participants' increasing independence include operating a vehicle in order to independently commute; obtaining paid employment; volunteering at the nursing facility where the participant formerly resided; obtaining a GED; attending exercise or computer classes; and working towards a college degree. Cross-agency collaboration is critical in serving these individuals. Collaboration involves DSHS, DADS, HHSC, STAR+PLUS HMOs, the local mental health authority and local relocation specialist. Lack of affordable, appropriate housing continues to be the major barrier in deinstitutionalizing pilot candidates.

2. YES Waiver

The Youth Empowerment Services (YES) Medicaid waiver was approved by the federal Centers for Medicare and Medicaid Services (CMS) on February 19, 2009. Texas is one of only five states to have ever obtained a home and community-based waiver for children with severe emotional disturbance (SED). The goals of the YES program include:

- Provide a more complete continuum of community-based services and supports for children with SED
- Prevent or reduce inpatient psychiatric admissions and recidivism for children with SED
- Prevent entry and recidivism into the foster care system
- Reduce out-of-home placements by all child-serving agencies
- Improve the clinical and functional outcomes of youth and their families.

YES will initially be piloted in a limited geographic area (Bexar and Travis counties) and will serve up to 300 youth under age 19. Children will be determined financially eligible for the program using standards used to determine eligibility for Medicaid in institutions. Under these standards, parental income is not counted, which will eliminate the current incentive for parents to relinquish custody to obtain access to Medicaid coverage for mental health treatment.

In addition to regular Medicaid services, waiver participants will be eligible for other services as needed, including respite care; adaptive aids and supports; community living supports; family supports; minor home modifications; non-medical transportation; paraprofessional services; professional services; specialized psychiatric observation**;** supportive family-based alternatives; and transitional services. Waiver providers will be enrolled and contracted by DSHS. Local Mental Health Authorities (LMHAs) will perform administrative functions at the local level. Harris and Tarrant Counties could also begin serving as pilot sites as early as 2011 if the waiver is determined to be successful and cost effective in its first two years of operation.

3. Independent Living Contract
(Coastal Bend Center for Independent Living)

Received a second grant from SAMHSA for OLMSTEAD for $60,000 over three years (10/1/06 – 9/31/09). DSHS is contracting with a local organization for the development and implementation of a program that will identify individuals who reside in nursing facilities, have a history of mental illness and/or substance abuse, and are considering making a transition to a community-based setting. The funds are to facilitate a Community Integration specialist in the identification, assessment, service plan for transition and community integration, housing services, and technical assistance to community-based providers.

Coastal Bend Center for Independent Living (CBCIL) FY 2008 (year one) report

- Number of persons interested in transitioning and referred to Project …………16
- Number of persons assessed…………………………………………………......14
- Number of persons assisted with relocation …………………………………….. 4
- Number of persons relocated with TBRA housing voucher ……………………. 3
- Number of trainings provided to home health agency staff, HMO service Coordinators …………………………………………………………………... 4
- Number of meetings held with MH/behavioral agency personnel and housing personnel ……………………………………………………………………….8

Identified barriers

- Lack of affordable, accessible housing
- Identifying and maintaining qualified Community Integration Specialist(s) on staff continues to be an ongoing struggle.
- Identifying home health providers to work with individuals with mental illness.
- Incorporating mental health/behavioral supports into discharge planning and relocation process continues to be lacking.

First quarter (October, November, December) report for FY 2009

- Number of persons interested in transitioning and referred to Project …………..3
- Number of persons assessed …………………………………………………..2
- Number of persons assisted with relocation …………………………………..1
- Number persons relocated with TBRA housing voucher ………………………..1

4. Independent Living Contract

In August 2008, Judy Telge, Ex. Director, CBCIL and Monique Carle, Service Coordinator, Superior Health Plan presented, *Promoting Independence for Adults with Complex Needs,* at the annual DSHS Texas Behavioral Health Institute in Dallas. The presentation included an overview of the Community Integration Project and a preview and outline of the Training Manual/Guide under development. The manual/guide should be available this fall and will include the history of Promoting Independence in Texas, description of individuals served, individual and systemic barriers, steps for a successful relocation, sample (template) forms and examples of individual situations.

5. Crisis Redesign

DSHS received $82 million appropriation by the 80th Legislature for the FY 08-09 biennium for Crisis Redesign. Guided by the Legislature and in response to Rider 69, these funds allow the state to make significant progress toward improving the response to mental health and substance abuse crises. This was a major and unprecedented appropriation specifically for a redesigned crisis service system. Services implemented during the second quarter of FY09 include:

- December 2008 – January 2009: DSHS staff continued to provide Crisis Services support calls for LMHA's and NorthSTAR providers.
- December 2008 – March 2009: DSHS staff continued to provide Outpatient Competency Restoration (OCR) support calls for LMHA's and NorthSTAR providers.
- December 2008 – March 2009: DSHS received and reviewed additional Crisis Service Plan updates.
- December 2008: Additional crisis workers took the Crisis Worker Certification examination and became certified by AAS.
- December 2008: DSHS Program Services staff and Licensing and Regulatory staff met to discuss rules related to Crisis Stabilization Units (CSU) and Extended Observation units.
- December 2008: DSHS staff provided consultation to The Burke Center related to crisis services and addressed issues related to their Extended Observation unit.
- December 2008 - January 2009: DSHS staff began working on environment of care standards to incorporate into Information Item V.
- January – February 2009: DSHS staff Program Implementation staff, Contract Management staff, and others including Hospital Services staff provided telephone consultation to five PESC and Projects requesting assistance with project implementation and service delivery.
- January 2009: Information Item V was sent to the Contract Committee via The Texas Council of Community Mental Health and Mental Retardation Centers.
- January 2009: DSHS facilitated a consensus meeting in Austin with OCR providers
- January 2009: Phase I Crisis Services Redesign report published by Texas A&M Public Policy Research Institute.
- January 2009: DSHS Quality Management Unit released the report related to the crisis services desk review of LMHAs and NorthSTAR providers.
- January 2009 – February 2009: DSHS staff made changes to Information Item V based on the comments received from the Contracts Committee.
- February 2009: DSHS staff attended the ribbon cutting ceremony Austin Travis County MHMR Centers' Crisis Respire facility.
- February 2009: DSHS staff completed a mock site survey at Bluebonnet Trails Community MHMR Centers' Crisis Respite facility.
- February 2009: DSHS staff provided consultation to Center for Healthcare Services related to their crisis services and addressed issues related to entering crisis data into MBOW
- February 2009: Information Item V was re-published with amendments
- February 2009: DSHS began regular Psychiatric Emergency Service Centers and Project implementation support calls forLMHA's and NorthSTAR providers.

6. Children With Special Health Care Needs (CSHCN)
For the first half of FY09, the CSHCN Services Program staff and contractors anticipate assisting 400-500 children with special health care needs (CSHCN) and their families with permanency planning, and over 700 families with respite or other family support services through community-based contractors. The program contractors' deadline for reporting is thirty days past the end of the quarter; therefore, data from the second quarter is not complete until April, 2009. As of 2/28/09 there were 667 children on the CSHCN SP health care benefits Waiting List.

7. Mental Health Transformation Grant
The Mental Health Transformation State Incentive Grant (MHT SIG) is designed to support the state in transforming its mental health service systems by building infrastructure to create a system that is singularly focused on recovery and resiliency. The work is guided by a Comprehensive Mental Health Plan (CMHP) developed by the Governor's Transformation Working Group and with input from a variety of stakeholders.

The state continues to make progress on its CMHP to achieve goals described in the President's NFC Report. As work has progressed, six thematic areas of focus for fiscal year 2009 have emerged:

1. Consumer, Youth and Family Infrastructure
2. Prevention and Early Intervention
3. Evidence-Based Behavioral Health Services
4. Workforce Development and Expansion
5. Technology for Behavioral Health Transformation
6. Behavioral Health Community Collaboratives

While a full description of the CMHP and progress toward its goals is available at www.mhtransformation.org the following summarizes progress made in the second quarter of FY 2009.

Consumer/Youth/Family (CYF) Leadership Development – The MHT project was able to work with the MHSA division of DSHS to procure a contract for a CYF TTAC. The TTAC is contracted to provide or contract for training and technical assistance services directed to persons and organizations involved in mental health services for children, youth and adult mental health consumers, family members, professionals, stakeholders, and the general public. The statement of work includes items such as the following:

A. Conduct Statewide Training and Technical Assistance Assessment
B. Establish and Facilitate TTAC Advisory Committee
C. Research and Develop Recommendations for the Establishment of a Peer Training and Certification Program.
D. Develop a Statewide Consumer, Youth and Family Network
E. Deliver Training

Self-Directed Care Pilot – A pilot program that will test the effectiveness of self-directed care (SDC) was launched in the NorthSTAR program. The pilot program will study the outcomes associated with 150 adults with serious mental illness who direct their own treatment, which could consist of clinical services or non clinical supports. The pilot is moving along at a quick pace. Thus far, a contract has been executed with the North Texas Behavioral Health Authority (NTBHA). NTBHA has hired a program director, a research assistant and a self directed care

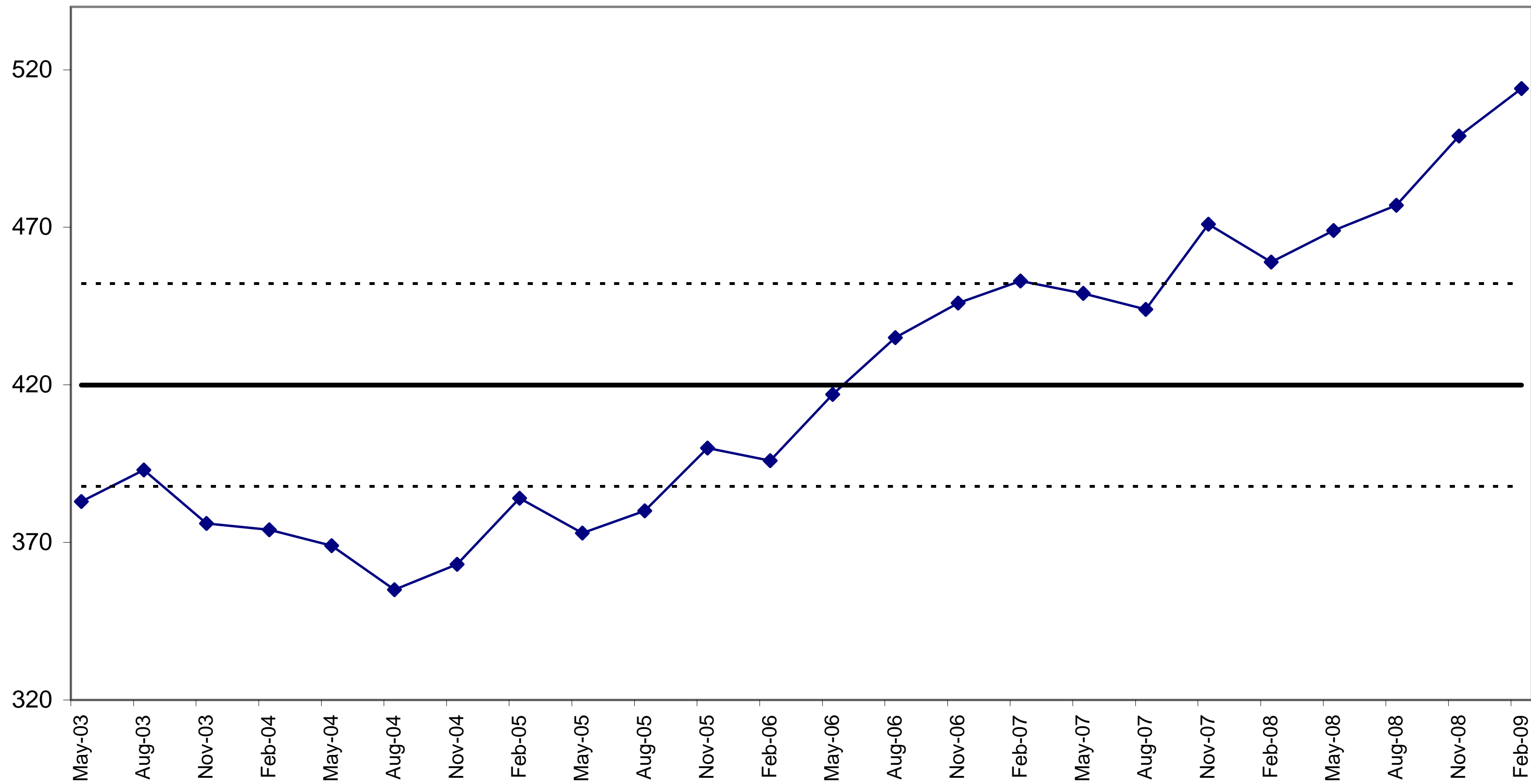
advisor (who will be working with participants on development of recovery plans. The recruitment phase of potential participants into the program, which is overseen by National Center for Research and Training in Psychiatric Disability (University of Illinois-Chicago), is currently underway. The program has had extensive community stakeholder involvement at each stage of its development, and will continue as it moves through implementation.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for Youth – Two communities – Fort Worth and Austin - were selected to receive training for clinicians in providing TF-CBT, an evidence based practice for treating children and youth who have experienced trauma. The training has occurred and services to youth is now occurring.

Patients Hospitalized for More Than One Year

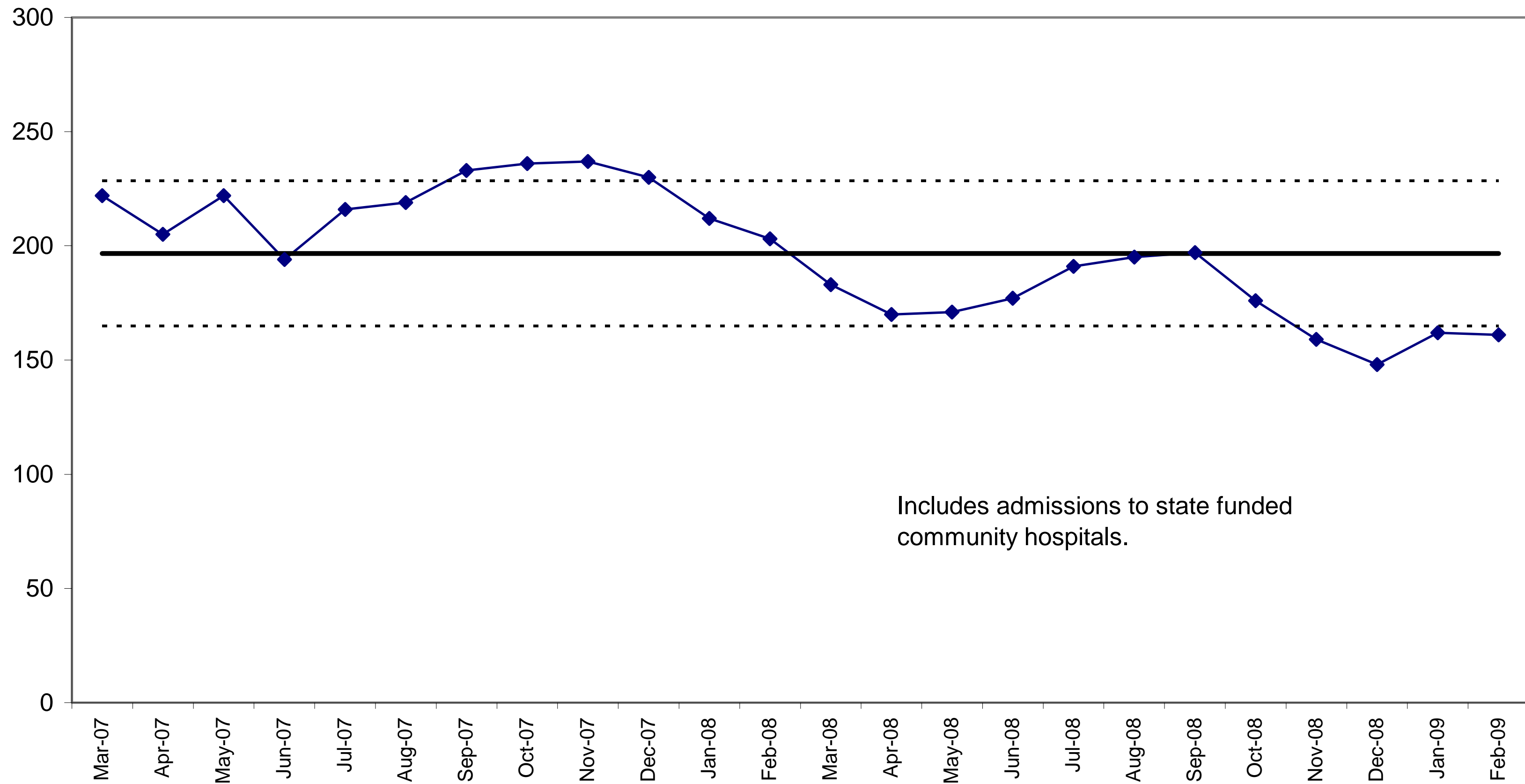
Date	Total	Civil Total	Forensic Total	Need Continued Hospitalization	Accepted for Placement	Barrier to Placement	Court Involvement
1/1/1997	742						
1/1/1998	627						
1/1/1999	468						
10/1/1999	427			316	45	9	57
2/24/2000	390			315	30	16	29
5/31/2000	374			286	37	23	28
8/31/2000	351			240	22	41	48
11/30/2000	380			241	19	55	65
2/28/2001	380			218	32	64	66
5/31/2001	398			263	10	63	62
8/31/2001	372			229	12	62	69
11/30/2001	350			245	15	27	63
2/28/2002	357			221	23	27	86
5/31/2002	372			220	16	31	105
8/31/2002	395			211	21	38	126
11/30/2002	386			206	13	36	131
2/28/2003	367			198	16	26	127
5/31/2003	383			213	14	29	127
8/31/2003	393			226	11	15	141
11/30/2003	376			221	10	18	127
2/29/2004	374			226	4	15	129
5/31/2004	369			228	7	19	115
8/31/2004	355			218	11	19	107
11/30/2004	363			209	10	21	123
2/28/2005	384			227	16	14	127
5/31/2005	373			209	15	27	122
8/31/2005	380			213	15	19	133
11/30/2005	400	231	162	364	13	19	4
2/28/2006	396	226	170	360	10	21	5
5/31/2006	417	229	188	374	9	29	5
8/31/2006	435	219	216	389	15	25	6
11/30/2006	446	212	234	416	6	17	7
2/28/2007	453	203	250	384	31	26	12
5/31/2007	449	205	244	391	29	19	10
8/31/2007	444	190	254	389	24	20	11
11/30/2007	473	200	273	422	9	28	14
2/29/2008	459	203	256	402	18	22	17
5/31/2008	469	208	261	422	13	16	18
8/31/2008	477	212	265	438	8	15	16
11/30/2008	499	216	283	457	10	13	19
2/28/2009	514	231	283	469	5	23	17

Persons Hospitalized more than One Year on the Last Day of the Quarter



	May-03	Aug-03	Nov-03	Feb-04	May-04	Aug-04	Nov-04	Feb-05	May-05	Aug-05	Nov-05	Feb-06	May-06	Aug-06	Nov-06	Feb-07	May-07	Aug-07	Nov-07	Feb-08	May-08	Aug-08	Nov-08	Feb-09
Persons	383	393	376	374	369	355	363	384	373	380	400	396	417	435	446	453	449	444	471	459	469	477	499	514
Average	420	420	420	420	420	420	420	420	420	420	420	420	420	420	420	420	420	420	420	420	420	420	420	420
ucl	452	452	452	452	452	452	452	452	452	452	452	452	452	452	452	452	452	452	452	452	452	452	452	452
lcl	388	388	388	388	388	388	388	388	388	388	388	388	388	388	388	388	388	388	388	388	388	388	388	388

Persons Admitted Three or More Times in 180 days: March 2007 - February 2009



	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09
Persons	222	205	222	194	216	219	233	236	237	230	212	203	183	170	171	177	191	195	197	176	159	148	162	161
Average	197	197	197	197	197	197	197	197	197	197	197	197	197	197	197	197	197	197	197	197	197	197	197	197
ucl	228	228	228	228	228	228	228	228	228	228	228	228	228	228	228	228	228	228	228	228	228	228	228	228
lcl	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165	165

DSHS PIAC Status Report

ADULTS Readmitted to a State or Community Psychiatric Hospital Three or More Times in 180 Days Since FY2001: Where Are They Now In the Community Mental Health System?

	FY2009											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Number Readmitted Three or More Times in 180 Days Since FY2001	3216	3239	3261	3298	3319	3331						
Number Receiving Services	1350	1406	1376	1411	1425	1420						
Level of Care Received												
Crisis Services	46	65	44	66	66	57						
Service Package 1 Pharmacological Management, Medication Training and Supports, and Routine Case Management	573	586	601	608	602	602						
Average Service Hours	0.82	0.96	0.9	1.08	1.04	1.05						
Service Package 2 Pharmacological Management, Medication Training and Supports, Routine Case Management, and Counseling	5	7	8	10	7	5						
Average Service Hours	1.8	5.36	3.25	4	3.74	4.34						
Service Package 3 Psychosocial Rehabilitation	378	400	392	406	417	423						
Average Service Hours	6.2	6.15	5.02	5.78	5.57	5.93						
Service Package 4 Assertive Community Treatment (ACT)	333	334	315	310	315	318						
Average Service Hours	7.39	7.7	6.53	7.8	7.71	7.49						
Service Package 5 Community Follow-Up	3	2	5	2	9	6						
Client Refused Services	0	0	0	0	0	0						
Waiting for All Services	11	11	11	9	8	9						
Not Eligible for Services	1	1	0	0	1	0						
Percent Appropriately-Authorized	87	86.2	86.6	84.4	84.7	84						

Notes: Clients who are "appropriately-authorized" generally receive the same service package as that recommended during assessment. Also, average monthly community service hours per client may be considered somewhat low, since these clients may have been in the hospital.

Source: DSHS Client Assignment and REgistration (CARE) system and Mental Retardation and Behavioral Health Outpatient Warehouse.

DSHS PIAC Status Report

CHILDREN Readmitted to a State or Community Psychiatric Hospital Three or More Times in 180 Days Since FY2001:
Where Are They Now In the Community Mental Health System?

	FY2009											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Number Readmitted Three or More Times in 180 Days Since FY2001	253	252	254	255	257	258						
Number Receiving Services	54	55	55	56	60	61						
Level of Care Received												
Crisis Services	1	1	0	1	1	0						
Service Package 1.1 Brief Outpatient - Externalizing Disorders	6	6	6	5	6	9						
Average Service Hours	2.94	4.89	1.96	2.17	3.54	2.64						
Service Package 1.2 Brief Outpatient - Internalizing Disorders	2	2	1	1	0	0						
Average Service Hours	3.48	0.75	3.77	2	0	0						
Service Package 2.1 Intensive Outpatient - Externalizing Disorders - MST	0	0	0	0	0	0						
Average Service Hours	0	0	0	0	0	0						
Service Package 2.2 Intensive Outpatient - Externalizing Disorders	3	3	4	3	3	2						
Average Service Hours	5.11	6.92	4.42	8.83	9.25	12.13						
Service Package 2.3 Intensive Outpatient - Internalizing Disorders	2	2	3	3	3	4						
Average Service Hours	3.54	10.54	2.45	0.56	2.71	12.81						
Service Package 2.4 Intensive Outpatient - Bipolar Disorder, Schizophrenia, Major Depressive Disorder with Psychosis, or Other Psychotic Disorders	0	0	0	0	0	0						
Average Service Hours	0	0	0	0	0	0						
Service Package 4 After-Care	6	5	5	5	7	6						
Average Service Hours	1.6	1.51	0.78	0.55	0.94	0.5						
Client Refused Services	0	0	0	0	0	0						
Waiting for All Services	0	0	0	0	0	0						
Not Eligible for Services	0	0	0	0	0	0						
Received Adult Level of Care	34	36	36	38	40	40						
Percent Appropriately-Authorized	87.2	87.8	86.3	87.8	88.7	94.6						

Notes: Clients who are "appropriately-authorized" generally receive the same service package as that recommended during assessment. Also, average monthly community service hours per client may be considered somewhat low, since these clients may have been in the hospital.

Source: DSHS Client Assignment and REgistration (CARE) system and Mental Retardation and Behavioral Health Outpatient Warehouse.

Discharges from State Hospitals - FY2009

Placement	All Patients	Patients Discharged After Being Hospitalized for 365 Days	All Patients	Patients Discharged After Being Hospitalized for 365 Days
	Q1		Q2	
No Entry*	0		0	1
BHO Care	1		5	
Death	4	1	4	1
ICF/MR	7		3	
Jail or Other Correctional Facility	423	16	452	15
Medical/Inpatient Facility	9		13	
MHA/MRA	268	1	299	1
Nursing Home	71	7	51	7
Other Agency Arranged (e.g. CPS)	40	1	33	
Other State Hospital	71		98	12
Out of State	4		2	
Personal Care/Group Home	272	3	276	3
Private Psychiatric Hospital	15		14	
Private Residence	2714	5	2462	6
Respite	123		117	
State School	14	2	20	1
State-Funded Community Psychiatric Hospital	0		0	
Substance Abuse Center	37		28	
Supportive Housing	19		33	1
UD Involuntary	2		3	
UD Voluntary	1		2	
VA Care	20		10	
Total	**4115**	**36**	**3925**	**48**

* There is concern about the larger number of "unknowns". Analysis will be performed to determine if the placement was unknown or if staff failed to enter the placement. For example, patients are sometimes discharged from Court and will leave immediately. In these cases staff will notify the MHA, but do not always know where the patient is going.

Report to Promoting Independence Advisory Committee

April 2009

Health and Human Services Commission Initiatives

Legislative Session Update
Report will be given at the Promoting Independence Advisory Committee meeting by HHSC External Relations staff.

Managed Care
Report will be given at the Promoting Independence Advisory Committee meeting. A brief update on the end of the ICM contract between Evercare and HHSC is included below. Managed Care Operations staff will be present at the meeting to discuss the contract termination and transition further.

ICM Contract

The Texas Health and Human Services Commission (HHSC) and Evercare have agreed to end a contract for the Integrated Care Management (ICM) program, which provides Medicaid services to 74,000 people in the Dallas-Fort Worth area.

ICM was created during the 79th legislative session to provide Medicaid services and improve the coordination of care for people age 65 or older and for those have disabilities in Collin, Dallas, Denton, Ellis, Hood, Hunt, Johnson, Kaufman, Navarro, Rockwall, Parker, Tarrant and Wise counties.

Evercare began providing ICM services in February 2008, and the original contract ran through Aug. 31, 2010. Under the agreement HHSC will end the contract on May 31, 2009, and people now covered by ICM will begin receiving services through other existing Medicaid programs on June 1.

SCHIP Reauthorization Highlights

President Obama signed H.R. 2 (Public Law 111-3), the State Children's Health Insurance Program (CHIP) Reauthorization Act of 2009, on February 4, 2009.

General Provisions
- The bill authorizes funding for April 1, 2009, through federal fiscal year 2013, and includes an estimated $32.8 billion in new spending for CHIP and Medicaid. It is financed primarily by a $.62 increase in federal tobacco tax.
- Beginning in federal fiscal year 2009, it provides states two years, instead of the current three years, to spend allotments.
- It provides for tiered bonus payments to states that exceed baseline Medicaid child enrollment levels and implement at least five of eight enrollment and retention strategies.

- It appropriates $100 million for Medicaid and CHIP outreach and enrollment efforts.

New Requirements/Restrictions

- Dental: Requires dental coverage for preventive, restorative, and emergency services in CHIP.
- Mental Health Parity: Requires states to ensure that financial requirements and treatment limitations for mental health or substance use disorder benefits comply with the Mental Health Parity Act of 2008.
- Verification of Citizenship: Provides states with an alternative to the Deficit Reduction Act of 2005 requirements for verifying citizenship in Medicaid and requires states to verify citizenship in CHIP.
- Payments for Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs): Applies the Medicaid prospective payment system for FQHCs and RHCs to CHIP.
- Managed Care Provisions: Applies Medicaid managed care quality safeguards to CHIP.
- Adult Coverage: Prohibits new waivers to cover nonpregnant childless adults or parents in CHIP.

New Options

- Legal Immigrant Coverage: Allows states to provide Medicaid and CHIP to legal immigrant children and/or pregnant women without a five-year delay.
- Pregnant Women Coverage: Authorizes states to cover pregnant women in CHIP.
- Express Lane Eligibility Determinations: Allows states to use findings from an express lane agency in determining Medicaid and CHIP eligibility for children. Express lane agencies are public agencies and include agencies that determine eligibility for Temporary Assistance for Needy Families, Title IV-D (child support), Head Start, School Lunch, Child Care Block Grant, Homelessness Assistance, and Housing Assistance.
- Payment Error Rate Measurement (PERM): Prohibits the U.S. Health and Human Services Secretary from calculating or publishing any national or state-specific PERM error rates for CHIP until six months after a new final rule is promulgated. After the new final rule is in effect, it allows 2008 PERM states, such as Texas, to accept 2008 payment error rates or to treat 2011 as the first PERM year.
- Premium Assistance: Provides states with additional options, intended to reduce administrative burdens, for providing premium assistance to CHIP-eligible children with access to qualified employer-sponsored coverage.

Loan Repayment Program for Medicaid Doctors, Dentists

HHSC received formal expenditure authority approval from the LBB and the Governor's Office for the Frew related physician and dentist loan repayment program in January, 2009. The loan application was posted to the DSHS website on February 27, 2009.

HHSC worked closely with the Frew Advisory Committee, experts in loan repayment programs, and the medical and dental communities for many months to establish a loan

repayment program that would provide the greatest access to care for children enrolled in Medicaid under the age of 21.

HHSC structured the loan repayment program to include:

- 300 loan repayment recipients per year;
- Each loan recipient could receive a $140,000 total over 4 years: $40,000 the first year, $30,000 the second year, $40,000 the third year, and $50,000 the fourth year.
- To be eligible for the loan repayment funds each year, the physicians and dentists would have to meet established monthly average targets over a 12 month period for the number of patient visits provided to Medicaid enrolled children under the age of 21.

As of March 26, 2009, 127 complete applications have been received; 67 dentists, 42 primary care providers and 18 physician specialists.