

**PROMOTING
INDEPENDENCE
ADVISORY COMMITTEE
2007 STAKEHOLDER REPORT**

Submitted to Albert Hawkins, Executive Commissioner,
Texas Health and Human Services Commission
by the Promoting Independence Advisory Committee
February 2008

TABLE OF CONTENTS

	Page
Introduction and Purpose	1
Background	4
Overview of the 80 th Legislature	5
Fiscal Years 2008-2009 Projected Funds and Average Monthly Caseloads	8
Table 1 - DADS Waiver and Attendant Care Appropriations Expended and Projected HHSC STAR+PLUS Appropriations Expended and Projected	8
Table 2 - DADS Waiver and Attendant Average Monthly Caseload Expended and Projected HHSC STAR+PLUS Waiver and Attendant Average Monthly Caseload Expended and Projected	9
Resolutions.....	10
Status Reports	
2006 Promoting Independence Plan Recommendations	13
Community Relocations	22
Children	24
Housing	27
Health and Human Services Agencies Status Reports for Fiscal Year 2007	29
Health and Human Services Commission.....	29
Table 3 – Health and Human Services Agencies 2008-2009 General Appropriations Act Impact	30
Department of Aging and Disability Services	33
Department of Assistive and Rehabilitative Services	37
Department of Family and Protective Services	38
Department of State Health Services	41
Grants.....	45
Appendices:	
Appendix A - Health and Human Services Circular C-002.....	48
Appendix B – Committee Members.....	51
Appendix C – 2006 Promoting Independence Plan Recommendations.....	52
Appendix D – Community Relocation Statistics	61

INTRODUCTION AND PURPOSE

The 2007 Promoting Independence Advisory Committee (PIAC) Stakeholders Report is submitted to the Executive Commissioner of the Health and Human Services Commission (HHSC) as required by section 532.02441(i), Government Code.¹ This report provides a status update to the 2006 Promoting Independence Plan (Plan).

The Promoting Independence Advisory Committee (Committee) met on a quarterly basis during Fiscal Year (FY) 2007 to:

- continue the work of the Promoting Independence Initiative (Initiative).
- coordinate and oversee the implementation of the Promoting Independence Plan.
- provide ongoing policy discussions on issues pertaining to community integration.

Section 531.02441 directs the Committee to:

- study and make recommendations on developing a comprehensive, effective working plan to ensure appropriate care settings for persons with disabilities by submitting annually a report to HHSC.
- advise HHSC giving primary consideration to methods to identify and assess each person who resides in an institution but chooses to live in the community and for whom a transfer from an institution to the community is appropriate, as determined by the person's treating professionals.
- advise HHSC on determining the health and human services agencies' availability of community care and support options and identifying, addressing, and monitoring barriers to implementation of the plan.
- advise HHSC on identifying funding options for the plan.

This report is submitted by the Committee with assistance provided by the Texas Department of Aging and Disability Services (DADS). Even though the Initiative continues to be a HHSC project, daily management of the Initiative was delegated to DADS in October 2004.²

Health and Human Services Circular C-002 directs and authorizes DADS to act on behalf of, and in consultation with, HHSC in all matters relating to the Promoting Independence Initiative. In addition, the specific directives of the Circular include:

- preparation of the revised Texas Promoting Independence Plan, submitted to the Governor and Legislature every two years;
- monitoring and oversight of implementation of all agency-specific Promoting Independence Plan recommendations across the enterprise;
- nomination, for HHSC Executive Commissioner review and approval, of appointments to the Promoting Independence Advisory Committee;

¹ This report reflects the views and opinions of a consensus of the members of the Promoting Independence Advisory Committee (Committee). The Committee, for purposes of this report, refers only to those members named to the Committee by HHSC's Executive Commissioner and does not include agency representatives. Unless otherwise noted, the views and opinions expressed in this report do not necessarily reflect the policy of HHSC, the Texas Department of Aging and Disability Services, or any state agency represented on the Committee.

² Health and Human Services Circular (see Appendix A or access the Circular at <http://www.hhs.state.tx.us/news/circulars/C-002.shtml>).

- staff support for the Promoting Independence Advisory Committee, including assistance in developing its annual report to HHSC, which will be presented directly to the HHSC Executive Commissioner; and
- coordination and oversight of any other activities related to the Promoting Independence Initiative and Plan, as a direct report for this purpose to the HHSC Executive Commissioner.

The Committee was very encouraged and appreciative by the action of the 80th Legislative Session (2007) in its appropriations to significantly increase slots for community-based programs. Additionally, the Committee welcomed the inclusion of Rider 45 to the 2008-2009 General Appropriations Act (Article II, DADS, House Bill 1, Regular Session, 2007) which will allow more individuals with complex medical and functional needs to access waiver services by increasing individual cost caps for waiver eligibility.

The current Committee non-agency stakeholders continue to be very appreciative of the groundwork established by the previous Committees, of the various advocate, consumer and provider communities and of the legislative, executive and governmental officials. The non-agency stakeholders would like to recognize the efforts made by Albert Hawkins, Executive Commissioner, HHSC, for his leadership and commitment, both during the Legislative Appropriations Request (LAR) process and during the Regular Session, for additional funding to increase community options and provider reimbursement. The Committee would also like to recognize the efforts made by Adelaide Horn, Commissioner, DADS, for all of her work in support of the Promoting Independence Initiative.

However, the Committee believes that the state is not yet in full compliance with the *Olmstead* decision or its own Promoting Independence Plan. Even with the additional appropriations made by the 80th Legislature, 100,192 individuals remain on the Texas Department of Aging and Disabilities' waiver interest lists.³ These are individuals who want to live in an integrated community setting and have chosen to be on an interest list for community-based services.

Some of the individuals on the interest list are currently living in the community but others are waiting for community services while they remain in an institutional setting. As of August 31, 2007, 68,923 Texans are being served in an institution⁴ as compared to 73,246 reported in the *2004 Revised Texas Promoting Independence Plan*. While not all of these individuals may choose to leave, many of them do not want to be institutionalized and would prefer community-based services and living in a more integrated setting.

Individuals in nursing facilities may access the "money follows the person" policy to receive community-based services and individuals in fourteen or more bed community

³ Source: DADS' website as of August 31, 2007. See DADS website for the most current information regarding interest lists at: <http://www.dads.state.tx.us/services/interestlist/index.html>

⁴ For purposes of this report, "institutions" are defined as: Nursing Facilities (not Skilled Nursing Facilities), State Mental Retardation Facilities (SMRF), Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR), and the DFPS programs: licensed institutions for persons with Mental Retardation, Residential Treatment Centers, Basic Care Facilities, and Foster Group Homes. The data are derived from both the DADS and DFPS submittal of their "Individuals Participating in Long Term Care Programs" report as required by Senate Bill 367, 77th Legislative Session (2001) and Health and Human Services Commission Rule Texas Administrative Code §351.15 (d).

intermediate care facilities for persons with mental retardation (ICFs/MR) and state mental retardation facilities (state schools) may receive expedited access to the home and community-based services (HCS) program (see section on Community Relocation Policy). However, for individuals residing in all other institutional settings (such as thirteen or less bed community ICFs/MR), and for those who are in the community but are at risk of institutionalization, they must wait for an appropriate “slot” to receive community-based services.

See Appendix B for a listing of the current Committee Membership.

BACKGROUND

The background and history of the Promoting Independence Initiative is well-documented in previous Promoting Independence reports and plans. These documents may be accessed on both the Health and Human Services Commission (HHSC) and the Texas Department of Aging and Disability Services (DADS) websites.⁵

Please reference the **2006 Revised Texas Promoting Independence Plan: Introduction and Purpose**, page 6; and **Background**, pages 9-12, for the comprehensive review of the Promoting Independence Initiative's history.

The DADS' Promoting Independence website also provides an extensive array of information regarding Promoting Independence and related activities.

The following information provides specific historical website reference material:

- The impetus of the Promoting Independence Initiative was the *Olmstead v. L.C.* 1999 Supreme Court ruling which can be found at:

<http://straylight.law.cornell.edu/supct/html/98-536.ZS.html>.

- *Olmstead v. L.C.* was followed by then Governor George W. Bush's Executive Order GWB 99-2 which directed HHSC to initiate the Promoting Independence Initiative and appoint the original Promoting Independence Advisory Board:

<http://texinfo.library.unt.edu/texasregister/html/2000/Mar-03/GOVERNOR/GOVERNOR.html>

- The 77th Legislative Session (2001) passed a significant piece of legislation, Senate Bill 367, which codified many of the efforts and direction of the original Promoting Independence Advisory Board and their report:

<http://www.capitol.state.tx.us>

- In April 2002, Governor Rick Perry issued his own Executive Order (RP-13) to further the state's efforts regarding the Promoting Independence Initiative:

<http://www.governor.state.tx.us/divisions/press/exorders/rp13>

RP-13 not only requires coordination among the health and human services agencies but also the Texas Workforce Commission and the Texas Department of Housing and Community Affairs.

⁵ http://www.hhsc.state.tx.us/about_hhsc/reports/search/search_LTC.asp; <http://www.dads.state.tx.us/business/pi/index.html>.

OVERVIEW OF 80TH TEXAS LEGISLATIVE SESSION

In a continuation of the efforts made by the 79th Legislative Session (2005), the 80th Session increased funding for health and human services. Overall, the 80th Texas Legislature appropriated \$51 billion for the state's five health and human services agencies for FYs 2008-09, a 4.6 percent increase over current funding levels. An additional \$1.8 billion in funding was included in House Bill (H.B.) 15, 80th Legislature, Regular Session, 2007, which primarily provided for provider rate increases covered in the *Frew* lawsuit agreement, increases in rates for community care and home health providers, and the purchase of antivirals in case of a flu pandemic.

Appropriations/directives to increase community-based services and supports

The Promoting Independence Advisory Committee (Committee) was encouraged by:

- the increase in appropriations to increase Medicaid waiver slots managed by the Texas Department of Aging and Disability Services (DADS) and the Health and Human Services Commission (HHSC) through its' STAR+PLUS long term services and supports managed care program.
- the inclusion of the following riders in the 2008-09 General Appropriations Act (Article II, DADS, H.B. 1, 80th Legislature, Regular Session, 2007):
 - Rider 41: allows an individual under 22 leaving a nursing facility under "money follows the person" to access any 1915 (c) waiver upon conditions of eligibility.
 - Rider 42: allows for an individual under 22 years, seeking to leave an intermediate care facility for persons with mental retardation (ICF/MR), and is ineligible for services under the home and community-based services (HCS) program, to be offered services under another 1915 (c) waiver, as long as they meet those eligibility criteria.
 - Rider 43: continues Rider 46 (2006-07 General Appropriations Act, Article II, DADS, Senate Bill [S.B.] 1, 79th Legislature, Regular Session, 2005). This Rider establishes a pilot program for fifty individuals under the age of 22 to leave an ICF/MR and have expedited access to community programs.
 - Rider 45: increases individual cost caps to 200 percent for Community-based Alternatives (CBA); Consolidated Waiver Program (CWP); Community Living Assistance and Support Services (CLASS); Deaf-Blind Multiple Disabilities (DBMD), and Home and Community-based Services Programs (HCS); and at 50 percent for the Medically Dependent Children's Program (MDCP).
- the inclusion of Section 7(a) (2008-2009 General Appropriations Act, Article II, Special Provisions, 80th Legislature, Regular Session, 2007), allows enhanced funding resulting from the *Money Follows the Person Rebalancing Demonstration (Demonstration)* to be utilized for purposes of the Demonstration without prior approval from the Legislative Budget Board and the Governor.

The 80th Legislature, through the 2008-2009 General Appropriations Act (Article II, DADS, H.B.1, Regular Session, 2007), significantly increased the number of individuals who may access 1915 (c) Medicaid waivers. H.B. 1 provides \$71.4 million in General Revenue funds, \$173.2 million All Funds additional funding for DADS, serving an estimated additional caseload of 8,598 by the end of FY 2008-09 biennium.

The following DADS' waiver programs are impacted:

- Community-based Alternatives
- Community Living Assistance and Support Services
- Medically Dependent Children's Program
- Deaf-blind with Multiple Disabilities
- Home and Community-based Services

In addition, the Health and Human Services Commission received \$19 million General Revenue, \$47.8 million All Funds to fund the acute portion of DADS' increased appropriation for its 1915 (c) waiver programs and to fund 304 additional 1915 (c) Medicaid waiver slots for STAR+PLUS. Therefore, in total to HHSC and DADS, the 80th Legislature appropriated an additional \$90.5 million General Revenue, \$221 million All Funds, for increased community choice.

The 80th Legislature also appropriated \$6.6 million General Revenue, \$16.6 million All Funds, for 300 additional dedicated HCS slots for individuals leaving fourteen or more bed ICFs/MR (180 slots) and children aging out of Department of Family and Protective Services' (DFPS) foster care (120 slots).

The 2008-2009 General Appropriations Act also included an appropriations to the Department of State Health Services (DSHS) for its Children with Special Health Care Needs Services Program. Children with Special Health Care Needs was appropriated \$2,484,666 in FY 2008 to serve 343 clients and \$4,969,332 in FY 2009 to serve 646 clients (Title II, DSHS, H.B. 1, 80th Legislature, Regular Session, 2007). DSHS was also appropriated \$82 million General Revenue for Mental Health Crisis Redesign. These funds should allow the state to make significant progress toward improving the response to mental health and substance abuse crises.

The 80th Legislature, General Appropriations Act 2008-09, Rider 29 (Article II, Texas Department of Assistive and Rehabilitative Services [DARS], H.B. 1, Regular Session, 2007), directed funding of (\$1 million General Revenue) for the establishment of two new Centers for Independent Living (Centers). DARS will go through a selection process prior to awarding two communities the funding for these new Centers.

In addition, DARS received: \$6.3 million General Revenue for Comprehensive Rehabilitation Services to eliminate the end of FY 2007 wait list for traumatic brain and spinal cord injuries; and \$.6 million General Revenue to reduce the wait list for Independent Living Services. General Appropriations Act 2008-09 Section 51(Article II, Special Provisions, 80th Legislature, Regular Session, 2007) directs DARS, DADS, and HHSC to determine the need for a new Medicaid program for individuals with traumatic brain injury and spinal cord injury.

Appropriations for provider reimbursement

After several sessions of not providing increased provider reimbursement, the 80th Legislature took a number of proactive measures. The Legislature passed H.B. 15, 80th Legislature, Regular Session, 2007, which provided rate restoration for CLASS, HCS, and Texas Home Living providers to FY 2003 amounts. In addition, the Legislature appropriated, on average a five percent rate increase for providers of community services and supports (\$86.2 million General Revenue, \$203.1 million All Funds). The 80th Legislature also provided for “Community Care Rate Enhancements” (\$15.8 million General Revenue, \$38.2 million All Funds) for direct service staff.

General Appropriations Act 2008-09 (Article II, Special Provisions, Section 55, H.B. 1, 80th Legislature, Regular Session, 2007), directs HHSC to develop, if cost effective, payment categories regarding ventilator care and other categories to long term services and supports programs; any rate change for ventilator care in nursing facilities will also impact Medicaid waiver programs based on nursing facility eligibility.

Legislation

Several legislative bills signed by the Governor will impact the Promoting Independence Initiative in its’ management of human services programs. These bills include:

- Senate Bill 10: relating to Medicaid reform and the creation of an 1115 waiver.
- Senate Bill 22: authorizing legislation for long term services and supports insurance and a partnership program.
- Senate Bill 27: major revision to the “Community Living Options Information Process”; among many of its directives, requires DADS to contract with the local Mental Retardation Authority to administer process in state mental retardation facilities.
- Senate Bill 1766: revision to the use of consumer directed services in long term services and supports programs.
- House Bill 1230: relating to services provided to youth with disabilities transitioning from school-oriented living to post-schooling activities, services for adults, and community living.

See the attached hyperlink for a full DADS legislative report:
<http://dadsview.dads.state.tx.us/ccea/gru/updates/index.html>

FISCAL YEARS 2008-2009 PROJECTED FUNDS AND AVERAGE MONTHLY CASELOADS

The Promoting Independence Advisory Committee (Committee) requested that appropriation comparisons of the past biennium and the 80th Session's newly appropriated budget for Fiscal Years (FY) 2008 and 2009 regarding community services and supports be included in this report. The following programs reflected in Tables 1 and 2 include: Community-based Alternatives (CBA); Home and Community-based Services (HCS); Community Living Assistance and Support Services (CLASS); Deaf-Blind Multiple Disabilities (DBMD); Consolidated Waiver Program (CWP); Texas Home Living (TxHmL); Money Follows the Person (MFP); STAR+PLUS/Managed Care - Waiver (MC: [Waiver]); STAR+PLUS Managed Care - Entitlement (MC: [Entitlement]); Primary Home Care (PHC); and Community Attendant Services (CAS).

TABLE 1

**DADS Waiver and Attendant Care Appropriations Expended and Projected
HHSC STAR+PLUS Appropriations Expended and Projected**

	FY06 Expended All Funds	FY07 Expended All Funds	FY 08 Projected All Funds	FY09 Projected All Funds
CBA	\$417,654,555	\$415,251,890	\$411,170,607	\$445,072,390
HCS	\$393,652,362	\$455,181,934	\$537,769,813	\$599,262,583
CLASS	\$71,411,084	\$103,804,918	\$138,758,103	\$144,195,179
DBMD	\$6,012,359	\$6,230,863	\$7,268,832	\$7,628,074
MDCP	\$15,041,808	\$21,463,697	\$43,267,964	\$45,271,097
CWP	\$3,359,038	\$3,798,359	\$4,059,051	\$4,059,051
TxHmL	\$7,616,667	\$7,488,241	\$9,629,866	\$9,962,888
MFP	\$66,431,112	\$72,267,659	\$75,518,202	\$86,248,548
MC: (Waiver)	\$92,183,935	\$190,932,105	\$303,331,208	\$317,135,720
TOTAL:Waivers	\$1,073,362,920	\$1,276,419,666	\$1,530,773,646	\$1,658,835,530
PHC	\$482,329,908	\$451,004,029	\$417,037,118	\$443,925,835
CAS	\$320,323,608	\$312,929,936	\$340,776,909	\$363,848,278
MC: Entitlement	\$58,056,358	\$114,140,909	\$187,641,015	\$197,880,041
TOTAL: Attendant Programs	\$860,709,874	\$878,074,874	\$945,455,042	\$1,005,654,154
GRAND TOTAL	\$1,934,072,794	\$2,154,494,540	\$2,476,228,688	\$2,664,489,684

Source Documents:

- DADS Monthly Budget Status Report as of September 2007: Reduction in PHC and CBA programs are a result of STAR+PLUS which was expanded on February 1, 2007.

TABLE 2

**DADS Waiver and Attendant Average Monthly Caseload Expended and Projected
HHSC STAR+PLUS Waiver and Attendant Average Monthly Caseload Expended
and Projected**

	FY06 Expended Avg. #/month	FY07 Expended Avg. #/month	FY08 Projected Avg.#/month	FY09 Projected Avg. #/ month
CBA	26,763	26,783	25,251	26,394
HCS	10,149	11,796	13,202	14,712
CLASS	2,072	3,113	3,900	4,053
DBMD	132	138	160	168
MDCP	959	1,508	2,525	2,642
CWP	167	182	199	199
TxHmL	1,417	1,392	1,388	1,436
MFP	4,854	4,640	4,573	5,021
MC: Waiver	8,994	16,982	24,771	25,768
TOTAL:Waivers	55,507	66,534	75,969	80,393
PHC	64,484	59,065	51,913	53,072
CAS	43,785	42,089	43,080	44,006
MC: Entitlement	3,099	5,848	8,554	9,045
TOTAL: Attendant Programs	111,368	107,002	103,547	106,123
GRAND TOTAL	166,875	173,536	179,516	186,516

Source Documents: See above.

RESOLUTIONS

The Promoting Independence Advisory Committee (Committee) makes formal recommendations to the Executive Commissioner of the Health and Human Services Commission in September of even-numbered years to be included in the revisions of the Promoting Independence Plan (Plan). However, during the Committee's quarterly meetings during the Fiscal Year (FY), the Committee discusses many policy issues that are occurring in real-time that require the attention of the Executive Commissioner. Therefore, the Committee may make formal resolutions to address specific policy issues during their quarterly meeting. The following resolutions were passed during FY 2007:

October 2006

Tim Graves, Chris Kyker, Glenda Rodgers not in attendance.

- The Committee recommends to Chris Traylor (Medicaid Director), that he amend the Deficit Reduction Act of 2005 Money Follows the Person Rebalancing Demonstration grant application to allow individuals in nine bed or more community ICFs/MR to move for those who choose to leave, even if the facility provider does not voluntarily close. The resolution passed 7-0-1 (Carole Smith, Private Providers Association of Texas, abstaining).
- The Committee recommends that Mr. Hawkins include in the Consolidated Budget, pass-through rate increases for community-based direct services and supports workers to address recruitment and retention. The resolution passed 8-0.

January 2007

Tim Graves, Jean Freeman, Glenda Rodgers not in attendance.

- The Committee recommends that the Department of Aging and Disability Services (DADS) establish a taskforce to study the closure and/or the consolidation of state mental retardation facilities with stakeholder representation. Furthermore, that DADS/HHSC request that the 80th Legislature to establish this taskforce, if legislation is required to study these issues. The resolution passed 8-0.
- The Committee recommends that HHSC remove the 133 percent individual cost cap for Medicaid (c) waiver services through STAR+PLUS for the initial eligibility determination. The resolution passed 8-0.
- The Committee recommends that DADS immediately increase the number of dedicated Home and Community-based Services (HCS) slots for children in nursing facilities from ten to twenty. The resolution passed 8-0.
- The Committee wants DADS to establish independent relocation teams to assess all identified residents of the Lubbock State School for community-based services and availability for immediate relocation. The resolution passed 7-0-1 (Carole Smith, PPAT, abstaining).

- The Committee wants DADS/HHSC to create a “money follows the person” process for residents of the Lubbock State School. The resolution passed 8-0.
- The Committee wants HHSC/DADS to provide “Promoting Independence” numbers for Lubbock State School in comparison to all the other state schools by the next Committee meeting. The resolution passed 8-0.
- The Committee wants DADS to establish an immediate moratorium on Lubbock State School admissions. The resolution passed 7-1 (Chris Kyker, Silver-Haired Legislature, voting in the negative).

April 2007

Tim Graves, Anita Bradberry were not present.

- The Committee wants a letter sent to the members of the 80th Legislature’s Appropriation Conference Committee recommending the \$131 million of proposed funding for a new state school be withdrawn from the General Bond package. The resolution passed 7-2-1 (Carole Smith, PPAT and Glenda Rodgers, T4A voting in the negative, Jean Freeman, DADS Council member abstaining).

August 2007

Glenda Rodgers, Chris Kyker, Anita Bradberry, Mike Bright, not present.

- The Committee urges the Texas Department of Housing and Community Affairs to use Housing Trust Funds for individuals in relocating from institutional settings to community residences. The resolution passed 7-0.
- The Committee requests that Mr. Hawkins direct the Committee in collaboration with DADS to analyze existing data to determine:
 - Number of children and youth under the age of 21 years currently residing in state schools.
 - Length of stay for all children/youth residing in state schools.
 - Method of placement used for admission to the state schools for children/youth.
 - Status of the permanency plans for all children and youth residing in state schools.
 - Status of plans to transition children/youth out of state schools and into communities.

In addition, it is requested that Mr. Hawkins appoint a workgroup to identify and develop a plan to address:

- Systems/program issues that cause the admission of children/youth to state schools.
- Barriers that prevent children/youth admitted to state schools from returning to their families/communities. The resolution passed 7-0.

- The Committee is concerned that the purpose of House Bill 2292 (78th Legislature, Regular Session, 2003) which was to consolidate the health and human services agencies in order to eliminate unnecessary fragmentation and result in:
 - the development of one long term services and supports agency to consolidate those services for individuals who are aging and/or with a disability;
 - ease access to services and supports; and
 - better access to community services and supports thereby eliminating unnecessary institutionalization,

is being compromised by the various initiative across the system without being based in an overall plan.

The expansion of managed care in urban areas, attendant services for children which are different than for adults, the development of Aging and Disabled Resource Center, and the Waiver Optimization process are being administered and managed by multiple agencies resulting in confusion for consumers that will effect access to services and supports. Therefore, the Committee requests that the Executive Commissioner of HHSC appoint a working group of consumers, advocates, family members and providers to develop recommendations by August 1, 2008 on how to eliminate the fragmentation of the long term services and supports system, and for the Committee to play an integral role in the development of these recommendations. The resolution passed 6-0-1 (Jean Freeman, DADS Council member abstained).

STATUS UPDATE: 2006 REVISED TEXAS PROMOTING INDEPENDENCE PLAN RECOMMENDATIONS

The Health and Human Services Commission (HHSC), based on the Promoting Independence Advisory Committee's (Committee) recommendations made in its' *2006 Stakeholder Report*, included the following implementation directives in the *Revised 2006 Texas Promoting Independence Plan (Plan)*.⁶ The Plan categorized the recommendations into the following areas:

Program Funding: these are directives to help fully-fund community services and institute certain structural changes in order for individuals to have a choice in living in the most integrated setting.

Requires legislative direction and/or appropriations.

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

Status

The 80th Legislature provided \$71.4 million General Revenue for DADS community-based Medicaid (c) waiver programs which results in 8,598 new community "slots". In addition, the Health and Human Services Commission received \$19 million General Revenue, \$47.8 million All Funds to fund the acute portion of DADS' increased appropriation for its 1915 (c) waiver programs and to fund 304 additional 1915 (c) Medicaid waiver slots for STAR+PLUS.

DARS was appropriated funds to serve everyone on the Comprehensive Rehabilitation Services Program waiting list; currently there is no one waiting. DARS also received \$.6 million to reduce the waiting list for the Independent Living Services Program; a waiting list still remains.

DSHS did not receive any funds to reduce the adult waiting list; however, it was given a special appropriation to reduce the children's community mental health waiting list. The Legislature appropriated \$2,188,994 General Revenue for this program which will provide an additional 432 "slots" over the biennium. The 80th Legislature also appropriated funds to DSHS for the Children with Special Health Care Needs Services Program. The 2008-2009 General Appropriations Act (Article II, DARS, Special Provisions, H.B. 1, 80th Legislature, Regular Session, 2007) provided \$2,484,666 General Revenue in Fiscal year (FY) 2008 to serve 343 individuals and \$4,969,332 General Revenue in FY 2009 to serve 646 individuals in the Children with Special Health Care Needs Services Program.

⁶ For the full report see DADS' website at: <http://www.dads.state.tx.us/business/pi>; see Appendix C for the Promoting Independence Advisory Committee's full text of its recommendations.

Requires legislative direction and/or appropriations

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 intermediate care facilities for persons with mental retardation (ICFs/MR).

Status

The 80th Legislature (2007) did not provide policy direction or appropriations.

Even though there is was not direction to create a MFP process for individuals residing in ICFs/MR, there are related activities which will help promote individual choice and movement into community-based services. The state included as part of their MFP Demonstration proposal an initiative to work with providers of nine or more bed community ICFs/MR who want to change their business model and take those current beds off-line; see status on the following recommendation for more detail. Individuals will be given a choice to remain in an ICF/MR or move into the Home and Community-based Services (HCS) program.

In addition, Senate Bill 27 (80th Legislature, 2007) amends and strengthens the community living options process which is now known as the “Community Living Options Information Process (CLOIP)”. The legislation requires that DADS transfer the administration of the CLOIP process from state school staff and delegate that function to the local mental retardation authority (MRA) to help ensure a more independent information process; CLOIP is only for adults residing in the state school system and became effective January 1, 2008. The anticipated effect is that more individuals will choose the HCS program.

Requires legislative direction and/or appropriations

If directed and/or funded by the Legislature, HHSC will work with DADS to establish a transition plan for ICFs/MR with nine or more beds to downsize or close.

The 80th Legislature (2007) did not provide policy direction or appropriations. However, the 80th Legislature was supportive of HHSC’s and DADS’ submission of the *Money Follows the Person Rebalancing Demonstration’s (Demonstration) Operational Protocol (OP)*. As part of the OP, HHSC and DADS proposed a limited program to test the concept of “voluntary closure” of nine or more bed ICFs/MR. The 80th Legislature attached Section 7(a) to the 2008-2009 General Appropriations Act (Article II, Special Provisions, Regular Session, 2007), which allows HHSC to utilize the enhanced funding resulting from the Demonstration in order to support the Demonstration’s activities.

Requires legislative direction and/or appropriations.

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

Status

The 80th Legislature (2007) did not provide policy direction or appropriations. However, the 80th Legislature did provide \$82 million General Revenue to fund (Mental Health) Crisis Redesign (2008-2009 General Appropriations Act, Title II, DSHS, H.B. 1, Regular Session, 2007).

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will increase telemedicine and other technology assistance in order for individuals to remain in the community and be independent.

Status

The 80th Legislature (2007) did not provide policy direction or appropriations. However, HHSC received legislative direction to work on both issues. HHSC is planning to revise its Medicaid telemedicine rules/policies. In addition, HHSC received a Medicaid transformation grant (\$4 million) to enhance the health passport for children in foster care.

In addition, the 80th Legislature attached Rider 30 to the 2008-2009 General Appropriation Act (Title II, DARS, House Bill 1, Regular Session, 2007). Rider 30 directs \$2 million over the biennium to be spent for the purpose of providing assistive technologies, devices, and related training to those with significant disabilities to remain in the community.

Workforce and Provider Network Stabilization: these are directives to increase reimbursement rates in order to help stabilize the direct services and supports professional workforce.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will work with DADS to increase non-governmental provider rates according to established methodologies, recognizing inflation factors.

Status

The 80th Legislature appropriated dollars for an approximate five percent increase for providers of community-based services.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will work with DADS to fund the specialized nursing rates established by rule in 2003 for 1915(c) waiver programs.

Status

Legislative direction was not required. HHSC has approved these rates. The nursing rates in general were increased above what was initially funded to align them with other HHSC nursing rates.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will work with DADS to equalize wage and benefits for non-governmental direct support staff with appropriate state employee pay grade (wage parity).

Status

The 80th Legislature (2007) did not provide policy direction or appropriations.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will increase the number of levels available through the wage enhancement option, expand the enhancement option to all Medicaid attendant programs, and fund the ability of all long-term services and support providers to participate in the attendant enhancement option to the highest level.

Status

The 80th Legislature (2007) did not provide policy direction or appropriations.

Service Improvement: these are directives to improve the current services system.

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 served.⁷ The investigation should examine efficiencies in administration, service definitions, and appropriate rate level for services.

Status

DADS has an ongoing initiative to review its waiver programs.

⁷ The seven 1915(c) waiver programs operated by DADS are: Community-based Alternatives; Medically Dependent Children's Program; Community Living Assistance and Support Services; Deaf-Blind with Multiple Disabilities; Home and Community-based Services; Texas Home Living; and Consolidated Waiver Program.

DADS will educate providers and consumers regarding the policy of “negotiated service plans” which will help better serve persons with complex needs in the community.

Status

DADS conducted a “complex needs initiative” during most of Fiscal Year 2007. One of the products from that initiative was the development of the “individual responsibility agreement” (IRA). DADS conducted formal training with providers and DADS staff regarding how to work with individuals with complex needs who want to relocate; part of that training focused on the IRA.

HHSC and DADS will investigate different management structures to improve access and utilization of the consumer-directed services (CDS) option.

Status

There has been no directive at this time to investigate different management structures. However, Senate Bill 1766 (80th Legislature, 2007) reinforces current CDS initiatives and continued the statewide CDS Workgroup. In addition, HHSC and DADS worked through FY 2007 to include the CDS option in the Home and Community-based Services (HCS) and the Texas Home Living waivers. In addition, HHSC and DADS and working towards a statewide expansion of the “service responsibility option” (SRO).

Expand Independent Living Opportunities and Relocation Activities: Texas is an originator of the “money follows the person” institutional transition policy. These directives will to help make these transitions successful and to provide enhanced assistance for persons with complex needs.

HHSC will explore matching dedicated dollars for relocation with Medicaid administrative dollars.

Status

HHSC and DADS began researching how to match the General Revenue dollars that fund the relocation activity. However, the final interim rules from the Centers for Medicare and Medicaid Services (CMS) regarding targeted case management/case management would make this activity administratively burdensome.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, DADS will increase the current relocation specialists’ budget from \$1.3 million/annum (General Revenue) to \$2.6 million/annum (General Revenue).

Status

The 80th Legislature (2007) did not provide policy direction or appropriations.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, DARS will add an additional 21 Centers for Independent Living (CIL)s in order to provide state-wide coverage.

The 80th Legislature included Rider 29 to the 2008-2009 General Appropriation Act (Title II, DARS, H.B. 1, Regular Session, 2007) which directs DARS to use \$1 million General Revenue to be used to establish two new CILs.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, DADS will develop a community navigator program to assist individuals in accessing community based services.

Status

The 80th Legislature (2007) did not provide policy direction or appropriations. However, DADS is administering the Aging and Disability Resource Center (ADRC) grant which is testing three models of “one-stop shopping” and community collaboration, which includes community navigators; see section on Grants in this report for more information.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will work with the Texas Department of Transportation to increase non-medical transportation supports for individuals who are aging and/or have disabilities.

Status

The 80th Legislature (2007) did not provide policy direction or appropriations; however, Medicaid transportation was transferred from the Texas Department of Transportation to HHSC.

Children’s Supports: these directives will help many of Texas’ children to reside in community settings.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will develop and implement a Medicaid Buy-In program for children with disabilities in families with income between 100 percent to 300 percent of the federal poverty level (FPL) as allowed in the Deficit Reduction Act of 2005.

Status

The 80th Legislature (2007) did not provide policy direction or appropriations.

Requires legislative direction and/or appropriations.

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.

The 80th Legislature included the following riders in the 2008-2009 General Appropriations Act (Article II, DADS, H.B. 1, Regular Session, 2007):

- Rider 41: allows an individual under 22 leaving a nursing facility under “money follows the person” to access any 1915 (c) waiver upon conditions of eligibility.
- Rider 42: allows for an individual 21 years or younger, seeking to leave an intermediate care facility for persons with mental retardation (ICF/MR), and is ineligible for services under the home and community-based services (HCS) program, to be offered services under another 1915 (c) waiver, as long as they meet those eligibility criteria.
- Rider 43: continues Rider 46 (2006-07 General Appropriations Act, Article II, Department of Aging and Disability Services, S.B. 1, Article II, 79th Legislature, Regular Session, 2005) that was attached to DADS’ General Appropriation for FY 2006-2007. This Rider establishes a pilot program for 50 individuals under the age of 22 to leave an intermediate care facility for persons with mental retardation (ICF/MR) and have expedited access to community programs.

The 80th Legislature also appropriated \$6.6 million General Revenue, \$16.6 million All Funds, for 300 additional dedicated HCS slots for individuals leaving fourteen or more bed ICFs/MR (180 slots) and children aging out of foster care (120 slots).

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, DARS will fund additional transition specialist positions to more effectively facilitate meaningful transition from Independent School Districts’ (ISD) secondary school system to appropriate adult supports and services.

Status

The 80th Legislature (2007) did not provide policy direction or appropriations.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, DADS will increase funding for permanency planning activities.

Status

The 80th Legislature (2007) did not provide policy direction or appropriations.

Housing Initiatives: these directives will help individuals to remain in the community or assist them in their transition from an institutional placement into the community. Without available, accessible, and integrated housing there is no opportunity to remain in or relocate to the community.

HHSC will work with the Texas Department of Home and Community Affairs (TDHCA) and the Public Housing Authorities to increase the number of dedicated HOME (Section 8 and Tenant Based Rental Assistance - TBRA) funds for persons who are aging and/or have disabilities.

Status

DADS, at HHSC direction, is working with TDHCA to increase the number of dedicated HOME vouchers. TDHCA provided \$2 million dollars for individuals who are aging and/or have disabilities (TBRA funds) and gave potential contractors additional points on their applications for targeting individuals leaving institutional settings. In addition, DADS is working with individual public housing authorities (PHA)s to dedicate HOME funds for the *Olmstead* population.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will develop a program of local housing coordinators/navigators to assist individuals and the human services system to locate and develop housing resources.

Status

The 80th Legislature (2007) did not provide policy direction or appropriations.

HHSC will work with its operating agencies, TDHCA, and the Public Housing Authorities to develop a housing plan for persons with very low income and/or have disabilities.

Status

The plan has not been developed. The state agencies were working on the Demonstration's OP during most of FY 2007 and included a significant section on housing where the state commits to having a plan.

Promoting Independence Principles: this directive reinforces HHSC's commitment to the Promoting Independence Initiative.

HHSC will ensure that the Promoting Independence Initiative's (Initiative) principles are incorporated in all state initiatives and that all stakeholders are included in the development of any health and human services long-term services and supports policy and/or program.

Status

This recommendation is ongoing. HHSC is very supportive of the Promoting Independence Initiative philosophy and has instructed its operating agencies to include the Initiative's principles in all of its activities.

COMMUNITY RELOCATION POLICY: MONEY FOLLOWS THE PERSON AND PROMOTING INDEPENDENCE PRIORITY POPULATIONS

Nursing Facilities

The State of Texas was one of the originators of the “money follows the person” (MFP) concept. This policy allows for individuals residing in nursing facilities to relocate back into a community setting and to utilize their entitlement dollars to receive community-based services; primarily Community-based Alternatives (CBA). The 77th Legislature attached Rider 37 to the 2002-2003 General Appropriations Act 2001 (Title II, Department of Human Services [DHS], Senate Bill 1, Regular Session, 2001) which created the MFP policy. The Rider stated: “... it is the intent of the legislature that as clients relocate from nursing facilities to community care services, funds will be transferred from Nursing Facilities to Community Care Services to cover the cost of the shift in services.” DHS implemented the program on September 1, 2001.

The 78th Legislative Session attached Rider 28 to the 2004-2005 General Appropriations Act (Article II, DHS, House Bill 1, Regular Session, 2003) which continued MFP for the next biennium. However, the Legislature made a slight variance by not allowing for the expansion of the base number of appropriated waiver slots through Rider 28 transfers. An additional rider was added which required that individuals utilizing Rider 28 remain funded separately through transfers from the nursing facility strategy and that those slots not count against the total appropriated community care slots.

The 79th Legislature codified the rider policy into law as Texas Government Code, section 531.082. This policy has been highly successful in the relocation of individuals to the most integrated setting. Texas is a national leader on this policy and continues to provide consultation to many other states. The Council of State Governments, Southern Region, awarded Texas its *2006 Innovation Award* for MFP.

DADS tracks data from the period September 1, 2001, through August 31, 2003, and September 1, 2003, through the present separately. Data from September 1, 2003, through the present are more detailed and provide information on living arrangements, service groups, age, gender and ethnicity.

14,393 individuals have transitioned back to the community as of December 31, 2007. Of that number, 6685 continue to receive their long term services support in a community-based setting.⁸ Overall, 57 percent of the total population that relocates back into the community are 65 or older; 43 percent are 64 or younger. Among the remarkable statistics are the numbers of individuals who are over 85 years of age who have chosen to relocate back to a community setting.

While MFP has proven successful for individuals residing in nursing facilities, individuals residing in intermediate care facilities for persons with mental retardation (ICFs/MR) are not afforded the same mechanism. The state must continue to expand opportunities for individuals residing in ICFs/MR to exercise the same option as those in nursing facilities.

⁸ See Appendix D for more detailed information regarding those individuals who have utilized MFP since September 1, 2003.

Intermediate Care Facilities for Persons with Mental Retardation

The original Promoting Independence Plan (Plan) gave a priority to individuals living in large community ICFs/MR (14 beds or more) and state mental retardation facilities (state schools) and who desire a living arrangement other than the institution. The state created separate target groups within the Home and Community-based Services (HCS) waiver, thereby ensuring these individuals expedited access to HCS waiver slots. This is not the same as the MFP process in nursing facilities. These individuals are funded by a special legislative appropriation and through "attrition" slots. Individuals in state schools may access an HCS slot with six months of referral while those residing in a large (fourteen or more bed) community ICFs/MR may access an HCS slot with 12 months of referral.

This process is effective in meeting the demand as long as there is new funding and attrition slots. Individuals in state schools have had expedited access to HCS since August 1999; as of November 30, 2007, 1073 individuals have moved from the state school system. For those in large ICFs/MR, 734 have moved into HCS during the period of September 1, 2001 through December 16, 2007.

Individuals in other settings, such as small (0-8 bed) and medium (9-13 bed) ICFs/MR, do not have the same opportunities.

CHILDREN'S ISSUES

The Promoting Independence Advisory Committee (Committee) believes that the health and human services system must address the number of children with disabilities who continue to remain in Texas institutions. Equally important to the Committee is to ensure that children with disabilities at risk of institutionalization remain with families. The Committee will make recommendations and monitor the health and human services system for progress on these issues.

Reducing the number of children with disabilities residing in large, congregate care facilities continues to be a top priority for Committee as well as for other disability advocates throughout Texas. This goal can only be accomplished by addressing the barriers that prevent children from leaving these facilities, and ensuring that the appropriate community supports and services are available that prevent the initial placement of a child in a facility.

Since 2005, the population of children residing in large (fourteen bed or more) community intermediate care facilities for persons with mental retardation (ICFs/MR) has decreased by 66 percent.⁹ This significant decrease is largely due to two successful initiatives: (1) the continuing efforts of the Texas Department of Aging and Disability Services (DADS) to improve statewide permanency planning activities, and (2) the very successful Health and Human Services Commission (HHSC) family-based alternatives (FBA) project; HHSC has contracted with EveryChild, Inc to implement this program. The goal of permanency planning and FBA is to increase options to institutional placement as well as increase public awareness that these support options are available for families. Efforts must continue to improve the quality of permanency planning so that more children may grow up with families.

An initiative that has the potential to reduce institutionalization of children is the new Personal Care Service (PCS) option available to children with disabilities through the Texas Medicaid Program. This option is a direct result of the *Alberto, N.* lawsuit settlement agreement and was implemented on September 1, 2007. It has the potential to reduce institutionalization if outreach efforts are successful in providing the necessary information for families to access PCS and the program is implemented effectively. As with any new program or service option, the effectiveness of the implementation will need to be monitored closely.

Personal care services have historically been available to children with physical disabilities through the Primary Home Care Program (PHC) administered at the Texas Department of Aging and Disability Services (DADS). The new PCS option will be administered through HHSC Medicaid; children eligible for Medicaid will no longer be eligible for PHC. The major improvement offered by the new PCS is that the service will now be available to children with intellectual, developmental and/or behavioral disabilities who were previously excluded from PHC. While the intent of the program is positive, there has been significant advocate opposition to the assessment tool being used to determine eligibility for the new service. Disability advocates are very concerned that the current assessment tool does not accurately capture the needs of children and

⁹ All statistics in this section are from HHSC, Program Coordination for Children and Youth, Office of Health Services, Texas Health and Human Services Commission

could limit access or prevent services from being delivered. The Committee will closely monitor the implementation of PCS to ensure that children that were previously receiving the services through PHC are not dropped from services, and that children coming into Medicaid services system can access the services they are entitled to receive.

As mentioned, while progress continues to be made, children remain in institutions. The goals of the Promoting Independence Initiative are not met as long as there are barriers to family life for children with disabilities. Access to the most appropriate Medicaid community-based waiver program continues to prevent some institutionalized children from returning home or moving to support families.

Progress was made during the 80th Legislative Session to resolve some of these issues. The 2008-2009 General Appropriations Act, Rider 41 (Article II, DADS, House Bill 1, 80th Legislature, Regular Session 2007) allows children in nursing facilities to access the most appropriate Medicaid waiver. Historically, children leaving nursing facilities under the “money follows the person” option could only access the Community Living Assistance and Support Services (CLASS) or the Medical Dependent Children’s Program (MDCP) Medicaid waiver options. Also, Rider 43 (Article II, DADS, House Bill 1, 80th Legislature, Regular Session 2007) provides fifty waiver slots for children residing in ICFs/MR whose families want to relocate their child to community-based services. These provisions will allow a number of children to leave the institution during the biennium.

The shortage of direct services and supports workers is a significant issue that is already affecting, and will continue to impact, access and quality of services. Families of children with disabilities are experiencing the impact of the workforce shortage which is primarily the result from the low wages paid to attendants and the lack of benefits for these workers. Attendant care is the keystone of the community-based long term services and supports system. Personal care services and habilitation services provided by attendants are the major services that allow children to remain in their homes and avoid institutionalization. There have been very few state initiatives taken to address this issue. The state must make this a high level priority in order to ensure that community-based services providers are able to attract and retain, willing and capable workers. Wage increases for direct services and supports workers must continue to be a priority if community-based services are to be an option of every individual.

While efforts continue to reduce the number of children in nursing facilities and community ICFs/MR, the number of children residing in state owned and operated institutions has increased significantly over the past two years. There are currently 301 children under the age of 21 in Texas state institutions as of August 31, 2007. Even more troubling is the fact that 152 children were placed in state institutions in 2007, and currently there are 24 children in these institutions under the age of thirteen. This is a dramatic increase in admissions, and options must be developed in order to stop this trend. Both the Committee and the Children’s Policy Council (CPC) have requested that a workgroup be appointed to analyze the data, identify the reasons for the increase, and recommend solutions. The Committee and members of the CPC recognize that there must be viable options to state school placement and the desired residence of choice is with a family.

House Bill 1230 (80th Legislature, Regular Session, 2007) addresses the needs of youth transitioning to adult services. The aim of this legislation is to increase and enhance the

ability of youth with disabilities leaving the independent school system to access community living supports and services, including employment and supported employment opportunities. HHSC has convened a workgroup that is charged with developing recommendations and submitting a report to the Executive Commissioner (HHSC) and the legislature. It is recognized that meaningful employment enhances an individual's ability to live in a more integrated community. Therefore, the report will include recommendations aimed at improving employment opportunities for youth with disabilities residing in institutions.

The Committee appreciates the policy directives made by the 80th Legislature. However, significant barriers to family life for children with disabilities remain. The Committee will continue to make policy recommendations to be included in the *2008 Revised Promoting Independence Plan* in order to: (1) strengthen the community-based long term services and supports system, and (2) provide every individual an option to remain or relocate back into their community.

HOUSING

Affordable, accessible and integrated housing is an essential base requirement for individuals who want to relocate back into their communities. The Promoting Independence Advisory Committee (Committee) continues to advocate for the creation of housing units for individuals designated as Texas' *Olmstead* population.

Individuals who are relocating from nursing facilities or individuals who are in the targeted *Olmstead* populations under the Department of State Health Services' (DSHS) provisions must have integrated and affordable community housing. There are two substantial barriers – the poverty of individuals who are living at the Supplemental Security Income (SSI) level (\$623/month), and/or the lack of easy access to wrap-around supports and services.

Efforts to expand housing choices for people with disabilities fall within one of three strategies:

- Development of new housing units.
- Access to existing housing units.
- Changes to public policy that facilitate development and/or access to housing.

The Committee has concentrated its efforts on providing access to existing housing units and to making changes to allocation plans and public policy that will lead to more available and accessible housing. The lack of Section 8 funds has forced the Committee to focus on the less-desirable tenant-based rental assistance (TBRA) program. TBRA does not provide permanent housing; it only provides two years of rental assistance and is meant to be a bridge toward a more permanent solution. Nevertheless, TBRA vouchers are significantly more available than Section 8 vouchers which do provide permanent assistance, and makes it possible for individuals to return to a community setting. In addition, TBRA provides true community integration, fills the gap between income and fair market rents in our communities and is there is a relatively fast administrative process and easy to use.

The Committee has concentrated efforts in the following areas:

1. Implementation and monitoring of *Project Access* vouchers from the Texas Department of Housing and Community Affairs (TDHCA).
2. Advocacy, planning, training and implementation of tenant-based rental assistance from TDHCA's HOME fund.
3. Participation in public input processes at the state level.

Texas continues to have Project Access vouchers made available by TDHCA. When the United States Department of Housing and Urban Development (HUD), in 2003, ceased funding of this valuable voucher program for the *Olmstead* population, TDHCA utilized vouchers from their Section 8 program to keep this housing assistance available for persons with disabilities who reside in institutions. Through this program, over 90 households have been assisted through an original allocation of 35 vouchers. This outstanding performance is due to the generosity of local public housing authorities in maintaining assistance to households and returning the previously used *Project Access* voucher to the state for re-allocation.

In addition to the *Project Access* program, the state HOME program has been used historically to provide rental assistance to individuals meeting *Olmstead* criteria, as well as the general disabled population. In 2006, TDHCA made available approximately \$3 million to assist persons with disabilities. In 2007, TDHCA made available \$4 million in assistance for individuals with disabilities, divided among TBRA (\$2 million) and home ownership related activities (\$2 million). For the 2007 funds, there is no requirement for these funds to be spent exclusively on the *Olmstead* population, however, there was a scoring preference noted in the Notice of Funds Availability (NOFA) for contractors working with individuals leaving nursing facilities.

The 80th Legislature passed Senate Bill (S.B.) 1908 (Regular Session, 2007). S.B. 1908 is a significant piece of legislation impacting individuals with disabilities. Among its many requirements, S.B. 1908: modifies the Regional Allocation Formula; provides 5 percent of HOME funds for individuals with disabilities; contains other directives relating to TDHCA's program funds; and other important milestones that increase the availability of affordable housing for all individuals, including those with disabilities. In addition, the 2008-2009 General Appropriations Act (Article VII, House Bill 1, 80th Legislature, Regular Session, 2007) provided TDHCA with approximately \$5 million over the biennium for the Housing Trust Fund. Based on feedback from the state's stakeholders, one activity that was included in the Housing Trust Fund NOFA is barrier removal. The need for this type of programming was articulated by the Committee as well as members of TDHCA's Disability Advisory Workgroup; these funds will be available in Fiscal Year 2008.

The Committee recommends the following policy directives:

- Increase support for *Olmstead*-specific activities.
- Provide capacity building for contractors serving the *Olmstead* group (specifically including Centers for Independent Living).
- Monitor how TDHCA measures performance for HOME contractors serving individuals with disabilities.
- Pursue long-term commitment from TDHCA regarding individuals who are aging and/or with disabilities, specifically those meeting the *Olmstead* definition.
- Strengthen TDHCA's *Disability Advisory Workgroup*, including the provision of regular reports to TDHCA's Executive Director and Board, as well as quarterly updates to the Committee.
- Expand activities regarding provision of assistance to local communities in accessing housing resources.
- Provide ongoing support and feedback to relocation contractors.
- Increase involvement in the *Low-Income Housing Plans*.
- Pursue housing assistance opportunities provided through the United States Department of Agriculture.
- Pursue a closer working relationship with the local public housing authorities resulting in dedicated housing vouchers for the *Olmstead* population.

AGENCY STATUS REPORTS FOR FISCAL YEAR 2005

In Fiscal Year (FY) 2007, the Health and Human Services Commission and its' four operating agencies, the:

- Texas Department of Aging and Disability Services (DADS);
- Texas Department of Assistive and Rehabilitative Services (DARS);
- Texas Department of Family and Protective Services (DFPS); and
- Texas Department of State Health Services (DSHS)

were focused on activities regarding the 80th Legislative Session. Nevertheless, the mission to serve the aged, and/or individuals with disabilities continued through this fiscal year, as did the oversight of the Promoting Independence Advisory Committee. Below are the major accomplishments of HHSC and its operating agencies during FY 2007 as they relate to the Promoting Independence Initiative.

In addition, the *2006 Revised Texas Promoting Independence Plan*, as submitted to the Governor and the Texas Legislature, contained over 24 specific recommendations for the health and human services enterprise as well as for the Texas Department of Housing and Community Affairs and the Texas Workforce Commission.¹⁰

HEALTH AND HUMAN SERVICES MAJOR ACCOMPLISHMENTS

TEXAS HEALTH AND HUMAN SERVICES COMMISSION (HHSC)

HHSC's major Promoting Independence accomplishments during FY 2007 include the following activities:

Fiscal Years 2008-2009 Budget

- HHSC has the overall policy and budget lead for the entire health and human services enterprise. The Legislature passed the 2008-2009 General Appropriations Act (Article II, House Bill 1, 80th Texas Legislature, Regular Session, 2007) which appropriated \$51 billion for the state's five health and human services agencies for fiscal years (FY) 2008-2009, a 4.6 percent increase over current funding levels. Funding for the five health and human services agencies:

¹⁰ See Appendix D for the full text of the recommendations; see section on Status Reports: Promoting Independence Plan Recommendations.

TABLE 3

Health and Human Services Agencies 2008-2009 General Appropriations Act Impact

Agency	FY 2008-09 Funding	Increase From Last Biennium
HHSC	\$30 billion (\$11.7 billion general revenue)	2.5 percent all funds
DADS	\$11.3 billion (\$4.5 billion general revenue)	6.9 percent all funds
DSHS	\$5.2 billion (\$2.6 billion general revenue)	3.6 percent all funds
DFPS	\$2.6 billion (\$1 billion general revenue)	17.2 percent all funds
DARS	\$1.2 billion (\$215 million general revenue)	11.5 percent all funds

- An additional \$1.8 billion in funding was included in House Bill (H.B.) 15 (80th Legislature, Regular Session, 2007). This additional funding is primarily related to Medicaid provider rate increases covered in the *Frew* lawsuit agreement, increases in rates for community care and home health providers, and the purchase of antivirals in case of a flu pandemic.
- A major effort to be recognized is the significant increase in funding to address community services interest lists. The Legislature provided \$107 million in general revenue to reduce interest lists at DADS, DSHS and DARS during the 2008-09 biennium. The additional funding will cover:

DADS

▪ HCS:	2,676 individuals
▪ CBA:	1,607 individuals
▪ In-Home and Family Support:	1,374 individuals
▪ Non-Medicaid Services:	2,228 individuals
▪ CLASS:	586 individuals
▪ MDCP:	415 children
▪ DBMD:	16 individuals

DSHS

▪ Children with Special Health Needs:	686 children
▪ Child and Adolescent Community Mental Health	288 children/youth

DARS

▪ Comprehensive Rehabilitative Services:	183 individuals
▪ Independent Living Services:	173 individuals

Program Activities

- HHSC expanded its family-based alternatives contract with EveryChild, Inc. from twelve counties in central Texas to the Houston area and the Dallas/Longview area. EveryChild Inc. is contracted to develop and implement a system of family-based alternatives so children have the option to leave institutional care and live in families;
- HHSC continues to collect information for the Permanency Planning Reports and inform the legislature of the progress of this deinstitutionalization effort. During the first six months of FY 2007, 62 children moved to less restrictive settings other than family-based settings, and 125 children moved from institutional settings to family-based settings. The overall trend over the past few years shows that children across Texas are moving from large institutional settings to smaller settings, including Home and Community-based Services (HCS) supervised living or residential support homes and to family homes. The number of children residing in large intermediate care facilities for persons with mental retardation (ICF-MR) has decreased by 66 percent since August 31, 2002, while the number of children in nursing facilities dropped by 21 percent. The major exception to the trend has occurred with state mental retardation facility (State School) enrollment, which is up 23 percent from August 31, 2002. Overall, the number of children living in all facility types (excluding HCS) has decreased 19percent since August 31, 2002.
- HHSC continues to lead the Consumer Direction Workgroup (formerly the Consumer Directed Services [CDS] workgroup). Senate Bill (S.B.) 1766 (80th Legislature, Regular Session, 2007), changed the name and expanded the purview of the workgroup to include the Service Responsibility Option (SRO) and other consumer direction initiatives that may be undertaken by the health and

human services agencies. The workgroup continues to provide support for the expansion of the CDS and SRO options and continues to assist the health and human services agencies in identifying and developing strategies to overcome barriers to participation in consumer direction.

Medical Transportation Services

The Medical transportation programs will move from the Texas Department of Transportation to HHSC.

Supported Employment

The 80th Texas Legislature passed H.B. 1230 (80th Legislature, Regular Session, 2007) which provides an opportunity for state agencies and service providers to collaborate on issues related to supported employment opportunities, create and implement a plan for improvement of these resources, as well as report progress to legislative leadership.

House Bill 1230 aims to implement a plan to ensure that an individual with a disability who is transitioning into post-schooling activities, services for adults, or community living has choices about the individual's work and career and has the opportunity and support necessary to seek individualized, competitive employment in the community. Other goals of this legislation are to increase the quality and quantity of available supported employment resources and to improve the collaboration between health and human services agencies, other state agencies, and community and local services providers to maximize existing supported employment resources.

The workgroup was formed in the fall of 2007 and is actively engaged in discussion and report writing.

Texas Medicaid Funding

The Legislature approved a two-year budget of \$39.5 billion for Medicaid, which accounts for 26 percent of the state's total budget. The program provides health coverage for one out of every three children in Texas, pays for more than half of all births, and covers two-thirds of all nursing home care. Children make up about two-thirds of the state's Medicaid caseload. However, services to individuals who are aging and/or have disabilities account for two-thirds of the program's costs.

The Legislature maintained all current Medicaid services and client categories. There were no changes to the eligibility criteria, and the six-month renewal period for Children's Medicaid was maintained. Major legislative decisions about the state's Medicaid program include:

- Appropriating \$707 million in general revenue (\$1.8 billion all funds) for an agreement in the *Frew* lawsuit over utilization of preventive services by Texas children who have Medicaid. Most of the additional funding – \$512 million in general revenue – will be used to increase payment rates for dentists, physicians and specialists. Rates for dentists will increase fifty percent, and rates for physicians and other health professionals will increase an average of twenty-five percent.

- Adding \$184 million in general revenue for caseload growth. HHSC projects that Medicaid will serve 2.9 million Texans per month in fiscal year 2009, an increase of more than 100,000 clients from current caseload levels.
- Increasing provider rates for Medicaid acute care programs not covered by the *Frew* agreement. This includes a ten percent increase for physicians, a twenty-five percent increase for dentists, and increases for home health providers, ambulance services, pharmacy services, and primary care case management fees.
- Increasing rates for long-term care providers. This includes a 9.3 percent increase for ICF-MRs, a six percent increase for community care providers, and an average three percent increase in FY 2008 and five percent in FY 2009 for nursing facilities.
- Senate Bill 10 provides direction for a comprehensive package of Medicaid reforms designed to focus on prevention, emphasize individual choice, and increase the percentage of Texans with health-care coverage. Highlights of SB 10 include:
 - A Health Opportunity Pool to provide federal dollars to reimburse hospitals for uncompensated care and to local entities for implementing innovative measures to provide primary and preventive care.
 - A pilot program to reward healthy behaviors, such as completing weight loss or smoking cessation programs.
 - Premium payments for employees who are Medicaid eligible but choose to enroll in employer-sponsored health insurance.
 - Program infrastructure improvements such as encouraging the development and use of electronic health information standards and electronic health records to improve patient care.
 - Tailored benefits packages for children with special health-care needs to better meet the complex needs of this population.
- The Legislature approved \$2 billion in funding for the Children's Health Insurance Program (CHIP) – a \$1 billion increase over 2006-2007 funding levels.
- House Bill 109 extends CHIP coverage to one year, eliminates the 90-day waiting period, allows families to deduct child-care expenses, and expands the asset limits for the program. Families earning more than 185 percent of the federal poverty level will have an income review at their sixth month of coverage. HHSC estimates these changes will increase CHIP enrollment by almost 130,000 children.

TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES (DADS)

DADS' major Promoting Independence accomplishments during FY 2007 include the following activities:

- Implementation of dedicated Home and Community-based Services (HCS) waiver slots per the General Appropriations Act (Article II, H.B. 1, Regular Session, 80th Legislature, 2007) which included:
 - Rider 37, Promoting Independence, for individuals moving out of large (fourteen or more bed) intermediate care facilities for persons with mental retardation (ICF/MR) facilities (180 for the biennium), and children aging out of foster care (120 for the biennium);
 - Rider 43, HCS services for individuals under 22 years of age living in community ICFs/MR to return to families (50 for the biennium); and
 - Appropriations for HCS services (250 slots for the biennium) for the Promoting Independence priority population of individuals residing in State Mental Retardation Facilities (SMRF).

- Relocation efforts which resulted in:
 - 1940 individuals moved from nursing facilities to community-based waiver services through “Money Follows the Person”.
 - 118 individuals moved from state mental retardation facilities to HCS; approximately 97 percent moved through the use of attrition Home and Community-based (HCS) slots.
 - 110 individuals moved from large (fourteen bed or more) community ICFs/MR to HCS.

- Mental Retardation Authority (MRA) staff began conducting permanency planning January 1, 2007, for individuals under 22 years old, residing in nursing facilities.

- Community Transition Teams (formerly Nursing Facility Transition Workgroups) continued their work in addressing barriers for individuals who want to return to the community from a nursing facility. Ongoing support and training of DADS regional staff has facilitated staff in becoming better acquainted with the relocation specialists and other community-based organizations and stakeholders.

- Rules are being developed in response to Rider 45, 2008-2009 General Appropriations Act (Article II, DADS, H.B. 1, 80th Legislature, Regular Session, 2007) which raises the individual cost caps of most waivers to 200 percent of the equivalent institutional costs (the Medically Dependent Children’s Program cost cap is set at 50 percent).

- Staff completed a “complex needs initiative” which was an agency-wide initiative to increase opportunities for individuals with complex medical and/or functional needs to leave nursing facilities and return their communities. Among the several projects was the establishment of an Individual Responsibility Agreement policy, which provides a format for providers and individuals who want to relocate to discuss what each party is willing to do in order for the individual to receive community-based services.

- The 2008-2009 General Appropriations Act (Article II, Special Provisions, Section 48, H.B. 1, 80th Legislature, Regular Session, 2007) requires DADS, in

- DADS continued its collaboration for a second year with the State Employment Leadership Network (SELN). Texas is one of fourteen states participating in this national initiative which is focused on expanding and improving employment outcomes for individuals with disabilities. As part of this effort, DADS began efforts to evaluate and ultimately improve supported employment services, including the development of more accurate and consistent employment definitions for use across all the agency programs in both rule and in policy; and revisions to the Memorandum of Agreement (MOA) between Department of Assistive and Rehabilitative Services (DARS) and DADS to improve coordination related to the provision of funding for employment support services at both agencies.
- DADS as an organization, or with its health and human services partners, received a number of grants and/or technical assistance opportunities to support DADS overall mission; these awards included:
 - *Money Follows the Person (MFP) Rebalancing Demonstration (Demonstration) Award:* In January 2007, Texas was awarded a Centers for Medicare and Medicaid Services (CMS) MFP Rebalancing Demonstration award that is designed to build on existing MFP and Promoting Independence initiatives. This Demonstration provides an approximate \$18 million in enhanced funding to assist in the relocation of 2,999 individuals from institutional settings through 2011 (1,400 individuals who are aging and/or with a physical disability and/or with a behavioral health needs in nursing facilities; and 1,599 individuals with intellectual and developmental disabilities residing in ICFs/MR).

The Demonstration will:

- enhance current Promoting Independence activities.
- establish a pilot in Bexar county to provide community supports for individuals with co-occurring behavioral needs.
- establish a pilot in Willacy, Hildago, and Cameron counties to provide the ability for an individual with complex medical/functional needs to hire an attendant to stay with the individual during normal sleeping hours.
- provide more extensive post-relocation contacts for individuals who leave nursing facilities.
- support providers of nine or more bed community ICFs/MR who want to voluntarily close their facilities and will allow current residents to choose either community-based or institutional services.
- *Technical Assistance Grant for the Long-Term Care (LTC) Partnership Program:* DADS, HHSC, and the Texas Department of Insurance (TDI), were awarded a technical assistance grant from the Center for Health Care Strategies to assist with the design and implementation of a long-term care

(LTC) partnership program in Texas. LTC partnerships are public-private partnerships, authorized by the Deficit Reduction Act (DRA) of 2005, to offer affordable, high quality LTC insurance to individuals of moderate incomes, and to reduce Medicaid expenditures by delaying or eliminating the need for some individuals to rely on Medicaid to pay for LTC services. The grant is part of an initiative to promote expansion of the LTC partnership model, and provides extensive technical assistance, as well as funding up to \$50,000 over an 18-month period (plus a 12 month measurement and reporting period).

Acceptance of the grant was made contingent upon the enactment of state legislation authorizing a partnership program in Texas. Senate Bill (S. B.) 22 (80th Legislature, Regular Session, 2007) by Senator Nelson, authorizes a LTC partnership to be developed by HHSC, DADS, and TDI, was signed into law by Governor Rick Perry on June 15, 2007. S.B. 22 requires the adoption of rules and implementation of a partnership program consistent with the provisions of the DRA. It also provides for 7.5 FTEs for development of the partnership. A partnership plan will be developed during the next year.

- *Technical Assistance for Direct Services Workers:* Texas received intensive technical assistance (TA) from the Centers for Medicare and Medicaid Services (CMS) sponsored Direct Service Workforce Center in FY 2007. The purpose of this effort was to identify ways to reduce turnover, enhance consumer-directed service options and improve the professional status of direct service workers. This grant did not provide funding, only technical assistance. The Texas project focused on non-monetary recommendations; wage reimbursement is the purview of the legislature.

The TA provided national experts and helped focus the state on direct service workforce issues and possible solutions. Direct service workers include nursing assistants, home health aides, personal and home care aides and personal attendants who provide services to enable individuals who are aging and/or with disabilities who choose to live in the community. A major focus of this project was ways to improve how individuals and providers are able to recruit, manage, train and retain direct service workers. Also, the year-long project identified barriers in becoming a direct service worker and how to address these barriers with non-monetary recommendations. By improving the supply of and access to direct service workers, individuals will have more opportunities to choose consumer-directed options, which is a priority of CMS in this project.

One of the products that resulted from the TA grant was a November 2006 Direct Services Workforce forum conducted in collaboration with the Texas Workforce Commission. This forum had three panels of national and state policy leaders discussing workforce issues and initiatives that had been tried in Texas and other states. Following the forum, DADS conducted focus groups across Texas to generate additional stakeholder recommendations.

As the State Medicaid Agency, the Health and Human Services Commissioner (HHSC) received the award and designated DADS to lead the project. DADS relied on expertise of existing advisory groups, primarily the

workforce subcommittee of the Promoting Independence Advisory Committee, in developing and implementing the project.

- *Aging and Disability Resource Center (ADRC)* – The ADRC grant is jointly funded by the Administration on Aging (AoA) and Centers for Medicare and Medicaid Services (CMS) to provide communities financial support to develop and implement streamlined access to publicly funded long term services and supports. In Texas, there are three projects which are located in: (1) Bexar County, (2) Tarrant County, and (3) five counties in Central Texas. All three have established partnership agreements with local agencies that provide access services, including advocacy, to the target populations of individuals who are aging and/or with disabilities and their caregivers. These local agencies include: Medicaid eligibility regional offices; DADS regional offices; Centers for Independent Living; Mental Retardation Authorities (MRA); local United Way agencies, and other aging and disability stakeholders.

These partners have agreed to work 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 individuals and their caregivers with finding community services, and with benefits and options counseling; developed extensive cross-training for staff; established advisory councils; developed referral protocols; worked on streamlining application processes with their partners; and developed local marketing and outreach strategies.

All three ADRC sites became functional in 2007. One of the major differences among the three sites is where staff is housed. The Bexar location uses a “virtual” co-location model; Central Texas uses a co-location model in offices adjacent to the Central Texas Area Agency on Aging; and Tarrant County uses a combination of both the Bexar and Central Texas models with virtual co-location achieved through the development of a data warehouse of client information.

TEXAS DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES (DARS)

DARS’ major Promoting Independence accomplishments during FY 2007 include the following activities:

- The Institution to Community Coordination (ICC) Program helps individuals who want to relocate from institutions to the community and who have employment goals. This is done by giving individuals access to coordination services. ICC is not direct supportive services from DARS, but the coordination of existing community supports and services through purchased services from a relocation provider who assist individuals in “navigating” through a service delivery system.

ICC services are time-limited, focus on the coordination of the relocation process, and support the employment goal by providing services that allows individuals with significant disabilities to function independently in the community. ICC is a permanent component of the service array for the Division of Rehabilitation Services within DARS and became a statewide program on December 1, 2006.

- DARS has increased the number of transition vocational rehabilitation counselors (TVRC) to one hundred. These counselors work in the public schools and communities to assist eligible students who have disabilities in developing a plan for independence once they graduate from high school. Most Transition Vocational Rehabilitation Counselors will be on campus all day. FY 2007 was the first full academic school year with all one hundred counselors on campus.

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES (DFPS)

DFPS' major Promoting Independence accomplishments during FY 2007 include the following activities:

- Hired one full-time developmental disability staff person to work in regions 8 and 10.
- Made transitional Medicaid coverage continuous in Texas with a single application form for youth 18 to 21 years old who age out of the state's foster care system and meet all other eligibility requirements.
- Child Protective Services (CPS) worked with Guardianship staff from the DADS on transitional living issues related to youth with disabilities.
- Met with *Casey Family Programs* of Texas to discuss implementing a *Powerful Families* training project.
- Adult Protective Services (APS) implemented a stipend program in FY 2007 to provide tuition and fee assistance for any APS field staff who actively pursue degrees in social work, gerontology, and other relevant professional programs.
- Implemented Rider 54, 2008-2009 General Appropriations Act (Article II, DADS, 79th Legislature, Regular Session, 2005), which was also in the CPS reform plan. Rider 54 targeted 120 home and community-based services (HCS) waiver slots for children aging out of the foster care system.
- Launched the Transitional Living Services (TLS) Initiative to address Senate Bill 6 (79th Legislature, Regular Session, 2005) and CPS Renewal mandates. Major deliverables include expanding and improving services to prepare youth in foster care for adult living, expanding and improving supportive services to foster youth during their young adult years, and taking a systemic approach to transition and discharge planning and services that affect youth who are aging out of DFPS foster care.
- The Protective Services Training Institute (PSTI) worked with the Texas Center for Disability Studies at the University of Texas to develop a one-day workshop, *Best Practices with Children with Developmental Disabilities*. The workshop is offered several times a year across the state and was approved to continue in FY 2008.
- Implemented mandatory caseworker training on transition and discharge planning, resources, and services for youth leaving foster care.

- Revised policy to allow DFPS to share information on abuse and neglect with professionals and other people who are legally allowed access to the information.
- The State Parent Collaboration Group (PCG) continued to meet. The three pilot sites in Regions 3, 7, and 9 are in the process of implementing their parent-led orientation groups for families new to the CPS system.
- Developed educational passports, effective March 1, 2006. The form and content of the Education Portfolio was developed with the Texas Education Agency (TEA), HHSC, and DFPS to meet the education needs of all children in out-of-home care and in DFPS conservatorship. The Education Portfolios were distributed to all school-age children before September 1, 2007, the legislatively mandated implementation date.
- CPS implemented a new kinship policy on March 1, 2006. This policy includes financial supports to enable more relatives and fictive kin to care for children who are in DFPS custody. Services to qualified kinship caregivers include a one-time integration payment of \$1,000, upon placement, for support-related items such as: beds, bedding, furniture, and clothing; training and case management while the child is in DFPS conservatorship; supportive family counseling not covered by Medicaid; daycare; reimbursement for flexible expenses of up to \$500 a year; and referral and coordination to determine eligibility for additional public assistance.
- Finalized recommendations to expand and improve the following Preparation for Adult Living (PAL) services: discharge and transition planning; Circles of Support, the caring adult initiative; and extended care services. Information on the services will be incorporated into the youth's plan of service.
- Established a process for developmental disability specialists to present profiles of institutionalized children to child-placing agencies (CPAs) and EveryChild, Inc. at quarterly meetings. If the CPAs identify a family for the child, the developmental disability specialist and EveryChild, Inc. will work with the institution and the CPA or family to develop a transition plan.
- CPS implemented policy that extends care to foster youth up to age 22 to allow the youth to complete high school, and that extends care to youth up to age 21 to allow the youth to complete vocational or technical programs. CPS also implemented policy to permit eligible youth who are 18 to 20 years of age to return to foster care, as needed, attend high-school or take GED coursework; attend a vocational or technical program; or return on a break from college or from a technical or vocational program for at least one month, but no more than four months.
- Expanded Circles of Support meetings, based on the Family Group Conferencing model, across the state; they are being conducted in all 11 regions.
- Youth specialists were and continued to be employed by CPS in each of the 11 regions.

- Supported Statewide Youth Leadership activities that includes a Statewide Youth Leadership Council made up of two representatives from each of the 11 Regional Youth Leadership Councils. Council members met quarterly, and partner with CPS as advisors on policy, practice, and services related to older youth in foster care, youth transitioning from foster care, and young adults 18 to 21 years of age who have aged out of care and are still receiving aftercare services.
- Signed a MOU with the Texas Workforce Commission (TWC) in May 2006. The MOU guides the implementation of agreements between DFPS's regions and TWC's local workforce development boards to meet the needs of current and former foster youth as they transition to independent living. The partnership will facilitate communication between DFPS, TWC, and the workforce boards and their contractors; further the objectives of the PAL program; ensure that services to older youth are prioritized and targeted; and make short-term housing referrals for youth, when feasible.
- Enhanced transitional living in FY 2007. Two rural transition centers opened, one in Kerrville and the other in Corpus Christi, and a transitional living program in Kingsville expanded to include foster youth. Transition centers, also known as one-stop centers, allow youth to complete GED courses, receive PAL services, take community college preparatory courses, talk to an apartment locator service, and receive employment training and placement services, all in one location. Transition centers provide an opportunity for the youth to develop personal and community connections, another important step in their transition to adulthood.
- Expanded the Family Group Decision Making (FDGM) Program has expanded into 11 regions as of May 31, 2006. In FY 2007, 2,011 Family Group Conferences were held statewide.
- Signed eleven contracts for the Intense Foster Family Initiative. Through the initiative, child-placing agencies verify foster family homes that accept children with intense service levels of care, such as children with primary medical needs. Child-placing agencies participating in the Intense Foster Family initiative are Pressley Ridge, Grace Manor Incorporated, DePelchin, The Children's Center Inc., A World For Children Inc., Kids At The Crossroads, Inc., Child Placement Center, Lutheran Social Services of the South, Inc., Arrow Project, Caring Family Network, and Alliance/Texas Mentor.
- CPS approved twenty-one foster homes to accept children with intense needs and is in the process of approving one additional home; six children are currently authorized for intense services. Regional education specialists and developmental disability specialists have been attending admissions, review, and dismissal (ARD) meetings for children in DFPS conservatorship to ensure that ancillary services have been identified and provided for each child. The education specialists and developmental disability specialists have been especially active this year in Circles of Support and PAL activities, which promote planning for independence and adult living.

- CPS regional education specialists continue to make presentations to internal and external stakeholders to educate and promote services to children and youth in the foster care. Education specialists recently implemented legislative mandates that expand eligibility for pre-kindergarten programs to children who are or were in DFPS care as the result of an adversary hearing, for children to be excused from school to make a court appearance, and for 21 to 25 year olds to return to public school to complete the requirements for a high school diploma.
- CPS developed a workgroup to increase services to children in the foster care system who are deaf or hard of hearing. The workgroup met six times in the last year. As a result of the meetings, CPS policy 1517, *Clients with Communication Disabilities*, was edited and approved by CPS, and is being reviewed for handbook publication. CPS and DARS are working to develop a brochure to recruit foster parents who can effectively communicate with children who are deaf and hard of hearing. The brochure is nearly complete, and will be sent to workgroup members and persons featured in the brochure for final approval. After publishing the brochure, recruitment efforts will begin by presenting information at conferences and organizational meetings and submitting information for organizational newsletters.

TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS)

DSHS' major Promoting Independence accomplishments during FY 2007 for individuals with mental health issues and children with special health care needs include:

- Monitored the number of individuals in State Mental Health Hospitals (SMHHs); there is an average daily census of 2,303 as of August 31, 2007, and 18,000 projected total admissions during FY 2008.
- Monitored the number of individuals hospitalized in SMHHs for more than one year; there were 444 as of August 31, 2007. Of these individuals, 389 need continued hospitalization, 24 have been accepted for placement, 20 have a barrier to placement, and 11 have court involvement. One adolescent at Waco Center for Youth has been in that facility over one year as of August 31, 2007, and four additional persons under the age of 18 have been hospitalized more than a year at other hospitals. There has been a marked increase in the number of forensic patients hospitalized for more than one year from 188 (May 31, 2006, the last reporting period) to 254 (August 31, 2007).
- Monitored individuals in SMHHs who are deaf and hard-of-hearing; there were no more than three patients who are deaf or hard-of-hearing in an SMHH over one year as of August 31, 2007.
- Monitored the number of individuals admitted to psychiatric hospitals (both SMHHs and Community Hospitals) with three or more times in 180 days. As of August 31, 2007 there were 219 individuals admitted three or more times during the past six months (State funded community hospitals are included in the data).
- Conducted an analysis showing that of the 1,453 persons who had three or more SMHH admissions in 180 days since 2004, where the third admission was in FY

2005, FY 2006, or FY 2007, only 13 percent (193) had three or more SMHH admissions in 180 days that occurred in multiple years (State hospitals only).

- Deployed the Assertive Community Treatment to individuals with two or more psychiatric hospitalizations in 180 days or four or more psychiatric hospitalizations in two years. In addition, implementation of Intensive Outpatient services to children occurred in order to decrease the rate of psychiatric hospitalization among children and to prevent more restrictive or out-home-placement. Recommendations for community mental health services are now based on a new uniform assessment process known as the Texas Recommended Assessment Guidelines (TRAG). TRAG is part of DSHS' Resiliency and Disease Management (RDM) initiative for community mental health (House Bill 2292, 78th Legislature, Regular Session, 2004) and implemented statewide in FY 2005.
- Continued to utilize the quarterly report developed for the Committee titled *Adults and 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?* As of August 31, 2007, there were 2,891 adults readmitted 3 or more times in 180 days since FY 2001 with 1,289 receiving RDM services, of which 86 percent received the same service package as that recommended by the TRAG. Also as of August 31, 2007, there were 236 children readmitted 3 or more times in 180 days since FY 2001 with 60 receiving RDM services, of which 96 percent received the same service package as that recommended by the TRAG (state and community hospitals; this is for seven years – FY 2001 to FY 2007).
- Conducted an analysis showing that the number of individuals admitted to a SMHH 3 or more times in 180 days appears to have increased from FY2001 (504) to FY2007 (542), however, the percentage of these individuals who have been served at a Texas Local Mental Health Authority has risen substantially from FY 2001 (81 percent) to 2007 (93 percent). These results are consistent with S.B. 367 (77th Legislature, Regular Session, 2001) that directed the mental health part of legacy Texas Department of Mental Health and Mental Retardation, now DSHS, to target individuals with a mental illness admitted 3 or more times in 180 days to a psychiatric hospital and to consider them for community-based services.
- Worked with HHSC and DADS on the federal Money follows the Person demonstration grant to implement a behavioral health pilot in Bexar County. The pilot will assist adults with behavioral health disorders to leave nursing facilities and live in the community to receive their long term services and supports. Two pilot services, Cognitive Adaptation Training (a rehabilitative service focused on activities of daily living) and community-based substance abuse treatment, will be provided to individuals enrolled in the STAR+PLUS managed care system. The pilot is expected to be implement in March 2008.
- Received a second grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) for the *Olmstead* population for \$60,000 over three years (October 1, 2006 through September 30, 2009). DSHS will contract with a local organization for the development and implementation of a program that will

identify individuals who reside in nursing facilities, have history of mental illness and/or substance abuse, and are considering making a relocation to a community-based setting. The funds are to facilitate a Community Integration Specialist in the identification, assessment, service plan for relocation and community integration, housing services, and technical assistance to community-based providers.

- Received \$82 million appropriation by the 80th Legislature for the FY 2008-2009 biennium for Crisis Redesign. Guided by the Legislature and in response to the General Appropriations Act, Rider 69 (H.B. 1, Article II, DSHS, 80th Legislature, Regular Session, 2007), the \$82 million should 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. The first phase of implementation will focus on ensuring statewide access to competent rapid response services (focused on implementing or improving existing crisis hotlines and mobile crisis outreach teams). The overall goals of crisis redesign are to reduce local reliance on emergency rooms, to offer less restrictive treatment environments, and to lessen the burden on State Hospitals, jails, and law enforcement.
- Assisted 1800 children in the Children with Special Health Care Needs (CSHCN) program and their families with permanency planning. A uniform letter was completed for use by DSHS regional Staff and CSHCN Services Program contractors in contacting CSHCN who are turning sixteen years old. The letter is designed to initiate a conversation about permanency planning. DSHS regional staff and CSHCN Services Program contractors participated in statewide permanency planning training sponsored by the Department of Aging and Disabilities (DADS).
- Provided family support services for nearly 900 children in the CSHCN program and their families by ten CSHCN Services Program community-based contractors. CSHCN Services Program health care benefits paid for approximately fifty family support services (including respite services and van and home modifications) for eligible clients. CSHCN Services Program developed training tools to assist regional staff in obtaining authorization for Family Support Services. An article on Family Support Services for CSHCN was published in the April 2007 *CSHCN Services Program Newsletter for Families*.
- Mental Health Transformation Grant: SAMHSA awarded Mental Health Transformation State Incentive Grants (MHT SIG) designed to assist states in transforming their mental health service systems to create a single effective, transparent and easily navigated system for consumers in Calendar Year 2005. Texas and six other states were awarded these grants. These grants were awarded to the Chief Executive Offices and require states to engage in focused leadership activities of planning and building infrastructure across all agencies that provide, fund, administer and purchase mental health services.

Governor Rick Perry designated the Department of State Health Services (DSHS) as the lead coordinating agency for the Texas MHT SIG. An interagency transformation work group (TWG), paralleling activities at the federal level, was formed to produce the main deliverables of the grant including a thorough statewide

Needs Assessment, Resource Inventory, and a Comprehensive State Mental Health Plan. The Texas TWG, which is comprised of thirteen state agencies, four consumer and family organizations/individuals representatives, two legislators and a representative of the Governor's Office, signed a Memorandum of Understanding (MOU) reflecting their initial agreement of the Texas partners to engage in the intensive planning process required to carry out the deliverables of the grant and achieve this system-wide transformation effort. Six of the TWG members were mandatory partners.

Grant funds in the amount of \$2,730,000 for the first year was made available to Texas. The grant program extends for up to five years, and the award period began October 1, 2005. The grant is just ending its second year of operation and has three years remaining. Year 1 was spent conducting an in depth needs assessment and resource inventory across all TWG agencies, and then developing a Comprehensive Mental Health Plan (CMHP) for the State to attain the goals described in the President's New Freedom Commission report. Year 2 has been spent implementing the CMHP by forming state level workgroups, and working with the Texas Health Institute (the State's contractor) to select eight Community Collaboratives.

On behalf of the TWG, the Texas Health Institute competitively selected eight communities that all have a track record of collaboration, to become learning laboratories for local level mental health transformation. These Community Collaboratives (CCs), that represent urban, suburban, rural, and frontier communities, have been in a planning phase for the work they intend to accomplish and will move to an implementation phase in the first quarter of FY 2008.

Using grant resources, this initiative is intended to make significant progress in three main areas. MHT will have built an infrastructure for clients and family members to have a voice in how the system supports recovery and resilience. The workforce will include clients as providers of services and supports, and it will be equipped to provide the best services science has to offer. Information systems will support access to state-of-the-art services through telemedicine and telehealth, and data, critical to the delivery of excellent services, will be available with the proper informed consent of clients and family members.

GRANTS

Money Follows the Person (MFP) Rebalancing Demonstration (Demonstration)

In January 2007, Texas obtained CMS approval to participate in a MFP Demonstration that is designed to build on existing MFP and Promoting Independence Priority Population initiatives. This project will assist in the relocation of 2,999 individuals from institutional settings through Calendar Year 2011 (1,400 who are aging and/or with a physical disability and/or with behavioral health needs in nursing facilities, and 1,599 individuals in nine or more bed institutions serving individuals with intellectual and developmental disabilities).

The Demonstration will include:

- Individuals mentioned in the previous paragraph.
- Two new specialized supports services (Cognitive Adaptation Training and Substance Abuse Services) for individuals with co-occurring behavioral health needs who live in the San Antonio service delivery area.
- An “overnight support services” which will allow an individual with complex medical/functional needs to hire an attendant during normal sleeping hours; this service will be limited to Cameron, Hildago, and Willacy counties.
- Assistance to providers of nine or more bed community intermediate care for persons with mental retardation (ICF/MR) who want to voluntarily close their facilities and take those beds off-line.
- Post-relocations services which are ongoing contacts with individuals once they have left a nursing facility to help ensure a successful transition to the community.
- Housing initiatives to develop linkages between the long-term services and supports system with the housing system to result in increased dedicated housing voucher for the *Olmstead* population and the development of more integrated, accessible, and affordable housing.

The Operational Protocol established the following benchmarks:

- 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.

Service Responsibility Option (SRO)

In coordination with HHSC, DADS trained managed care organization representatives on SRO and Consumer Directed Services. DADS held two outreach meetings (in Austin and Fort Worth) for providers interested in offering the SRO. Staff will begin amending contracts for SRO in December 2007 and developing a State Plan Amendment (SPA) for Support Consultation (a requirement of SRO). Once the SPA is approved, statewide expansion of SRO in Primary Home Care and Medicaid managed care can begin. The target date is March 2008. Future tasks also include the development of rules for SRO. The SRO grant ended September 30, 2007, with a final report due to CMS by December 31, 2007.

Technical Assistance Grant for the Long-Term Care (LTC) Partnership Program

DADS, HHSC, and the Texas Department of Insurance (TDI), was awarded a technical assistance grant from the Center for Health Care Strategies to assist with the design and implementation of a long-term care (LTC) partnership program in Texas. LTC partnerships are public-private partnerships, authorized by the Deficit Reduction Act (DRA) of 2005, to offer affordable, high quality LTC insurance to individuals of moderate incomes, and to reduce Medicaid expenditures by delaying or eliminating the need for some people to rely on Medicaid to pay for LTC services. The grant is part of an initiative to promote expansion of the LTC partnership model, and provides extensive technical assistance, as well as funding up to \$50,000 over an 18-month period (plus a 12 month measurement and reporting period).

Acceptance of the grant was made contingent upon the enactment of state legislation authorizing a partnership program in Texas. Senate Bill (S.B.) 22 (80th Legislature, Regular Session, 2007) authorizes an LTC partnership to be developed by HHSC, DADS, and TDI, was signed into law by Governor Rick Perry on June 15, 2007. S.B. 22 requires the adoption of rules and implementation of a partnership program consistent with the provisions of the DRA. It also provides for 7.5 FTEs for development of the partnership. A partnership plan will be developed during the next year.

Technical Assistance for Direct Services Workers

Texas received intensive technical assistance (TA) from the Centers for Medicare and Medicaid Services (CMS)-sponsored Direct Service Workforce Center in fiscal year 2007. The purpose of this effort was to identify ways to reduce turnover, enhance consumer-directed service options and improve the professional status of direct service workers. This grant did not provide funding but provided technical assistance. The Texas project focused on non-monetary recommendations.

Aging and Disability Resource Center (ADRC)

The ADRC grant is jointly funded by the Administration on Aging (AoA) and Centers for Medicare and Medicaid Services (CMS) to provide communities financial support to develop and implement streamlined access to publicly funded long term services and supports. In Texas, there are three projects which are located in Bexar County, Tarrant County, and five counties in Central Texas. All three have 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 intellectual and developmental disabilities. This includes Medicaid eligibility regional offices, DADS regional offices, independent living centers, Mental Retardation Authorities (MRA), local United Way agencies, and a variety of aging and disability advocates. These partners have agreed to work 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.

The ADRC in Central Texas held its grand opening in May 2007; Tarrant County opened in August 2007; and Bexar County is will open in Fall 2007, as the Alamo Service Connection. The Bexar location uses a “virtual” collocation model; the Central Texas ADRC uses a collocation model in offices adjacent to the Central Texas Area Agency on Aging; and the Tarrant County ADRC uses a combination of both with virtual collocation achieved through the development of a data warehouse of client information.



HHS Circular C-002

The Promoting Independence Initiative and Plan

Purpose

To direct and authorize the Department of Aging and Disability Services (DADS) to act on behalf of and in consultation with the Health and Human Services Commission (HHSC) in all matters relating to the Promoting Independence Initiative.

Directive

In this capacity, DADS will be responsible for:

- preparation of the revised Texas Promoting Independence Plan, submitted to the Governor and Legislature every two years;
- monitoring and oversight of implementation of all agency-specific Promoting Independence Plan recommendations across the enterprise;
- nomination, for HHSC Executive Commissioner review and approval, of appointments to the Promoting Independence Advisory Committee;
- staff support for the Promoting Independence Advisory Committee, including assistance in developing its annual report to HHSC, which will be presented directly to the HHSC Executive Commissioner; and
- coordination and oversight of any other activities related to the Promoting Independence Initiative and Plan, as a direct report for this purpose to the HHSC Executive Commissioner.

Background

The Texas Promoting Independence Initiative and Plan is in response to several key laws, decisions, and state actions related to services for individuals with disabilities. In chronological order, they are:

The Americans with Disabilities Act

Congress passed the Americans with Disabilities Act (ADA) in 1990. Key provisions in Title II of the ADA and the federal regulations implementing it require a public entity to:

- provide services “in the most integrated setting appropriate to the needs” of the person; and
- “make reasonable modifications in policies, practices or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the public entity can

C-002

-1-

Issued: 10-20-04
Revised: 01-27-05



demonstrate that making the modifications would fundamentally alter the nature of the service, program or activity.”

The *Olmstead* Decision

On June 22, 1999, the United States Supreme Court ruled in *Olmstead v. L.C.*, 527 U.S. 581, that unnecessary institutionalization of persons with disabilities in state institutions would constitute unlawful discrimination under the ADA. The Court ruled that unnecessary institutionalization occurs when the:

- state’s treatment professionals have determined that community placement is appropriate;
- transfer from institutional care to a less restrictive setting is not opposed by the affected individual; and
- placement can reasonably be accommodated, taking into account the resources available to the state and the needs of others with disabilities.

The decision did not require states to abolish institutions and allowed some flexibility for states to maintain a waiting list for community services if the list moves “at a reasonable pace not controlled by the state’s endeavors to keep its institutions fully populated.”

GWB-99

Texas Governor George W. Bush issued Executive Order GWB-99 on September 28, 1999, directing HHSC to:

- conduct a comprehensive review of all services and support systems available to persons with disabilities in Texas, in light of the *Olmstead* decision;
- ensure the involvement of consumers, advocates, providers, and relevant agency representatives in the review; and
- submit a written report of its findings to the Governor and Legislature, including specific recommendations on how Texas can improve its community-based programs for persons with disabilities by legislative or administrative action.

Senate Bill 367

The Seventy-seventh Legislature passed Senate Bill 367 in 2001, requiring that HHSC and appropriate agencies implement a comprehensive, effectively working plan that:

- provides a system of services and supports;
- fosters independence and productivity; and

C-002

-2-

Issued: 10-20-04
Revised: 01-27-05



- provides meaningful opportunities for a person with a disability to live in the most integrated setting.

S.B. 367 established the S.B. 367 Interagency Task Force on Appropriate Care Settings for Persons with Disabilities, which carried on the work of the Promoting Independence Advisory Board. The bill also required that HHSC update the Promoting Independence Plan no later than December 1 of each even-numbered year, and submit this plan to the Governor and the Legislature.

RP-13

In April 2002, Governor Rick Perry issued Executive Order RP-13 to further the efforts of the state regarding its Promoting Independence Initiative and community-based alternatives for individuals with disabilities. The order highlighted the areas of housing, employment, children's services, and community waiver services.

Summary

The Texas Promoting Independence Plan now serves several purposes within the state. The plan:

- works to provide the comprehensive, effectively working plan called for as a response to the U.S. Supreme Court ruling in *Olmstead v. L.C.*;
- assists with the implementation efforts of the community-based alternatives Executive Order RP-13, issued by Governor Rick Perry;
- meets the requirements of the report referenced in S.B. 367, Seventy-seventh Legislature, which asks HHSC to report the status of the implementation of a plan to ensure appropriate care settings for persons with disabilities, and the provision of a system of services and supports that fosters independence and productivity, including meaningful opportunities for a person with a disability to live in the most appropriate care setting; and
- serves as an analysis of the availability, application, and efficacy of existing community-based supports for people with disabilities.

The Promoting Independence Plan and the subsequent Promoting Independence Initiative are far-reaching in their scope and implementation efforts. The Promoting Independence Initiative includes all long-term care services and supports and the state's efforts to improve the provision of community-based alternatives, ensuring that these Texas programs effectively foster independence and acceptance of people with disabilities and provide opportunities for people to live productive lives in their home communities.

C-002

-3-

Issued: 10-20-04
Revised: 01-27-05

MEMBERSHIP OF THE PROMOTING INDEPENDENCE ADVISORY COMMITTEE

Appointed Members

Ms. Anita Bradbury
Texas Association for Home Care
Represents home care service providers

Mr. Dennis Borel
Coalition for Texans with Disabilities
Represents individuals with disabilities

Mr. Mike Bright
Association of Retarded Citizens
Represents advocates for individuals with intellectual and developmental disabilities

Ms. Ann Denton
Advocates for Human Potential
Represents advocates for individuals with behavioral health needs and housing

Dr. Jean L. Freeman
DADS Advisory Council
Represents aging and disability services

Mr. Tim Graves
Texas Health Care Association
Represents nursing facility service providers

Ms. Colleen Horton
University of Texas
Center for Disability Studies
Represents children with disabilities and families

Mr. Bob Kafka
ADAPT of Texas
Represents individuals with physical disabilities

Ms. Chris Kyker
Texas Silver-Haired Legislature
Represents individuals who are aging

Ms. Carole Smith
Private Providers Association of Texas
Represents intellectual and developmental disability service providers

Ms. Doni Van Ryswyk
President, Texas Association of Area Agencies on Aging
Represents people who are aging

Agency Representatives

Ms. Catherine Gorham
Texas Workforce Commission

Ms. Audrey Deckinga
Health and Human Services
Commission

Ms. Donna Stephans
Texas Department of Family and
Protective Services

Ms. Erin Ferris
Texas Department of Housing and
Community Affairs

Ms. Peggy Perry
Texas Department of State Health Services

Mr. Jonas Schwartz
Texas Department of Assistive and
Rehabilitative Services

DADS Staff Support

Mr. Marc S. Gold
Director, Promoting Independence Initiative

Mr. Barry Waller
Texas Department of Aging and Disability
Services

2006 PROMOTING INDEPENDENCE PLAN IMPLEMENTATION DIRECTIVES

The following directives are made for program funding and service system delivery and designed to meet the intent of two Executive Orders (see Appendix A) and Senate Bill (S.B.) 367, 77th Legislature, Regular Session, 2001. These directives for the 2006 Promoting Independence Plan (Plan) will help Texas reach its' ultimate goal of individual choice and self-determination.

All implementation directives from the 2001, 2002, and 2004 Plans remain in effect.¹¹ The 2006 directives build upon those previous Plans. In past years, implementation directives were made for specific state agencies. However, for the 2006 Plan, directives are grouped in seven general categories. The Health and Human Services Commission (HHSC) will make agency assignments and coordinate activities across state agencies as necessary. The Promoting Independence Advisory Committee (Committee) will monitor agency progress in implementing each directive.

HHSC, based on the Committee's recommendations made in its *2006 Stakeholder Report*, has included the following implementation directives that address the barriers identified in providing community-based programs and promoting individual choice.¹²

Program Funding: these are directives to help fully-fund community services and institute certain structural changes in order for individuals to have a choice in living in the most integrated setting.

Requires legislative direction and/or appropriations.

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

In keeping with the policy direction of the 79th Legislature and in accordance with the Travis lawsuit settlement regarding two DADS programs, HHSC has requested additional appropriations to reduce community-based programs' interest lists. HHSC is requesting an additional \$26,020,393 in fiscal year 2008 and \$67,110,182 in fiscal year 2009 to decrease interest/waiting lists in DADS community programs and for specific programs administered by DSHS and DARS.¹³ HHSC is also committed to requesting additional appropriations in its fiscal years 2010–2011 and fiscal years 2012–2013

¹¹To access the original Plan and the subsequent revisions, please go to the HHSC website at http://www.hhsc.state.tx.us/about_hhsc/reports/search/search_LTC.asp or the DADS' website at: http://www.dads.state.tx.us/business/pi/piac_reports/index.html.

¹² For the full report see DADS' website at: <http://www.dads.state.tx.us/business/pi>; for the Promoting Independence Advisory Committee's full text of its recommendations.

¹³ DADS programs include: Community Based Alternatives, Community Living Assistance and Support Services (CLASS), Medically Dependent Children's Program, Consolidated Waiver Program, Deaf-Blind with Multiple Disabilities, Home and Community Based Services, and Texas Home Living. DARS programs include: Comprehensive Rehabilitation Services and Independent Living Services. DSHS programs include: Adult Community Mental Health, Child and Adolescent Community Mental Health, and Children with Special Health Care Needs.

Legislative Appropriations Requests to reduce interest lists per the *Travis* lawsuit settlement.

Requires legislative direction and/or appropriations

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 intermediate care facilities for persons with mental retardation (ICFs/MR).

Texas was the originator of the “money follows the person” (MFP) policy as codified under Subchapter B, Chapter 531, Government Code, 531.082 for individuals living in nursing facilities (NF). This state policy allows individuals in NFs to relocate to the community in order to receive their long-term services and supports predominately delivered through 1915(c) waiver programs. A similar provision does not exist for individuals residing in ICFs/MR.

Requires legislative direction and/or appropriations

If directed and/or funded by the Legislature, HHSC will work with DADS to establish a transition plan for ICFs/MR with nine or more beds to downsize or close.

Current policy governing closure and/or downsizing of ICFs/MR with nine or more beds requires the process to be cost neutral. This limitation, in conjunction with other factors, such as funds to support the transition for both consumers and providers, has precluded more active consideration by facility operators.

A downsizing/closure plan would need to address transition funds to support the initiative as well as funds to assure the ongoing cost of services for those individuals moving to the community and for those individuals who are still residing in the facility that is downsizing/closing. HHSC and DADS would involve affected stakeholders in the plan development, and include a review of the October 26, 2002, House Bill (H.B.) 966 Report in addition to other factors and data critical to successful achievement.¹⁴

Requires legislative direction and/or appropriations.

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

Currently, adults with Schizophrenia or Bipolar Disorder who have two or more psychiatric-related hospitalizations in the past 180 days, or 4 or more in the past 2 years, are eligible for ACT as part of RDM. However, because of all the service demands for ACT, there are more individuals who are eligible for the service package than there are resources.

Requires legislative direction and/or appropriations.

¹⁴ House Bill 966, 77th Legislature, Regular Session, 2001.

If directed and/or funded by the Legislature, HHSC will increase telemedicine and other technology assistance in order for individuals to remain in the community and be independent.

Home technology assistance is an area of growing interest in home and community settings. The Quality Improvement Organizations (QIO) have been instructed by the Centers for Medicare and Medicaid Services (CMS) to include technology assistance as part of their eighth scope of work in order to attain the goal of allowing homecare individuals to remain in their homes and foster individual self-care and independence. Studies show other benefits to include a reduction in unscheduled physician office visits; emergency room visits; fewer long-term care placements, and fewer hospitalizations.¹⁵

Workforce and Provider Network Stabilization: these are directives to increase reimbursement rates in order to help stabilize the direct services and supports professional workforce.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will work with DADS to increase non-governmental provider rates according to established methodologies, recognizing inflation factors.

Across the board rate cuts in fiscal years 2004 and 2005, and no rate increase for several years, have made it difficult for providers to keep up with inflation, respond to wage pressures, or to make quality of service improvements. High staff turnover results in lower quality of service and in additional expenses because of the continuous recruiting, hiring and training. HHSC has included provider rate increases in its Consolidated Budget.¹⁶

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will work with DADS to fund the specialized nursing rate established by rule in 2003 for 1915(c) waiver programs.

Nursing rates are under-funded in the 1915(c) waiver programs, and the specialty nursing rate established in a 2003 rule has never been funded, creating difficulty in staffing persons with highly skilled or specialized needs.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will work with DADS to equalize wage and benefits for non-governmental direct support staff with appropriate state employee pay grade (wage parity).

There are large disparities in rates for direct services and support staff across community programs and with comparable state agency staff.

¹⁵ Kaiser Permanente Medical Center's pilot tele-home health project. *Telemedicine Today*, 4(7): 16-1,19

¹⁶ See Appendix E: 2006 Promoting Independence Plan.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will increase the number of levels available through the wage enhancement option, expand the enhancement option to all Medicaid attendant programs, and fund the ability of all long-term services and support providers to participate in the attendant enhancement option to the highest level.

The General Appropriations Act (Article II, legacy Department of Human Services, Rider 37, S.B. 1, 76th Legislature, Regular Session, 1999) created the Attendant Compensation Rate Enhancement to give community services and supports providers an incentive to increase compensation for their attendants.

The Attendant Compensation Rate Enhancement is an optional program wherein providers agree to maintain a certain level of attendant compensation spending in return for increased attendant compensation revenues.

The Attendant Compensation Rate Enhancement is currently available only to providers in the following programs: Primary Home Care (PHC), Community-based Alternatives (CBA), Community Living Assistance and Support Services (CLASS), Deaf-Blind Multiple Disabilities (DBMD), Day Activity and Health Services (DAHS), Residential Care (RC) and Assisted Living/Residential Care (AL/RC). Due to limited funding, participation in the Attendant Compensation Rate Enhancement has been frozen since September 2002.

Service Improvement: these are directives to improve the current services system.

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 served.¹⁷ The investigation should examine efficiencies in administration, service definitions, and appropriate rate level for services.

The 1915(c) waivers were developed independently beginning in 1985 with the Home and Community-based Services (HCS) waiver. Development of the subsequent six other waiver programs were based on diagnostic criteria. One of the reasons for separate community development was the pre-consolidation (House Bill 2292, 78th Legislature, Regular Session, 2003) organization of the health and human service agencies. Individuals with intellectual disabilities were served by legacy agency Texas Department of Mental Health and Mental Retardation and all other populations were served by legacy agency Texas Department of Human Services.

This developmental approach of the seven 1915(c) waiver programs has resulted in mutually exclusive administrative and policy decisions. There are differences in service definitions, regulatory expectations, and monitoring and billing guidelines.

¹⁷ The seven 1915(c) waiver programs operated by DADS are: Community-based Alternatives; Medically Dependent Children's Program; Community Living Assistance and Support Services; Deaf-Blind with Multiple Disabilities; Home and Community-based Services; Texas Home Living; and Consolidated Waiver Program.

An individual needing long-term services and supports may apply for multiple programs and be placed on more than one interest list. HHSC will direct DADS to use historical information learned through the Consolidated Waiver Program pilot to help guide this investigation.

DADS will educate providers and consumers regarding the policy of “negotiated service plans” which will help better serve persons with complex needs in the community.

One of the barriers to community relocation is the perceived liability of home and community support services agencies (HCSSA) to provide health and safety services twenty-four hours/seven-day a week. 40 Texas Administrative Code (TAC) Section 97.401(b) allows for some level of “negotiation” between the HCSSA and the individual regarding the independent service plan that allows for some individual needs to be met but not necessarily all needs.¹⁸

DADS will work with all stakeholders to ensure appropriate training of DADS’ staff and HCSSA providers of this ability to negotiate a service plan based on individual choice.

HHSC and DADS will investigate different management structures to improve access and utilization of the consumer-directed services (CDS) option.

CDS is a service option that allows individuals more choice and control in how they receive services. This option provides an individual the opportunity to control the hiring, managing, and firing of individuals who provide direct services. In addition, the individual has the opportunity to set wages and work schedules. This service option is available in all of DADS’ 1915(c) waiver programs (CDS in the Texas Home Living and the HCS waiver programs will become effective March 1, 2007); the two Medicaid state plan attendant programs and STAR+PLUS. Currently, DADS holds individual contracts with any willing CDS agency that meets DADS’ criteria.

There has been a low utilization of the CDS option in both of its formats other than in the CLASS waiver program. The Committee in its recommendation on this issue noted the lack of a central systematic outreach and education process and the lack of appropriate incentives.

HHSC and DADS will build on the current system but explore economic and program incentives to allow a balanced choice among home and community service and support delivery system options.

Expand Independent Living Opportunities and Relocation Activities: Texas is an originator of the “money follows the person” institutional transition policy. These directives will to help make these transitions successful and to provide enhanced assistance for persons with complex needs.

¹⁸ 40 TAC 97.401(b) states, “The agency must accept a client for home health services based on a reasonable expectation that the client’s medical, nursing, and social needs can be met adequately in the client’s residence. An agency has made a reasonable expectation that it can meet a client’s needs if, at the time of the agency’s acceptance of the client, the client and the agency have agreed as to what needs the agency would meet; for instance, the agency and the client could agree that some needs would be met but not necessarily all needs.”.

HHSC will explore matching dedicated dollars for relocation with Medicaid administrative dollars.

DADS is currently allocated \$1.3 million dollar/year in its 2006-2007 appropriation, under strategy A.4.5: Promoting Independence Plan, for relocation activities and is requesting similar funding for fiscal years 2008 and 2009. This strategy funds the relocation activities involved in supporting the “money follows the person” policy which is codified under Subchapter B, Chapter 531, Government Code, 531.082. These activities include outreach to current nursing facility residents in order to help identify individuals who want to relocate to the community. Once identified, relocation specialists facilitate the relocation of nursing facility residents back into the community. This activity is administered through six contracts with local community-based organizations. Currently, all funding is with General Revenue.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, DADS will increase the current relocation specialists’ budget from \$1.3 million/annum (General Revenue) to \$2.6 million/annum (General Revenue).

The 79th Legislature, Regular Session, 2005, allocated \$1.3 million/annum to DADS for purposes of supporting the Promoting Independence Plan. DADS has chosen to use these dollars to fund its relocation specialist activity. Current funding only allows for a little more than twenty relocation specialists to support the state-wide effort. Consequently, the current number of relocation specialists has only been able to serve a small percentage of the overall 17,000 plus individuals who have indicated their desire to relocate back into the community according to the Minimum Data Set’s (MDS) Question 1a. The MDS is a federally mandated care planning assessment tool used in nursing facilities. HHSC transferred additional dollars to DADS during fiscal year 2007 to support this activity through August 31, 2007.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, DARS will add an additional 21 Centers for Independent Living (CIL)s in order to provide state-wide coverage.

The federal Rehabilitation Act which is overseen by the Rehabilitation Services Administration created the development of Centers for Independent Living (CIL)s. The purpose of the independent living programs is to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities and to integrate these individuals into their communities. CILs provide services to individuals with significant disabilities that help them remain in the community and avoid long-term institutional settings. There are 21 CILs in Texas funded by federal and General Revenue funds.

However, these 21 CILs cover only 145 counties. This results in many parts of the state, especially in the rural counties, to being without CIL supports (109 counties are without Title VII, Part C, CIL funding).

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, DADS will develop a community navigator program to assist individuals in accessing community based services.

In September 2005, Texas concluded a three-year CMS Real Choice grant that pilot-tested the use of community navigators.¹⁹ The pilot had positive outcomes. It demonstrated that organizing community service organizations and/or providers through a coordinated “front-door” could help individuals get the necessary supports they require to remain in the community.

The community navigators assist individuals in need of long-term services and supports to more easily access the appropriate services to support ongoing community living. They are able to educate individuals on the usually less expensive community system versus institutional service.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will work with the Texas Department of Transportation to increase non-medical transportation supports for individuals who are aging and/or have disabilities.

The statewide network of community integration teams has identified the lack of reliable transportation as a major barrier to relocation of institutional residents into the community. Individuals who are aging and/or with disabilities are disproportionately affected by the lack of transportation. Medical (Medicaid) transportation services are offered only after meeting restrictive eligibility criteria and do not provide non-medical services such as grocery shopping.

Children’s Supports: these directives will help many of Texas’ children to reside in community settings.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will develop and implement a Medicaid Buy-In program for children with disabilities in families with income between 100 percent to 300 percent of the federal poverty level (FPL) as allowed in the Deficit Reduction Act of 2005.

Many children with disabilities are uninsured or underinsured. Often this is due to the fact that the cost to provide insurance for a child with significant disabilities may be unattainable for many families. Additionally, the limitations in many commercial insurance policies do not provide the services needed for a child with disabilities. Consequently, families of children with disabilities may purposely enter into poverty through divorce or employment decisions in order to qualify for publicly funded health insurance for their child. In other cases, families are forced to make the difficult decision to institutionalize their child in order to obtain required services. Expanding Medicaid opportunities, on a sliding-fee basis, to families caring for children with disabilities will help prevent families from remaining in or entering into poverty for the sole purpose to

¹⁹ See section on Grant Support: Creating a More Accessible System for Real Choices in Long-Term Care Services; 2006 Promoting Independence Plan.

obtain medical care for their child, and will help prevent institutional placements caused by the lack of needed services.

Requires legislative direction and/or appropriations.

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.

The 79th Legislature passed initiatives to ensure community options for institutionalized children or children aging out of the foster care system. The state created dedicated HCS slots for those legal representatives seeking these services. DADS requested in its LAR base budget funding for these initiatives and in addition contains Exceptional Item Priority 4 to fund an additional 120 HCS slots for children aging out of the DFPS foster care system.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, DARS will fund additional transition specialist positions to more effectively facilitate meaningful transition from Independent School Districts' (ISD) secondary school system to appropriate adult supports and services.

DARS' created transition specialist positions to more comprehensively serve the needs of minors with disabilities. Additional transition specialists will help to meet the demand in our high schools to enhance the opportunities for those individuals who are transitioning into adult services to remain in their communities.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, DADS will increase funding for permanency planning activities.

S. B. 368, 77th Legislature, Regular Session, 2001, and H. B. 2586, 79th Legislature, Regular Session, 2005, have established the principles and mandates for permanency planning. Permanency planning for institutionalized children is a process of communication and planning with families. The purpose is to identify the supports and services needed to enable the child to leave an institution by returning to the birth family or transitioning to a support family. This is a labor-intensive task and requires a specialized skill set. Current funding does not cover the entire cost of generating the plans and does not allow permanency planners to actualize the plan by working to remove transitional barriers.

Housing Initiatives: these directives will help individuals to remain in the community or assist them in their transition from an institutional placement into the community. Without available, accessible, and integrated housing there is no opportunity to remain in or relocate to the community.

HHSC will work with the Texas Department of Home and Community Affairs (TDHCA) and the Public Housing Authorities to increase the number of dedicated

HOME (Section 8 and Tenant Based Rental Assistance - TBRA) funds for persons who are aging and/or have disabilities.

Individuals who are leaving nursing facilities or individuals who meet *Olmstead* criteria under the Department of State Health Services (DSHS) provisions must have a stable residence in which to reside. Given that many of the individuals will be living on Supplemental Security Income (SSI) which is \$603 per month, financial assistance is required. HOME funds allow the individual to choose where they will live, provides true community integration, and fills the gap between income and fair market rents in our communities.

Requires legislative direction and/or appropriations.

If directed and/or funded by the Legislature, HHSC will develop a program of local housing coordinators/navigators to assist individuals and the human services system to locate and develop housing resources.

Housing navigators in other states assist in finding housing, helping in making community arrangements, and supporting individuals in the housing of their choice. This has proven to be successful in increasing the number of individuals with disabilities to live in an integrated community setting.

HHSC will work with its operating agencies, TDHCA, and the Public Housing Authorities to develop a housing plan for persons with very low income and/or have disabilities.

Community integration requires affordable, integrated housing opportunities. HHSC will work with its partners to develop an overall plan to increase the number of accessible, affordable, and integrated housing units available for very low income individuals who are aging and/or with disabilities.

Promoting Independence Principles: this directive reinforces HHSC's commitment to the Promoting Independence Initiative.

HHSC will ensure that the Promoting Independence principles are incorporated in all state initiatives and that all stakeholders are included in the development of any health and human services long-term services and supports policy and/or program.

As the health and human services agencies act to meet its Legislative direction and are in a continuous process of the quality management of its programs and services, HHSC will seek the advice of its' stakeholders to ensure the goals of the Promoting Independence Initiative are met.

TEXAS Department of Human Services **Rider 28 Client Demographics** Data Effective Date: June 30, 2007 Page 1 of 1

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	40
COMMUNITY - ALONE	1,178
COMMUNITY - ALTERNATIVE LIVING/RES. CARE	1,358
COMMUNITY - WFAMILY	2,348
COMMUNITY - WOTHER WAIVER PARTICIPANTS	140
ICF/MR - COMMUNITY	1
OTHER	29
Total	5,103

Note: The "OTHER" category includes those clients with a null living arrangement or a living arrangement of housing facility.

Service Group	Client Count
CBA	3,904
CLASS	49
COMMUNITY CARE	4
MEDICALLY DEPENDENT CHILDREN PROGRAM	281
STAR+PLUS	865
Total	5,103

Age Group	Client Count
0 - 9	203
10 - 17	75
18 - 20	10
21	3
22 - 44	378
45 - 64	1,458
65 - 69	487
70 - 74	490
75 - 79	555
80 - 84	613
85 - 89	482
90 - 94	240
95 - 99	87
Unknown	7
Total	5,103

Region	Client Count
00	6
01	209
02	957
03	1,493
04	645
05	294
06	298
07	365
08	548
09	183
10	50
11	689
Total	5,103

Gender	Client Count
FEMALE	3,203
MALE	1,893
UNKNOWN	7
Total	5,103

Ethnicity	Client Count
AMERICAN INDIAN OR ALASKAN NATIVE	19
ASIAN OR PACIFIC ISLANDER	23
BLACK- NOT OF HISP. ORIGIN	677
HISPANIC	1,035
UNKNOWN	173
WHITE- NOT OF HISP. ORIGIN	3,189
	7
Total	5,103



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

Data Effective: June 30, 2007

Page 1 of 9

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		3	7	0	5	1			10	1	4		40
COMMUNITY - ALONE		73	106	215	138	103	73	128	126	41	7	168	1,178
COMMUNITY - ALTERNATIVE LIVING/RES. CARE		44	94	888	238	56	34	61	100	34	12	28	1,356
COMMUNITY - W/FAMILY	8	79	133	552	244	129	152	156	304	107	25	481	2,345
COMMUNITY - W/OTHER WAIVER PARTICIPANTS		8	17	42	17	6	5	24	6				149
UNKNOWN		2		7	3		2	6				2	30
Total													5,103



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

Data Effective: June 30, 2007

Page 1 of 9

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	AMERICAN INDIAN OR ALASKAN NATIVE					1								1		
			BLACK- NOT OF HISP. ORIGIN						1								1	
			HISPANIC									1						1
			WHITE- NOT OF HISP. ORIGIN				1	1	2									4
			HISPANIC											1				1
	22 - 44	F	ASIAN OR PACIFIC ISLANDER					2									2	
			BLACK- NOT OF HISP. ORIGIN				2	14	4	3		7					30	
			HISPANIC				2	3						1			4	
			UNKNOWN				1								1		2	
			WHITE- NOT OF HISP. ORIGIN		9	4	30	26	3	2	7	2	4				87	
		M	BLACK- NOT OF HISP. ORIGIN		1	3	16	9	3				1				32	
			HISPANIC		3	2	8	1					1		1	2	19	
			UNKNOWN					2									2	
			WHITE- NOT OF HISP. ORIGIN		3	10	41	19	5	1	8	1	2				82	
			ASIAN OR PACIFIC ISLANDER															2
	45 - 64	F	AMERICAN INDIAN OR ALASKAN NATIVE					2					1				4	
			BLACK- NOT OF HISP. ORIGIN		2	3	52	30	7	2	6						103	
			HISPANIC		9	5	12	1				5	9	3	2	39	85	
			UNKNOWN		3	2	15	7					1			1	29	
			WHITE- NOT OF HISP. ORIGIN		30	33	187	78	28	2	27	11	22	1	8	427		
		M	BLACK- NOT OF HISP. ORIGIN		3	2	82	28	13	1	8	1	2				120	
			HISPANIC		6	6	14	2	1	3	2	8	5	2	38	85		
			UNKNOWN					5	2				1				8	
			WHITE- NOT OF HISP. ORIGIN		31	20	144	46	26	3	20	11	9	2	8	320		
			ASIAN OR PACIFIC ISLANDER															2
	65 - 89	F	BLACK- NOT OF HISP. ORIGIN		1	1	11	9	5		6			1			34	
			HISPANIC					3		1			5	2	1	12	24	
			UNKNOWN			2	6	2	1					1		1	14	
			WHITE- NOT OF HISP. ORIGIN		3	18	89	32	17	2	9	2	6	1	1	160		
			ASIAN OR PACIFIC ISLANDER															2
M		BLACK- NOT OF HISP. ORIGIN		2		9	6	5	1	1	2	1				27		
		HISPANIC		4	3	3						4	2	5	25	48		
		UNKNOWN					2									2		
		WHITE- NOT OF HISP. ORIGIN		7	11	39	16	12		6	2	4	1	3	101			
		ASIAN OR PACIFIC ISLANDER					1	1									2	
70 - 74	F	BLACK- NOT OF HISP. ORIGIN				3	20	2	3		2					30		
		HISPANIC				3	1	1		1	1		8	2	20	37		
		UNKNOWN						3	1	1		1				6		
		WHITE- NOT OF HISP. ORIGIN															2	

Report: \\?F:\Oracle\WR\Rider28Summary\apps\Rider 28 Age Gender Ethnicity by Region.imr
 Detail Filter: Rider 28 Flag C = 'Y'

Rundate: 7/6/2007

