MFPDAC Quarterly Meeting
October 10, 2008
2:00 pm – 4:00 pm

Brown-Heatly, Room 1410

- Welcome and Introductions

- Review Minutes of Last Meeting (July 11, 2008)   MFPDAC

- MFP Demonstration Update
  - CMS MFPD Site Visit   Steve Ashman
  - MFPD Enrollments   Steve Ashman
  - Quality of Life Survey   Steve Ashman
  - Amendment 1 to Operational Protocol   Steve Ashman
  - Behavioral Health Pilot   Dena Stoner
  - Overnight Companion Services   Ric Zimmerman
  - ICF/MR Voluntary Closure   Tommy Ford

- Review of MFPD Reports   MFPDAC

- Review MFPD Semi-Annual Report to CMS   MFPDAC

- Proposed TDHCA Rule Changes   Brenda Hull

- Quarterly Activities (July through September, 2008)   Steve Ashman

- Public Comments

- Next Meeting Date – January 9, 2009, Brown-Heatly, Room 1410

Toll Free Dial-In Number: (877) 226-9790
Access Code: 1822660

For more information, please visit: http://www.dads.state.tx.us/providers/pi/index.html or e-mail us at
MFP-Project@dads.state.tx.us.

October 10, 2008 MFP Demonstration Advisory Committee Meeting

Total Enrollments					
March	**April**	**May**	**June**	**July**	**Aug**
6	68	127	179	261	393
% Change	1033.33%	86.76%	40.94%	45.81%	50.57%

Enrollment Activity by Program						
Wiaver	**March**	**April**	**May**	**June**	**July**	**Aug**	**As % of All Waivers**
CBA	3	8	23	39	69	79	20.95%
% Change	n/a	166.67%	187.50%	69.57%	76.92%	14.49%	
MDCP	0	0	1	1	1	4	1.06%
% Change	n/a	n/a	n/a	0.00%	0.00%	300.00%	
CLASS	0	0	0	0	0	0	0.00%
% Change	n/a	n/a	n/a	n/a	n/a	n/a	
HCS	0	49	61	89	115	157	41.64%
% Change	n/a	n/a	24.49%	45.90%	29.21%	36.52%	
DBMD	0	0	0	0	0	0	0.00%
% Change	n/a	n/a	n/a	n/a	n/a	n/a	
STAR+Plus	3	10	31	33	55	85	22.55%
% Change	n/a	233.33%	210.00%	6.45%	66.67%	54.55%	
ICM SSI	0	0	2	3	7	14	3.71%
% Change	n/a	n/a	n/a	50.00%	133.33%	100.00%	
ICM MAO	0	0	6	9	10	38	10.08%
% Change	n/a	n/a	n/a	50.00%	11.11%	280.00%	
CWP	0	0	0	0	0	0	0.00%
% Change	n/a	n/a	n/a	n/a	n/a	n/a	
Total	6	67	124	174	257	377	100.00%
% Change	n/a	1016.67%	85.07%	40.32%	47.70%	46.69%	

Type of Facility Transitioned From	Count	Percent
Community ICF/MR	95	24.17%
Nursing Facility	229	58.27%
State Hospital	10	2.54%
State School	51	12.98%
Other/Unknown	8	2.04%
Totals	393	100.00%

Type of Facility Transitioned To	Count	Percent
Community- Alt. Living/Res. Care	72	18.32%
Community - W/Other Waiver Participants	6	1.53%
Foster/Companion Care	29	7.38%
Own Home/Family Home	154	39.19%
Residential Support	80	20.36%
Supervised Living	31	7.89%
Other/Unknown	21	5.34%
Totals	393	100.00%

Transitions by CMS Definition of Type of Residence - NF Waivers		
Home Owned or Leased by Individual	154	66.38%
Apartment	6	2.59%
Group Home - 4 or fewer people	72	31.03%
Total	232	100.00%

Transitions by CMS Definition of Type of Residence - ICF/MR Waivers		
Supervised Living	31	22.14%
Residential Support	80	57.14%
Foster/Companion Care	29	20.71%
Total	140	100.00%

A. General Information - SUBMITTED

Grant Report: 2008 Semi-Annual (January - June) - TX-004, Texas

Organization Information

1. Name of Grantee Organization	
	Texas Health and Human Services Commission, Department of Aging and Disability Services
2. Program's Public Name	
	Texas Money Follows the Person Demonstration (MFPD)
3. Program's Website	
	http://www.dads.state.tx.us/providers/pi/index.html

Project Director

4. Project Director Name	
	Steven P. Ashman
5. Project Director Title	
	MFPD Project Director
6. Project Director Phone	
	(512) 438-4135
7. Project Director Fax	
	(512) 438-4220
8. Project Director Email	
	steven.ashman@dads.state.tx.us
9. Project Director Status	
[x] Full Time	

[] Acting

[] Vacant

[] New Since Last Report

10. Project Director Status Date: Change date if status is different from last report.

3/12/2007

Grantee Signatory

11. Grantee Signatory Name

Marc Gold

12. Grantee Signatory Title

Director, Texas Promoting Independence Office

13. Grantee Signatory Phone

(512) 438-2260

14. Grantee Signatory Fax

(512) 438-4220

15. Grantee Signatory Email

marc.gold@dads.state.tx.us

16. Has the Grantee Signatory changed since last report?

[] Yes

[x] No

Other State Contact

17. Other State Contact Name

Chris Traylor

18. Other State Contact Title
Associate Commissioner, Medicaid/CHIP, Texas Health and Human Services Commission

19. Other State Contact Phone
(512) 424-6919

20. Other State Contact Fax
() -

21. Other State Contact Email
None

Independent State Evaluator

22. Independent State Evaluator Name
None

23. Independent State Evaluator Title
None

24. Independent State Evaluator Phone
(000) 000-0000

25. Independent State Evaluator Fax
() -

26. Independent State Evaluator Email
none

Report Preparer (if not Project Director)

27. Report Preparer Name
Steve Ashman

28. Report Preparer Title
MFPD Project Director

29. Report Preparer Phone
(512) 438-4135

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(512) 438-4220

31. Report Preparer Email
steven.ashman@dads.state.tx.us

CMS Project Officer

32. CMS Project Officer Name
Kate King

B. Transitions - SUBMITTED

Grant Report: 2008 Semi-Annual (January - June) - TX-004, Texas

- All figures are for the current reporting period.

Please specify your MFP program's "Other" target population(s) here. Once "Other" population has been specified in this location, it need not be specified again, and the specification will carry forward throughout the report any time "Other" target population is selected as an option. [The report will update after this page is saved.]
No Others
Please note the characteristics and/or diagnoses of your MFP program's "Other" target population(s).
None
1. Number of people assessed for MFP enrollment. [Click on Help link for explanation]

	Populations Effected				
	Elderly	MR/DD	MI	PD	No Others
Total Transition Target (for entire 4-years)	800	1,599	0	600	0
Number Assessed as a Percent of Total Transition Target	6.25%	5.63%	N/A	6.17%	N/A
	50	90	2	37	0

2. Number of institutional residents who transitioned during this reporting period and enrolled in MFP. [Click on Help link for explanation]

	Populations Effected				
	Elderly	MR/DD	MI	PD	No Others
Annual Transition Target	200	242	0	150	0
% of Annual Transition Target Achieved	25.00%	37.19%	N/A	24.67%	N/A
	50	90	2	37	0

3. Cumulative Transitions

	Populations Effected				
	Elderly	MR/DD	MI	PD	No Others
Cumulative Transition Target	50	90	2	37	0

% of Total Transition Target	6.25%	5.63%	N/A	6.17%	N/A

4. Total number of current MFP participants. [Click on Help link for explanation]

Populations Effected

Elderly	MR/DD	MI	PD	No Others
50	90	2	37	0

5. Number of MFP participants re-institutionalized. [Click on Help link for explanation]

Populations Effected

	Elderly	MR/DD	MI	PD	No Others
For less than 30 days	0	0	0	0	0
For more than 30 days	0	0	0	0	0
Total re−institutionalized for any length of time (total of above)	2	1	0	2	0
% of Total Transition Target	4.00%	1.11%	0.00%	5.41%	N/A
Length of stay as yet unknown	2	1	0	2	0

6. Number of MFP participants -who ever transitioned -who completed the 365-day transition period during the reporting period (leave blank for first report). [Click on Help link for explanation]

Populations Effected

	Elderly	MR/DD	MI	PD	No Others
	0	0	0	0	0

7. Did your program have difficulty transitioning the projected number of persons it proposed to transition in the Operational Protocol? If yes, please check the target populations that apply.

[**x**] Yes

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[**x**]	[**x**]	[**x**]	[**x**]	[]

Please describe your difficulties for each target population.

Projections were based upon a program start date of October 1, 2007. Program was not implemented until February 1, 2008. Lack of affordable housing, obtaining informed consent, and coordination of governmental staff with contracted staff. DADS data collection system does not distinguish between the Elderly and PD populations. Historical information about these two populations is provided. Changes to the data collection system should be made prior to the next reporting period.

[] No

8. Do you intend to seek CMS approval to amend your annual or total Demonstration period transition benchmarks in your approved OP?

[**x**] Yes

Please explain the proposed changes to your transition benchmarks.

The OP indicated that 25 people would transition utilizing the Overnight Companion Services (demonstration service). This figure was based upon a $30 per unit fee for the service. The public rate hearing process established the reimbursement rate at $44.17 and five fewer people will be served each year.

[] No

C. Qualified HCBS Expenditures - SUBMITTED

Grant Report: 2008 Semi-Annual (January - June) - TX-004, Texas

Qualified expenditures are total Medicaid HCBS expenditures (federal and state funds) for all Medicaid recipients (not just MFP participants), including: expenditures for all 1915c waiver programs, home health services, and personal care if provided as a State Plan optional service, as well as HCBS spending on MFP participants (qualified, demonstration and supplemental services), and HCBS capitated rate programs to the extent that HCBS spending can be separated from the total capitated rate).

The spending targets below include all long-term services and supports. For capitated payments to managed LTC plans, the spending targets do not include the acute care portion and the LTC portion of the capitated rate is based on historical and encounter data for long-term services and supports. FY 08 and FY 09 spending targets shown below represent HCBS appropriations for: 1) services paid on a FFS by the Department of Aging and Disability Services (DADS) and 2) services paid and delivered through managed care plans under contract to the TX Health and Human Services Commission (HHSC). The figures below reflect state legislative appropriations to DADS and HHSC for FY 2007, 2008, and 2009, as well as estimates for 2010 and 2011. TX will build the FY 2010-2011 biennial Leg. Approps. Request (LAR) in the spring of 2008, utilizing historical data, demographic growth, caseload projections, and forecasting models. DADS and HHSC expect to request a 20% increase in 1915c waiver appropriations for SFY 2010-2011 and 2012-2013 per a lawsuit settlement. TX will provide to CMS information about SFY 2010-2011 appropriations in June 2009 (the biennial state FY runs from Sept 1, 2010 to August 31, 2011).

Year	Target Level of Spending	% Annual Growth Projected	Actual Level of Spending This Period	% Annual Change (from Previous Year)	% of Target Reached
2006	$0	0.00	$0	N/A	N/A
2007	$2,279,588,000	0.00	$0	N/A	N/A
2008	$2,593,913,000	13.79	$1,005,318,634	-55.90%	38.76%

2009	$2,735,440,000	5.46	$0	-100.00%	0.00%
2010	$2,735,440,000	0.00	$0	-100.00%	0.00%
2011	$2,735,440,000	0.00	$0	-100.00%	0.00%

Please explain your Mid-Year rate of progress:

This figure reflects payment activity during the reporting period and does not include encumbrances, pending bills/invoices, etc.

Do you intend to seek CMS approval to amend your annual benchmarks for Qualified HCBS Expenditures in your approved OP?

[] Yes

[x] No

D. Additional Benchmarks - SUBMITTED

Grant Report: 2008 Semi-Annual (January - June) - TX-004, Texas

Benchmark #1

Individuals Served through Behavioral Health

Measure #1

Number of Individuals Receiving Cognitive Adaptation Training and/or Substance Abuse Treatment Services: Texas is proposing two new demonstration services for individuals who have co-occurring behavioral issues (mental illness or substance abuse) and want to transition from a NF to a community residence. The two new services are Cognitive Adaptation Training (CAT) and Adult Substance Abuse Treatment Services. These services will be provided in the community upon transition; are being proposed as a pilot project within the larger context of the overall demonstration; and will be limited to up to fifty individuals per year in the San Antonio service delivery area. If successful, Texas will consider an amendment to their waivers to make the services statewide. An additional benefit of this pilot will be the extensive training of community direct care and professional workers in CAT skills. The training will be generalized to populations at-large (not just MFP participants).

Year	Measure: Target	Measure: Mid-Year	Measure: Entire Year	% Achieved: Mid-Year	% Achieved: Entire Year
2006	0	0.00	0	N/A	N/A
2007	0	0.00	0	N/A	N/A

2008	20	3.00	0	15.00%	0.00%
2009	35	0.00	0	0.00%	0.00%
2010	40	0.00	0	0.00%	0.00%
2011	50	0.00	0	0.00%	0.00%

Please explain your Mid-Year rate of progress:

The behavioral health pilot was unable to meet the benchmark of enrolling 20 participants due to the following reasons: DSHS submitted the behavioral health protocol to DADS in April of 2007. In fall of 2007, DADS submitted the protocol to CMS. Approval was granted in February 2008. After training of agencies was completed, the service delivery phase of the behavioral health pilot was implemented in March 2008, with the first clients served in April 2008, resulting in less than a full year of service. The local housing authority recently closed its Section 8 housing waiting list due to insufficient funding which severely limits housing opportunities for some behavioral health participants requiring community relocation. The implementation of pilot services within the larger MFP Demonstration requires additional levels of coordination and education among HMO's, the local mental health authority, personal care attendants, and the relocation contractor. This necessary education occurred during the initial months of implementation. DADS relocation contractor conducted minimal participant outreach during the initial months of service delivery. The delay in an effective strategy resulted in a low number of participants enrolled into the pilot. DADS and DSHS continue to work with the relocation contractor to develop effective methods for participant recruitment. The total of 3 people transitioned from a NF to community as of 6/30/08.

Benchmark #2

Annual Change in the Number of Licensed ICFs/MR Facilities and Certified Beds Taken Off-Line. Texas will work with providers of 9 plus bed community ICFs/MR who voluntarily want to close their facilities, helping them take their beds off-line and provide HCBS waiver options instead. Based on DADS experience, over 75 percent of individuals in 9 plus beds choose a small group home as their preferred HCS waiver living arrangement, which is more expensive. This cost differential has always been an obstacle for some providers who want to downsize or close their facilities and become HCS providers. Texas will use the MFP Demonstration enhanced FMAP funds to assist with the transition infrastructure costs.

Measure #1

Annual Reduction in Licensed Medium and Large Community ICFs/MRs: Targets below correspond to the number of beds the state expects to be de-licensed ("taken off line") each year. At end of FY 07, total beds in these two licensure categories = 2368.

Year	Measure: Target	Measure: Mid-Year	Measure: Entire Year	% Achieved: Mid-Year	% Achieved: Entire Year

Year	Measure: Target	Measure: Mid-Year	Measure: Entire Year	% Achieved: Mid-Year	% Achieved: Entire Year
2006	0	0.00	0	N/A	N/A
2007	0	0.00	0	N/A	N/A
2008	60	0.00	0	0.00%	0.00%
2009	133	0.00	0	0.00%	0.00%
2010	133	0.00	0	0.00%	0.00%
2011	134	0.00	0	0.00%	0.00%

Please explain your Mid-Year rate of progress:

Texas is in final contract negotiations with an owner/operator of an ICF/MR. This matter will remain confidential until a contract has been consummated and the owner/operator conducts meetings with residents, family members, and staff, no information can be provided. Texas' CMS Project Officer will be advised of the progress of the voluntary closure.

Measure #2

Licensed Medium and Large Community ICFs/MRs: Accumulated % Decrease in Certified Beds (percent reduction each year from the 2,368 licensed beds in baseline year of 2007)

Year	Measure: Target	Measure: Mid-Year	Measure: Entire Year	% Achieved: Mid-Year	% Achieved: Entire Year
2006	0	0.00	0	N/A	N/A
2007	0	0.00	0	N/A	N/A
2008	3	0.00	0	0.00%	0.00%
2009	8	0.00	0	0.00%	0.00%
2010	14	0.00	0	0.00%	0.00%
2011	19	0.00	0	0.00%	0.00%

Please explain your Mid-Year rate of progress:

Texas is in preliminary contract negotiations with an owner/operator of an ICF/MR. This matter will remain confidential until a contract has been consummated and the owner/operator conducts meetings with residents, family members, and staff, no information can be provided. Texas' CMS Project Officer will be advised of the progress of the voluntary

closure.

Benchmark #3

Public Housing Authorities and Housing Related Issues. The MFP project director will act as the housing liaison for the Health and Human Services Enterprise on all housing-related issues. (The Enterprise is comprised of the Health and Human Services Commission and its four operating agencies including DADS.) MFP will work with the Texas Department of Housing and Community Affairs (TDHCA), the state housing finance agency, and with selected local Public Housing Agencies (there are 475 PHAs in Texas). Texas will build upon recent collaborations to achieve the benchmarks below.

Measure #1

Number of New Vouchers: Number of new units/vouchers dedicated to the MFP Demonstration. (The Texas MFP OP described the following targets as "modest" and plans to review them each year of the MFP demonstration to assess whether they can be increased based on initial experience.)

Year	Measure: Target	Measure: Mid-Year	Measure: Entire Year	% Achieved: Mid-Year	% Achieved: Entire Year
2006	0	0.00	0	N/A	N/A
2007	0	0.00	0	N/A	N/A
2008	15	35.00	0	233.33%	0.00%
2009	20	0.00	0	0.00%	0.00%
2010	25	0.00	0	0.00%	0.00%
2011	30	0.00	0	0.00%	0.00%

Please explain your Mid-Year rate of progress:

The Texas Department of Housing and Community Affairs (TDHCA) has increased the number of available Project Access vouchers from 35 to 50. TDHCA has also committed $1.5 million for Tenant Based Rental Assistance which provides rental assistance payments for up to twenty four months. Additionally, the Department of Aging and Disability Services (DADS)and the Fort Worth Housing Authority (FWHA) have entered into a Memorandum of Understanding that has resulted in FTHA setting aside ten vouchers and ten public housing units for people transitioning through the MFPD. Due to insufficient funding, FWHA recently notified DADS that it was suspending availability of the housing vouchers for six to 12 months.

Measure #2

Targeting Out-of-Compliance PHAs: Number of Out-of-Compliance PHAs Visited Per Year. DADS will target PHAs that are out of compliance with HUD performance standards to help them understand HHS Enterprise long-term services and supports programs, and obtain support for providing housing opportunities for individuals wanting to move from institutional care settings. The number of contacts and status of discussions will be reported annually.

Year	Measure: Target	Measure: Mid-Year	Measure: Entire Year	% Achieved: Mid-Year	% Achieved: Entire Year
2006	0	0.00	0	N/A	N/A
2007	0	0.00	0	N/A	N/A
2008	5	0.00	0	0.00%	0.00%
2009	5	0.00	0	0.00%	0.00%
2010	5	0.00	0	0.00%	0.00%
2011	5	0.00	0	0.00%	0.00%

Please explain your Mid-Year rate of progress:

Review of the HUD Website indicates that there are two Public Housing Authorities with a 2008 designation of "Troubled" (Gregory and Elgin Housing Authorities). DADS will attempt to meet with these PHAs prior to submission of the annual report for year one of the MFPD (December 31, 2008).

Measure #3

Visit the Ten Largest PHAs in Year 1 to provide them with education and information on the current Promoting Independence Initiative and the MFP Demonstration.

Year	Measure: Target	Measure: Mid-Year	Measure: Entire Year	% Achieved: Mid-Year	% Achieved: Entire Year
2006	0	0.00	0	N/A	N/A
2007	0	0.00	0	N/A	N/A
2008	10	6.00	0	60.00%	0.00%
2009	0	0.00	0	N/A	N/A

Year					
2010	0	0.00	0	N/A	N/A
2011	0	0.00	0	N/A	N/A

Please explain your Mid-Year rate of progress:

Texas has met with six of the ten largest housing authorities and plans to meet this measure by the end of this year (December 31, 2008).

Measure #4

Visit Twenty-Five PHAs Per Year: Total Number of Additional PHA Visits Per Year to provide them with education and information on the current MFP Iniatives.

Year	Measure: Target	Measure: Mid-Year	Measure: Entire Year	% Achieved: Mid-Year	% Achieved: Entire Year
2006	0	0.00	0	N/A	N/A
2007	0	0.00	0	N/A	N/A
2008	0	7.00	0	N/A	N/A
2009	25	0.00	0	0.00%	0.00%
2010	25	0.00	0	0.00%	0.00%
2011	25	0.00	0	0.00%	0.00%

Please explain your Mid-Year rate of progress:

Although no measure is required for this reporting period, staff have visited seven housing authorities (besides the ten largest). These visits (measure accomplishment in 2008) will be included in the 2009 reporting period.

Measure #5

Consolidated Housing Plans: Number of PHA Consolidated Plans Reviewed/Commented Per Year. The Promoting Independence Advisory Committee will review the TDHCA draft Consolidated Housing Plans/Annual Action Plan (CHP/AAP) and provide comments on increasing need for housing opportunities for senior citizens and individuals with disabilities. Each year, the PIAC will also review at least three other CHP/AAPs to help prepare advocates for their own review and comments at public hearings of housing authorities.

Year	Measure: Target	Measure: Mid-Year	Measure: Entire Year	% Achieved: Mid-Year	% Achieved: Entire Year

2006	0	0.00	0	N/A	N/A
2007	0	0.00	0	N/A	N/A
2008	4	0.00	0	0.00%	0.00%
2009	4	0.00	0	0.00%	0.00%
2010	4	0.00	0	0.00%	0.00%
2011	4	0.00	0	0.00%	0.00%

Please explain your Mid-Year rate of progress:

MFPD staff has devoted their efforts to the implementation of the MFPD. DADS will provide information on Consolidated Housing Plans to the Promoting Independence Advisory Committee as knowledge of them become available.

Measure #6

Development of a Housing Inventory/Registry: DADS will work with TDHCA and others to develop a housing inventory that will be linked on each agency website. Individuals interested in looking for affordable housing will be able to search these websites. These activities will begin in 2007 and be an ongoing effort. The inventory will include: 1) # of affordable housing units in their inventory and accessible units and 2) # of housing vouchers currently available and the # dedicated to individuals with disabilities.

Please explain your Mid-Year rate of progress:

MFPD staff is working with state and private organizations for the development of the housing inventory. The housing inventory will utilize housing information provided by US HUD, USDA/RD, TDHCA, Texas State Affordable Housing Corporation, and the Texas Bond Review Board. These agencies are involved in financing of virtually all affordable housing in Texas. The Housing Inventory/Registry should be available to the public in January 2009.

Measure #7

Training Activities: DADS, in conjunction with its partners, will: 1) Collect and distribute basic information on housing. 2) Develop a Computer Based Training curriculum for PHAs regarding the HHS Enterprise HCBS. This project will begin in state fiscal year 2008. 3) Create a Housing Advocacy E-mail Distribution list to distribute housing related information. 4) Provide linkages to the DADS Promoting Independence website for indviduals who want more information about Texas Public Housing Authorities.

Please explain your Mid-Year rate of progress:

MFPD staff has been working on approval of the OP, implementation of the MFPD, and housing authority visits. Staff will work on these measures for the next reporting period (December 31, 2008).

Do you intend to seek CMS approval to amend your additional benchmarks in your approved Operational Protocol?

[] Yes

[x] No

E. 1. Recruitment & Enrollment - SUBMITTED

Grant Report: 2008 Semi-Annual (January - June) - TX-004, Texas

Did anything change during the reporting period that made recruitment easier?
1. Choose from the list below and check all target populations that apply. Check "None" if nothing has changed.

[] Type or quality of data available for identification

[] How data are used for identification

[x] Obtaining provider/agency referrals or cooperation

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[]	[]	[x]	[]

Please describe by target population.

Better cooperation through defined roles and responsibilities between DADS Star+PLUS Support Unit, Managed Care Organizations, relocation contractors, and local Mental Health Agency in the Bexar County Behavior Health Pilot area.

[] Obtaining self referrals

[] Obtaining family referrals

[] Assessing needs

[x] Other, specify below

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[]	[x]	[x]	[]

Please describe by target population.

Information about the MFPD was provided to prospective MFPD participants during the initial contact to the DADS Star+PLUS Support Unit. This contact is typically by telephone. It was determined that explaining the MFPD through this method was ineffective so this responsibility was transferred to the service coordinator of the Managed Care Organization selected by the prospective MFPD participant.

[] None

2. What significant challenges did your program experience in recruiting individuals? Significant challenges are those that affect the program's ability to transition as many people as planned. Choose from the list below and check all target populations that apply.

[] Type or quality of data available for identification

[] Obtaining provider/agency referrals

[] Obtaining self referrals

[] Obtaining family referrals

[] Assessing needs

[] Lack of interest among people targeted or the families

[x] Unwilling to consent to program requirements

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[]	[]	[x]	[]

Please describe by target population

People refused to participate because they did not want to participate in the Quality of Life survey.

What are you doing to address the challenges?

Provided additional training to case managers and service coordinators about the benefits of enrollment in the MFPD. Prospective MFPD participants are now informed that they could enroll in the demonstration and when someone contacts them to arrange the survey. they could proceed with the survey or refuse to participate.

Current Issue Status: In Progress

[x] Other, specify below

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[]	[]	[x]	[]

Please describe other challenge(s) by target population

Delay in program implementation to February 1, 2008.

What are you doing to address the challenges?

Additional training to Case Managers (fee for service) and Service Coordinators (managed care).

Current Issue Status: Resolved

How was it resolved?

Additional training to Case Managers (fee for service) and Service Coordinators (managed care).

[] None

3. Did anything change during the reporting period that made enrollment into the MFP program easier? These changes may have been the result of changes in your state's Medicaid policies and procedures.

[] Determination of initial eligibility

[] Redetermination of eligibility after a suspension due to reinstitutionalization

[] Other, specify below

[x] None

4. What significant challenges did your program experience in enrolling individuals? Significant challenges are those that affect the program's ability to transition as many people as planned.

[] Determining initial eligibility

[] Reestablishing eligibility after a suspension due to reinstitutionalization

[x] Other, specify below

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[]	[x]	[x]	[]

Other, please specify below

Lack of affordable, accessible, and integrated housing. Lack of federal funding for additional housing assistance vouchers and units. Substantial amount of training and education of Star+PLUS Support Unit, HMO service coordinators, relocation contractors, and the Mental Health Agency was needed prior to implementation of the Behavioral Health Pilot. Implementation of the Overnight Companion Services Pilot was delayed in order to complete the public hearing process for establishment of the reimbursement rate for this service. Additionally, stringent eligibility criteria may affect demand for this service.

What are you doing to address the challenges?

Continue to work with local public housing authorities. Continuing education and outreach for the Overnight Companion Services Pilot. We meet with all parties associated with the Behavioral Health Pilot every other week.

Current Issue Status: In Progress

[]   None

5. Total number of MFP candidates assessed who did not transition through the MFP program:	
Total	0

5b. Total assessed (from Question #1, Transitions)	
179	

5c. Percent of total assessed who could not transition through the MFP program	
0.00 %	

6. Reason these individuals could not be transitioned or enrolled in the MFP program:	
Individual's physical health needs exceeded capacity of program to meet them	0
Individual's mental health needs exceeded capacity of program to meet them	0

Guardian refused participation	0
Could not locate appropriate housing arrangement	0
Could not secure affordable housing	0
Individuals did not choose MFP qualified residence	0
Individual changed his/her mind	0
Individual would not cooperate in care plan development	0
Service needs greater than what could be provided in the community	0
Individual withdrew for other reasons	0

7. Number of MFP participants transitioned during this period whose length of time from assessment to actual transition took:

less than 2 months	0
2 to 6 months	0
6 to 12 months	0
12 to 18 months	0
18 to 24 months	0
24 months or more	0

Percentage of MFP participants transitioned during this period whose length of time from assessment to actual transition took:

less than 2 months	N/A%
2 to 6 months	N/A%
6 to 12 months	N/A%
12 to 18 months	N/A%
18 to 24 months	N/A%
24 months or more	N/A%

E. 2. Informed Consent & Guardianship - SUBMITTED

Grant Report: 2008 Semi-Annual (January - June) - TX-004, Texas

1. What changed during the reporting period that made obtaining informed consent easier?

[]   Revised inform consent documents and/or forms

[x]   Provided more or enhanced training for transition coordinators

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[]	[]	[x]	[]

Please describe by target population

Provided additional guidance to case managers and service coordinators about the benefits of enrollment in the MFPD.

[]   Improved how guardian consent is obtained

[x]   Other, specify below

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[]	[]	[x]	[]

Please describe by target population

Better cooperation through defined roles and responsibilities between DADS Star+PLUS Support Unit, Managed Care Organizations, relocation contractors, and local Mental Health Agency in the Bexar County Behavior Health Pilot area.

[]   Nothing

2. What changed during the reporting period that improved or enhanced the role of guardians?

    []   The nature by which guardians are involved in transition planning

    []   Communication or frequency of communication wtih guardians

    []   The nature by which guardians are involved in ongoing care planning

    []   The nature by which guardians are trained and mentored

    []   Other, specify below

    [x]   Nothing

3. What significant challenges did your program experience in obtaining informed consent?

    []   Ensuring informed consent

    []   Involving guardians in transition planning

    []   Communication or frequency of communication with guardians

    []   Involving guardians in ongoing care planning

    []   Training and mentoring of guardians

    [x]   Other, specify below

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[]	[]	[x]	[]

Please describe by target population

Prospective participants did not want to be involved in the Quality of Life Survey.

What are you doing to address the challenges?

Informed prospective MFPD participants and their guardians of the benefits of the MFPD and that when contacted by the survey contractor, they could then decide if they wanted to participate in the survey process.

Current Issue Status: In Progress

[]   None

E. 3. Outreach, Marketing & Education - SUBMITTED

Grant Report: 2008 Semi-Annual (January - June) - TX-004, Texas

1. What notable achievements in outreach, marketing or education did your program accomplish during the reporting period?

[]   Development of print materials

[x]   Implementation of localized/targeted media campaign

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[x]	[x]	[x]	[]

Press release on MFPD implementation; posting of web stories on people who successfully transitioned, and Area Agency on Aging meetings and materials.

[x]   Implementation of statewide media campaign

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[x]	[x]	[x]	[]

Press release on MFPD implementation and posting of web stories on people who successfully transitioned.

[x] Involvement of stakeholder state agencies in outreach and marketing

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[x]	[x]	[x]	[]

Invited guest speaker for the following conferences to educate attendees about the MFPD and Promoting Independence. Private Provider's Association of Texas Attend Community Transition Team Meetings 2008 Conference on Aging, College Station Co-Sponsor and Speaker at the 2008 Texas Housing Summit Southwest Society of Service Coordinators, San Antonio Quarterly State Independent Living Council Meetings Texas Association of Area Agencies on Aging quarterly business meeting. Behavior Health Pilot Training MRA and DADS Regional Managers MFPD Training CLASS/DBMD Waiver Training ICM Waiver Service Coordinator Training Monthly meetings with Relocation Contractors Attend monthly meetings of the Disability Policy Committee and Disability Advisory Workgroup sponsored by the Texas Department of Housing and Community Affairs to provide guidance on housing issues.

[] Involvement of discharge staff at facilities

[x] Involvement of ombudsman

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[]	[x]	[x]	[]

Provided training on the MFPD to the Texas Association of Areas on Aging annual meeting. The Texas Long Term Ombudsman attends meetings between DADS and DADS relocation contractors to enhance cooperation and collaboration on transition referrals.

[] Training of frontline workers on program requirements

[x] Other, specify below

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[x]	[x]	[x]	[]

Invited guest speaker for the following conferences to educate attendees about the MFPD and Promoting Independence. Private Provider's Association of Texas; Attend Community Transition Team Meetings; 2008 Conference on Aging, College Station; Co-Sponsor and Speaker at the 2008 Texas Housing Summit; Southwest Society of Service Coordinators, San Antonio; Quarterly State Independent Living Council Meetings; Texas Association of Area Agencies on Aging quarterly business meeting. Behavior Health Pilot Training; MRA and DADS Regional Managers MFPD Training; CLASS/DBMD Waiver Training; ICM Waiver Service Coordinator Training; Monthly meetings with Relocation Contractors; Attend monthly meetings of the Disability Policy Committee and Disability; Advisory Workgroup sponsored by the Texas Department of Housing and Community Affairs to provide guidance on housing issues; DADS Region 4/5 Management Conference, Canton, TX.

[] None

2. What significant challenges did your program experience in conducting outreach, marketing, and education activities?

[] Development of print materials

[] Implementation of a localized / targeted media campaign

[]   Implementation of a statewide media campaign

[]   Involvement of stakeholder state agencies in outreach and marketing

[]   Involvement of discharge staff at facilities

[]   Involvement of ombudsman

[x]   Training of frontline workers on program requirements

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[x]	[x]	[x]	[]

Please describe by target population

Texas has over one thousand case workers and service coordinators located through out the state. MFDP program information is provided in written form preceded by in-person or teleconferenced meetings with key regional staff. Frequent meetings with key staff of managed care organizations. Weekly meetings with all organizations associated with the Behavior Health Pilot. Frequently attend monthly teleconference meetings of representatives of regional Mental Retardation Authorities.

What are you doing to address the challenges?

Continued communication with all above identified entities.

Current Issue Status: In Progress

[]   Other, specify below

[]   None

E. 4. Stakeholder Involvement - SUBMITTED

Grant Report: 2008 Semi-Annual (January - June) - TX-004, Texas

1. Which of the following stakeholders were involved in the program during the

reporting period and what type of involvement did they have?

	Provided input on MFP policies or procedures	Helped to promote or market MFP program	Involved in Housing Development	Involved in Quality of Care assurance	Attended MFP Advisory Meeting(s)	Other (describe)
Consumers Families	X	X			X	
Advocacy Organizations	X	X	X	X	X	
HCBS Providers	X	X		X	X	
Institutional Providers	X	X		X	X	
Labor/Worker Association(s)						
Public Housing Agency(ies)			X			
Other State Agencies (except Housing)	X	X		X	X	
Non-profit Housing Assn.						

Please explain the nature of consumers' and families' involvement in MFP during this period and how it contributed to MFP goals and benchmarks, or informed MFP and LTC policies

There have been two meetings of the MFPD Advisory Committee since implementation of the MFPD (February 1, 2008). One consumer is on the MFPD and did not attend either meeting. Staff will make personal contact with this member prior to the next quarterly meeting to explain the agenda items and encourage participation at the meeting. The MFPD Advisory Committee monitors the activities of the MFPD and reports to the Promoting Independence Advisory Committee (Committee). The Committee was established to: oversee the State's progress in addressing Olmstead; study and make recommendations on developing a comprehensive and effective Promoting Independence Plan; coordinate and oversee the implementation of the Promoting Independence Plan, and; provide ongoing policy discussions on issues pertaining to community integration. The Committee has taken the additional responsibility of overseeing the larger goals and progress of the MFPD.

Please explain the nature of others' (non-consumers) involvement in MFP during this period and how it contributed to MFP goals and

benchmarks, or informed MFP and LTC policies.

Meetings of the MFPD Advisory Committee are opened to anyone who wishes to attend. There is also a public comment period in which people can provide comments and suggestions concerning the MFPD. As the MFPD was just recently implemented, most comments pertained to enrollment of prospective participants and the types of data being collected for program tracking and trending.

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2. On average, how many consumers, families, and consumer advocates attended each meeting of the MFP program's advisory group (the group that advises the MFP program) during the reporting period?

[**x**] Specific Amount

Please Indicate the Amount of Attendance

Staff does not ask nor keep records on people who attend the MFPD Advisory Committee that may be consumers or family members. For the last two meetings (April and July), there were sixteen individuals representing various advocacy groups (HCB and institutional providers, consumer, aging, disability, relocation, advocacy).

[] Advisory group did not meet during the reporting period

[] Program does not have an advisory group

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3. What types of challenges has your program experienced involving consumers and families in program planning and ongoing program administration?

[**x**] Identifying willing consumers

What are you doing to address the challenges?

Meetings of the MFPD Advisory Committee will be posted on the MFPD website. Individuals will be offered the opportunity to subscribe to notices through our website. MFPD staff plan on holding a special meeting in San Antonio for the Behavioral Health Pilot project and will discuss consumer/family participation in the MFPD.

[x] Identifying willing families

What are you doing to address the challenges?

Meetings of the MFPD Advisory Committee will be posted on the MFPD website. Individuals will be offered the opportunity to subscribe to notices through our website. MFPD staff plan on holding a special meeting in San Antonio for the Behavioral Health Pilot project and will discuss consumer/family participation in the MFPD.

[] Involving them in a meaningful way

[] Keeping them involved for extended periods of time

[] Communicating with consumers

[] Communicating with families

[] Other, specify below

[] None

4. Did your program make any progress during the reporting period in building a collaborative relationship with any of the following housing agencies or organizations?

[x] State agency that sets housing policies

Please describe

DADS works closely with representatives of the Texas Department of Housing and Community Affairs (TDHCA). TDHCA is an ex-officio member of the Texas Promoting Independence Advisory Committee and a partner in the MFPD. TDHCA has increase the number of Project Access Section 8 Vouchers from 35 to 50 for people transitioning out of institutions. MFPD Staff attend the meetings of the Disability Advisory Workgroup sponsored by TDHCA as an ex-officio member. This group helps to set housing policy for TDHCA.

[x] State housing finance agency

Please describe

> See above, TDHCA is the Texas house finance agency and also received funding from HUD.

[**x**] Public housing agency(ies)

Please describe

> MFPD staff have met with thirteen Public Housing Authorities. One of these PHAs has agreed to set aside ten vouchers and ten public housing units people enrolling into the MFPD. Two other PHAs are seriously considering setting aside public housing units for the MFPD. With the exception of the one PHA, there is strong reluctance to setting aside housing vouchers for the MFPD due to insufficient funding through HUD. The one PHA that did set aside the ten vouchers has since suspended the opportunity to utilize housing vouchers due to insufficient funding.

[**x**] Non-profit agencies involved in housing issues

Please describe

> MFPD staff work with non-profit agencies interested in the development of affordable, accessible, and integrated housing through the various meetings and committee positions held by DADS representatives (SILC, DPC/DAW, Homeless Coalition).

[**x**] Other housing organizations (such as landlords, realtors, lenders and mortgage brokers)

Please describe

Texas' Promoting Independence Office, which has administrative authority over the MFPD, was a co-sponsor of the 2008 Texas Housing Summit. The purpose of the meeting was to bring together, housing advocates, developers, providers of housing bond and debt finance, landlords, tax credit experts, etc. to discuss more effective ways to develop affordable, accessible, and integrated housing in Texas. The summit brought in experts from around the United States to provide information and education on various housing topics.

[] None

5. Has your program experienced significant challenges in building a collaborative relationship with any of the agencies involved in setting state housing policies, financing, or implementation of housing programs?

[x] Yes

Please describe

MFPD staff has been able to begin building collaborative relationships with PHAs and state and local housing finance agencies. However, insufficient funding for federal housing programs continues to be a significant barrier to transitioning people from institutions into a community setting. Due to the extremely low income of MFPD prospective participants (SSI), most can not even afford housing with "low income rents" that may be become available. This lack of affordable housing is compounded by HUDs new Section 8 calculation methodology which has caused financial shortfalls for several PHAs visited by the MFPD Project Director. Many of the PHAs visited do not have available Section 8 Vouchers and have even closed their waitlists.

[] No

E. 5. Benefits & Services - SUBMITTED

Grant Report: 2008 Semi-Annual (January - June) - TX-004, Texas

1. What progress was made during the reporting period regarding Medicaid

programmatic and policy issues that increased the availability of home and community-based services DURING the one-year transition period?

[] Increased capacity of HCBS waiver programs to serve MFP participants

[x] Added a self-direction option

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[]	[x]	[]	[]	[]

Please describe by target population

Texas added the self-directed option to the Home and Community Based Services (HCS) Waiver and the Texas Home Living (TxHmL)Waiver.

[] Developed State Plan Amendment to add or modify benefits needed to serve MFP participants in HCBS settings

[] Developed or expanded managed LTC programs to serve MFP participants

[] Obtained authority to transfer Medicaid funds from institutional to HCBS line items to serve MFP participants

[] Legislative or executive authority for more funds for HCBS or HCBS waiver slots or both

[] Improved state funding for pre-transition services (such as targeted case management)

[] Other, specify below

[] None

2. What significant challenges or barriers did your program experience in guaranteeing that MFP participants can be served in Medicaid HCBS DURING the one-year transition period?

[] Efforts to increase capacity of HCBS waiver programs to serve more individuals are delayed or disapproved

[] Efforts to add a self-direction option are delayed or disapproved

[] State Plan Amendment to add or modify benefits needed to serve people in HCBS settings are delayed or disapproved

[] Plans to develop or expand managed LTC programs to serve or include people needing HCBS are delayed or disapproved

[] Efforts to obtain authority to transfer Medicaid funds from institutional to HCBS line items to serve people transitioning out of MFP are delayed or disapproved Elderly PD MR/DD MI Other

[] Legislative or executive authority for more funds or slots are delayed or disapproved

[] State funding for pre-transition services (such as targeted case management) have been delayed or disapproved

[x] Other, specify below

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[]	[]	[x]	[]

Please describe by target population

The MFPD was implemented on February 1, 2008, which was the same date of implementation of the new Integrated Care Management (ICM) managed care waiver in the Dallas/Fort Worth area. This are is a very large market and the introduction and education of these two new programs to DADS staff, ICM care coordinators, relocation contractors, and providers have resulted in lower MFPD enrollment than projected.

What are you doing to address the challenges?

Continued education to all entities involved in the MFPD and ICM waiver.

Current Issue Status: In Progress

[] None

3. What progress was made during the reporting period on Medicaid programmatic and policy issues to assure continuity of home and community based services AFTER the one-year transition period?

[] Increased capacity of HCBS waiver programs to serve more Medicaid enrollees

[] Added a self-direction option

[] Developed State Plan Amendment to add or modify benefits needed to serve MFP participants in HCBS settings

[] Developed or expanded managed LTC programs to serve more Medicaid enrollees

[] Obtained authority to transfer Medicaid funds from institutional to HCBS line items to serve more Medicaid enrollees

[] Legislative or executive authority for more funds or slots or both

[] Improved state funding for pre-transition services, such as targeted case management

[x] Other, specify below

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[x]	[x]	[x]	[]

Please describe by target population

None. MFPD participants are enrolled in an existing Medicaid Waiver authorized by CMS. MFPD participants will remain on that waiver after the transition period if they continue to meet financial eligibility and medical necessity.

[] None

4. What significant challenges or barriers did your program experience in guaranteeing continuity of care for MFP participants in Medicaid HCBS AFTER the one-year transition period?

[] Efforts to increase capacity of HCBS waiver programs to serve more individuals are delayed or disapproved

[] Efforts to add a self-direction option are delayed or disapproved

[] State Plan Amendment to add or modify benefits needed to serve people

in HCBS settings is delayed or disapproved

[] Plans to develop or expand managed LTC programs to serve or include people needing HCBS are delayed or disapproved

[] Efforts to obtain authority to transfer Medicaid funds from institutional to HCBS line items to serve people transitioning out of MFP are delayed or disapproved

[] Legislative or executive authority for more funds or slots are delayed or disapproved

[] State funding for pre-transition services have been delayed or disapproved

[] Other, please specify below

[x] None

E. 6. Participant Access to Services - SUBMITTED

Grant Report: 2008 Semi-Annual (January - June) - TX-004, Texas

1. What steps did your program or state take during the reporting period to improve or enhance the ability of MFP participants to access home and community based services?

[] Increased the number of transition coordinators

[] Increased the number of home and community-based service providers contracting with Medicaid

[] Increased access requirements for managed care LTC providers

[] Increased payment rates to HCBS providers

[] Increased the supply of direct service workers

[] Improve or increased transportation options

[] Added or expanded managed LTC programs or options

[x] Other, specify below

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[]	[x]	[x]	[]

Require relocation contactors to dedicate their resources to assist in relocating people with complex needs (six months or longer in an institution, complex medical needs, behavioral health issues, etc.)

[] None

2. What are MFP participant's most significant challenges to accessing home and community-based services? These are challenges that either make it difficult to transition as many people as you had planned or make it difficult for MFP participants to remain living in the community.

[] Insufficient supply of HCBS providers

[] Insufficient supply of direct service workers

[] Preauthorization requirements

[] Limits on amount, scope, or duration of HCBS allowed under medicaid state plan or waiver program

[] Lack of appropriate transportation options or unreliable transportation options

[] Insufficient availability of home and community-based services (provider capacity does not meet demand)

[x] Other, specify below

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[]	[x]	[x]	[]

Please describe by target population

Lack of affordable, accessible, and integrated housing.

What are you doing to address the challenges?

Working with local PHAs and house finance agencies to make them more aware of the needs of this population and encourage development of affordable housing and/or housing assistance. Additional federal funding would be helpful to address this very real barrier to successful transition.

Current Issue Status: In Progress

[] None

E. 7. Self-Direction - SUBMITTED

Grant Report: 2008 Semi-Annual (January - June) - TX-004, Texas

Skip this section if your state did not have any self-direction programs in effect during the reporting period.

1. How many MFP participants were in a self-direction program during the reporting period?

Populations Effected

Elderly	MR/DD	MI	PD	No Others
0	0	0	0	0

2. Of those MFP participants in a self-direction program how many:

Populations Effected

Elderly	MR/DD	MI	PD	No Others

	Elderly	MR/DD	MI	PD	No Others
Hired or supervised their own personal assistants	0	0	0	0	0
Managed their allowance or budget	0	0	0	0	0

3. How many MFP participants in a self-direction program during the reporting period reported abuse or experienced an accident?

Populations Effected

	Elderly	MR/DD	MI	PD	No Others
Reported being abused by an assistant, job coach, or day program staff	0	0	0	0	0
Experienced an accident (such as a fall, burn, medication error)	0	0	0	0	0
Please Specify	0	0	0	0	0

4. How many MFP participants in a self-direction program disenrolled from the self-direction program during the reporting period?

Populations Effected

	Elderly	MR/DD	MI	PD	No Others
	0	0	0	0	0

5. Of the MFP participants who were disenrolled from a self-direction program, how many were disenrolled for each reason below?

Populations Effected

	Elderly	MR/DD	MI	PD	No Others

Opted-out voluntarily	0	0	0	0	0
Involuntary disenrollment due to Inappropriate spending	0	0	0	0	0
Involuntary disenrollment due to an inablility to self-direct	0	0	0	0	0
Involuntary disenrollment due to abusing their worker	0	0	0	0	0
Please Specify	0	0	0	0	0

E. 8. Quality Management & Improvement - SUBMITTED

Grant Report: 2008 Semi-Annual (January - June) - TX-004, Texas

1. What notable improvements did your program make to your HCBS quality management systems that affect MFP participants? These improvements may include improvements to quality management systems for your state's waiver programs.

[x] Improved intra/inter departmental coordination

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[x]	[x]	[x]	[]

The Quality Assurance and Improvement (QAI) unit at DADS works closely with HHSC (State Medicaid Agency) to administer a centralized Quality Management Strategy across multiple programs for long term services and supports. QAI has expanded the capabilities of its Data Mart to provide data that can be used to track, trend, and analyze for system improvements such as the health and safety of waiver participants. DADS QAI collaborates with the Texas Department of Family and Protective Services (DFPS) for electronic sharing of confidential information on consumers. This exchange of information is intended to track the number of participants who use MFP services and who may need protective services from DFPS.

[] Implemented/Enhanced data collection instruments

[x] Implemented/Enhanced information technology applications

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[x]	[x]	[x]	[]

The MFPD has resulted in Texas to expand its data gathering capabilities so that we can be better able to track, trend, and analyze data generated through our monthly MFPD data mart reports.

[] Implemented/Enhanced consumer complaint processes

[] Implemented/Enhanced quality monitoring protocols DURING the one-year transition period (that is, methods to track quality-related outcomes using identified benchmarks or identifying participants at risk of poor outcomes and triggering further review at a later point in time)

[] Enhanced a critical incident reporting and tracking system. A critical incident (e.g., abuse, neglect and exploitation) is an event that could bring harm, or create potential harm, to a waiver participant.)

[] Enhanced a risk management process

[] Other, specify below

[] None

2. How many calls did your program receive from MFP participants for emergency back-up assistance during the reporting period by type of assistance needed? Emergency refers to situations that could endanger the health or well-being of a participant and may lead to a critical incident if not addressed. (Please note this question only captures calls that were considered to be emergencies and not those that are informational or complaints.)

	Populations Effected				
	Elderly	**MR/DD**	**MI**	**PD**	**No Others**
Transportation: to get to medical appointments	0	0	0	0	0
Life-support equipment repair/replacement	0	0	0	0	0
Critical health services	0	0	0	0	0
Direct service/support workers not showing up	0	0	0	0	0

Total	**Populations Effected**				
	Elderly	**MR/DD**	**MI**	**PD**	**No Others**
	0	0	0	0	0

Please Specify	0	0	0	0	0

3. For what percentage of the calls received were you able to provide the assistance that was needed when it was needed?

Populations Effected

	Elderly	MR/DD	MI	PD	No Others
	0	0	0	0	0

4. Did your program have to change back-up services or quality management systems due to an identified problem or challenge in the operation of your back-up systems?

[] Yes

[x] No

5. What significant challenges did your program experience with Discovery processes? Significant challenges include difficulty identifying, in a timely fashion, incidents that place a participant at risk/danger to themselves or others.

[] Identifying whether participants are receiving adequate supports/services

[] Identifying whether services/supports are delivered as intended

[] Identifying in a timely manner when participants' health and welfare is not achieved

[] Other, specify below

[x] None

6. What significant challenges did your program experience with Remediation processes? Significant challenges include difficulty acting promptly to address an identified risk/danger at the individual level.

[] Addressing an identified risk/danger in a timely manner

[] Providing additional services when needed

[] Other, specify below

[x] None

7. What significant challenges did your program experience with Improvement processes? Significant challenges include difficulty gathering or analyzing information from Discovery activities to identify trends that affect an entire population of individuals/participants, or difficulty designing system

improvements to prevent or reduce the occurrences of quality issues.

[] Gathering information to identify trends

[] Designing system improvements

[] Implementing system improvements

[] Other, specify below

[x] None

8. Did any MFP participant experience a critical incident during the reporting period? Choose from the list below and check all target populations that apply.

[] Abuse

[] Neglect

[] Exploitation

[] Hospitalizations

[] Emergency Room visits

[] Deaths (preventable, questionable, or unexpected)

[] Involvement with the criminal justice system

[] Medication administration errors

[x] Other, specify below

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[x]	[x]	[x]	[]

What was the result of investigation(s) of incident(s) for individual consumers?

Some of this information is gathered manually and provided in the Evidentiary Reports for each of Texas' Medicaid waivers and submitted annually to CMS. Currently, Texas does not have the necessary systems in place to collect this information electronically. However, DADS QAI is working with the Texas Department of Family Protective Services for electronic sharing of confidential information on clients.

Did the state make changes, either for the consumer(s) or its system, as a result of the analysis of critical incidents?

Please see above.

Current Issue Status: In Progress

[] None

E. 9. Housing for Participants - SUBMITTED

Grant Report: 2008 Semi-Annual (January - June) - TX-004, Texas

1. What notable achievements in improving housing options for MFP participants did your program accomplish during the reporting period?

[] Developed inventory of affordable and accessible housing

[] Developed local or state coalitions of housing and human service organizations to identify needs and/or create housing-related initiatives

[] Developed statewide housing registry

[] Implemented new home ownership initiatives

[] Improved funding or resources for developing assistive technology related to housing

[] Improved information systems about affordable and accessible housing

[x] Increased number of rental vouchers

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[x]	[x]	[x]	[]

Please describe the achievements

TDHCA has increased the number of Project Access vouchers from 35 to 50. Fort Worth Housing Authority and DADS entered into a Memorandum of Agreement in which they will set aside ten housing vouchers for people transitioning into the MFPD. However, since this MOA was signed, they have suspended the voucher set-aside due to insufficient federal funding.

[x] Increased supply of affordable and accessible housing

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[]	[x]	[x]	[]

Please describe the achievements

In the above referenced MOA, Fort Worth Housing Authority has set-aside ten public housing units for MFPD participants that transition out of nursing facilities. MFPD staff is actively working with two other PHAs that have shown an interest in setting aside public housing units for MFPD participants. They have declined to set-aside vouchers due to federal funding issues for the voucher program.

[] Increased supply of residences that provide or arrange for long term services and/or supports

[] Increased supply of small group homes

[] Increased/Improved funding for home modifications

[] Other, specify below

[] None

2. What significant challenges did your program experience in securing appropriate housing options for MFP participants? Significant challenges are those that affect the program's ability to transition as many people as planned or to keep MFP participants in the community.

[] Lack of information about affordable and accessible housing

[x] Insufficient supply of affordable and accessible housing

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[x]	[x]	[x]	[]

Please describe the challenges

The income levels of MFPD participants are too low (SSI level) to even pay rent at existing units of "affordable housing" -- housing that meets the income levels for the Low Income Housing Tax Credit or HOME rental programs (50 to 60 percent of area median income. Even at 30 percent of area median income, people on SSI would have a difficult time paying rent and purchasing other necessities.

What are you doing to address the challenges?

Very difficult situation to correct as the issue is dependent upon adequate federal funding for housing assistance programs.

Current Issue Status: In Progress

[] Lack of affordable and accessible housing that is safe

[x] Insufficient supply of rental vouchers

Populations Effected

Elderly	MR/DD	MI	PD	No Others

[x]   [x]   [x]   [x]   []

Please describe the challenges

As noted previously, people on SSI have difficulty paying rent
for units set-aside for people earning 30 percent or less of area
median income.

What are you doing to address the challenges?

See previous responses.

Current Issue Status: In Progress

[] Lack of new home ownership programs

[] Lack of small group homes

[] Lack of residences that provide or arrange for long term services and/or
supports

[] Insufficient funding for home modifications

[] Unsuccessful efforts in developing local or state coalitions of housing and
human services organizations to identify needs and/or create housing
related initiatives

[] Unsuccessful efforts in developing sufficient funding or resources to
develop assistive technology related to housing

[] Other, please specify below

[] None

3. How many MFP participants are living in each type of qualified residence? [The
sum total of the numbers provided here must equal the number supplied in
Question #4, Transitions]

Populations Effected

Elderly	MR/DD	MI	PD	No Others

	Elderly	MR/DD	MI	PD	No Others
Home (owned or leased by individual or family)	28	0	0	21	8
Apartment (individual lease, lockable access, etc.)	16	0	3	14	0
Group home or other residence in which 4 or fewer unrelated individuals live	0	89	0	0	0

4. How many MFP participants changed their community residence during the reporting period?

Populations Effected

	Elderly	MR/DD	MI	PD	No Others
Number of participants who changed their community residence	0	0	0	0	0

5. Have any MFP participants recieved a housing supplement during the reporting period? Choose from the list of sources below and check all target populations that apply.

[] 202 funds

[] CDBG funds

[] Funds for assistive technology as it relates to housing

[] Funds for home modifications

[] HOME dollars

[] Housing choice vouchers (such as tenant based, project based, mainstream, or homeownership vouchers)

[] Housing trust funds

[] Low income housing tax credits

[] Section 811

[] USDA rural housing funds

[] Veterans Affairs housing funds

[x] Do Not Collect This Data but expect most of these sourves were utilized.

Populations Effected

Elderly	MR/DD	MI	PD	No Others
[x]	[x]	[x]	[x]	[]

[] None

F. Organization & Administration - SUBMITTED

Grant Report: 2008 Semi-Annual (January - June) - TX-004, Texas

1. Were there any changes in the organization or administration of the MFP program during this reporting period? For example, did Medicaid agency undergo a reorganization that altered the reporting relationship of the MFP Project Director?

[] Yes

[x] No

2. What interagency issues were addressed during this reporting period?

[] Common screening/assessment tools or criteria

[] Common system to track MFP enrollment across agencies

[] Common screening/assessment tools or criteria

[] Timely collection and reporting of MFP service or financial data

[] Common service definitions

[] Common provider qualification requirements

[] Financial management issues

[] Quality assurance

[x] Other, specify below

Which agencies were involved?

MFPD staff meet internally with HHSC about the recent expansion of managed care to the Fort Worth/Dallas market. MFDP staff also attend frequent meetings with the ICM contractor to discuss and resolve issues that arise. MFPD staff meet with the Texas Department of State Health Services and the Health and Human Services Commission staff on the Behavior Health Pilot for the same purposes.

[] None

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3. Did your program have any notable achievements in interagency communication and coordination during the reporting period?

[x] Yes

What were the achievements in?

Clarification of roles and responsibilities between agencies regarding fee for service and managed care Waiver programs.

[] No

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4. What significant challenges did your program experience in interagency communication and coordination?

[] Interagency relations

[] Privacy requirements that prevent the sharing of data

[x] Technology issues that prevent the sharing of data

Please describe the challenges. What agencies were involved?

As mentioned previously, DADS QAI is working with the Texas Department of Family Protective Services for electronic sharing of confidential information on clients.

What are you doing to address the challenges?

Meetings to identification of data currently being collect and available electronically and to address information that can be shared between agencies.

Current Issue Status: In Progress

[] Transitions in key Medicaid staff

[] Transitions in key staff in other agency

[] Other, specify below

[] None

G. Challenges & Developments - SUBMITTED

Grant Report: 2008 Semi-Annual (January - June) - TX-004, Texas

1. What types of overall challenges have affected almost all aspects of the program?

[] Downturn in the state economy

[] Worsening state budget

[] Transition of key position(s) in Medicaid agency

[] Transition of key position(s) in other state agencies

[X] Major federal policy changes affecting Medicaid long-term care programs or services (through legislation, budget, or executive agency rules/actions)

Please describe

HUDs new calculation method for funding of Section 8 Vouchers for PHAs has resulted in PHAs suspending any new applications (closed waiting lists. Confusion over implementation of Targeted Case Management regulations.

[]	Major state policy changes affecting Medicaid long-term care programs or services (via legislation, budget, or executive agency rules/actions)
[]	Other, specify below
[]	None

2. What other new developments, policies, or programs (in your state's long-term care system) have occurred that are not MFP initiatives, but have affected the MFP demonstration program's transition efforts?

[] Institutional closure/downsizing initiative

[] New/revised CON policies for LTC institutions

[] New or expanded nursing home diversion program

[X] Expanded single point-of-entry/ADRC system

Please describe

DADS is funding up to five new ADRC's this year.

[] New or expanded HCBS waiver capacity

[] New Medicaid State Plan options (DRA or other)

[] New managed LTC options (PACE, SNP, other), or mandatory enrollment in managed LTC

[] Other, specify below

[] None

H. Independent Evaluation - SUBMITTED

Grant Report: 2008 Semi-Annual (January - June) - TX-004, Texas

1. Is your state conducting an independent evaluation of the MFP program, separate from the national evaluation by Mathematica Policy Research?

[] Yes

[**x**] No
2. Were there any outputs/products produced from the independent state evaluation (if applicable) during this period?
[] Yes
[] No

I. State-Specific Technical Assistance - SUBMITTED

Grant Report: 2008 Semi-Annual (January - June) - TX-004, Texas

List of Technical Assistance Events for this Reporting Period