

# Explanation of the Texas Home Living (TxHmL) Program

## What is the purpose of TxHmL?

The TxHmL Program provides services and supports to Texans with mental retardation or a related condition so that they can continue to live with their families or in their own homes.

## Who is eligible for TxHmL?

A person is eligible for the TxHmL Program if he or she:

- has accepted an offer to enroll in the TxHmL program;
- chooses to participate in the TxHmL program instead of the ICF/MR Program;
- lives in his or her own home or family home;
- has mental retardation or a related condition and meets the criteria for a Level of Care I in an Intermediate Care Facility for Persons with Mental Retardation (ICF/MR);
- is a Medicaid recipient (i.e., has a Medicaid card);
- does not require intensive one-to-one supervision to prevent dangerous behavior;
- has an Individual Plan of Care (IPC) approved by the Texas Department of Aging and Disability Services (DADS); and
- is not enrolled in another Medicaid waiver program (such as the CLASS Program or the Medically Dependent Children Program).

## What services are available?

TxHmL offers services to support people who live in their own homes or with their families. TxHmL services are intended to supplement instead of replace the services and supports a person may receive from other programs, such as the Texas Health Steps Program, or from natural supports such as his or her family, neighbors, or community organizations. TxHmL Program services are limited to a yearly cost of \$13,000 per participant.

## Does TxHmL offer residential services?

No, the TxHmL Program does not offer residential services.

## Is the TxHmL Program the same as the Home and Community-based Services (HCS) Program?

No. TxHmL is a different program.

## What if my name is on the HCS Program interest list?

If you choose (or your representative chooses for you) to enroll in the TxHmL Program, your name will stay on the HCS Program interest list with no change to the date it was put on the list.

## Who provides TxHmL services?

TxHmL Program providers are privately owned entities and community mental health and mental retardation centers. DADS certifies all TxHmL Program providers and monitors the services they provide. You or your representative choose the TxHmL Program provider that will provide your services.

## Can I find and hire my own directed service providers?

Yes, if you choose the Consumer Directed Services (CDS) option, which allows you or your representative to direct any or all of your program services. If you choose CDS you will have access to support consultation and will also receive financial management services from the CDS agency of your choice.

## What if I want to change my TxHmL Program provider?

You or your representative can choose a different program provider at any time. Your services will be transferred to the TxHmL Program provider you choose and your service coordinator will help you transfer your services.

## What if I move to a different town in Texas?

If you move to a different town in Texas you can still have TxHmL Program services. Talk with your service coordinator to make arrangements to continue your services if you move to a different town.

## What services will I get?

A service coordinator who works for the local Mental Retardation Authority (MRA) will help you plan your services. The service coordinator is interested in what services and supports you need to help you continue to live in your own home or your family home. The service coordinator helps you or your family set up a service planning team that will develop a service plan. The team is made up of you, your guardian or family members, and other people you choose. Together the service planning team selects the TxHmL services that you need to achieve your outcomes or goals. Your plan will identify services and supports you need from the TxHmL Program and those you may be getting from other people or programs.

## TxHmL Program services

The services and supports available through the TxHmL Program are divided into **two service categories**. Each **service category** is made of several TxHmL Program **service components**.

Each service category has an **annual** cost limit called a **service category limit**. This means that the annual cost of one or more service components in a service category must not exceed the service category limit unless DADS has approved a **request to increase a service category limit**.

Even if DADS gives you permission to exceed a service category limit, the total cost of your TxHmL services must not be more than \$13,000 per year. This means that the combined yearly cost of all the service components in the two service categories must not be more than \$13,000. The service components included in each service category, along with the annual service category limits, are listed below.

## **TxHmL service categories and service components**

### ***Community Living Supports – annual service category limit is \$10,400***

- Community support
- Day habilitation
- Employment assistance
- Supported employment
- Respite

### ***Professional & Technical Supports – annual service category limit is \$2,600***

- Skilled nursing
- Behavioral support
- Physical and occupational therapy
- Dietary
- Speech and language pathology
- Audiology
- Minor home modifications\*
- Adaptive aids\*
- Dental treatment\*

**\*Service component cost limits.** DADS will not approve a request to exceed the following service component cost limits: **minor home modifications** are limited to a lifetime maximum of \$7,500. Once that maximum is reached, \$300 per year may be used for additional modifications or repairs of modifications. **Adaptive aids** are limited to \$6,000 per year. **Dental treatment** is limited to \$1,000 per year.

## **Request to increase service category limits.**

When your need for a service or a combination of services in one service category is greater than the annual service category limit, DADS may approve a request to increase the service category limit as long as the total annual cost of your plan of care does not exceed \$13,000. This

means that, with DADS' approval, money that is not used in one service category may be moved to the other service category if the total annual cost of TxHmL Program services is not greater than \$13,000.

Based on decisions of the service planning team, a service coordinator may submit a request to increase a service category limit at the time you enroll in the TxHmL Program or any time afterward.

You, your representative, or your TxHmL Program provider can let your service coordinator know that you need to increase a service category limit.

***Before a request to increase a service category limit is made, your service planning team should carefully consider the answers to the following questions.***

- Can the services and supports requested of TxHmL be obtained from other sources in the community?
- Is the service category increase necessary? For the service category under consideration, are the amounts of other service components in that same service category appropriate and necessary or could one of these components be reduced or eliminated?
- Is the increase necessary to assure the person's health and welfare in the community or to prevent admission to institutional services?
- Has the TxHmL program provider **confirmed** that there is sufficient **unused** money in the other service category that can be moved?

***Critical points to remember about increasing service category limits***

- A service category increase cannot be approved if the total annual cost of an person's IPC exceeds \$13,000.
- The annual service component cost maximum for adaptive aids and dental treatment cannot be increased.
- The lifetime maximum limit (and the annual amount available after the lifetime maximum is reached) for the minor home modifications service component cannot be increased.
- Service coordinators and program providers **must** work together to assure that sufficient **unused** money is available to be moved from one category to the other.
- Unused money includes funds that:
  - are not on an person's current IPC, and
  - are on the current IPC, but have not yet been used, meaning the service has not been provided.
- Unused money does not include money for services that a program provider has provided.