

**Promoting Independence Advisory Committee  
Department Activity Report**

<b>Department Name:</b>	<b>DATE:</b>
Department of Aging and Disability Services	June 2016
<b>Legislation/Rider Update:</b>	

**84<sup>th</sup> Legislature, Appropriations for 2016-17 Biennium**

**Promoting Independence (\$22.5M GR / \$53.1M AF)**

- 500 Home and Community-based Services (HCS) waiver slots for large and medium Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Condition (ICFs/IID)
  - People in large ICFs/IID – As of August 31, 2016, 43 HCS offers have been released and 12 people have been enrolled.
  - People in small/medium ICFs/IID – As of August 31, 2016, 62 HCS offers have been released and 26 people have been enrolled.
  - Residents of state supported living centers – As of August 31, 2016, 147 HCS offers have been released and 102 people have been enrolled.
- 680 HCS waiver slots for adults transitioning from nursing facilities – As of August 31, 16, 1,128 HCS offers have been released and 192 people have been enrolled.
- 20 HCS waiver slots for people 21 and younger who reside in nursing facilities – As of August 31, 2016 13 HCS offers have been released and 9 people have been enrolled.
- 400 HCS waiver slots for people at risk of ICF/IID institutionalization – As of August 31, 2016, 252 HCS offers have been released and 185 people have been enrolled.
- 600 HCS waiver slots for adults at risk of nursing facility institutionalization – As of August 31, 2016, 205 HCS offers have been released and 124 people have been enrolled.
- 216 HCS waiver slots for children aging-out of the Department of Family and Protective Services (DFPS) foster care – As of August 31, 2016, 143 HCS offers have been released and 90 people have been enrolled.
- 25 HCS waiver slots for children transitioning from DFPS General Residential Operation – As of August 31, 2016, 16 HCS offers have been released and 10 people have been enrolled.
- 120 HCS waiver slots for people moving out of state hospitals – As of August 31, 2016, 108 HCS offers have been released and 65 people have been enrolled.

**Riders**

- Rider 34 (previously Rider 29) services under a 1915(c) waiver:
  - Children 21 years and younger, and residing in nursing facilities, may by-pass the HCS interest list to receive HCS.
    - Between September 1, 2009, and August 31, 2016, 84 people received an HCS offer through this rider.
- Rider 35 (previously Rider 30)
  - Services under HCS waiver program:
    - As of August 31, 2016, there has been one instance where a person referred for HCS services from community ICFs/IID was determined ineligible for HCS .

- General Revenue (GR) funds pursuant to the 2016-17 General Appropriations Act (Article II, Special Provisions, Section 42, House Bill 1, 84th Legislature, Regular Session, 2015)
  - Waiver Program Cost Limits
- Use of GR Funds for Services:
  - Five people are receiving waiver services above the individual waiver cost limit with the difference being funded by GR.
    - Three people receive GR funds due to settlement agreements; and
    - Two people receive GR funds in compliance with Special Provision, Section 42.
  - DADS completed two clinical assessments under Special Provisions, Section 42.
- Use of Utilization Management and Utilization Review Practices. Utilization review continues for waiver program areas as authorized under this section.

**Promoting Independence Plan Directives:**

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

Interest List Releases Summary Fiscal Years 2016 - 2017	CLASS	DBMD	HCS	MDCP	TxHmL	Total
Number of individuals on IL – September 1, 2015	54,083	221	73,004	20,540	50,680	198,528
Total Released/Removed from IL <sup>1</sup>	3,408	493	2,070	7,024	1,998	14,493
<i>Enrolled</i>	493	51	1395	856	807	3,602
<i>Denied/Declined/Withdrawn</i>	1,641	215	573	5,316	1,164	8,909
<i>In the Pipeline</i>	1,272	228	102	838	27	2,467
Current IL – August 30, 2016	56,912	150	80,189	19,221	58,997	215,469 <sup>2</sup>

<sup>1</sup> Released/Removed counts include individuals already in the pipeline as of August 31, 2015, excluding MFP.

<sup>2</sup> The total of Current IL counts in the above table is a duplicated count. The unduplicated count across all four Interest Lists is: **110,630**.

## Relocation Contractor Services

### Statewide Service Areas

DADS relocation services are available statewide:

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

### Contracts

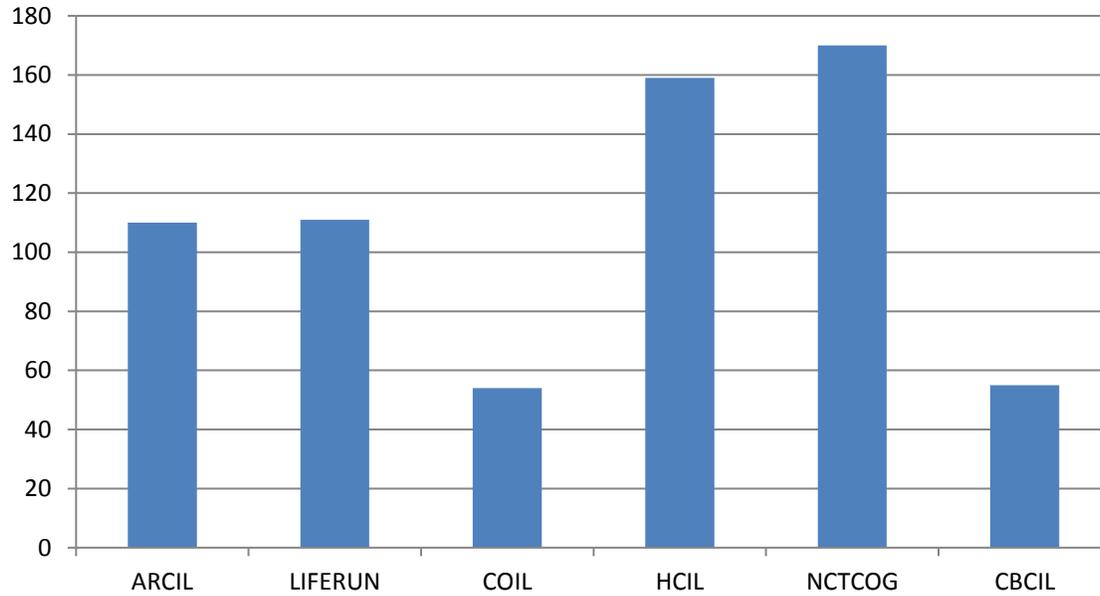
DADS has nine contracts with the following entities for relocation services effective September 1, 2015:

- *Lifetime Independence for Everyone, Inc. (LIFE/RUN) – Regions 1 and 2*
- *North Central Texas Council of Governments (NCTCOG) – Region 3*
- *ARCIL, Inc. – Region 4*
- *ARCIL, Inc. – Region 5*
- *Houston Center for Independent Living (HCIL) – Region 6*
- *ARCIL, Inc. – Region 7*
- *The Center on Independent Living, Inc. (COIL) – Region 8*
- *Lifetime Independence for Everyone, Inc. (LIFE/RUN) – Regions 9 and 10*
- *Coastal Bend Center for Independent Living – Region 11*

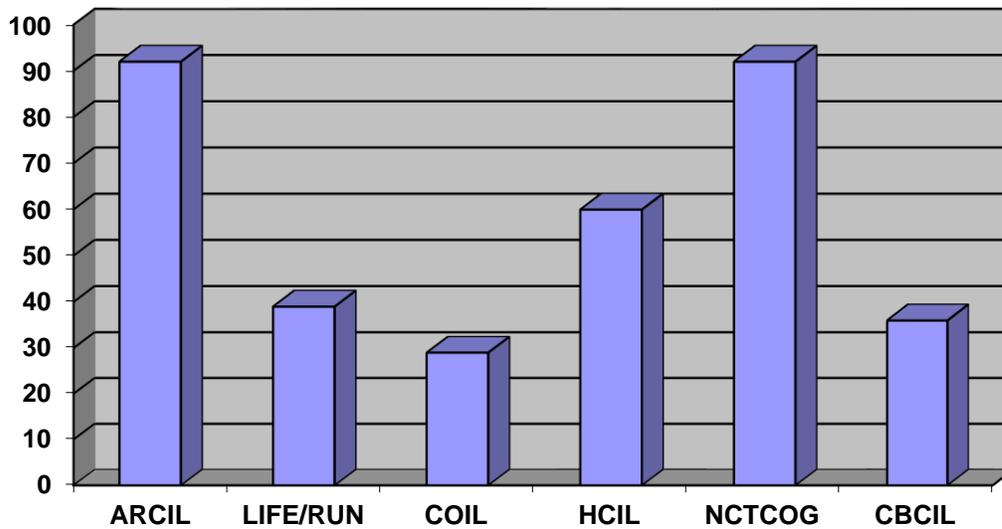
### Relocation Activity

DADS relocation assistance contractors reported a total of 659 relocation assessments conducted and a total 348 transitions completed during June 2016 through August 2016. The transitions completed may include transition to life in the community (TLC) assistance, transition assistance services or neither. Figure 1 demonstrates assessments completed per contractor. Figure 2 demonstrates transitions completed per contractor.

**Figure 1**  
**Assessments Completed by Relocation Contractors**  
**(Total = 606)**

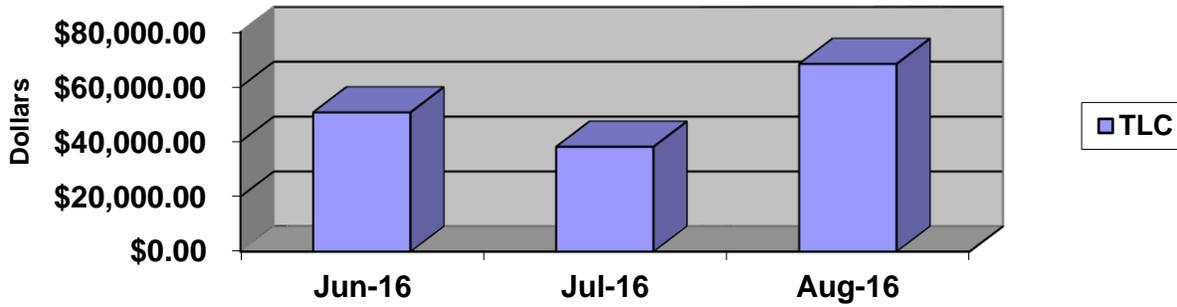


**Figure 2**  
**Transitions Completed by Relocation Contractors,**  
**(Total = 348)**



Based on claims data, a total of \$157,352.35 was billed for TLC grants Figure 3 demonstrates costs billed for TLC by month.

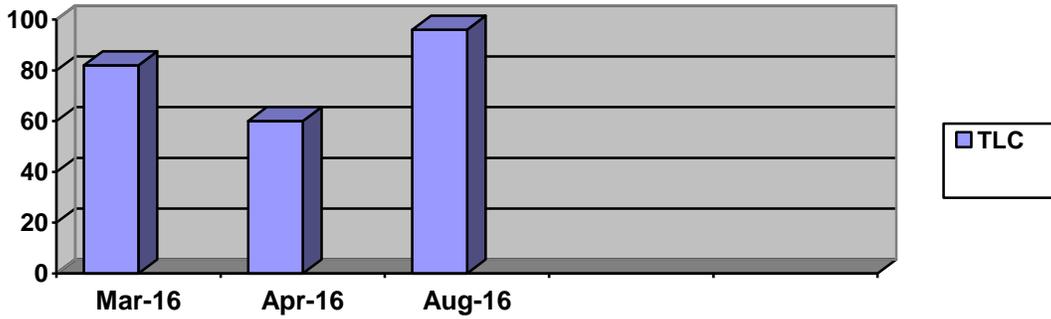
**Figure 3  
TLC Costs Billed**



Total = \$ \$157,352.35

Costs billed were for 238 TLC individuals. Figure 4 demonstrates TLC individuals whose costs were billed by month.

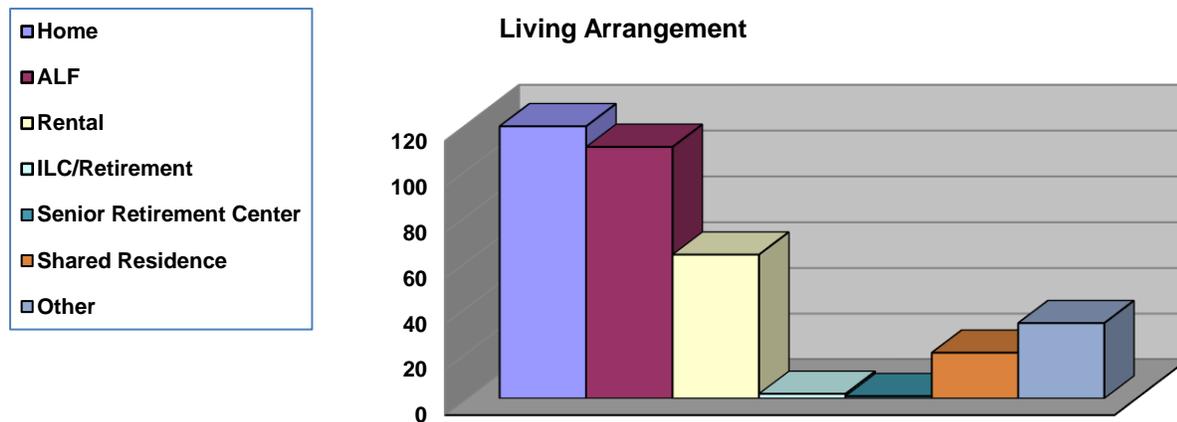
**Figure 4  
TLC Consumers**



Total = 238

Data from the relocation contractors indicate 119 people transitioned back into their own or family home, 110 into assisted living facilities (ALF), 63 into rentals, 2 into an independent living center (ILC), 1 into senior retirement center, 20 into shared residence and 33 into other. Figure 5 demonstrates living arrangements for TLC individuals who transitioned.

**Figure 5**  
**Living Arrangement – For Those Who Transitioned**  
**June 2016 through August 2016**  
**(Total = 348)**



There were 35 applications submitted for public housing.

**Topics of Interest (ongoing issues/projects)**

**Program of All-Inclusive Care for the Elderly (PACE) - Expansion Request for Proposal**

The 2012-13 General Appropriations Act (Article II, Department of Aging and Disability Services, Rider 48, Senate Bill 1, 83<sup>rd</sup> Legislature, Regular Session, 2013) allocated DADS funding to establish up to three additional PACE sites in Texas. DADS staff developed a request for proposal (RFP) in collaboration with staff at HHSC in 2014 but the RFP was closed in April 2016 due to vendors concerns with the proposed PACE reimbursement rates for the 2016-2017 biennium. The Health and Human Services Commission is developing new rate methodology rules for release in November 2016. On September 13, 2016 a new RFP was posted to the Electronic State Business Daily website to solicit bids for up to three additional PACE sites in Texas.

**Grant-Funded Projects**

**2014 Lifespan Respite Care Program: Developing a Sustainable System of Respite Care**

*Funding Source:* Administration for Community Living

**Purpose:** HHSC will use this funding over a three-year period for outreach to low income and Hispanic/Latino population of caregivers, expand faith-based respite, and continue funding emergency respite resources.

**Funding:** The total federal funding is \$351,000, with \$250,327 funded in fiscal year 2017.

**Grant period:** September 2014-August 2017 (36 months)

HHSC received a carry-over of grant funds in order to complete the scope of work and coordinating with the Texas Respite Advisory Committee to develop and implement outreach materials to encourage Hispanic/Latino caregivers to use respite care. HHSC intends to continue to fund emergency respite projects funded in fiscal year 2016.

### **Texas Lifespan Respite Care Program: Increasing Integration and Sustainability**

**Funding Source:** Administration for Community Living

**Purpose:** HHSC will use this funding to expand respite services available in Texas, to expand training to community and faith-based respite providers, and print and distribute informational respite brochures across Texas.

**Funding:** The total federal funding is \$218,292 in fiscal year 2017.

**Grant period:** October 2016-September 2017 (12 months)

HHSC is also developing a request for application to pilot an innovative respite model as well as proposals for community based training for volunteer non-profit community and faith-based respite providers. The Lifespan Respite Care Program will partner with the Volunteer and Community Engagement (VCE) program to integrate volunteer program management strategies and training developed by VCE into the volunteer respite training.

### **Texas Lifespan Respite Care Program**

**Funding Source:** Legislative Appropriation for 2016-17 Biennium

**Purpose:** For fiscal year 2016, DADS awarded state general funded grants via contract renewals with four providers for the Texas Lifespan Respite Care Program (TLRCP). The goal of the TLRCP is to increase the availability of respite in Texas for caregivers caring for people of any age with any chronic health condition or any disability and to increase awareness of respite care services.

**Funding:** The total state general revenue funding is \$1,000,000 for the 2016-17 biennium (\$500,000 per fiscal year).

**Funding period:** September 2015 – August 2017

Key objectives:

1. Coordinating support services for multiple groups or people who need support services, including people with a physical, intellectual or developmental disability and people who are aging.
2. Connecting caregivers with respite services providers.
3. Maintaining and providing information regarding available respite services.
4. Conducting public awareness activities regarding available respite services.

During the months of June, 2016 through August, 2016, 276 caregivers received respite services. During fiscal year 2016, 480 caregivers received respite services. Of the respite services provided in FY16, 57.6 percent of the services were delivered to individuals residing in urban areas with 42.4 percent of services

delivered to rural areas. Caregivers primarily received respite services through a government agency (44.64 percent) or vouchers to purchase consumer-directed respite services (23.61 percent). The most common types of respite services used were both personal care services to help with daily living activities (56.65 percent) and caregiver support coordination (37.55 percent). Caregivers received, on average, 52 hours of respite services per caregiver. The majority of caregivers (92.71 percent) ranged in age from 21-59 (66 percent) and 66-79 (26 percent). Caregivers were predominantly female (80%). The majority of the care recipient’s caregivers were age 60 or older (40 percent).

**State Supported Living Centers:**

**Department of Justice Settlement Agreement:** Efforts are ongoing to ensure all required activities are addressed. The eleventh round of compliance visits began in July 2016. The most recent compliance report for each facility is posted at <http://www.dads.state.tx.us/monitors/reports/index.html>.

**State Supported Living Center (SSLC) Census Management:** Data relevant to movement of people to and from each of the centers is evaluated on an ongoing basis. Overall census at the centers continues to decline as noted in the table below:

SSLC	Sept 2011	Sept 2012	Sept 2013	Sept 2014	Sept 2015	June 2016
Abilene	439	413	386	356	321	298
Austin	353	326	288	266	191	184
Brenham	312	297	288	283	279	267
Corpus Christi	272	258	242	224	221	222
Denton	517	493	484	460	458	455
El Paso	130	124	116	110	106	106
Lubbock	225	211	209	203	201	196
Lufkin	376	361	342	322	308	294
Mexia	391	366	331	288	256	264
Richmond	377	350	339	335	330	326
Rio Grande	71	70	62	67	71	63
San Angelo	239	231	210	208	214	215
San Antonio	280	274	250	240	229	232
All Facilities	3982	3774	3547	3362	3186	3122

**Community Transition Specialist positions at the SSLCs:** In December 2011, DADS received notice from CMS that 100 percent Money Follows the Person Demonstration administrative funding project had been approved. The request was for 26 positions (24 community transition specialists, 1 community transition specialist coordinator and 1 administrative assistant). One to two transition specialists have been assigned to each of the twelve SSLCs and one State Center. The transition specialists’ duties are to provide education and support to help people make successful transitions from an SSLC into a community setting. They serve as a resource to the residents, legally authorized representatives, families and interdisciplinary teams (IDTs). They assist not only with education but facilitation of the transition process.

The transition specialists continue to:

- Conduct training for SSLC staff, residents, legally authorized representatives, and family members regarding community transition processes, transition planning and other information relevant to successful community transition.
- Attend annual planning meetings and preparation meetings for the individual support plan to support a thorough discussion of living options.
- Serve as a resource to the IDT regarding the transition process.
- Work with local authorities and community-based service providers to help develop effective information sharing about community resources useful to individuals, legally authorized representatives, families and facility staff.
- Help coordinate facility-sponsored, community awareness educational opportunities including: provider fairs, community tours, in-service training, etc.
- Consult with facility Qualified Developmental Disabilities Professionals (QDDPs) regarding the IDT's identification of needed supports and services for people referred for community transition including identification and planning to address obstacles to transition.
- Research options to meet the identified needed supports and services for a person in the preferred geographic area.
- Help with scheduling interviews, tours of homes and day programs/work sites.
- Help with the scheduling of in-services of community provider staff before overnight or extended visits.
- Help with the completion of transition plans and monitoring following transition as needed.

### Referrals for Community Transition

SSLC	July 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	June 2016
Abilene	15	19	21	20	18	16	16	16	17	15	15	13
Austin	13	11	6	6	5	5	5	3	4	4	5	5
Brenham	9	7	6	9	8	8	8	9	7	6	6	4
Corpus Christi	5	6	4	4	6	8	9	11	12	13	16	16
Denton	11	11	10	11	11	10	11	11	10	12	13	13
El Paso	5	5	5	4	4	4	6	5	10	13	13	13
Lubbock	4	5	6	6	6	4	4	9	10	12	12	11
Lufkin	11	12	8	8	14	16	19	20	18	20	21	18
Mexia	25	26	18	17	17	17	17	15	14	13	16	18
Richmond	5	5	5	4	2	1	5	5	6	7	9	10
Rio Grande	7	7	4	3	3	1	3	6	7	5	6	8

San Angelo	11	11	14	17	18	18	18	16	13	11	12	12
San Antonio	4	4	3	2	4	6	8	7	6	6	6	6
Total All Facilities	125	129	110	111	116	114	129	133	134	137	150	147

## Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups Date effective May 31, 2016

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

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total		
CLASS	10 - 17	F	UNKNOWN				1									1		
		M	HISPANIC											1		1		
	18 - 20	F	UNKNOWN				1			1							2	
			WHITE- NOT OF HISP. ORIGIN					1									1	
		M	UNKNOWN	1				1									2	
			WHITE- NOT OF HISP. ORIGIN				1										1	
	22 - 44	F	ASIAN OR PACIFIC ISLANDER							1							1	
			HISPANIC				1										1	
			UNKNOWN					1									1	
			WHITE- NOT OF HISP. ORIGIN				2	1	1				1				5	
		M	BLACK- NOT OF HISP. ORIGIN		1													1
			HISPANIC										1	1			1	3
			UNKNOWN				1				1							2
			WHITE- NOT OF HISP. ORIGIN		1		3	1					4	1			1	11
	45 - 64	F	WHITE- NOT OF HISP. ORIGIN													1	1	
			M	BLACK- NOT OF HISP. ORIGIN				1										1
			M	HISPANIC									1				1	2
				WHITE- NOT OF HISP. ORIGIN									1	1				2
	65 - 69	F	UNKNOWN				1										1	
			M	HISPANIC				1									1	
WHITE- NOT OF HISP. ORIGIN					1											1		
<b>Totals for CLASS: 44</b>																		



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Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total
COMMUNITY CARE	70 - 74	M	BLACK- NOT OF HISP. ORIGIN									1				1
	75 - 79	F	WHITE- NOT OF HISP. ORIGIN									1				1
<b>Totals for COMMUNITY CARE: 2</b>																

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Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total			
MEDICALLY DEPENDE	0 - 9	F	AMERICAN INDIAN OR ALASKAN NATI		1	1	5			1		1				9			
			ASIAN OR PACIFIC ISLANDER		1		18	1		8		1					29		
			BLACK- NOT OF HISP. ORIGIN				16	3		18	3	5						45	
			HISPANIC	1	6	1	35	1	2	31	16	30	3	6	9			141	
			OTHER									1	1					2	
			UNKNOWN	3	5	10	87	20	12	53	25	32	3	1	7			258	
			WHITE- NOT OF HISP. ORIGIN		13	2	104	20	12	63	40	23	6	1				284	
		M	AMERICAN INDIAN OR ALASKAN NATI				2				5	2						9	
			ASIAN OR PACIFIC ISLANDER		1		16	1		7	4	3					1	33	
			BLACK- NOT OF HISP. ORIGIN				22	2	1	14	4	2			1			46	
			HISPANIC	1	8	3	46	5	2	53	10	47	8	6	13			202	
			OTHER				3	1		2								6	
			UNKNOWN	4	11	8	134	19	11	66	41	40	2	4	3			343	
			WHITE- NOT OF HISP. ORIGIN		13	11	120	22	10	69	37	37	3	2	1			325	
	U	WHITE- NOT OF HISP. ORIGIN					1										1		
	10 - 17	F	AMERICAN INDIAN OR ALASKAN NATI				2				4						6		
			ASIAN OR PACIFIC ISLANDER				8			5	1	1					15		
			BLACK- NOT OF HISP. ORIGIN				17	2	2	11	3	2						37	
			HISPANIC		7		22	3	3	22	4	18	7	4	3			93	
			OTHER				2											2	
			UNKNOWN	1	9	2	57	9	7	19	8	15	4	2	3			136	
			WHITE- NOT OF HISP. ORIGIN		13		89	16	7	43	26	9	7		1			211	
		M	AMERICAN INDIAN OR ALASKAN NATI				2					2						4	
			ASIAN OR PACIFIC ISLANDER				11				7	2						20	
			BLACK- NOT OF HISP. ORIGIN		1	3	18	2		14	5	3	1					47	
			HISPANIC		7	1	32	4	3	23	9	22	6	8	9			124	
			UNKNOWN		9	3	57	13	4	25	9	17	5	4	1			147	
			WHITE- NOT OF HISP. ORIGIN		21	9	98	19	14	43	20	22	4	1	5			256	
		U	WHITE- NOT OF HISP. ORIGIN								1							1	
		18 - 20	F	AMERICAN INDIAN OR ALASKAN NATI				2										2	
				BLACK- NOT OF HISP. ORIGIN				5			1	1	1						8
				HISPANIC		2	2	5				5	1	1		1	1		18

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Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total		
MEDICALLY DEPENDENT	18 - 20	F	UNKNOWN	1	3		12	1		4	5		1			27		
			WHITE- NOT OF HISP. ORIGIN		3		6			3	2	1					15	
		M	BLACK- NOT OF HISP. ORIGIN				3	2			3							8
			HISPANIC		1		2				2	1	6	1	1	1		15
			UNKNOWN		2	1	15	5	3		7	3	6	2				44
			WHITE- NOT OF HISP. ORIGIN		3	1	17			1	4	3	1					30
<b>LY DEPENDENT CHILDREN PROGRAM (MDCP): 2,999</b>																		



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Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total
NURSING FACILITY	75 - 79	F	BLACK- NOT OF HISP. ORIGIN							1						1
<b>Totals for NURSING FACILITY: 1</b>																

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Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total	
PACE	45 - 64	M	UNKNOWN	1												1	
	65 - 69	M	HISPANIC	1										1		2	
	70 - 74	F	HISPANIC											1		1	
	75 - 79	F	UNKNOWN												1		1
		M	HISPANIC												1		1
	80 - 84	F	HISPANIC											1		1	
	85 - 89	F	HISPANIC											1		1	
	95 - 99	F	HISPANIC											1		1	
<b>Totals for PACE: 9</b>																	

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Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total		
STAR+PLUS	100 +	F	HISPANIC												1	1		
			WHITE- NOT OF HISP. ORIGIN		1		1				1					1	4	
	21	M	UNKNOWN									1				1		
	22 - 44	F	ASIAN OR PACIFIC ISLANDER				1				1		2				4	
			BLACK- NOT OF HISP. ORIGIN		1	1	10	4		7		2	1				26	
			HISPANIC			1	2			2	1	1	1	1	1		12	21
			UNKNOWN			2	4			3	1	2	3				1	16
			WHITE- NOT OF HISP. ORIGIN		5	3	11	14		3	3	7	2				4	52
		M	ASIAN OR PACIFIC ISLANDER										1					1
			BLACK- NOT OF HISP. ORIGIN	1			14	3	4	3	4	3	4	3		1		33
			HISPANIC		1	1	5	1		5	6	12				1	20	52
			UNKNOWN		1		12	3	1	4	1	1						23
			WHITE- NOT OF HISP. ORIGIN			6	29	12	6	9	9	9	3	3	3	1	4	82
	45 - 64	F	ASIAN OR PACIFIC ISLANDER					1			4		1				6	
			BLACK- NOT OF HISP. ORIGIN	3	3	1	66	32	7	27	15	4	2				160	
			HISPANIC	1	2	2	17			6	5	21	3	4		48	109	
			UNKNOWN	1	3	2	26	17	12	13	20	6	4			5	109	
			WHITE- NOT OF HISP. ORIGIN	6	13	24	132	72	33	34	48	20	10	1		17	410	
		M	AMERICAN INDIAN OR ALASKAN NATI			1	2											3
			ASIAN OR PACIFIC ISLANDER				3	1	1	1	1	1	1					8
			BLACK- NOT OF HISP. ORIGIN	3	1	3	71	21	18	31	14	8	1			1	172	
			HISPANIC	1	7	3	15	3		16	16	46	1	10		57	175	
			UNKNOWN	3	1	2	41	13	12	12	11	6	1	1		7	110	
		WHITE- NOT OF HISP. ORIGIN	4	7	12	132	59	31	47	54	22	5	3		17	393		
		U	WHITE- NOT OF HISP. ORIGIN				1	1									2	
		65 - 69	F	ASIAN OR PACIFIC ISLANDER								1					1	2
				BLACK- NOT OF HISP. ORIGIN				29	9	5	7	5	1			1	1	58
				HISPANIC	1		1	8			3	5	14	3	1		17	53
	UNKNOWN			1		1	10	8	6	2	4	3	1			3	39	
	WHITE- NOT OF HISP. ORIGIN			1	2	4	54	41	9	14	13	17	1			11	167	
	M		AMERICAN INDIAN OR ALASKAN NATI								1	1		1				3
			ASIAN OR PACIFIC ISLANDER									2						2

## Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups Date effective May 31, 2016

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

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total		
STAR+PLUS	65 - 69	M	BLACK- NOT OF HISP. ORIGIN		1	2	23	4	6	10	4		2	1		53		
			HISPANIC		1	1	3	2		2	2	9	1	3	21	45		
			UNKNOWN	1		1	5	2	3	2	4	5			1	2	26	
			WHITE- NOT OF HISP. ORIGIN		6	9	43	13	4	9	16	12	1			7	120	
	70 - 74	F	AMERICAN INDIAN OR ALASKAN NATI					1									1	
			ASIAN OR PACIFIC ISLANDER				2									1	3	
			BLACK- NOT OF HISP. ORIGIN		1		16	4	3	7	7	1						39
			HISPANIC			1	4	1			4	13				2	14	39
			UNKNOWN			1	6	8	1	2	5	1					2	26
			WHITE- NOT OF HISP. ORIGIN	1	3	10	58	28	10	10	26	11	5				8	170
		M	AMERICAN INDIAN OR ALASKAN NATI								1							1
			ASIAN OR PACIFIC ISLANDER									2						2
			BLACK- NOT OF HISP. ORIGIN		1		10	5	4	7	4	1						32
			HISPANIC				4				2	2	6			1	20	35
			UNKNOWN		1		2	1			1	2	2				2	11
			WHITE- NOT OF HISP. ORIGIN		2	4	22	13	4	5	13	6				2	8	79
	U	BLACK- NOT OF HISP. ORIGIN								1							1	
	75 - 79	F	ASIAN OR PACIFIC ISLANDER				4						1		1		6	
			BLACK- NOT OF HISP. ORIGIN				14	4	4	8	5	4					39	
			HISPANIC				5			3	2	10	1	2	18	41		
			UNKNOWN			1	7	6	1	6	1	1				2	25	
			WHITE- NOT OF HISP. ORIGIN	2	2	5	46	26	15	9	12	12	1	2	7	139		
		M	AMERICAN INDIAN OR ALASKAN NATI				1											1
			ASIAN OR PACIFIC ISLANDER				3											3
			BLACK- NOT OF HISP. ORIGIN				9	7	1	2	2							21
			HISPANIC		1	2	5	2	1	4	2	8			2	18	45	
			UNKNOWN			1	4	1		1	1	1	1			4	14	
			WHITE- NOT OF HISP. ORIGIN		1	3	26	20	7	4	11	5	1	1	1	1	80	
			U	WHITE- NOT OF HISP. ORIGIN				1										
		80 - 84	F	ASIAN OR PACIFIC ISLANDER					1				1					2
				BLACK- NOT OF HISP. ORIGIN			1	11	8	6	3	3	3					35
	HISPANIC				4	2	3	1	1	1		7			6	29	54	

## Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups Date effective May 31, 2016

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

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total			
STAR+PLUS	80 - 84	F	OTHER				1									1			
			UNKNOWN				5		4	1	4	3			2	19			
			WHITE- NOT OF HISP. ORIGIN		4	7	49	26	7	8	24	8	3	3	6	145			
		M	ASIAN OR PACIFIC ISLANDER				1					1					2		
			BLACK- NOT OF HISP. ORIGIN		1		7	1	5	1	1	1					17		
			HISPANIC	1	2	1	2				1	2	5		3	18	35		
			UNKNOWN		1		2			2	1	1				1	8		
	WHITE- NOT OF HISP. ORIGIN		2	2	11	9	3	1	7	3				5	43				
	85 - 89	F	ASIAN OR PACIFIC ISLANDER	1								2	1				4		
			BLACK- NOT OF HISP. ORIGIN		1		7	2	3	3	2	3					21		
			HISPANIC			2	2			2	1	11	1	5	20	44			
			UNKNOWN		1		4	1			7	2	1		1	17			
			WHITE- NOT OF HISP. ORIGIN		2	6	34	23	7	6	10	4	3	1	6	102			
		M	ASIAN OR PACIFIC ISLANDER		1		2										3		
			BLACK- NOT OF HISP. ORIGIN				3				1	1	1				6		
			HISPANIC			2	2				1	2	2		2	10	21		
			UNKNOWN			1				1						1	3		
			WHITE- NOT OF HISP. ORIGIN		2		3	5	3	2	2	2	1		3	23			
			90 - 94	F	ASIAN OR PACIFIC ISLANDER				1				1	1				1	4
					BLACK- NOT OF HISP. ORIGIN		1		2	5		2	3	1			2	16	
					HISPANIC		1	1	2			1	2	5		4	25	41	
	UNKNOWN						1	1			1	1			1	5			
	WHITE- NOT OF HISP. ORIGIN				1	5	20	16	9	5	8	5	3	2	7	81			
	M	BLACK- NOT OF HISP. ORIGIN					1			1	1	1	2				6		
		HISPANIC				1					1	1			2	12	17		
		UNKNOWN											2			2			
		WHITE- NOT OF HISP. ORIGIN				1	3	1			2			1		8			
		95 - 99		F	BLACK- NOT OF HISP. ORIGIN		1		2	2	2	1						8	
	HISPANIC														6	6			
	UNKNOWN							1							1	2			
	WHITE- NOT OF HISP. ORIGIN		1		2	3	5	7	1	2	2	3	1		2	29			
	M		ASIAN OR PACIFIC ISLANDER									1					1		

## Rider 28 Counts by Region of Service Group, Age, Gender and Ethnicity for all Service Groups Date effective May 31, 2016

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

Service Group	Age Group	Gender	Ethnicity	00	01	02	03	04	05	06	07	08	09	10	11	Total	
STAR+PLUS	95 - 99	M	BLACK- NOT OF HISP. ORIGIN									1				1	
			HISPANIC													2	2
			WHITE- NOT OF HISP. ORIGIN			1		2									3
<b>Totals for STAR+PLUS: 4,232</b>																	
<b>Grand Total</b>																<b>7,287</b>	

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 6/30/2016**

**Total Current Referrals: 147**

**FY2016**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '15	21	10	0	0	0	1	4	15
Oct '15	19	10	0	0	0	1	3	14
Nov '15	21	6	0	0	2	1	3	12
Dec '15	13	6	0	0	2	0	1	9
Jan '16	22	8	0	0	1	0	2	11
Feb '16	19	3	0	0	0	0	3	6
Mar '16	26	1	0	0	0	0	0	1
Apr '16	16	0	0	0	1	1	0	2
May '16	27	1	0	0	0	0	1	2
Jun '16	14	0	0	0	0	0	0	0
<b>FY2016 Totals:</b>	<b>198</b>	<b>45</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>17</b>	<b>72</b>

Remaining to move for FY2016: 126

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 6/30/2016**

**Total Current Referrals: 147**

**FY2015**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '14	29	14	0	0	3	7	5	29
Oct '14	24	16	0	0	0	3	5	24
Nov '14	16	12	0	0	0	0	4	16
Dec '14	14	7	0	0	1	3	3	14
Jan '15	24	10	0	0	2	6	4	22
Feb '15	29	15	0	0	0	7	5	27
Mar '15	32	23	0	0	0	4	4	31
Apr '15	21	13	0	1	0	2	4	20
May '15	21	9	0	0	0	1	7	17
Jun '15	10	5	0	0	1	1	2	9
Jul '15	15	5	0	0	0	3	5	13
Aug '15	19	6	0	0	0	2	7	15
<b>FY2015 Totals:</b>	<b>254</b>	<b>135</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>39</b>	<b>55</b>	<b>237</b>

Remaining to move for FY2015: 17

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 6/30/2016**

**Total Current Referrals: 147**

**FY2014**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '13	33	20	0	0	0	3	10	33
Oct '13	36	24	0	0	1	4	7	36
Nov '13	33	22	0	0	1	0	10	33
Dec '13	40	28	0	0	1	2	8	39
Jan '14	49	31	0	0	0	4	13	48
Feb '14	30	19	0	0	1	4	6	30
Mar '14	30	19	0	0	1	3	7	30
Apr '14	34	22	0	0	1	6	5	34
May '14	22	15	0	0	0	2	4	21
Jun '14	34	22	0	0	2	4	6	34
Jul '14	36	27	0	0	0	7	2	36
Aug '14	20	14	0	0	0	4	2	20
<b>FY2014 Totals:</b>	<b>397</b>	<b>263</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>43</b>	<b>80</b>	<b>394</b>

Remaining to move for FY2014: 3

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 6/30/2016**

**Total Current Referrals: 147**

**FY2013**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '12	33	24	0	0	1	0	8	33
Oct '12	38	20	0	0	1	5	12	38
Nov '12	36	26	0	1	3	1	5	36
Dec '12	30	18	0	1	0	3	8	30
Jan '13	25	17	0	1	1	2	4	25
Feb '13	24	18	0	0	0	2	4	24
Mar '13	26	19	0	0	0	2	5	26
Apr '13	21	11	0	1	0	1	8	21
May '13	25	15	0	0	0	3	7	25
Jun '13	37	20	0	0	2	6	9	37
Jul '13	43	23	0	0	5	7	7	42
Aug '13	39	29	0	0	3	1	6	39
<b>FY2013 Totals:</b>	<b>377</b>	<b>240</b>	<b>0</b>	<b>4</b>	<b>16</b>	<b>33</b>	<b>83</b>	<b>376</b>

Remaining to move for FY2013: 1

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 6/30/2016**

**Total Current Referrals: 147**

**FY2012**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '11	35	23	0	0	1	4	7	35
Oct '11	27	18	0	1	1	3	4	27
Nov '11	25	22	0	0	1	1	1	25
Dec '11	11	8	0	0	1	2	0	11
Jan '12	15	12	0	0	0	1	2	15
Feb '12	28	24	0	0	2	1	1	28
Mar '12	14	7	0	0	1	2	4	14
Apr '12	26	18	0	0	0	2	6	26
May '12	37	29	0	1	0	6	1	37
Jun '12	28	20	0	0	0	3	4	28
Jul '12	32	18	0	0	2	4	8	32
Aug '12	41	35	0	0	0	3	3	41
<b>FY2012 Totals:</b>	<b>319</b>	<b>234</b>	<b>0</b>	<b>2</b>	<b>9</b>	<b>32</b>	<b>41</b>	<b>319</b>

Remaining to move for FY2012: 0

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 6/30/2016**

**Total Current Referrals: 147**

**FY2011**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '10	24	21	0	0	2	1	0	24
Oct '10	20	17	0	0	1	1	1	20
Nov '10	28	21	0	0	2	2	3	28
Dec '10	16	11	0	0	1	1	3	16
Jan '11	19	13	0	1	2	1	2	19
Feb '11	13	8	0	0	1	1	3	13
Mar '11	22	16	0	1	0	4	1	22
Apr '11	25	18	0	0	1	2	4	25
May '11	26	19	0	0	1	2	4	26
Jun '11	23	18	0	1	0	2	2	23
Jul '11	37	29	0	0	4	0	4	37
Aug '11	39	31	0	0	0	3	5	39
<b>FY2011 Totals:</b>	<b>292</b>	<b>222</b>	<b>0</b>	<b>3</b>	<b>15</b>	<b>20</b>	<b>32</b>	<b>292</b>

Remaining to move for FY2011: 0

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 6/30/2016**

**Total Current Referrals: 147**

**FY2010**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '09	30	22	0	0	2	1	5	30
Oct '09	15	7	0	0	1	2	5	15
Nov '09	47	34	0	0	1	4	8	47
Dec '09	18	10	0	0	0	3	5	18
Jan '10	32	26	0	0	0	1	5	32
Feb '10	23	18	0	0	0	1	4	23
Mar '10	36	29	0	0	1	3	3	36
Apr '10	29	21	0	0	1	2	5	29
May '10	20	13	0	0	2	1	4	20
Jun '10	29	18	0	1	2	4	4	29
Jul '10	22	16	0	0	0	4	2	22
Aug '10	18	12	0	0	3	1	2	18
<b>FY2010 Totals:</b>	<b>319</b>	<b>226</b>	<b>0</b>	<b>1</b>	<b>13</b>	<b>27</b>	<b>52</b>	<b>319</b>

Remaining to move for FY2010: 0

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 6/30/2016**

**Total Current Referrals: 147**

**FY2009**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '08	40	34	0	0	2	1	3	40
Oct '08	45	37	0	0	0	2	6	45
Nov '08	27	24	0	0	1	0	2	27
Dec '08	23	20	0	0	1	1	1	23
Jan '09	39	35	0	0	0	2	2	39
Feb '09	48	40	0	0	0	2	6	48
Mar '09	45	40	0	0	1	2	2	45
Apr '09	40	34	0	0	1	1	4	40
May '09	39	28	0	0	0	2	9	39
Jun '09	42	33	0	0	3	3	3	42
Jul '09	47	41	0	0	1	2	3	47
Aug '09	34	26	0	0	0	5	3	34
<b>FY2009 Totals:</b>	<b>469</b>	<b>392</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>23</b>	<b>44</b>	<b>469</b>

Remaining to move for FY2009: 0

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 6/30/2016**

**Total Current Referrals: 147**

**FY2008**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '07	17	15	0	0	0	0	2	17
Oct '07	34	27	0	0	0	1	6	34
Nov '07	28	18	0	0	2	5	3	28
Dec '07	9	8	0	0	0	0	1	9
Jan '08	23	20	0	0	0	2	1	23
Feb '08	14	13	0	0	0	1	0	14
Mar '08	23	21	0	0	0	1	1	23
Apr '08	29	28	0	0	1	0	0	29
May '08	38	33	0	1	1	3	0	38
Jun '08	27	25	0	0	0	1	1	27
Jul '08	26	25	0	0	0	1	0	26
Aug '08	32	27	0	0	0	2	3	32
<b>FY2008 Totals:</b>	<b>300</b>	<b>260</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>17</b>	<b>18</b>	<b>300</b>

Remaining to move for FY2008: 0

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 6/30/2016**

**Total Current Referrals: 147**

**FY2007**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '06	5	5	0	0	0	0	0	5
Oct '06	12	10	0	0	0	1	1	12
Nov '06	4	4	0	0	0	0	0	4
Dec '06	6	6	0	0	0	0	0	6
Jan '07	9	9	0	0	0	0	0	9
Feb '07	12	12	0	0	0	0	0	12
Mar '07	20	16	0	0	0	2	2	20
Apr '07	18	16	0	0	0	1	1	18
May '07	26	22	0	0	0	2	2	26
Jun '07	15	10	0	0	0	1	4	15
Jul '07	23	21	0	1	0	1	0	23
Aug '07	25	20	0	0	0	0	5	25
<b>FY2007 Totals:</b>	<b>175</b>	<b>151</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>8</b>	<b>15</b>	<b>175</b>

Remaining to move for FY2007: 0

**State Supported Living Centers  
Promoting Independence- Group 3  
As of 6/30/2016**

**Total Current Referrals: 147**

**FY2006**

	Monthly Referrals	Removed from Referrals For Transitions List						
		Transitions	Discharged	Died	Individual Choice	LAR Choice	IDT Decision	Total Removed
Sep '05	20	18	0	0	0	1	1	20
Oct '05	14	13	0	0	0	1	0	14
Nov '05	11	11	0	0	0	0	0	11
Dec '05	4	3	0	0	0	0	1	4
Jan '06	9	9	0	0	0	0	0	9
Feb '06	6	6	0	0	0	0	0	6
Mar '06	13	11	0	0	0	1	1	13
Apr '06	17	11	0	0	0	1	5	17
May '06	8	6	0	0	0	0	2	8
Jun '06	9	9	0	0	0	0	0	9
Jul '06	6	3	0	0	0	1	2	6
Aug '06	10	9	0	0	0	0	1	10
<b>FY2006 Totals:</b>	<b>127</b>	<b>109</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>13</b>	<b>127</b>

Remaining to move for FY2006: 0

**State Supported Living Centers  
School Age Admissions (Under Age 22)  
FY2006 through FY2016 (As of 6/30/2016)**

<b>Fiscal Year</b>	<b>Total School Age Admissions</b>	<b>Total Non-Offender Admissions</b>	<b>Total Non-Offender Age 0-17</b>	<b>Total Non-Offender Age 18-21</b>	<b>Total Alleged Offender Admissions</b>	<b>Total Alleged Offender Age 0-17</b>	<b>Total Alleged Offender Age 18-21</b>	<b>Percent Alleged Offender Admissions</b>
FY2006	125	90	45	45	35	32	3	28.00%
FY2007	151	107	68	39	44	43	1	29.14%
FY2008	149	94	52	42	55	46	9	36.91%
FY2009	85	40	25	15	45	40	5	52.94%
FY2010	90	41	24	17	49	39	10	54.44%
FY2011	64	27	10	17	37	36	1	57.81%
FY2012	66	25	9	16	41	32	9	62.12%
FY2013	76	30	16	14	46	33	13	60.53%
FY2014	88	47	25	22	41	37	4	46.59%
FY2015	75	45	17	28	30	29	1	40.00%
FY2016	63	40	16	24	23	21	2	36.51%
<b>11 Year Total</b>	<b>1032</b>	<b>586</b>	<b>307</b>	<b>279</b>	<b>446</b>	<b>388</b>	<b>58</b>	<b>43.22%</b>

**Abilene State Supported Living Center  
School Age Admissions (Under Age 22)  
FY2006 through FY2016 (As of 6/30/2016)**

<b>Fiscal Year</b>	<b>Total School Age Admissions</b>	<b>Total Non-Offender Admissions</b>	<b>Total Non-Offender Age 0-17</b>	<b>Total Non-Offender Age 18-21</b>	<b>Total Alleged Offender Admissions</b>	<b>Total Alleged Offender Age 0-17</b>	<b>Total Alleged Offender Age 18-21</b>	<b>Percent Alleged Offender Admissions</b>
FY2006	6	6	3	3	0	0	0	0.00%
FY2007	13	13	10	3	0	0	0	0.00%
FY2008	14	14	7	7	0	0	0	0.00%
FY2009	4	4	2	2	0	0	0	0.00%
FY2010	5	5	2	3	0	0	0	0.00%
FY2011	4	4	2	2	0	0	0	0.00%
FY2012	1	1	0	1	0	0	0	0.00%
FY2013	2	2	2	0	0	0	0	0.00%
FY2014	5	5	5	0	0	0	0	0.00%
FY2015	3	3	1	2	0	0	0	0.00%
FY2016	1	1	1	0	0	0	0	0.00%
11 Year Total	58	58	35	23	0	0	0	0.00%

**Austin State Supported Living Center  
School Age Admissions (Under Age 22)  
FY2006 through FY2016 (As of 6/30/2016)**

<b>Fiscal Year</b>	<b>Total School Age Admissions</b>	<b>Total Non-Offender Admissions</b>	<b>Total Non-Offender Age 0-17</b>	<b>Total Non-Offender Age 18-21</b>	<b>Total Alleged Offender Admissions</b>	<b>Total Alleged Offender Age 0-17</b>	<b>Total Alleged Offender Age 18-21</b>	<b>Percent Alleged Offender Admissions</b>
FY2006	9	9	9	0	0	0	0	0.00%
FY2007	10	10	10	0	0	0	0	0.00%
FY2008	10	10	6	4	0	0	0	0.00%
FY2009	5	5	5	0	0	0	0	0.00%
FY2010	2	2	2	0	0	0	0	0.00%
FY2011	1	1	0	1	0	0	0	0.00%
FY2012	0	0	0	0	0	0	0	0.00%
FY2013	0	0	0	0	0	0	0	0.00%
FY2014	0	0	0	0	0	0	0	0.00%
FY2015	0	0	0	0	0	0	0	0.00%
FY2016	0	0	0	0	0	0	0	0.00%
11 Year Total	37	37	32	5	0	0	0	0.00%

**Brenham State Supported Living Center  
School Age Admissions (Under Age 22)  
FY2006 through FY2016 (As of 6/30/2016)**

<b>Fiscal Year</b>	<b>Total School Age Admissions</b>	<b>Total Non-Offender Admissions</b>	<b>Total Non-Offender Age 0-17</b>	<b>Total Non-Offender Age 18-21</b>	<b>Total Alleged Offender Admissions</b>	<b>Total Alleged Offender Age 0-17</b>	<b>Total Alleged Offender Age 18-21</b>	<b>Percent Alleged Offender Admissions</b>
FY2006	13	13	10	3	0	0	0	0.00%
FY2007	15	15	15	0	0	0	0	0.00%
FY2008	6	6	5	1	0	0	0	0.00%
FY2009	5	5	5	0	0	0	0	0.00%
FY2010	8	8	7	1	0	0	0	0.00%
FY2011	7	7	6	1	0	0	0	0.00%
FY2012	3	3	2	1	0	0	0	0.00%
FY2013	8	8	8	0	0	0	0	0.00%
FY2014	9	9	9	0	0	0	0	0.00%
FY2015	7	7	4	3	0	0	0	0.00%
FY2016	8	8	7	1	0	0	0	0.00%
11 Year Total	89	89	78	11	0	0	0	0.00%

**Corpus Christi State Supported Living Center  
School Age Admissions (Under Age 22)  
FY2006 through FY2016 (As of 6/30/2016)**

<b>Fiscal Year</b>	<b>Total School Age Admissions</b>	<b>Total Non-Offender Admissions</b>	<b>Total Non-Offender Age 0-17</b>	<b>Total Non-Offender Age 18-21</b>	<b>Total Alleged Offender Admissions</b>	<b>Total Alleged Offender Age 0-17</b>	<b>Total Alleged Offender Age 18-21</b>	<b>Percent Alleged Offender Admissions</b>
FY2006	8	7	0	7	1	0	1	12.50%
FY2007	7	7	0	7	0	0	0	0.00%
FY2008	10	8	0	8	2	0	2	20.00%
FY2009	2	2	0	2	0	0	0	0.00%
FY2010	0	0	0	0	0	0	0	0.00%
FY2011	1	1	0	1	0	0	0	0.00%
FY2012	3	3	0	3	0	0	0	0.00%
FY2013	2	2	0	2	0	0	0	0.00%
FY2014	0	0	0	0	0	0	0	0.00%
FY2015	3	3	0	3	0	0	0	0.00%
FY2016	3	3	0	3	0	0	0	0.00%
11 Year Total	39	36	0	36	3	0	3	7.69%

**Denton State Supported Living Center  
School Age Admissions (Under Age 22)  
FY2006 through FY2016 (As of 6/30/2016)**

<b>Fiscal Year</b>	<b>Total School Age Admissions</b>	<b>Total Non-Offender Admissions</b>	<b>Total Non-Offender Age 0-17</b>	<b>Total Non-Offender Age 18-21</b>	<b>Total Alleged Offender Admissions</b>	<b>Total Alleged Offender Age 0-17</b>	<b>Total Alleged Offender Age 18-21</b>	<b>Percent Alleged Offender Admissions</b>
FY2006	0	0	0	0	0	0	0	0.00%
FY2007	4	4	2	2	0	0	0	0.00%
FY2008	2	2	1	1	0	0	0	0.00%
FY2009	0	0	0	0	0	0	0	0.00%
FY2010	2	2	2	0	0	0	0	0.00%
FY2011	3	3	0	3	0	0	0	0.00%
FY2012	0	0	0	0	0	0	0	0.00%
FY2013	1	1	0	1	0	0	0	0.00%
FY2014	6	6	1	5	0	0	0	0.00%
FY2015	3	3	0	3	0	0	0	0.00%
FY2016	2	2	0	2	0	0	0	0.00%
11 Year Total	23	23	6	17	0	0	0	0.00%

**El Paso State Supported Living Center  
School Age Admissions (Under Age 22)  
FY2006 through FY2016 (As of 6/30/2016)**

<b>Fiscal Year</b>	<b>Total School Age Admissions</b>	<b>Total Non-Offender Admissions</b>	<b>Total Non-Offender Age 0-17</b>	<b>Total Non-Offender Age 18-21</b>	<b>Total Alleged Offender Admissions</b>	<b>Total Alleged Offender Age 0-17</b>	<b>Total Alleged Offender Age 18-21</b>	<b>Percent Alleged Offender Admissions</b>
FY2006	3	3	1	2	0	0	0	0.00%
FY2007	3	3	2	1	0	0	0	0.00%
FY2008	0	0	0	0	0	0	0	0.00%
FY2009	1	1	1	0	0	0	0	0.00%
FY2010	0	0	0	0	0	0	0	0.00%
FY2011	0	0	0	0	0	0	0	0.00%
FY2012	1	1	0	1	0	0	0	0.00%
FY2013	0	0	0	0	0	0	0	0.00%
FY2014	1	1	0	1	0	0	0	0.00%
FY2015	1	1	0	1	0	0	0	0.00%
FY2016	1	1	0	1	0	0	0	0.00%
11 Year Total	11	11	4	7	0	0	0	0.00%

**Lubbock State Supported Living Center  
School Age Admissions (Under Age 22)  
FY2006 through FY2016 (As of 6/30/2016)**

<b>Fiscal Year</b>	<b>Total School Age Admissions</b>	<b>Total Non-Offender Admissions</b>	<b>Total Non-Offender Age 0-17</b>	<b>Total Non-Offender Age 18-21</b>	<b>Total Alleged Offender Admissions</b>	<b>Total Alleged Offender Age 0-17</b>	<b>Total Alleged Offender Age 18-21</b>	<b>Percent Alleged Offender Admissions</b>
FY2006	1	1	0	1	0	0	0	0.00%
FY2007	4	4	1	3	0	0	0	0.00%
FY2008	2	2	1	1	0	0	0	0.00%
FY2009	1	1	1	0	0	0	0	0.00%
FY2010	4	4	1	3	0	0	0	0.00%
FY2011	3	3	0	3	0	0	0	0.00%
FY2012	3	3	0	3	0	0	0	0.00%
FY2013	3	3	0	3	0	0	0	0.00%
FY2014	2	2	0	2	0	0	0	0.00%
FY2015	2	2	0	2	0	0	0	0.00%
FY2016	1	1	0	1	0	0	0	0.00%
11 Year Total	26	26	4	22	0	0	0	0.00%

Lufkin State Supported Living Center  
School Age Admissions (Under Age 22)  
FY2006 through FY2016 (As of 6/30/2016)

Fiscal Year	Total School Age Admissions	Total Non-Offender Admissions	Total Non-Offender Age 0-17	Total Non-Offender Age 18-21	Total Alleged Offender Admissions	Total Alleged Offender Age 0-17	Total Alleged Offender Age 18-21	Percent Alleged Offender Admissions
FY2006	7	7	4	3	0	0	0	0.00%
FY2007	13	13	12	1	0	0	0	0.00%
FY2008	13	13	12	1	0	0	0	0.00%
FY2009	7	7	6	1	0	0	0	0.00%
FY2010	5	5	5	0	0	0	0	0.00%
FY2011	2	2	2	0	0	0	0	0.00%
FY2012	5	5	4	1	0	0	0	0.00%
FY2013	8	8	6	2	0	0	0	0.00%
FY2014	5	5	3	2	0	0	0	0.00%
FY2015	9	9	8	1	0	0	0	0.00%
FY2016	9	9	5	4	0	0	0	0.00%
11 Year Total	83	83	67	16	0	0	0	0.00%

**Mexia State Supported Living Center  
School Age Admissions (Under Age 22)  
FY2006 through FY2016 (As of 6/30/2016)**

<b>Fiscal Year</b>	<b>Total School Age Admissions</b>	<b>Total Non-Offender Admissions</b>	<b>Total Non-Offender Age 0-17</b>	<b>Total Non-Offender Age 18-21</b>	<b>Total Alleged Offender Admissions</b>	<b>Total Alleged Offender Age 0-17</b>	<b>Total Alleged Offender Age 18-21</b>	<b>Percent Alleged Offender Admissions</b>
FY2006	41	12	8	4	29	28	1	70.73%
FY2007	47	9	6	3	38	37	1	80.85%
FY2008	57	12	9	3	45	40	5	78.95%
FY2009	46	4	1	3	42	37	5	91.30%
FY2010	50	5	1	4	45	35	10	90.00%
FY2011	29	0	0	0	29	28	1	100.00%
FY2012	36	1	0	1	35	27	8	97.22%
FY2013	40	0	0	0	40	28	12	100.00%
FY2014	39	5	3	2	34	32	2	87.18%
FY2015	26	1	0	1	25	24	1	96.15%
FY2016	25	4	2	2	21	19	2	84.00%
<b>11 Year Total</b>	<b>436</b>	<b>53</b>	<b>30</b>	<b>23</b>	<b>383</b>	<b>335</b>	<b>48</b>	<b>87.84%</b>

**Richmond State Supported Living Center  
School Age Admissions (Under Age 22)  
FY2006 through FY2016 (As of 6/30/2016)**

<b>Fiscal Year</b>	<b>Total School Age Admissions</b>	<b>Total Non-Offender Admissions</b>	<b>Total Non-Offender Age 0-17</b>	<b>Total Non-Offender Age 18-21</b>	<b>Total Alleged Offender Admissions</b>	<b>Total Alleged Offender Age 0-17</b>	<b>Total Alleged Offender Age 18-21</b>	<b>Percent Alleged Offender Admissions</b>
FY2006	13	13	0	13	0	0	0	0.00%
FY2007	12	12	1	11	0	0	0	0.00%
FY2008	8	8	0	8	0	0	0	0.00%
FY2009	3	3	0	3	0	0	0	0.00%
FY2010	3	3	0	3	0	0	0	0.00%
FY2011	2	2	0	2	0	0	0	0.00%
FY2012	0	0	0	0	0	0	0	0.00%
FY2013	4	4	0	4	0	0	0	0.00%
FY2014	3	3	0	3	0	0	0	0.00%
FY2015	2	2	0	2	0	0	0	0.00%
FY2016	1	1	0	1	0	0	0	0.00%
11 Year Total	51	51	1	50	0	0	0	0.00%

**Rio Grande State Center  
School Age Admissions (Under Age 22)  
FY2006 through FY2016 (As of 6/30/2016)**

<b>Fiscal Year</b>	<b>Total School Age Admissions</b>	<b>Total Non-Offender Admissions</b>	<b>Total Non-Offender Age 0-17</b>	<b>Total Non-Offender Age 18-21</b>	<b>Total Alleged Offender Admissions</b>	<b>Total Alleged Offender Age 0-17</b>	<b>Total Alleged Offender Age 18-21</b>	<b>Percent Alleged Offender Admissions</b>
FY2006	0	0	0	0	0	0	0	0.00%
FY2007	0	0	0	0	0	0	0	0.00%
FY2008	0	0	0	0	0	0	0	0.00%
FY2009	1	1	0	1	0	0	0	0.00%
FY2010	0	0	0	0	0	0	0	0.00%
FY2011	1	1	0	1	0	0	0	0.00%
FY2012	1	1	1	0	0	0	0	0.00%
FY2013	0	0	0	0	0	0	0	0.00%
FY2014	3	3	1	2	0	0	0	0.00%
FY2015	5	5	1	4	0	0	0	0.00%
FY2016	1	1	0	1	0	0	0	0.00%
11 Year Total	12	12	3	9	0	0	0	0.00%

San Angelo State Supported Living Center  
School Age Admissions (Under Age 22)  
FY2006 through FY2016 (As of 6/30/2016)

Fiscal Year	Total School Age Admissions	Total Non-Offender Admissions	Total Non-Offender Age 0-17	Total Non-Offender Age 18-21	Total Alleged Offender Admissions	Total Alleged Offender Age 0-17	Total Alleged Offender Age 18-21	Percent Alleged Offender Admissions
FY2006	17	12	5	7	5	4	1	29.41%
FY2007	14	8	4	4	6	6	0	42.86%
FY2008	14	6	2	4	8	6	2	57.14%
FY2009	7	4	1	3	3	3	0	42.86%
FY2010	9	5	2	3	4	4	0	44.44%
FY2011	9	1	0	1	8	8	0	88.89%
FY2012	12	6	2	4	6	5	1	50.00%
FY2013	7	1	0	1	6	5	1	85.71%
FY2014	12	5	3	2	7	5	2	58.33%
FY2015	13	8	3	5	5	5	0	38.46%
FY2016	7	5	1	4	2	2	0	28.57%
11 Year Total	121	61	23	38	60	53	7	49.59%

**San Antonio State Supported Living Center  
School Age Admissions (Under Age 22)  
FY2006 through FY2016 (As of 6/30/2016)**

<b>Fiscal Year</b>	<b>Total School Age Admissions</b>	<b>Total Non-Offender Admissions</b>	<b>Total Non-Offender Age 0-17</b>	<b>Total Non-Offender Age 18-21</b>	<b>Total Alleged Offender Admissions</b>	<b>Total Alleged Offender Age 0-17</b>	<b>Total Alleged Offender Age 18-21</b>	<b>Percent Alleged Offender Admissions</b>
FY2006	7	7	5	2	0	0	0	0.00%
FY2007	9	9	5	4	0	0	0	0.00%
FY2008	13	13	9	4	0	0	0	0.00%
FY2009	3	3	3	0	0	0	0	0.00%
FY2010	2	2	2	0	0	0	0	0.00%
FY2011	2	2	0	2	0	0	0	0.00%
FY2012	1	1	0	1	0	0	0	0.00%
FY2013	1	1	0	1	0	0	0	0.00%
FY2014	3	3	0	3	0	0	0	0.00%
FY2015	1	1	0	1	0	0	0	0.00%
FY2016	4	4	0	4	0	0	0	0.00%
11 Year Total	46	46	24	22	0	0	0	0.00%

## Community Transitions By Fiscal Year FY2003 through FY2016 (As of 6/30/2016)

	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016
ABSSLC	5	1	3	2	3	7	14	20	11	18	33	26	24	16
AUSSLC	9	1	4	3	8	5	19	15	14	16	25	15	32	1
BSSLC	8	5	3	5	8	19	13	39	28	12	16	13	12	12
CCSSLC	16	11	10	10	23	25	27	25	13	9	15	16	6	2
DSSLC	2	1	2	2	4	10	16	16	8	12	20	26	13	8
EPSSLC	4	1	1	3	4	4	3	4	3	7	10	8	7	4
LBSSLC	8	6	2	20	12	19	22	11	5	10	10	10	9	5
LFSSLC	9	5	3	4	3	5	8	11	20	16	22	21	22	12
MSSLC	14	14	22	23	19	32	67	100	51	41	52	68	57	13
RSSLC	16	7	7	7	10	38	29	52	24	30	22	18	14	4
RGSC	6	5	4	1	0	2	4	2	2	7	13	5	7	8
SaGSSLC	8	13	6	12	19	30	24	27	19	25	28	22	18	12
SASSLC	6	5	9	5	5	10	6	8	6	4	21	13	12	7
Totals	111	75	76	97	118	206	252	330	204	207	287	261	233	104

	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016
Average	9.25	6.25	6.33	8.08	9.83	17.17	21.00	27.50	17.00	17.25	23.92	21.75	19.42	10.40

**Promoting Independence Advisory Committee  
Department Activity Report**

***4th Quarter 2016  
June, July, August***

DEPARTMENT NAME:	DATE:
Department of Assistive and Rehabilitative Services (DARS)	October 12, 2016
LEGISLATION/RIDER UPDATE	
<p><b>Legislative Implementation Activities</b></p> <p><u>Transition to Texas Workforce Commission</u>            The Texas Department of Assistive and Rehabilitative Services (DARS) continued to work with the Health and Human Services Commission (HHSC) and Texas Workforce Commission (TWC) on the transition of programs required by Senate Bill (SB) 200 and SB 208, 84th Legislature, Regular Session, 2015. Transition teams made up of individuals from DARS, HHSC, and TWC continued to implement steps to ensure a successful transition of the Vocational Rehabilitation, Business Enterprises of Texas, Independent Living Services Program for Older Individuals who are Blind (IL-OIB) programs, and the Criss Cole Rehabilitation Center to TWC on September 1, 2016 with no disruption to service delivery. These programs successfully transitioned on September 1, 2016.</p> <p><u>Outsourcing of Independent Living Services</u>            House Bill (HB) 2463, 84th Legislature, Regular Session, 2015 directs DARS to consolidate the Division for Blind Services (DBS) and Division for Rehabilitation Services (DRS) Independent Living (IL) programs and outsource the consolidated IL program to Centers for Independent Living (CILs) or other organizations by August 31, 2016. A cross-agency IL Outsourcing Project was formed and its members continued to guide the implementation of these legislative directives. The Independent Living Services successfully transitioned to HHSC on September 1, 2016.</p> <p>The HHSC IL webpage is the central location for stakeholders to access information at <a href="https://hhs.texas.gov/services/disability/independent-living-services">https://hhs.texas.gov/services/disability/independent-living-services</a></p>	
2010-2011 PROMOTING INDEPENDENCE PLAN DIRECTIVES	
<p><b><i>Requires legislative direction and/or appropriations. If directed and/or funded by the Legislature, HHSC will work with the Department of Aging and Disability</i></b></p>	

***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.***

DARS DRS Comprehensive Rehabilitation Services Program

The DARS Division for Rehabilitation Services (DRS) Comprehensive Rehabilitation Services (CRS) program successfully transitioned to HHSC on September 1, 2016. The HHSC CRS webpage is the central location for stakeholders to access information at <https://hhs.texas.gov/services/disability/comprehensive-rehabilitation-services>

**TOPICS OF INTEREST (ONGOING ISSUES/PROJECTS)**

**Other TWC Initiatives**

DARS Division for Rehabilitative Services Vocational Rehabilitation Transition Services

The DARS Division for Rehabilitation Services (DRS) Vocational Rehabilitation (VR) program provides Transition Services. Eligible youth and students with disabilities can receive transition planning services to prepare them to move from receiving education services to receiving VR services. Transition planning services help minimize potential delays in service delivery during the transition from school to competitive employment or independence.

As of September 9, 2016, the VR program has:

- served 29,499 eligible transition-age consumers; and
- closed 3,368 transition-age consumers' cases successfully.

DARS DRS has approximately:

- 102 transition vocational rehabilitation counselors (TVRCs) located in offices across the state; and
- 235 VR counselors who work with transition consumers and serve as liaisons to high schools.

DARS DRS is currently working to implement changes to transition policies and procedures, as required by the Workforce Innovation and Opportunity Act (WIOA). These changes will lead to increased collaboration with schools and community partners and will require working with students earlier and providing them with greater preparation for work and independence. DRS developed and is in the process of providing training to all school counselors in the state to increase consistency in service delivery.

The DARS Division for Rehabilitation Services successfully transitioned to the Texas Workforce Commission on September 1, 2016. The TWC webpage is the central location for stakeholders to access information at

<http://www.twc.state.tx.us/jobseekers/vocational-rehabilitation-services>

#### DARS Division for Blind Services Transition Services

As of August 31, 2016, the Division for Blind Services (DBS) Transition Services has 28 counselors located in offices across the state. DARS and the Texas School for the Blind and Visually Impaired have a long-standing Interagency Agreement to coordinate services for youth who are blind or visually impaired.

As of August 31, 2016, DBS Transition Services has:

- transferred 156 consumers successfully to the adult VR program;
- staffed 26 of the 28 transition counselor positions; and
- served 2,417 transition-age consumers.

The DARS Division for Blind Services successfully transitioned to the Texas Workforce Commission on September 1, 2016. The TWC webpage is the central location for stakeholders to access information at

<http://www.twc.state.tx.us/jobseekers/vocational-rehabilitation-services>

#### DARS Autism Program

The DARS Autism Program successfully transitioned to the Health and Human Services Commission on September 1, 2016. The HHSC Autism webpage is the central location for stakeholders to access information at <https://hhs.texas.gov/services/disability/autism>

#### DARS Early Childhood Intervention Program

The DARS ECI Program successfully transitioned to the Health and Human Services Commission on September 1, 2016. The HHSC ECI webpage is the central location for stakeholders to access information at

<https://hhs.texas.gov/services/disability/early-childhood-intervention-services>

**RELEVANT MEETING NOTICES**

**Rehabilitation Council of Texas (RCT)**

November 3-4, 2016

Criss Cole Rehabilitation Center

4800 N Lamar

Austin TX 78756

Report Completed By: Jonas Schwartz

Telephone/Contact Number: (512) 424-4211

## Promoting Independence Advisory Committee Department Activity Report

### Department of Family and Protective Services (DFPS) October 2016

#### *Legislation/Rider Update*

DFPS Key Bill Summary (83rd Legislative Session):

**Senate Bill 7** Health and Human Services Commission (HHSC) staff has been holding regular meetings and workgroups on SB 7. DFPS is involved when one of the workgroups is focusing on an area of implementation that impacts children in DFPS conservatorship.

The bill requires the system for delivering acute and long-term care to individuals with intellectual disabilities (IID) to be redesigned and implemented using managed care. The bill allows for pilot programs and requires the transition of the waiver programs into managed care. The bill also requires the Department of Aging and Disability Services (DADS) and HHSC to develop and implement specific systems related to IID services and payment systems. There are several implementation dates within the bill that run from 2013 to 2020. DFPS is working throughout the system change process with DADS and HHSC to ensure that DFPS concerns about possible impacts on the abuse, neglect, and exploitation investigations are addressed.

**Senate Bill 1226** DFPS is involved in the Employment First Task Force to promote competitive employment for individuals with disabilities who receive public benefits. DFPS is represented on the task force and information has been disseminated to the Task Force describing CPS services for youth with disabilities. Duties of the task force include making policy and program recommendations and the submission of a report. The Employment First Task Force has released a new website hosted by HHSC:

<https://hhs.texas.gov/services/disability/employment/employment-first>.

#### **Legislation from the 84th Legislative Session**

**Senate Bill 507** allows a parent, school board member or staff member at a public school to request that any self-contained special education classroom have a video camera installed to videotape the activities in the classroom, purportedly to protect the safety of the children in the classroom. The Texas Education Agency (TEA) adopted a new rule §103.1301 - **Video Surveillance of Certain Special Education Settings**, that took effect August 15, 2016. CPS will be notifying staff that there will be video surveillance to aid in investigations.

**Senate Bill 1880/Senate Bill 760** ensure continued State of Texas compliance with CMS requirements for the health and welfare of recipients of Home and Community-based Services (HCBS), particularly requirements related to abuse, neglect, and exploitation. The bills expand authority for the APS Provider Investigations program to investigate all HCBS providers whether the services are provided in a traditional or managed care delivery model. The bill also clarifies and addresses the gaps and inconsistencies that have resulted from the evolving service delivery changes and changes in contracting arrangements. DFPS worked with HHSC, DADS and DSHS to implement the bills and will continue to work with those agencies and external stakeholders to improve investigation processes.

**Senate Bill 1889** attempts to make it easier for families to receive mental health services for their child in DFPS conservatorship without having a finding of abuse or neglect, and to encourage joint managing conservatorship (JMC) in certain cases. The bill adds an exemption to the definition of "neglect" in the Family Code; prohibits DFPS from making a finding of abuse or neglect against a parent(s) in a case in which DFPS is named managing conservator of the child solely because the family is unable to obtain mental health services for the child; and requires DFPS to develop a process for removing from the registry names of families for which DFPS was made managing conservator of a child only because of the child's mental health needs. This bill requires biennial reporting to the legislature, and repeals Senate Bill 44 (83rd Legislature) language regarding a study and report. CPS published Policy [2390](#) in December 2015 which explains the changes to JMC being offered to the parents who wish for CPS to take custody of their child solely to obtain mental health services.

For the first three quarters of FY16, 129 children have come into care who met these criteria. In addition, to date the dispositions in 73 cases have been overturned and removed from the registry. Currently an additional 28 cases have been sent to the resolution specialist to be reviewed and overturned.

## **Promoting Independence Plan Directives**

### **12. Requires legislative direction and/or appropriations.**

*If directed and/or funded by the Legislature, HHSC will work with the Department of Family and Protective Services (DFPS) to expand the Promoting Independence (PI) population to include children in DFPS conservatorship who have disabilities and are residing in select institutions licensed by DFPS.*

- **Senate Bill 49** relates to transitional living assistance for children who have disabilities who also reside in General Residential Operations (GRO). GROs are 24 hour residential facilities for children with intellectual and developmental disabilities who are in Child Protective Services (CPS) custody. The bill codifies the current policy by adding GROs to the current

definition in government code and requires that a child that lives in the GRO who has a disability would qualify for home and community based services through the Department of Aging and Disability Services (DADS). The bill includes this population in the Promoting Independence plan, giving them timely access to Home and Community based Services waivers similar to children in State Supported Living Centers, large Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and nursing facilities. This bill codifies current practice by DADS to include this population.

- CPS and Every Child Inc. staffs continue to work together to find Home and Community-based Services (HCS) homes for the children in General Residential Operations who received HCS waivers. DADS allocated 25 HCS slots in General Residential Operations for children in DFPS Conservatorship who have intellectual and developmental disabilities for FY 2016-2017. As of September 2016, 15 HCS slots have been released for children with disabilities who are currently residing in DFPS licensed institutions.
- DADS allocated 216 HCS slots for CPS youth aging out of care for FY 2016-2017. As of September 2016, 122 HCS slots have been released for youth aging out of care.

#### **14. Requires legislative direction and/or appropriations.**

*If directed and/or funded by the Legislature, HHSC will work with DADS and DFPS to develop adequate behavioral services to support children (0-21 years of age) coming out of institutions and to help provide them with community options in order to support individual choice.*

Funding in Other Agency Budgets that Impact Children in DFPS Conservatorship:

#### **Department of State Health Services (DSHS)**

- Thirty beds in private residential treatment centers for children/youth that are at risk for parental relinquishment of custody to DFPS. There are 36 children currently placed.

#### **Department of Aging and Disability Services (DADS)**

- Additional HCS capacity for 216 children aging-out of foster care.
- Additional HCS capacity for 25 children with IDD who are now receiving services in a DFPS residential facility

#### ***Topics of Interest (ongoing issues/projects)***

- DFPS and DSHS have established a referral process for children to access the thirty Residential Treatment Center beds funded through DSHS. At this time there are 36 children placed in Residential Treatment Center beds and 14 children on a waiting list for placement.

- The Texas Workforce Commission (TWC) partnered with DFPS Child Care Licensing (CCL) to enhance inclusion opportunities for infants, toddlers, preschool, and school-age children with special care needs receiving daycare services. The project was funded by Child Care Development Block Grant (CCDBG) funds.

The outcome of the initiative is to provide free and reduced cost training resources that will educate and support caregivers in learning that inclusive child care can be beneficial, both for the child with a special need and for the other children in the classroom. Eight 2-hour online courses are now available for providers serving preschool and school-age children. Topics include helping typical children in the classroom understand and interact with children with special care needs, adapting classroom routines and activities to meet the developmental needs of children with and without special needs, strategies for dealing with children with difficult behaviors, and partnering with families of children with special needs. The online courses are free of charge, offered in English and Spanish, and can be accessed at <http://childcare.tamu.edu>.

From February 2016 to date, more than 32,633 courses have been taken online for a total of 65,266 training hours. The pre-test average score for training participants was 64 percent while the post-test average scores was 90 percent.

Additionally, 24 instructor-led trainings on inclusive care for pre-school and school-age children with special needs were conducted statewide through August 2016, with 1,520 participants in attendance. Ninety-six percent of participants reported an intent to take action or make changes based on the information from this training.

- SafePlace Texas has published **Promoting Justice: An Essential Resource Guide for Responding to Abuse Against Children with Disabilities**. You can access the manual online at [www.safeplace.org/promotingjustice](http://www.safeplace.org/promotingjustice).
- DFPS and the Texas Department of Housing and Community Affairs (TDHCA) are collaborating on conducting a needs assessment and count on homeless and unstably-housed youth per requirements of HB 679.
- Texas Department of Housing and Community Affairs (TDHCA) along with DFPS, DADS, and DSHS have begun the launch of the 811 Project Rental Assistance program. The Section 811 Project Rental Assistance (PRA) program provides project-based rental assistance for extremely low-income persons with disabilities linked with long term services. The program is limited to individuals who are part of the Target Population and receiving services through one of the HHSC Agencies participating in the program. Each eligible household must have a qualified member of the Target Population that will be at least 18 years of age and under the age of 62 at the time of admission and receiving SSI

and Medicaid. All three target populations are eligible for community-based, long-term care services as provided through Medicaid waivers, Medicaid state plan options, or state funded services and have been referred to TDHCA through their service provider. The target population includes youth with disabilities exiting foster care, people with disabilities living in institutions, and people with serious mental illness.

<https://www.tdhca.state.tx.us/section-811-pra/>

### ***Relevant Meeting Notices***

- The Health and Human Services Executive Council (which has replaced the DFPS Council) held their inaugural meeting on September 23, 2016 at 10:00am in the Public Hearing Room of the Brown-Heatly Building, located at 4900 North Lamar Boulevard Austin, TX 78751. The HHS Executive Council is scheduled to meet next on November 17, 2016.
- The next Texas Governor's Committee on People with Disabilities will take place over two days October 26 and 27, 2016, in connection with the Annual Lex Frieden Employment Awards. The location will be the Crowne Plaza, 8686 Kirby Street, Houston Texas 77054.

Report Compiled By: Peter Hajmasy as submitted by CPS, APS, and CCL Programs  
Telephone Number: 512/438-4124

**Promoting Independence Advisory Committee  
Department Activity Report**

<b>Department Name:</b>	<b>Date:</b>
Department of State Health Services (DSHS)	July 5, 2016
<b>Legislation/Rider Update:</b>	
HHSC Special Provisions for all Agencies, Sec. 52. of the 81 <sup>st</sup> Legislative Session (Waiting List for Children’s Community Mental Health Services) Rider 65 of the 81 <sup>st</sup> Legislative Session (Transitional and On-Going Community Mental Health Services)	
<b>2013-2014 Promoting Independence Plan Directives:</b>	
<p>1. <i>Requires legislative direction and/or appropriations.</i></p> <p><b><i>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</i></b></p> <p>DSHS (via HHSC) received exceptional item funding (Sec. 52) to reduce the waiting list for children needing community-based mental health services at community mental health centers. Both child and adult waiting lists will be reported.</p> <ul style="list-style-type: none"> <li>○ Number of adults waiting for community-based mental health services = <u>969 as of May 31, 2016.</u></li> <li>○ Number of children waiting for community-based mental health services = <u>122 as of May 31, 2016.</u></li> </ul> <p>DSHS (via HHSC) received exceptional item funding (Sec. 52) for Children with Special Health Care Needs (CSHCN) to reduce waiting lists.</p> <p>Number of CSHCN waiting for community-based services:</p> <p>As of May 31, 2016 there were 47 children on the CSHCN Services Program waiting list for health care benefits. During the third quarter of FY 2016, 176 clients were removed from the waiting list as of May 31, 2016 to receive comprehensive health care benefits.</p> <p>2. <i>Requires legislative direction and/or appropriations.</i></p> <p><b><i>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.</i></b></p> <p>DSHS received exceptional item funding (Rider 65) in enhance the capacity of the community-based mental health service system by increasing the number of persons receiving intensive community-based mental health service packages at community mental health centers, including Assertive Community Treatment (ACT).</p> <ul style="list-style-type: none"> <li>○ Number of people receiving ACT = <u>2,284 in May 2016 (including NorthSTAR).</u></li> </ul> <p>3. <i>Requires legislative direction and/or appropriations</i></p>	

***If directed and/or funded by the Legislature, HHSC will work with DSHS to provide services and supports for individuals leaving the state mental health facility (state hospital) system.***

DSHS received exceptional item funding (Rider 65) to extend the post crisis/hospital benefit at community mental health centers from 30 to 90 days.

- Number of people receiving service package 5 (crisis follow up) = 2,039 in May 2016 (including NorthSTAR).

**Topics of Interest** (*ongoing issues/projects*):

Reports attached

- Patients Admitted Three or More Times in 180 days
- Discharge Destination from State Hospitals
- Adults Readmitted to a State or Community Psychiatric Hospital Three or More Times in 180 Days Since FY 2001; Where are They Now?
- Children Readmitted to a State of Community Psychiatric Hospital Three or More Times in 180 Days Since FY 2001; Where are They Now?
- Hospitalized Patients Discharged After One Year (New Report added Q1 2016)

**Follow-Up From Previous PIAC Request:**

**Youth Empowerment Services (YES) Waiver**

As of May 2016 YES Waiver enrolled 1,361 active participants. Comprehensive waiver providers are contracted through an open enrollment process. DSHS continues to grow its YES Waiver provider base and has executed a contract with Covenant Kids to serve as a comprehensive waiver provider in North Texas. The Local Mental Health Authority (LMHA) serves as the waiver administrator as well as the comprehensive waiver provider to afford additional choice across the state among providers.

The YES Waiver has submitted Amendment 9 – Inclusion of Children in Department of Family and Protective Services Conservatorship. CMS approval of this amendment is expected in July 2016. DSHS has proposed an update to the Texas Administrative Code (TAC) to YES relating to management of the Inquiry List and the establishment of a reserve capacity for children at imminent risk of relinquishment.

DSHS partnered with the Texas Institute for Excellence in Mental Health (TIEMH) on May 9, 2016 to host a statewide organizational leadership meeting to provide an update to LMHAs/LBHAs on the standards used to measure fidelity to wraparound and share strategies to improve client outcomes.

**Home and Community-Based Services—Adult Mental Health: 1915 (i) State Plan Amendment**

DSHS received exceptional item funding during the 83<sup>rd</sup> Legislature, Regular Session, 2013 to develop a Home and Community-Based Services (HCBS) program for adults with complex needs and extended or repeated state inpatient psychiatric stays as defined by the Department. The Department was authorized to seek federal approval for a Medicaid 1915(i) state plan amendment to enable federal financial participation, to the extent possible, in the HCBS program in collaboration with the Health and Human Services Commission (HHSC).

Texas received federal approval of the Home and Community-Based Services-Adult Mental Health (HCBS-AMH) SPA from the Center for Medicare and Medicaid Services (CMS) on October 13, 2015.

The 84<sup>th</sup> Legislature, Regular Session, 2015 directed DSHS to expand home and community based services to divert jail and emergency room populations to community based treatment. HHSC formally submitted the amendment to the HCBS-AMH SPA to CMS on May 20, 2016. DSHS will operate the expansion using general revenue until CMS approves the SPA amendment.

DSHS has executed contracts with Texoma Community Center to provide both HCBS-AMH comprehensive service array and recovery management in Sherman. DSHS enrolled the first two HCBS-AMH participants on June 15, 2016. In addition, DSHS has two executed contracts, one in Harris County for provider agency and one in Wichita Falls for recovery management. There are seven additional contracts with anticipated execution including a recovery management entity in Harris County and a provider agency in Wichita Falls. Once executed, HCBS-AMH referrals will open in Harris County and Wichita Falls.

### **Money Follows the Person Behavioral Health Pilot and Related Efforts**

The Money Follows the Person Behavioral Health Pilot in Bexar, Atascosa, Wilson, Guadalupe, Williamson, Hays, and Travis Counties (San Antonio and Austin) helps people with co-occurring physical and mental health and substance abuse conditions leave nursing facilities and live independently in the community. Two pilot services, Cognitive Adaptation Training (CAT) and substance abuse counseling, are currently provided by the Center for Health Care Services, San Antonio's local mental health authority (LMHA), the University of Texas Health Science Center at San Antonio, and Austin Travis County Integral Care. CAT is an evidence-based rehabilitative service that helps improve adaptive functioning by helping people establish daily routines, organize their homes, and hone their community living skills. Examples of increased independence include getting a paid job at competitive wages, driving to work, volunteering, getting a GED, teaching art classes, leading peer support groups, and working toward a college degree.

Significant updates since the last report include the following:

- The total number of people who have received at least one day of pilot services in the community since the start of the pilot in 2008 is 424. Of these, 240 have successfully completed one year of pilot services in the community. In addition, pilot participants have shown statistically significant improvements in functioning independently. Participants show increased functional status and quality of life across time, and gains achieved during the intervention persist for at least a year after the end of services.
- CAT services have reached maximum capacity in the Austin and San Antonio service delivery areas because of robust outreach and recruitment efforts. New participants are enrolled as others transition off services. The pilot is currently serving 32 clients in the community and 48 in nursing facilities (pre-transition).
- The cognitive challenges faced by pilot participants are similar to those faced by some long term residents of state psychiatric facilities. DSHS has been working with the Center for Health Care Services to provide pilot services to people at the San Antonio State Hospital. This effort is funded with Mental Health Block Grant dollars. To date, 42 people have moved from the state hospital into the community.
- The University of Texas Health Science Center at San Antonio has continued to reach out to LMHA staff and has provided training in Illness Management and Recovery (IMR) and CAT, funded under an Money Follows the Person (MFP) administrative grant award. To date, 5,062 supervisors and direct care staff members have been trained in the IMR psychosocial rehabilitative curriculum. In addition, 345 direct care staff members have received CAT certification.
- Staff continued planning activities to develop a center of excellence to provide training and technical assistance to managed care organizations and their networks which would enable them to deliver evidence-based rehabilitative services (CAT). In addition, the center of excellence would create a learning community with resources to help MCOs understand the implications of substance abuse disorders for institutionalized

populations and provide them with strategies to deliver substance abuse treatment to people moving from institutions.

- DSHS continues to work with the University of Texas' School of Social Work's Addiction Research Institute (UTARI) to evaluate the pilot. This quarter, UTARI will continue its analysis to examine whether information in the pilot datasets, such as participant physical, psychological, and psychosocial functioning measures, diagnoses, medical assessments etc., can help predict (1) characteristics of participants who successfully returned to the community and (2) which participants remained in the community over time. DSHS staff will continue to use evaluation results to inform policy recommendations, facilitate programmatic improvement, and promote and disseminate effective practices relating to community transition for adult nursing facility residents with behavioral health conditions.
- In April, DSHS staff facilitated a session called, "On the Move: Meeting the Transition Needs of Individuals with Behavioral Health Conditions," at the Texas State Independent Living Conference in San Antonio.

### **Mental Health Best Practices, Promising Practices and Evidence-based Practices (formerly Mental Health Transformation Initiatives)**

Mental Health Transformation initiatives were activities designed to bring the latest evidence based and promising practices into the public mental health system for the benefit of consumers and family members. The focus of these practices is to promote recovery and build resilience for the people we serve. Mental Health Transformation activities and initiatives have been integrated into programming within the Mental Health and Substance Abuse Division. Programming within DSHS is informed by the division's overall mission:

*To improve health and well-being in Texas by providing leadership and services that promote hope, build resilience, and foster recovery.*

### **Veteran Peer Services and Training**

- Through third quarter of fiscal year 2016, certified Peer Service Coordinators, working in 37 communities served by the state's Local Mental Health Authorities (LMHAs), served 3,380 incarcerated veterans, and, statewide provided an additional 29,384 peer-to-peer services to an estimated 14,000 additional (non-incarcerated) service members, veterans, and family members.
- Licensed mental health professionals (field clinicians) provided 83 case management clinical services to incarcerated veterans in special Texas Department of Criminal Justice (TDCJ) veteran dormitory units in Austin and Gatesville. Additionally, these field clinicians provided 1,082 clinical services to 355 service members, veterans, and family members in Dallas/Fort Worth, Waco, Killeen, Austin, and San Antonio.
- To date, 105 Texas Veterans Commission (TVC) certified trainers, employed at LMHAs, trained 973 people in peer-to-peer counseling skills.

### **Other Recovery Initiatives**

- DSHS contracts with Via Hope to provide mental health, family partner peer certification and training, expand the practice of recovery oriented person-centered planning and further peer integration into the behavioral health service array. The total number of people trained as certified peer specialists to date is now 846, of which 790 were certified and 528 currently have an active certification. The total number of certified family partners is now 183, of whom 127 currently have an active certification.
- The University of Texas Center for Social Work Research, Institute for Excellence in Mental Health, has initiated projects at the Austin State Hospital to research the experiences of client's perception of recovery when working with peers compared to a control group which is not working with peers. A similar study has been initiated at Bluebonnet MHMR crisis units.
- The General Appropriations Act, 84<sup>th</sup> Legislature, Regular Session, 2015 (Article II, Department of State Health Services (DSHS), Rider 73) requires DSHS to implement a mental health peer support re-entry

program. DSHS is required to partner with Local Mental Health Authorities (LMHAs) and county sheriffs to establish a pilot program that uses certified peer specialists to ensure inmates with a mental illness successfully transition from the county jail into clinically appropriate community-based care. Three LMHAS were awarded contracts based on a needs and capacity assessment: MHMR of Tarrant County, Harris Center for MHMR and Tropical of Texas Behavioral Health. These LMHAS are in the process of hiring and training peers, enrolling clients, and strengthening relationships/working in the jails. In addition, DSHS is collaborating with the Hogg Foundation for a process evaluation.

**Centralized Training Infrastructure for Evidence-based Practices**

The Centralized Training Infrastructure for Evidence Based Practices (CTI-EBP) is designed to aid the development of a training infrastructure to support the delivery of mental health services in Texas for the adult and youth populations. DSHS Mental Health and Substance Abuse Division developed this project as a mechanism to ensure providers contracted by the department and delivering mental health services did so using evidence-based practices. The infrastructure promotes and supports the utilization of evidence-based and promising practices to facilitate resiliency and recovery, and increase positive outcomes for people utilizing behavioral health services in the Texas mental health system. DSHS has contracted with the University of Texas Health Science Center, Department of Psychiatry to coordinate and implement this project.

The training infrastructure includes many evidence-based practices, including, but not limited to Illness Management & Recovery (IMR), Cognitive Adaptation Training (CAT), Cognitive Processing Training (CPT), Social Skills and Aggression Replacement, Nurturing Parent, Motivational Interviewing and Person Centered Recovery Planning. To date approximately 16,655 providers have completed online or face-to-face training modules within the infrastructure:

<b>Training</b>	<b>Number Completed</b>
Individual Placement and Support – Supported Employment (IPS-SE)	882
Co-Occurring Psychiatric and Substance Disorders (COPSD)	5,494
Illness Management Recovery (IMR)	5,797
IMR Recertification	1,890
Cognitive Adaptation Training (CAT)	415
<b>TOTAL Web based</b>	<b>14,478</b>
<b>TOTAL In Person</b>	<b>2,177</b>
<b>TOTAL Training</b>	<b>16,655</b>

The CTI-EBP is free to those with DSHS funded contracts and through partnerships with other state agencies. The CTI-EBP E-Commerce will be fully promoted September 1, 2016 to charge non-DSHS contracted providers for web-based training that offers continuing education units (CEUs).

DSHS continues to work with other community and enterprise partners to identify training gaps with an eye toward helping the development of a competent workforce by offering appropriate training opportunities. The system continues to partner with the Department of Aging and Disability Services. DADS is releasing Mental Health Wellness Intellectual Developmental Disabilities training modules for fiscal year 2017 (September 1, 2016).

For more information regarding the training infrastructure, please use the following link <https://tango.uthscsa.edu/cttesting/>.

**Relevant Meeting Notices:**

**Note:** Please note that because of grace periods in the submission of encounter data by funded community mental health centers to DSHS, the values listed in this report do not freeze until 37 days after the last day of FY 2016 Quarter 3.

Also note that this report is completed and compiled in collaboration with DSHS Children with Special Health Care Needs (CSHCN) Services Program, DSHS Mental Health and Substance Abuse (MHSA) Division Decision Support staff, DSHS MHSA Special Projects Unit staff, DSHS MHSA Adult Program Services Staff, DSHS MHSA Senior Policy Analyst Office and DSHS Hospitals Section staff.

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**DSHS PIAC Status Report**

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

	FY2016											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
<b>Number Readmitted Three or More Times in 180 Days Since FY2001</b>	4,850	4,862	4,875	4,885	4,899	4,915	4,944	4,966	4,984			
<b>Number Receiving Services</b>	1,607	1,580	1,595	1,578	1,585	1,584	1,623	1,632	1,654			
<b>Level of Care Received</b>												
<b>Crisis Services</b>	108	98	97	93	89	83	78	84	100			
<b>Level of Care 1 M Medication Management</b>	4	4	4	5	5	5	6	7	7			
<i>Average Service Hours</i>	0.13	0.21	0.42	0.89	0.1	0.3	0.65	0.55	0.39			
<b>Level of Care 1 S Skills Training</b>	742	726	733	722	728	740	750	743	748			
<i>Average Service Hours</i>	1.2	1.27	1.35	0.9	0.98	1.24	1.72	1.58	1.35			
<b>Level of Care 2 Medication, Coordination and CBT</b>	8	8	8	9	8	8	12	10	9			
<i>Average Service Hours</i>	4.63	4.3	2.47	2.28	2.58	2.38	2.58	1.52	1.69			
<b>Level of Care 3 Medication, Psychosocial Rehabilitation</b>	459	451	453	441	435	426	439	451	462			
<i>Average Service Hours</i>	5.76	5.47	4.94	5.11	4.67	5.21	5.16	5.37	5.16			
<b>Level of Care 4 Assertive Community Treatment (ACT)</b>	265	273	279	288	291	291	302	309	304			
<i>Average Service Hours</i>	7.05	7.51	6.4	7.13	6.88	7.18	7.02	7.42	6.5			
<b>Level of Care 5 Crisis Follow up</b>	14	12	11	15	23	25	30	25	20			
<b>Client Refused Services</b>	0	0	0	0	1	2	2	0	0			
<b>Waiting for All Services</b>	7	8	6	5	4	3	3	3	4			
<b>Not Eligible for Services</b>	0	0	4	0	1	1	1	0	0			
<b>Percent Appropriately-Authorized</b>	94.8	95.9	95.4	95.4	95.6	95.4	95.8	96.0	95.8			

**Notes:** Clients who are "appropriately-authorized" generally receive the same service package as that recommended during assessment. Also, average monthly community service hours per client may be considered somewhat low, since these clients may have been in the hospital. Please note that due to grace periods in the submission of encounter data by funded community mental health centers to DSHS, the values listed in this report do not freeze until 37 days after the last day of FY2016 Quarter 3.

**Source:** DSHS Client Assignment and REgistration (CARE) system and Clinical Management For Behavioral Health Services warehouse, 05/31/2016.

# Patients Hospitalized for More Than One Year

Date	Total	Civil Total	Forensic Total	Voluntary Total	Needs Continued Hospitalization	Accepted for Placement	Barrier to Placement	Court Involvement
1/01/1998	627							
1/01/1999	468							
10/01/1999	427				316	45	9	57
2/24/2000	390				315	30	16	29
5/31/2000	374				286	37	23	28
8/31/2000	351				240	22	41	48
11/30/2000	380				241	19	55	65
2/28/2001	380				218	32	64	66
5/31/2001	398				263	10	63	62
8/31/2001	372				229	12	62	69
11/30/2001	350				245	15	27	63
2/28/2002	357				221	23	27	86
5/31/2002	372				220	16	31	105
8/31/2002	395				211	21	38	126
11/30/2002	386				206	13	36	131
2/28/2003	367				198	16	26	127
5/31/2003	383				213	14	29	127
8/31/2003	393				226	11	15	141
11/30/2003	376				221	10	18	127
2/29/2004	374				226	4	15	129
5/31/2004	369				228	7	19	115
8/31/2004	355				218	11	19	107
11/30/2004	363				209	10	21	123
2/28/2005	384				227	16	14	127
5/31/2005	373				209	15	27	122
8/31/2005	380				213	15	19	133
11/30/2005	400	231	162		364	13	19	4
2/28/2006	396	226	170		360	10	21	5
5/31/2006	417	229	188		374	9	29	5
8/31/2006	435	219	216		389	15	25	6
11/30/2006	446	212	234		416	6	17	7
2/28/2007	453	203	250		384	31	26	12
5/31/2007	449	205	244		391	29	19	10
8/31/2007	444	190	254		389	24	20	11
11/30/2007	473	200	273		422	9	28	14
2/29/2008	459	203	256		402	18	22	17
5/31/2008	469	208	261		422	13	16	18
8/31/2008	477	212	265		438	8	15	16

<b>Date</b>	<b>Total</b>	<b>Civil Total</b>	<b>Forensic Total</b>	<b>Voluntary Total</b>	<b>Needs Continued Hospitalization</b>	<b>Accepted for Placement</b>	<b>Barrier to Placement</b>	<b>Court Involvement</b>
11/30/2008	504	221	283		457	10	18	19
2/28/2009	514	232	282		469	5	23	17
5/31/2009	546	235	311		497	6	23	20
8/31/2009	584	247	337		521	12	28	23
11/30/2009	586	245	341		527	10	25	24
2/28/2010	605	246	359		545	7	28	25
5/31/2010	625	250	375		538	19	42	26
8/31/2010	642	262	380		537	17	56	32
11/30/2010	663	262	401		564	14	50	35
2/28/2011	655	252	403		536	38	50	31
5/31/2011	654	247	407		553	11	48	42
8/31/2011	638	240	398		554	5	44	35
11/30/2011	655	252	403		536	38	50	31
2/29/2012	682	249	433		580	14	46	42
5/31/2012	668	229	417	22	572	26	30	40
8/31/2012	662	208	416	38	586	18	28	30
11/30/2012	641	187	415	39	557	13	39	32
2/28/2013	654	187	432	35	556	8	36	54
5/31/2013	677	176	466	35	567	11	36	63
8/31/2013	701	177	484	40	567	12	52	70
11/30/2013	706	180	489	37	583	18	32	73
2/28/2014	710	188	485	37	593	8	39	70
5/31/2014	731	193	505	33	606	10	35	80
8/31/2014	686	160	493	33	557	9	36	84
11/30/2014	695	179	493	23	571	11	34	79
2/28/2015	701	180	500	21	559	14	35	93
5/31/2015	727	188	514	25	500	106	38	83
8/31/2015	728	194	508	26	486	106	41	95
11/30/2015	716	185	508	23	563	10	37	106
2/29/2016	711	191	493	27	551	15	37	108
5/31/2016	738	204	509	25	572	15	45	106

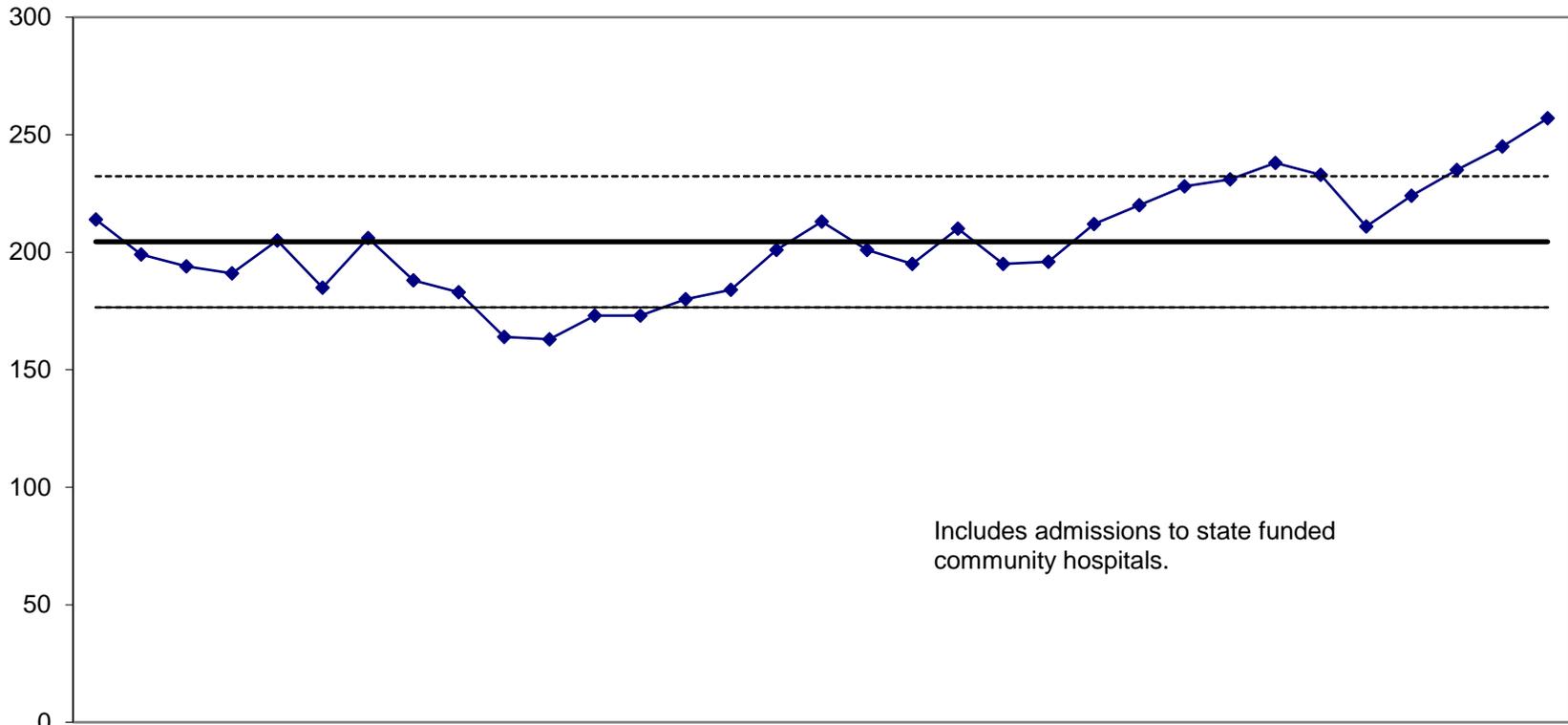
*\*Data for the Period Ending : 08/31/2015, InComplete, WCFY ( 1 record ) not received prior to report.*

*\*Data for the Period Ending : 02/29/2016, InComplete, BSH ( 118 records ), and WCFY ( 2 records ) not received prior to report.*

## Discharges from State Hospitals - FY2016

Placement	All Patients	Patients Discharged After Being Hospitalized for 365 Days	All Patients	Patients Discharged After Being Hospitalized for 365 Days
		Q2 – FY16		Q3 – FY16
No Entry*	2		4	
BHO Care	3		2	
Death	3	2	3	2
Domestic Abuse Shelter	2	1	2	
ICF/MR	3		2	
Jail or Other Correctional Facility	513	32	530	27
Medical/Inpatient Facility	5	2	8	1
MHA/MRA	147	3	168	5
Nursing Home	21	8	29	11
Other Agency Arranged (e.g. CPS)	17		21	1
Other State Hospital	83	19	79	19
Out of State (MR Only)	1		3	
Personal Care/Group Home	183	5	169	8
Private Psychiatric Hospital	2		4	
Private Residence	1166	4	1156	6
Respite	65		63	
State Supported Living Center	7	2	12	2
State-Funded Community Psychiatric Hospital	1		2	
Substance Abuse Center	11		8	
Supportive Housing	9		15	1
UD Involuntary	7		5	
UD Voluntary	2		2	
VA Care	6			
<b>Total</b>	<b>2259</b>	<b>78</b>	<b>2287</b>	<b>83</b>

### People Admitted Three or More Times in 180 days:September 2013 - May 2016



	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	
Series1	214	199	194	191	205	185	206	188	183	164	163	173	173	180	184	201	213	201	195	210	195	196	212	220	228	231	238	233	211	224	235	245	257	
Series2	204	204	204	204	204	204	204	204	204	204	204	204	204	204	204	204	204	204	204	204	204	204	204	204	204	204	204	204	204	204	204	204	204	204
Series3	232	232	232	232	232	232	232	232	232	232	232	232	232	232	232	232	232	232	232	232	232	232	232	232	232	232	232	232	232	232	232	232	232	232
Series4	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177	177



## **Report to the Promoting Independence Advisory Committee**

**October 2016**

### **Health and Human Services Commission**

#### **STAR Kids**

S.B. 7, 83rd Legislature, Regular Session, 2013, directs the Health and Human Services Commission (HHSC) to establish a mandatory STAR Kids capitated managed care program tailored to provide Medicaid benefits to children with disabilities. All children and youth under the age of 21 who receive Supplemental Security Income (SSI) or SSI-related Medicaid will be required to receive Medicaid services through STAR Kids. Two key components of the STAR Kids model include robust service coordination and a comprehensive, multidisciplinary assessment. The legislation also directs HHSC to fully integrate services provided through the Medically Dependent Children's Program (MDCP) into STAR Kids. Those served through other 1915(c) home and community-based waiver programs will continue to receive long term services and supports through DADS, but will receive acute care benefits through STAR Kids. STAR Kids will implement statewide on November 1, 2016.

Ahead of the November 1, 2016 implementation date, HHSC outreached providers and families to educate providers and clients about the new program. Initial information letters for prospective STAR Kids members went out in mid-July, while enrollment packets went out in mid-August. HHSC held in-person information sessions for both providers and families, including some sessions provided in Spanish, in thirteen cities across Texas in August and September 2016. The schedule of these sessions can be found at the STAR Kids website. HHSC also hosted several webinar sessions in September and October. HHSC has continued to update the [STAR Kids website](#) to include additional information about STAR Kids, including family and provider FAQs, a family resource document, and a health plan profile document.

Operational and systems readiness reviews for the STAR Kids managed care organizations (MCOs) took place this summer and fall. The readiness review process is designed to ensure that STAR Kids meet all applicable requirements and will be ready to accept members on November 1, 2016. All plans have met key metrics to ensure readiness.

The STAR Kids Managed Care Advisory Committee met on September 14, 2016, and held a supplemental meeting on October 4, 2016. The next committee meeting is scheduled for December 7, 2016. The committee is scheduled to continue to meet quarterly for the first year following implementation of STAR Kids.

#### **Other HHSC Medicaid Initiatives**

##### **Dual Demonstration**

On March 1, 2015, HHSC began a demonstration program to test an innovative delivery model that combines health services for people with both Medicaid and Medicare coverage into one

plan. The demonstration includes full-dual eligible adults (age 21 and above) who are required to receive their Medicaid benefits through the STAR+PLUS managed care program and live in one of the six demonstration counties. Counties participating in the demonstration are Bexar, Dallas, El Paso, Harris, Hidalgo and Tarrant. In this model, one entity, the Medicare-Medicaid Plan (MMP) is responsible for coordinating the full array of Medicaid and Medicare services. This includes any benefits that were added to the STAR+PLUS service array on or after March 1, 2015, such as nursing facility and Community First Choice (CFC) services. The goals of the demonstration are to improve quality and individual experience in accessing care and to promote independence in the community.

From August 1, 2015 – October 1, 2015, nursing facility dual-eligibles were included in the passive enrollment process. This was the last passive enrollment group as part of implementation in 2015. The program is now fully implemented. Currently, HHSC limits passive enrollment to an annual basis for the remaining length of the demonstration.

The first annual passive enrollment process took place January 1, 2016, enrolling a total of 9,409 new MMP clients. Total program enrollment is currently estimated to be 38,064 members as of September 1<sup>st</sup>. Actual enrollment may be lower or higher, depending on the number of clients who opt into/out of the Dual Demonstration in any given month.

The next annual passive enrollment will be January 1, 2017.

The demonstration will extend an additional 2 years until December 31, 2020.

For more information about the demonstration, including Frequently Asked Questions (F.A.Q.'s), please visit the [HHSC demonstration website](#).

### **Community First Choice**

S.B. 7, 83rd Texas Legislature, Regular Session, 2013, directs HHSC to implement the most cost-effective option for the delivery of basic attendant and habilitation services for individuals with disabilities under the STAR+PLUS program, and to maximize federal funding. Prior to the passage of S.B. 7, habilitation services were only available in certain long-term services and supports (LTSS) waiver programs, and most of these programs have interest lists.

The CFC option in Texas was implemented on June 1, 2015, and it expands the availability of basic attendant and habilitation services to individuals with physical, mental health, intellectual, and developmental disabilities who meet an institutional level of care. The state receives a six percent increased federal match for CFC services, which is used in turn to fund services for individuals who today have no access to LTSS.

HHSC and the Department of Aging and Disability Services (DADS) have worked closely together monitoring implementation, addressing issues or concerns as they are identified, and ensuring coordination of services. This process will be further improved by the consolidation of staff through the Transformation process. HHSC continues to meet with stakeholder groups including providers, MCOs, Promoting Independence Advisory Committee as the CFC

Development and Implementation Council, local intellectual and developmental disability authorities (LIDDAs), and Texas Council of Community Centers to gather feedback regarding CFC.

In July 2016, HHSC posted on its website the legislatively mandated [CFC report](#) required by S.B. 7. In September 2016, HHSC distributed the "Local Intellectual and Developmental Disability Authority and STAR Kids Managed Care Organization Procedures for Community First Choice" to stakeholders.

HHSC continues to work to review, develop and evaluate person-centered planning training proposals, curricula, and related materials, to ensure compliance with the federal regulations and quality and consistency across systems. A person-centered planning webpage with a mailbox, along with a set of minimum criteria, a list of approved trainings, an introductory web-based training developed by DADS and HHSC, and other resources will be deployed in the next several weeks. Alerts will go out to providers, stakeholders, and MCOs when the website goes live. A new committee, to include external stakeholders, will expand beyond the training focus to begin designing the ways in which person-centered planning will be implemented more systemically, including changes to forms, processes, and policies.

### **Employment Initiatives**

The Employment First Task Force (Task Force) is an interagency task force authorized by S.B. 1226, 83rd Legislature, Regular Session, 2013. The Task Force began meeting in April 2014. A report was sent to the Governor, the Legislature, and the HHSC Executive Commissioner in October 2014.

The Texas Education Agency (TEA), the Texas Workforce Commission (TWC), and HHSC have adopted the Employment First policy as prescribed in S.B. 1226. The Employment First policies of each agency may be found at the following links: [TEA Employment First policy](#), [TWC Employment First policy](#), and [HHSC Employment First policy](#). Task Force members completed their second report to the Legislature in September. Recommendations include the formation of an Employment First Division at HHSC, increased employment data collection, and improved benefits counseling. The next meeting of the Task Force will be held in January 2017.

In an effort to increase coordination and information sharing, state agency members of the Task Force continue to meet quarterly to discuss employment related projects and initiatives. Visit the [Employment First website](#) for more information on the Employment First Task Force and its members.

### **New Federal Home and Community-based Services Rules**

In March 2014, a new rule became effective governing Home and Community-based Services (HCBS) setting requirements, including individuals' right to privacy, dignity, respect, community integration, access to competitive employment and optimization of individual choices concerning daily activities, physical environment and social interaction. The new rule also includes expectations governing how states implement person directed planning.

HHSC and DADS developed web-based provider (residential and non-residential) and service coordinator/case manager self-assessment tools and face-to-face participant (residential and non-residential) assessment tools.

External assessment surveys are in progress which includes completing analyses of provider and participant/member surveys to identify areas of noncompliance. Anticipated completion of the external assessment phase is December 2016.

The Health and Human Services (HHS) Fiscal Years 2018-2019 Legislative Appropriations Request (LAR) is posted on the [Texas HHS Website](#). The LAR contains an exceptional item entitled, "Community Day Habilitation Programs - HCBS Requirement". This exceptional item is regarding the HCBS Settings Rule and day habilitation and is located in the Texas HHSC Fiscal Years 2018-19 LAR, 4.A. Exceptional Item Request Schedule, 85th Regular Session, Agency Submission, Version 1, Item Priority 40.

All states are required to submit a transition plan outlining the steps required to come into compliance with the regulations by 2019. HHSC submitted the statewide transition plan (STP) in December 2014 and a modified version which included a transition plan for the STAR+PLUS waiver in March 2015. Texas continues to work with the Centers for Medicare & Medicaid Services (CMS) which included another revision in February 2016. On June 7, 2016, CMS sent additional feedback on the STP. HHSC is in the process of responding to the CMS feedback and updating the STP as needed. The next STP submission is planned for the end of October 2016. These updates are mainly to clarify and strengthen components of the STP and to help the state obtain federal approval of the STP.

CMS indicated posting for public comment is not required for this update; however, the State is providing the plan for a short review period prior to submission. If you'd like to send comments regarding the updated STP, please send them to [Medicaid\\_HCBS\\_Rule@hhsc.state.tx.us](mailto:Medicaid_HCBS_Rule@hhsc.state.tx.us). The comment period is open from October 17, 2016, through October 21, 2016, at 5 p.m. Because of a short submission deadline, comments provided will be considered in future updates to the STP. HHSC will update the STP in the spring of 2017 and will include more substantive changes. The 2017 STP updates will be posted for the full 30 days to allow for public comment and inclusion of comments in the update.

### **HHSC Rate Analysis Department Update**

Rate Analysis is in the process of reviewing providers' 2015 Cost Reports. Submitted cost report data undergoes verification through the department's Cost Report Review Unit (CRRU) in preparation for the rate determination work that will happen at the end of the upcoming Legislative session. The 2015 cost reports will be used to set reimbursement rates for Medicaid contractors for the State's 2018 and 2019 biennium. To date, Rate Analysis has processed approximately 30% of the 5,600 cost reports that have been submitted by providers. The review of cost reports by CRRU will continue through early spring 2017.

Once a provider's cost report has been verified, they will be notified electronically that adjustments to their cost report can be viewed online through the State of Texas Automated Information Reporting System (STAIRS).

Additionally, community care providers that participate in the Attendant Compensation Rate Enhancement (ACRE) program will be able to view whether requisite spending requirements were met in the STAIRS system. ACRE is an optional program whereby providers receive their base rate plus an add-on rate that is required to be passed along to direct care staff in the form of wages and/or benefits in order to reduce attendant turnover and increase the quality of care that is provided to Medicaid clients.

Providers that enter or exit participation in ACRE after the start of the fiscal year are required to complete an abbreviated cost report (referred to as an Annual Report) that is used to determine compliance with the ACRE program's spending requirements. Annual Reports will now be submitted through the STAIRS system similar to annually submitted cost reports.

In similar fashion, Rate Analysis will also utilize STAIRS to notify Home and Community Based Services (HCS) and Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID) providers that opted to receive the September 1, 2015, rate increases whether or not they achieved compliance with the Total Medicaid Spending Requirement. The Total Medicaid Spending Requirement obligates participating HCS and ICF/IID providers to spend at least 90 percent of revenues received through Medicaid payment rates on Medicaid allowable costs under the HCS and ICF/IID programs. This spending requirement also went into effect on September 1, 2015.

Lastly, Rate Analysis has concluded analyzing providers' 2014 cost reports that are used to prepare the *HHS Consolidated Budget for Fiscal Years 2018-2019*. This document will be published in mid-October and is for the purpose of identifying funding issues of Texas' health and human services agencies and also presents supporting information and data on appropriation requests. Cost report analysis feeds into the section entitled *Provider Rate Considerations and Methodology* in the Consolidated Budget.

For more information on Rate Analysis activities, please visit the [Rate Analysis webpage](#).

### **Transformation Update**

The transformation of the Texas HHS system, as required by S.B. 200, 84<sup>th</sup> Legislature, 2015, reached a significant milestone Sept. 1, 2016. That day, like programs and services from the Department of Assistive and Rehabilitative Services (DARS), the Department of State Health Services (DSHS), and DADS were brought together as part of the restructured HHSC.

At the center of the transformation is the newly-created Medical and Social Services division that combines client services and benefits such as Medicaid, Supplemental Nutrition Assistance Program, aging and waiver services from DADS; deaf, blind and independent services from DARS; and behavioral health programs from DSHS. The new division will better integrate care through the elimination of silos and streamline service delivery.

The administrative functions that support the transferring staff and programs also became part of HHSC Sept. 1, 2016, strengthening a system-wide Administrative Services division. This restructuring, along with the transfer of DARS' vocational rehabilitation programs to the Texas Workforce Commission means DARS no longer exists.

Leadership and staff see September 1 as 'Day 1' because this is truly when the substantive work to deliver on the [transformation goals](#) begins. The restructuring focused on getting the right resources and programs in place to begin looking at ways to improve service delivery to Texans.

HHSC's Transformation division will work within the new structure to identify ways to improve the system's effectiveness while the Policy and Performance division will help programs measure their performance and make recommendations to improve existing benchmarks.

Sept. 1, 2017 will bring more changes with the consolidation of regulatory programs, state supported living centers and state hospitals, prevention programs, and administrative support services into HHSC. This transition involves the transferring of over 24,100 staff positions to HHSC (six times the volume transferred in 2016). At this point DADS will no longer exist and DSHS' streamlined structure will focus on its core public health functions.

Overall, while S.B. 200 was the impetus for the restructuring, the ultimate outcome will allow the HHS system to focus on becoming more efficient and effective in its mission of improving the health, safety and well-being of Texans through good stewardship of public resources.