



Independent Living Services Study Report

**As Required by
2022-23 General Appropriations Act,
Senate Bill 1, 87th Legislature, Regular
Session, 2021 (Article II, Health and
Human Services Commission, Rider 83)**

**Texas Health and Human Services
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TEXAS
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Executive Summary

In accordance with the [2022-23 General Appropriations Act, Senate Bill 1, 87th Legislature, Regular Session, 2021 \(Article II, Health and Human Services Commission, Rider 83\)](#), the Texas Health and Human Services Commission (HHSC) is required to conduct a study of the Independent Living Services (ILS) program and submit a report on the study's findings.

The ILS program at HHSC oversees the purchased services grant for the procurement of goods and services needed for individuals to live more independently. HHSC also provides oversight of the base grant for information and referral services, independent living skills training, advocacy, peer counseling, and transition services. HHSC is also the designated state entity to receive federal funds from the United States (U.S.) Department of Health and Human Services (DHHS) Administration for Community Living (ACL). As the designated state entity, HHSC provides a pass-through grant to the State Independent Living Council (SILC), which develops the State Plan for Independent Living (SPIL) and implements various independent living projects across the state. This study focuses primarily on the purchased services grant and how the centers for independent living (CILs) have performed in the program since HHSC outsourced the contracts in 2016. The study was compiled using a variety of source data, including:

- Stakeholder and CIL staff surveys administered in 2022 by an independent research entity (see Appendix A);
- Information from the HHSC Data Reporting System, which CILs use to enter consumer records;
- The original external study (2016) which assessed the capacity levels of the CILs, which was conducted by Public Consulting Group (PCG) at the request of the Texas Sunset Advisory Commission prior to contracting for the program; and
- Other program documentation such as CIL quarterly reports, monitoring reports and annual ILS legislative reports.

The data collected, for this report indicates the provision of goods and services to individuals with disabilities has declined since fiscal year 2019, including:

- the number of services provided,
- funds utilization for services,

- the number of individuals served¹,
- the number of veterans served, and
- the number of new referrals received.

Decreases began prior to the pandemic and have continued since then. While service provision spending has declined, CIL administrative expenses have remained high, and no CIL has been able to find alternative funding sources for administrative costs. HHSC ILS program staff provide ongoing contract oversight, training, and technical assistance on an individualized and group basis to address the declines. However, these efforts have had mixed results amongst CILs.

The HHSC ILS program has identified next steps that include new contract performance measures, guidance related to increases in outreach activities, reduction in administrative rate percentages, and exploring changes to current contract funding methodologies.

¹ Individuals served refers to an individual who has an active Independent Living Plan. The individual may or may not receive services in a given fiscal year.

Background

The purpose of the HHSC ILS program is to facilitate the provision of services to support individuals with significant² disabilities to achieve greater independence in their home and community. Any person with a significant disability who is present in the state of Texas is eligible for services. Independent Living Services promotes independence at home and in the community and enhances quality of life for people with significant disabilities. Services focus on mobility, communication, assistive devices and equipment, and self-direction. The services provided are intended to fill a gap in assisting people with significant disabilities where other federal and state programs do not exist.

All counties in the state have an assigned CIL that HHSC awards a contract to for carrying out this program. CILs are independently controlled, community-based, cross-disability, nonresidential, nonprofit agencies designed and operated by individuals with disabilities. A CIL must be certified as meeting these criteria as required by the federal Rehabilitation Act.³ Since its inception, the enabling federal legislation for independent living services (Rehabilitation Act of 1973, as amended, Title VII, Chapter 2) has remained consistent in its focus on self-advocacy and full inclusion. HHSC ILS has three components that support these goals: purchased services contracts, base operational contracts, and a contract with the SILC to develop, monitor and report on the SPIL.

The purchased services contracts allow for the purchase of goods or services necessary to reduce limitations resulting from individuals' disabilities impacting independence. Individuals must be able to benefit from the goods and services purchased to achieve an independent living outcome. As part of the purchased services contracts, individual recipients contribute towards the cost of independent living goods or services. Purchased services include⁴:

- **Counseling** – assistance adjusting to disability.
- **Orientation and mobility** – learning to navigate without vision.

² A severe physical, mental, cognitive, or sensory impairment that substantially limits an individual's ability to function independently in the family or community and for which the delivery of IL services would improve the ability to function, continue functioning, or move toward functioning independently in the family, community or in an employment setting.

³ <https://assets.section508.gov/files/rehabilitation-act-of-1973-amended-by-wioa.pdf>

⁴ <https://www.hhs.texas.gov/handbooks/independent-living-services-standards-providers/chapter-3-scope-independent-living-services>

- **Independent Living Skills Training** – daily activities skills for individuals who have low vision or blindness.
- **Rehabilitation technologies** – assistive devices such as wheelchairs, artificial limbs, hearing aids, or vehicle modifications.
- **Examinations** – assistance with eye and other required examinations.

The base operational contracts provide CILs with additional funds to serve individuals with significant disabilities and are aligned with the federal Rehabilitation Act. Unlike the purchased services contracts, all services through the base operational contracts are provided or arranged by CIL staff. Core services are:

- **Information and referral** – help accessing the information and resources needed to achieve individual goals.
- **Independent living skills training** – training in specific everyday skills essential to living independently, such as meal preparation.
- **Counseling** – providing a better understanding of the individual's disability and help setting and reaching his or her goals.
- **Advocacy** – training in self-advocacy skills and assistance advocating for accommodations, equal access, and other rights.
- **Transition services** – help moving from nursing homes and other institutions to home and community-based residences, or help transitioning from high school to employment and post-secondary education opportunities.

The SILC is a nonprofit council whose members are appointed by the governor. Their primary function is the development and monitoring of the SPIL. The SPIL is developed through input from CILs, individuals with disabilities, and other stakeholders. This input leads to goals and objectives the CILs will focus on for a three-year period. An example goal is advocating for accessible housing and transportation. At least 51 percent of CILs must approve the SPIL for it to be enacted. The SILC also provides community education on disability-related issues.

HHSC provides oversight and monitoring of the purchased services and base operational contracts with CILs. A team of HHSC trainers, technical assistance specialists, and compliance specialists work closely with the CILs to build their capacity, identify gaps in services, improve service delivery, and efficiently utilize program resources. HHSC activities include but are not limited to individualized CIL technical assistance and training, monthly CIL webinars, routine meetings with CIL

staff, desk monitoring reviews, on-site monitoring reviews, and other oversight activities such as prior approval of certain purchases and budget review.

HHSC receives a mix of funding from the ACL (Part B funds), the Texas Workforce Commission via interagency contract (Social Security Administration-Vocational Rehabilitation funds), and state General Revenue to provide these services. HHSC serves as the designated state entity for dispersing Part B funds. Part B federal funds are 12.5 percent (\$1,586,924) of the ILS program funds and primarily support the SILC. The use for these funds is specifically outlined in the Rehabilitation Act and federal Workforce Investment Opportunity Act⁵ and only includes independent living services.

Texas is the only state providing such a vast array of purchased services. The services provided are intended to fill a gap in assisting people with disabilities where other federal and state programs do not exist. These services have been cultivated and supported by the state since 1984, when the Texas Rehabilitation Commission established 10 ILS caseloads in Texas⁶. The caseloads established provided services that were not available elsewhere, such as vehicle modifications, minor home modifications, and hearing aids. Currently, and historically, no other provider or program provides these services in Texas.

House Bill (H.B.) 2463, 84th Legislature, Regular Session, 2015⁷, directed the outsourcing of independent living services provided by the legacy Department of Assistive and Rehabilitative Services (DARS) to the CILs on September 1, 2016. This legislation was the culmination of a recommendation by the Sunset Advisory Commission that directed the ILS program be moved to HHSC and the agency to ensure all state independent living services be provided by or through CILs.⁸ Historically, DARS administered the program through state staff. This recommendation required HHSC to begin administering the program through contracts with CILs and to develop mechanisms to evaluate and fund services provided by the centers, as well as provide training and technical assistance to help the centers expand their capacity to provide the required full range of independent living services. Further, the recommendation assigned HHSC the responsibility of monitoring the centers' performance, including adopting:

- An equitable and transparent methodology for allocating funds to all centers.

⁵ <https://www.congress.gov/113/bills/hr803/BILLS-113hr803enr.pdf>

⁶ Department of Assistive and Rehabilitative Services Self-Evaluation Report, 2013.

⁷ <https://capitol.texas.gov/tlodocs/84R/billtext/html/HB02463F.htm>

⁸ Sunset Advisory Commission Staff Report, August 2014

- Requirements for contracting with CILs to provide independent living services.
- Requirements for CILs to follow when subcontracting for areas not served by centers or services not provided by centers.
- Requirements for contracting with nonprofits and other organizations to provide independent living services.
- A process for awarding and monitoring independent living services contracts.
- HHSC's role in providing technical assistance and training to centers as needed.

As directed, the independent living services transferred to CILs were the same comprehensive services as those provided directly by legacy DARS. The recommended outsourced model of independent living services was unique to Texas and the implementation was intended to preserve statewide access and scope of services provided by legacy DARS.

Current Independent Living Model

As directed by H.B. 2463, the ILS model was implemented in fiscal year 2017 and HHSC initially contracted with 16 CILs to provide purchased services. The model requires HHSC to contract with CILs to provide services that are not available from any other community resources, insurance, or state waiver programs. These services include complex rehabilitation technology, such as vehicle modifications, power wheelchairs, hearing aids, and prosthetics. The contracts also include noncomplex services, such as durable medical equipment, orientation and mobility training, independent living skills training for individuals with vision loss, and communication devices. Between fiscal years 2017 and 2021, three CILs withdrew from renewing their contracts with HHSC and HHSC terminated contracts with two CILs. Currently, 11 CILs are responsible for providing ILS for the entire state. In fiscal year 2022, 952 independent living plans or waived⁹ independent living plans were written for individuals through the purchased services grant.

The current model requires CIL service providers to report to HHSC on their contract activities monthly. HHSC created the ILS Data Reporting System to provide a web-based repository for data required by the agency, while still allowing each center to keep their existing case management software. The information collected includes individuals' demographic information and the type of services that have been requested, are in progress, and have been provided. Additionally, the financial information for each service purchased is documented in the ILS Data Reporting System.

The HHSC ILS program was also mandated to assist CILs in expanding their capacity to add services to their existing scope of core services. Prior to the outsourcing, the independent consulting firm PCG conducted a study to assess the capacity levels of the centers. PCG determined the CILs had less experience working with individuals with a primary disability of blindness than when these services were provided directly by DARS. PCG also noted that DARS had an established network of vendors and was able to use its purchasing power to maintain lower prices across the state, something the CILs would not be able to replicate. Another 2016 PCG finding determined that only 10 of the 23 providers who participated in the study had dedicated Texas Technology Assistance program sites, allowing them to try out and demonstrate assistive technology. This meant

⁹ Waived independent living plans is when the individual waives their right to sign the plan, which is still counted as an official plan according to the Rehabilitation Act.

that less than half of the CILs in the study started with an awareness of the current assistive technology available to individuals.

Based on the numbers served by DARS in fiscal year 2016, the PCG study listed the projected percentage caseload increases for each center. By absorbing clients previously served directly by DARS, the average CIL was projected to add 105 percent more individuals than they had been serving on the base grant, which would significantly scale up their operations. PCG noted that individuals could experience increased travel to get to a center, as up to 23 providers would be covering the entire state. The study noted this could hamper the CILs' ability to successfully outreach to their entire service area. PCG estimated that four centers would have a maximum travel distance of over three hours, while eight others would have between two to three hours. The report recommended the CILs collaborate with each other to ensure a statewide coordinated system of services. This collaboration has not consistently occurred since the outsourcing.

The most significant capacity issues noted by the 2016 PCG study included CIL inexperience in complex purchasing, assessing individual complex rehabilitation needs, coordinating specialized services, training staff in new services, and a lack of a vendor network to provide the array of services. To provide CILs additional latitude for success, HHSC permitted administrative costs to be higher than traditional HHSC administrative rates in other outsourced programs. In addition, to ensure that the array of services was available in every area of the state, HHSC developed target budget percentages for the purchased services categories of hearing aids, home modifications, power wheelchairs and scooters, vehicle modifications, prosthetics, and other types of purchased services. The budget categories provided a basis for CILs to deliver services to people with all types of disabilities while still allowing CILs the flexibility to revise their budgets based on the needs of the individuals applying for services. With few exceptions, this service model is still used today.

HHSC ILS staff continue to provide training, technical assistance, and oversight to help CILs build capacity and identify administrative inefficiencies. Since outsourcing, HHSC has operated on a two-pronged approach. First is the training and technical assistance team (nine members) that works individually with CILs in a variety of ways. The training and technical assistance team is the subject matter expert on programmatic matters related to services to individuals and provides:

- Monthly webinars on a variety of topics that either the CILs have requested or that have been identified as high priority subjects by HHSC staff;

- Individualized training from the CIL's assigned point of contact on the training team. The HHSC staff provides training to the CIL staff regarding specific needs that include but are not limited to assistance with training new staff, training designed to address CIL areas of improvement, or training on specific types of services;
- One-on-one technical assistance to answer questions related to performance of programmatic functions including but not limited to, assessing individual's needs, determining services to meet needs, obtaining necessary evaluations, and interpreting medical records; and
- Regular meetings with CIL leadership staff to review trends in service delivery, spending, or issues related to provision of services to individuals.

The second part of the approach is the HHSC ILS compliance team (10 members). Compliance serves as the program point of contact and provides support in areas such as invoices, budget issues, contract requirements and federal Uniform Grant Guidance requirements. The compliance team conducts both periodic monitoring reviews which look at a single month, and regular comprehensive monitoring reviews which typically examine a 12-month period. Monitoring reviews build capacity for CILs by bringing their attention to areas of the standards or state and federal regulations of which they may lack knowledge or have not fully implemented. The compliance team also helps to maintain fiscal accountability through the review of purchases, ensuring that spending is consistent with the goals and purposes of the program.

Needs of Texans with Disabilities

A foundational element of the Rehabilitation Act is informed choice. Individuals with disabilities share their needs and the service provider explains the options available to help meet those needs. Needs are identified by the individual requesting services and by the CIL service providers based on the disabilities reported. Assessments and evaluations are purchased by CILs from doctors, physical therapists, rehabilitation engineers, and other professionals in their fields to gather recommendations specific to the individual's needs and disability. An individualized services plan is created to establish quantifiable goals and determine what the CIL will provide to meet those goals. Part of a CIL's responsibility is to be aware of any comparable benefits which may meet the individual's needs. For example, a service might be provided by vocational rehabilitation, the U.S. Department of Veterans Affairs (VA), or through a waiver program. Using the comparable benefit allows the individual to be served and frees CIL funds to assist another person. If comparable

benefits cannot be used, the CIL secures a vendor and will purchase the items included in the plan once funds are available.

In the 2016 PCG report, 607 individuals with disabilities and stakeholders participated in public forums and were asked about the things they would need from the CILs if the program were to be outsourced. The following items were noted in the forums as being important to stakeholders:

- Staff who are trained to work with individuals who are blind, especially those who can provide orientation and mobility services.
- Staff who can travel to individuals' homes and work with them on safely using household appliances.
- Assistive technology at the center readily available to individuals, along with staff trained on how to use the technology.
- Center resource materials readily available in Braille, large print, or other languages.
- A list of services provided in an individual's preferred communication style.
- Fair and equal communication access for all individuals.
- A grievance policy or a helpline to file complaints or both.
- An oversight committee of the program.
- Strong community partnerships by the CILs.
- Expansion of offices beyond the existing locations.
- Ensuring services do not lapse.

In April 2022, Professional Research Consultants (PRC) administered a stakeholder survey on behalf of HHSC (see Appendix A). The questions in this survey were developed by the HHSC ILS program to determine if the needs identified by stakeholders in the 2016 PCG public forums have been addressed by CILs. There were 524 respondents to the 2022 survey, including state agencies, non-profit organizations, and other community partners. Some of the findings included:

- In relation to expansion of offices beyond the current locations, 44.6 percent of respondents said there is not a CIL providing services in their area of the state. All 254 counties in Texas have a CIL contracted to provide services, but there are only 17 physical offices statewide.

- A large number of stakeholders indicated they were unaware of most of the specific services available. The table below lists various services provided through the independent living program and the percentage of stakeholders who were unaware that the service is offered.

Table 1. Percentage of stakeholders unaware of services offered by CILs

Service Offered	Percentage Unaware of Services
Adaptive devices for blindness	26.2%
Durable medical equipment	26.2%
Home modifications	36.3%
Assistive technology	28.6%
Hearing aids	36.8%
Power wheelchairs or scooters	43.9%
Orientation and mobility training	33.6%
Vehicle modifications	44.0%
Diabetes education	45.2%
Deaf and hard of hearing services	30.9%
IL skills training for blindness	33.1%
Prosthetics	49.6%

- A significant number of stakeholders (40.1 percent) reported that they did not feel the CILs were adequately addressing individuals' needs. Additionally, 49.1 percent reported that they did not feel the CIL met the community's needs.
- The majority of stakeholders reported that they did not feel they were offered a chance to provide feedback to the CIL. Only 45.6 percent of respondents indicated they agreed or strongly agreed that an avenue for feedback was being offered.
- The 2016 PCG study indicated that individuals wanted to have a complaint process that addressed their concerns. In the 2022 PRC survey, 53.5 percent of stakeholders indicated that the CIL adequately addressed concerns when a referred individual had a complaint.
- Only 23.7 percent of stakeholders surveyed in 2022 were aware that Texas had a SPIL, which solicits feedback from individuals with disabilities and community partners to identify agendas related to independent living across the state.
- With regard to the 2016 PCG stakeholder feedback requesting that there be a strong community partnership by the CILs, 66.2 percent of 2022 PRC survey respondents indicated they do not collaborate or work with the CIL in their geographic area. This indicates that the CILs may be experiencing challenges

with the provision of wraparound services and the No Wrong Door initiative, which both require extensive collaboration.

The 2016 PCG study and the 2022 PRC-administered survey provide specific stakeholder input. Additionally, the 2019 Census data estimates over 3 million individuals with disabilities live in noninstitutional settings in Texas and could utilize CIL services to maintain their independence. The chart below, taken from the 2021 Independent Living Services Annual Report, shows the number of individuals served by disability type.

Table 2. Individuals served annually by the purchased services contracts by primary disability type since fiscal year 2017.

Disability Type	FY17	FY18	FY19	FY20	FY21
Cognitive	18	45	42	38	37
Mental/Emotional	8	17	17	7	10
Physical	965	1,557	1,670	1,681	1,544
Hearing	804	1,280	1,236	1,176	1,041
Vision	313	220	172	144	119
DeafBlind	3	8	8	10	14
Other	3	20	18	14	17
Total	2,114	3,147	3,163	3,070	2,782

Throughout this report, the term “served” means an individual who has an independent living plan to receive services from the ILS program, but this does not mean that the individual received any of the requested services during the year indicated in the chart, so actual services provided may be lower.

Currently, the CILs are annually serving about one out of every 1,078 people with disabilities in Texas. Therefore, the pool of individuals who could benefit from services is significantly greater than the current number of individuals served. HHSC ILS program staff consistently emphasize service delivery, outreach, and successful closure of cases with all CILs. Despite this, demonstrated trends of reduced services, fewer individuals served, centers waiting to serve individuals until the end of the fiscal year, and prioritization of services that do not align with the length of time an individual has been waiting for services are evident from the data.

Current ILS Model Capacity

The current ILS purchased services contract model encourages CIL service providers to conduct outreach to identify individuals who need services, assess the needs of individuals with disabilities, and provide goods and services to assist individuals to maintain or increase their independence in their homes and communities. Given this is an outsourced model, with some flexibilities, each CIL determines their specific organizational structure, staffing needs, caseload sizes, vendors to provide goods and services, and operating policies and procedures that meet the HHSC ILS program Standards for Providers. In fiscal year 2016, HHSC contracted with 16 CILs to provide services across the state. Between fiscal years 2017 and 2021, three CILs withdrew from the contract with HHSC, and HHSC terminated purchased services contracts with two CILs for issues with financial controls. These five CILs served an average of 98 individuals annually, serving areas covering a total of 60 counties. Their caseloads were transferred to other CILs in the state, causing a significant strain on a system already experiencing capacity issues. Due to the limited number of CILs providing purchased services, many are serving individuals well outside of their historical county catchment area.

The capacity of CILs to perform the purchased services contracts peaked in fiscal year 2018. Beginning in fiscal year 2019 through fiscal year 2021, there has been a decline in new referrals, numbers served, and services provided to individuals with disabilities. Most CILs have had issues in at least one of the following areas:

- Quarterly Spending Requirements
- Serving Veterans
- Conducting Outreach for Unserved Populations
- Establishing Vendor Networks
- Budget Forecasting
- Budget Revisions
- Invoice and Reporting Deadlines
- Self-evaluation
- Turnover
- Lapsing of Funds
- Administrative Costs

- Expanded Coverage Area
- Training
- Funds Utilization

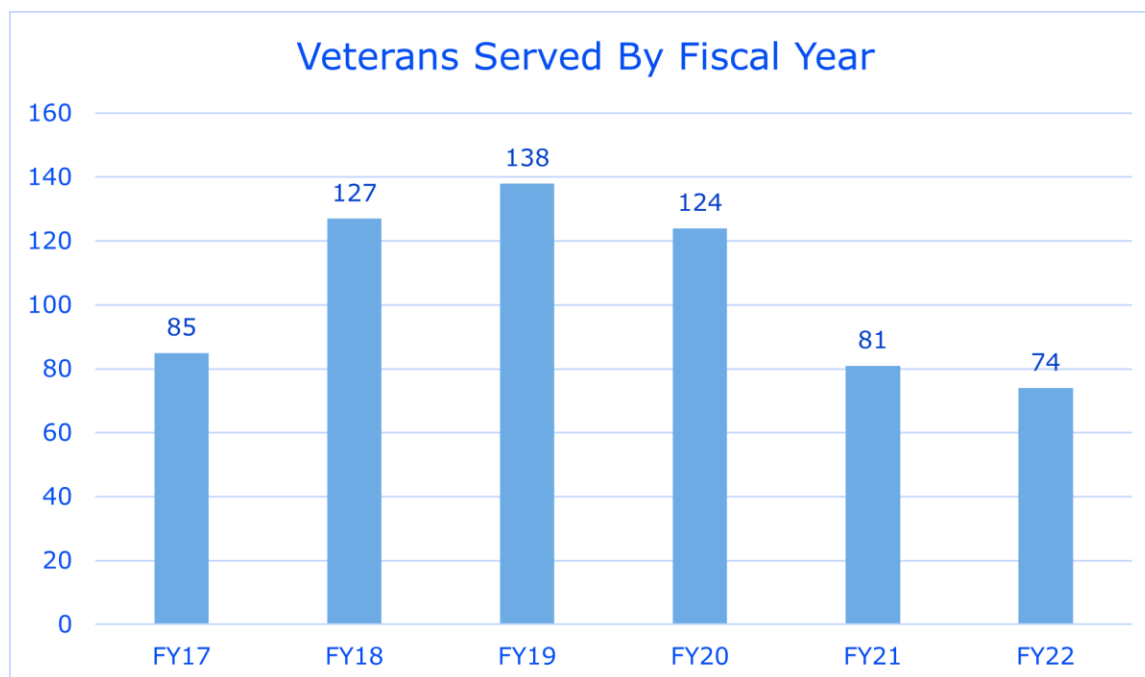
Quarterly Spending Requirements

HHSC's contract requires that a minimum of 25 percent of funds to purchase goods and services for individuals are spent each quarter. CILs that fail to meet this requirement typically lapse funds. Many of the services provided through the program are complex in nature and can require months to complete due to customized products, parts being out of stock, or vendor backlogs. Often, there are complex purchases each year that are postponed until the following fiscal year because the purchase was initiated too late by the CIL.

Serving Veterans

Although one primary resource for veterans are the VA centers, the ILS program is another excellent resource to assist in areas where the VA cannot. In some cases, a particular item is not covered, or the item is not sufficient for the severity of the disability. In these cases, the CILs are able to purchase an item or collaborate in partnership with the VA. For example, some power wheelchairs offered through the VA have limited features. If an individual were to need advanced features, the CIL could purchase the added equipment while the VA would purchase the chair itself. The number of veterans served by CILs are indicated in Chart 1 below.

Chart 1. Veterans served by CILs since fiscal year 2017



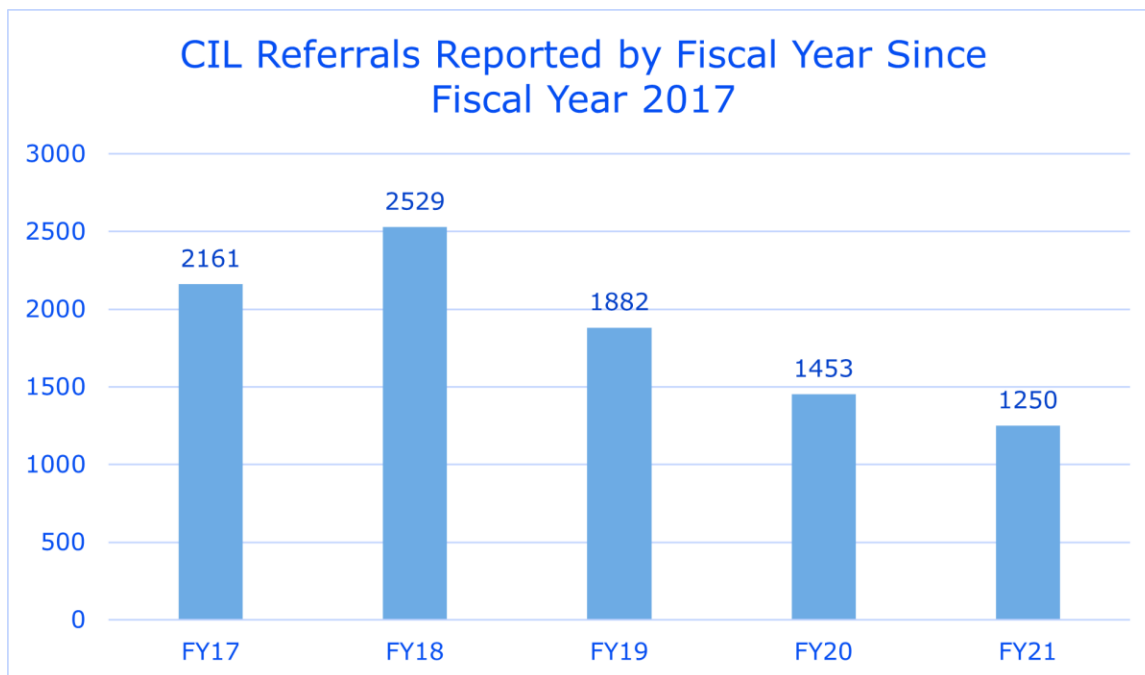
Conducting Outreach for Unserved Populations

Outreach that ensures a consistent flow of new referrals as well as meeting the federal requirement to conduct targeted outreach to underserved and unserved individuals with disabilities and geographic areas is critical to the success of the ILS program. Some of the most important areas for outreach are individuals with visual disabilities, individuals in rural communities, and other disability populations that may be unintentionally overlooked. While the population of Texans with disabilities has remained steady, individuals served by the ILS program has declined. Consistent outreach is paramount, as individuals with disabilities may not be aware that this help is available.

When the program was outsourced, the CILs inherited caseloads from legacy DARS. The data shows that as the majority of legacy cases have been closed, the CILs have largely been unable to generate new referrals through outreach to ensure that services remain steady from fiscal year to fiscal year. HHSC has provided technical assistance in identifying potential referral sources encompassing a variety of different disability types. However, center outreach logs reviewed during monitoring visits indicate outreach has not increased. Most include very limited awareness

efforts about the important services the program offers to assist individuals to remain independent in their home and community. The survey administered by PRC and discussed above indicates that 44.6 percent of respondent organizations did not know that a CIL provided services in their area of the state. Respondents to the survey included advocacy organizations, health care organizations, other state programs, Area Agencies on Aging, Disability Rights Texas and a variety of other community and statewide organizations.

Chart 2. Referrals to Centers for Independent Living fiscal years 2017-2021



The chart above reflects a decline in reported referrals to CILs over time. Since achieving a high mark of 2,529 referrals in fiscal year 2018, referrals received have decreased each fiscal year since. Fiscal year 2021, the last year with complete data, represented a decrease of more than 50 percent from the 2018 numbers.

Establishing Vendor Networks

Across the state, there is an inadequate number of vendors chosen to subcontract to perform needed services. This is particularly true for the underserved population of individuals who are blind, visually impaired, or DeafBlind. For example, in fiscal year 2022, the sixth year of the HHSC contracts with CILs, there are CILs that do not have a vendor to provide orientation and mobility training, an essential service for someone with vision loss. HHSC shared resources and contacts used at legacy DARS with the CILs, however, these vendors have frequently reported to HHSC that

they have not been approached for subcontracting. Fewer vendors under this model means that eligible individuals may have to travel farther, will be limited in options, and may need to work with a vendor they would not otherwise choose.

Budget Forecasting

CILs have had six years of experience in providing purchased services for the ILS program. During this time, HHSC ILS staff has offered and provided face-to-face regional trainings, webinars, and individualized training to CILs regarding budget forecasting and maximizing budgets. Budget forecasting allows for CILs to plan purchases for individuals to ensure that all funds are maximized and to limit lapsing funds. Data shows that at least half of all CILs do not actively conduct budget forecasting. To increase their capacity in this area, the HHSC ILS compliance unit requests quarterly projections with specific individuals CILs intend to serve, the amounts, and the categories of purchases.

Budget Revisions

CILs routinely revise budgets at the end of a fiscal year to move funds from budget categories that require more rigorous coordination, evaluation, and documentation to provide the service into categories that are easier to complete, such as hearing aids. Table 3 shows the percentages of CIL budget revisions from June 1 to August 31 where funds were moved to hearing aids, power wheelchairs, and other purchased services categories for fiscal years 2021 and 2022. Over 61 percent of such revisions involved moving funds into the hearing aid category. Although hearing aids are a valuable service provided by the ILS program, they should not be prioritized solely because they are easier to complete than other services. In these situations, if HHSC does not approve the budget revision request, the funds would lapse. Individuals needing items in more complex categories must often wait additional time to be served.

Table 3. CIL quarter 4 percentage of budget revisions moving funds to hearing aids, power wheelchairs, and other purchased services, fiscal years 2021 to 2022

Funds Moved to Category	FY 2021	FY2022
Hearing Aids	61.1 %	61.1%
Power Wheelchairs	16.6%	44.4%
Other Purchased Services	16.6%	33.3%

Invoice and Reporting Deadlines

Deadlines for required reports have remained unchanged since the beginning of the outsourcing of contracts. Table 4 shows a percentage of the CILs that have issues meeting deadlines for invoices, quarterly reports, and monitoring report responses. CILs have consistently had difficulty meeting the required reporting deadlines. When deadlines are missed, requests for a filing extension are frequently made after the fact. Additionally, some CILs routinely have difficulty with submitting accurate invoices. The HHSC ILS program incorporated a formal review of invoice and reporting deadlines into contract monitoring visits. The results are incorporated into contract monitoring reports and the CILs are required to implement a corrective action plan. The monitoring reports reflect that this has not produced a significant improvement.

Table 4. Percentage of CILs with frequent issues meeting deadlines for invoices, quarterly reports, and monitoring report responses

Report Type	Percentage of CILs with Issues Meeting Deadline
Invoice	38.4%
Quarterly Report	61.5%
Monitoring Report Responses	38.4%

Self-evaluation

Monitoring data shows that CILs have not demonstrated that they evaluate their individual models of service delivery, nor appear to have made changes to improve their contractual performance despite repeated monitoring reviews requesting a self-evaluation that highlights their strengths and weaknesses from the previous year. Although CILs receive recommended areas to improve through HHSC monitoring, the CILs may be limited in their ability to improve without performing self-evaluation.

Turnover

Many CILs have experienced high turnover of staff and vacancies since services were outsourced in fiscal year 2017. The effects of the pandemic on the workforce have exacerbated turnover and vacancies. Ideally, executive leadership, program managers, or base grant counselors would be able to fill in as needed. However,

services for individuals and purchasing tend to either slow down or stop during staff leave or vacancies.

Lapsing of Funds

CILs have demonstrated difficulties expending funds earmarked for services to individuals, resulting in a greater amount of consumer services funds lapsing in comparison to administrative categories. CIL administrative funds are lapsed at a much lower rate, even with staff turnover and vacancies. The total amount of consumer services funds lapsed has varied by fiscal year, ranging from a low of \$408,611.90 lapsed in fiscal year 2019 to a high of \$1,339,156.58 in fiscal year 2020. In fiscal year 2021, the most recent year with complete information at the time of this report, \$1,224,121.14 of consumer services funds was lapsed. When funds are lapsed, they cannot be rolled over to another fiscal year. They are returned to the state's general revenue fund. The unspent funds can then no longer be used to assist an individual with a disability in the ILS program. To reduce lapsing funds, the HHSC ILS program requires quarterly service projections and follows up with CILs regarding the provision of the projected services. There was a minimal reduction in lapsed consumer services funds in fiscal year 2021.

Administrative Costs

In 2016, when ILS were first outsourced, legacy DARS provided each CIL with start-up funds to ramp up their capacity during the months of June through August prior to beginning their services to individuals. Legacy DARS also allowed CILs to set their own administrative rates with the written expectation that CILs would work to find other sources for administrative funding to reduce their rates over time. CIL administrative rates still range from a low of 37 percent to a high of 64 percent of total annual contract funds, with a median administrative rate of 47 percent. In the 2022 PRC Survey of CIL staff, 70 percent of executive director, chief financial officer and other administrative staff indicated that their CIL had not attempted to obtain funds to cover administrative costs. Reducing administrative costs is necessary to improve efficiencies, serve more people and continue to improve the ILS program. For CILs that expanded their service areas and were awarded additional funds, the HHSC ILS program limited the portion of the additional funds that could be used for administrative expenses.

Expanded Coverage Areas

CILs that expanded their county coverage areas, due to the loss of other CILs, have experienced a reduction in their capacity to serve individuals, and that capacity has not been recovered. CILs that expanded their territory are now serving areas between 75 and 200 miles away from their headquarters office. Expansion stretches capacity by having to add staff in remote office locations, serve hundreds of additional individuals, and identify new subcontracted vendors from which to purchase services. HHSC has provided support to CILs and suggested CILs partner with nonprofits located in cities away from their headquarters to share or borrow space, develop partnerships, and establish a presence in the new communities. However, partnerships have been limited.

Training

The Sunset Advisory Commission report recommended that HHSC provide ongoing training to CILs, setting up a foundation for the providers to be supported. To be responsive to the CILs and provide quality technical assistance, a high ratio of HHSC staff have been assigned to centers. HHSC staff have worked with CILs to increase capacity since outsourcing. HHSC provided an initial five-day workshop in 2016. Throughout the last six fiscal years, 2017 through 2022, HHSC staff worked individually with CILs to provide targeted training, technical assistance, monitoring, oversight, and monthly group webinars to assist CILs with building their capacity to serve individuals with disabilities. The ILS program also provided regional trainings for all CILs, provided a training by Texas Transportation Institute for vehicle modifications, and conducted regional trainings for several CILs related to providing services to individuals with vision loss. The HHSC ILS program requires CILs to submit quarterly projections of individuals to be served and services to be purchased. The quarterly projections are used by HHSC ILS staff to provide individualized follow up training and technical assistance to encourage the provision of services.

Funds Utilization

The utilization of contract funds varies widely among CILs. The CILs that engage with HHSC and ask frequent questions, attend regular meetings with their assigned ILS program staff and actively work on submitted budget projections tend to serve more individuals and expend a higher percentage of their funds for services. However, administrative rates remain high across all contracts despite legacy DARS

advising CILs, beginning in 2016, that they should seek other funding for administrative costs so that the funds could be permanently moved to provide services for individuals with disabilities. No CIL has permanently decreased its administrative budget under any of the HHSC contracts. The PRC survey revealed that 30 percent of CILs reported that they had tried to find other sources for administrative funds. However, no CIL has successfully obtained funds or revised their service delivery model to identify cost savings that would reduce the use of administrative funds.

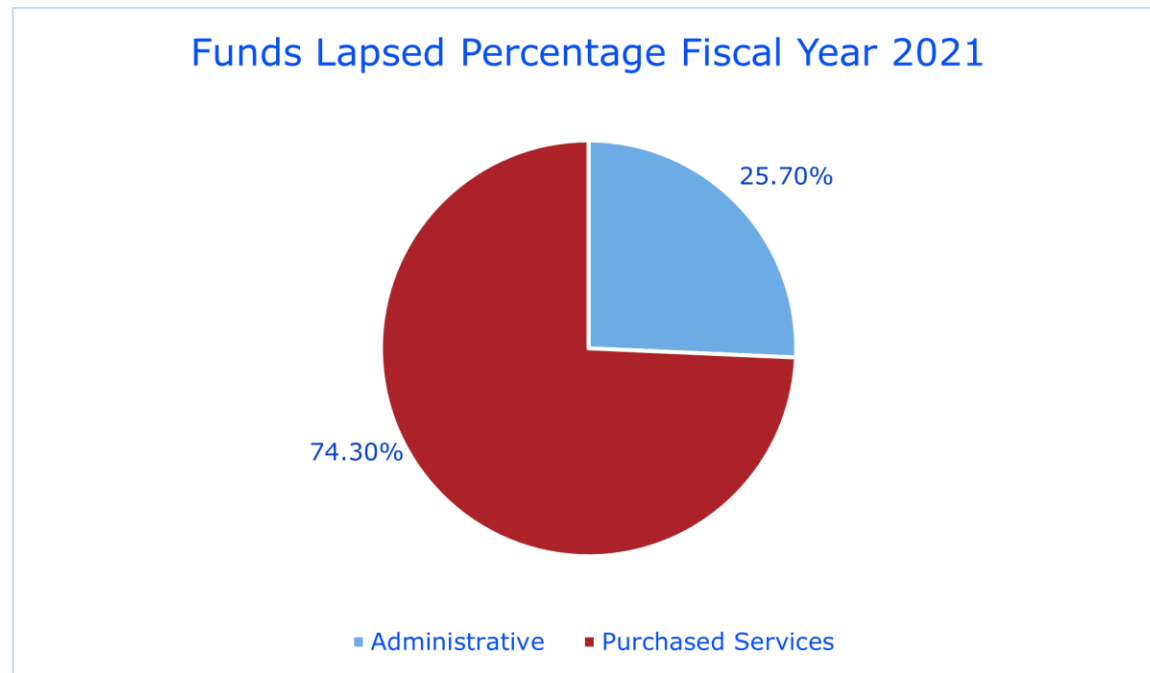
As outlined in table 5, lapsing of funds to purchase goods and services for individuals occurred at a higher rate than administrative funds. As seen in chart 3 of all funds lapsed, 74 percent were in consumer services funds compared to 25 percent in administrative funds. Therefore, administrative funds are expended at a higher rate than services are provided to individuals with significant disabilities.

Table 5. Administrative, purchased services, and total funds lapsed for fiscal year 2021

Centers for Independent Living	Administrative Funds Lapsed	Purchased Services Funds Lapsed	Total Funds Lapsed
Able Center for Independent Living	\$0.00	\$74.53	\$74.53
Austin Resource Center for Independent Living	\$163,621.24	\$233,764.54	\$397,385.78
Coastal Bend Center for Independent Living	\$0.00	\$0.44	\$0.44
Crockett Resource Center for Independent Living	\$15,067.97	\$101,253.04	\$116,321.01
Disability in Action	\$17,059.67	\$72,009.78	\$89,069.45
Houston Center for Independent Living	\$86,246.70	\$105,510.95	\$191,757.65
Heart of Central Texas Independent Living	\$93,923.56	\$155,277.32	\$249,200.88
Lifetime Independence for Everyone	\$25,289.41	\$282,426.84	\$307,716.25
Panhandle Independent Living Center	\$30,743.36	\$284,582.27	\$315,325.63
Resource Information Support and Empowerment	\$0.00	\$0.00	\$0.00
San Antonio Independent Living Services	\$30,207.36	\$141,664.73	\$171,872.09
Valley Association for Independent Living	\$2,340.40	\$2,667.60	\$5,008.00
Volar Center for Independent living	\$11,945.64	\$165.92	\$12,111.56
TOTAL	\$476,445.31	\$1,379,397.96	\$1,855,843.27

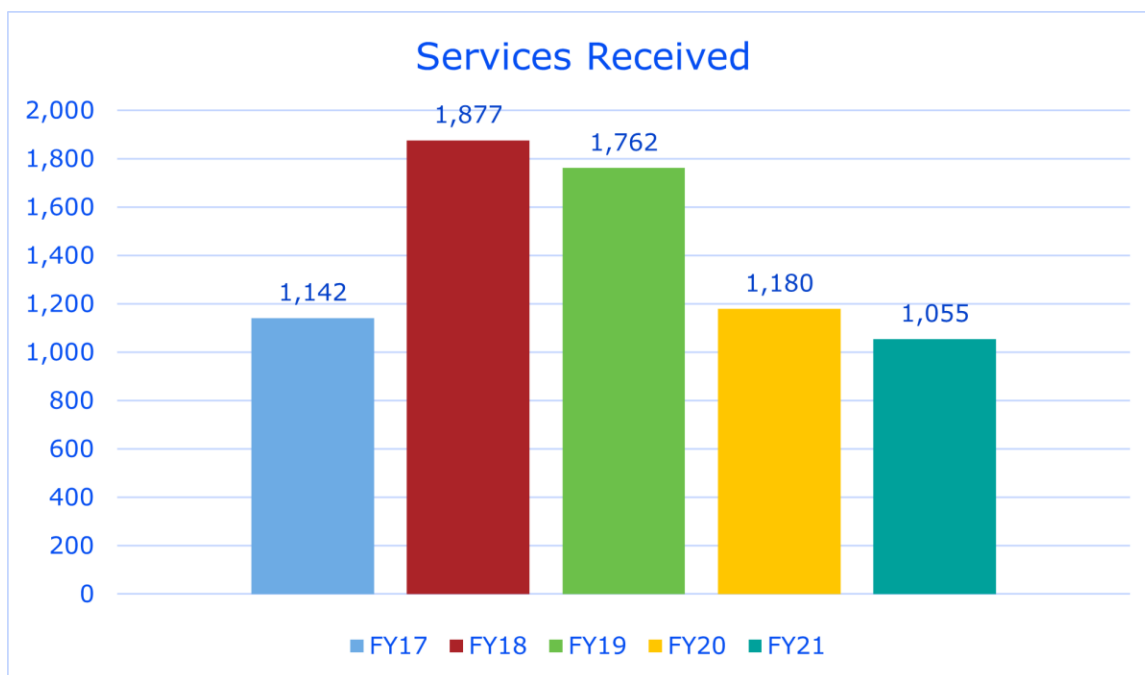
Note: HHSC terminated the Heart of Central Texas Independent Living contract during fiscal year 2021 and Resource Information Support and Empowerment withdrew from the contract during fiscal year 2021.

Chart 3. Funds lapsed by percentage of total funds lapsed for fiscal year 2021



Limited outreach has led to lower referral and service rates, which affect funds utilization. The costs incurred from conducting outreach, such as staff mileage reimbursement, brochures, and other expenses related to outreach are all allowable administrative costs. Outreach must be maintained at a high rate to ensure service provision is maximized. Without outreach, Texans with disabilities may not know how to access available services. While the population of Texans with disabilities has remained stable, service delivery by CILs has decreased by 40 percent since fiscal year 2019.

Chart 4. Purchased services received by year, fiscal year 2017 through fiscal year 2021



Limitations of Current ILS Model

The current ILS purchased services model, directed by statute, requires that HHSC contract with CILs to provide services in their catchment areas. If there are no CILs willing or able to service an area, CILs would be asked to subcontract out the territory. If neither of those two options is feasible, only then could HHSC seek contracts with other non-profit entities. The current CIL network is strained, as several CILs have already taken on additional territory and clients from other CILs no longer contracted with HHSC.

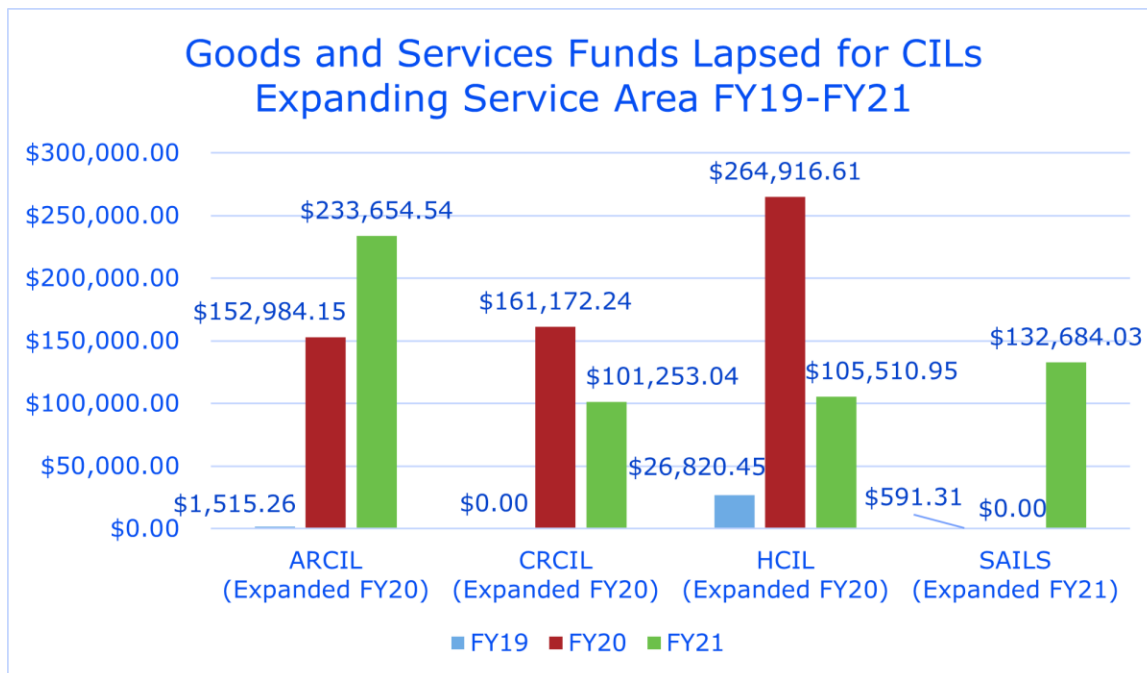
Since outsourcing began in fiscal year 2017, services peaked in fiscal year 2018 and have declined since fiscal year 2019. CILs have declined to participate in many trainings and technical assistance opportunities provided by HHSC, which has limited their ability to increase their capacity to provide the purchased services. CILs have often chosen not to participate in individual meetings with HHSC to obtain technical assistance and training. HHSC staff have offered to meet with CILs on topics of their choosing at times that are convenient for them. Additionally, HHSC compliance staff explain how certain actions are out of compliance with standards or regulations during monitoring reviews. HHSC ILS program has offered the CILs possible solutions tailored to their specific circumstances and best practice options. Despite ongoing training and compliance efforts by HHSC, many of the same findings are repeated on subsequent monitoring reviews. The current model is contingent on the CILs being consistently engaged with HHSC ILS program staff which has not reliably occurred.

Service Area Expansion

Another limitation of the current model is when a CIL withdraws from the program or when HHSC terminates their contract, vacated counties must be transferred to another CIL. CILs that have expanded their service area have decreased utilization of services funds and decreased service provision. Even when a CIL had expended 100 percent of services funds before expansion, the data shows that after expansion, the provision of services diminished significantly. Expansion of a service area brings many challenges that must be managed over a greater distance, including staffing, office space and an increase in eligible individuals to serve. The stretch to capacity has left many CILs unable to expand their service area to meet the greater need. The chart below shows how many funds to provide goods and services to individuals have lapsed from fiscal year 2019 through fiscal year 2021

for the four CILs who have expanded their service area. Prior to expansion, the funds lapsed were low, but after expansion, the CILs have not been able to recover the same level of service provision. These spikes cannot be solely attributed to the pandemic, as San Antonio Independent Living Services had no funds lapsed in fiscal year 2020 but had \$132,684.03 lapsed in fiscal year 2021, the same year they expanded.

Chart 5. Goods and services funds lapsed for CILs expanding service area FY19-FY21

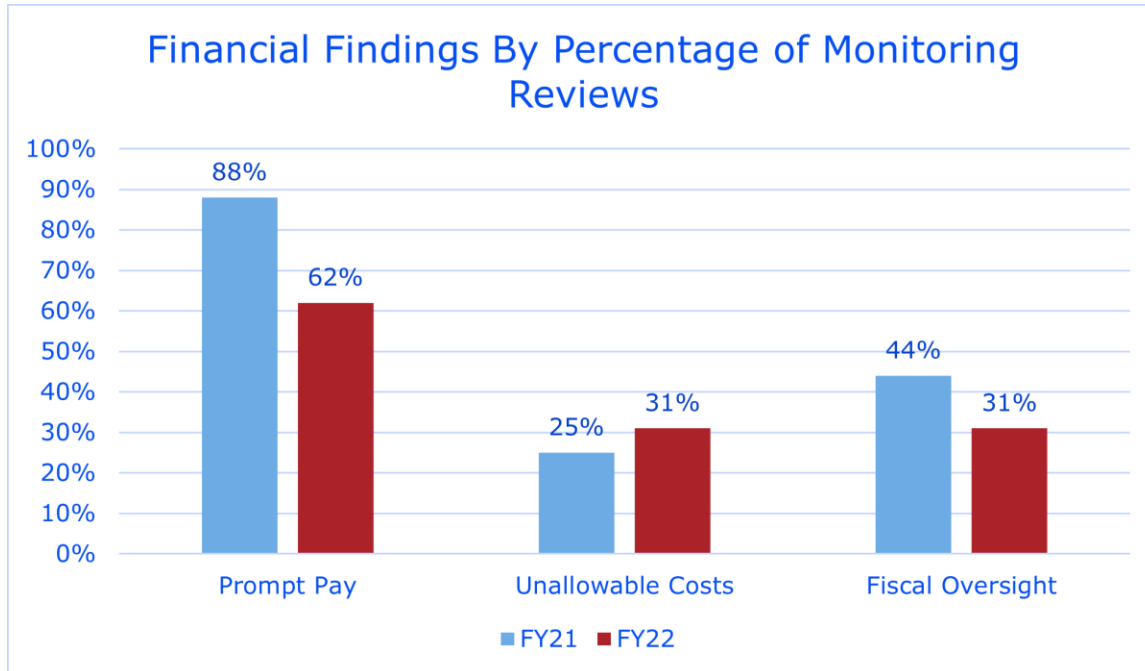


It should be noted that there are inherent challenges faced with expanding territory that are not specific to a particular provider. In each instance where counties were added to a service area, the previous CIL was underperforming. Typically, the new CIL had to update missing or incorrect documentation, establish new vendor agreements, and identify how to proceed with each individual served by the previous CIL. This occurs while trying to continue to maintain serving their original territory. In these cases, the new CILs had all been above average in their goods and services spending but fell below average after expansion. The data indicates that augmenting a service area can impact overall client services, regardless of the provider.

A secondary option in H.B. 2463 is for a CIL to subcontract with another organization to provide the ILS program services. CILs have not demonstrated the

capability to fully oversee their subcontracted vendors, receive and pay invoices within Texas Prompt Pay Act requirements, or receive and pay invoices within the year the service was provided, as required in their HHSC contract. These are widespread findings and demonstrate that CILs may not have the capacity to oversee a subcontracted nonprofit entity (see Chart 6).

Chart 6. Financial findings by percentage of monitoring reviews



Although no parameters were established by HHSC regarding the organizational structure CILs should use, all CILs created a structure similar to legacy DARS. CILs could have explored different options for their organizational structure and statewide staff needs to maximize resources and purchased services contract fund. For example, most CILs hired more direct caseworker staff than existed at legacy DARS for the same service area. There was an opportunity to use existing CIL caseworker staff to perform many functions such as applications, eligibility determination, and Independent Living plans. This may have allowed for fewer staff paid with purchased services funds to coordinate the services on the Independent Living plan, such as evaluations, determination of the good or service that will best meet the need, coordination with vendors for purchase, and follow up with the individual that the purchase met their needs.

There are opportunities for CILs to review staffing patterns, positions charged to the grant, supply costs, administrative service costs, travel expenses for conferences and cost allocation plans to reduce administrative rates. Since program

funding is a set amount, the more that is spent administratively means less that is available to serve individuals with disabilities. Additionally, improving the organization and structure of their individual CIL purchased services model may lead to improved services to individuals and lower amounts of lapsed consumer services funds.

Next Steps

The HHSC ILS program will continue to focus on ensuring the continuity of service delivery, utilization, and maximization of funding, and decreasing gaps in underserved populations and will explore the following strategies.

Addressing Provider Capacity

Under current law, HHSC is required to contract with a state or federally funded CIL to provide independent living services.¹⁰ The CIL network in Texas has been strained due to five of 16 CILs leaving the program in recent years, requiring other CILs to increase their caseloads to avoid any gaps in coverage. HHSC has limited ability to replace outgoing providers or expand provider capacity due to the multiple criteria a provider must meet to qualify as a CIL, including federal authority and funding. HHSC will continue to explore ways to increase the provider base.

Addressing Administrative Spending

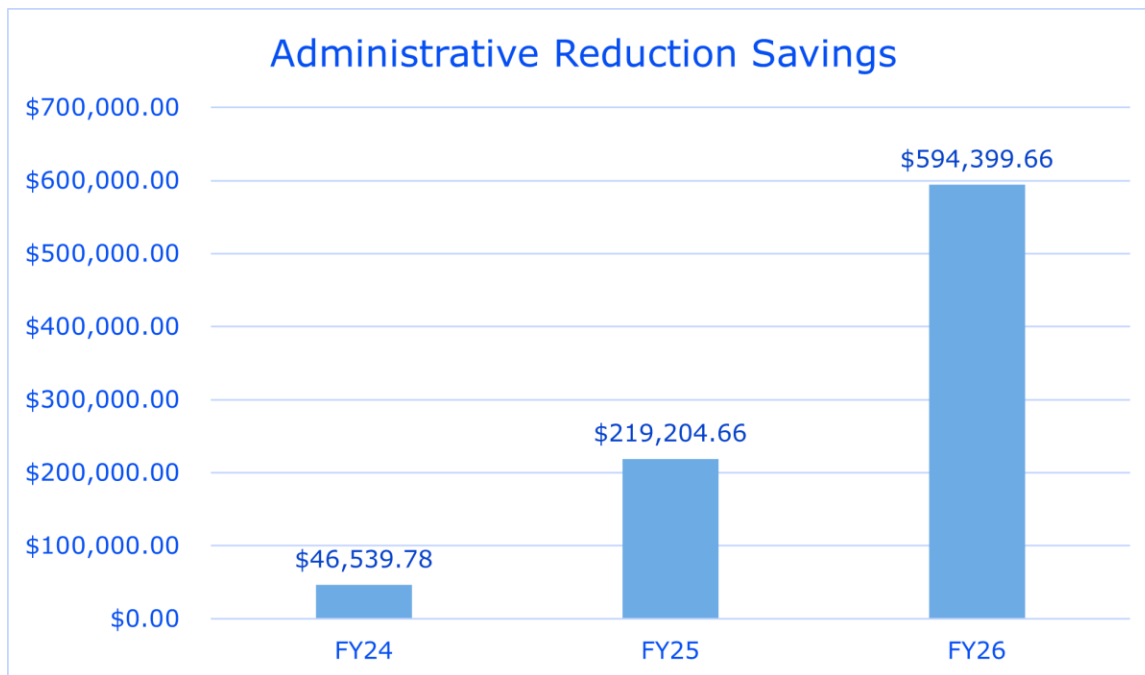
HHSC will explore a phased reduction of administrative funds for each provider, with providers currently over 50 percent administrative rates being capped at 50 percent in fiscal year 2024. Providers currently over 45 percent administrative rates will be capped at 45 percent in fiscal year 2025. Finally, CILs with administrative rates currently over 40 percent will be capped at 40 percent in fiscal year 2026. A phased approach will allow the affected CILs to prepare for the upcoming changes gradually without having to make the reductions all at once. Impacted CILs can begin writing grant applications to try to obtain additional funding and begin reviewing their current structures to identify cost savings.

The funds saved from the reductions in administrative costs will be added to the CIL's client services funds, which will allow for more funding to purchase additional independent living goods and services for individuals. Although purchased services funds have been lapsed, the expansion of the provider pool will provide additional capacity to increase service provision in the future. CIL self-evaluation of their purchased services structure will provide an opportunity to maximize positions charged to the grant and add vendors to serve additional individuals each year. Currently, all but one CIL has exceeded the administrative funds threshold for fiscal

¹⁰<https://statutes.capitol.texas.gov/Docs/HR/htm/HR.117.htm#117.080>

year 2026. The chart below shows the savings that are expected over the next three years due to administrative caps.

Chart 7. Estimated savings from phased administrative reductions, fiscal years 2024-2026



Improving Outreach

HHSC ILS staff will provide additional technical assistance and contract oversight regarding provider outreach. The HHSC ILS program will ensure CILs have an outreach emphasis on targeting underserved populations, especially individuals with significant vision loss under the age of 55. HHSC will recommend community partnerships such as the Texas Workforce Commission, Lighthouse for the Blind, and Area Agencies on Aging in guidance to the CILs. These partnerships will allow for better wraparound services and further strengthen the No Wrong Door initiative in Texas.

Reviewing Contractual Targets

HHSC will review current contractual performance targets for number of individuals served to ensure the CILs encourage outreach and service provision. Performance targets will be expanded to include a measure for the number of goals met case

closures. The goal of this measure is to decrease the number of individuals that carry forward without services each year and will encourage outreach.

Exploring Funding Methodology

HHSC will explore amending the funding methodology to see if there are alternative methods for maximizing goods and services funds. Some of the options that may be available are redistribution of the Social Security Administration Vocational Rehabilitation dollars received as part of HHSC's interagency agreement with the Texas Workforce Commission, moving toward fee for service model, and asking the centers to propose possible full-time employee solutions, such as combining caseworkers on the purchased services and base grants.

Conclusion

The issues currently facing the independent living services program are multifaceted and complex. Solutions will require careful consideration of several factors including CIL dynamics, a large unserved population, and resources available to the CILs. The needs of people with disabilities continue to be at the forefront of the HHSC ILS program. With the steps outlined above, more needs can be met for more individuals, which will make a better Texas for all.

List of Acronyms

<u>Acronym</u>	<u>Full Name</u>
CIL	Center for Independent Living
DARS	Department of Assistive and Rehabilitative Services
FY	Fiscal Year
HHSC	Health and Human Services Commission
IL	Independent Living
ILP	Independent Living Plan
ILS	Independent Living Services
PCG	Public Consulting Group
PRC	Professional Research Consultants
SILC	State Independent Living Council
SPIL	State Plan for Independent Living
VA	Veteran's Affairs

Appendix A. 2022 PRC ILS Stakeholder Survey


In 2022, PRC administered an ILS Stakeholder survey for HHSC to inform the ILS Study. The survey was distributed widely through direct emails to community organizations, advocacy organizations and other state programs, HHS Gov Delivery, and the Governor's Committee on People with Disabilities. There were 524 completed surveys and PRC provided the summary report below.

Survey Methodology


Texas Health and Human Services

Texas HHS Regions by County


87
Questions

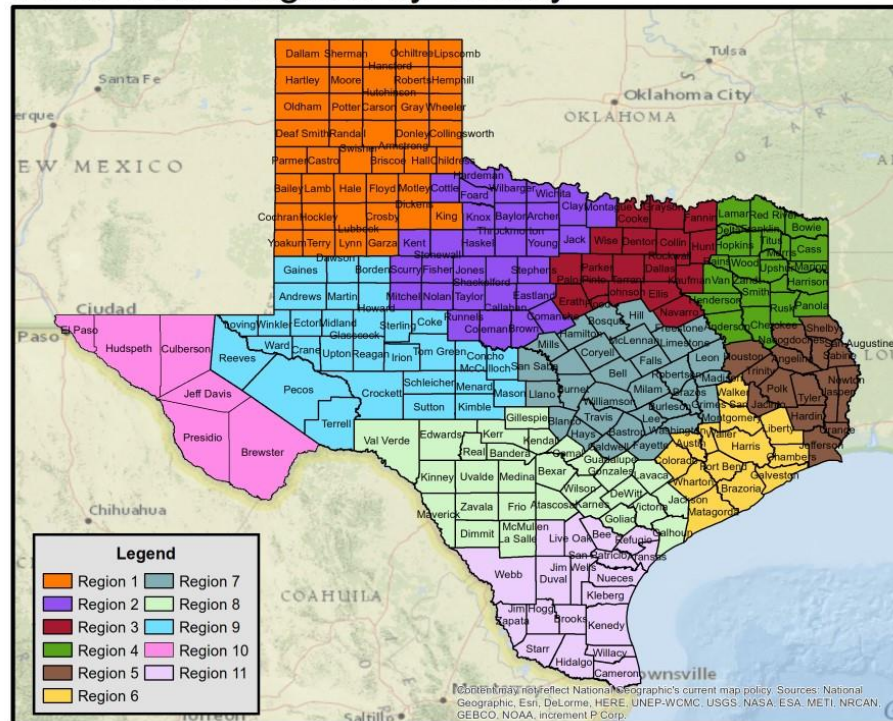


5/16/22 -
6/3/22



524
Completions



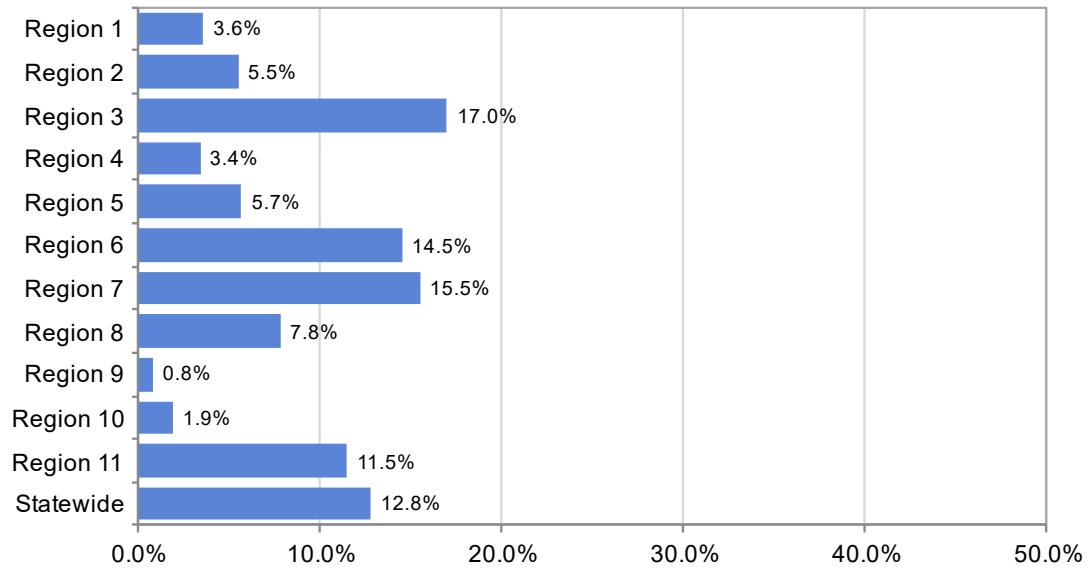


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Demographics

Region



Organization or Agency Represented

Other State Program	12.0%	Transportation Organization	1.6%
Health Care Organization	10.8%	County Program	1.4%
Advocacy Organization	10.8%	Veterans Organization	1.4%
Center for Independent Living	7.6%	Lighthouse for the Blind	1.2%
Area Agency on Aging	3.4%	Dept of Family & Protective Svcs	1.0%
Aging & Disability Resource Center	3.2%	Public Education	1.0%
Disability Rights Texas	3.0%	Council of Governments Program	1.0%
Advisory Council/Committee	2.0%	Local IDD Authority	0.8%
Meals on Wheels	2.0%	LIDDA	0.6%
Parent/Guardian	2.0%	Housing Authority	0.6%
Self-Employed	2.0%	Adult Protective Services	0.6%
Texas Workforce Commission	1.8%	None	3.6%
Community Action Program	1.6%		

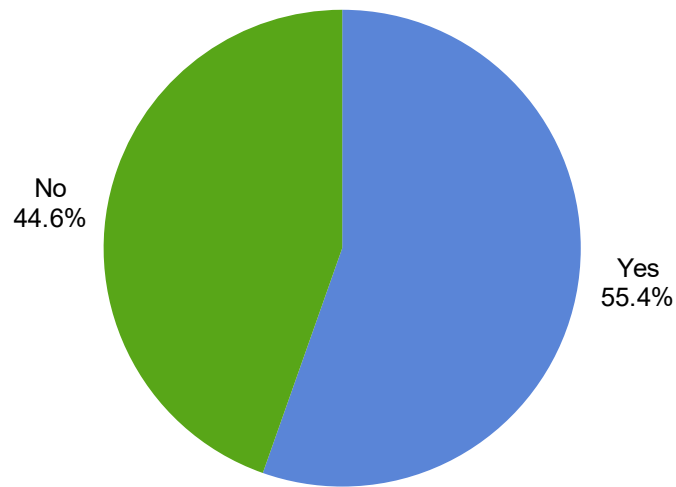
© PRC * Responses given by 3 or more survey participants are shown.





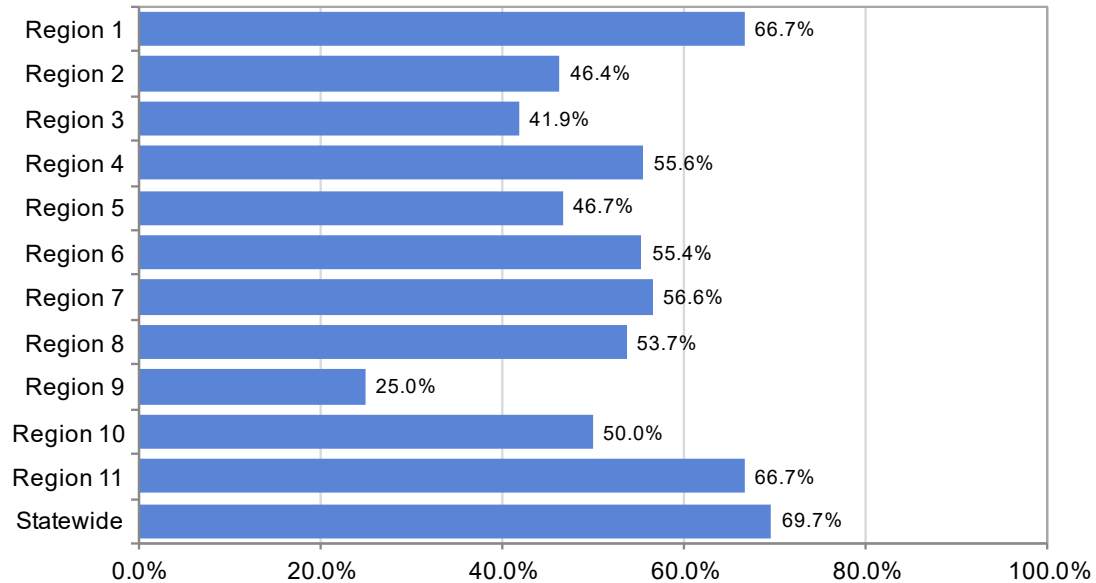
Survey Results

**There is a Center for Independent Living
Providing Services to Individuals with Disabilities
in Your Area of the State**



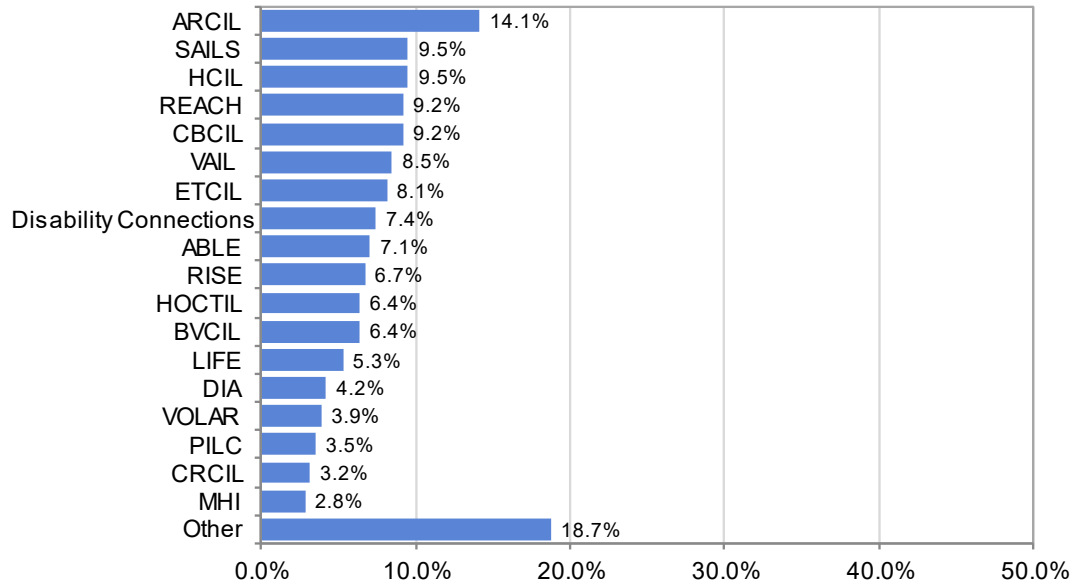
There is a Center for Independent Living Providing Services to Individuals with Disabilities in Your Area of the State

(Affirmative Responses; By Region)



Your Center for Independent Living*

(Of Those Who Have a Center for Independent Living in Their Area)

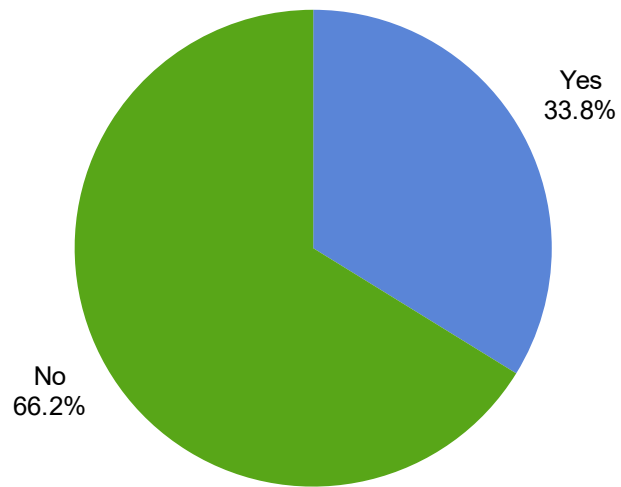


* Respondents were asked to indicate all that apply.
n=283

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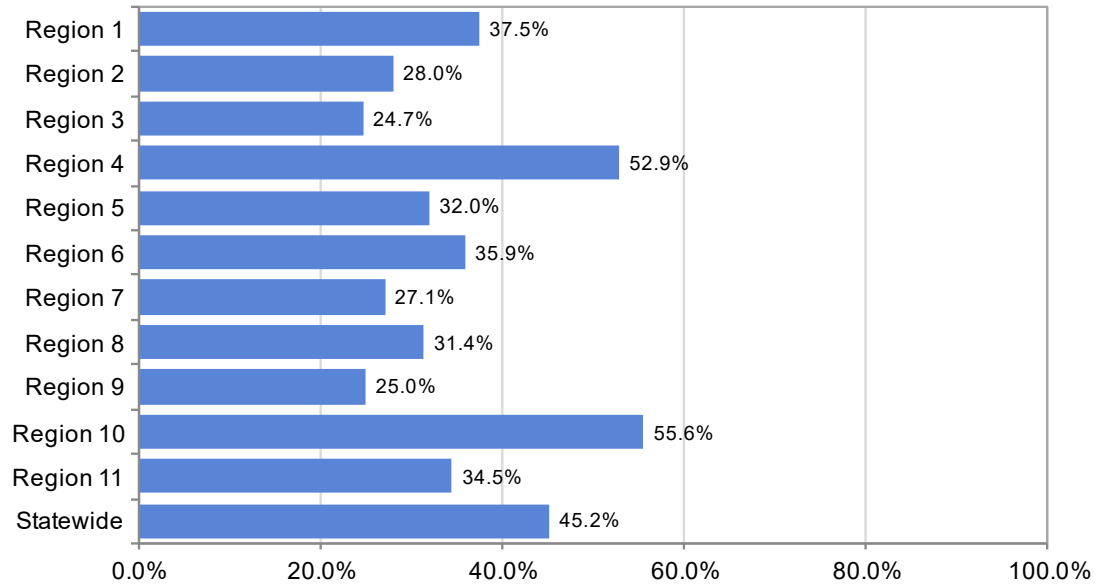


Respondent Collaborates or Works with the CIL Either in their Own Area or Another Part of the State



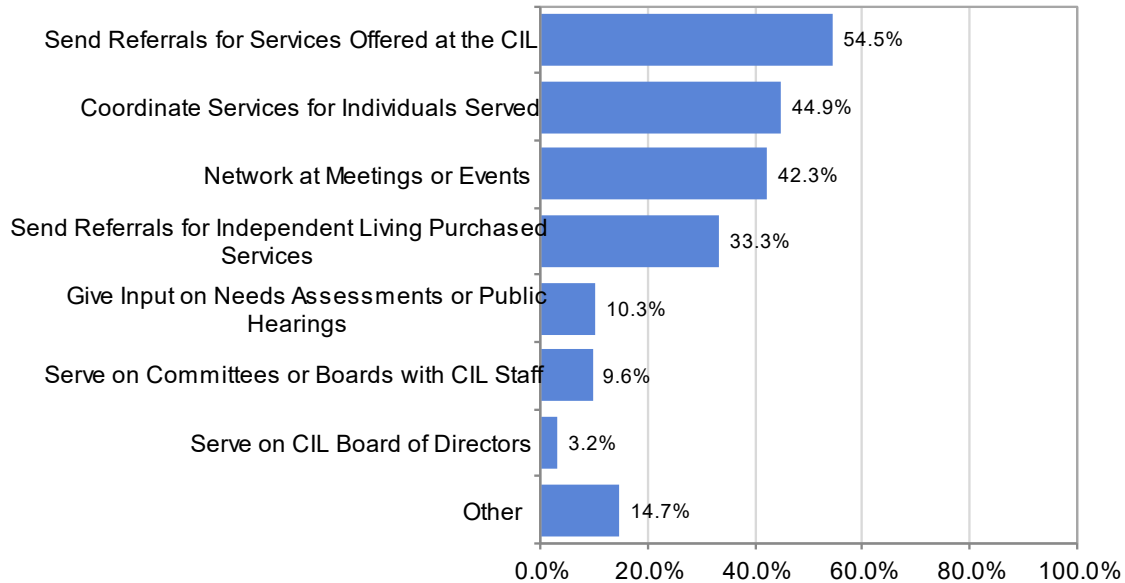
Respondent Collaborates or Works with the CIL Either in their Own Area or Another Part of the State

(Affirmative Responses; By Region)



Way in Which Respondent Works with/ Collaborates with Their CIL*

(Of Those Who Collaborate with Their CIL)



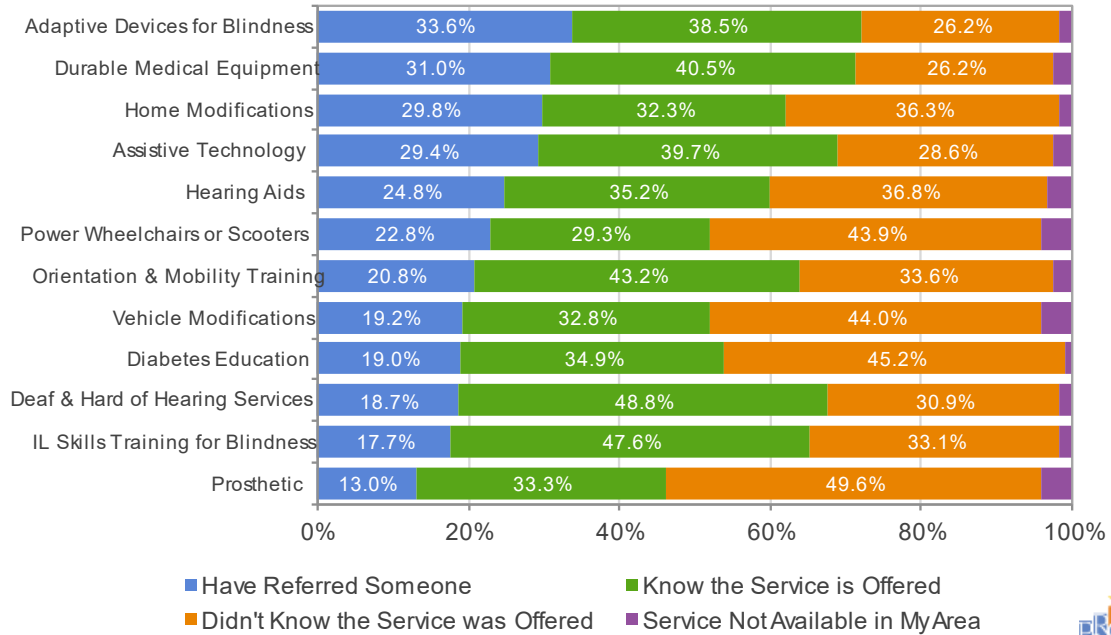
* Respondents were asked to indicate all that apply.
n=156

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Level of Awareness of Various Services Available in the State

(Of Those Who Collaborate with Their CIL)



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Level of Awareness of Various Services Available in the State

(Combined “Have Referred Someone/Know the Service is Offered” Responses;
Of Those Who Collaborate with Their CIL; by Region*)

	Region 1	Region 2	Region 3	Region 4	Region 5
Adaptive Devices for Blindness	80.0%	83.4%	57.2%	71.4%	83.4%
Durable Medical Equipment	50.0%	66.7%	71.4%	75.0%	85.7%
Home Modifications	50.0%	66.6%	58.3%	37.5%	83.3%
Assistive Technology	80.0%	100.0%	64.2%	50.0%	85.8%
Hearing Aids	80.0%	50.0%	64.3%	62.5%	83.3%
Power Wheelchairs or Scooters	0.0%	33.3%	25.0%	50.0%	85.8%
Orientation & Mobility Training	50.0%	66.7%	53.9%	37.5%	83.3%
Vehicle Modifications	50.0%	50.0%	46.2%	37.5%	66.7%
Diabetes Education	40.0%	50.0%	50.0%	62.5%	83.3%
Deaf & Hard of Hearing Services	75.0%	83.4%	64.3%	72.5%	85.8%
IL Skills Training for Blindness	60.0%	66.7%	50.0%	62.5%	83.3%
Prosthetic	50.0%	50.0%	25.0%	37.5%	83.4%

* Regions with an n of 3 or more are shown for each service.

Level of Awareness of Various Services Available in the State

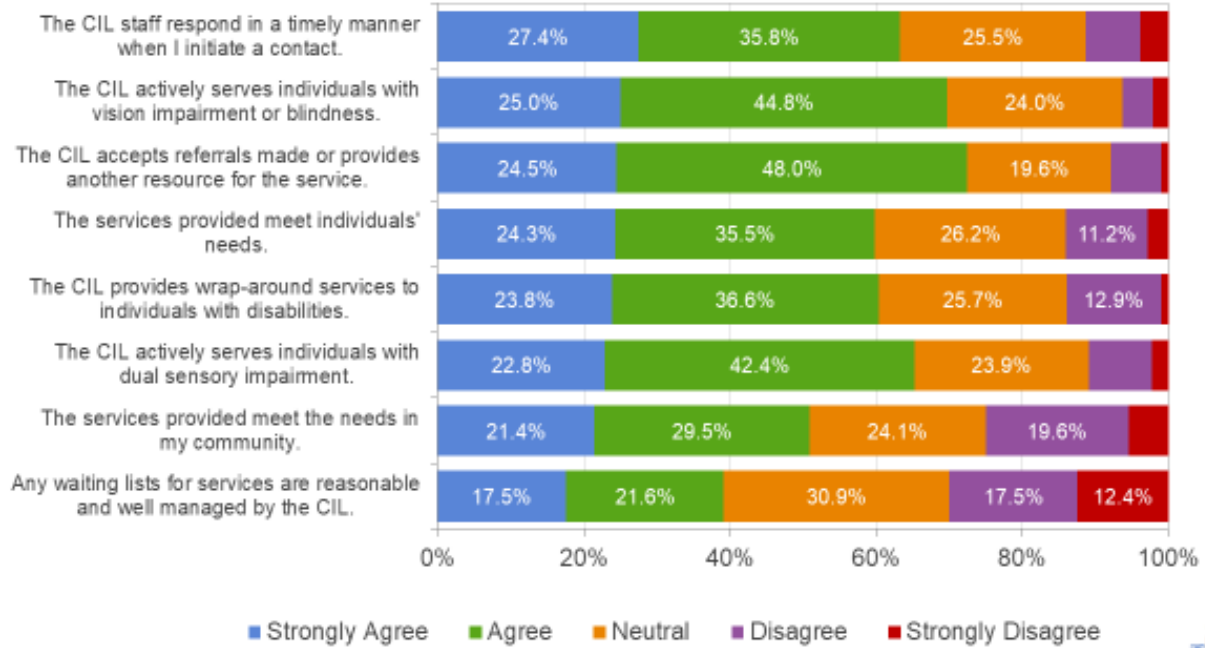
(Combined “Have Referred Someone/Know the Service is Offered” Responses;
Of Those Who Collaborate with Their CIL; by Region*)

	Region 6	Region 7	Region 8	Region 10	Region 11	Statewide
Adaptive Devices for Blindness	71.4%	47.1%	72.8%	--	80.0%	87.5%
Durable Medical Equipment	71.4%	58.8%	63.6%	66.7%	73.3%	80.8%
Home Modifications	40.0%	47.0%	63.7%	66.7%	80.0%	77.0%
Assistive Technology	46.6%	53.0%	54.6%	--	80.0%	88.0%
Hearing Aids	33.3%	35.3%	63.6%	--	76.4%	69.5%
Power Wheelchairs or Scooters	53.3%	50.0%	63.7%	--	52.9%	63.7%
Orientation & Mobility Training	46.7%	55.5%	63.7%	--	70.5%	87.5%
Vehicle Modifications	40.0%	35.2%	54.6%	66.7%	62.6%	64.0%
Diabetes Education	40.0%	31.3%	54.6%	66.7%	60.0%	65.4%
Deaf & Hard of Hearing Services	57.1%	50.1%	63.6%	--	86.7%	68.0%
IL Skills Training for Blindness	66.7%	50.1%	72.7%	--	53.4%	84.0%
Prosthetic	40.0%	31.3%	45.5%	--	53.4%	55.5%

* Regions with an n of 3 or more are shown for each service.

Agreement with Statements Regarding the Purchased Services Provided by CILs Through HHSC ILS Program

Purchased Services Contracts (Of Those Who Collaborate with Their CIL)



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Agreement with Statements Regarding the Purchased Services Provided by CILs Through HHSC ILS Program Purchased Services Contracts

("Strongly Agree/Agree" Responses; Of Those Who Collaborate with Their CIL; by Region*)

	Region 1	Region 2	Region 3	Region 4	Region 5
The CIL staff respond in a timely manner when I initiate a contact.	80.0%	85.8%	45.5%	83.3%	50.0%
The CIL actively serves individuals with vision impairment or blindness.	80.0%	57.2%	54.6%	75.0%	100.0%
The CIL accepts referrals made or provides another resource for the service.	100.0%	83.3%	45.5%	60.0%	66.6%
The services provided meet individuals' needs.	80.0%	50.0%	60.0%	50.0%	100.0%
The CIL provides wrap-around services to individuals with disabilities.	20.0%	57.2%	45.5%	80.0%	66.6%
The CIL actively serves individuals with dual sensory impairment.	100.0%	40.0%	60.0%	50.0%	100.0%
The services provided meet the needs in my community.	60.0%	28.6%	40.0%	50.0%	66.7%
Any waiting lists for services are reasonable and well managed by the CIL.	20.0%	20.0%	30.0%	75.0%	50.0%

* Regions with an n of 3 or more are shown for each statement.

Agreement with Statements Regarding the Purchased Services Provided by CILs Through HHSC ILS Program

Purchased Services Contracts

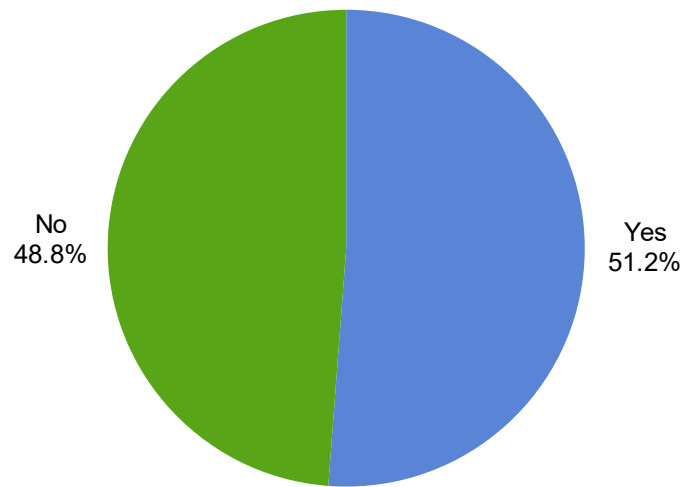
("Strongly Agree/Agree" Responses; Of Those Who Collaborate with Their CIL; by Region*)

	Region 6	Region 7	Region 8	Region 10	Region 11	Statewide
The CIL staff respond in a timely manner when I initiate a contact.	63.7%	57.2%	50.0%	75.0%	77.0%	55.0%
The CIL actively serves individuals with vision impairment or blindness.	80.0%	50.0%	62.5%	75.0%	90.0%	68.4%
The CIL accepts referrals made or provides another resource for the service.	83.3%	58.3%	57.2%	75.0%	100.0%	70.0%
The services provided meet individuals' needs.	42.8%	35.7%	62.5%	50.0%	92.3%	55.0%
The CIL provides wrap-around services to individuals with disabilities.	72.7%	50.0%	62.5%	75.0%	91.7%	47.4%
The CIL actively serves individuals with dual sensory impairment.	62.5%	50.0%	62.5%	75.0%	90.9%	55.0%
The services provided meet the needs in my community.	42.8%	37.5%	50.0%	50.0%	78.5%	52.4%
Any waiting lists for services are reasonable and well managed by the CIL.	30.0%	28.6%	28.6%	75.0%	53.9%	38.9%

* Regions with an n of 3 or more are shown for each statement.

Respondent Has Referred an Individual to a CIL for Purchased Services in the Past Two Years

(Of Those Who Collaborate with Their CIL)



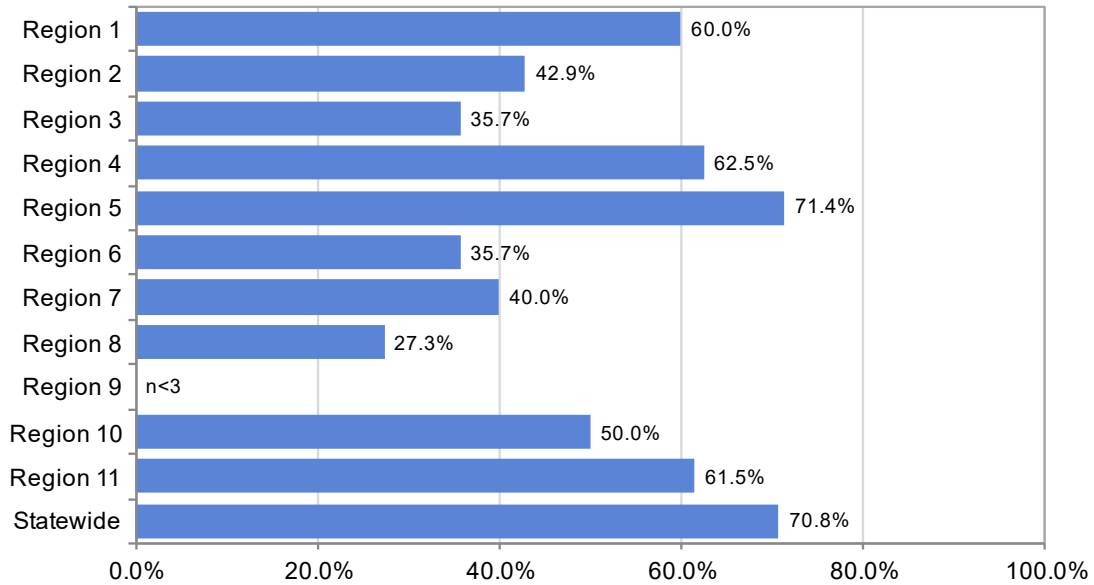
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Respondent Has Referred an Individual to a CIL for Purchased Services in the Past Two Years

(Affirmative Responses; Of Those Who Collaborate with Their CIL; By Region*)



* Regions with an n of 3 or more are shown.

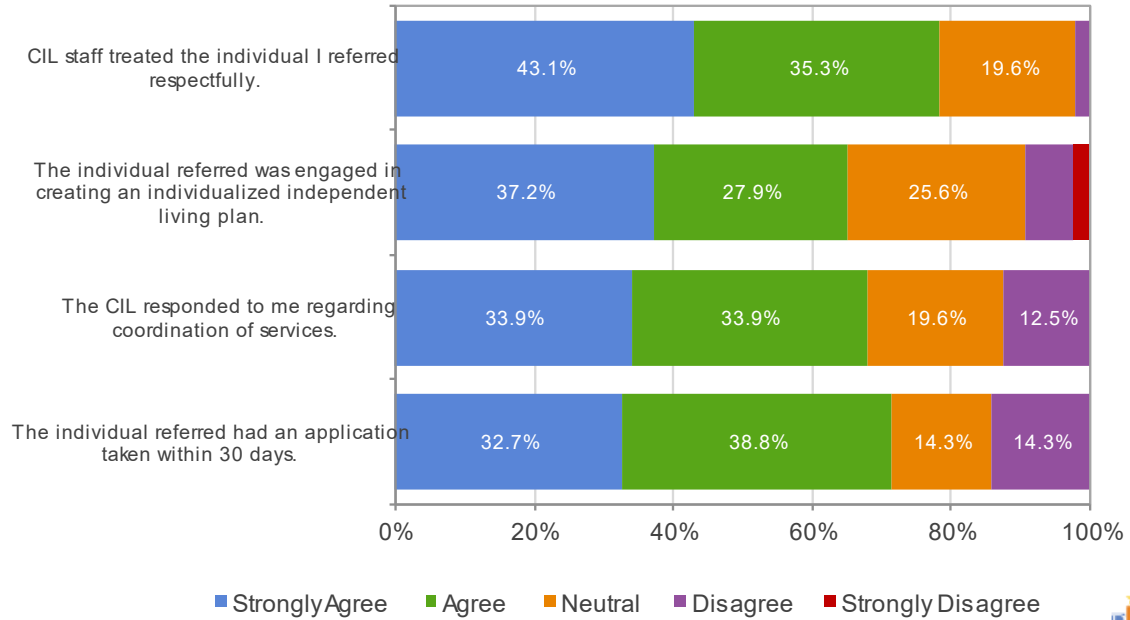
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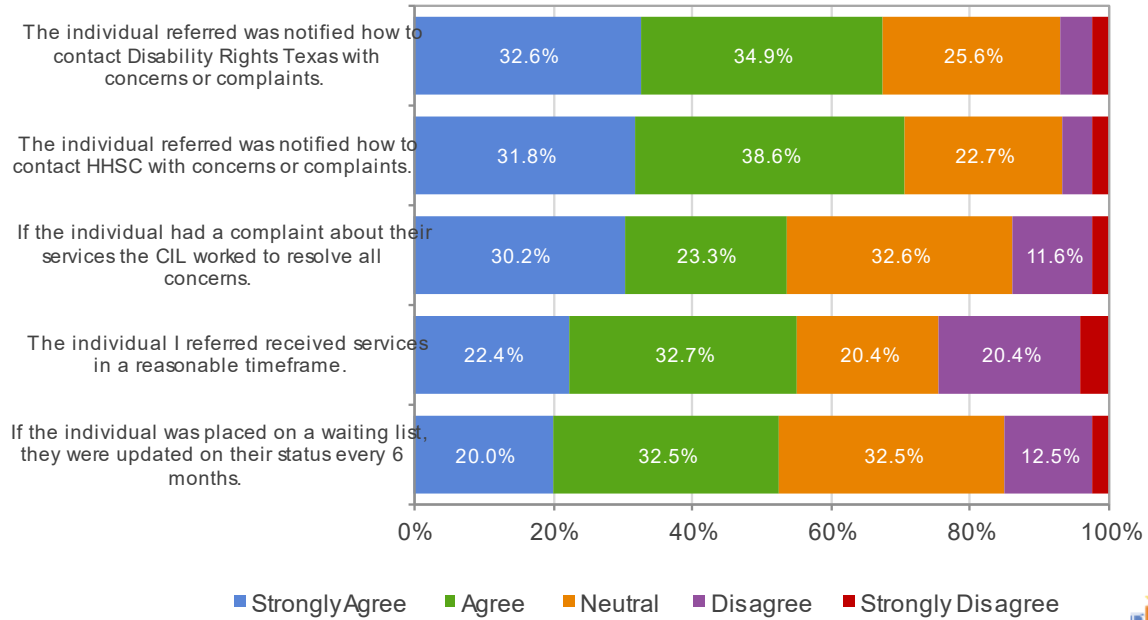
Agreement with Statements Regarding Those Referred to CILs for Services

(Of Those Who Collaborate with Their CIL and Have Recently Referred to a CIL for Purchased Services)



Agreement with Statements Regarding Those Referred to CILs for Services

(Of Those Who Collaborate with Their CIL and Have Recently Referred to a CIL for Purchased Services)



Agreement with Statements Regarding Those Referred to CILs for Services

("Strongly Agree/Agree" Responses; Of Those Who Collaborate with Their CIL and Have Recently Referred to a CIL for Purchased Services; by Region*)

	Region 1	Region 2	Region 3	Region 4	Region 5
CIL staff treated the individual I referred respectfully.	--	100.0%	50.0%	100.0%	80.0%
The individual referred was engaged in creating a individualized independent living plan.	--	--	50.0%	66.6%	100.0%
The CIL responded to me regarding coordination services.	100.0%	100.0%	50.0%	75.0%	40.0%
The individual referred had an application taken within 30 days.	66.7%	100.0%	50.0%	100.0%	75.0%
The individual referred was notified how to contact Disability Rights Texas with concerns or complaint.	--	--	50.0%	100.0%	75.0%
The individual referred was notified how to contact HHSC with concerns or complaints.	--	--	33.3%	100.0%	50.0%
If the individual had a complaint about their services the CIL worked to resolve all concerns.	--	--	25.0%	--	25.0%
The individual I referred received services in a reasonable timeframe.	--	66.6%	50.0%	80.0%	40.0%
If the individual was placed on a waiting list, they were updated on their status every 6 months.	--	66.7%	33.3%	--	0.0%

* Regions with an n of 3 or more are shown for each statement.

Agreement with Statements Regarding Those Referred to CILs for Services

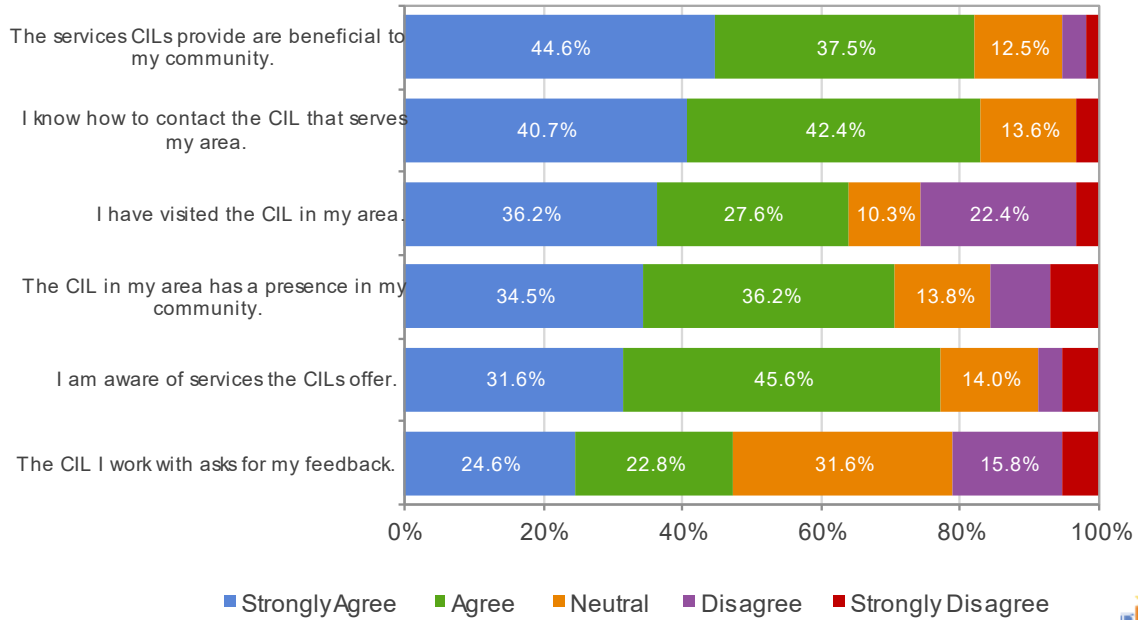
("Strongly Agree/Agree" Responses; Of Those Who Collaborate with Their CIL and Have Recently Referred to a CIL for Purchased Services; by Region*)

	Region 6	Region 7	Region 11	Statewide
CIL staff treated the individual I referred respectfully.	75.0%	100.0%	75.0%	75.0%
The individual referred was engaged in creating an individualized independent living plan.	25.0%	100.0%	66.7%	63.7%
The CIL responded to me regarding coordination services.	75.0%	100.0%	62.5%	60.0%
The individual referred had an application taken within 30 days.	50.0%	100.0%	66.6%	71.5%
The individual referred was notified how to contact Disability Rights Texas with concerns or complaints.	33.3%	80.0%	57.2%	66.6%
The individual referred was notified how to contact HHSC with concerns or complaints.	33.3%	100.0%	57.2%	81.8%
If the individual had a complaint about the services the CIL worked to resolve all concerns.	50.0%	50.0%	28.6%	80.0%
The individual I referred received services in a reasonable timeframe.	66.7%	80.0%	57.2%	50.0%
If the individual was placed on a waiting list, they were updated on their status every 6 months.	50.0%	50.0%	62.5%	60.0%

* Regions with an n of 3 or more are shown for each statement.

Agreement with Statements Regarding Ways in Which the Respondent Interacted with CILs

(Of Those Who Collaborate with Their CIL and Have Recently
Referred to a CIL for Purchased Services)



Agreement with Statements Regarding Ways in Which the Respondent Interacted with CILs

("Strongly Agree/Agree" Responses; Of Those Who Collaborate with Their CIL and Have Recently Referred to a CIL for Purchased Services; by Region*)

	Region 1	Region 2	Region 3	Region 4	Region 5
The services CILs provide are beneficial to my community.	100.0%	100.0%	50.0%	75.0%	100.0%
I know how to contact the CIL that serves my area.	100.0%	100.0%	50.0%	100.0%	100.0%
I have visited the CIL in my area.	100.0%	100.0%	33.3%	25.0%	50.0%
The CIL in my area has a presence in my community.	66.6%	100.0%	50.0%	50.0%	100.0%
I am aware of services the CILs offer.	100.0%	100.0%	66.6%	60.0%	75.0%
The CIL I work with asks for my feedback.	33.3%	100.0%	25.0%	50.0%	50.0%

* Regions with an n of 3 or more are shown for each statement.

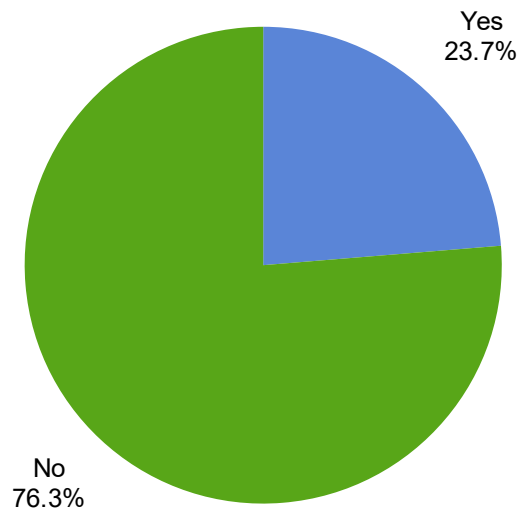
Agreement with Statements Regarding Ways in Which the Respondent Interacted with CILs

("Strongly Agree/Agree" Responses; Of Those Who Collaborate with Their CIL and Have Recently Referred to a CIL for Purchased Services; by Region*)

	Region 6	Region 7	Region 8	Region 11	Statewide
The services CILs provide are beneficial to my community.	66.6%	83.3%	66.7%	87.5%	93.4%
I know how to contact the CIL that serves my area.	20.0%	80.0%	100.0%	87.5%	94.2%
I have visited the CIL in my area.	40.0%	66.7%	66.7%	62.5%	81.3%
The CIL in my area has a presence in my community.	60.0%	83.3%	66.7%	75.0%	73.4%
I am aware of services the CILs offer.	25.0%	80.0%	33.3%	87.5%	93.8%
The CIL I work with asks for my feedback.	25.0%	66.6%	—	62.5%	43.8%

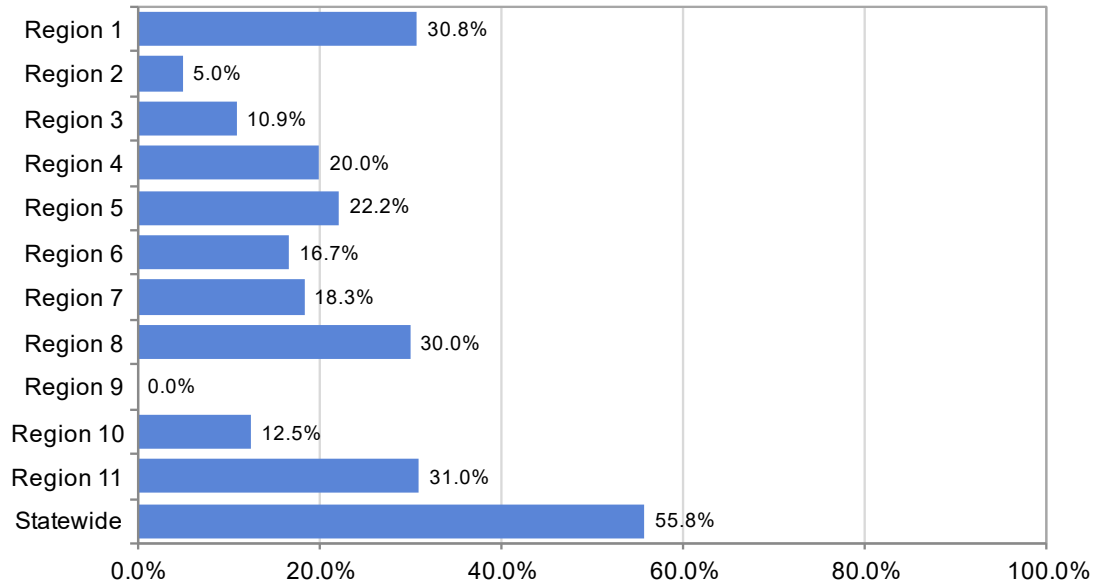
* Regions with an n of 3 or more are shown for each statement.

Aware that Texas Has a SPIL



Aware that Texas Has a SPIL

(Affirmative Responses; By Region)



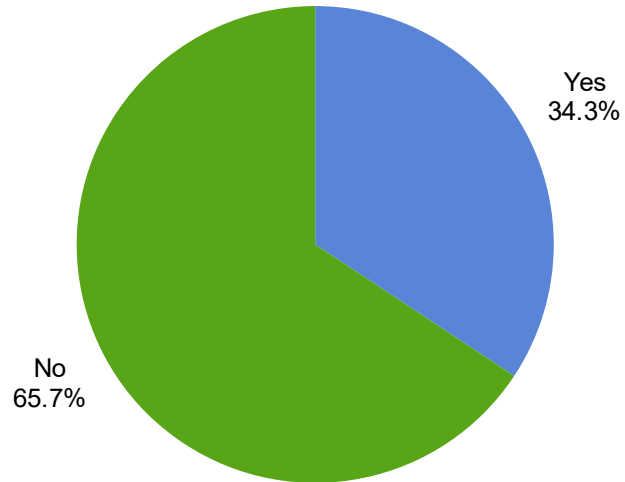
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Have Been Invited to Attend a Public Hearing for the Development of the SPIL

(Of Those Aware that Texas Has a SPIL)



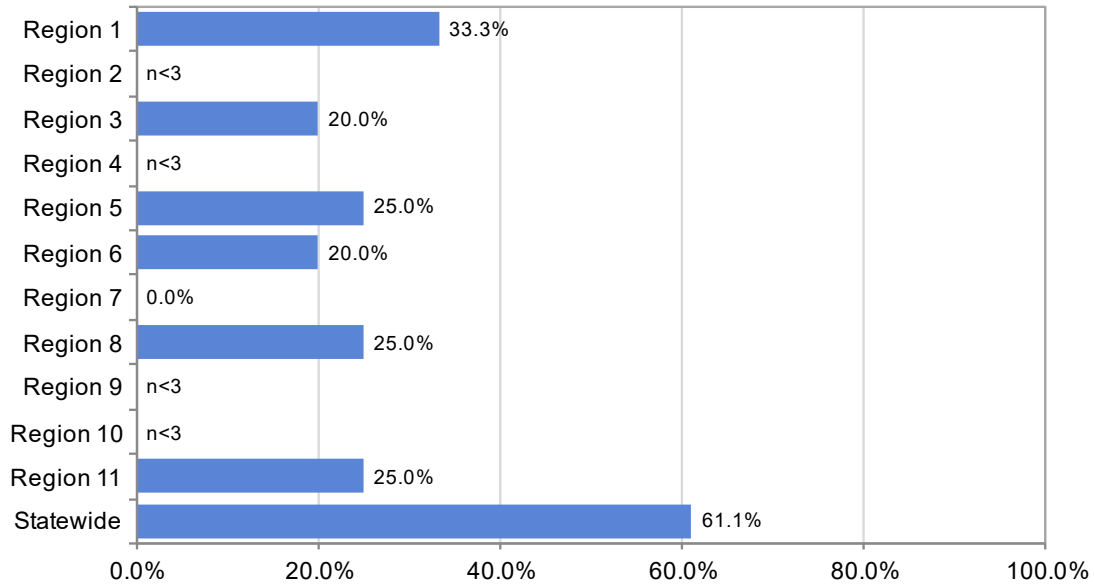
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Have Been Invited to Attend a Public Hearing for the Development of the SPIL

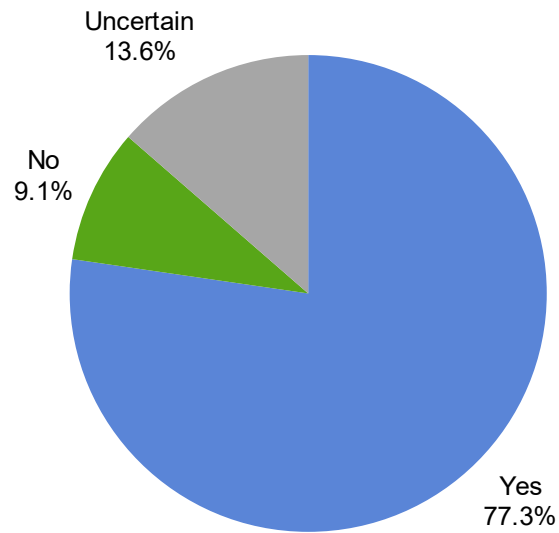
(Affirmative Responses; Of Those Aware that Texas Has a SPIL; By Region*)



* Regions with an n of 3 or more are shown.

Your Input for Developing the SPIL Was Taken into Consideration

(Of Those Invited to Attend a Hearing for the Development of the SPIL)

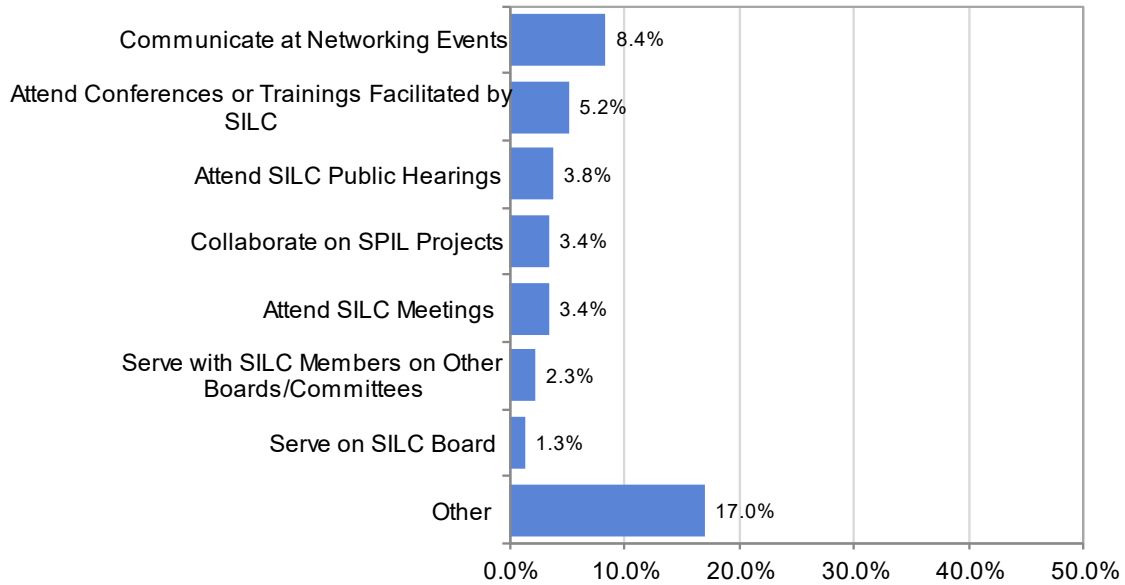


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Type of Communication or Coordination Respondent Has with the SILC*



* Respondents were asked to indicate all that apply.

Questions?

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