

Department Name:	DATE:
Health and Human Services Commission	November 2016
Legislation/Rider Update:	

84th 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 November 30, 2016, 55 HCS offers have been released and 16 people have been enrolled.
 - People in small/medium ICFs/IID – As of November 30, 2016, 71 HCS offers have been released and 33 people have been enrolled.
 - Residents of state supported living centers – As of November 30, 2016, 177 HCS offers have been released and 130 people have been enrolled.
- 680 HCS waiver slots for adults transitioning from nursing facilities – As of November 30, 2016, 1,246 HCS offers have been released and 251 people have been enrolled.
- 20 HCS waiver slots for people 21 and younger who reside in nursing facilities – As of November 30, 2016, 14 HCS offers have been released and 11 people have been enrolled.
- 400 HCS waiver slots for people at risk of ICF/IID institutionalization – As of November 30, 2016, 269 HCS offers have been released and 211 people have been enrolled.
- 600 HCS waiver slots for adults at risk of nursing facility institutionalization – As of November 30, 2016, 276 HCS offers have been released and 167 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 November 30, 2016, 183 HCS offers have been released and 117 people have been enrolled.
- 25 HCS waiver slots for children transitioning from DFPS General Residential Operation – As of November 30, 2016, 24 HCS offers have been released and 13 people have been enrolled.
- 120 HCS waiver slots for people moving out of state hospitals – As of November 30, 2016, 131 HCS offers have been released and 90 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 November 30, 2016, 85 people received an HCS offer through this rider.
- Rider 35 (previously Rider 30)
 - Services under HCS waiver program:
 - As of November 30, 2016, there has been one instance where a person referred for HCS services from community ICFs/IID was determined ineligible for HCS services.
- 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:
 - Six people are receiving waiver services above the individual waiver cost limit with the difference being funded by GR.
 - Two people receive GR funds due to settlement agreements;
 - One person receives GR funds due to a court judgement and permanent injunction against DADS and HHSC that was entered in this case requiring HHSC/DADS to provide 24 hour nursing; and
 - Three people receive GR funds in compliance with Special Provision, Section 42.
 - HHSC did not request any clinical assessments be completed 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.
- 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 – August 1, 2015	54,083	221	73,004	20,540	50,680	198,528
Total Released/Removed from IL ¹	3,612	493	2,500	7,201	2,007	15,813
<i>Enrolled</i>	704	88	1,531	1,027	825	4,175
<i>Denied/Declined/Withdrawn</i>	2,138	222	601	5,738	1,178	9,877
<i>In the Pipeline</i>	767	185	368	423	4	1,747
Current IL – November 30, 2016	58,047	206	81,678	19,561	60,911	220,403 ²

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

² The total of Current IL counts in the above table is a duplicated count. The unduplicated count across all four Interest Lists is: **132,371**.

Relocation Contractor Services

Statewide Service Areas

HHSC 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

HHSC has nine contracts with the following entities for relocation services effective September 1, 2016:

- *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

HHSC relocation assistance contractors reported a total of 546 relocation assessments conducted and a total 363 transitions completed during September 2016 through November 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 = 546)

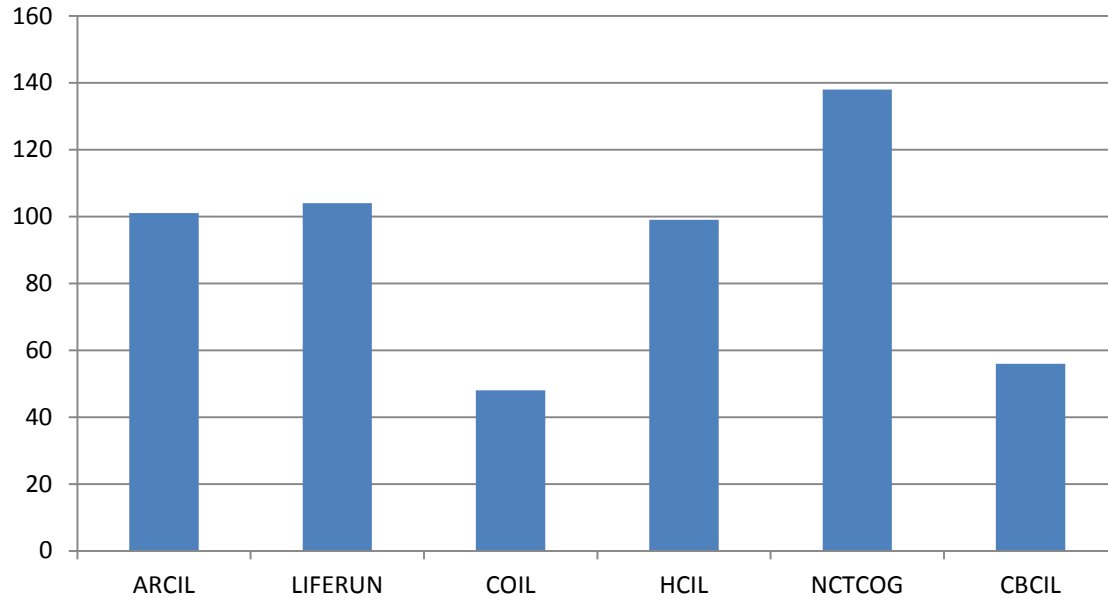
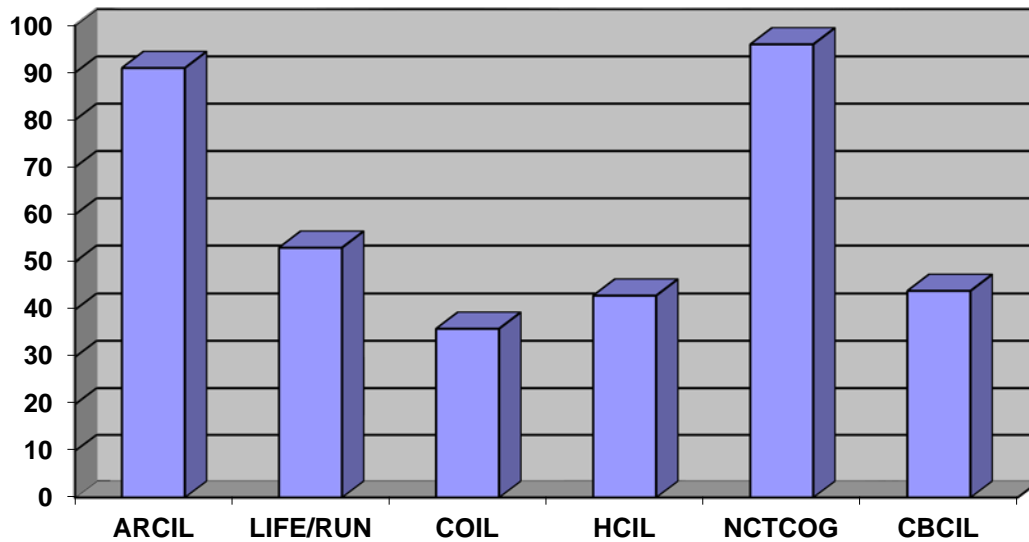
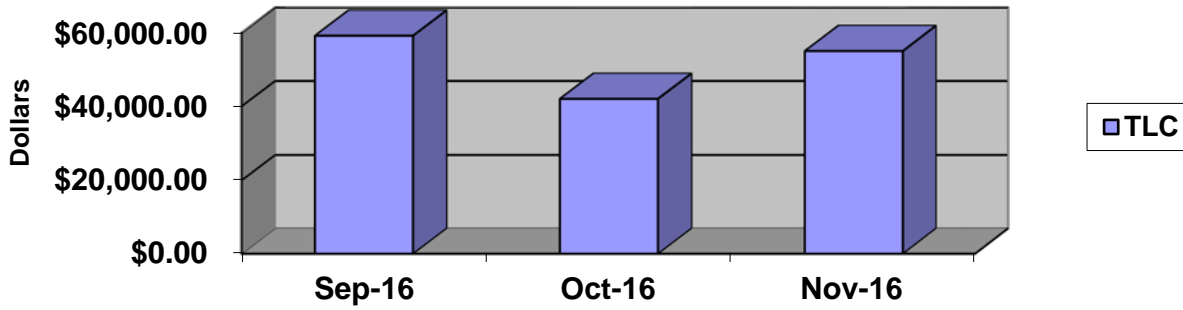


Figure 2
Transitions Completed by Relocation Contractors,
(Total = 363)



Based on claims data, a total of \$156,299.17 was billed for TLC grants Figure 3 demonstrates costs billed for TLC by month.

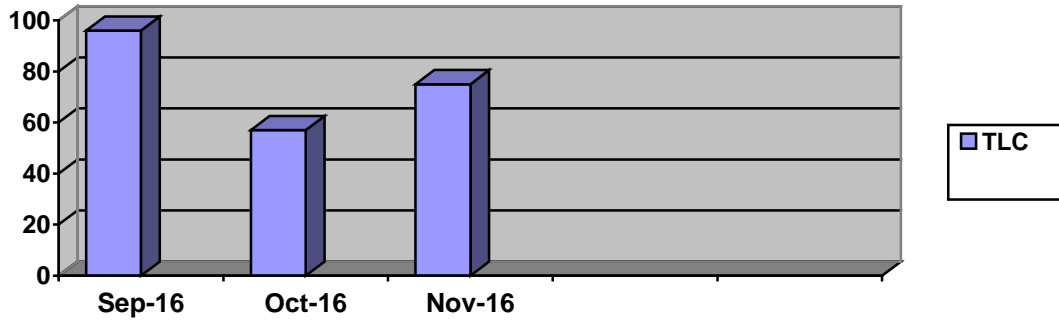
**Figure 3
TLC Costs Billed**



Total = \$156,299.17

Costs billed were for 228 TLC individuals. Figure 4 demonstrates TLC individuals whose costs were billed by month.

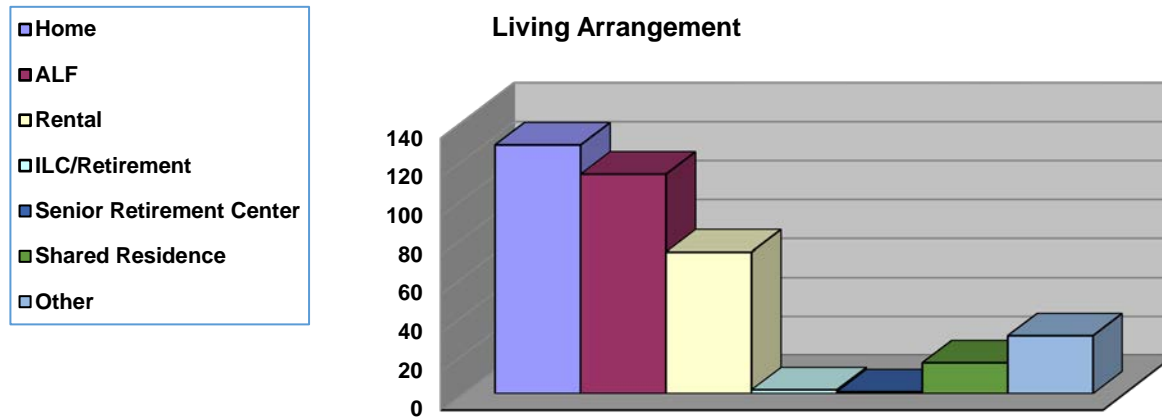
**Figure 4
TLC Consumers**



Total = 228

Data from the relocation contractors indicate 128 people transitioned back into their own or family home, 113 into assisted living facilities (ALF), 73 into rentals, 2 into an independent living center (ILC), 1 into senior retirement center, 16 into shared residence and 30 into other. Figure 5 demonstrates living arrangements for TLC individuals who transitioned.

Figure 5
Living Arrangement – For Those Who Transitioned
September 2016 through November 2016
(Total = 363)



There were 28 applications submitted for public housing.

Topics of Interest (ongoing issues/projects)

Programs 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, 83rd Legislature, Regular Session, 2013) allocated the Department of Aging and Disability Services (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 Health and Human Services Commission (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. HHSC 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.

The RFP evaluation process is complete. An action memo identifying the three selectees is currently being routed for approval. The three selectees will be notified; and will begin the Centers for Medicare and Medicaid Services PACE application process.

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 the 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 models 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 2017-2016, HHSC 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 2016 – 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 service providers.
3. Maintaining and providing information regarding available respite services.
4. Conducting public awareness activities regarding available respite services.

During the months of September to November 2016, the four TLRCP providers worked with their respite subcontractors to identify caregivers seeking respite services. In addition, the TLRCP providers began planning and holding public awareness, outreach, and educational activities about the benefits and availability of respite services.

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 and will be completed in February 2017. Round twelve compliance visits will begin in April 2017. 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	Nov 2016
Abilene	439	413	386	356	321	290
Austin	353	326	288	266	191	184
Brenham	312	297	288	283	279	262
Corpus Christi	272	258	242	224	221	219
Denton	517	493	484	460	458	449
El Paso	130	124	116	110	106	105
Lubbock	225	211	209	203	201	194
Lufkin	376	361	342	322	308	294
Mexia	391	366	331	288	256	254
Richmond	377	350	339	335	330	326
Rio Grande	71	70	62	67	71	60
San Angelo	239	231	210	208	214	218
San Antonio	280	274	250	240	229	228
All Facilities	3982	3774	3547	3362	3186	3083

Community Transition Specialist positions at the SSLCs: In December 2011, DADS received notice from CMS that 100 percent Money Follows the Person Demonstration (MFPD) 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). Due to a decrease in MFPD funding, effective January 1, 2017, 15 positions (13 community transition specialists, 1 community transition specialist coordinator and 1 administrative assistant) have been approved. 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	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	June 2016	Jan 2017
Abilene	19	21	20	18	16	16	16	17	15	15	13	8
Austin	11	6	6	5	5	5	3	4	4	5	5	7
Brenham	7	6	9	8	8	8	9	7	6	6	4	3
Corpus Christi	6	4	4	6	8	9	11	12	13	16	16	39
Denton	11	10	11	11	10	11	11	10	12	13	13	26
El Paso	5	5	4	4	4	6	5	10	13	13	13	10
Lubbock	5	6	6	6	4	4	9	10	12	12	11	8
Lufkin	12	8	8	14	16	19	20	18	20	21	18	11
Mexia	26	18	17	17	17	17	15	14	13	16	18	22
Richmond	5	5	4	2	1	5	5	6	7	9	10	19
Rio Grande	7	4	3	3	1	3	6	7	5	6	8	4

San Angelo	11	14	17	18	18	18	16	13	11	12	12	10
San Antonio	4	3	2	4	6	8	7	6	6	6	6	6
Total All Facilities	129	110	111	116	114	129	133	134	137	150	147	173



State Supported Living Centers
School Age Admissions (Under Age 22)
FY2006 through FY2017 (As of 11/30/2016)

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	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	72	45	20	25	27	25	2	37.50%
FY2017	10	8	4	4	2	2	0	20.00%
12 Year Total	1051	599	315	284	452	394	58	43.01%



**Community Transitions By Fiscal Year
FY2004 through FY2017 (As of 11/30/2016)**

	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017
ABSSLC	1	3	2	3	7	14	20	11	18	33	26	24	18	0
AUSSLC	1	4	3	8	5	19	15	14	16	25	15	32	1	0
BSSLC	5	3	5	8	19	13	39	28	12	16	13	12	13	2
CCSSLC	11	10	10	23	25	27	25	13	9	15	16	6	3	0
DSSLC	1	2	2	4	10	16	16	8	12	20	26	13	9	1
EPSSLC	1	1	3	4	4	3	4	3	7	10	8	7	4	2
LBSSLC	6	2	20	12	19	22	11	5	10	10	10	9	8	3
LFSSLC	5	3	4	3	5	8	11	20	16	22	21	22	14	2
MSSLC	14	22	23	19	32	67	100	51	41	52	68	57	18	8
RSSLC	7	7	7	10	38	29	52	24	30	22	18	14	6	3
RGSC	5	4	1	0	2	4	2	2	7	13	5	7	10	3
SaGSSLC	13	6	12	19	30	24	27	19	25	28	22	18	14	2
SASSLC	5	9	5	5	10	6	8	6	4	21	13	12	8	0
Totals	75	76	97	118	206	252	330	204	207	287	261	233	126	26
	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017
Average	6.25	6.33	8.08	9.83	17.17	21.00	27.50	17.00	17.25	23.92	21.75	19.42	10.50	8.67

Wednesday, December 07, 2016

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**Promoting Independence Advisory Committee
Department Activity Report**

**1st Quarter 2017
September, October, November**

DEPARTMENT NAME:	DATE:
Texas Workforce Commission	January 6, 2017
LEGISLATION/RIDER UPDATE	
<p>Legislative Implementation Activities</p> <p><u>Transition to Texas Workforce Commission</u> The Texas Department of Assistive and Rehabilitative Services (DARS) completed 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 completed implementation 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 https://hhs.texas.gov/services/disability/independent-living-services</p>	
2010-2011 PROMOTING INDEPENDENCE PLAN DIRECTIVES	
<p><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></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)

TWC Initiatives

Rehabilitative Services Division- Vocational Rehabilitation Transition Services

The TWC Rehabilitation Services Division for 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 November 30, 2016, the VR program has:

- served 22,532 eligible transition-age consumers; and
- closed 863 transition-age consumers' cases successfully.

TWC RSD 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.

TWC RSD 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. RSD developed and is in the process of providing training to all school counselors in the state to increase consistency in service delivery.

The TWC Rehabilitation Services Division for Vocational Rehabilitation (VR) program 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>

TWC Blind Services Division Vocational Rehabilitation Transition Services

As of November 30, 2016, the Blind Services Division (BSD Transition Services has 28 counselors located in offices across the state. TWC 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 November 30, 2016, BSD Transition Services has:

- transferred 14 consumers successfully to the adult VR program;
- staffed 25 of the 28 transition counselor positions; and
- served 1,945 transition-age consumers.

The TWC Blind Services Division Vocational Rehabilitation Program 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)

February 2-3, 2017
Criss Cole Rehabilitation Center
4800 N Lamar
Austin TX 78756

Report Completed By: Jonas Schwartz

Telephone/Contact Number: (512) 424-4211

E-Mail: Jonas.Schwartz@twc.state.tx.us

**Promoting Independence Advisory Committee
Department Activity Report**

**Department of Family and Protective Services (DFPS)
January 2017**

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. The report was completed and submitted to the legislature in October 2016. 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.

In FY16, 158 children who came into care met these criteria. In addition, dispositions in 125 were overturned and removed from the registry.

Promoting Independence Plan Directives

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 that 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 January 2017, all 25 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 January 2017, 156 HCS slots have been released for youth aging out of care.

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 34 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 34 children placed in Residential Treatment Center beds and 19 children on a waiting list for placement.
- From 2014 - 2016, 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 and resulted in the development and delivery of free training resources to educate and support caregivers in learning that inclusive child care can be beneficial, both for a child with special needs and for the other children in the classroom. The project was completed in Fall 2016 and the other free online courses, offered in English and Spanish, can be accessed at <http://childcare.tamu.edu>.
- 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.
- 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 next Texas Governor's Committee on People with Disabilities meeting will be hosted by University of North Texas in Denton. The meeting will take place over two days April 12 and 13, 2017, with a luncheon ceremony to honor the winners of the Barbara Jordan Media Awards.
- The Early Childhood Intervention (ECI) Advisory Committee met on November 30th in the Winters Building in Austin to present and review information on STAR Kids, the ECI state office report and current ECI data, the Annual Performance Review, and the Birth Defects Registry. The next meeting of the ECI Advisory Committee is scheduled for January 11, 2017, at 10:00 in the Winters Building.

Report Compiled By: Leti Guevara as submitted by CPS, APS, and CCL Programs
Telephone Number: (512) 438-5518

Department Name:	Date:
Health and Human Services Commission, Medical and Social Services Division, Behavioral Health Services Section**	January 5, 2017
Legislation/Rider Update:	
<p>HHSC Special Provisions for all Agencies, Sec. 52. of the 81st Legislative Session (Waiting List for Children's Community Mental Health Services) Rider 65 of the 81st Legislative Session (Transitional and On-Going Community Mental Health Services)</p> <p>**S.B. 200, 84th Legislature, Regular Session, 2015 required the transfer of behavioral health programs at the Department of State Health Services to Health and Human Services Commission on September 1, 2016. As a result, all references to DSHS programs have been changed to HHSC.</p>	
2013-2014 Promoting Independence Plan Directives:	
<p>1. <i>Requires legislative direction and/or appropriations.</i></p> <p><i>If directed and/or funded by the Legislature, HHSC will work with the legacy Department of Aging and Disability Services (DADS), the legacy Department of State Health Services (DSHS), and the legacy Department of Assistive and Rehabilitative Services (DARS) to reduce community-based interest/waiting lists</i></p> <p>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"> o Number of adults waiting for community-based mental health services = <u>1,450 as of November 30, 2016.</u> o Number of children waiting for community-based mental health services = <u>129 as of November 30, 2016.</u> <p>During the 81st Legislative Session, DSHS received initial exceptional item funding for Children with Special Health Care Needs (CSHCN) to reduce waiting lists. DSHS has received additional funding during subsequent legislative sessions to reduce wait lists.</p> <p>Number of CSHCN waiting for health care benefits:</p> <p>As of November 30, 2016 there were 193 children on the CSHCN Services Program waiting list for health care benefits. During the first quarter of FY 2017, 0 clients were removed from the waiting list as of November 30, 2016 to receive health care benefits.</p>	
<p>2. <i>Requires legislative direction and/or appropriations.</i></p> <p><i>If directed and/or funded by the Legislature, HHSC will work with legacy DSHS to implement a fully funded Assertive Community Treatment (ACT) service package as part of the Resiliency and Disease Management (RDM) program.</i></p> <p>HHSC 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"> o Number of persons receiving ACT = <u>2,479 in November 2016 (including NorthSTAR).</u> 	

3. *Requires legislative direction and/or appropriations*

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

HHSC 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 persons receiving service package 5 (crisis follow up) = 1,863 in August 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
- Patients Hospitalized for Discharged After One Year
- Quarterly Discharges – Hospitalized Patients Discharged After One Year
- Adults and Children Readmitted to a State or Community Psychiatric Hospital Three or More Times in 180 Days

Follow-Up From Previous PIAC Request:

Youth Empowerment Services (YES) Waiver

The YES Waiver served 1,902 participants in the first quarter of SFY17. The YES Waiver continues to grow its comprehensive waiver provider base and anticipates increased provider interest in SFY 17 when the updated Open Enrollment provider application becomes available. 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. In addition to the LMHAs, as of November 30, 2016, there are 6 private providers serving as YES comprehensive waiver providers.

The YES Waiver served 25 children in Department of Family and Protective Services Conservatorship in the first quarter of SFY17. The YES Waiver has proposed an update to Texas Administrative Code (TAC) relating to management of the Inquiry List and the establishment of a reserve capacity for children at imminent risk of relinquishment.

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

HHSC received exceptional item funding during the 83rd 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.

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 84th Legislature, Regular Session, 2015 direction expands program eligibility 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. CMS has reviewed the amendment and HHSC anticipates approval in FY2017. HHSC operates the expansion using general revenue until CMS approval of the SPA amendment.

HHSC has executed contracts with ten providers covering Dallas, Harris, Tarrant, Cooke, Fannin, Grayson, Hidalgo, Willacy, Cameron, Galveston, Brazoria, Austin, Waller, Colorado, Fort Bend, Wharton, Matagorda, Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise, and Young Counties. Additional contracts are anticipated to expand services to Nueces, El Paso, Bexar, and Travis Counties in FY2017.

Currently HCBS-AMH has ten individuals enrolled: eight who meet long-term hospitalization criteria, one meeting jail diversion and one meeting emergency room diversion criteria. Exponential enrollment is anticipated as providers ramp-up to implementation in the service areas.

Money Follows the Person Behavioral Health Pilot and Related Efforts

The Money Follows the Person Behavioral Health Pilot (Pilot) in Bexar, Atascosa, Wilson, Guadalupe, Williamson, Hays, and Travis Counties (San Antonio and Austin) helps individuals with co-occurring physical and mental health/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 (CHCS), San Antonio's local mental health authority (LMHA), the University of Texas Health Science Center at San Antonio (UTHSCSA), and Austin Travis County Integral Care (ATCIC). CAT is an evidence-based rehabilitative service that provides assistance to improve adaptive functioning by helping individuals 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 439. Of these, 251 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.
- Pilot intake ceased on June 30th, 2016. Services for enrolled participants will continue through December 31, 2017. The pilot is currently serving 27 clients in the community and 25 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. HHSC has been working with CHCS to provide pilot services to individuals at the San Antonio State Hospital (SASH). This effort is funded with Mental Health Block Grant dollars. To date, 43 individuals have relocated from the state hospital into the community.
- UTHSCSA has continued to outreach LMHA staff and has provided training in Illness Management and Recovery (IMR) and CAT, funded under an MFP administrative grant award. To date, 6,570 supervisors and direct care staff members have been trained in the IMR psychosocial rehabilitative curriculum. In addition, 500 direct care staff members have received CAT certification.

- Staff continued planning activities for the implementation of the MFP Sustainability Plan. The plan's goals are to continue to support the transition of individuals from nursing facilities to community settings; to create a statewide technical assistance program for evidence-based practices such as Cognitive Adaptation Training (CAT); and to establish policies, processes and engage stakeholders to foster inclusion of mental health self-direction in the state's managed care system.
- HHSC continues to work with the UT School of Social Work's Addiction Research Institute (UTARI) to evaluate the pilot. This quarter, UTARI completed a data sharing agreement with HHSC to obtain Medicaid data on pilot participants' institutional statuses and medical visits. UTARI began updating analyses of participant characteristics, functioning, and quality of life, and will continue this activity in 2017.
- HHSC 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 addition, HHSC staff will continue planning for the initiatives outlined in the MFP Sustainability Plan.

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. MHT activities and initiatives have been integrated into programming within the Behavioral Health Services Section. Programming within HHSC is informed by the Behavioral Health Services Section'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

- In the first quarter of fiscal year 2017, certified Peer Service Coordinators, working in 37 communities served by the state's Local Mental Health Authorities (LMHAs), provided 1,407 peer services to incarcerated Veterans and provided 3,541 additional services to service members and veterans who were otherwise involved in the criminal justice system, including participants in veteran's treatment courts, and the probation/parole systems. In addition, 31,400 peer-to-peer services (peer groups, one-on-one peer guidance and referrals to veteran county service officers and mental health professionals) were provided to an estimated 44,000 service members, veterans, and family members.
- During this same time period, licensed mental health professionals who are also veterans (known as Field Clinicians) provided 40 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 297 clinical services to 21 Service Members, Veterans, and Family Members in Dallas/Fort Worth, Waco, Killeen, Austin, and San Antonio.
- Additionally, 105 Texas Veterans Commission (TVC) certified trainers, employed at LMHAs, trained 941 individuals in peer-to-peer counseling skills.

Other Recovery Initiatives

- HHSC contracts with Via Hope to provide mental health, family partner peer certification and training, expand the practice of recovery oriented person center planning and further peer integration into the behavioral health service array.
- During the first quarter of fiscal year 2017, Via Hope initiated the Recovery Institute offerings for LMHAs and state hospitals with plans for programs to launch in January 2017. One example of the programs being offered is the Peer Run Operated Providers (PROP) which will provide technical assistance for Consumer Operated Service Providers and Substance use Recovery Community organizations. An integrated group of 14 peer run organizations has met twice and are working with a national consultant to develop an integrated consumer network. In addition, the integrated group of organizations receive technical assistance from Via Hope on non-profit development, community outreach, collaboration, and board development.
- In fiscal year 2016, the UT Center for Social Work Research, Institute for Excellence in Mental Health (TIEMH) added Bluebonnet MHMR Crisis Services to the research project with Austin State Hospital to research experiences of client's perception of recovery when working with peers evaluation of the early onset psychosis initiative, The goal of the evaluation is to document the impact of the Residential Treatment Center (RTC) project on children and families in Texas as well as an evaluation of peer support integration in the LMHAs and state hospitals. TIEMH reports are leading national research on peers and can be found at <http://sites.utexas.edu/mental-health-institute/publications/>
- The General Appropriations Act, 84th Legislature, Regular Session, 2015 (Article II, Department of State Health Services (DSHS), Rider 73) requires HHSC to implement a mental health peer support re-entry program. HHSC is required to partner with Local Mental Health Authorities (LMHAs) and county sheriffs to establish a pilot program that uses Certified Peer Specialists (CPSs) 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 continuing to develop strong processes for hiring/training peers, enrolling clients, and strengthening relationships/working in the jails. Specific training and technical assistance around the recruitment, hiring, and supervision of peers is provided by the state to ensure low attrition rates of CPS. In addition, HHSC is collaborating with the Hogg Foundation for a process evaluation. Currently there are 48 participants in pilot and baseline data, collected while the participating individual is incarcerated, has been gathered. A legislatively required report on implementation progress, due December 1, 2016, is anticipated to be available in January 2017.

Centralized Training Infrastructure for Evidence-based Practices

The Centralized Training Infrastructure for Evidence Based Practices (CTI-EBP) is designed to aid in the development of a training infrastructure to support the delivery of mental health services in Texas for the adult and youth populations. The project was developed as a mechanism to ensure that providers contracted by the Behavioral Health Services Section 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 individuals utilizing behavioral health services in the Texas mental health system. HHSC 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. In the first quarter of fiscal year 2017, the following trainings and number of providers who completed online or face-to-face training modules within the infrastructure include:

Training	Number Completed
Individual Placement and Support – Supported Employment (IPS-SE)	112
Co-Occurring Psychiatric and Substance Disorders (COPSD)	1,218
Person Centered Recovery Planning	16
Motivational Interviewing – Introduction	12
Motivational Interviewing – Advanced	26
ANSA & CANS Super User	9
Assertive Community Treatment	34
Cognitive Processing Therapy	34
TOTAL Number Trained in First Quarter of FY 2017	1,461

The CTI-EBP is free to those with HHSC funded contracts and through partnerships with other state agencies. The projected timeline for CTI-EBP E-Commerce is currently being developed. Once E-Commerce is fully implemented, revenue will be generated by charging non-subsidized (non-HHSC contracted providers) for web-based training that offers continuing education units (CEUs).

HHSC continues to work with other community and enterprise partners to identify training gaps with an eye towards assisting in the development of a competent workforce (by offering appropriate training opportunities). The system continues to partner with Intellectual and Developmental Disabilities Services (formerly the Department of Aging and Disability). Mental Health Wellness Intellectual Developmental Disabilities training modules have been released for fiscal year 2017 (September 1, 2016).

For more information regarding the training infrastructure, please use the following link: www.centralizedtraining.com.

Relevant Meeting Notices:

Note: Please note that due to grace periods in the submission of encounter data by funded community mental health centers to HHSC, the values listed in this report do not freeze until 37 days after the last day of FY2017 Quarter 1.

Also note that this report is completed and compiled in collaboration with DSHS Children with Special Health Care Needs (CSHCN) Services Program and DSHS State Hospital Section. Additionally, report information was completed by the HHSC Medical and Social Services Division, Behavioral Health Services Section: Office of Decision Support, Office of Program Services I, Office of Program Services II, and the Senior Policy Analyst.

Promoting Independence Advisory Committee

Department Activity Report

Report Completed By: Carissa Dougherty

Telephone/Contact Number: (512) 206-5347

Patients Hospitalized for More Than One Year

<i>Date</i>	<i>Total</i>	<i>Civil Total</i>	<i>Forensic Total</i>	<i>Voluntary Total</i>	<i>Needs Continued Hospitalization</i>	<i>Accepted for Placement</i>	<i>Barrier to Placement</i>	<i>Court Involvement</i>
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

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<i>Date</i>	<i>Total</i>	<i>Civil Total</i>	<i>Forensic Total</i>	<i>Voluntary Total</i>	<i>Needs Continued Hospitalization</i>	<i>Accepted for Placement</i>	<i>Barrier to Placement</i>	<i>Court Involvement</i>
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

8/31/2016	729	197	511	21	577	7	43	102
11/30/2016	757	212	517	28	610	19	28	100

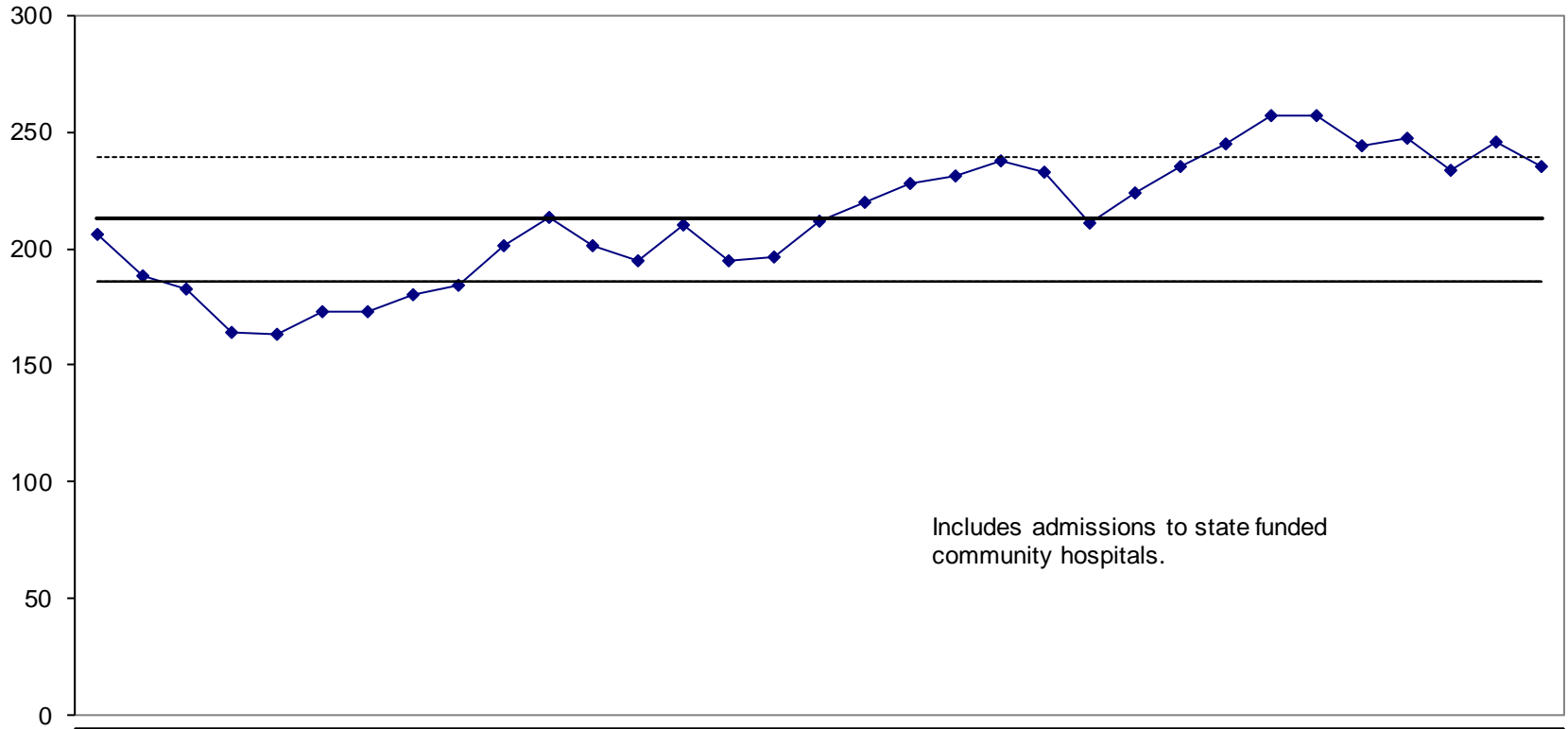
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Discharges from State Hospitals - FY2017

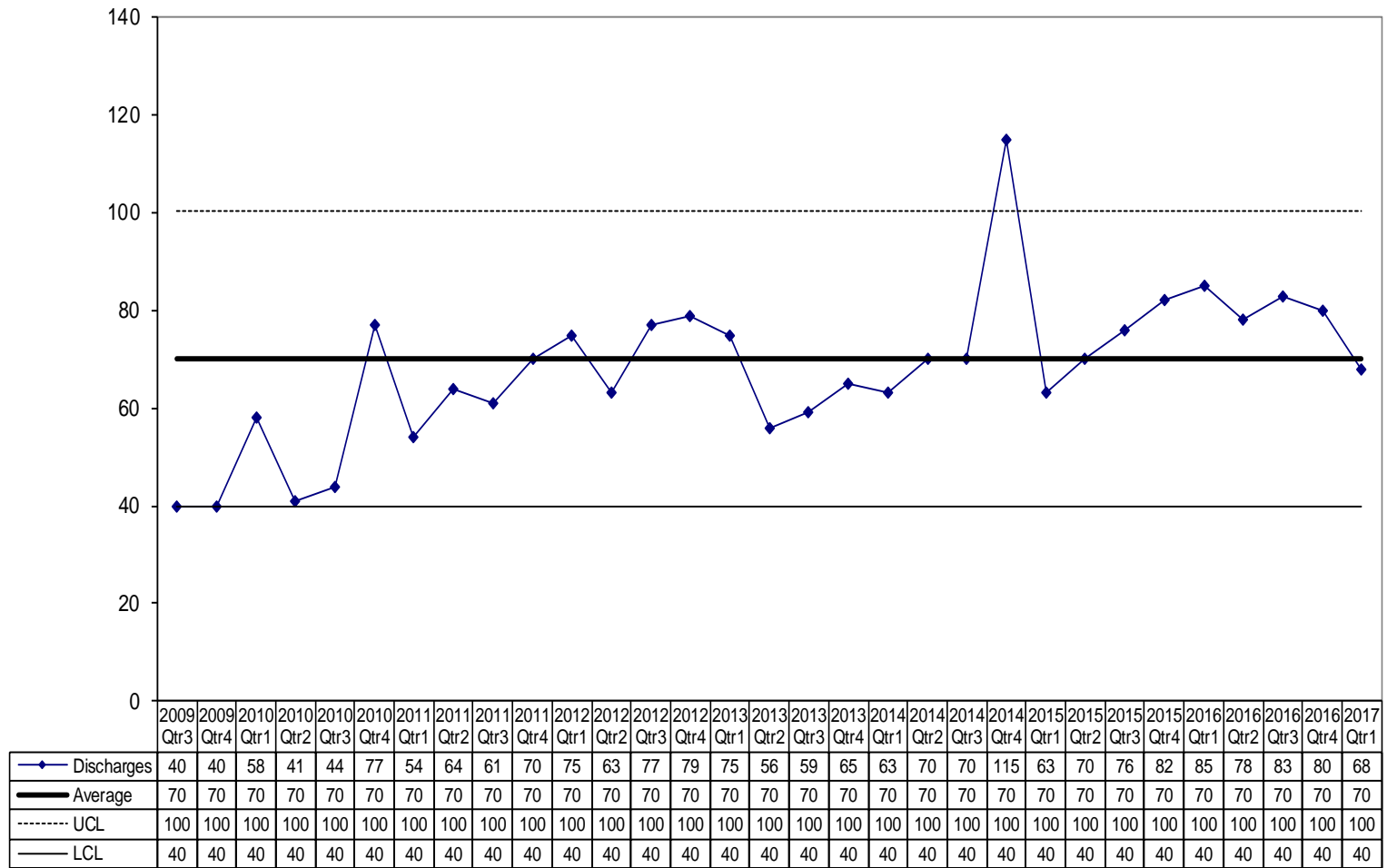
Placement	All Patients	Patients Discharged After Being Hospitalized for 365 Days	All Patients	Patients Discharged After Being Hospitalized for 365 Days
No Entry*	3		1	
BHO Care	6		6	
Death	4	2	4	3
Domestic Abuse Shelter	1		2	
ICF/MR	2		3	
Jail or Other Correctional Facility	593	27	505	18
Medical/Inpatient Facility	7	1	2	
MHA/MRA	129	5	115	4
Nursing Home	25	11	20	12
Other Agency Arranged (e.g. CPS)	18	1	17	
Other State Hospital	73	19	60	14
Out of State (MR Only)	4		0	
Personal Care/Group Home	122	8	120	4
Private Psychiatric Hospital	5		3	
Private Residence	969	6	973	8
Respite	57		46	1
State Supported Living Center	11	2	7	2
State-Funded Community Psychiatric Hospital				
Substance Abuse Center	9		8	1
Supportive Housing	11	1	14	1
UD Involuntary	3		0	
UD Voluntary	3		1	
VA Care	2		1	
Total	2057	83	1908	68

Persons Admitted Three or More Times in 180 days: March 2014 - November 2016



	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	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16
Persons	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	257	244	247	234	246	235
Average	213	213	213	213	213	213	213	213	213	213	213	213	213	213	213	213	213	213	213	213	213	213	213	213	213	213	213	213	213	213	213	213	213
ud	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239
lcl	186	186	186	186	186	186	186	186	186	186	186	186	186	186	186	186	186	186	186	186	186	186	186	186	186	186	186	186	186	186	186	186	186

Quarterly Discharges Hospitalized Patients Discharged After 365 Days



Report to the Promoting Independence Advisory Committee
January 2017
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. Three key components of the STAR Kids model include robust service coordination, a person-centered planning approach 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. On November 1, 2016, STAR Kids MCOs began delivering services statewide to an estimated 163,662 members across 13 service areas.

Many safeguards have been put into place to ensure no gaps in services would occur. The continuity of care provisions include:

- Authorizations expiring in October or November 2016 were extended for 90 days.
- The health plans are required to continue to honor existing services authorizations. For LTSS (like PCS, PDN and MCDP services), for six (6) months, or until the health plan completes a new assessment and issues a new authorization. For acute care services (like physical therapy, occupational therapy, and speech therapy), for six (6) months, until the new authorization expires, or until the health plan completes a new assessment and issues a new authorization.
- The health plans are required to allow members to continue seeing existing providers, even if the provider is not in the health plan's network for the first six (6) months. All health plans have voluntarily extended this to allow members to continue to see current physicians and specialists for a full year. This requirement is not impacted by the SK-SAI; members can continue to see their current providers during this period, even if the providers are not in the health plan's network, even after the assessment is complete.

The STAR Kids Managed Care Advisory Committee met on December 7, 2016. The next committee meeting is scheduled for March 1, 2017. The committee is scheduled to continue to meet quarterly for the first year following implementation of STAR Kids.

Other HHSC Medicaid Initiatives

Dual Demonstration

Rider 51 of the General Appropriations Act, 83rd Legislature, Regular Session, 2013, directed HHSC to implement the Dual Demonstration, a fully integrated capitated managed care model for individuals enrolled in Medicare and Medicaid.

The Dual Demonstration was implemented on March 1, 2015, and it tests an innovative delivery model that combines health care services for people with both Medicaid and Medicare coverage into one plan. The program 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 designated counties: 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 services. The goal of the program are to better coordinate Medicare and Medicaid services, improve quality and access to care and to promote independence in the community. The demonstration will continue until December 31, 2020 pending a two-year extension currently being added to the contract.

As of December 2016, Dual Demonstration enrollment is estimated at 35,011. Additionally, 22,255 advance enrollment notices have been sent to new potential enrollees for the annual passive enrollment scheduled for January 1, 2017. HHSC plans to start monthly passive enrollment in August 2017.

HHSC has been selected by the Administration for Community Living as a recipient of an Alzheimer's Disease Supportive Services project three-year grant to begin September 1, 2016 and continue until August 31, 2019. The goal of the project (known as Texas Takes on Dementia) is to build, using evidence-based practices and programs, a dementia-capable, integrated system of care for individuals with Alzheimer's disease or related disorders (ADRD) and their caregivers enrolled in the Dual Demonstration. Community partners will focus on working with MMPs serving Harris and Tarrant Counties to increase health plan use of effective tools for detection and attention to cognitive impairment. In addition, community partners will help provide evidence-based and evidence-informed support and education to health plan service coordinators in addressing support and referral needs of members with ADRD and their caregivers.

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

Community First Choice

S.B. 7, 83rd Texas Legislature, Regular Session, 2013, directed 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 for these services. To meet this directive, Community First Choice (CFC) was implemented on June 1, 2015. CFC 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 to fund services for individuals who today have no access to LTSS.

HHSC continues to monitor implementation of CFC, addressing issues or concerns as they are identified. HHSC also meets regularly to discuss CFC with stakeholder groups including providers, MCOs, the Promoting Independence Advisory Committee (which serves as the CFC Development and Implementation Council), local intellectual and developmental disability authorities (LIDDAs), and the Texas Council of Community Centers.

Person-Centered Planning Activities

HHSC continues to work to review and evaluate person-centered planning training proposals to ensure trainings meet the minimal requirements and compliance with the federal and state regulations. Workgroups are being established, to include external stakeholders, to expand beyond the training focus to address needed changes to rules, policies, procedures, handbooks, and forms in order to assure quality and consistency across systems. A person-centered planning webpage is under construction and will be deployed in January or February 2017. The webpage will list approved trainings, the minimum criteria for those developing trainings, and an introductory web-based overview of person-centered planning developed by DADS and HHSC to help all understand what is required in a person-centered plan. Alerts will go out to providers, stakeholders, and MCOs when the website goes live.

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, and is scheduled to dissolve in September 2017.

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 biannual report in September, and

it was sent to the Legislature in December 2016. 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. At this time the survey process is complete for both managed care and fee-for-service programs. Staff is currently analyzing the survey results in order to develop the required remediation plan.

The Health and Human Services (HHS) Fiscal Years 2018-2019 Legislative Appropriations Request (LAR) contains an exceptional item entitled, "Community Day Habilitation Programs - HCBS Requirement". After discussion internally and with external stakeholders, it was determined the request for funding needed revisions to fully address the needs in all residential settings. Staff are currently working with stakeholders to create a revised estimate for day habilitation.

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 submitted a third revision in February 2016, and received CMS feedback in June 2016. HHSC responded to the CMS feedback, updated the STP as needed, and resubmitted to CMS on November 18, 2016. Prior to submission, the STP was posted for public comment from October 17, 2016, through October 21, 2016. No comments were received during this period. HHSC will update the STP in 2017. Because the next update will include additional remediation strategies and other more substantive changes HHSC will post the STP for 30 days to allow for public comment and inclusion of comments in the update.

HHSC Rate Analysis Department Update

Rate Analysis is nearing the end of the rate cycle for provider's 2015 Cost Reports. These cost reports undergo verification through HHSC's Cost Report Review Unit 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 & 2019 biennium. Additionally, these cost reports are used to hold providers accountable to the Rate Enhancement program's spending requirements. The Rate Enhancement program is an optional program for certain Long-Term Services and Supports (LTSS) programs whereby providers can receive a rate add-on that are required to be passed along to direct care staff in the form of wages, benefits and/or increased staffing (for Nursing Facilities) in order to reduce staff turnover and increase the quality of care that is provided to Medicaid clients.

Beginning in January 2017, Rate Analysis will begin the next upcoming rate cycle by offering cost report training for provider's 2016 cost reporting period in the form of online webinars. Interested parties can register for cost report training through the Rate Analysis LTSS webpage at: <http://legacy-hhsc.hhsc.state.tx.us/rad/long-term-svcs>. In previous years, Rate Analysis has provided cost report training through classroom settings and a self-paced online portal, however webinars allow tailored training with active teaching through the internet eliminating travel for both providers and state staff.

Providers that are obligated to submit annual cost reports will receive a request letter from the HHSC Rate Analysis Department on or before January 31, 2017, notifying them of the availability of the 2016 Cost Report. Providers will be required to submit their 2016 Cost Report by April 30, 2017, through the State of Texas Automated Information Reporting System (STAIRS) which is the online data submission tool that is used to collect statistical, cost and revenue information that is used in the determination of reimbursement rates.

For more information on HHSC Rate Analysis activities, please visit the Rate Analysis webpage on the HHSC website at <http://legacy-hhsc.hhsc.state.tx.us/rad/long-term-svcs>.

Transformation Update

Ongoing transformation work is happening at both the HHS system level as well as within the divisions created Sept. 1, 2016. The new structure aligns programs and services that relate to one another, creating an environment capable of enhanced program and staff collaboration. Toward that end:

- The Transformation Division is working with agency leadership to set up a system-wide cross-division coordination network, which will promote collaboration among program areas.
- System Support Agreements (SSAs) are being finalized between HHS agencies, divisions and support programs to ensure system goals are met. Read more about SSAs [here](#).
- The Transformation Division is working with the HHS executive team to further refine transformation priorities and identify short and long term system-wide initiatives.

The next major phase of program and staff transfers will occur on Sept. 1, 2017. On that day, about 24,100, staff positions will transfer to HHSC. The majority will come from DSHS, DFPS and DADS regulatory programs, state supported living centers and state hospitals. There are also some additional administrative services staff that will be included in the transfer.

HHS Executive Commissioner Charles Smith recently approved action memos and organizational structures for the new HHSC divisions - State Operated Facilities and Regulatory Services. Work will soon begin to hire leaders for those new divisions so more detailed work can begin to build out each division's structure before the transfers occur.

Children's Autism Program

The Children's Autism Program, which includes the legacy DARS Autism Program, the Texas Autism Council and the Texas Autism Research and Resource Center, has transitioned to the Health, Developmental, and Independence Services Department at HHSC. The program has 21 contractors in 10 of the 11 HHSC regions who provide applied behavior analysis services. The Texas Autism Council consists of 14 public members who are appointed by the HHSC Executive Commissioner. The Council had their first meeting on December 9, 2016. Planning has begun for the annual Texas Autism Research Conference to be held in July 2017.

Comprehensive Rehabilitative Services

The Comprehensive Rehabilitation Services (CRS) program has removed 175 consumers from the waiting list since September 1, 2016 and have served 540 consumers. CRS implemented utilization review process for Post-Acute Rehabilitation Services- Residential to ensure compliance and efficacy of services. CRS posted an open enrollment for Post-Acute Rehabilitation Services in October 2016. The program is also in the process of posting an open enrollment for hospital services to maximize the number of available contractors for consumer services.

Independent Living Programs

As directed by House Bill (HB) 2463, 84th Legislature, Regular Session, 2015, all independent living services have been outsourced to and are provided by centers for independent living (CILs) across the state. The Office for Independent Living Services Programs, which oversees the contracts with the Centers for Independent Living, is part of the Health, Developmental, and Independence Services Department at HHSC. The State Independent Living Council is an independent, Governor appointed council with 10 members that partners with HHSC to develop a comprehensive State Plan that develops goals and funding for Independent Living Centers in Texas, promotes systems advocacy, and educates the public on disability-related topics.

Early Childhood Intervention

The Early Childhood Intervention (ECI) Program gathered and analyzed data for the development of the Texas Part C Federal Fiscal Year (FFY) 2015 Annual Performance Report (APR). The final report was reviewed and approved by the ECI Advisory Committee on January 11, 2017 and is currently being entered into the Office of Special Education Programs (OSEP) system. Staff have spent much of the past few weeks drafting information for the State Systemic Improvement Plan (SSIP) Phase III report. The final report is due to OSEP on April 3, 2017. Additionally, Travis Duke was named Associate Director of ECI, effective Monday, January 9, 2017. Travis brings a wealth of experience in contract management, budget oversight, program data analysis, procurement and policy development with service in multiple roles in the Health and Human Services System since 1998.