



Intended Use Report

As Required by

Title XX Social Services Block Grant

Health and Human Services

Commission

August 2019



TEXAS
Health and Human
Services

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

CONTENTS

SECTION I: Fiscal Year Covered in Plan	1
SECTION II: Letter of Transmittal.....	2
SECTION III: Public Inspection.....	3
SECTION IV: Narrative.....	4
A. Background/Administrative Operations.....	4
B. Fiscal Operations.....	5
Laws Affecting Title XX	6
Texas Health and Human Services Commission	6
Texas Department of Family and Protective Services.....	7
Texas Workforce Commission	7
C. Program Operations	8
Title XX Social Services Block Grant Goals and Programs.....	8
Texas Department of Family and Protective Services.....	8
Texas Workforce Commission	9
Texas Health and Human Services Commission	9
2. Base Title XX SSBG.....	10
Texas Health and Human Services Commission	10
Texas Department of Family and Protective Services.....	29
Title XX SSBG Transferred From TANF.....	38
Texas Health and Human Services Commission	38
Texas Workforce Commission	47
Geographic Availability of Services	49
Section V: Pre-Expenditure Reporting Form	50
Part A. Estimated Expenditures and Proposed Provision Method	50
Part B. Estimated Recipients	54
SECTION VI: Appendices.....	58
APPENDIX A: Documentation related public notice posted on the website	58
APPENDIX B: Certifications	59
A. Uniform Definitions of Services.....	71
B. Base Title XX Funds – Intended Distribution Summary	79
C. TITLE XX Funds from TANF - Intended Distribution Summary	82
SSBG Service Category	83

SECTION I: FISCAL YEAR COVERED IN PLAN

The program year for the Title XX Social Services Block Grant (SSBG) funds in Texas is the federal fiscal year, October 1, 2019 through September 30, 2020.

The state's provision of the services is subject to the availability of state and federal funds. In the event funds are totally or partially unavailable, Texas Health and Human Services Commission (HHSC) will reduce the described services accordingly.

To request copies of this plan, contact the Office of the SSBG Program:

Contact: HHS System Federal Funds Director
Texas Health and Human Services Commission
P.O. Box 13247 (MC-1400)
Austin, Texas 78711
HHSCFederalFunds@hhsc.state.tx.us
(512) 424-6663

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

SECTION II: LETTER OF TRANSMITTAL

August 30, 2019

Clarence H. Carter, Acting Director
Office of Community Services
U.S. Department of Health and Human Services
330 C. Street, S.W.
Washington, D.C. 20201

Dear Mr. Carter:

This letter of transmittal accompanies the Texas Title XX Social Services Block Grant (SSBG) 2020 Intended Use Report and Pre-Expenditure Report being submitted via the SSBG Portal and the Online Data Collection (OLDC) System.

Title XX SSBG funds are appropriated by the Texas Legislature and Governor to Texas state agencies to help meet specified social service needs for defined low income and at-risk populations. The Governor has designated the Texas Health and Human Services Commission (HHSC) to administer the Title XX Social Services Block Grant on behalf of the State of Texas. HHSC acts as the lead grantee agency and serves as the coordinator of funds from the federal government to the various state agencies to which Title XX SSBG funds are appropriated.

The contact information for the Texas SSBG State Official and Program Contact are:

SSBG State Official
Dr. Courtney N. Phillips
Executive Commissioner
Texas Health and Human Services Commission

P: (512) 424-6502
F: (512) 424-6587
Email: Courtney.Phillips@hhsc.state.tx.us

SSBG Program Contact
Racheal Kane
Federal Funds Director
Texas Health and Human Services
Commission

P: (512) 424-6663
F: (512) 424-6641
Email: Racheal.Kane@hhsc.state.tx.us

Please let me know if you have questions or need additional information.

Sincerely,



Racheal Kane, Federal Funds Director

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

SECTION III: PUBLIC INSPECTION

As required for Title XX Social Services Block Grant, the State of Texas made the Intended Use Report and Pre-Expenditure Report available for public inspection and comment. The Texas Health and Human Services Commission followed existing department protocols and procedures for posting the report for public inspection. Notifications were distributed through the communications office standard newsfeeds and news releases.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

SECTION IV: NARRATIVE

A. Background/Administrative Operations

Title XX Social Services Block Grant (SSBG) funds are appropriated by the Texas Legislature and Governor to Texas state agencies to help meet specified social service needs for defined low income and at-risk populations. The Governor designated the Texas Health and Human Services Commission (HHSC) to administer the Title XX Social Services Block Grant on behalf of the State of Texas. HHSC acts as the lead grantee agency and serves as the coordinator of funds from the federal government to the various state agencies to which Title XX SSBG funds are appropriated. The Texas health and human services agencies participating in Title XX SSBG include:

- Texas Health and Human Services Commission
- Texas Department of Family and Protective
- Services Texas Workforce Commission

Although HHSC is the lead Title XX SSBG agency, the state agencies receiving and expending the funds are responsible for ensuring that services and expenditures are allowable and in compliance with federal and state requirements.

Pursuant to the Texas State Legislature, Senate Bill 200, 84th Legislature, Regular Session, 2015, and House Bill 5, 85th Legislature, Regular Session, 2017, certain health and human services programs and services within the Texas health and human services agencies were reorganized. On September 1, 2017, the reorganization was completed. Expenditures may differ by specific agency and strategy in future reporting due to the reorganization, while the statewide totals will remain largely unchanged.

Title XX was made a block grant by the Omnibus Budget Reconciliation Act of 1981, Public Law (PL) 97-35, and amended in 2010 by PL 111-148. Under this block grant, the state may provide social services directed at the goals of Title XX and may make expenditures for administration and training.

This report reflects how funds received for the 2020 Title XX block grant program year may be used and explains how Title XX social services may be provided. The program year for the Title

XX SSBG in Texas is the federal fiscal year, October 1, 2019 through September 30, 2020. The report includes program goals, descriptions of the services to be provided, the categories or characteristics of individuals to be served, and the geographic areas to be served. The state's provision of the services is subject to the availability of state and federal funds. In the event funds are totally or partially unavailable, HHSC will reduce the described services accordingly. In some service descriptions, reference is made to activities which are funded from other federal funding sources, such as Title IV-A Temporary Assistance for Needy Families, Title XIX Medicaid, Title IV-E Foster Care, or Title IV-B Child Welfare. These references are offered to provide the reader additional information on programs using more than one funding source.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Several restrictions apply to the Title XX SSBG funds. Title XX SSBG prohibits the use of funds for the following services or activities as set forth in 42 USC §1397d(a)(1-10):

- Purchase or improvement of land or buildings (other than minor remodeling);
- For the provision of cash payments for costs of subsistence of for the provision of room and board (other than costs during rehabilitation, room and board provided for a short term as an integral but subordinate part of a social service, or temporary emergency shelter provided as a protective service);
- Payment of wages of any individual as a social service (other than payment of the wages of welfare recipients employed in the provision of child care services);
- Provision of medical care (except for family planning and rehabilitation services or initial detoxification of an alcoholic or drug dependent individual) unless the medical care is an integral but subordinate part of an approved social service;
- Social services (except services to an alcoholic or drug dependent individual or rehabilitation services) provided in and by employees of a hospital, skilled nursing facility, intermediate care facility, or prison, to any individual living in such institution;
- Provision of any educational service which the state makes generally available to its residents without cost and without regard to income;
- Child care services unless such services meet applicable standards of state and local law;
- Cash payments as a service (except as otherwise provided in this section);
- Payment for any item or service (other than an emergency item or service) furnished by an individual or entity excluded from participation in the program, or at the medical direction or on the prescription of a physician during the period the physician is excluded from participation in the program; or
- In a manner inconsistent with the assisted suicide funding restriction act of 1997.

As required by 45 CFR §96.74(b), each state must use uniform definitions of services when submitting data required in the annual report. The federal definitions are contained in Section VI of this report and are cross-referenced throughout the document.

B. Fiscal Operations

The Texas budgeting process begins with the development of a biennial appropriation request and annual

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

operating budgets. Funding recommendations and decisions are developed from review of Title XX goals, current federal and state laws, regulations, riders, and public comments about client needs in different geographic areas of the state. The governing bodies of the various agencies approve submission of their Legislative Appropriations Request based on criteria for priorities of services.

The Texas Legislature reviews and revises the request, which is then sent to the Governor for final approval. Each agency uses funds in accordance with its rules outlined in the Texas Administrative Code. Depending on the service, the agency may provide the service directly using its own employees, may grant funds to third party subrecipients for service programs, or may purchase services through contracts from third parties using competitive procurement or other means. Local public agencies, community and faith-based organizations, and private for-profit enterprises interested in receiving Title XX SSBG funds should contact the applicable state agency responsible for administration of the particular service for information on how to receive Title XX SSBG funding.

Laws Affecting Title XX

Federal and state program laws affect how Title XX funding and service decisions are developed and implemented. Examples of laws applicable to a program or service include, but are not limited to the following:

Texas Health and Human Services Commission

HHSC Administration, Oversight, and Program Support

- Texas Government Code Chapter 531

Community Care Services

- Human Resources Code Chapter 102: Concerns rights of the elderly.
- Human Resources Code, Chapter 103: Concerns day activity and health services for persons with disabilities and/or persons that are elderly.

Children's Mental Health Plan

- Health and Safety Code, Section 533.040: Concerns services for children with mental illness, or with a dual diagnosis of mental illness and an intellectual disability, and for their families.
- Government Code Section 531.251: Concerns developing local mental health systems of care for certain children
- Health and Safety Code, Section 534.053: Concerns required community-based mental health services

Adult Protective Services-Provider Investigations

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

- Human Resources Code, Chapter 48, Subchapter F Governs investigations of allegations of abuse, neglect, and exploitation investigations of an elderly person or person with a disability receiving services from certain providers.

Family Violence Services

- Human Resources Code Chapter 51
- 42 USC §§10401-10407

Breast and Cervical Cancer Screening Program

- 42 USC §§300k--n-5

Texas Department of Family and Protective Services

Adult Protective Services

- Human Resources Code, Chapter 48 Establishes protective services for adults.

Child Protective Services

- Texas Family Code, Title 5, Subtitle E
- Human Resources Code, Title 2, Subtitle D
- Federal Child Welfare and Adoption Assistance Reform Act (P.L. 96-272)

Texas Workforce Commission

Child Care Services

The following federal and state statutes and regulations govern the child care program:

- Human Resources Code, Chapter 44 provides for the state administration of federally established child care programs and for the establishment and administration of state-funded child care centers.
- Labor Code Chapter 301, relates to administration of TWC.42 USC §§9857-9858r, Child Care and Development Block Grant (CCDGB)
- Title 40 of the Texas Administrative Code, Part 20, Chapter 809: Child Care Services

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

c. PROGRAM OPERATIONS

Title XX Social Services Block Grant Goals and Programs

Title XX SSBG funded services are directed toward meeting one or more of the following goals for the individuals served:

- Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
- Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
- Preventing or remedying neglect, abuse, and exploitation of children and adults unable to protect their own interests; or preserving, rehabilitating, or reuniting families;
- Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and
- Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

Achievement of these goals is sought through several programs administered by the Texas Department of Family and Protective Services (DFPS), the Texas Health and Human Services Commission (HHSC), and the Texas Workforce Commission (TWC). Below is a list that describes the programs and the agencies under which they are administered.

Texas Department of Family and Protective Services

- Statewide Intake Services
- Child Protective Services Direct Delivery Staff
- Child Protective Services Program Support
- Adult Protective Services Direct Delivery Staff
- Adult Protective Services Program Support
- Child Care Investigation
- Central Administration
- Other Support Services
- Regional Administration
- Information Technologies Program Support

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Texas Workforce Commission

- Child Care

Texas Health and Human Services Commission

- Family Violence Services
- Women's Health Services
- Adult Protective Services Provider Investigations
- Integrated Eligibility & Enrollment
- Office of Inspector General
- Breast & Cervical Cancer Services
- Mental Health Services – Adult
- Mental Health Services – Children
- Community Mental Health Crisis Services
- Mental Health State Hospitals
- Family Care
- Day Activity and Health Services
- Home Delivered Meals
- Adult Foster Care
- Residential Care
- Child Care Licensing
- Special Services to Persons with Disabilities
- Consumer Managed Personal Attendant Services
- Special Services to Persons with Disabilities 24-hour Attendant Care
- Emergency Response Services
- Emergency Care
- Guardianship
- Case Management
- HHS System Supports
- IT Oversight & Program Support
- Central Program Support
- Regional Program Support

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

2. Base Title XX SSBG

Types of Activities, Uniform Definition of Services, State Appropriation Strategy, Agency Service Name and Description

See also Section VI B. Base Title XX SSBG Funds-Intended Distribution.

Texas Health and Human Services Commission

I. Federal Services Definition

- Case Management Services. See Section VI, Uniform Definitions of Services, Definition 2.
- Counseling Services. See Section VI, Uniform Definitions of Services, Definition 4.
- Education and Training Services, See Section VI, Uniform Definitions of Services, Definition 7.
- Employment Services, See Section VI, Uniform Definitions of Services, Definition 8.
- Health Related Services, See Section VI, Uniform Definitions of Services, Definition 12.
- Housing Services, See Section VI, Uniform Definitions of Services, Definition 15. Other Services, See Section VI, Uniform Definitions of Services, Definition 29.

State Strategy

- Mental Health Services – Adult

Agency Service Name

- Adult Community Mental Health

Description

- **Services**, below are the adult mental health services allowable for use of Title XX funds. These services are provided by contracted Local Mental Health Authorities and Local Behavioral Health Authorities.
- **Case Management Services**, which are services or activities for the arrangement, coordination, and monitoring of services to meet the needs of individuals and families. Component services and activities may include individual service plan development, counseling, monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights are protected.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

- **Counseling Services**, which are services or activities that apply therapeutic processes to personal, family, situational, or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances. Individual, family, and group therapy focused on the reduction or elimination of symptoms and increasing the individual or family's ability to perform activities of daily living.
- **Education and Training Services**, which are those services provided to improve knowledge or daily living skills and to enhance cultural opportunities. Services may include instruction or training in, but are not limited to, such issues as consumer education, health education, community protection and safety education, literacy education, English as a second language, and General Educational Development (G.E.D.). Component services or activities may include screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies and instructional material; counseling; transportation; and referral to community resources.

Training provided to an individual that addresses the severe and persistent mental illness and symptom-related problems that interfere with the individual's functioning, provides opportunities for the individual to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the individual's community integration and increases his or her community tenure. This service may address skill deficits in vocational and housing areas and includes recovery/treatment planning to facilitate recovery. This service includes Psychosocial Rehabilitative Services and Skills Training and Development Services.

- **Employment Services**, which are intensive services designed to result in employment stability and to provide individualized assistance to individuals in choosing and obtaining employment in integrated work sites in regular community jobs. Includes activities such as assisting the individual in finding a job, helping the individual complete job applications, advocating with potential employers, assisting with learning job-specific skills, and employer negotiations. This includes Supported Employment Services.
- **Health Related and Home Health Services**, which are those in-home or out-of- home services or activities designed to assist individuals and families to attain and maintain a favorable condition of health. Component services and activities may include providing an analysis or assessment of an individual's health problems and the development of a treatment plan; assisting individuals to identify and understand their health needs; assisting individuals to locate, provide or secure, and utilize appropriate medical treatment, preventive medical care, and health maintenance services, including in-home health services and emergency medical services; and providing follow-up services as needed. This service includes pharmacological management.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

- **Housing Services**, which are those services or activities designed to assist individuals or families in locating, obtaining, or retaining suitable housing. Component services or activities may include tenant counseling; helping individuals and families to identify and correct substandard housing conditions on behalf of individuals and families who are unable to protect their own interests; and assisting individuals and families to understand leases, secure utilities, make moving arrangements and minor renovations. Services consist of individualized assistance in finding and moving into habitable, regular, integrated (i.e., no more than 50% of the units may be occupied by individuals with serious mental illness), and affordable housing. This includes Permanent Supportive Housing.

Eligibility for Adult Mental Health Services

1) Adult Mental Health (MH) Priority Population - Adults who have severe mental illnesses such as schizophrenia, major depression, bipolar disorder, post-traumatic stress disorder, obsessive compulsive disorder, anxiety disorder, attention deficit/hyperactivity disorder, delusional disorder, bulimia nervosa, anorexia nervosa or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment.

a) Initial Eligibility

- i. An individual age 18 or older who has a diagnosis of severe and persistent mental illness with the application of significant functional impairment and the highest need for intervention, which is operationalized as the uniform assessment; or
- ii. An individual age 18 or older who was served in children's MH services and meets the children's MH priority population definition prior to turning 18 is considered eligible for one year.

b) Individuals with only the following diagnoses are excluded from this provision

- i. Substance Related Disorders as defined in the following DSM-5 diagnostic codes: F10.10-F19.99, Z72.0.
- ii. Mental disorders due to known physiological conditions: F01-F09.
- iii. IDD as defined in the following DSM-5 diagnostic codes: F70, F71, F72, F73, F79.
- iv. Autism spectrum disorder as defined in the following DSM-5 diagnostic code: F84.0.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

For purposes of this service¹:

- “Adult” is defined as “an individual who is 18 years of age or older.”
- “Child” is defined as “an individual who is at least three years of age, but younger than 13 years of age.”
- “Adolescent” is defined as an individual who is at least 13 years of age, but younger than 18 years of age,
- “Family member” is defined as “any person who an individual identifies as being a member of their family.” (25 TAC Section 412.303.)

II. Federal Services Definition

Health Related Services, See Section VI, Uniform Definitions of Services, Definition 12.

Other Services, See Section VI, Uniform Definitions of Services, Definition 29.

State Strategy

- Mental Health Services - Crisis

Agency Service Name

- Community Mental Health Crisis Services

Description

Eligibility: There are no formal eligibility requirements. Any individual with a behavioral health crisis can access these services. For purposes of this service:

- “Adult” is defined as a “person 18 or older.”
- “Child” is defined as “an individual who is at least three years of age, but younger than 13 years of age.”
- “Adolescent” is defined as “an individual who is at least 13 years of age, but younger than 18 years of age.” Youth is used interchangeably with adolescent.
- “Family member” is defined as “any person who an individual identifies as being a member of their family.” (25 TAC Section 412.303)

Services: Below are the adult, youth, and child mental health services allowable under the crisis strategy for use of Title XX funds. These services are provided by contracted Local Mental Health Authorities and Local Behavioral Health Authorities.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Health Related and Home Health Services, which are those in-home or out-of- home services or activities designed to assist individuals and families to attain and maintain a favorable condition of health. Component services and activities may include providing an analysis or assessment of an individual's health problems and the development of a treatment plan; assisting individuals to identify and understand their health needs; assisting individuals to locate, provide or secure, and utilize appropriate medical treatment, preventive medical care, and health maintenance services, including in-home health services and emergency medical services; and providing follow-up services as needed.

Other Services meeting the requirement of TANF transfer to Title XX or base Title XX as approved by the Department

III. Federal Services Definition

Home Based Services. See Section VI, Uniform Definitions of Services, Definition 13.

State Strategy

Non-Medicaid Services – Title XX

Agency Service Name

Family Care

Description

Services are provided to eligible adults who are functionally limited in the performance of daily activities.

Services

- Personal Care
- Meal preparation
- Performance of household tasks

Eligibility

Eligibility is based on age (18+), income, financial resources, need as determined by the Client Needs Assessment (Form 2060). For purposes of this service “Adult”² is defined as a “person 18 or older, or an emancipated minor.” (40 TAC Section 48.1201)

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

IV. Federal Services Definition

Day Care Services – Adults. See Section VI, Uniform Definitions of Services, Definition 5.

State Strategy

Non-Medicaid Services – Title XX

Agency Service Name

Day Activity and Health Services

Description

Services are provided to meet the needs of individual clients, in centers that provide a protective setting during the day.

Services

- Nursing and personal care services
- Nutritional services
- Physical rehabilitative services
- Other social or support services

Support services include:

- Transportation/arranging for transportation
- Information and referral

The following integral but subordinate medical services may be provided:

- Administering medication
- Monitoring blood pressure and vital signs

Eligibility

- Eligibility is based on age (18+), income, financial resources, a chronic medical condition and physician's attestation that the individual will receive therapeutic benefit from participation in the program. Form 2060, Needs Assessment Questionnaire and Task/Hour Guide score is needed. For purposes of this service: "Adult" is defined as "a person aged 18 or older, or an emancipated minor." (40 TAC Section 48.1201)

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

V. Federal Services Definition

Home Delivered Meals. See Section VI, Uniform Definitions of Services, Definition 14.

State Strategy

Non-Medicaid Services – Title XX

Agency Service Name

Home Delivered Meals

Description

Supplemental nutrition is provided to adults to help prevent or reduce inappropriate institutionalization.

Services

Meals are prepared and delivered to the client's residence.

Eligibility

Eligibility is based on age (18+) and, need as determined by the Form 2060, Needs Assessment Questionnaire and Task/Hour Guide. For purposes of this service:

- “Adult” is defined as “a person aged 18 or older, or an emancipated minor.” (40 TAC Section 48.1201)

VI. Federal Services Definition

Foster Care Services for Adults. See Section VI, Uniform Definitions of Services, Definition 10.

State Strategy

Non-Medicaid Services – Title XX

Agency Service Name

Adult Foster Care

Description

Services are provided through a 24-hour living arrangement to meet the needs of individuals who are unable to continue independent functioning in their own house. Services are

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

provided in the homes of foster care providers.

Services

- Supervision
- Personal care
- Help with activities of daily living

Socialization in a family-like atmosphere Support services may include:

- Transportation/arranging for transportation

Eligibility

Eligibility is based on age (18+), financial eligibility – either Medicaid eligible or meeting Title XX income and resource limits, need as determined by the Form 2060, Needs Assessment Questionnaire and Task/Hour Guide. The applicant's or client's needs must not be such that they exceed the ability of the foster care provider to deliver the care required.

For purposes of this service:

“Adult” is defined as a “person 18 or older, or an emancipated minor.” (40 TAC Section 48.1201)

VII. Federal Services Definition

Foster Care Services for Adults. See Section VI, Uniform Definitions of Services, Definition 10.

State Strategy

Non-Medicaid Services – Title XX

Agency Service Name

Residential Care

Description

Services provided to eligible adults in an alternate living situation where the individual needs a 24-hour living arrangement but does not require nursing intervention.

Services

- Personal care

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

- Home management
- Transportation/Transportation Assistance
- 24-hour supervision
- Socialization and recreational activities

Eligibility

Eligibility is based on age (18+), financial eligibility – Medicaid eligible or meeting Title XX income and resource limits, need as determined by the Form 2060, Needs Assessment Questionnaire and Task/Hour Guide. The individual must contribute to the total cost of care that is received, including payment for room and board. For purposes of this service:

- “Adult” is defined as “a person aged 18 or older, or an emancipated minor.” (40 TAC Section 48.1201)

VIII. Federal Services Definition

Home Based Services. See Section VI, Uniform Definitions of Services, Definition 13.

Special Services for Persons with Developmental or Physical Disabilities, or Persons with Visual or Auditory Impairments. See Section VI, Uniform Definitions of Services,

Definition 25.

State Strategy

Non-Medicaid Services – Title XX

Agency Service Name

Special Services to Persons with Disabilities

Description

Services are provided to community clients in a variety of settings. These services are designed to assist individuals in developing the skills needed to remain in the community as independently as possible.

Services

- Counseling
- Personal care
- Help with development of skills needed for independent living in the community

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Eligibility

Eligibility is based on age (18+), financial eligibility – either Medicaid eligible or meet financial eligibility criteria for individuals in an institution; and a need as determined by the Form 2060, Needs Assessment Questionnaire and Task/Hour Guide with a functional score of at least a nine. The client must reside in the geographical area described in the contract. For purposes of this service:

- “Adult” is defined as “a person aged 18 or older, or an emancipated minor.” (40 TAC Section 48.1201)

IX. Federal Services Definition

Home Based Services. See Section VI, Uniform Definitions of Services, Definition 13.

Special Services for Persons with Developmental or Physical Disabilities, or Persons with Visual or Auditory Impairments. See Section VI, Uniform Definitions of Services, Definition 25.

State Strategy

Non-Medicaid Services – Title XX

Agency Service Name

Consumer Managed Personal Assistant Services (CMPAS)

Description

Attendant services are provided to individuals with physical disabilities who are mentally competent and able to supervise their attendants or have someone who can provide the attendants’ supervision. Attendant services assist the client to be able to function independently in the community. Client’s interview, select, train, supervise, and release their attendants.

Services

Attendant care provided as needed by attendants selected by the client. Health- related tasks prescribed by a medical practitioner.

Eligibility

Eligibility is based on age (18+), copay after \$2250.01 of monthly income, and a physician’s statement verifying the individual has a current medical need for assistance with personal care tasks and other activities of daily living. The client must need assistance with at least

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

one personal care task, be mentally and emotionally capable of self-directing attendant care, and reside in the geographical area described in the contract.

X. Federal Services Definition

Home Based Services. See Section VI, Uniform Definitions of Services, Definition 13.

Special Services for Persons with Developmental or Physical Disabilities, or Persons with Visual or Auditory Impairments. See Section VI, Uniform Definitions of Services, Definition 25.

State Strategy

Non-Medicaid Services – Title XX

Agency Service Name

Special Services to Persons with Disabilities 24-Hour Shared Attendant Care

Description

Attendant care services are available on a 24-hour basis. Clients live independently in clustered living arrangements and use this service to achieve habilitative or rehabilitative goals.

Services

Around the clock availability of attendant care in a clustered living environment.

Eligibility

Eligibility is based on age (18+), financial eligibility – either Medicaid eligible for meeting the Title XX income and resource limits, meeting the Title XX income and resource limits, need as determined by the Form 2060, Needs Assessment Questionnaire and Task/Hour Guide. In addition, clients must reside in Houston. For purposes of this service:

- “Adult” is defined as “a person aged 18 or older, or an emancipated minor.” (40 TAC Section 48.1201)

XI. Federal Services Definition

Other Services. See Section VI, Uniform Definitions of Services, Definition 29.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

State Strategy

Non-Medicaid Services – Title XX

Agency Service Name

Emergency Response Services

Description

Services are provided through an electronic monitoring system used by functionally impaired adults who live alone or who are socially isolated in the community.

Services

In an emergency, the client presses a call button to signal for help. The system is monitored 24 hours, seven days a week, and helps ensure that the appropriate person or service agency responds to an alarm call from a client.

Eligibility

Eligibility is based on age (18+) and need as determined by the Form 2060, Needs Assessment Questionnaire and Task/Hour Guide. In addition, the client must live alone, be routinely alone for eight hours or more during each day, or live with an incapacitated individual who could not call for help or otherwise assist the client in an emergency. The client must have a landline telephone or in some areas may be available to individuals with cellular phone service or Voice Over Internet Protocol (VOIP) and must be mentally alert enough to operate the equipment properly. The client must also be willing to sign a release statement that allows the responder to make a forced entry into the client's home if he is asked to respond to an activated alarm call and has no other means of entering the home to respond. The client must live in a place other than a skilled-care institution, personal care home, foster care setting, or any other setting where 24-hour supervision is available. For purposes of this service:

- "Adult" is defined as "a person aged 18 or older, or an emancipated minor." (40 TAC Section 48.1201)

XII. Federal Services Definition

Foster Care Services for Adults. See Section VI, Uniform Definitions of Services, Definition 10.

Other Services. See Section VI, Uniform Definitions of Services, Definition 29.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

State Strategy

Non-Medicaid Services – Title XX

Agency Service Name

Emergency Care

Description

Eligibility

Eligibility is based on age (18+), financial eligibility – Medicaid eligible or meeting Title XX income and resource limits, need as determined by the Form 2060, Needs Assessment Questionnaire and Task/Hour Guide. The applicant must also have:

- Lost his home or caregiver, or
- Been discharged from a hospital or institution, or
- Been in a similar emergency.

The applicant's needs may not exceed the facility's capability under its licensed authority. For purposes of this service:

- "Adult" is defined as "a person aged 18 or older, or an emancipated minor." (40 TAC 48.1201)

XIII. Federal Services Definition

Protective Services for Adults. See Section VI, Uniform Definitions of Services, Definition 21.

State Strategy

Guardianship

Agency Service Name

Guardianship

Description

Guardianship services are provided to individuals who have been found by a court to be incapacitated. In order for HHSC to provide guardianship services, least restrictive alternatives must not be available, an appropriate and qualified alternate guardian must not be available and willing to serve, a ward must have resources available to fund services, including long-term care, and it must be expected that guardianship will meet their needs.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Services

Guardianship services include managing the ward's:

- Living arrangements
- Citizenship issues
- Estates
- Medical treatment, including extraordinary medical procedures
- Funeral arrangements and disposal of property

Eligibility

Human Resources Code Chapter 161 provides HHSC with the authority to be appointed as a permanent guardian of the person or of the estate for children and adults referred to HHSC by DFPS.

For the Child Protective Services Division (CPS) of DFPS to refer an individual for guardianship:

(1) the individual must:

(A) be at least 16 years of age and be in a conservatorship of DFPS; or

(B) be at least 18 years of age, have been in CPS conservatorship on the day before turning 18 years of age, and in extended foster home placement after turning 18 years of age; and

(2) CPS must have reason to believe that the individual will be substantially unable to provide for the individual's own food, clothing, or shelter, or to care for the individual's own health needs, or to manage the individual's own financial affairs when the individual becomes an adult.

An individual referred by the Adult Protective Services Division (APS) of DFPS must be age 65 years of age or older, or 18 to 65 years of age and disabled. APS must also have reason to believe the individual is an incapacitated person, as defined by Texas Estates Code, §1002.017(2) and must have been determined to be in a state of abuse, neglect, or exploitation.

HHSC must determine that becoming guardian of an individual referred by APS will provide an effective remedy for the abuse, neglect, or exploitation validated by APS. HHSC must determine that becoming a guardian of an individual referred by CPS will enable HHSC to effectively serve the needs of that ward.

HHSC may also otherwise agree to serve as permanent guardian for an individual.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

In order for HHSC to serve as guardian, an individual must have private assets available to meet the expenses of day-to-day living, or be eligible for government benefits (for example, Medicaid, Social Security, or veteran benefits) that are sufficient to provide support. The HHSC Guardianship Services Program is not liable for, and cannot provide, financial support for services provided to wards, including the cost of long-term care or burial expenses.

XIV. Federal Services Definition

Case Management Services. See Section VI, Uniform Definitions of Services, Definition 2.

State Strategy

Intake, Access and Eligibility

Agency Service Name

Case Management

Description

Services are provided directly by caseworkers to eligible clients on an ongoing basis to ensure effective and coordinated delivery of Community Care for Aged and Disabled services and other community care services.

Services

- Assessment of client needs
- Service plan development
- Referral to community resources
- Follow-up
- Monitoring of the client and service delivery
- Providing the client or his authorized representative with a listing of his rights

Eligibility

Eligibility is based on income, financial resources, and need as determined by the Form 2060, Needs Assessment Questionnaire and Task/Hour Guide. The individual does not have to receive a community care service to receive case management. For purposes of this service:

- “Adult” is defined as “a person aged 18 or older, or an emancipated minor.” (40 TAC Section 48.1201)

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

XV. Federal Services Definition

Protective Services for Adults. See Section VI, Uniform Definitions of Services, Definition 21.

State Strategy

Provider Investigations (PI)

Agency Service Name

Adult Protective Services Provider Investigations

Description

APS PI investigates reports of abuse, neglect and exploitation of consumers of state services in state-operated mental health facilities (State Hospitals), state-operated intermediate care facilities for persons with intellectual disabilities (ICF-ID), State Supported Living Centers (SSLC), state centers, community centers serving people with MH & ID, contracted providers of services in the Home and Community-Based Services – Adult Mental Health and Youth Empowerment Services (YES) programs for persons with serious mental illness or serious emotional disturbance, and contracted providers of services in the Texas Home and Community-based Services, Texas Home Living Medicaid waiver programs, and private intermediate care facilities for persons with intellectual disabilities (ICF-ID). Effective September 1, 2015 APS PI expanded its scope and jurisdiction of Provider Investigations and began to investigate all providers of home and community based (HCBS) managed care services.

The role of APS PI is to assist in the protection of consumers from abuse, neglect and exploitation by conducting an unbiased investigation in response to reported allegations and by providing objective findings to the provider to take appropriate action to protect their consumers. HHSC trains investigators to conduct investigations in these unique settings with these specific populations. Investigations are governed by state law and policy developed by APS PI in coordination with the agencies that provide/purchase services.

Support functions include developing and maintaining policy and procedures, program management, quality assurance processes, legal support services, and regional administration. Additionally, this sub-strategy includes the staff that develops and delivers program training to the direct delivery staff.

Services

Services funded by the program include:

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

- Availability 24 hours a day, seven days a week, for receipt and investigation of reports,
- Immediate notification of reports to heads of facilities and law enforcement, as appropriate,
- Investigation of allegations in reports,
- Reports of findings and recommendations to heads of facilities,
- Training and legal services to support investigation staff, and
- Protective Services after the confirmation of investigations in HCS-W programs if needed.

Eligibility

Eligible clients are persons who are residents of or receiving services through MHID facilities, community MHID centers, their contractors and home and community based waiver programs, private ICF-ID's, and who are alleged to be abused, neglected, or exploited by facility, center, or contract staff. Clients do not have to meet age, financial or functional eligibility requirements. For purposes of this service:

- "Adult" is defined as "a person aged 18 or older, or an emancipated minor." (40 TAC Section 705.1001)

XVI. Federal Services Definition

Family Planning Services. See Section VI, Uniform Definitions of Services, Definition 9.

State Strategy

Women's Health Services

Agency Service Name

Women's Health Services

Description

Family Planning Program services are part of comprehensive health care delivery systems established in Texas to assist low-income men, women, and adolescents to improve their health status, reduce unintended pregnancies, and positively affect the outcomes of future pregnancies. Administration of the State Family Planning Program is the responsibility of the Texas Health and Human Services Commission (HHSC). Funding sources include State General Revenue and Title XX, (of which part is TANF transferred to Title XX). Family Planning Program services are provided to eligible individuals by Medicaid-enrolled health care providers.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Services

Family Planning Program clients may receive a variety of health care services, all of which must be provided under the supervision, direction, and responsibility of a qualified medical director, licensed to practice medicine in the state of Texas. In general, most Family Planning Program services may not be provided to minors without parental consent pursuant to Chapters 32 and 151 of the Texas Family Code. Spousal consent is not required. Abortion is not a service payable under Family Planning Program funding.

The Family Planning Program offers a wide range of women's health and family planning services including:

- Pregnancy testing
- Pelvic examinations
- Sexually transmitted infection services
- Breast and cervical cancer screenings
- Clinical breast examination
- Screening for cholesterol, diabetes, and high blood pressure
- HIV screening
- Long-acting reversible contraceptives
- Oral contraceptive pills
- Permanent sterilization
- Other contraceptive methods such as condoms, diaphragm, vaginal spermicide, and injections
- Limited prenatal benefits (Funded by State General Revenue)

Eligibility

Eligible clients include persons age 64 and younger, reside in Texas, and whose income is equal to or less than 250 percent of the current federal poverty level.

Client Fees

Family Planning Program contracted agencies have the option, on an agency-wide basis, to assess a client co-payment on a sliding scale, not to exceed \$30. Clients must not be denied family planning services because of their inability to pay.

XVII. Federal Services Definition

Foster Care/Children. See Section VI, Uniform Definition of Services, Definition 11.

Administrative Costs. See Section VI, Uniform Definitions of Services, Definition 31.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

State Strategy

Child Care Regulation

Agency Service Name

Regulatory Services Division - Child Care Licensing

Description

Residential Child Care Licensing regulates 24-hour (residential) care, administrators of residential child-care facilities, and agencies that place children in foster care and adoption.

Included in this activity is the enforcement of minimum standards by routine inspections of operations and investigations of complaints alleging non-compliance. Also includes the investigation of reports of serious incidents in which children are injured or are otherwise considered at risk in residential child-care operations.

Services

Services include:

- Residential Child Care Regulation (CCR) staff, and
- Residential CCR program support.

Eligibility

Clients are eligible for residential child care services without regard to income. For purposes of this service:

- "Child" is defined as "a person under 18 years old." (26 TAC 745.21(5) and Texas Human Resources Code Section 42.002)

XVIII. Federal Services Definition

Administrative Costs. See Section VI, Uniform Definitions of Services, Definition 31.

State Strategy

HHS System Oversight and Policy, Consolidated System Support, Central Program Support, IT Program Support, Regional Program Support, Integrated Eligibility & Enrollment, Office of Inspector General

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Agency Service Name

HHS System Oversight and Policy, Consolidated System Support, Central Program Support, IT Program Support, Regional Program Support, Integrated Eligibility & Enrollment, Office of Inspector General.

Description

The Title XX share of executive, general counsel, public information, planning and policy development, communications/external affairs, other legal services not directly related to program implementation or enforcement, information technology, accounting, budget, travel management, financial reporting, human resource management, staff development, internal audit, facilities and business services and/or contracted functions that are directed to supporting all agencies in Health and Human Services or all programs in the Health and Human Services Commission.

Texas Department of Family and Protective Services

I. Federal Services Definition

Information and Referral. See Section VI, Uniform Definitions of Services, Definition 17.

State Strategy

Statewide Intake Services

Agency Service Name

Statewide Intake Services

Description

The Statewide Intake call center is the centralized point of intake for the entire state for abuse, neglect, and/or exploitation. It operates twenty-four hours a day, seven days a week. This strategy includes both the staff and technology resources needed to receive an average of about 68,000 contacts each month of children, elder adults and persons with disabilities suspected to be at risk of abuse, neglect and exploitation and assign for investigation those reports that meet the Texas Family Code and Human Resources Code definitions. This strategy also allows the agency to provide professionals and the public 24-hours access to services via the Internet, fax, or mail.

This strategy also includes staff that provides 24-hour expedited background checks for CPS caseworkers when needed. Emergency background checks are performed in the DFPS

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

system of case documentation (IMPACT) to provide immediate information to caseworkers about the safety of a placement for a child with a parent or relative while an investigation of abuse/neglect is being conducted and the caseworker does not have access to do the check on their own.

Services

Services funded include:

- Availability 24 hours a day, seven days a week for receipt of reports of abuse, neglect and exploitation, and crisis intervention,
- Completion of DFPS background checks for staff conducting emergency investigations after hours to secure a safe alternative placement,
- Statewide Intake staff training, and
- Automation program support of the call center.

Eligibility

Eligible clients include children under age 18 who are believed to be victims of abuse or neglect or are at risk of abuse or neglect by a person who is a member of the child's family or household and is responsible for the child's care, custody or welfare, as defined by the Texas Family Code. Eligible clients also include persons with disabilities and the elderly who are suspected to be victims of abuse, neglect or exploitation. Client eligibility is determined without regard to income and is based on the need for protection from abuse, neglect or exploitation. For purposes of this service:

- "Child" is defined as "a person under 18 years of age who is not and has not been married or who has not had the disabilities of minority removed for general purposes." (Texas Family Code Section 101.003)

II. Federal Services Definition

Protective Services for Children. See Section VI, Uniform Definitions of Services, Definition 22

State Strategy

Child Protective Services Direct Delivery Staff

Agency Service Name

Child Protective Services Direct Delivery Services Staff

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Description

In this strategy, DFPS investigates reports of child abuse and/or neglect, provides protective services, and supports the placement of children in foster care if they are removed from their home. Legal services costs for Child Protective Services activities such as court hearings to support judicial determinations of children in the conservatorship of the State and place in out-of-home care to achieve permanency and to protect children are included.

Services

Child Protective Services include:

- Investigating reports of abuse and neglect of children
- Providing services to children and families in their own homes
- Placing children in relative or foster care if they cannot safely remain in their own home
- Providing services to help youth in care transition to adulthood
- Assisting children in obtaining permanency through adoption or permanent care by a relative
- Legal counsel, training and direct representation for the CPS program
- Redacts and releases confidential CPS records.

Eligibility

Client eligibility is determined without regard to income and is based on the child's need for protection from abuse and neglect. Services are provided to facilitate achievement of a permanency plan. Substitute care is extended to persons beyond age 18, if they are still in school. For purposes of this service:

- "Child" is defined as "a person under 18 years of age who is not and has not been married or who has not had the disabilities of minority removed for general purposes." (Texas Family Code Section 101.003)

III. Federal

Services Definition

Protective Services for Children. See Section VI, Uniform Definitions of Services, Definition 22.

State Strategy

Child Protective Services Program Support

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Agency Service Name

Child Protective Services Program Support

Description

Essential functions necessary to provide direct support and management of CPS direct delivery staff. Legal support activities for CPS programs is also included.

Services

Services may include, but are not limited to:

- CPS staff training,
- Policy development and maintenance
- Program management
- Quality assurance processes
- CPS foster and adoptive parent training,
- Preparation for Adult Living staff
- CPS purchased services contract management
- Residential contract procurement, monitoring and management.
- Legal counsel for CPS program policy and rule development and enforces program policy through representation in administrative hearings for CPS programs.

Eligibility

Client eligibility is determined without regard to income and is based on the child's need for protection from abuse and neglect. For purposes of this service:

- "Child" is defined as "a person under 18 years of age who is not and has not been married or who has not had the disabilities of minority removed for general purposes." (Texas Family Code, Section 101.003)

IV. Federal

Services Definition

Protective Services for Adults. See Section VI, Uniform Definitions of Services, Definition 21.

State Strategy

Adult Protective Services Direct Delivery Staff

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Agency Service Name

Adult Protective Services In-Home Direct Delivery Staff

Description

The Adult Protective Services (APS) In-Home program protects elderly adults (age 65 and older), adults with disabilities (age 18 through 64) and persons with disabilities under age 18 declared legal adults, and serves as a social safety net for them by investigating reports of abuse, neglect and exploitation. This strategy includes the cost for APS direct delivery staff responsible for conducting investigations and arranging services to address underlying causes of abuse, neglect or exploitation.

This program serves persons who reside in community settings (e.g., private homes, adult foster homes, unlicensed room and board homes) or in nursing homes and are alleged to be exploited by someone outside the facility. APS staff assesses the underlying cause of maltreatment.

APS cases are often complex, and clients may lack capacity to make decisions. APS workers synthesize and apply knowledge from a broad array of disciplines, such as gerontology, mental health, health care, pharmacology, and the law.

Services

Services may include, but are not limited to:

- APS staff conducting investigations and arranging services,
- Public service awareness campaigns
- Provides legal counsel, training, and direct representation for the APS program.
- Redacts and releases confidential APS records

Eligibility

Clients are eligible for protective services without regard to income. Services are provided to persons age 65 or older, to persons age 18 or older with disabilities and to persons under age 18 who have disabilities and have been declared legal adults. For purposes of this service:

- “Adult” is defined as “a person aged 18 or older, or an emancipated minor.” (40 TAC Chapter 705.1001)

V. Federal Services Definition

Protective Services for Adults. See Section VI, Uniform Definitions of Services, Definition 21.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

State Strategy

Adult Protective Services Program Support

Agency Service Name

Adult Protective Services Program Support

Description

Functions necessary to provide direct support and management of APS direct delivery staff to ensure the efficient and effective delivery of services. These functions include developing and maintaining policy and procedures, training, legal support services, and regional administration. Legal support activities for APS programs are also included.

Services

Services include but are not limited to:

- Staff that conduct APS training,
- Regional administrative support staff,
- State office administrative support staff,
- National APS training conference to enhance staff skills, and
- Attorneys and support staff that assist in litigation and other court services.
- Legal counsel for program policy and rule development and enforces program policy through representation in administrative hearings for APS programs.

Eligibility

Clients are eligible for protective services without regard to income. Services are provided to persons age 65 or older, to persons age 18 or older with disabilities and to persons under age 18 who have disabilities and have been declared legal adults. For purposes of this service:

- “Adult” is defined as “a person aged 18 or older, or an emancipated minor.” (40 TAC Chapter 705.1001)

VI. Federal Services Definition

Protective Services for Adults. See Section VI, Uniform Definitions of Services, Definition 21.

State Strategy

Adult Protective Services Purchased Emergency Client Services

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Agency Service Name

Adult Protective Services Purchased Emergency Client Services

Description

APS provides emergency purchased client services for clients in confirmed cases of abuse, neglect or exploitation. Emergency client services include emergency shelter, food, medications, adaptive equipment, minor home repairs, restoration of utilities, rent, short-term medical or mental health services, and transportation. APS may also pay for short-term residential and in-home care while arranging for the ongoing delivery of these services.

APS policy requires workers to explore the financial resources of clients. The caseworker compares the client's income and expenses to determine if the expenses are appropriate and necessary. APS uses emergency client services in confirmed cases when the worker determines existing resources in the community cannot meet the needs of clients.

Services

- Purchased services including emergency shelter, food, medication, short-term mental health and health services, rent, utilities, and in-home care,

Eligibility

Clients are eligible for protective services without regard to income. Services are provided to persons age 65 or older, to persons age 18 or older with disabilities and to persons under age 18 who have disabilities and have been declared legal adults. For purposes of this service:

- "Adult" is defined as "a person aged 18 or older, or an emancipated minor." (40 TAC Chapter 705.1001)

VII. Federal Services Definition

Foster Care/Children. See Section VI, Uniform Definition of Services, Definition 11.

Administrative Costs. See Section VI, Uniform Definitions of Services, Definition 31.

State Strategy

Child Care Investigation

Agency Service Name

Residential Child Care Investigation

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Description

Included in this activity are investigations of reports alleging child abuse/neglect of children residential child-care operations.

Eligibility:

Clients are eligible for residential child care services without regard to income. For purposes of this services:

- "Child" is defined as "a person under 18 years old." (Texas Family Code Section 101.003).

VIII. Federal Services Definition

Administrative Costs. See Section VI, Uniform Definitions of Services, Definition 31.

State Strategy

Central Administration

Agency Service Name

Central Administration

Description

This strategy consists of costs in support of all DFPS programs. It includes executive, general counsel, public information, planning and policy development, liaison/external affairs, other legal services not directly related to program implementation or enforcement, accounting, budget, travel management, financial reporting, and internal audit staff.

IX. Federal Services Definition

Foster Care/Children. See Section VI, Uniform Definitions of Services, Definition 11.

Administrative Costs. See Section VI, Uniform Definitions of Services, Definition 31.

State Strategy

Other Support Services

Agency Service Name

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Other Support Services

Description

State office business services such as inventory, records management and background checks. Sections 40.002 and 40.032 of the Human Resources Code give the agency the authority to staff at the level necessary to efficiently administer and discharge agency functions. A key component of successful program delivery is adequate funding/staffing of indirect administration functions so that direct delivery staff can concentrate on the delivery of protective services.

X. Federal Services Definition

Administrative Costs. See Section VI, Uniform Definitions of Services, Definition 31.

State Strategy

Regional Administration

Agency Service Name

Regional Administration

Description

DFPS operates through regional offices spread throughout the state. This strategy consists of the staff that provides regional automation support functions for the programs. These functions include management of buildings, furniture and non- leased equipment in the regions and serving as the liaison to the Health and Human Services Commission for all facilities and administrative support services.

XI. Federal Services Definition

Administrative Costs. See Section VI, Uniform Definitions of Services, Definition 31.

State Strategy

IT Program Support

Agency Service Name

IT Program Support

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Description

This strategy consists of agency staff responsible for planning, acquiring, and managing contracted IT and telecommunications services, application support for the Information Management Protecting Adults and Children in Texas (IMPACT), Child- Care Licensing Automation Support System (CLASS), and other business applications, and IT security. It also includes the contracted cost of maintaining the agency's automation systems.

XII. Federal Services Definition

Administrative Costs. See Section VI, Uniform Definitions of Services, Definition 31.

State Strategy

All Staffing Strategies

Agency Service Name

Agency Staff Cost Pool

Description

Services falling under the Staff Cost Pool program support the entire agency and are not specific to a particular program. These services include, but are not limited to, program administrative support, computer systems programming, civil rights training, and costs for staff that perform administrative functions that support multiple or all DFPS programs.

Title XX SSBG Transferred From TANF

Types of Activities, Uniform Definition of Services, State Appropriation Strategy, Agency Service Name and Description

(Also see Section VI C. Title XX SSBG Transferred from TANF- Intended Distribution)

Texas Health and Human Services Commission

I. Federal Services Definition

Other Services. See Section VI, Uniform Definitions of Services, Definition 29. Administrative Costs. See Section VI, Uniform Definitions of Services, Definition 31.

State Strategy

Women and Children's Health Services

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Agency Service Name

Breast & Cervical Cancer Services (BCCS)

Description

Other Services

Other services are services that do not fall within the definition of the preceding 28 services.

BCCS offers clinical breast examinations, mammograms, pelvic examinations, and Pap tests throughout Texas at no cost to eligible women. BCCS is funded by the Centers for Disease Control and Prevention (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP), TANF to XX, and State General Revenue. Direct services are contracted throughout Texas. Client information and data are stored and evaluated in an online database called Med-IT. BCCS reports bi- annual quality indicators to the CDC.

BCCS Eligibility Requirements

To be eligible for BCCS a woman must meet the following criteria:

- Be a Texas resident,
- Have a gross family income at or below 200 percent of the Federal Poverty Level (FPL),
- Be uninsured or underinsured, and
- Be age 18 and up (25 TAC §61.34).

Screening Services

- Clinical breast examinations
- Mammograms
- Pelvic examinations
- Pap tests
- Education

Diagnostic Services

- Diagnostic mammograms
- Breast ultrasounds
- Breast biopsies
- Colposcopies and cervical biopsies

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Cervical Dysplasia Treatment Services

- Loop Electrode Excision Procedure (LEEP)
- Cryotherapy
- Laser
- Office visit in conjunction with treatment

Contractor activities

- Provision of breast and/or cervical cancer screening, diagnostic and support services, tracking, follow-up, case management and individual client education.
- Provision and/or assure provision of case management and MBCC application assistance for eligible clients referred to the provider with a qualifying breast or cervical diagnosis. Establish referral relationship and sub-contract with a qualified provider of each approved service that contractor does not provide.
- Coordinate clients' services from screening to diagnosis.
- Conduct eligibility determination, quality assurance, program management, professional development, coalition and partnership development, and public education and outreach activities.
- Use the web-based data and billing system, Medical Information Tracking System (Med-IT) to collect and process breast and/or cervical cancer data, reports and financial billings.

Health and Human Services Commission BCCS activities

- Program administration including monitoring budgets, work plan goals and objectives, interim and annual progress reporting, contract development and support and billing.
- Provision of Technical Assistance (TA) to contractors including quarterly conference calls, quarterly Med-IT trainings and maintenance of information on program website.
- Evaluation of data including submission of performance indicators, utilization review and custom information querying.
- Maintenance of Med-IT Helpdesk.
- Provision of quality assurance and quality monitoring of contractors.
- Collaboration with internal and external stakeholders to improve statewide screening and diagnosis rates.

I. Federal Services Definition

Case Management Services. *See Section VI, Uniform Definitions of Services, Definition 2.*

Counseling Services. *See Section VI, Uniform Definitions of Services, Definition 4.*

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Education and Training Services, See Section VI, Uniform Definitions of Services, Definition 7.

Employment Services, See Section VI, Uniform Definitions of Services, Definition 8.

Health Related Services, See Section VI, Uniform Definitions of Services, Definition 12.

Housing Services, See Section VI, Uniform Definitions of Services, Definition 15.

Other Services, See Section VI, Uniform Definitions of Services, Definition 29

Administrative Costs. See Section VI, Uniform Definitions of Services, Definition 31

State Strategy

Mental Health Services – Adult

Agency Service Name

Adult Community Mental Health

Description

Services These services are provided by contracted Local Mental Health Authorities and Local Behavioral Health Authorities.

Case Management Services, which are services or activities for the arrangement, coordination, and monitoring of services to meet the needs of individuals and families. Component services and activities may include individual service plan development, counseling, monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights are protected.

Counseling services, which are services or activities that apply therapeutic processes to personal, family, situational, or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include: a) Family and marital relationships; b) Parent-child problems; or c) Drug abuse when in conjunction with a serious emotional disturbance.

Education and Training Services, which are those services provided to improve knowledge or daily living skills and to enhance cultural opportunities. Services may include instruction or training in, but are not limited to, such issues as consumer education, health education, community protection and safety education, literacy education, English as a second language, and General Educational Development education, English as a second language, and General Educational Development (G.E.D.) Component services or activities may include screening,

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

assessment and testing; individual or group instruction; tutoring; provision of books, supplies and instructional material; counseling; transportation; and referral to community resources.

Employment Services, which are those services or activities, provided to assist individuals in securing employment or acquiring or learning skills that promote opportunities for employment. Component services or activities may include employment screening, assessment, or testing; structured job skills and job -seeking skills; specialized therapy (occupational, speech, physical); special training and tutoring, including literacy training and pre-vocational training; provision of books, supplies and instructional material; counseling, transportation; and referral to community resources.

Health Related and Home Health Services, which are those in-home or out-of- home services or activities designed to assist individuals and families to attain and maintain a favorable condition of health. Component services and activities may include providing an analysis or assessment of an individual's health problems and the development of a treatment plan; assisting individuals to identify and understand their health needs; assisting individuals to locate, provide or secure, and utilize appropriate medical treatment, preventive medical care, and health maintenance services, including in-home health services and emergency medical services; and providing follow-up services as needed.

Housing Services, which are those services or activities designed to assist individuals or families in locating, obtaining, or retaining suitable housing. Component services or activities may include tenant counseling; helping individuals and families to identify and correct substandard housing conditions on behalf of individuals and families who are unable to protect their own interests; and assisting individuals and families to understand leases, secure utilities, make moving arrangements and minor renovations.

Other services meeting the requirement of TANF transfer to Title XX or BASE Title XX as approved by the Department.

Eligibility

Funds will only be utilized for programs and services to children or their families whose income is less than 200 percent of the income of the official poverty line. For purposes of this service:

- “Adult” is defined as “an individual who is 18 years of age or older.” (25 TAC 412.403)

III. Federal

Services Definition

Case Management Services. See Section VI, Uniform Definition of Services, Definition 2.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Counseling Services. See Section VI, Uniform Definition of Services, Definition 4.

Special Services for Youth Involved in or At Risk of Involvement with Criminal Activity. See Section VI, Uniform Definition of Services, Definition 26.

Administrative Costs. See Section VI, Uniform Definitions of Services, Definition 31.

State Strategy

Mental Health Services - Children

Develop and provide coordinated services for emotionally disturbed children and their families.

Agency Service Name

Children's Mental Health Services

Description

Provides a continuum of community-based care for children and adolescents with SED and their families. Outcomes of services include: children and adolescents improve in behavioral and emotional functioning; children and adolescents with a history of arrest avoid re-arrest; children and adolescents improve in school functioning; children, adolescents, families, and collateral providers are satisfied with the services received.

Eligibility

Eligible clients are children and adolescents between the ages 3 – 17 years old with a SED, excluding a single diagnosis of substance use disorder, intellectual or developmental disability, or autism spectrum disorder, and a serious functional impairment, or who are at risk of disruption of a preferred living or childcare environment due to psychiatric symptoms, or enrolled in special education because of SED. These services are provided to children and adolescents or their families whose income is less than 200 percent of the income official poverty line applicable to a family of the size involved.

For purposes of this service:

- “Child” is defined as “an individual who is at least three years of age, but younger than 13 years of age.”
- “Adolescent” is defined as “an individual who is at least 13 years of age, but younger than 18 years of age.” Youth and adolescent are used interchangeably. (25 TAC 416.3)

Services: Below are the mental health services allowable under the mental health services-

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

children strategy for use of Title XX funds.

Case management services, which are services or activities for the arrangement, coordination, and monitoring of services to meet the needs of individuals and families. Component services and activities may include individual service plan development, counseling, monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights are protected.

Counseling services, which are services or activities that apply therapeutic processes to personal, family, situational, or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include: a) Family and marital relationships; b) Parent-child problems; or c) Drug abuse when in conjunction with a serious emotional disturbance.

Special Services for Youth Involved in or at Risk of Involvement with Criminal Activity, are those services or activities for youth who are, or who may become, involved with the juvenile justice system and their families. Component services or activities are designed to enhance family functioning and/or modify the youth's behavior with the goal of developing socially appropriate behavior and may include counseling, intervention therapy and residential and medical services if included as an integral but subordinate part of the service.

IV. Federal

Services Definition

Health-Related Services. See Section VI, Uniform Definitions of Services, Definition 12.

Administrative Costs. See Section VI, Uniform Definitions of Services, Definition 31.

State Strategy

Mental Health State Hospitals

Agency Service Name

Children's Mental Health Plan

Description

Waco Center for Youth (WCY) is a psychiatric residential treatment facility that serves teenagers, ages 13 through 17, with emotional difficulties and/or behavioral problems. The facility is operated by the Texas Health and Human Services Commission.

Waco Center for Youth bases its treatment philosophy on the belief that both behavior change

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

and an understanding of self and others are equally important in achieving significant long-term success in treatment. The mission of Waco Center for Youth is "to give each youth a chance for change" by providing comprehensive psychiatric residential treatment services to emotionally disturbed adolescents of the state of Texas

Waco Center for Youth is accredited by the Joint Commission on Accreditation of Healthcare Organizations (Joint Commission). Joint Commission is an independent, not-for-profit organization, which set standards for, and evaluates health care organizations in accordance with nationally recognized guidelines. The standards include an organization's level of performance in key functional areas such as: patient rights, patient treatment, and infection control. They also focus on the hospital's ability to provide safe, high-quality care. To earn and maintain accreditation, an organization must undergo an on-site survey by a Joint Commission survey team at least every three years. WCY was last accredited in 2013.

Services

Health Related and Home Health Services, which are those in-home or out-of- home services or activities designed to assist individuals and families to attain and maintain a favorable condition of health. Component services and activities may include providing an analysis or assessment of an individual's health problems and the development of a treatment plan; assisting individuals to identify and understand their health needs; assisting individuals to locate, provide or secure, and utilize appropriate medical treatment, preventive medical care, and health maintenance services, including in-home health services and emergency medical services; and providing follow-up services as needed.

Mental services include the follow allowable services but may not include all activities under each service.

Education - is furnished through AXTELL Independent School District, which provides on campus academic learning experiences in small group settings.

Treatment Team - is led by a board-certified psychiatrist, and assesses each youth's clinical needs and develops an appropriate treatment approach.

Medical Services - ensures that each youth benefits from continuous general medical care by WCY's full time pediatrician.

Clinical Services - provides each adolescent with an assigned clinical therapist who is responsible for:

- Individual and group therapy.
- Family therapy.
- Coordination of the treatment team.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

- Case management services.
- Assistance with aftercare planning.

Eligibility

Funds will only be utilized for programs and services to children or their families whose income is less than 200 percent of the income of the official poverty line. For purposes of this service:

- “Child” is defined as “an individual who is at least three years of age, but younger than 13 years of age.”

“Adolescent” is defined as “an individual who is at least 13 years of age, but younger than 18 years of age.” Youth and adolescent are used interchangeably. (25 TAC 416.3)

V. Federal Services Definition

Prevention and Intervention. See Section VI, Uniform Definitions of Services, Definition 20.

State Strategy

D.2.1 Family Violence Services

Agency Service Name

Family Violence Services

Description

Services

Shelter, hotline, employment and training, referral and assistance accessing medical and legal services, counseling, and transportation for victims of family violence.

Client Eligibility

Families with a caretaker and dependent child(ren) with incomes at or below 200% of poverty, based on self-declaration. For purposes of these services:

- “Family” includes “individuals related by consanguinity or affinity, individuals who are former spouses of each other, individuals who are the parents of the same child, without regard to marriage, and a foster child and foster parent, without regard to whether those individuals reside together.” (Texas Human Resources Code, Section 51.002, and Texas Family Code, Section 71.003.)

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

VI. Federal Services Definition

Family Planning Services. See Section VI, Uniform Definitions of Services, Definition 9.

State Strategy

Women's Health Services

Agency Service Name

Women's Health Services

Description

TANF to Title XX funded services are provided to women and men who are age 64 and younger, live in Texas, and have a family income at or below 200% of the Federal Poverty Level (FPL). Services are part of comprehensive health care delivery systems established in Texas to assist low-income men, women, and adolescents to improve their health status, reduce unintended pregnancies, and positively affect the outcomes of future pregnancies. Administration of the State Family Planning Program is the responsibility of the Texas Health and Human Services Commission (HHSC).

- "Minor" is defined in accordance with the Texas Family Code as a person under 18 years of age who has never been married and never been declared an adult by a court (emancipated). TAC §382.5 and 382.105.

Texas Workforce Commission

I. Federal Services Definition

Day Care Services – Children. See Section VI, Uniform Definition of Services, Definition 6.

State Strategy

Child Care for Low-Income Families

Agency Service Name

Child Care and Development

Description

Child care services are purchased for eligible children to enable their parents to work or attend education and training. The program is supported by several funding sources in addition to Title XX. These sources include:

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

- The Child Care and Development Fund
- State General Revenue Funds
- Local funds from partnerships with private and public entities

Child care is provided in facilities that are:

- licensed or registered by the Health and Human Services Commission (HHSC), or
- operated and monitored by the United States military

Care may also be provided by eligible relatives who are listed by HHSC. An eligible relative is defined as the child's grandparent, great-grandparent, aunt, uncle or with a sibling of the eligible child not living in the same household as the child – provided the relative is at least 18 years old.

Eligibility

Eligibility limits for services differ depending on where parent resides. Each Local Workforce Development Board sets its own income eligibility limits up to 85% of the State Median Income (SMI).

Boards do not require an income test for families if they are referred by:

- a TANF employment services (Choices) case manager, or
- a Supplemental Nutrition Assistance Program (SNAP) Employment and Training case manager.

Income tests for parents referred to Choices or SNAP E&T are provided by HHSC, the agency that determines eligibility for and administers TANF and SNAP benefits.

Additionally, families experiencing homelessness are required under CCDBG to receive priority in the delivery of Child Care Services. As provided for in 40 TAC Part 20, 809.41, families experiencing homelessness are considered to be income eligible without an income test.

Children in protective care are considered a vulnerable class by CCDBG, and states have flexibility to prioritize services for these children. As provided for in 40 TAC Part 20, 809.49, parents who are referred by a Child Protective Services Worker are also served without an income test.

With the exception of children referred for child care by Child Protective Services staff, parents must be working or in training to receive child care assistance.

Eligibility is limited to children under 13 years of age, with the exception of children ages 13 to 19 who have disabilities. Local Workforce Development Boards, in setting their local child care

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

policies, may elect to extend eligibility to children with disabilities who are over 12 and under 19 years of age, or they may elect not to extend eligibility to that group. For purposes of this services:

- “Child” is defined as under 13 years of age or at the option of the Board, be a child with disabilities under 19 years of age.” (40 TAC Part 20, 809.41)

Parent Fees (Co-pay)

Parents receiving child care services are assessed a parent fee based on family income and the size of the family. No parent fee is assessed to parents or caretakers who are:

- Participating in Choices/TANF Employment Services
- Participating in the SNAP Employment and Training Program
- Parents of a child receiving child care for children experiencing homelessness

In addition, no parent fee is assessed to parents or caretakers of children who are referred for services by Child Protective Services unless the Texas Department of Family and Protective Services assess a fee to the parent.

The amount of the parent fee may differ depending on where a parent resides. Each Local Workforce Development Board sets its own sliding fee scale for parent co-pay. The sliding fee scale must consider both the family’s gross monthly income and the size of the family, and may also consider other appropriate factors such as the number of children the family has in care. The parent fee amount may not exceed the cost of the services. The fee may be temporarily reduced for families who have unusual expenses, such as non-reimbursed work-related expenses or non-recurring medical expenses. The fee may not be increased during families’ 12-month eligibility period, unless care is authorized for an additional child.

GEOGRAPHIC AVAILABILITY OF SERVICES

The majority of the services funded by the Title XX Social Services Block Grant are provided statewide in 11 geographic regions which correspond with the Texas Health and Human Services Commission’s uniform boundaries. Services provided by the Texas Workforce Commission are statewide in accordance with the Child Care and Development Fund (CCDF) Plan for Texas.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Section V: Pre-Expenditure Reporting Form

Part A. Estimated Expenditures and Proposed Provision Method

OMG No: 0970-0234

Expiration Date: 11/30/2017

State: Texas

Fiscal Year: 2020

Report Period: 10/1/2019 - 9/30/2020

Contact Person: Racheal Kane

Title: Federal Funds Director

Agency: Health and Human Services Commission

Phone Number: 512-424-6663

Email Address: racheal.kane@hhsc.state.tx.us

Submission Date: 8/28/2019

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Service Supported with SSBG Expenditures	SSBG Allocation	SSBG Carry Over From Prev. FY	Funds Transferred into SSBG*	Carry Over Funds Transferred into SSBG from Prev. FY	Expenditures of All Other Federal, State, and Local Funds**	Total Expenditures	Public Method	Private Method	Do total expenditures include ALL other funds for the
Adoption Services	\$0	\$0	\$0	\$0	\$0	\$0	N/A	N/A	N/A
Case Management	\$6,360,648	\$0	\$3,628,556	\$0	\$36,737,189	\$46,726,393	Y	N/A	Y
Congregate Meals	\$0	\$0	\$0	\$0	\$0	\$0	N/A	N/A	N/A
Counseling Services	\$233,463	\$0	\$828,451	\$0	\$0	\$1,061,914	Y	N/A	Y
Day Care - Adult	\$13,566,668	\$0	\$0	\$0	\$3,866,063	\$17,432,731	N/A	Y	Y
Day Care - Children	\$2,000,000	\$0	\$0	\$0	\$901,317,042	\$903,317,042	Y	Y	Y
Education and Training Svc	\$1,425,324	\$0	\$3,877,793	\$0	\$0	\$5,303,117	Y	N/A	Y
Employment Services	\$50,046	\$0	\$36,339	\$0	\$0	\$86,385	Y	N/A	Y
Family Planning Services	\$1,539,747	\$0	\$3,481,050	\$0	\$140,441,489	\$145,462,286	Y	N/A	Y
Foster Care Services - Child	\$2,045,847	\$0	\$0	\$0	\$583,001	\$2,628,848	N/A	Y	Y
Health-Related Services	\$1,073,060	\$0	\$0	\$0	\$607,166,085	\$608,239,145	Y	N/A	Y
Home-Based Services	\$1,575,606	\$0	\$7,964,849	\$0	\$8,518,518	\$18,058,973	N/A	N/A	Y
Home-Delivered Meals	\$35,663,752	\$0	\$0	\$0	\$10,163,018	\$45,826,770	N/A	Y	Y
Housing Services	\$13,489,704	\$0	\$0	\$0	\$4,967,150	\$18,456,854	N/A	Y	Y
Independent/ Transitional	\$58,350	\$0	\$53,108	\$0	\$0	\$111,458	Y	N/A	Y
Living Services	\$0	\$0	\$0	\$0	\$0	\$0	N/A	N/A	N/A
Information & Referral	\$2,747,189	\$0	\$0	\$0	\$24,355,382	\$27,102,571	Y	N/A	Y
Legal Services	\$0	\$0	\$0	\$0	\$0	\$0	N/A	N/A	N/A
Pregnancy & Parenting	\$0	\$0	\$0	\$0	\$0	\$0	N/A	N/A	N/A

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Prevention & Intervention	\$0	\$0	\$11,002,361	\$0	\$20,596,642	\$31,599,003	Y	N/A	Y
Protective Services-Adult	\$36,460,578	\$0	\$0	\$0	\$41,792,975	\$78,253,553	Y	Y	Y
Protective Services-Child	\$1,358,928	\$0	\$0	\$0	\$847,727,866	\$849,086,794	Y	N/A	Y
Recreation Services	\$0	\$0	\$0	\$0	\$0	\$0	N/A	N/A	N/A
Residential Treatment	\$0	\$0	\$0	\$0	\$0	\$0	N/A	N/A	N/A
Special Services - Disabled	\$552,921	\$0	\$0	\$0	\$157,565	\$710,486	N/A	Y	Y
Special Services - Youth at Risk	\$3,295	\$0	\$543,659	\$0	\$0	\$546,954	Y	N/A	Y
Substance Abuse Services	\$0	\$0	\$0	\$0	\$0	\$0	N/A	N/A	N/A
Transportation	\$0	\$0	\$0	\$0	\$0	\$0	N/A	N/A	N/A
Other Services**	\$3,621,436	\$0	\$92,787	\$0	\$1,021,620	\$4,735,843	N/A	Y	Y
Sum of Expenditures for Services	\$123,826,562	\$0	\$31,508,953	\$0	\$2,649,411,605	\$2,804,747,120			
Administrative Costs	\$11,760,076	\$0	\$0	\$0					
Sum of Expenditures for Services and Admin Costs	\$135,586,638	\$0	\$3,150,895	\$0					
Total SSBG Expenditures	\$135,586,638	\$0	\$0	\$0					
Remaining Funds to be carried over into the next fiscal year	\$0	\$0	\$0	\$0					

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

*** From which block grant(s) were these funds transferred:** CFDA 93.558 TANF

**** List the sources of these funds:** CFDA 93.090, 93.556, 93.558, 93.575, 93.596, 93.599, 93.645, 93.652, 93.658, 93.569, 93.667, 93.669, 93.671, 93.674, 93.778;
State General Revenue, Local Funds, Medicaid, State Medicaid Match, Appropriated Receipts, License Plate Trust Fund

***** List other Services:** Emergency Response Services, Adult Community Mental Health Services, Community Mental Health Crisis Services, Emergency Care and Breast and Cervical Cancer Services

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Part B. Estimated Recipients

OMG No: 0370-0234

Expiration Date: 11/30/2017

State: Texas

Fiscal Year: 2020

Service Supported with SSBG Expenditures	Children	Adults Age 60 Years and Younger	Adults Age 60 Years and Older	Adults of Unknown Age	Total Adults	Total	Actual, Estimated or Sampled	Duplicated or Unduplicated	Enter the eligibility criteria for Serv. Category	State will submit the eligibility criteria to OCS by email
Adoption Services	-	-	-	-	-	-			N/A	N/A
Case Management	5,066	6,162	-	96,489	102,651	107,717	Estimated	Unduplicated	See uploaded document	N/A
Congregate Meals	-	-	-	-	-	-			N/A	N/A
Counseling Services	1,284	7,039	-	-	7,039	8,323	Estimated	Unduplicated	See uploaded document	N/A
Day Care- Adults	-	996	-	-	2,671	2,671	Estimated	Unduplicated	See uploaded document	N/A
Day Care- Children	132,260	-	1,675	-	-	132,260	Estimated	Unduplicated	See uploaded document	N/A
Educational and Training Services	4,234	4,665	-	-	4,665	8,899	Estimated	Unduplicated	See uploaded document	N/A
Employment Services	-	167	-	-	167	167	Estimated	Unduplicated	See uploaded document	N/A
Family Planning Services	2,733	136,394	-	177	143,546	146,279	Estimated	Unduplicated	See uploaded document	N/A

Foster Care Services- Adults	-	164	6,975	-	316	316	Estimated	Unduplicated	See uploaded document	N/A
Foster Care Services- Children	27,249	-	152	-	-	27,249	Estimated	Unduplicated	See uploaded document	N/A
Health-Related Services	2,095	4,251	-	-	4,251	6,346	Estimated	Unduplicated	See uploaded document	N/A
Home-Based Services	-	3,697	-	-	5,291	5,291	Estimated	Unduplicated	See uploaded document	N/A
Home-Delivered Meals	-	3,218	1,594	-	15,017	15,017	Estimated	Unduplicated	See uploaded document	N/A
Housing Services	-	210	11,799	-	210	210	Estimated	Unduplicated	See uploaded document	N/A
Independent/Transitional Living Services	-	-	-	-	-	-			N/A	N/A
Information & Referral	333,660	-	-	-	-	333,660	Estimated	Unduplicated	See uploaded document	N/A
Legal Services	-	-	-	-	-	-			N/A	N/A
Pregnancy & Parenting	-	-	-	-	-	-			N/A	N/A
Prevention & Intervention	26,955	42,685	1,465	395	44,545	71,500	Estimated	Unduplicated	See uploaded document	N/A
Protective Services- Adults	-	26,855	67,773	-	94,628	94,628	Estimated	Unduplicated	See uploaded document	N/A

Protective Services- Children	466,705	478,598	43,397	-	521,994	988,699	Estimated	Unduplicated	See uploaded document	N/A
Recreation Services	-	-	-	-	-	-			N/A	N/A
Residential Treatment	-	-	-	-	-	-			N/A	N/A
Special Services- Disabled	-	43	15	-	58	58	Estimated	Unduplicated	See uploaded document	N/A
Special Services- Youth at Risk	677	-	-	-	-	677	Estimated	Unduplicated	See uploaded document	N/A
Substance Abuse Services	-	-	-	-	-	-			N/A	N/A
Transportation	-	-	-	-	-	-			N/A	N/A
Other Services***	105	2,761	13,525	-	16,286	16,391	Estimated	Unduplicated	See uploaded document	N/A
Sum of Recipients of Services	1,003,023	717,905	148,370	97,061	963,335	1,966,358	Estimated	Unduplicated	N/A	N/A

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

SECTION VI: Appendices

APPENDIX A: Documentation related public notice posted on the website

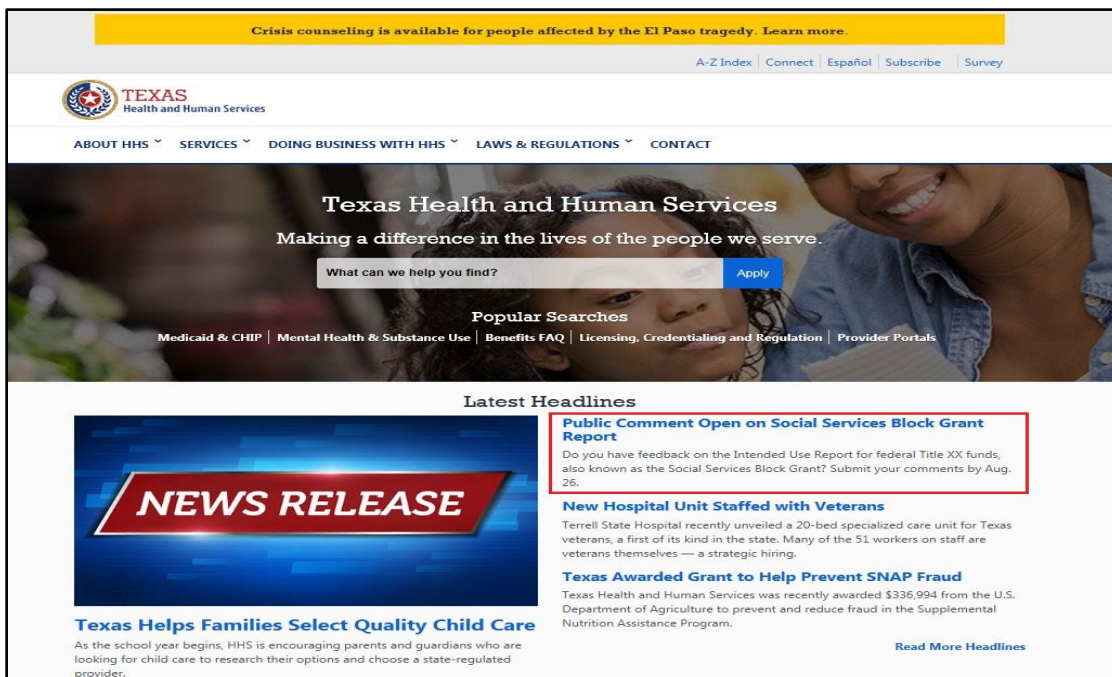
The required public inspection for Title XX Social Services Block Grant was achieved via the following solicitation for public comment published on the Texas Health and Human Services Commission website:

HHSC Seeks Comment on Social Services Block Grant Report

The Health and Human Services Commission seeks public comment on the **Intended Use Report for federal Title XX funds** (PDF), also known as the Social Services Block Grant. The Texas Social Services Block Grant Intended Use Report outlines how the Texas Legislature and Governor have appropriated Title XX Social Services Block Grant funding to state agencies to help meet specified social needs for defined low income and at-risk populations. HHSC administers the block grant on behalf of the State of Texas and coordinates the delivery of funds from the federal government to various state agencies to which funds are appropriated. Please submit your comments to **HHSCFederalFunds@hhsc.state.tx.us** by August 26.

See **Exhibit A** of this Appendix for a copy of the related public notice posted on the website.

Exhibit A: Documentation related public notice posted on the website



INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

APPENDIX B: Certifications

Exhibit A - Certification Regarding Debarment, Suspension and Other Responsibility Matters

Certification Regarding Debarment, Suspension, and Other Responsibility Matters - - Primary Covered Transactions

Instructions for Certification

- 1) By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
- 2) The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
- 3) The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
- 4) The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 5) The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
- 6) The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

- 7) The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusive-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 8) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
- 9) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 10) Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

Certification Regarding Debarment, Suspension, and Other Responsibility Matters - - Primary Covered Transactions

- 1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- 2) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
- 3) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local)

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- 4) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- 5) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- 6) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - - Lower Tier Covered Transactions

Instructions for Certification

- 1) By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- 2) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 3) The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
- 4) The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- 5) The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

- 6) The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 7) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
- 8) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 9) Except for transactions authorized under paragraph five of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a
- 10) person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - - Lower Tier Covered Transactions

- 1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

- 2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.



Signature and Date

Trey Wood

Printed Name

Chief Financial Officer

Title

Texas Health and Human Services Commission

Organization

Exhibit B - Certification Regarding Drug-Free Workplace Requirements

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645 (a)(1) and (b) provide that a Federal agency may designate a central receipt point for State-Wide And State Agency-Wide certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

Certification Regarding Drug-Free Workplace Requirements (Instructions for Certification)

- 1) By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
- 2) The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

- 3) For grantees other than individuals, Alternate I applies.
- 4) For grantees who are individuals, Alternate II applies.
- 5) Workplaces under grants, for grantees other than individuals, need to be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
- 6) Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
- 7) If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
- 8) Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

Criminal drug statute means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

Employee means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

The grantee certifies that it will or will continue to provide a drug-free workplace by:

- 1) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- 2) Establishing an ongoing drug-free awareness program to inform employees about - -
- 3) The dangers of drug abuse in the workplace;
- 4) The grantee's policy of maintaining a drug-free workplace;
- 5) Any available drug counseling, rehabilitation, and employee assistance programs; and
- 6) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- 7) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- 8) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will - -
 - (1) Abide by the terms of the statement; and
 - i. (2) Notify the employer in writing of his or her conviction for a violation of a
 - ii. criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- 9) Notifying the agency in writing, within 10 calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 10) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted - -
 - (1) Taking

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of

- i. 1973, as amended; or
- ii. (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- iii. (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
- iv. (B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

4900 North Lamar Boulevard Austin, Travis, Texas 78751

Check if there are workplaces on file that are not identified here.

Alternate II. (Grantees Who Are Individuals)

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

[55 FR 21690, 21702, May 25, 1990]



Signature and Date

Trey Wood

Printed Name

Chief Financial Officer

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Title

Texas Health and Human Services Commission

Organization

Exhibit C - Certification Regarding Environmental Tobacco Smoke

Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity by signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act.

The applicant/grantee further agrees that it will require the language of this certification be included in any subawards which contain provisions for the children's services and that all subgrantees shall certify accordingly.



Signature and Date

Trey Wood

Printed Name

Chief Financial Officer

Title

Texas Health and Human Services Commission

Organization

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

Exhibit D - Certification Regarding Lobbying

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- 1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020



Signature and Date

Trey Wood

Printed Name

Chief Financial Officer

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Texas Health and Human Services Commission

Organization

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

APPENDIX C: Proof of Audit

The State Auditor's Office and KPMG issued an audit report of the State of Texas's Federal Portion of the Statewide Single Audit Report for the Fiscal Year Ended August 31, 2018 on February 28, 2019. The report can be accessed by way of <http://www.sao.texas.gov/reports/main/19-315.pdf>.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

A. Uniform Definitions of Services

1) Adoption Services

Adoption services are those services or activities provided to assist in bringing about the adoption of a child. Component services and activities may include, but are not limited to, counseling the biological parent(s), recruitment of adoptive homes, and pre- and post- placement training and/or counseling.

2) Case Management Services

Case management services are services or activities for the arrangement, coordination, and monitoring of services to meet the needs of individuals and families. Component services and activities may include individual service plan development; counseling; monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring those clients' rights are protected.

3) Congregate Meals

Congregate meals are those services or activities designed to prepare and serve one or more meals a day to individuals in central dining areas in order to prevent institutionalization, malnutrition, and feelings of isolation. Component services or activities may include the cost of personnel, equipment, and food; assessment of nutritional and dietary needs; nutritional education and counseling; socialization; and other services such as transportation and information and referral.

4) Counseling Services

Counseling services are those services or activities that apply therapeutic processes to personal, family, situational, or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include family and marital relationships, parent child problems, or drug abuse.

5) Day Care Services – Adults

Day care services for adults are those services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Component services or activities may include opportunity for social interaction, companionship and self-education; health support or assistance in obtaining health services; counseling; recreation and general leisure time activities; meals; personal care services; plan development; and transportation.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

6) Day Care Services—Children

Day care services for children (including infants, preschooler's, and school age children) are services or activities provided in a setting that meets applicable standards of state and local law, in a center or in a home, for a portion of a 24-hour day. Component services or activities may include a comprehensive and coordinated set of appropriate developmental activities for children, recreation, meals and snacks, transportation, health support services, social service counseling for parents, plan development, and licensing and monitoring of child care homes and facilities.

7) Education and Training Services

Education and training services are those services provided to improve knowledge or daily living skills and to enhance cultural opportunities. Services may include instruction or training in, but are not limited to, such issues as consumer education, health education, community protection and safety education, literacy education, English as a second language, and General Educational Development (G.E.D.). Component services or activities may include screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies and instructional material; counseling; transportation; and referral to community resources.

8) Employment Services

Employment services are those services or activities provided to assist individuals in securing employment or acquiring or learning skills that promote opportunities for employment.

Component services or activities may include employment screening, assessment, or testing; structured job skills and job seeking skills; specialized therapy (occupational, speech, physical); special training and tutoring, including literacy training and pre-vocational training; provision of books, supplies and instructional material; counseling, transportation; and referral to community resources.

9) Family Planning Services

Family planning services are those educational, comprehensive medical or social services, or activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved. These services and activities include a broad range of acceptable and effective methods and services to limit or enhance fertility, including contraceptive methods (including natural family planning and abstinence), and the management of infertility (including referral to adoption). Specific component services and activities may include preconceptional counseling, education, and general reproductive health care, including diagnosis and treatment of infections which threaten reproductive capability. Family planning services do not include pregnancy care (including obstetric or prenatal care).

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

10) Foster Care Services for Adults

Foster care services for adults are those services or activities that assess the need and arrange for the substitute care and alternate living situation of adults in a setting suitable to the individual's needs. Individuals may need such services because of social, physical or mental disabilities, or as a consequence of abuse or neglect. Care may be provided in a community-based setting, or such services may arrange for institutionalization when necessary. Component services or activities include assessment of the individual's needs; case planning and case management to assure that the individual receives proper care in the placement; counseling to help with personal problems and adjusting to new situations; assistance in obtaining other necessary supportive services; determining, through periodic reviews, the continued appropriateness of and need for placement; and recruitment and licensing of foster care homes and facilities.

11) Foster Care Services for Children

Foster care services for children are those services or activities associated with the provision of an alternative family life experience for abused, neglected or dependent children, between birth and the age of majority, on the basis of a court commitment or a voluntary placement agreement signed by the parent or guardian. Services may be provided to children in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, pre-adoptive homes or supervised independent living situation. Component services or activities may include assessment of the child's needs; case planning and case management to assure that the child receives proper care in the placement; medical care as an integral but subordinate part of the service; counseling of the child, the child's parents, and the foster parents; referral and assistance in obtaining other necessary supportive services; periodical reviews to determine the continued appropriateness and need for placement; and recruitment and licensing of foster homes and child care institutions.

12) Health Related and Home Health Services

Health related and home health services are those in-home or out-of-home services or activities designed to assist individuals and families to attain and maintain a favorable condition of health. Component services and activities may include providing an analysis or assessment of an individual's health problems and the development of a treatment plan; assisting individuals to identify and understand their health needs; assisting individuals to locate, provide or secure, and utilize appropriate medical treatment, preventive medical care, and health maintenance services, including in-home health services and emergency medical services; and providing follow-up services as needed.

13) Home Based Services

Home based services are those in-home services or activities provided to individuals or families to assist with household or personal care activities that improve or maintain adequate family well-

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

being. These services may be provided for reasons of illness, incapacity, frailty, absence of a caretaker relative, or to prevent abuse and neglect of a child or adult. Major service components include homemaker services, chore services, home maintenance services, and household management services. Component services or activities may include protective supervision of adults and/or children to help prevent abuse, temporary non-medical personal care, house-cleaning, essential shopping, simple household repairs, yard maintenance, teaching of homemaking skills, training in self-help and self-care skills, assistance with meal planning and preparation, sanitation, budgeting, and general household management.

14) Home-Delivered meals

Home-delivered meals are those services or activities designed to prepare and deliver one or more meals a day to an individual's residence in order to prevent institutionalization, malnutrition, and feelings of isolation. Component services or activities may include the cost of personnel, equipment, and food; assessment of nutritional and dietary needs; nutritional education and counseling; socialization services; and information and referral.

15) Housing Services

Housing services are those services or activities designed to assist individuals or families in locating, obtaining, or retaining suitable housing. Component services or activities may include tenant counseling; helping individuals and families to identify and correct substandard housing conditions on behalf of individuals and families who are unable to protect their own interests; and assisting individuals and families to understand leases, secure utilities, make moving arrangements and minor renovations.

16) Independent and Transitional Living Services

Independent and transitional living services are those services and activities designed to help older youth in foster care or homeless youth make the transition to independent living, or to help adults make the transition from an institution, or from homelessness, to independent living. Component services or activities may include educational and employment assistance, training in daily living skills, and housing assistance. Specific component services and activities may include supervised practice living and post-foster care services.

17) Information and Referral Services

Information and referral services are those services or activities designed to provide information about services provided by public and private service providers and a brief assessment of client needs (but not diagnosis and evaluation) to facilitate appropriate referral to these community resources.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

18) Legal Services

Legal services are those services or activities provided by a lawyer or other person(s) under the supervision of a lawyer to assist individuals in seeking or obtaining legal help in civil matters such as housing, divorce, child support, guardianship, paternity, and legal separation. Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.

19) Pregnancy and Parenting Services for Young Parents

Pregnancy and parenting services are those services or activities for married or unmarried adolescent parents and their families designed to assist young parents in coping with the social, emotional, and economic problems related to pregnancy and in planning for the future. Component services or activities may include securing necessary health care and living arrangements; obtaining legal services; and providing counseling, child care education, and training in and development of parenting skills.

20) Prevention and Intervention Services

Prevention and intervention services are those services or activities designed to provide early identification and/or timely intervention to support families and prevent or ameliorate the consequences of, abuse, neglect, or family violence, or to assist in making arrangement for alternate placements or living arrangements where necessary. Such services may also be provided to prevent the removal of a child or adult from the home. Component services and activities may include investigation; assessment and/or evaluation of the extent of the problem; counseling, including mental health counseling or therapy as needed; developmental and parenting skills training; respite care; and other services including supervision, case management, and transportation.

21) Protective Services for Adults

Protective services for adults are those services or activities designed to prevent or remedy abuse, neglect or exploitation of adults who are unable to protect their own interests. Examples of situations that may require protective services are injury due to maltreatment or family violence; lack of adequate food, clothing or shelter; lack of essential medical treatment or rehabilitation services; and lack of necessary financial or other resources. Component services or activities may include investigation; immediate intervention; emergency medical services; emergency shelter; developing case plans; initiation of legal action (if needed); counseling for the individual and the family; assessment/evaluation of family circumstances; arranging alternative or improved living arrangements; preparing for foster placement, if needed; and case management and referral to service providers.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

22) Protective Services for Children

Protective services for children are those services or activities designed to prevent or remedy abuse, neglect, or exploitation of children who may be harmed through physical or mental injury, sexual abuse or exploitation, and negligent treatment or maltreatment, including failure to be provided with adequate food, clothing, shelter, or medical care. Component services or activities may include immediate investigation and intervention; emergency medical services; emergency shelter; developing case plans; initiation of legal action (if needed); counseling for the child and the family; assessment/ evaluation of family circumstances; arranging alternative living arrangement; preparing for foster placement, if needed; and case management and referral to service providers.

23) Recreational Services

Recreational services are those services or activities designed to provide, or assist individuals to take advantage of, individual or group activities directed towards promoting physical, cultural, and/or social development.

24) Residential Treatment Services

Residential treatment services provide short-term residential care and comprehensive treatment and services for children or adults whose problems are so severe or are such that they cannot be cared for at home or in foster care and need the specialized services provided by specialized facilities. Component services and activities may include diagnosis and psychological evaluation; alcohol and drug detoxification services; individual, family, and group therapy and counseling; remedial education and GED preparation; vocational or pre-vocational training; training in activities of daily living; supervised recreational and social activities; case management; transportation; and referral to and utilization of other services.

25) Special Services for Persons with Developmental or Physical Disabilities, or Persons with Visual or Auditory Impairments

Special services for persons with developmental or physical disabilities, or persons with visual or auditory impairments, are services or activities to maximize the potential of persons with disabilities, help alleviate the effects of physical, mental or emotional disabilities, and to enable these persons to live in the least restrictive environment possible. Component services or activities may include personal and family counseling; respite care; family support; recreation; transportation; aid to assist with independent functioning in the community; and training in mobility, communication skills, the use of special aids and appliances, and self-sufficiency skills. Residential and medical services may be included only as an integral, but subordinate, part of the services.

26) Special Services for Youth Involved in or at Risk of Involvement with Criminal Activity

Special services for youth involved in or at risk of involvement with criminal activity are those services or activities for youth who are, or who may become, involved with the juvenile justice system and their

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

families. Components services or activities are designed to enhance family functioning and/or modify the youth's behavior with the goal of developing socially appropriate behavior and may include counseling, intervention therapy, and residential and medical services if included as an integral but subordinate part of the service.

27) Substance Abuse Services

Substance abuse services are those services or activities that are primarily designed to deter, reduce, or eliminate substance abuse or chemical dependence. Except for initial detoxification services, medical and residential services may be included but only as an integral but subordinate part of the service. Component substance abuse services or activities may include a comprehensive range of personal and family counseling methods, methadone treatment for opiate abusers, or detoxification treatment for alcohol abusers. Services may be provided in alternative living arrangements such as institutional settings and community-based halfway houses.

28) Transportation Services

Transportation services are those services or activities that provide or arrange for the travel, including travel costs, of individuals in order to access services, or obtain medical care or employment. Component services or activities may include special travel arrangements such as special modes of transportation and personnel to accompany or assist individuals or families to utilize transportation.

29) Other Services

Other Services are services that do not fall within the definitions of the preceding 28 services. The definition used by the State for each of these services should appear elsewhere in the annual report. Other services include: Emergency Response Services, Community Mental Health Crisis Services, Emergency Care, and Breast and Cervical Cancer Services.

30) Administrative Costs

(Per SSBG IM-2008 Definition and allowability of direct and administrative costs (published June 15, 2007): Administrative Costs for SSBG Reporting. In the context of SSBG statutory reporting requirements, "administrative costs" are equivalent to the familiar concepts of "indirect" costs or "overhead." As distinguished from program administration or management expenditures that qualify as direct program costs, administrative costs refer to central executive functions that do not directly support a specific project or service, and expenditures that cannot be attributed to service recipients. Rather, administrative costs are incurred for common objectives that benefit programs administered by the grantee and as such are not readily assignable to a particular program funding stream. Administrative costs relate to the general management of the grantee, such as accounting, budgeting, personnel, procurement, and legal services.

INTENDED USE REPORT
Title XX Social Services Block Grant (SSBG)
October 1, 2019 through September 30, 2020

31) Central Administration

Central office administrative functions necessary to lead the agency that indirectly benefit a particular service or program, such as governing body and executive direction and leadership, general counsel, legal services, civil rights, provider appeals, public information, planning, human resources, accounting, budget, travel management, financial reporting, staff development, internal audit, state and federal relations, and fraud investigation.

32) Information Resources

Central office staff and services to provide automation system and network development and maintenance, end user support, and telecommunications services.

33) Other Support Services

Central office agency business services such as mail services, purchasing, warehouse, reproduction services, building support, records management, and other costs not specifically attributable to other strategies.

34) Regional Administration

Regional level indirect cost that would be classified as central administration, information resources, or other support services if incurred at the central office level.

B. Base Title XX Funds – Intended Distribution Summary

Texas Workforce Commission

State Budget Strategy	FY 2020 State Appropriated Budget	FY 2020 State Appropriated Budget	% of Total
A-4-2	At-Risk and Transitional Child Care for Families Working or Training for Work	2,000,000	
Subtotal TWC		2,000,000	1%

Department of Family and Protective Services

State Budget Strategy	FY 2020 State Appropriated Budget	FY 2020 State Appropriated Budget	% of Total
A-1-1	Provide System to Receive/ Assign Reports of Abuse/Neglect/Exploitation	2,253,365	
B-1-1	CPS Direct Delivery Staff	937,990	
B-1-2	Provide Program Support fir Child Protective Services	727,750	
D-1-1	APS Direct Delivery Staff	13,337,686	
D-1-2	Provide Program Support for Adult Protective Services	1,967,708	
D-1-3	APS Purchased Emergency Client Services	6,925,057	
E-1-1	Central Administration	691,927	
E-1-2	Other Support Services	638,101	
E-1-3	Regional Administration	90,552	
E-1-4	IT Program Support	1,412,937	
Subtotal DFPS		28,983,072	21%

Health and Human Services Commission

State Budget Strategy	FY 2020 State Appropriated Budget	FY 2020 State Appropriated Budget	% of Total
D-1-1	Women's Health Programs	1,539,747	
D-2-1	Community Mental Health Services (MHS) for Adults	3,266,042	
D-2-2	Community Mental Health Services (MHS) for Children		
D-2-3	Community Mental Health Crisis Services (CMHCS)	1,637,636	
D-2-5	Behavioral Health Waiver and Plan Amendment		
F-1-1	Guardianship	7,223,952	
F-1-2	Non-Medicaid Services	68,903,929	
F-3-1	Family Violence Services	1,055,289	
F-3-3	Additional Advocacy Programs		
G-4-1	Facility Program Support	6,779	
H-1-1	Health Care Facilities & Community-based Regulation	3,424,363	
H-2-2	Child Care Regulation	971,086	
I-2-1	Intake, Access, and Eligibility to Services and Supports	4,839,453	
I-3-1	Texas Integrated Eligibility Redesign System & Supporting Tech	4,752	
K-1-1	Office of the Inspector General		
L-1-1	Enterprise Oversight and Policy	478,620	
L-1-2	Information Technology Capital Projects Oversight & Program Support	1,347,387	
L-2-1	Central Program Support	357,429	
L-2-2	Regional Program Support	111,852	
Subtotal HHSC		95,168,316	70.19%

Employee Benefits (Est.)

State Budget Strategy	FY 2020 State Appropriated Budget	FY 2020 State Appropriated Budget	% of Total
TWC	-		
DFPS		5,515,253	4.07%
HHSC		3,919,996	2.89%
Subtotal Employee Benefits		9,435,249	

Base Title XX FUNDS – Intended Distribution Summary Total

State Budget Strategy	FY 2020 State Appropriated Budget	FY 2020 State Appropriated Budget	% of Total
TITLE XX TOTAL		135,586,637	100%

C. TITLE XX Funds from TANF - Intended Distribution Summary

Health and Human Services Commission

State Budget Strategy	FY 2020 State Appropriated Budget	FY 2020
D-1-1	Women's Health Program	\$3,481,050
D-2-1	Community Mental Health Services (MHS) for Adults	\$4,558,479
D-2-2	Community Mental Health Services (MHS) for Children	\$8,892,844
F-3-1	Family Violence Services	\$11,002,361
G-2-1	Mental Health State Hospitals	\$3,574,220
Subtotal HHSC		\$ 31,508,954

Employee Benefits Estimated

State Budget Strategy	FY 2020 State Appropriated Budget	FY 2020
HHSC (Title XX)		
Subtotal Employee Benefits (estimated)		\$ -
TOTAL TANF to SSBG		\$ 31,508,954

SSBG SERVICE CATEGORY

Eligibility Criteria

Adoption Services

N/A

Case Management/Counseling Services/Education and Training Services/Employment Services/Health Related Services/Housing Services/Other Services

Adult Mental Health Services Title XX Eligibility

Adult Mental Health (MH) Priority Population

Adults who have severe and persistent mental illnesses such as schizophrenia, major depression, bipolar disorder, post-traumatic stress disorder, obsessive compulsive disorder, anxiety disorder, attention deficit/hyperactivity disorder, delusional disorder, bulimia nervosa, anorexia nervosa or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment.

Initial Eligibility

- v. An individual age 18 or older who has a diagnosis of severe and persistent mental illness with the application of significant functional impairment and the highest need for intervention, which is operationalized as the uniform assessment; or
- vi. An individual age 18 or older who was served in children's MH services and meets the children's MH priority population definition prior to turning 18 is considered eligible for one year.

c) Individuals with only the following diagnoses are excluded from this provision

- i. Substance Related Disorders as defined in the following DSM-5 diagnostic codes: F10.10-F19.99, Z72.0.
- ii. Mental disorders due to known physiological conditions: F01-F09.
- iii. IDD as defined in the following DSM-5 diagnostic codes: F70, F71, F72, F73, F79.
- iv. Autism spectrum disorder as defined in the following DSM-5 diagnostic code: F84.0.

For purposes of this service:

- "Adult" is defined as "an individual who is 18 years of age or older."
- "Adolescent" is defined as an individual who is at least 13 years of age, but younger than 18

years of age

- “Child” is defined as “an individual who is at least three years of age, but younger than 13 years of age.”

“Family member” is defined as “any person who an individual identifies as being a member of their family.” (25 TAC Section 412.303.)

Congregate Meals

N/A

Case Management/Counseling Services/Education and Training Services/Employment Services/Health Related Services/Housing Services/Special Services for Youth Involved or At Risk of Involvement with Criminal Activity

Community Mental Health Crisis Services Eligibility

There are no formal eligibility requirements. Any individual with a behavioral health crisis can access these services. For purposes of this service:

- “Adult” is defined as a “person 18 or older.”
- “Child” is defined as “an individual who is at least three years of age, but younger than 13 years of age.”
- “Adolescent” is defined as “an individual who is at least 13 years of age, but younger than 18 years of age.” Youth is used interchangeably with adolescent.
- “Family member” is defined as “any person who an individual identifies as being a member of their family.” (25 TAC Section 412.303)

Day Care--Adults

Eligibility

Eligibility is based on age (18+), income, financial resources, a medical diagnosis and physician’s order requiring care, monitoring, or intervention by a licensed nurse or registered nurse and the need for assistance with one or more personal care tasks. For purposes of this service:

- “Adult” is defined as “a person aged 18 or older, or an emancipated minor.”(40 TAC Section 48.1201)

Day Care--Children

TANF to Title XX Child Care for Low-Income Families Eligibility

Eligibility limits for services differ depending on where parent resides. Each Local Workforce Development Board sets its own income eligibility limits up to 85% of the State Median Income (SMI).

Boards do not require an income test for families if they are referred by:

- a TANF employment services (Choices) case manager, or
- a Supplemental Nutrition Assistance Program (SNAP) Employment and Training case manager.

Income tests for parents referred to Choices or SNAP E&T are provided by HHSC, the agency that determines eligibility for and administers TANF and SNAP benefits.

Additionally, families experiencing homelessness are required under CCDBG to receive priority in the delivery of Child Care Services. As provided for in 40 TAC Part 20, 809.41, families experiencing homelessness are considered to be income eligible without an income test.

Children in protective care are considered a vulnerable class by CCDBG, and states have flexibility to prioritize services for these children. As provided for in 40 TAC Part 20, 809.49, parents who are referred by a Child Protective Services Worker are also served without an income test.

With the exception of children referred for child care by Child Protective Services staff, parents must be working or in training to receive child care assistance.

Eligibility is limited to children under 13 years of age, with the exception of children ages 13 to 19 who have disabilities. Local Workforce Development Boards, in setting their local child care policies, may elect to extend eligibility to children with disabilities who are over 12 and under 19 years of age, or they may elect not to extend eligibility to that group. For purposes of this services:

- “Child” is defined as under 13 years of age or at the option of the Board, be a child with disabilities under 19 years of age.” (40 TAC Part 20, 809.41)

Family Planning Services

Title XX Women’s Health Services Eligibility

Eligible clients include persons age 64 and younger, reside in Texas, and whose income is equal to or less than 250% of the current federal poverty level.

TANF to Title XX Women’s Health Services Eligibility

TANF to Title XX funded services are provided to women and men who are age 64 and younger, live in Texas, and have a family income at or below 200% of the Federal Poverty Level (FPL). Services are part of comprehensive health care delivery systems established in Texas to assist low-income men, women, and adolescents to improve their health status,

reduce unintended pregnancies, and positively affect the outcomes of future pregnancies. Administration of the State Family Planning Program is the responsibility of the Texas Health and Human Services Commission (HHSC).

Foster Care Services--Adults

Adult Foster Care Eligibility

Eligibility is based on age (18+), financial eligibility – either Medicaid eligible or meeting Title XX income and resource limits, need as determined by the Client Needs Assessment (Form 2060). The applicant's or client's needs must not be such that they exceed the ability of the foster care provider to deliver the care required.

For purposes of this service:

“Adult” is defined as a “person 18 or older, or an emancipated minor.” (40 TAC Section 48.1201)

Residential Care Eligibility

Eligibility is based on age (18+), financial eligibility – Medicaid eligible or meeting Title XX income and resource limits, need as determined by the Client Needs Assessment (Form 2060). The individual's needs must not be such that they exceed the ability of the residential care provider to deliver the care required. For purposes of this service:

“Adult” is defined as “a person aged 18 or older, or an emancipated minor.” (40 TAC Section 48.1201)

Emergency Care Eligibility

Eligibility is based on age (18+), financial eligibility – Medicaid eligible or meeting Title XX income and resource limits, need as determined by the Client Needs Assessment (Form 2060). The applicant must also have:

- Lost his home or caregiver, or
- Been discharged from a hospital or institution, or
- Been in a similar emergency.

The applicant's needs may not exceed the facility's capability under its licensed authority. For purposes of this service:

“Adult” is defined as “a person aged 18 or older, or an emancipated minor.” (48 TAC section 1201)

Foster Care Services--Children

Childcare Licensing and Residential Childcare Investigation Eligibility

Clients are eligible for residential child care services without regard to income. For purposes of this service:

“Child” is defined as “a person under 18 years old.” (26 TAC 745.21(5) and Texas Human

Resources Code Section 42.002)

Home-Based Services/Special Services for Persons with Developmental or Physical Disabilities, or Persons with Visual or Auditory Impairments

Family Care Eligibility

Eligibility is based on age (18+), income, financial resources, need as determined by the Client Needs Assessment (Form 2060). For purposes of this service

“Adult” is defined as a “person 18 or older, or an emancipated minor.” (40 TAC Section 48.1201)

Special Services to Persons with Disabilities Eligibility

Eligibility is based on age (18+), financial eligibility – either Medicaid eligible or meeting Title XX income and resource limits and need as determined by the Client Needs Assessment (Form 2060). The client must reside in the geographical area described in the contract. For purposes of this service:

“Adult” is defined as “a person aged 18 or older, or an emancipated minor.” (40 TAC Section 48.1201)

Consumer Managed Personal Assistance Services (CMPAS) Eligibility

Eligibility is based on age (18+), copay after \$2250.01 of monthly income, and a physician’s statement verifying the individual has a current medical need for assistance with personal care tasks and other activities of daily living. The client must need assistance with at least one personal care task, be mentally and emotionally capable of self-directing attendant care, and reside in the geographical area described in the contract.

Home-Delivered Meals

Eligibility

Eligibility is based on age (18+) and, need as determined by the Client Needs Assessment (Form 2060). For purposes of this service:

- “Adult” is defined as “a person aged 18 or older, or an emancipated minor.”(40 TAC Section 48.1201)

Independent/Transitional Living Services

N/A

Information & Referral

Statewide Intake Services Eligibility

Eligible clients include children under age 18 who are believed to be victims of abuse or neglect or are at risk of abuse or neglect by a person who is a member of the child’s family or household and is responsible for the child’s care, custody or welfare, as defined by the Texas Family Code. Eligible clients also include persons with disabilities and the elderly who are suspected to be victims of abuse,

neglect or exploitation. Client eligibility is determined without regard to income and is based on the need for protection from abuse, neglect or exploitation. For purposes of this service:

- “Child” is defined as “a person under 18 years of age who is not and has not been married or who has not had the disabilities of minority removed for general purposes.” (Texas Family Code Section 101.003)

Legal Services

N/A

Pregnancy & Parenting

N/A

Prevention & Intervention

TANF to Title XX Family Violence Services Client Eligibility

Families with a caretaker and dependent child(ren) with incomes at or below 200% of poverty, based on self-declaration. For purposes of these services:

- “Family” includes “individuals related by consanguinity or affinity, individuals who are former spouses of each other, individuals who are the parents of the same child, without regard to marriage, and a foster child and foster parent, without regard to whether those individuals reside together.” (Human Resources Code Section 51.002, Family Code Section 71.003.)

Protective Services--Adults

Guardianship Eligibility

Human Resources Code Chapter 161 provides HHSC with the authority to be appointed as a permanent guardian of the person or of the estate for children and adults referred to HHSC by DFPS.

For the Child Protective Services Division (CPS) of DFPS to refer an individual for guardianship:

(1) the individual must:

(A) be at least 16 years of age and be in a conservatorship of DFPS; or

(B) be at least 18 years of age, have been in CPS conservatorship on the day before turning 18 years of age, and in extended foster home placement after turning 18 years of age; and

(2) CPS must have reason to believe that the individual will be substantially unable to provide for the individual's own food, clothing, or shelter, or to care for the individual's own health needs, or to manage the individual's own financial affairs when the individual becomes an adult.

An individual referred by the Adult Protective Services Division (APS) of DFPS must be age 65 years of

age or older, or 18 to 65 years of age and disabled. APS must also have reason to believe the individual is an incapacitated person, as defined by Texas Estates Code, §1002.017(2) and must have been determined to be in a state of abuse, neglect, or exploitation.

HHSC must determine that becoming guardian of an individual referred by APS will provide an effective remedy for the abuse, neglect, or exploitation validated by APS. DADS must determine that becoming a guardian of an individual referred by CPS will enable DADS to effectively serve the needs of that ward.

HHSC may also otherwise agree to serve as permanent guardian for an individual.

In order for HHSC to serve as guardian, an individual must have private assets available to meet the expenses of day-to-day living, or be eligible for government benefits (for example, Medicaid, Social Security, or veteran benefits) that are sufficient to provide support. The HHSC Guardianship Services Program is not liable for, and cannot provide, financial support for services provided to wards, including the cost of long-term care or burial expenses.

Protective Services--Children

Child Protective Services Eligibility

Client eligibility is determined without regard to income and is based on the child's need for protection from abuse and neglect. Services are provided to facilitate achievement of a permanency plan. Substitute care is extended to persons beyond age 18, if they are still in school. For purposes of this service:

- "Child" is defined as "a person under 18 years of age who is not and has not been married or who has not had the disabilities of minority removed for general purposes." (Texas Family Code Section 101.003)

Protective Services for Adults

Adult Protective Services In-Home Eligibility

Eligibility

Clients are eligible for protective services without regard to income. Services are provided to persons age 65 or older, to persons age 18 or older with disabilities and to persons under age 18 who have disabilities and have been declared legal adults. For purposes of this service:

"Adult" is defined as "a person aged 18 or older, or an emancipated minor." (40 TAC Chapter 705)

Recreation Services

N/A

Residential Treatment

N/A

Special Services--Disabled

Special Services to Persons with Disabilities Eligibility

Eligibility is based on age (18+), financial eligibility – either Medicaid eligible or meeting Title XX income and resource limits and need as determined by the Client Needs Assessment (Form 2060). The client must reside in the geographical area described in the contract. For purposes of this service:

- “Adult” is defined as “a person aged 18 or older, or an emancipated minor.”(40 TAC Section 48.1201)

Substance Abuse Services

N/A

Transportation

N/A

Other Services***

Title XX Emergency Response Services Eligibility

Eligibility is based on age (18+) and need as determined by the Client Needs Assessment (Form 2060). In addition, the client must live alone, be routinely alone for eight hours or more during each day or live with an incapacitated individual who could not call for help or otherwise assist the client in an emergency. The client must have a telephone and be mentally alert enough to operate the equipment properly. The client must also be willing to sign a release statement that allows the responder to make a forced entry into the client’s home if he is asked to respond to an activated alarm call and has no other means of entering the home to respond. The client must live in a place other than a skilled-care institution, personal care home, foster care setting, or any other setting where 24-hour supervision is available. For purposes of this service:

“Adult” is defined as “a person aged 18 or older, or an emancipated minor.” (40 TAC Section 48.1201)

TANF to Title XX, Breast and Cervical Cancer Services Eligibility

To be eligible for BCCS a woman must meet the following criteria:

- Be a Texas resident,

- Have a gross family income at or below 200% of the Federal Poverty Level (FPL),
- Be uninsured or underinsured, and
- Meet age specific criteria for screening and diagnostic services.

Foster Care Services for Adults/Other Services

Emergency Care Eligibility

Eligibility is based on age (18+), financial eligibility – Medicaid eligible or meeting Title XX income and resource limits, need as determined by the Client Needs Assessment (Form 2060). The applicant must also have:

- Lost his home or caregiver, or
- Been discharged from a hospital or institution, or
- Been in a similar emergency.

The applicant's needs may not exceed the facility's capability under its licensed authority. For purposes of this service:

"Adult" is defined as "a person aged 18 or older, or an emancipated minor." (40 TAC Section 48.1201)

Case Management Services

Intake, Access, and Eligibility

Eligibility is based on income, financial resources, and need as determined by the Client Needs Assessment (Form 2060). Clients must meet eligibility criteria for CCAD but they do not have to receive community care services to receive case management. For purposes of this service:

"Adult" is defined as "a person aged 18 or older, or an emancipated minor." (40 TAC Section 48.1201)

Protective Services for Adults

Adult Protective Services Provider Investigations Eligibility

Eligible clients are persons who are residents of or receiving services through MHID facilities, community MHID centers, their contractors and home and community-based waiver programs, private ICF-ID's, and who are alleged to be abused, neglected, or exploited by facility, center, or contract staff. Clients do not have to meet age, financial or functional eligibility requirements. For purposes of this service:

"Adult" is defined as "a person aged 18 or older, or an emancipated minor." (40 TAC Section 705.1001)

Case Management/Counseling Services/Education and Training Services/Employment Services/Health Related Services/Housing Services/Other Services

Adult Mental Health Services TANF to Title XX Eligibility

Funds will only be utilized for programs and services to children or their families whose income is less than 200 percent of the income of the official poverty line. For purposes of this service:

“Adult” is defined as “an individual who is 18 years of age or older.” (25 TAC 412.403)

Case Management/Counseling Services/ Special Services for Youth Involved or At Risk of Involvement with Criminal Activity

Children’s Mental Health Services TANF to Title XX Eligibility

Eligible clients are children between the ages 3 – 17 years old with a serious emotional disturbance (SED), excluding a single diagnosis of substance abuse, intellectual or developmental disability, or autism spectrum disorder, and a serious functional impairment, or who are at risk of disruption of a preferred living or childcare environment due to psychiatric symptoms, or enrolled in special education because of SED. These services are provided to children or their families whose income is less than 200 percent of the income official poverty line applicable to a family of the size involved.

For purposes of this service:

- “Child” is defined as “an individual who is at least three years of age, but younger than 13 years of age.”
- “Adolescent” is defined as “an individual who is at least 13 years of age, but younger than 18 years of age.” Youth and adolescent are used interchangeably. (25 TAC 416.3)

Health Related Services

Mental Health State Hospitals - Waco Center for Youth TANF to Title XX Children’s Mental Health Plan Eligibility

Funds will only be utilized for programs and services to children or their families whose income is less than 200 percent of the income of the official poverty line. For purposes of this service:

- “Child” is defined as “an individual who is at least three years of age, but younger than 13 years of age.”

“Adolescent” is defined as “an individual who is at least 13 years of age, but younger than 18 years of age.” Youth and adolescent are used interchangeably. (25 TAC 416.3)