



Balancing Incentive Program Application

6/29/2012

Table of Contents

Project Abstract and Profile	6
Texas Balancing Incentive Program Preliminary Work Plan	7
Letters of Endorsement	12
Section A. Understanding of Balancing Incentive Program Objectives	29
Section A.1 Background	29
Section A.2 BIP Objectives: Rebalance the LTSS System and Increase Access and Quality	30
Section B. Current System’s Strengths and Challenges	31
Section B.1 Information and Referral	31
<i>Section B.1.1 Health and Human Services Commission</i>	<i>31</i>
<i>Section B.1.2 Department of Aging and Disability Services</i>	<i>32</i>
<i>Section B.1.3 Department of State Health Services</i>	<i>32</i>
<i>Section B.1.4 Centers for Independent Living.....</i>	<i>33</i>
Section B.2 Eligibility Determination	34
<i>Section B.2.1 Financial Assessments and Eligibility Determinations.....</i>	<i>34</i>
<i>Section B.2.2 Functional Assessments and Eligibility Determinations</i>	<i>34</i>
Section B.3 Core Standardized Assessment.....	35
<i>Section B.3.1 Level 1 Screen</i>	<i>35</i>
<i>Section B.3.2 Level 2 Assessment</i>	<i>35</i>
Section B.4 Case Management	36
Section B.5 Strengths in the Current System	38
<i>Section B.5.1 Information and Referral.....</i>	<i>38</i>
<i>Section B.5.2 Eligibility Determination.....</i>	<i>38</i>
<i>Section B.5.3 Core Assessment.....</i>	<i>38</i>
<i>Section B.5.4 Case Management</i>	<i>38</i>
Section B.6 Challenges in the Current System	39
<i>Section B.6.1 Front Door Fragmentation</i>	<i>39</i>
<i>Section B.6.2 Challenges in the Texas ADRC Program</i>	<i>39</i>
<i>Section B.6.3 Information Systems.....</i>	<i>40</i>

<i>Section B.6.4 Behavioral Health</i>	42
Section C. NWD/SEP Partners and Roles	43
Section D. NWD/SEP Individual Movement through the System	45
Section E. NWD/SEP Data Flow.....	46
Section F. Potential Automation of Initial Assessment.....	47
Section G. Potential Automation of Core Standardized Assessment	48
Section H. Incorporation of a Core Standardized Assessment in the Eligibility Determination Process...	49
Section I. Staff Qualifications and Training	50
Section J. Location of SEP Agencies	52
Section K. Outreach and Advertising	52
Section K.1 Current Activities.....	52
Section K.2 Future Activities	53
Section L. Funding Plan	54
Section M. Challenges.....	54
Section M.1 Size and Population.....	54
Section M.2 Budget Constraints	55
Section M.3 Affordable, Accessible, Integrated Housing.....	55
Section M.4 Transportation	56
Section M.5 Other Issues	57
Section N. NWD/SEP’s Effect on Rebalancing.....	59
Section O. Other Balancing Initiatives.....	60
Section P. Technical Assistance.....	61
Section Q. Stakeholder Involvement	62
Proposed Budget.....	63
Acronyms	65
Appendix A: Texas Long-Term Services and Supports	69
Appendix B: Long-Term Services and Supports Eligibility Determination by Program.....	72
Appendix C: Long-Term Services and Supports Assessment Domains	72
Appendix D: Advisory Committee Members	72
Appendix E: Proposed Budget.....	74



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

THOMAS M. SUEHS
EXECUTIVE COMMISSIONER

June 21, 2012

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

On behalf of the State of Texas, I enthusiastically submit this application for the Balancing Incentive Program (BIP) in accordance with State Medicaid Directors Letter #11-010 ACA#20 and Section 10202 of the Patient Protection and Affordable Care Act.

The state's health and human services (HHS) system is comprised of five operating agencies with the Health and Human Services Commission (HHSC) acting as the Medicaid single state agency and the umbrella agency for the entire HHS system. HHSC has delegated BIP implementation and management activities to the Department of Aging and Disability Services (DADS), the operating agency for long-term services and supports (LTSS). DADS administers LTSS programs for individuals with intellectual and developmental disabilities, individuals who are older and individuals with physical disabilities. In addition, DADS is the designated state unit on aging and has strong partnerships with the Area Agencies on Aging and the ADRCs. Although DADS is managing daily BIP activities, other active state agency partners include HHSC and the Texas Department of State Health Services, which oversees the state's public mental health and substance abuse service delivery system.

Texas has a long history of rebalancing its LTSS system by creating additional community-based service options, as evidenced by the state's strong response to the U.S. Supreme Court's 1999 *Olmstead* decision, increased legislative appropriations for community services, and a successful Money Follows the Person (MFP) Demonstration. Additionally, in 2006, the state began establishing an Aging and Disability Resource Center (ADRC) system which has rapidly grown from three sites to 14.

Texas also has a strong and active advocacy community and will leverage existing advisory committees to oversee and inform ongoing BIP activities, including the work plan. These advisory committees include the Promoting Independence Advisory Committee (which oversees the Promoting Independence Initiative, the state's response to the *Olmstead* decision); the MFP Demonstration Advisory Committee; and the ADRC Advisory Committee.

Marc Gold, DADS Special Advisor for Policy and Promoting Independence, is designated the Principal Investigator and he may be contacted at (512) 438-2260 or marc.gold@dads.state.tx.us. Mr. Gold is also responsible for the MFP Demonstration and his involvement will ensure the BIP and MFP Demonstration funds are leveraged and policy efforts are coordinated. Tara Olah, J.D., DADS Senior Policy Advisor, will also provide leadership and she may be contacted at (512) 438-3676 or tara.olah@dads.state.tx.us.

June 21, 2012

Page 2

By accepting the additional two percent enhanced Federal Medical Assistance Percentage, Texas is committed to implementing the required structural changes, including a “no wrong door/single entry point” system; conflict-free case management services; and a core standardized assessment instrument. The BIP will play a vital role in the state’s comprehensive approach to achieving a truly rebalanced LTSS system in which individuals with LTSS needs receive quality care in the most integrated setting of their choice and live healthy, independent lives in their homes and communities.

Sincerely,



Billy R. Millwee
State Medicaid Director

Project Abstract and Profile

Texas has a lengthy history of rebalancing its long-term services and supports (LTSS) system. The state has a successful Money Follows the Person Demonstration program (MFP Demonstration) that helps individuals residing in nursing facilities and intermediate care facilities relocate to the community. In addition, the state has a strong network of Aging and Disability Resource Centers (ADRCs) from which to establish a fully “no wrong door/single entry point” LTSS eligibility system.

Three of the state’s five health and human services (HHS) agencies are partnering to implement the Balancing Incentive Program (BIP): the Health and Human Services Commission (HHSC), the Medicaid single state agency; the Department of Aging and Disability Services (DADS), the operating agency for LTSS; and the Department of State Health Services (DSHS), the operating agency for behavioral health services. HHSC delegated BIP implementation and management activities to DADS.

These HHS agencies will leverage BIP funding and initiatives with the state’s MFP Demonstration to make the required structural changes and achieve a fully rebalanced LTSS system. The state will also leverage existing advisory committees to oversee and inform BIP activities, with the MFP Demonstration Advisory Committee primarily monitoring BIP implementation and soliciting stakeholder involvement.

The state’s BIP application and preliminary work plan describe proposed activities to implement the required structural changes, including a “no wrong door/single entry point” system; conflict-free case management; and a core standardized assessment instrument. These proposed activities will be fully implemented by September 30, 2015. Along with other initiatives, these activities will result in the state spending at least 50 percent of its LTSS appropriations for community programs. The following activities will accomplish the BIP goals:

“No Wrong Door/Single Entry Point”

The state will improve its assessment and eligibility determination processes by coordinating financial and functional eligibility systems. This will enable real time information sharing, simplify the eligibility determination process and ensure service planning activities are coordinated. In addition, DADS will expand the number and functionality of ADRCs to achieve statewide coverage.

Conflict Free Case Management

The state will ensure all case management activities are conflict-free by requiring separation between entities that conduct eligibility determinations and case management and entities that provide direct services. This may be achieved by firewalls separating a provider’s direct care functions from the provider’s case management functions, state agency monitoring, and due process activities.

Core Standardized Assessment Instrument

DADS and HHSC will develop a Level 1 screen based on the HHSC Self-Service Portal available on YourTexasBenefits.com and the ADRCs’ current assessment processes. Additional modifications include enhancing telephone and in-person screening capabilities and providing additional information about LTSS and mental health services. Texas will also modify current assessment instruments to ensure inclusion of all required domains and explore the feasibility of developing a new comprehensive assessment instrument for all programs serving individuals with intellectual and developmental disabilities.

Texas Balancing Incentive Program Preliminary Work Plan

Category	Major Objective / Interim Tasks	Due Date	Lead Agency	Task Status	Deliverables
General No Wrong Door/ Single Entry Point (NWD/SEP) Structure	All individuals receive standardized information and experience the same eligibility determination and enrollment process.				
	Develop standardized informational materials that ADRCs provide to individuals	3/29/13	DADS	In Progress	Informational materials: Form 2121, Long Term Services and Supports modified as needed for ADRC use
	Train all participating agencies/staff on eligibility determination and enrollment processes	6/30/14	DADS	Not Started	Training agenda and schedules
	A single eligibility coordinator, "case management system," or otherwise coordinated process guides the individual through the entire functional and financial eligibility determination process. Functional and financial assessment data or results are accessible to ADRC staff so that eligibility determination and access to services can occur in a timely fashion.				
	Design system (initial overview)	12/31/12	DADS	In Progress	Description of the system
	Design system (final detailed design)	6/28/13	DADS	In Progress	Detailed technical specifications of system
	Select vendor (if automated)	12/31/13	DADS HHSC	In Progress	Vendor name and qualifications
	Implement and test system	6/30/14	DADS HHSC	Not Started	Description of pilot roll-out
	System goes live	12/31/14	DADS HHSC	Not Started	Memo indicating system is fully operational
	System updates	Semi-annual beginning 6/30/15	DADS HHSC	Not Started	Description of successes and challenges

NWD/SEP	Texas has a network of NWD/SEPs and an Operating Agency with the Medicaid Agency as the Oversight Agency.				
	Identify the Operating Agency	12/31/12	DADS	Completed	DADS
	Identify the NWD/SEPs	12/31/12	DADS	In Progress	List of ADRCs and locations; will expand and add ADRCs.
	Develop and implement a MOU and/or other agreements across agencies	3/29/13	DADS	Not Started	Signed MOUs and/or other types of business agreements
	ADRCs have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling and enrollment assistance				
	Identify service shed coverage of all ADRCs	3/29/13	DADS	In Progress	Percentage of State population covered by ADRCs
	Ensure ADRCs are accessible to older adults and individuals with disabilities	9/30/13	DADS	Not Started	Description of ADRC features that promote accessibility
Website	The ADRC system includes an informative community LTSS website - Website lists 1-800 number for ADRC system				
	Identify or develop URL	3/29/13	DADS HHSC	Not Started	URL
	Develop and incorporate content	6/28/13	DADS HHSC	Not Started	Working URL with content completed, screen shots of main pages
	Incorporate the Level 1 screen (recommended)	6/30/14	DADS HHSC	Not Started	Screen shots of Level I screen and instructions for completion
1-800 Number	Single 1-800 number where individuals can receive information about community LTSS options in Texas, request additional information and schedule appointments at local ADRCs for assessments				
	Contract 1-800 number service	6/28/13	DADS HHSC	Not Started	Phone number
	Train staff on answering phones, providing information and conducting the Level 1 screen	6/28/13	DADS HHSC	Not Started	Training materials

Advertising	Texas advertises the ADRC system to help establish it as the "go-to system" for community LTSS				
	Develop advertising plan	3/29/13	DADS HHSC	Not Started	Advertising plan
	Implement advertising plan	6/28/13	DADS HHSC	Not Started	Materials associated with advertising plan
Core Standardized Assessment (CSA)	A CSA which supports the purposes of determining eligibility, identifying support needs and informing service planning, is used across Texas and across a given population. The Level 2 assessment is completed in person, with the assistance of a qualified professional. The CSA must capture the core dataset (required domains and topics).				
	Develop questions for the Level 1 screen	6/28/13	DADS	Not Started	Level 1 screening questions
	Fill out CDS crosswalk to determine if the Texas's current assessments include required domains and topics	12/31/12	DADS HHSC	In Progress	Completed crosswalk(s)
	Incorporate additional domains and topics if necessary (stakeholder involvement is highly recommended)	6/28/13	DADS	Not Started	Final Level II assessment(s); notes from meetings involving stakeholder input
	Train staff members at ADRCs to coordinate the CSA	12/31/13	DADS HHSC	Not Started	Training materials
	Identify qualified personnel to conduct the CSA	12/31/13	DADS HHSC	Not Started	List of entities contracted to conduct the various components of the CSA
	Continual updates	Semiannual beginning 6/30/14	DADS HHSC	Not Started	Description of success and challenges

Conflict-Free Case Management	States must establish conflict of interest standards for the Level 1 screen, the Level 2 assessment and plan of care processes. An individual's plan of care must be created independently from the availability of funding to provide services.				
	Describe current case management system, including conflict-free policies and areas of potential conflict	12/31/12	DADS HHSC	In Progress	Description of pros and cons of case management system
	Establish protocol for removing conflict of interest	9/30/13	DADS HHSC DSHS	Not Started	Protocol; if conflict cannot be removed entirely, explain why and describe mitigation strategies
Data Collection and Reporting	States must report service, outcome and quality measures data to CMS in an accurate and timely manner.				
	Identify data collection protocol for service data	12/31/12	DADS HHSC	Not Started	Measures, data collection instruments, and data collection protocol
	Identify data collection protocol for quality data	12/31/12	DADS HHSC	Not Started	Measures, data collection instruments, and data collection protocol
	Identify data collection protocol for outcome measures	12/31/12	DADS HHSC	Not Started	Measures, data collection instruments, and data collection protocol
	Report updates to data collection protocol and instances of service data collection	Semiannual beginning 6/28/13	DADS HHSC	Not Started	Document describing when data were collected during previous 6-month period and updates to protocol
	Report updates to data collection protocol and instances of quality data collection	Semiannual beginning 6/28/13	DADS HHSC	Not Started	Document describing when data were collected during previous 6-month period and updates to protocol
	Report updates to data collection protocol and instances of outcomes measures collection	Semiannual beginning 6/28/13	DADS HHSC	Not Started	Document describing when data were collected during previous 6-month period and updates to protocol

Sustainability	States should identify funding sources that will allow them to build and maintain the required structural changes.				
	Identify funding sources to implement the structural changes	12/31/12	DADS HHSC	In Progress	Description of funding sources
	Develop sustainability plan	12/31/13	DADS	Not Started	Estimated annual budget to maintain the structural changes and funding sources
Exchange IT Coordination	States must make an effort to coordinate their NWD/SEP system with the Health Benefit Exchange IT system.				
	Describe plans to coordinate the ADRC system with the Health Benefit Exchange IT system	6/28/13	DADS HHSC	Not Started	Description of plan of coordination
	Provide updates on coordination, including the technological infrastructure	Semiannual beginning 12/31/13	DADS HHSC	Not Started	Description of coordination efforts

Letters of Endorsement



TEXAS COUNCIL *for*
DEVELOPMENTAL
DISABILITIES

(512) 437-5432
(800) 262-0334
Fax (512) 437-5434

6201 E. Oltorf, Suite 600, Austin, TX 78741-7509
E-Mail: TCDD@tcdd.state.tx.us
Internet: <http://www.txddc.state.tx.us>

Mary Durham, Chair
John C. Morris, Vice Chair
Roger A. Webb, Executive Director

June 15, 2012

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

I am pleased to support the Texas Health and Human Services Commission's (Commission) application to participate in the federal Centers for Medicare and Medicaid Services' (CMS) Balancing Incentive Program (BIP).

The Texas Council for Developmental Disabilities (TCDD) is established by federal law in the Developmental Disabilities Assistance and Bill of Rights Act and consists of a 27 member board, appointed by the Governor, 60 percent of whom are individuals with developmental disabilities or family members of individuals with disabilities. TCDD's purpose in law is to encourage policy change so that people with disabilities have opportunities to be fully included in their communities and exercise control over their own lives.

Rebalancing the system that serves people with disabilities remains one of our top priorities. I am encouraged that the Commission expressly identifies the potential for the use of a new assessment and intention to include the establishment of regional Crisis Intervention Teams to help persons with intellectual and developmental disabilities and co-occurring mental illness. I look forward to participating in a robust stakeholder process associated with the design and testing of a functional assessment that has a foundation in a person centered approach and that adequately addresses Quality of Life, Employment, Housing, and Social Integration. Also, by providing in home crisis intervention and triage, training to family and staff, and behavioral supports the state's system will be modified to address the changing needs of persons in the community system.

I am delighted that the Commission is taking advantage of this tremendous opportunity. I look forward to seeing this effort move forward and to having a long term services and supports system that is truly rebalanced. Count on TCDD to work with the Commission by providing input into the work plan and ongoing implementation activities.

Sincerely,

A handwritten signature in black ink that reads "Roger Webb" followed by a stylized initial "RW" in parentheses.

Roger Webb
Executive Director



The Texas Silver-Haired Legislature



Chris Kyker, Emeritus

June 14, 2012

14th TSHL OFFICERS

WALTER GRAHAM
Speaker
West Central Texas
Cisco

BETTY STRECKFUSS
Speaker Pro Tem
Harris County
Spring

ALBERT CAMPBELL
Deputy Speaker Pro Tem
Brazos Valley
Bryan

PAT PORTER
Secretary
Permian Basin
Big Spring

C. BRUCE DAVIS
Comptroller
West Central Texas
Abilene

Jennifer Burnett

Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard, Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

I am pleased to support the Texas Health and Human Services Commission's application to participate in the federal Centers for Medicare and Medicaid Services' Balancing Incentive Program.

The Texas Silver-Haired Legislature was authorized by the Texas Legislature, April 1985, to identify aging issues and advocate for solutions. The "no wrong door" approach is a major challenge for older Texans, requiring the innovation approach provided by the Balancing Incentive Program.

This project provides an opportunity for Texas to continue its efforts to rebalance the long term services and supports system and help more individuals remain in their homes and communities. The BIP program will enable the state to build on its ongoing Promoting Independence initiatives, including the Money Follows the Person Demonstration; the state's Aging and Disability Resource Center network; the Community Living Program; and the Program of All-Inclusive Care for the Elderly. By implementing a "no wrong door" approach and streamlining financial and functional eligibility determination processes, Texas will increase access to community-based long term services and supports. It will also empower individuals to make better informed decisions about the services and supports they receive.

I look forward to seeing this effort move forward and to having a long term services and supports system that is truly rebalanced. The Texas Silver-Haired Legislature will work with the Commission by providing input into the work plan and ongoing implementation activities.

Sincerely,

Ms. Chris Kyker
Speaker Emeritus
Chair, Human Services Committee



2100 South IH-35 Suite 202 Austin, TX 78704 • 512-692-1465 • Fax 512-692-1435

May 29, 2012

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

I am pleased to support the Texas Health and Human Services Commission's (Commission) application to participate in the federal Centers for Medicare and Medicaid Services' (CMS) Balancing Incentive Program (BIP).

Superior HealthPlan (Superior) is a health maintenance organization that has been providing services in Texas since 1999. Superior is a wholly-owned subsidiary of Centene Corporation, a leading multi-line healthcare enterprise offering both core Medicaid and specialty services. We cover the complete range of Texas Medicaid and CHIP programs and now serve over 900,000 Texas STAR, STAR+PLUS, STAR Health (Foster Care), CHIP and CHIP Perinate Members as well as offering a Medicare Advantage Dual Special Needs Plan (SNP) in Bexar and Nueces Counties. Superior has provided and coordinated long term services and supports (LTSS) and Acute Care services to STAR+PLUS Members since 2007 in the Bexar and Nueces Service Areas (SAs), since 2011 in the Dallas SA and since March 2012 in the Hidalgo and Lubbock SAs. As an organization we are committed to Promoting Independence initiatives which allow individuals to remain in the community in the least restrictive setting, and support increased access to home and community-based long term services and supports.

This project provides an opportunity for Texas to continue its efforts to rebalance the long term services and supports system and help more individuals remain in their homes and communities. The BIP program will enable the state to build on its ongoing Promoting Independence initiatives, including the Money Follows the Person Demonstration; the state's Aging and Disability Resource Center network; the Community Living Program; and the Program of All-Inclusive Care for the Elderly. By implementing a "no wrong door" approach and streamlining financial and functional eligibility determination processes -- as the BIP program requires -- the state will increase access to community-based long term services and supports. It will also empower individuals to make better informed decisions about the services and supports they receive and the setting in which they receive them.

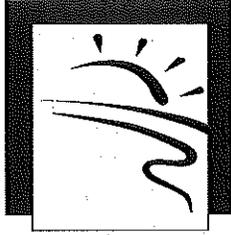
The enhanced funding available under the BIP offers a powerful incentive to promote the provision of quality care in the most appropriate, most integrated setting, with improved outcomes for the individuals served. This funding will provide opportunities to serve individuals in home and community-based settings while allowing the state to strengthen its long term services and supports infrastructure and its ability to administer needed services.

I am encouraged that the Commission is pursuing this opportunity. I look forward to seeing this effort move forward and to having a long term services and supports system that is truly rebalanced. [Insert entity/organization] will work with the Commission by providing input into the work plan and ongoing implementation activities.

Sincerely,



Cindy Adams, COO
Superior HealthPlan



Private Providers Association of Texas

8711 Burnet Road, Suite E-53 -- Austin, Texas 78757

512.452.8188 - 512.458.3078 fax

E-mail: ppat100@aol.com Website: www.ppat100.com

Carole Smith
Private Providers Association of Texas
8711 Burnet Road, Ste. E-53
Austin, Texas 78757

June 14, 2012

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

The Private Providers Association of Texas (PPAT) extends its support for the Texas Health and Human Services Commission's (Commission) application to participate in the federal Centers for Medicare and Medicaid Services' (CMS) Balancing Incentive Program (BIP).

PPAT, a non-profit organization, has represented private providers of community-based services for persons with intellectual and developmental disabilities since 1984. Services are provided through a host of Medicaid funded programs to include ICF/DD, Home and Community-Based Services (HCS) waiver, Texas Home Living (TxHmL) waiver and other community residential and non-residential programs.

This project provides an opportunity for Texas to continue its efforts to rebalance the long term services and supports system and assist more individuals in remaining in their homes and communities. The program will also enable the state to build on its ongoing Promoting Independence initiatives, including the Money Follows the Person Demonstration; the state's Aging and Disability Resource Center network; the Community Living Program; and the Program of All-Inclusive Care for the Elderly. By implementing a "no wrong door" approach and streamlining financial and functional eligibility determination processes -- as the BIP program requires -- the state will increase access to community-based long term services and supports. It will also empower individuals to make better informed decisions about the services and supports they receive and the setting in which they receive them.

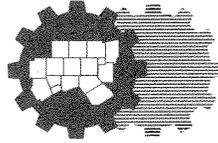
The enhanced funding available under the BIP offers a powerful incentive to promote the provision of quality care in the most appropriate and integrated settings, hence improved outcomes for those served. The funding will further allow Texas to strengthen its long term services and supports infrastructure and its ability to administer needed services.

The Association commends the Commission for pursuing this opportunity and commits to working with the Commission, as appropriate, to ensure successful implementation. More importantly, the Association looks forward to having a long term services and supports system that is truly rebalanced.

Sincerely,

Carole Smith
Executive Director
PPAT

June 12, 2012



North Central Texas Council Of Governments

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

The North Central Texas Council of Governments (NCTCOG) is pleased to support the Texas Health and Human Services Commission's (Commission) application to participate in the federal Centers for Medicare and Medicaid Services' (CMS) Balancing Incentive Program (BIP).

Through NCTCOG's Area Agency on Aging, we provide Title III services to older adults and family caregivers, nursing home relocation services to Medicaid beneficiaries, and options counseling services to people of all ages with disabilities and their family caregivers. We're delighted to be part of the Texas Department of Aging and Disability Services' (DADS) provider network.

We're particularly excited about DADS' proposal for BIP. Texas has long been at the forefront of Money Follows the Person activity, and BIP funds will provide means to accelerate its significant progress. Specifically, BIP funds will expand the reach of the state's Aging and Disability Resource Center network, the Community Living Program, and the Program of All-Inclusive Care for the Elderly. We look forward to establishment of a state-wide "no wrong door" approach to long-term services and supports, and tighter integration of financial and functional eligibility determination processes. We trust that these initiatives will empower consumers to make more informed decisions about long-term services and supports and the settings in which they receive them.

The enhanced funding available under BIP will promote consumer choice. It will provide opportunities to connect individuals at risk of institutional care with in-home and community-based services, while allowing the state to strengthen its long term services and supports infrastructure.

We are encouraged that the Texas Health and Human Services Commission is pursuing this opportunity. We look forward to seeing this effort move forward and to having a long term services and supports system that is truly rebalanced. The North Central Texas Council of Governments will work with the Commission by providing input into the work plan and ongoing implementation activities.

Sincerely,

A handwritten signature in cursive script that reads "Mike Eastland".

Mike Eastland
Executive Director



Hogg Foundation for Mental Health

ADVANCING RECOVERY AND WELLNESS IN TEXAS

June 19, 2012

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

Hogg Foundation for Mental Health at The University of Texas at Austin is pleased to express our support for the Texas Health and Human Services Commission's application to participate in the federal Balancing Incentive Program (BIP). The Hogg Foundation has been in existence for more than 70 years. Its mission is to advance the mental wellness of Texans through research, education, policy and services.

The foundation fully supports the state's efforts to use BIP funding to increase the availability and quality of community supports and services across disability populations. We are pleased to see that this project, if funded, will be a collaborative effort between the Department of Aging and Disability Services, the Department of State Health Services and the Health and Human Services Commission. The plan to address cross-agency access to services provides significant opportunities to improve the system of care for all disability populations in Texas.

Texas has developed, promoted, and made progress implementing a strong Promoting Independence Plan in response to the Olmstead Supreme Court decision. The availability of these grant funds will enable the state to continue efforts to reduce and prevent institutionalization while increasing community capacity. Additionally, while the state has a number of existing Aging and Disability Resource Centers, the additional funding will allow for expansion to ensure statewide coverage.

We are also pleased to see the emphasis in the application on *quality*. Safe and high quality care and support are important regardless of the setting in which an individual receives services. A high priority for Texas must be that individuals transitioning from institutional settings are transitioned to healthy, integrated community settings. The enhanced funding available under the BIP offers a powerful incentive to promote the provision of quality care in the most appropriate integrated setting, improving outcomes for the individuals served.

We are pleased to see the department moving forward with efforts to develop a system of services and supports that is truly balanced. We look forward to working with the Department to ensure that individuals experiencing mental illness become and remain an important component of the proposed project.

Sincerely,

Octavio N. Martinez, Jr., M.D., M.P.H., M.B.A., F.A.P.A.
Executive Director, Hogg Foundation for Mental Health
Associate Vice President, Division of Diversity and Community Engagement
Clinical Professor, School of Social Work



8400 N. MoPac, Suite 201
Austin, Texas 78759
512-342-8844
www.everychildtexas.org

June 14, 2012

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, Maryland 21244-1850

Dear Ms. Burnett:

I am pleased to support the Texas Health and Human Services Commission's application to participate in the federal Centers for Medicare and Medicaid Services' Balancing Incentive Program.

EveryChild, Inc. is a non-profit organization in Texas that is dedicated to assisting the state in the development of a system of family-based options for children with disabilities as an alternative to facility care. We believe that every child should have the opportunity to grow up in a safe, loving and nurturing environment with the supports needed to ensure an enduring relationship. Over the course of the last ten years EveryChild has successfully assisted hundreds of Texas children to move from institutions to families and has worked with the state to promote quality family-based supports.

The Balancing Incentive Program will allow Texas to continue the work of rebalancing the long term service and support system to assist more individuals to leave institutions and to allow others to remain in their homes and communities. Texas needs a strong single point of entry that is responsive to individuals of varying levels of need and age, as well as a meaningful coordinated assessment process. I am particularly pleased that the Commission will use some of the enhanced funding available under the program to strengthen supports for individuals at risk of institutionalization due to a behavioral crisis. It is imperative that community services and supports are responsive to people with the most complex needs.

I am excited that the Commission is pursuing the Balancing Incentive Program. I believe that it offers a real opportunity for Texas to create long lasting structural changes to its current system of supports. EveryChild looks forward to seeing this effort move forward and will work closely with the Commission on the development of the work plan and ongoing implementation activities.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Tucker".

Elizabeth Tucker
Director of Policy

Every child needs a family, and there is a family for every child.



Easter Seals Central Texas
1611 Headway Circle, Building 2
Austin, Texas 78754
(512) 478-2581
(512) 476-1638 fax
www.centraltx.easterseals.com

June 7, 2012

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

RE: Texas Health and Human Services Commission's (Commission) application to participate in the federal Centers for Medicare and Medicaid Services' (CMS) Balancing Incentive Program (BIP)

Dear Ms. Burnett:

Easter Seals Central Texas (ESCT) is pleased to support the application from Texas Health and Human Services Commission to participate in the CMS Balancing Incentive Program.

ESCT is a private, non-profit organization and member of a national network of affiliates that provides direct services and advocacy on behalf of individuals with disabilities. Since its inception in 1954, **ESCT** has been on the forefront in developing and providing quality, innovative programs and services to help advance the independence of people with disabilities. We have partnered with HHSC on initiatives to promote affordable, accessible and integrated housing through involvement in the Promoting Independent Advisory Committee, Texas Housing and Health Services Coordination Council and the Texas Department of Housing and Community Affairs Disability Advisory Workgroup. This funding opportunity is aligned with Texas' Promoting Independence Plan (Texas' response to the *Olmstead* decision).

We support this project that will continue the State's efforts to rebalance the long term services and supports system; helping more individuals remain in their homes and communities. Building on the Promoting Independence initiatives (Money Follows the Person Demonstration; the state's Aging and Disability Resource Center network; the Community Living Program; and the Program of All-Inclusive Care for the Elderly), the BIP program will implement a "no wrong door" approach and streamline financial and functional eligibility determination processes. These efforts will increase access to community-based long term services and supports, as well as, empower individuals to make better informed decisions about the services and supports they receive and the setting in which they receive them.

The enhanced funding available under the BIP offers a powerful incentive to promote the provision of quality care in the most appropriate, most integrated setting, with improved outcomes for the individuals served. This funding will provide opportunities to serve individuals in home and community-based settings while allowing the state to strengthen its long term services and supports infrastructure and its ability to administer needed services.

Easter Seals Central Texas will do all that it can to support this initiative and is greatly encouraged that the Commission is pursuing this opportunity.

Sincerely,


Jean Langendorf
Interim President & CEO



Bob Kafka
ADAPT of Texas
1640A East 2nd St
Austin, Texas 78702

May 31, 2012

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

I am pleased to support the Texas Health and Human Services Commission's application to participate in the federal Centers for Medicare and Medicaid Services' (CMS) Balancing Incentive Program (BIP).

ADAPT of Texas is a statewide grassroots activist disability rights organization that is fighting to have people with disabilities of all ages fully integrated into communities throughout Texas.

This project provides an opportunity for Texas to continue its efforts to rebalance the long term services and supports system and help more individuals remain in their homes and communities. The BIP program will enable the state to build on its ongoing Promoting Independence initiatives, including the Money Follows the Person Demonstration; the state's Aging and Disability Resource Center network; the Community Living Program; and the Program of All-Inclusive Care for the Elderly. By implementing a "no wrong door" approach and streamlining financial and functional eligibility determination processes -- as the BIP program requires -- the state will increase access to community-based long term services and supports. It will also empower individuals to make better informed decisions about the services and supports they receive and the setting in which they receive them.

The enhanced funding available under the BIP offers a powerful incentive to promote the provision of quality care in the most appropriate, most integrated setting, with improved outcomes for the individuals served. This funding will provide opportunities to serve individuals in affordable, accessible, integrated home and community-based settings



while allowing the state to strengthen its long term services and supports infrastructure and its ability to provide needed services.

I am encouraged that the Commission is pursuing this opportunity. I look forward to seeing this effort move forward and to having a long term services and supports system that is truly rebalanced for all people with disabilities. ADAPT of Texas will work with the Commission by providing input into the work plan, ongoing implementation and evaluation activities.

For an Institution and Barrier Free Texas,

Bob Kafka for
The ADAPT of Texas Community



AARP Texas T 1-866-227-7443
Austin Office F 512-480-9799
98 San Jacinto Boulevard TTY 1-877-434-7598
Suite 750 www.aarp.org/tx
Austin, TX 78701

AARP
Texas State Office
98 San Jacinto
Suite 750
Austin, Texas 78701

June 14, 2012

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

AARP is a nonprofit, nonpartisan organization with a membership that helps people 50+ have independence, choice, and control in ways that are beneficial and affordable to them and society as a whole. AARP represents more than two million Texas members.

AARP supports the Texas Health and Human Services Commission's application to participate in the federal Centers for Medicare and Medicaid Services' Balancing Incentive Program (BIP).

The proposed Texas BIP project will provide an opportunity for Texas to continue its efforts to rebalance the long term services and supports system and help more individuals remain in their homes and communities. The BIP program will enable the state to build on its ongoing Promoting Independence initiatives, including the Money Follows the Person Demonstration; the state's Aging and Disability Resource Center network; the Community Living Program; and the Program of All-Inclusive Care for the Elderly. By implementing a "no wrong door" approach and streamlining financial and functional eligibility determination processes -- as the BIP program requires -- the state will increase access to community-based long term services and supports. It will also empower individuals to make better informed decisions about the services and supports they receive and the setting in which they receive them.

Houston Office
T 1-866-227-7443
F 832-325-2213
TTY 1-877-434-7598

Dallas Office
T 1-866-227-7443
F 214-265-4061
TTY 1-877-434-7598



AARP Texas T 1-866-227-7443
Austin Office F 512-480-9799
98 San Jacinto Boulevard TTY 1-877-434-7598
Suite 750 www.aarp.org/tx
Austin, TX 78701

The enhanced funding available under the BIP offers a powerful incentive to promote the provision of quality care in the most appropriate, most integrated setting, with improved outcomes for the individuals served. This funding will provide opportunities to serve individuals in home and community-based settings while allowing the state to strengthen its long term services and supports infrastructure and its ability to administer needed services.

AARP has long advocated for a true single point of entry for Texas' long term services and supports system – to promote more effective nursing home diversion efforts and to reduce the number of low care needs individuals currently in Texas nursing homes, who may have preferred home-based services. With the added support of the BIP opportunity, Texas can maximize the benefits of its well-established community care system, which includes both Medicaid State Plan services as well as community-based waiver programs.

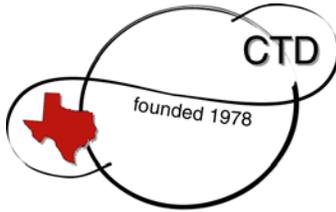
I am encouraged that the Commission is pursuing this opportunity. I look forward to seeing this effort move forward and to having a long term services and supports system that is truly rebalanced. AARP will continue to work with the Commission by providing input into the work plan and ongoing implementation activities.

Sincerely,

Bob Jackson
Texas State Director
AARP

Houston Office
T 1-866-227-7443
F 832-325-2213
TTY 1-877-434-7598

Dallas Office
T 1-866-227-7443
F 214-265-4061
TTY 1-877-434-7598



CTD
Coalition of Texans with Disabilities
316 W. 12th Street, Ste. 405
Austin, TX 78701
512. 478.3366
Fax 512. 478.3370
www.cotwd.org

Disability Consulting & Advocacy

June 1, 2012

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

I am pleased to support the Texas Health and Human Services Commission's (Commission) application to participate in the federal Centers for Medicare and Medicaid Services' (CMS) Balancing Incentive Program (BIP).

Founded in 1978, the Coalition of Texans with Disabilities has a mission to ensure that people with disabilities may live, learn, work, play and participate fully in their community of choice. The BIP is clearly in line with our mission.

This project provides an opportunity for Texas to continue its efforts to rebalance the long term services and supports system and help more individuals remain in their homes and communities. The BIP program will enable the state to build on its ongoing Promoting Independence initiatives, including the Money Follows the Person Demonstration; the state's Aging and Disability Resource Center network; the Community Living Program; and the Program of All-Inclusive Care for the Elderly. By implementing a "no wrong door" approach and streamlining financial and functional eligibility determination processes -- as the BIP program requires -- the state will increase access to community-based long term services and supports. It will also empower individuals to make better informed decisions about the services and supports they receive and the setting in which they receive them.

The enhanced funding available under the BIP offers a powerful incentive to promote the provision of quality care in the most appropriate, most integrated setting, with improved outcomes for the individuals served. This funding will provide opportunities to serve individuals in home and community-based settings while allowing the state to strengthen its long term services and supports infrastructure and its ability to administer needed services.

I am encouraged that the Commission is pursuing this opportunity. I look forward to seeing this effort move forward and to having a long term services and supports system that is truly rebalanced. The Coalition of Texans with Disabilities will work with the Commission by providing input into the work plan and ongoing implementation activities.

For A Barrier Free Society,

Dennis Borel
Executive Director

CTD is a social and economic impact organization benefiting Texans with all disabilities of all ages.
CTD is a 501(c)3 membership organization controlled by people with disabilities.



June 15, 2012

Ms. Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

I am pleased to support the Texas Health and Human Services Commission's (HHSC) application to participate in the federal Centers for Medicare and Medicaid Services' (CMS) Balancing Incentive Program (BIP).

The Texas Council of Community Centers is the state association for the thirty-nine (39) local Community Centers that serve all 254 counties of Texas. Locally governed by Boards of Trustees appointed by County Commissioners' Courts, City Councils, School Boards and/or Hospital Districts, Community Centers fulfill a statutorily directed role in assuring citizens with disabilities have access to efficient, effective community services.

Community Centers serve as Local Authorities for people with intellectual and developmental disabilities (IDD) and serious mental illness. Local Authorities serving as the single point of access to services for people with IDD are one of three Department of Aging and Disabilities (DADS) "front door" operating partners in the fourteen (14) Aging and Disability Resource Centers (ADRCs) in Texas, along with Area Agencies on Aging and DADS regional offices.

The Texas Council appreciates the approach Texas has taken to establish a locally driven "no wrong door" ADRC model, making the most of partnerships and collaboration at the community level. We recognize the Texas ADRC model is consistent with March 2012 federal criteria (published by the ADRC Technical Assistance Exchange) stating, "If there are multiple organizations designated as ADRC operating partners providing multiple entry points in a designated area, each organization does not necessarily need to perform every function for all populations. It is the combination of the organizations' highly coordinated efforts which results in a fully-functional ADRC".

By strengthening our state's "no wrong door" approach and streamlining financial and functional eligibility determination processes, we believe the BIP project provides an opportunity for Texas to progress in its efforts to rebalance the long-term services and supports system, strengthen access to community-based services and help more people remain in their homes and communities. Enhanced funding through the BIP will also allow the state to fortify its long term services and supports infrastructure and its ability to administer needed services.

Finally, the Texas Council strongly supports the BIP application's inclusion of a plan to establish regional Crisis Intervention Teams to help people with intellectual disability and co-occurring mental illness avoid admission to an institution. According to many stakeholders and the experience of Local Authorities across Texas, the availability of crisis services is essential to supporting people with dual diagnoses and significant behavioral challenges to remain in, or return to, their homes and communities.

The Texas Council is pleased HHSC is pursuing the Balancing Incentive Program opportunity and looks forward to working with the Commission by providing input into the work plan and ongoing implementation activities.

Sincerely,

A handwritten signature in black ink, appearing to read "Danette Castle". The signature is fluid and cursive, with a large initial "D" and a stylized "C".

Danette Castle, CEO
Texas Council of Community Centers

Section A. Understanding of Balancing Incentive Program Objectives

Section A.1 Background

Texas has a lengthy history of rebalancing its Medicaid long-term services and supports (LTSS) system. Rebalancing efforts began in the late 1970s with the elimination of a lower level of nursing facility (NF) care. This service was replaced with community-based attendant services for individuals at the Supplemental Security Income (SSI) level of income. Additionally, Texas adopted §1929 of the Social Security Act, which allows individuals with income levels up to 300 percent of SSI to receive attendant services. To date, Texas is the only state that has adopted §1929. In 1985, Texas implemented its first community-based waiver program (§1915(c)) for individuals eligible to receive care in an Intermediate Care Facility for Individuals with an Intellectual Disability (ICF), formerly termed an Intermediate Care Facility for Persons with Mental Retardation.¹

Since then, Texas has implemented a number of Medicaid waivers to serve individuals across disabilities regardless of age. In 1998, Texas was one of the first states to pilot a LTSS managed care system (termed “STAR+PLUS”) in Houston. STAR+PLUS increases access to community-based LTSS because individuals at the SSI level of income can receive community services immediately without having to register on a wait list. STAR+PLUS significantly expanded in 2007, in 2011, and again in 2012 and is responsible for considerably reducing the NF waivers’ wait lists.² STAR+PLUS now serves 52 percent of all individuals enrolled in Medicaid in the aged and disabled category.

The U.S. Supreme Court’s 1999 *Olmstead* decision also has had a major impact on the state’s rebalancing efforts. Texas fully embraced *Olmstead*, and then-Governor George W. Bush and current Governor Rick Perry issued executive orders GWB-99-2 (1999) and RP-13 (2002), respectively, supporting individuals’ choice to receive LTSS in the most integrated setting. In 2001, Texas became a national leader when the state Legislature directed the health and human services (HHS) agencies to implement a comprehensive plan to provide meaningful opportunities for persons with disabilities to live in the community (later termed the “Promoting Independence Plan”). As part of this initiative, the Texas Health and Human Services Commission (HHSC), the Medicaid single state agency, is required to submit an updated Promoting Independence Plan to the Governor and the Legislature biennially.

In 2001, Texas also became one of the first states to implement a statewide Money Follows the Person (MFP) policy. MFP allows individuals to relocate from NFs into community-based waiver programs without first registering on a wait list. Additionally, the state implemented an “expedited access” program for individuals with intellectual and developmental disabilities (IDD). If individuals with IDD want to relocate from a nine or more bed private ICF or a state-operated ICF, they will receive IDD

¹ Texas is currently implementing 2011 legislation requiring agencies to replace certain terms and phrases such as “mentally retarded person” with respectful, person-first language such as “individual with an intellectual disability.”

² Throughout this application, we refer to the term “wait list.” However, Texas usually refers to an “interest list” rather than a “wait list” because eligibility is not assessed or determined until a place in the desired program is available.

waiver services within approximately six months, without first registering on a wait list. Since 2001, more than 35,000 individuals have relocated from these institutional settings. Texas also participates in the national MFP Demonstration (Demonstration). Thirty-two percent of all national Demonstration participants are from Texas.³ Texas's Demonstration projects affect all aspects of the HHS system. Section O describes these projects in further detail.

In 2003, the Texas Legislature reorganized 12 HHS agencies into five, with HHSC acting as the Medicaid single state agency and the umbrella agency for the entire HHS system. This reorganization enables the system to work collaboratively across populations and common issues. Additionally, the state began its Aging and Disability Resource Center (ADRC) initiative in 2006 with three sites. Leveraging MFP Demonstration rebalancing funds and Older Americans Act funds, there are now 14 ADRC sites.

Collectively, the state's decades-long efforts to create more community-based options, including an active Promoting Independence Plan coupled with a streamlined HHS system, positions the state to take full advantage of the Balancing Incentive Program (BIP) in order to achieve a truly "rebalanced" LTSS system.

Section A.2 BIP Objectives: Rebalance the LTSS System and Increase Access and Quality

As evidenced by the state's lengthy history of rebalancing its LTSS system, and the current rebalancing activities described in Section O of this application, Texas is committed to fulfilling the BIP objectives of helping individuals with LTSS needs live healthy, independent lives in their homes and communities and improving quality of care while reducing costs by diverting individuals from institutional settings.

With these objectives in mind, the BIP offers an unparalleled opportunity to further enhance the state's LTSS rebalancing efforts by:

- (1) expanding ADRCs statewide into a more robust and "fully functional" No Wrong Door (NWD)/Single Entry Point (SEP) system, as defined by the U.S. Administration for Community Living (ACL);
- (2) creating and improving electronic information systems to better coordinate functional and financial eligibility activities to support the NWD;
- (3) ensuring the state's core assessment instruments capture meaningful information; and
- (4) providing conflict-free case management across the state's LTSS programs.

Together, these changes will simplify the process by which individuals access quality LTSS that allow them to live in their own homes, in their own communities, with dignity.

³ Mathematica Policy Research, Inc., *MFP Quarterly Statistics Report ending March 31, 2011*, published June 30, 2011.

Section B. Current System's Strengths and Challenges

Section B.1 Information and Referral

Texas's information and referral systems are comprised of several program- and population-specific processes, with different HHS agencies responsible for certain activities. As a result of this structure, coordination among these agencies is required to determine eligibility and enable access to services. The following is a summary of the HHS agencies' roles and responsibilities with regard to information and referral.

Section B.1.1 Health and Human Services Commission

HHSC administers the Children's Health Insurance Program (CHIP), Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), and other health and human service programs and initiatives. In addition, HHSC is responsible for determining Medicaid financial eligibility and administering Medicaid managed care programs. HHSC provides multiple assistance channels for individuals wishing to apply for and manage their benefits, including 300 local HHSC eligibility offices and a Community Partner Program. HHSC also administers 2-1-1 Texas and YourTexasBenefits.com, which provide telephone- and internet-based information and referral services.

Section B.1.1.1 Community Partner Program

The Community Partner Program (CPP) is a major component of an HHSC initiative to modernize the state's Medicaid eligibility system. Through the CPP, HHSC is building a statewide network of community-based organizations (CBOs) that can help people apply for benefits online through the Self-Service Portal. The CBO network includes non-profit, faith-based, local and statewide community groups. HHSC provides online training and certification for CBO staff members and volunteers to achieve one of three levels of participation, based on the CBO's capabilities, infrastructure and interests:

1. **Self-service sites** provide people access to a computer and an internet connection to apply online for HHSC benefits. These sites display posters and other printed materials about YourTexasBenefits.com, a website that allows individuals to apply for benefits online. An example of a self-service site would be a public library.
2. **Assistance sites** provide a computer with an internet connection and offer trained and certified employees and volunteers to help people complete and submit applications online for HHSC benefit programs. In addition, these sites display posters and other printed materials about YourTexasBenefits.com.
3. **Case assistance sites** offer all of the aid accessible at assistance sites, plus employees specially trained and certified to help individuals research information about their HHSC benefit cases, including case status, what benefits they are receiving, and beginning and ending dates of services. Case assistance sites also report to HHSC regularly to verify that employees with access to individuals' personal case information are collecting the required client consent forms (to protect confidentiality of individuals' information).

The CPP is in a pilot phase with plans for expansion. Based on pilot success and participant feedback, HHSC will work to expand participation to additional CBOs.

Section B.1.1.2 2-1-1 Texas

HHSC administers 2-1-1 Texas, a confidential information and referral hotline that provides individuals with comprehensive, up-to-date information about resources in their community, including CBOs, government agencies, and nonprofit agencies. In addition, 2-1-1 Texas provides an online link to YourTexasBenefits.com. 2-1-1 Texas is undergoing a standardization initiative to ensure all information centers statewide provide the same core resources and individuals can access quality information in all regions. Each information center must still ensure its local resources are updated and accurate. This initiative will be completed by July 2012.

Section B.1.1.3 YourTexasBenefits.com

YourTexasBenefits.com, also termed the “Self-Service Portal,” offers secure online access to HHSC benefits including Medicaid, SNAP, TANF, and CHIP as well as NF care and other services for older adults and people with disabilities. Individuals can complete a pre-screening assessment to determine programs they might qualify for and then apply for benefits online. The Self-Service Portal is discussed in more detail in Section B.3.1 Level 1 Screen.

Section B.1.2 Department of Aging and Disability Services

DADS administers LTSS programs for individuals with IDD, individuals who are older and individuals with physical disabilities. LTSS services are funded by federal appropriations through Title XIX, Title XX, the Older Americans Act and state general revenue. Individuals may access DADS services through a variety of local entities referred to as “front doors” (due to their intake functions), including local state agency offices, Area Agencies on Aging (AAAs), and Local Authorities (LAs). In addition to these front doors, individuals can contact a local ADRC, an entity that integrates the DADS front doors and other community organizations to provide individuals a “no wrong door” system of information and referral to services, which traditionally are provided by several entities acting independently. Appendix A provides a list of all LTSS programs and services.

Section B.1.2.1 DADS Local Offices

Through 131 local offices, DADS administers Medicaid institutional and community entitlement services and Medicaid 1915(c) home and community-based services (HCBS) waiver programs for individuals who are older and/or have physical disabilities. If an individual requests community state plan services (e.g., attendant care services, day activity and health services), DADS staff determines the individual’s functional eligibility and need for assistance with activities of daily living; assists with Medicaid financial eligibility (if necessary); and assists in choosing appropriate services. Individuals interested in any of the 1915(c) waiver programs DADS administers must register on a wait list because interest in waiver programs far exceeds authorized funding. When an opening becomes available, the individual is assessed, eligibility is determined and, if the individual is eligible, enrollment and service planning are completed.

Section B.1.2.2 Area Agencies on Aging

AAAs are quasi-governmental entities that provide information and services to individuals age 60 or older and to some individuals under age 60 who are enrolled in Medicare. Through contracts with DADS, a network of 28 AAAs provides services to older adults, their family members and other

caregivers. These services include information, referral and assistance; benefits counseling and legal assistance; care coordination; caregiver support services; in home support services and nutrition services. AAA services are targeted to individuals with the greatest economic and social needs, including low income minorities, older adults living in rural areas, individuals with Alzheimer's disease and related disorders and older adults at risk of entering a NF.

Section B.1.2.3 Local Authorities

LAs are the single point of access for publicly funded programs serving individuals with IDD. LAs assist individuals and families seeking IDD services, including state supported living center services, and individuals enrolling in HCS and TxHmL waiver services. Through general revenue funded performance contracts with DADS, LAs provide information about available services and resources, determine an individual's eligibility for services and develop a plan of care using a person-directed planning process to ensure the individual's needs are addressed. Using general revenue funds, LAs either directly provide community-based services to individuals with IDD or they subcontract with other entities to provide these services. LAs are discussed in more detail in Section B.4.

Section B.1.2.4 Aging and Disability Resource Centers

Texas currently has 14 ADRCs which provide a "no wrong door" system of information and referral. ADRCs' key operating partners include the three DADS front doors and several other social and health service organizations and agencies. ADRCs share common intake and referral protocols to simplify access to LTSS for individuals and their families. Some ADRC partners are physically collocated, meaning individuals can go to one physical place for access to a variety of services. Others use technology to accomplish virtual collocation, meaning community partners are connected through technology enabling them to electronically share information. Some ADRCs are a hybrid of the two models.

Section B.1.3 Department of State Health Services

DSHS oversees the state's public mental health and substance abuse service delivery system and provides technical assistance to other operating agencies. Community-based mental health services are provided via Local Mental Health Authorities (LMHAs), which provide targeted case management and mental health rehabilitative services, develop local provider networks and oversee the local service delivery system. In the Dallas area, the provider network is contracted through a managed care organization (MCO) and overseen by the LMHA. DSHS holds contracts with 142 community-based substance abuse providers and state-licensed treatment programs to deliver prevention and treatment services, funded primarily under the Substance Abuse Block Grant. DSHS also licenses substance abuse treatment programs, irrespective of funding source.

Section B.1.4 Centers for Independent Living

Texas has 27 Centers for Independent Living (CILs) as defined by the Rehabilitation Act of 1973 that are administratively attached to the Texas Department of Assistive and Rehabilitative Services, one of the five HHS agencies. The current structure is not statewide and covers 163 of the state's 254 counties.

CILs provide information, referral and support for individuals with disabilities to maintain their independence and live in the most integrated setting. CILs provide a number of core services, including

independent living skills training; peer counseling/support; information and referral and individual and systems advocacy.

In addition to these services, many CILs have state and local contracts to provide other community services such as relocation services to allow individuals to relocate to the community from a NF. While CILs perform no formal Medicaid eligibility function through their core services, they are an important part of the information and referral system both in their CIL function and as part of the ADRC.

Section B.2 Eligibility Determination

Section B.2.1 Financial Assessments and Eligibility Determinations

HHSC conducts financial eligibility determinations for all Texas Medicaid programs. DADS conducts financial eligibility determinations for non-Medicaid community services and supports funded through Title XX and general revenue funded services. There are no financial eligibility criteria for Title III services.

Section B.2.2 Functional Assessments and Eligibility Determinations

Table 1 includes basic information about functional eligibility requirements for Medicaid LTSS programs. Appendix B includes a detailed description of the functional eligibility process across LTSS programs.

Table 1. Medicaid Functional Eligibility by Program

Programs	Functional Eligibility
Nursing Facility Community Based Alternatives (CBA) STAR+PLUS Medically Dependent Children Program (MDCP) Program of All-Inclusive Care for the Elderly (PACE)	Medical Necessity, the functional determination that an individual requires the services (supervision, assessment, planning, and intervention) of a licensed nurse on a regular basis
Home and Community-based Services (HCS) Texas Home Living (TxHmL)	Psychologist’s determination of an Intelligence Quotient of 75 or below
Community Living Assistance and Support Services (CLASS)	Physician’s diagnosis of a related condition
Deaf-Blind with Multiple Disabilities (DBMD)	DADS determines functional eligibility based on provider’s assessment and other screening instruments. Also requires physician statement certifying diagnosis.
Primary Home Care (PHC) Community Attendant Services (CAS)	Physician statement certifying a medical need resulting in a functional limitation based on activities of daily living
Day Activity and Health Services (DAHS)	A physician’s order certifying a medical diagnosis and the need for skilled services
Inpatient psychiatric care Youth Empowerment Services (YES)	Serious functional impairment as a result of severe psychiatric symptoms
DSHS mental health programs	Current diagnosis by licensed practitioner of the healing arts of severe mental illness plus functional impairment
DSHS licensed substance abuse programs	Substance abuse or dependence according to Diagnostic and Statistical Manual Criteria

Section B.3 Core Standardized Assessment

Section B.3.1 Level 1 Screen

A “Level 1 screen” is a self-screening assessment to help individuals understand the services for which they might qualify. Currently, Texas does not have a statewide Level 1 screen for LTSS. The nearest approximation to a Level 1 screen is the paper-based intake form ADRCs use as an initial screen to determine which programs to recommend.

However, the Self-Service Portal available on YourTexasBenefits.com, which offers a Medicaid pre-screening instrument, could be modified to serve as the BIP Level 1 screen. Although the portal facilitates access to the DADS front doors, it provides limited information about LTSS and mental health services. Currently, the Self-Service Portal includes the following features:

- **New applicants:** the Medicaid financial application is automatically populated with information from the pre-screening instrument.
- **Current Medicaid clients:** portal users can view case details, change contact information, print temporary Medicaid identification cards, and allow for documents to be uploaded by CBOs participating in the Community Partner Program described previously in Section B.1.1.1.

Planned Self-Service Portal enhancements include allowing individuals to report additional application changes and allowing current or former clients to submit a new application. Additional features under consideration include allowing individuals to submit redeterminations and view correspondence online, via e-mail or via text communication; integrating with third-party applications; uploading more documents; and adding online chat functionality.

DADS and HHSC will examine the feasibility of modifying or enhancing the Self-Service Portal to serve as the BIP Level 1 screen. Modifications likely needed to meet BIP requirements include adding telephone and in-person screening capabilities and providing additional information about LTSS and mental health services. Alternatively, the state could develop a new Level 1 screen and make it available through the Self-Service Portal and other mechanisms.

Section B.3.2 Level 2 Assessment

A “Level 2 Assessment” is a comprehensive assessment the state uses to determine individuals’ eligibility for services. Texas does not have a single assessment instrument for all community-based LTSS programs. Instead, the state uses separate functional assessment instruments to determine eligibility, identify support needs and inform service planning for individuals with physical disabilities, IDD, mental illness and substance use disorders. In addition to these assessment instruments, the state uses a number of other instruments to capture more specific information.

Appendix C includes all assessment instruments across LTSS programs and the required domains for these assessment instruments. While the state’s LTSS assessment instruments collect most of the domains required under the BIP, some gaps exist (e.g., relating to employment, money management and transportation), and certain forms must be modified to ensure collection of all required domains.

The HHS agencies will analyze current assessment instruments and processes to ensure instruments are easy to use, eligibility and level of need are accurately determined and the instruments inform the service planning process.

Section B.4 Case Management

Case management services vary by program. Table 2 includes information about each LTSS program’s case management activities in relation to the program’s eligibility determination process. The HHS agencies will work with the Centers for Medicare and Medicaid Services (CMS) to ensure the state’s case management activities are conflict free and satisfy all BIP requirements.

Table 2. Case management and Functional Eligibility Determination by Program

Waiver/State Plan Program	Case Management Provider	Entity that Determines Functional Eligibility	Direct Service Provider	Entity that Conducts Utilization Review	Additional Information
Community Attendant Services (CAS)	DADS	DADS	Home health agency ⁴	DADS	
Community Based Alternatives (CBA)	DADS	Home health agency completes assessment, Medicaid claims administrator makes final determination	Home health agency	DADS	DADS has final approval on program enrollment and level of service.
Community Living Assistance and Support Services (CLASS)	Contracted case management agency	Home health agency completes assessment, DADS authorizes	Home health agency	DADS	DADS has final approval on program enrollment and level of service.
Community Mental Health Services	LMHA	LMHA	Provider agency; LMHA when DSHS is unable to contract ⁵	LMHA	
Deaf/Blind Multiple Disabilities (DBMD)	Provider agency	Provider agency (home health agency or assisted living facility) completes assessment, DADS authorizes	Provider agency	DADS	DADS has final approval on program enrollment and level of service.

⁴ Throughout this application, DADS-licensed home and community support services agencies are referred to as “home health agencies.”

⁵ Texas law requires LMHAs to contract out other behavioral health services whenever possible. At this time, not all services are contracted with external providers. However, DSHS tracks LMHAs’ progress toward achieving that goal.

Waiver/State Plan Program	Case Management Provider	Entity that Determines Functional Eligibility	Direct Service Provider	Entity that Conducts Utilization Review	Additional Information
Home and Community-based Services (HCS) and Texas Home Living (TxHmL)	LA	LA completes assessment, DADS authorizes	Provider agency (some LAs are also provider agencies ⁶)	DADS	DADS has final approval on program enrollment and level of service.
Medically Dependent Children Program (MDCP)	DADS	DADS, Medicaid claims administrator makes final decision	Home health agency or DADS contracted provider	DADS	
Primary Home Care (PHC)	DADS	DADS	Home health agency	DADS	
Program of All-Inclusive Care for the Elderly	PACE organization	PACE organization completes assessment, Medicaid claims administrator makes final decision	PACE organization or their contracted entities	DADS	
Personal Care Services (PCS)	DSHS	DSHS	Home health agency	N/A	DSHS has final approval on service plans.
STAR+PLUS	MCO service coordinators	MCO makes determination; DADS authorizes services	MCO provider network	MCO/HHSC	HHSC has final approval. Certain functions delegated to DADS.
Substance Use Disorder Services	Licensed chemical dependency treatment program	Licensed chemical dependency treatment program	Licensed chemical dependency treatment program	Medicaid claims administrator or MCO	
Youth Empowerment Services (YES) Waiver	LMHA ⁷	DSHS	LMHA/other provider	DSHS	DSHS has final approval on service plans.

⁶ DADS has final approval on service plans. If serving as a provider, LA is required to have separate administrative, management and fiscal structures for its provider functions and LA functions.

⁷ LMHAs provide case management but cannot serve as a waiver provider unless there are no other provider options.

Section B.5 Strengths in the Current System

Texas's LTSS information and referral, eligibility determination, core assessment, and case management practices already include many elements required under the BIP.

Section B.5.1 Information and Referral

Texas offers a statewide 2-1-1 service that is available 24 hours a day, seven days a week to connect individuals to needed services. In addition, DADS operates a toll-free number for access to Texas AAAs. Individuals seeking information about Older Americans Act services are automatically routed to their local AAA. Out-of-state calls are answered by DADS staff who provide information and referral to the appropriate local AAA. DADS will leverage this existing technology to fulfill the BIP toll-free number requirement for the state's "no wrong door" system.

In addition to 2-1-1 Texas and the AAA hotline, the state's expanding ADRC system offers individuals a single entry point for LTSS information and referral. In recent years, the ADRC program has evolved significantly. Individual ADRCs are customized to reflect the communities in which they are established. In addition, through the MFP Demonstration, ADRCs have added staff to serve as housing navigators and options counselors for individuals transitioning from NFs. A workgroup is currently developing statewide standards and training for options counselors. Texas is well-poised to further expand the ADRC program to meet the requirements of the BIP.

Section B.5.2 Eligibility Determination

Through the automated Self-Service Portal, individuals can apply for benefits online. In addition, an innovative Community Partner Program helps individuals apply for benefits using the Self-Service Portal. Finally, managed care expansion is alleviating wait times for many individuals because individuals at the SSI level of income receive services without first registering on a wait list.

Section B.5.3 Core Assessment

Existing functional assessment instruments already include a majority of the information the BIP requires about individuals' needs in order to accurately determine eligibility and level of need, and to design individual plans of care.

Section B.5.4 Case Management

In most programs, the entities that conduct eligibility determinations and provide case management are wholly independent of the entities that provide direct services. In the few programs in which the service provider also provides some case management, firewalls completely separate the entity's provider function from its case management function to eliminate potential conflicts of interest. In addition to these safeguards, state HHS agencies monitor providers and conduct utilization review activities to ensure individuals receive the exact level of services and supports they need. Finally, individuals denied eligibility for services have a right to appeal.

Section B.6 Challenges in the Current System

With 254 counties containing more than 25.6 million people and encompassing more than 261,000 square miles, Texas is a large state geographically, in both population and cultural diversity. The state is

divided into 11 HHS administrative regions and five specialized HHS operating agencies. These facts alone result in challenges with consistency and coordination and difficulty for the individual navigating a complex system. While Texas has many resources, challenges persist relating to service delivery, transportation, resources, housing and connectivity in vast areas of the state.

Section B.6.1 Front Door Fragmentation

The state has made great progress reducing fragmentation through state agency consolidation. However, considering all the front doors described previously in this application, the biggest ongoing challenges include:

- a lack of service integration and coordination between the front doors and the state agencies across systems and programs; and
- the provision of an integrated service package to support an increase in the number of individuals with a dual and sometimes triple diagnosis (e.g., behavioral health needs and physical disabilities and/or IDD).

Additional collaboration is needed among local agencies that historically have had little interaction with one another (e.g., AAAs and LAs). Collectively, these issues contribute to a LTSS system that can be difficult to navigate. This difficulty can be compounded in rural areas lacking an ADRC, a Center for Independent Living or other community-based organization to establish partnerships with local organizations and agencies.

Section B.6.2 Challenges in the Texas ADRC Program

The state's vision is for ADRCs to integrate the front doors and collectively operate as a true single entry point for individuals accessing LTSS. However, at this time, they primarily operate as an enhanced information and referral agency. In addition, ADRCs are unable to provide information and referral services for STAR+PLUS, behavioral health services, or housing. Along with these limitations, there are few statewide minimum standards for ADRCs. Finally, some communities might have difficulty ramping up and ensuring adequate infrastructure to establish an ADRC.

Additional challenges related to Texas's ADRC program include:

- lack of a coordinated strategy to achieve long-term sustainability;
- uneven readiness of some ADRCs to achieve "fully functional" status;
- historical lack of coordination among certain LTSS agencies;
- lack of coordinated information technology systems linking financial and functional eligibility determinations; and
- lack of funding.

Section B.6.3 Information Systems

As mentioned previously, the lack of coordinated information technology systems linking financial and functional eligibility determinations presents a significant challenge.

Section B.6.3.1 DADS and HHSC

DADS front door agency staff cannot access the financial eligibility systems to track an individual's financial eligibility. This creates at least one additional step for individuals seeking services. In recent years, HHSC and DADS have made substantial progress aligning the timing of eligibility determinations to ensure faster access to services. However, additional system enhancements are needed to further streamline and simplify the individual's experience and allow for easy tracking of an individual across programs and agencies.

Additional statewide challenges include ensuring data collection, efficient management systems and coordinated financial and functional eligibility activities. These statewide challenges are compounded at the local level, as ADRCs and other community partners currently lack adequate, compatible IT systems.

Section B.6.3.2 DSHS

The major challenge for the behavioral health data system is integrating information within DSHS, across inpatient and community-based systems and across the other HHS agency systems.

DSHS has developed and implemented an automated, web-based clinical record-keeping system currently used by community-based substance abuse service providers. In the near future, this system will also include community mental health data. The resulting system will improve coordination between behavioral health and community-based LTSS through an integrated reporting system and electronic health records.

Section B.6.3.3 Health and Human Services Overall System

State psychiatric facilities and public ICFs use an online clinical management system separate from the community behavioral health clinical record-keeping system. Because these systems are not connected, service planning activities are uncoordinated and individuals with severe mental illness can cycle through psychiatric hospitals, public ICFs, NFs and other institutional settings. Improved integration between the clinical management systems of state facilities and community behavioral health providers would facilitate discharge planning and continuity of service planning and delivery.

In addition, overall state LTSS intake systems do not integrate behavioral health screening and referral. Providing a mechanism for non-DSHS contractors, such as ADRCs, to access a simple mental health/substance abuse screening and referral instrument would facilitate a more integrated "no wrong door" system for LTSS clients.

Section B.6.4 Behavioral Health

Historically, mental health and substance use disorder services have been considered public health services distinct from LTSS. However, many individuals receiving LTSS also have co-occurring mental health or substance use disorder treatment needs. A truly rebalanced LTSS system should incorporate behavioral health supports within its service array.

Section B.6.4.1 Mental Health Assessment

DSHS and its stakeholders have identified the need to move to nationally standardized assessment instruments for adults and children. These instruments provide more detailed information regarding

functional, medical and other domains, which can directly inform treatment planning. In order to use the national instrument, LMHAs must update local IT systems, and the costs to do this might slow implementation.

Section B.6.4.2 Mental Health and Substance Use Disorder Peer Support

DSHS has identified priorities for improving mental health and substance abuse peer supports, including training for peers in working with LTSS populations such as people who are older and those with physical and intellectual disabilities.

Development of more substance abuse-related, peer-based Recovery Support Centers (RSCs) is needed to support recovery for people with LTSS needs. Currently, few Texas communities have RSCs, and RSCs are not educated or organized to work with LTSS populations.

Section C. NWD/SEP Partners and Roles

HHSC, DADS, DSHS and the ADRCs will all serve as NWD/SEP partners and will have varying roles.

HHSC is the single state Medicaid agency and acts as the umbrella agency for all health and human services in Texas. Key roles in the NWD/SEP system will include:

- Determining all Medicaid financial eligibility
- Administering acute and LTSS managed care
- Administering the 2-1-1 Texas system, Self-Service Portal and Community Partner Program

DADS administers LTSS programs (excluding managed care, behavioral health, and PCS) for individuals with IDD, individuals who are older and individuals with physical disabilities. DADS is also the designated state unit on aging. Key roles in the NWD/SEP system will include:

- Managing BIP implementation activities
- Administering the MFP Demonstration
- Administering the 800 number and website
- Performing functional eligibility determinations
- Expanding the number of ADRCs in order to provide statewide coverage
- Ensuring ADRCs become the true front door of a rebalanced Medicaid LTSS system

DSHS is the health and human services operating agency for behavioral health services. Key roles in the NWD/SEP system will include:

- Providing technical assistance to the state's Medicaid system (including LTSS) regarding mental health and substance abuse policies and issues, web-based functional assessment / clinical management and evidence-based practices relevant to LTSS populations
- Ensuring information is appropriately shared between agencies about clients of more than one agency, to the extent allowed under federal law
- Supporting coordination and integration of LMHA and ADRC activities, where feasible
- Providing information on mental health and substance abuse services (in collaboration with HHSC) for statewide website and ADRC system

ADRCs are the designated NWD/SEP entities. Key roles in the NWD/SEP system will include:

- Acting as the designated NWD/SEP to conduct Level 1 screenings and options counseling
- Acting as case assistant level CBOs in the Community Partner Program to help individuals track their financial Medicaid eligibility and case information

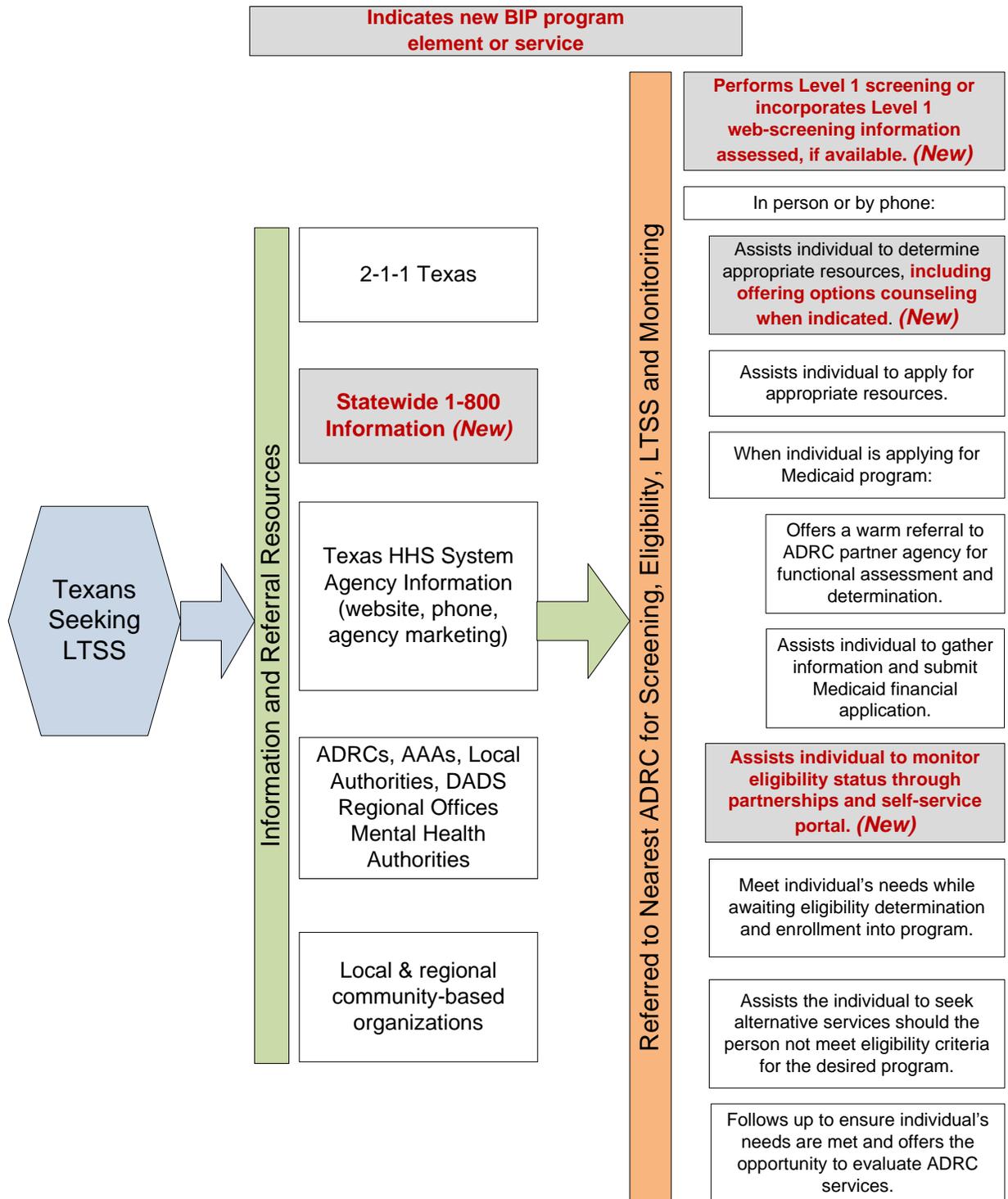
The state and/or the ADRCs could contract with other entities to serve individuals in rural or distant communities who are unable to reach a physical ADRC. These agencies would act as an extension of the ADRC.

Section D. NWD/SEP Individual Movement through the System

The following chart illustrates individuals' movement through the LTSS system:

How Texans Locate, Apply For, and Receive Long Term Services and Supports (LTSS)

After Texas Balancing Incentive Program Implementation



Section E. NWD/SEP Data Flow

Data flow varies by program. Table 3 includes detailed data flow information for each program.

Table 3. Data Flow by Program

Program	Data Flow
CBA	Home health agency conducts assessment to determine service needs. Medicaid claims administrator makes final eligibility determination. DADS has final approval on program enrollment and level of service.
CLASS	Home health agency manually submits assessment data to DADS using a paper form. DADS determines functional eligibility and manually enters data from paper form into a web-based database to track eligibility and individual service plans.
Community-based substance abuse services	DSHS substance abuse contractors enter data into a web-based system, which includes functional, clinical and financial assessment data.
Community-based mental health services	LMHAs send data to DSHS through automated systems. In NorthSTAR, a behavioral health managed care program that serves Dallas and surrounding counties, network providers fax data to the Behavioral Health Organization, which uses automated systems to determine eligibility and enroll individuals.
DAHS	DADS conducts assessments either by telephone or face-to-face to determine service needs. DADS manually enters data from paper forms into IT system. DADS has final approval on program enrollment and level of service.
DBMD	Provider manually submits assessment data to DADS using a paper form. DADS determines functional eligibility and manually enters data from paper form into a web-based database to track eligibility and individual service plans.
HCS and TxHmL	Provider manually enters data from paper forms into IT system. Functional eligibility is automatically verified. If there are questions, DADS collects additional information by fax machine to determine functional eligibility and level of need.
MDCP	DADS conducts paper-based interviews and assessment to determine service needs, then enters data into a web portal which populates another IT system that determines individual's resource utilization group (RUG). The Medicaid claims administrator reviews the assessment and determines medical necessity for the program.
PACE	Provider conducts paper-based assessment to determine individual's service needs. Assessment data are entered into an online portal that determines an individual's RUG. The Medicaid claims administrator reviews the assessment and determines medical necessity for the program.
PCS	DSHS conducts interviews and assessment to determine service needs. DSHS makes final eligibility determination and has final approval on program enrollment and level of service.
PHC and CAS	DADS conducts assessment to determine service needs and manually enters data from paper forms into IT system. DADS has final approval on program enrollment and level of service.
STAR+PLUS	DADS STAR+PLUS Support Units coordinate activities between HHSC, DADS, and the STAR+PLUS MCO.
YES waiver	Provider sends plan of service and claims data to DSHS via secure internet connection. DSHS processes data and transmits data elements to IT system.

Section F. Potential Automation of Initial Assessment

As mentioned in Section B.3.1, Texas does not have a statewide Level 1 screen for LTSS, as required by the BIP. Historically, DADS gave ADRCs local control over their selection and development of software packages and assessment processes. As a result, not all ADRCs have the same software and assessment processes. DADS will develop a Level 1 screen based on the Self-Service Portal and individual ADRCs' current assessment processes. Automation of the Level 1 screen would not take place until after the assessment instrument is created.

The HHS system is procuring an evaluation of all DADS and HHSC LTSS and eligibility IT systems (hereinafter termed "IT Evaluation"), including an analysis of current automation infrastructure, eligibility processes, software needs, assessment systems and case management systems. The IT evaluation will identify all necessary systems modifications to comply with BIP requirements. The timing of the IT Evaluation will inform the state's BIP work plan, which is due six months after submission of this application.

While Texas will leverage all available funding mechanisms, including BIP and MFP Demonstration funding, IT systems enhancements typically take longer than expected. This might present a challenge, considering the limited time period under which the BIP structural requirements must be implemented.

In addition, the state must ensure that any IT systems enhancements are sufficiently flexible to respond to future legislative direction and to add DSHS eligibility and assessment systems to the existing platform.

Section G. Potential Automation of Core Standardized Assessment

The IT Evaluation discussed in Section F should help the state identify opportunities to automate existing core standardized assessment instruments.

DADS efforts to automate DADS functional assessments and plans of care predate the BIP announcement. DADS has been working on a project to consolidate current IT systems' service authorization and claims payment functionality into a single authorization system for all DADS Medicaid LTSS programs. The first phase of the project is expected to be complete in November 2012 and will include the transition of several programs' assessments, individual plans of care and data to the new system. Phase two, scheduled to roll out in June 2013, will include the automation of many manual processes in various DADS programs. In addition to this project, DADS will explore opportunities to use laptop or tablet computers to collect information electronically and download it to the automated eligibility systems.

Potential challenges to automating existing functional assessment instruments include policy decisions about whether to modify existing instruments or to develop a single comprehensive instrument. Ongoing state policy discussions about reforming the state's LTSS system to operate in a more streamlined and efficient manner will inform future assessment development, procurement and automation.

If the state chooses to develop a single assessment instrument, the greater challenge will be determining whether one is available or whether the state must develop a new instrument. The advantages of a single assessment instrument are compelling. Using one instrument to track an individual as he or she moves throughout the LTSS system should result in greater efficiency and higher quality service. However, in 2000, Texas attempted to create a single assessment instrument. Despite considerable efforts and resources, it became difficult to validate the designed instrument. An evaluation concluded that the instrument resulted in inconsistent assessments of individuals' needs and inefficient allocation of scarce program resources.

Section H. Incorporation of a Core Standardized Assessment in the Eligibility Determination Process

As discussed throughout this application, Texas relies mainly on paper-based assessments to determine functional eligibility for LTSS. As a result of the IT Evaluation described in Section F and the BIP funding, the state will explore opportunities to improve current assessment and eligibility determination processes, including automation, streamlining and simplifying the functional eligibility determination process. Challenges associated with adopting a single core standardized assessment are discussed in Section G of this application.

Section I. Staff Qualifications and Training

Required staff qualifications and training to administer functional assessments vary by program. Table 4 describes the professional qualifications required for individuals administering an assessment.

Table 4. Required Qualifications for Administering Assessments

Program	Assessment administered by
ICF waivers	Psychologist, Registered Nurse or Qualified Intellectual Disability Professional with annual training on completing the assessment instruments (training provided by DADS in conference setting)
NF waivers	DADS Registered Nurse or a home health agency's Registered Nurse with additional training every two years specific to the assessment instrument (training provided online by university under contract with HHSC)
Community state plan services	Physician
Substance abuse programs	Qualified Credentialed Counselor with additional training in automated assessment (training provided by DSHS)
Mental health community programs	Qualified Mental Health Professional

Section J. Location of SEP Agencies

Ten of the 11 Texas health and human service delivery regions have at least one ADRC. Based on recent estimates, approximately 72 percent of Medicaid enrollees live in a county within an existing ADRC region. In 2012, two new ADRCs began operating using MFP Demonstration funding. To ensure statewide coverage, preliminary plans for ADRC expansion include:

- Many ADRCs will expand their service areas to encompass the entire AAA region in which they are located.
- Subject to population analysis, new ADRCs will be established in AAA regions currently lacking an ADRC to ensure every Texas county is covered by an ADRC.
- When needed, ADRCs will contract with other community organizations to provide services within their regions to individuals unable to physically access an ADRC, such as a CIL, faith-based organization, or non-profit.

Since the Texas ADRC initiative began in 2006, it has grown from three sites to 14, resulting in varying degrees of development among the ADRCs as they work toward becoming “fully functional” as defined by the ACL. Texas recently underwent an assessment to determine the extent to which ADRCs have met ACL’s fully functional criteria. Preliminary results indicate the state is meeting criteria in 18 of 30 domains; partially meeting criteria in 10 domains; and needs significant improvement in two domains. The two domains needing significant improvement include:

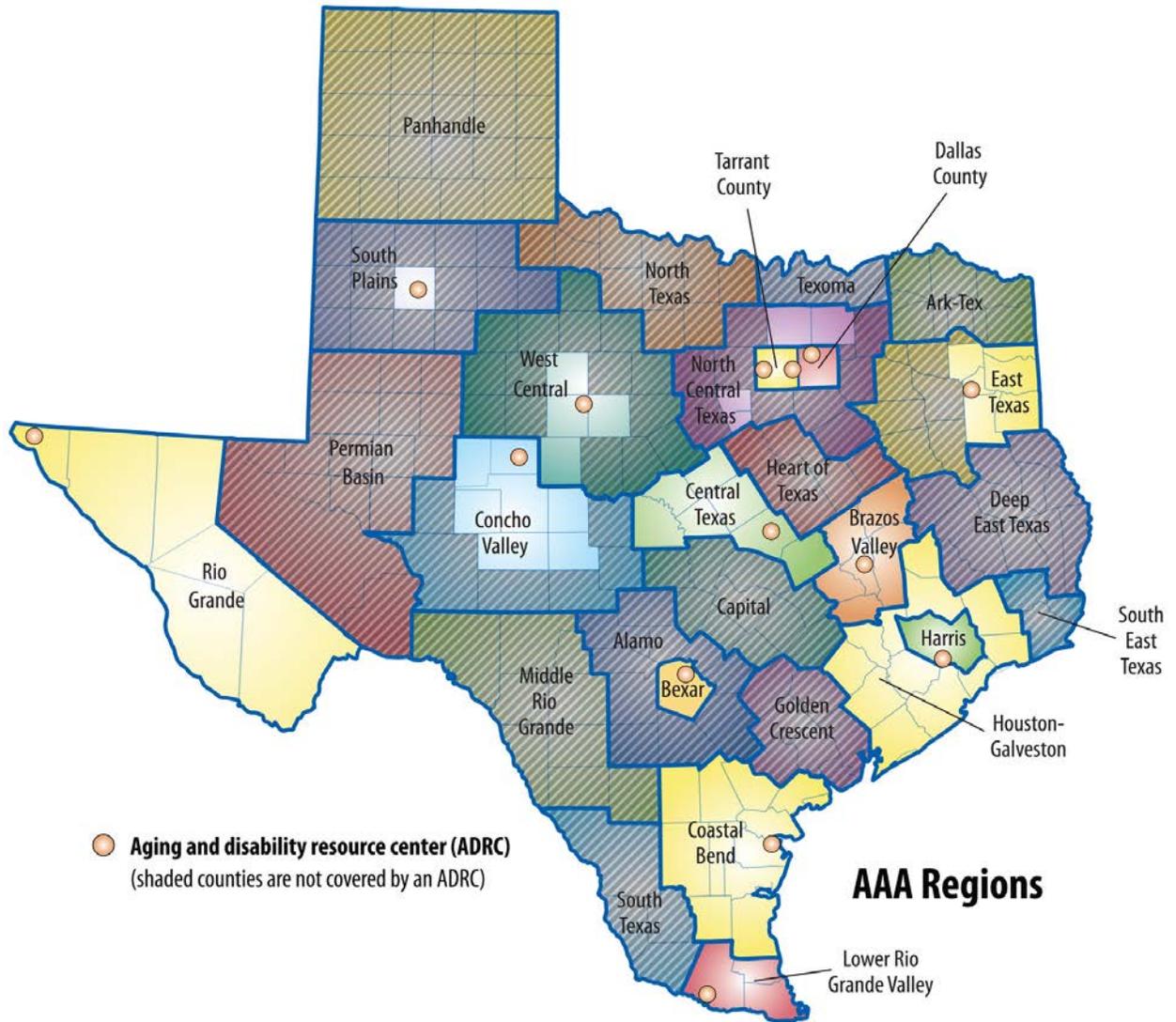
- overall coordination and integration - related to eligibility determination processes; and
- performance tracking at the state level - related to the ADRCs’ lack of data collection and analysis to demonstrate how they affect eligibility determination timelines, enrollment in home and community-based versus institutional services, and costs.

The state’s size and demographics might prohibit the possibility of there being a fully functional ADRC within the physical proximity of every Texan. However, Texas will develop an alternative plan to ensure comprehensive, statewide coverage. When face-to-face contact is impossible, the virtual system and the 1-800 hotline will be available.

In addition to the state’s size and demographics, transportation poses a substantial challenge to individuals seeking access to the state’s SEP agencies. Texas faces significant challenges related to its multiple transportation systems, especially in vast rural areas, but also in expansive urban and suburban areas where public transportation is not readily available. There are few comprehensive mass transportation systems in Texas, although some urban areas are developing them (e.g., light rail; extensive bus coverage). HHSC administers a Medical Transportation Program to take Medicaid enrollees to doctors and other necessary medical appointments, but it is not available to individuals needing to travel to an ADRC.

The state will need to work with local governments, community-based organizations, faith-based organizations and other for-profit and not-for-profit organizations to coordinate and meet the

transportation needs of the individuals seeking and receiving services through ADRCs. The following map illustrates the current ADRC locations within the AAA regions.



Section K. Outreach and Advertising

Section K.1 Current Activities

The HHS system provides continuing education and training to community partners and other organizations regarding available resources, person-centered planning, options counseling, benefits counseling and disease-specific programs. Local media also publicize available services.

Information about LTSS front doors is available to individuals through 2-1-1 Texas. In addition, all Texas ADRCs are required to develop their own websites as a point of access and to increase public awareness of ADRC services and community resources.

As required by the federal grants that support ADRCs, all ADRCs have developed print materials and created plans for their dissemination. Examples include:

- using electronic messaging for news and resource dissemination.
- creating a “First Aid Kit” for hospital discharge planners, with a list of ADRC resources available in the community. The kit allows hospital staff to present patients with an array of choices for transitioning from the hospital back to the community.
- providing target populations (e.g., Korean, Vietnamese, and Indian communities) information about available community resources and system navigation.

Section K.2 Future Activities

The HHS agencies will work with ADRCs, the ADRC Advisory Committee, the Promoting Independence Advisory Committee, the MFP Demonstration Advisory Committee, Aging Texas Well and other stakeholders to implement a statewide campaign to increase awareness of ADRCs as the main source of information about and access to LTSS in Texas. The state also will launch a major campaign to advertise the ADRCs’ enhanced role as the state’s NWD/SEP. In addition to these planned activities, HHSC is developing outreach materials to further increase public awareness and education about self-service opportunities on YourTexasBenefits.com.

Section L. Funding Plan

The HHS agencies will work with CMS and the state Legislature to leverage MFP Demonstration funding and BIP funding to make all required structural changes, including:

- Increasing access to Medicaid community LTSS
- Ensuring statewide, coordinated ADRC coverage
- Developing a Level 1 screen
- Modifying existing assessment instruments or developing a new Level 2 Assessment
- Implementing necessary IT systems enhancements based on the IT Evaluation

Texas is also considering the following rebalancing activities:

- Developing electronic person-centered life records (including health records) for individuals with IDD to help ensure appropriate community placements and services are provided and allow for more efficient service planning, enhanced monitoring of services and prevention of duplication
- Establishing regional Crisis Intervention Teams to help individuals with IDD and a co-occurring mental illness avoid institutional placement by providing:
 - in-home crisis intervention and triage;
 - training to family and staff;
 - behavioral supports; and
 - nursing assessments.

Section M. Challenges

Section B of this application describes challenges in the state's current LTSS system that can be overcome or mitigated by executing the work plan and ultimately implementing the BIP required structural changes. However, the state will face ongoing challenges to fully accomplishing a rebalanced LTSS system, relating to the state's vast size and growing population, budget constraints and housing and transportation issues.

Section M.1 Size and Population

Texas is a large, populous, and diverse state. Projections indicate that by 2040, Texas will likely experience a 70 percent increase in total population and a 154 percent increase in the number of Texans who are age 60 or older. While Texas has many resources, challenges persist relating to service delivery, transportation, resources, housing and internet connectivity in vast areas of the state. The state's population is concentrated along two major interstate corridors (IH 35 and IH 10). The remainder of the state is rural, which presents significant challenges. Additionally, rural areas often lack providers with advanced training to serve individuals with complex needs, and it is difficult to find direct service workers willing to drive long distances when they are often paid a minimum wage.

Section M.2 Budget Constraints

Texas is the fastest growing state in the nation and, like many other states, it has limited resources to ensure a sustainable LTSS system for the future. The exponential growth in the state's population, including a growing number of individuals with disabilities and those who are older, presents its own budgetary and resource challenges. The state maintains long wait lists for many of its LTSS programs, as demand almost always exceeds available resources. The state's mental health system is funded 50th per capita among state mental health systems, and resources are severely constrained, especially for medically indigent populations.

Section M.3 Affordable, Accessible, Integrated Housing

Affordable, accessible and integrated housing for individuals with disabilities is fundamental to community-based living. Texas ranks 7th in the nation for individuals living below the federal poverty level, with 18.4 percent of the state's population living in households/families with incomes below the poverty level, and limited state funds are appropriated to support housing for individuals at the SSI level of income.

U.S. Department of Housing and Urban Development (HUD) Section 8 vouchers for individuals under age 62 have been limited for many years and are even more limited for individuals over age 62. Low-Income Tax Credit programs are usually targeted for individuals up to 80 percent of average median income, while individuals receiving Medicaid LTSS are between 17 percent to 30 percent average median income. Issues with affordable, accessible and integrated housing will persist until a sufficient number of Section 8 housing vouchers and targeted Low-Income Tax Credit programs are available for individuals at the SSI level of income.

In addition, coordination of HUD and other federal housing funds is lacking in Texas. The Texas Department of Housing and Community Affairs is the housing financing agency and also serves as a public housing authority for rural areas. However, more than 470 other public housing authorities in Texas serve discrete urban and suburban areas.

Absent a substantial infusion of federal funds, housing issues will continue to affect the state's ability to achieve a truly rebalanced LTSS system.

Section M.4 Transportation

Like housing, transportation is fundamental for individuals with disabilities to live in the community. While Texas has a variety of transportation systems and programs, the state faces a major challenge in ensuring all its citizens have access to a comprehensive public transit system. Local communities have achieved varying levels of success in addressing transportation issues. El Paso's ADRC is a leader in providing and coordinating transportation, even changing its name to "ADTRC" to highlight its involvement in transportation issues. However, this initiative is an exception, and many Texans have limited access to public transport. Transportation issues also affect direct care workers who need transportation to and from the homes of individuals needing community-based LTSS.

Section M.5 Other Issues

Additional challenges to fully rebalancing the state's LTSS system include:

- An aging baby boomer population creating increased need
- Inadequate direct care workforce to provide community-based LTSS to an increasing population
- Lack of a statewide provider base skilled in serving individuals with dual diagnoses and/or complex needs, or willing to serve individuals with complex needs
- Shortage of mental and behavioral health supports
- Institutional bias regarding community-based LTSS choice of care setting
- Lack of employment opportunities for individuals with physical disabilities or IDD
- Legal guardians' understanding and support of community placements
- Increasing numbers of individuals with dementia, Alzheimer's disease, traumatic brain injury and acquired brain injury.
- Balancing health and welfare concerns with person-centered planning and living in the most integrated setting
- Transformation of state's service system from fee-for-service to managed care
- Flexibility of federal requirements
- Incorporating innovative and meaningful technologies/telehealth
- Difficulty relocating individuals who have resided in institutional settings for a long period of time
- Personal fears of living alone
- Loss of community supports/spousal support
- Inconsistent caregiving and lack of caregiver knowledge and resources

Section N. NWD/SEP's Effect on Rebalancing

Enhancing the state's ADRC program by increasing the number and coverage areas of ADRCs, requiring all ADRCs to achieve fully functional status, and better integrating the state's functional and financial eligibility processes will facilitate access to Medicaid community LTSS and accomplish the following goals:

- Accessing any of the front doors, individuals can go to one place to apply for Medicaid services and will not be required to provide personal information multiple times. This person-centered process will reduce individuals' stress and frustration and simplify the process by which they access needed services. It should also result in providing only those services that are actually needed and wanted.
- Creating a LTSS Level 1 screen will help individuals easily determine what Medicaid services are potentially available and educate ADRC staff about the individual's needs, making the process of Medicaid eligibility determination and program enrollment more efficient and the individual more knowledgeable about what programs and services they might qualify for.
- Creating a robust, coordinated information and assessment process will ensure that individuals:
 - receive information about all available programs and services and how to apply for services;
 - are assessed using instruments that yield consistent and reliable results across the state; and
 - receive the services they need.
- Comprehensively addressing the LTSS needs of individuals and families (including caregivers) upon their entry into the LTSS system might prevent more complex and costly needs later.
- Enhancing technological systems will greatly increase the efficiency of program administration and reduce duplication of staff effort and time.

Section O. Other Balancing Initiatives

Texas has undertaken a number of successful rebalancing initiatives as a result of the U.S. Supreme Court's *Olmstead* decision and the Promoting Independence Initiative, the state's response to *Olmstead*. Recent activities include establishing a successful MFP Demonstration program and increasing appropriations for Medicaid HCBS waiver programs, including funding targeted waiver slots for certain populations (e.g., individuals at risk of institutionalization, children in a NF or ICF).

In addition to these rebalancing activities, the state has increased access to community-based LTSS by establishing a network of 14 ADRCs, which, along with other Texas partners, participate in a variety of programs, including:

- Community Living Program
- Veteran-Directed Home and Community-Based Services
- Care Transitions Intervention and Community Care Transitions Program
- Chronic Disease Self-Management
- Lifespan Respite Care Program, Texas Respite Coordination Center, www.taketimetexas.org
- Amy Young Barrier Removal Program (housing barrier removal)
- ADRC housing navigation funded under the MFP Demonstration
- ADRC benefits counseling for individuals identified under the Minimum Data Set 3.0 Section Q for relocation from a NF funded through MFP Demonstration

The Texas Legislature and state leadership also have demonstrated their ongoing commitment to increasing quality and access to LTSS in a cost-effective manner by:

- establishing a Medicaid Reform Waiver Legislative Oversight Committee to oversee HHSC's development of a Medicaid reform waiver that "allow[s] for the redesign of long-term care services and supports to increase access to patient-centered care in the most cost-effective manner."
- directing the Texas Senate Health and Human Services Committee to identify strategies to improve quality, increase access to LTSS, and lower costs.
- working with the HHS agencies to develop a proposal to redesign the LTSS system for individuals with IDD in an effort to improve quality and access to services, enhance coordination of acute and LTSS and contain costs.
- expanding managed care to allow individuals enrolled in SSI to receive services immediately without first registering on a wait list.
- supporting the newly implemented Medicaid 1115 Transformation waiver, including the provision to develop regional networks to enhance community living.

Texas has a strong institutional relocation program that includes:

- Leveraging MFP funding with other programs to increase individuals' access to HCBS.
- Original MFP and Expedited Access program for individuals with IDD
- MFP Demonstration which:
 - allows individuals to relocate from institutions into the community without first registering on a wait list
 - provides relocation contractor support for individuals leaving NFs and state-operated ICFs
 - provides IT support to develop necessary data and reporting systems
 - funds an IDD community living program specialist and a direct service workforce specialist
 - funds ADRC enhancements listed previously in this section
 - includes the Behavioral Health Pilot which integrates specialized behavioral health services into community-based LTSS and provides specialized training for LMHAs and others
 - includes voluntary closure of nine- or more-bed private ICFs
 - funds development of a Quality Improvement Section

Finally, the state has increased the quality of LTSS by establishing the Mental Health Transformation Workgroup, a partnership of 14 public agencies, individuals, family members and representatives of the Texas Legislature. Through this partnership, DSHS has leveraged existing interagency initiatives involving LTSS, criminal justice, juvenile justice, rehabilitation services and early intervention to better meet the needs of individuals with mental illness.

Section P. Technical Assistance

The state will likely contact CMS following submission of the BIP application for guidance when:

- Completing the final work plan
- Creating and automating a Level 1 screen
- Evaluating the current Level 2 Assessment instruments and their potential automation
- Working with the vendor to ensure the IT evaluation described in Section F provides valuable information enabling the state to develop an IT “roadmap” to achieve compliance with the BIP NWD/SEP and core standardized assessment requirements
- Modifying case management processes (if needed)
- Ensuring rebalancing goals and milestones appropriately incorporate the mental health and managed care systems
- Ensuring all quarterly reports satisfy CMS requirements
- Leveraging the MFP Demonstration with BIP

Section Q. Stakeholder Involvement

Texas has a strong and active advocacy community. The state will leverage existing advisory committees to oversee and inform ongoing BIP activities including the work plan. In preparation for the development of this application, the state held several public meetings to provide stakeholders information about the BIP grant opportunity and a forum to provide their input.

These stakeholder meetings included presentations to the Promoting Independence Advisory Committee (which oversees Texas's response to the Olmstead decision); Money Follows the Person Demonstration Advisory Committee; and ADRC Advisory Committee (see Appendix D for membership). DADS also held a public hearing open to all interested stakeholders.

The Money Follows the Person Demonstration Advisory Committee will be the primary committee to solicit stakeholder involvement. This committee's involvement will help guarantee both MFP and BIP funds are leveraged and ensure Demonstration and BIP initiatives are integrated. In addition, the Money Follows the Person Demonstration Advisory Committee's name will change to reflect its involvement in both the Demonstration and the BIP.

Additionally, DADS established a BIP website which may be found at: www.dads.state.tx.us/providers/pi/bip/index.html. Included in the website is a template stakeholders can use to submit ideas on how to use BIP funding and a dedicated email address to send ideas, recommendations, and questions.

Proposed Budget

Texas is requesting the additional two percent enhanced Federal Medical Assistance Percentages offered under the BIP to implement the required structural and programmatic changes and rebalance the state's LTSS system.

The state will identify all activities required to satisfy the BIP requirements in two phases. The first phase occurred during development of this application. These activities include:

- improving existing assessment and eligibility determination processes by coordinating financial and functional eligibility systems;
- enabling real time information sharing, simplifying the eligibility determination process and ensuring service planning activities are coordinated;
- expanding the number and functionality of ADRCs to ensure statewide coverage;
- ensuring separation between entities that conduct eligibility determinations and case management and entities that provide direct services (through firewalls, state agency monitoring, and due process activities);
- developing a Level 1 screen based on the HHSC Self-Service Portal available on YourTexasBenefits.com and the ADRCs' current assessment processes;
- enhancing telephone and in-person screening capabilities and providing additional information about LTSS and mental health services;
- modifying existing assessment instruments to ensure inclusion of all required domains;
- developing electronic person centered life histories (including health records) for individuals with IDD to ensure appropriate community placements and services are provided and allow for more efficient service planning, enhanced monitoring of services and prevention of duplication; and
- establishing Regional Crisis Intervention Teams to provide in home crisis intervention and triage; training to family and staff; behavioral supports; and nursing assessments to individuals with challenging behaviors and mental illness to avoid institutionalization.

The second phase will occur during development of the work plan and throughout the award period. HHS agencies and external stakeholders will identify additional rebalancing activities needed to increase access to community based LTSS. Throughout the work plan development and ongoing BIP implementation, the Texas Legislature and the Governor will provide leadership establishing BIP funding priorities of for the state.

Appendix E includes the Balancing Incentive Payments Program Applicant Funding Estimates form.

Acronyms

Acronym	Definition	Acronym	Definition
AAA	Area Agency on Aging	LMHA	Local Mental Health Authority
ABL	Adaptive Behavior Level	LTSS	Long-Term Services and Supports
ACL	Administration for Community Living	MCO	Managed Care Organization
ADRC	Aging and Disability Resource Center	MDCP	Medically Dependent Children Program
BIP	Balancing Incentive Program	MDS	Minimum Data Set
CAS	Community Attendant Services	MFP	Money Follows the Person
CBA	Community Based Alternatives	MN/LOC	Medical Necessity/Level of Care
CBO	Community-Based Organization	NF	Nursing Facility
CHIP	Children's Health Insurance Program	NWD	No Wrong Door
CIL	Center for Independent Living	PACE	Program of All-Inclusive Care for the Elderly
CLASS	Community Living Assistance and Support Services	PHC	Primary Home Care
CMS	Centers for Medicare and Medicaid Services	RN	Registered Nurse
CPP	Community Partner Program	RSC	Recovery Support Center
DADS	Department of Aging and Disability Services	RUG	Resource Utilization Group
DAHS	Day Activity and Health Services	SEP	Single Entry Point
DBMD	Deaf-Blind with Multiple Disabilities	SNAP	Supplemental Nutrition Assistance Program
DSHS	Department of State Health Services	SSI	Supplemental Security Income
ICF	Intermediate Care Facility for Individuals with an Intellectual Disability	TANF	Temporary Assistance for Needy Families
ID/RC	ID/Related Condition	TxHmL	Texas Home Living
IDD	Intellectual and Developmental Disabilities	YES	Youth Empowerment Services
LA	Local Authority		

Appendix A: Texas Long-Term Services and Supports

Medicaid Institutional Entitlement Programs

- Nursing facilities (NFs)
- Intermediate care facilities for individuals with ID (ICFs) – includes State Supported Living Centers
- Hospice, which may be received in a home, community or facility setting

Medicaid Community-based Entitlement Programs

- Primary Home Care (PHC)
- Community Attendant Services (CAS)
- Day Activity and Health Services (DAHS)
- Community mental health services
- Substance use disorder treatment services

State Supported Living Centers

DADS operates 13 state supported living centers throughout the state, which are certified as ICFs. State supported living centers provide residential services and supports for individuals with IDD.

Medicaid Community Services Waiver Programs

- Three waive off NF eligibility:
 - STAR+PLUS
 - Community Based Alternatives (CBA)
 - Medically Dependent Children Program (MDCP)
- Four waive off ICF eligibility:
 - Home and Community-based Services (HCS)
 - Community Living Assistance and Support Services (CLASS)
 - Deaf-Blind with Multiple Disabilities Program (DBMD)
 - Texas Home Living (TxHmL)
- One waives off inpatient psychiatric eligibility for children
 - Youth Empowerment Services (YES)
- DADS administers all LTSS waiver programs, with the exception of STAR+PLUS, which HHSC administers, and YES, which DSHS administers.
- An individual can be enrolled in only one waiver program. Legislative appropriations determine the availability of waiver services.

Other Federally Funded Services

- Services funded with other federal dollars (Services may be funded in part by general revenue.)
 - Community Services and Supports (Title XX Social Services Block Grant)
 - Adult foster care
 - Client managed personal assistance services
 - Day Activity and Health Services
 - Emergency response (electronic call system)
 - Family Care
 - Home delivered meals
 - Residential care

- Special services for persons with disabilities
- Older Americans Act Funding (Title III)
 - Access and Assistance Services
 - Nutrition Services
 - Services to Assist Independent Living
 - Services for Caregivers

State Funded Services

- State funded services
 - Guardianship Services
 - In-Home and Family Support – Community Services
 - Community Services for Persons with IDD

Program of All-Inclusive Care for the Elderly (Medicare/Medicaid)

PACE is an integrated system of care for individuals age 55 or older who qualify for NF admission. PACE uses a comprehensive care approach, providing all health-related and specialty services, including LTSS, for a capitated monthly fee. PACE currently operates in El Paso, Amarillo, and Lubbock.

Appendix B: Long-Term Services and Supports Eligibility Determination by Program

Community Attendant Services (CAS)

1. No age requirement.
2. DADS case manager conducts face-to-face in-home assessments to determine need for services.
3. DADS case manager finalizes the service plan and authorize the services.
4. Services are provided in the individual's home.

Community Based Alternatives (CBA)

1. Individual is age 21 or over.
2. DADS case managers and home health agencies conduct face-to-face in home assessments to determine need for services.
3. Home health agency conducts a medical necessity and level of care (MN/LOC) Assessment to obtain a medical necessity determination. The MN/LOC Assessment is based on the Minimum Data Set (MDS) used in the NF program.
4. State Medicaid claims administrator reviews the MN/LOC to determine medical necessity for the program and an automated algorithm calculates the Resource Utilization Group (RUG) value. The RUG establishes an individual's daily NF rate and is also the basis to determine the service plan cost limit in the waiver for each individual. The service plan cost limit is a percentage of the reimbursement rate that would have been paid for that same individual to receive NF services for a year.
5. DADS case managers finalize the individual service plan and authorize the services.
6. Services can be received in home, assisted living, or adult foster care settings.

Community Living Assistance and Support Services (CLASS)

1. No age requirement.
2. Home health agency assesses and documents programmatic eligibility to ensure individual has a primary diagnosis of a related condition, significant impairment in adaptive functioning, and an ongoing need for habilitation services.
 - ID/RC is completed by the home health agency initially and annually, and captures the following:
 - Onset of Diagnosis
 - Adaptive Behavior Level (ABL)
 - Level of Care Assigned
 - Diagnosis (Related Condition)
 - ICD-9 code of Diagnosis
 - Rating of Functional Assessment
 - Agreement by MD with diagnosis at enrollment and change of diagnosis
 - ABL Instruments Accepted by CLASS (must be completed at least every 5 years):
 - Inventory for Client and Agency Planning (ICAP) (primarily used)
 - Vineland Adaptive Behavior Scales

- Scales of Independent Behavior – Revised (second most commonly used)
 - American Association of Intellectual and Developmental Disabilities Adaptive Behavior Scales
3. Home health agency registered nurses (RNs) conduct face-to-face assessments to determine if criteria are met.
 4. Service planning team develops individual plan of care.
 5. DADS staff reviews the individual plan of care and if appropriate authorizes funding for services.

Day Activity and Health Services (DAHS)

1. Individual is age 18 or older (due to licensure requirements, not program eligibility criteria).
2. DADS case manager conducts either a telephone or a face-to-face assessment to determine need for services.
3. DAHS facilities can initiate services for Medicaid recipients (Title XIX DAHS only) and notify DADS that services have begun, then the DADS case manager conducts assessment activities to determine need for services.
4. DAHS nurse obtains a health assessment and the physician's orders needed for eligibility determination.
5. DADS regional nurse finalizes the service plan and authorizes services.

Deaf Blind with Multiple Disabilities (DBMD)

1. No age requirement.
2. Provider agency assesses and documents diagnostic programmatic eligibility to ensure individual has a primary diagnosis of deaf blindness, has been determined to have a progressive medical condition that will result in deaf blindness, or functions as a person with deaf blindness; and one or more additional disabilities that result in impairment to independent function. ID/RC captures the following:
 - Onset of Diagnosis
 - Adaptive Behavior Level (ABL)
 - Level of Care Assigned
 - Diagnosis (Deaf, Blind, 3rd Diagnosis)
 - ICD-9 code of Diagnosis
 - Rating of Functional Assessment
 - Agreement by MD with diagnosis at enrollment and change of diagnosis
 - Level of consciousness
3. Provider agency conducts face-to-face assessments to determine if required criteria are met.
4. Service planning team develops individual plan of care.
5. DADS staff reviews the individual plan of care and if appropriate, authorizes funding for services.

Home and Community-based Services (HCS) and Texas Home Living (TxHmL)

1. No age requirement.
2. Local Authority (LA) assesses and documents programmatic eligibility to ensure individual has a primary diagnosis of ID or RC with coexisting cognitive deficit and has significant impairment in adaptive functioning.

- LA completes the ID/RC at enrollment. The ID/RC captures the diagnostic information verified by a physician at the time of enrollment, Level of Care assignment, full scale Intelligence Quotient (IQ) and Adaptive Behavior Level (ABL).
 - The ICAP is a comprehensive structured instrument designated to assess individuals' status, adaptive functioning and service needs. The instrument is required in the HCS program to populate the ID/RC. LA administers ICAP at intake or verifies a current ICAP for accuracy. The HCS provider or LA (for TxHmL) administer the ICAP every three years thereafter.
 - DADS reviews any outliers in the adaptive functioning assessments for determination of functional eligibility (e.g., high score in maladaptive behaviors area of assessment; IQ exceeding eligibility criteria; score in adaptive behavior levels which is not reflective of documented abilities).
3. Service planning team develops individual plan of care in accordance with the individual's person-directed plan.
 4. DADS staff reviews proposed plan of care and authorizes enrollment.

Medically Dependent Children Program (MDCP)

1. Individual is age 20 or younger.
2. DADS case managers and RNs conduct face-to-face, in home assessments to determine need for program services.
3. DADS RNs conduct MN/LOC Assessment to obtain a medical necessity determination. The MN/LOC Assessment is based on the MDS.
4. State Medicaid claims administrator reviews MN/LOC to determine medical necessity for the program and an automated algorithm calculates the RUG value. The RUG establishes an individual's daily NF rate and is also the basis to determine the service plan cost limit in the waiver for each individual. The service plan cost limit is a percentage of the reimbursement rate that would have been paid for that same individual to receive NF services for a year.
5. DADS case managers finalize the individual service plan and authorize services.
6. If under age 18, the individual must live with a family member or a foster family that includes no more than four children unrelated to the individual.

Mental Health and Substance Abuse Assessments and Eligibility Determinations

Eligibility for mental health programs:

- For all DSHS mental health programs - Current diagnosis of severe mental illness (diagnosis of schizophrenia, bipolar disorder or major depressive disorder or a mental health diagnosis plus a General Assessment of Functioning score below 50); diagnosis must be made by a licensed practitioner of the healing arts (physician, licensed professional counselor, licensed clinical social worker; licensed psychologist; advanced practice nurse or licensed marriage and family therapist)
- For community-based mental health programs - Uniform functional /clinical assessment conducted by a Qualified Mental Health Professional, bachelor level or higher

- For inpatient psychiatric care and the YES waiver - Certification by a physician that the individual meets the DSHS clinical criteria for inpatient admission or, for YES, that the person would be admitted in the absence of waiver services.

Eligibility for substance use disorder treatment:

- An individual must meet the Diagnostic and Statistical Manual criteria for substance abuse or dependence (or substance withdrawal or intoxication in the case of a detoxification program).
- Screening by a qualified credentialed counselor working in a licensed chemical dependency treatment program. The screening process must meet Texas Department of Insurance and recognized national standards (e.g., Center for Substance Abuse Treatment, American Society on Addiction Medicine).

Primary Home Care (PHC)

1. Individual is age 21 or older.
2. DADS case manager conducts face-to-face, in-home assessments to determine need for services, finalizes the service plan and authorizes services.
3. Services are provided in the individual's home.

Program of All-Inclusive Care for the Elderly (PACE)

1. Individual is age 55 or older and lives in a PACE service area.
2. Provider conducts face-to-face assessments to determine need for program services.
3. Provider's RN conducts a MN/LOC assessment which is based on the MDS used in NF program.
4. State Medicaid claims administrator determines medical necessity.
5. Interdisciplinary team finalizes the individual service plan.
6. Provider receives a capitated rate per individual and provides all required services.

STAR+PLUS

1. Individuals age 21 or over are mandatorily enrolled. Individuals under age 21 are voluntarily enrolled.
2. MCO may have an employee (lay person, Licensed Vocational Nurse or RN) or a home health agency conduct face-to-face, in home assessments to determine an individual's need for services.
3. MCO may have an employee RN or an RN employed with a home health agency conduct a MN/LOC Assessment to obtain a medical necessity determination. The MN/LOC Assessment is based on the MDS used in the NF program.
4. The state's Medicaid claims administrator processes the medical necessity to determine MN/LOC and calculates the RUG value. The RUG establishes an individual's daily NF rate and is also the basis to determine the service plan cost limit in the waiver for each individual. The service plan cost limit is a percentage of the reimbursement rate that would have been paid for that same individual to receive NF services for a year.
5. MCOs finalize the individual service plan and authorize services.
6. HHSC verifies all eligibility assessments and individual service plans.
7. Services can be received in home, assisted living, or adult foster care settings.

Appendix C: Long-Term Services and Supports Assessment Domains

BIP Domain	CAS			CBA			CLASS		DBMD		HCS			MDCP			PHC			STAR+PLUS			TxHmL			YES			PCS						
	System	Form	Item	System	Form	Item	System	Form	Item	System	Form	Item	System	Form	Item	System	Form	Item	System	Form	Item	System	Form	Item	System	Form	Item	System	Form	Item					
Activities of Daily Living																																			
Eating	SAS Wizard	2060	# 4	SAS Wizard	2060	# 4	Maintained by licensed HCSSA service providers	3596	#6-Feeding	Maintained by service providers	8662	A. Self-Care	Maintained by service providers	Person Directed Plan	Narrative	SAS Wizard	2410	#27	SAS Wizard	2060	# 4	MCO	2060	Part A 4	Maintained by service providers	Person Directed Plan	Narrative	LMHA	CANS	Child's Life Domain Functioning	PCAF	PCAF	M.4 © M.5 ANY TWO-PERSON ASSISTANCE RECEIVED		
	QAI Data Mart	MN/LOC	G0110(H)	QAI Data Mart	MN/LOC	G0110(H)		8662	A. Self-Care							QAI Data Mart	MN/LOC	G0110(H)	QAI Data Mart	MN/LOC	G0110(H)														
Bathing	SAS Wizard	2060	# 1	SAS Wizard	2060	# 1	Maintained by licensed HCSSA service providers	3596	#1- Hygiene	Maintained by service providers	8662	A. Self-Care	Maintained by service providers	Person Directed Plan	Narrative	SAS Wizard	2410	#27	SAS Wizard	2060	# 1	MCO	2060	Part A 1	Maintained by service providers	Person Directed Plan	Narrative	LMHA	CANS	Child's Life Domain Functioning	PCAF	PCAF	M.4 (j) M.5 ANY TWO-PERSON ASSISTANCE RECEIVED		
	QAI Data Mart	MN/LOC	G0120	QAI Data Mart	MN/LOC	G0120		8662	A. Self-Care							QAI Data Mart	MN/LOC	G0120																	
Dressing	SAS Wizard	2060	# 2	SAS Wizard	2060	# 2	Maintained by licensed HCSSA service providers	3596	#3- Dressing	Maintained by service providers	8662	A. Self-Care	Maintained by service providers	Person Directed Plan	Narrative	SAS Wizard	2410	#27	SAS Wizard	2060	# 2	MCO	2060	Part A 2	Maintained by service providers	Person Directed Plan	Narrative	LMHA	CANS	Child's Life Domain Functioning	PCAF	PCAF	M.4 (h) M.5 ANY TWO-PERSON ASSISTANCE RECEIVED		
	QAI Data Mart	MN/LOC	G0110(G)	QAI Data Mart	MN/LOC	G0110(G)		8662	A. Self-Care							QAI Data Mart	MN/LOC	G0110(G)																	
Hygiene	SAS Wizard	2060	# 7	SAS Wizard	2060	# 7	Maintained by licensed HCSSA service providers	3596	#1- Hygiene	Maintained by service providers	8662	A. Self-Care	Maintained by service providers	Person Directed Plan	Narrative	SAS Wizard	2410	#27	SAS Wizard	2060	# 7	MCO	2060	Part A 5	Maintained by service providers	Person Directed Plan	Narrative	LMHA	CANS	Child's Life Domain Functioning	PCAF	PCAF	M.4 (i) M.5 ANY TWO-PERSON ASSISTANCE RECEIVED		
	QAI Data Mart	MN/LOC	G0110(J)	QAI Data Mart	MN/LOC	G0110(J)		8662	A. Self-Care							QAI Data Mart	MN/LOC	G0110(J)																	
Toileting	SAS Wizard	2060	# 6	SAS Wizard	2060	# 6	Maintained by licensed HCSSA service providers	3596	#2- Toileting	Maintained by service providers	8662	A. Self-Care	Maintained by service providers	Person Directed Plan	Narrative	SAS Wizard	2410	#27	SAS Wizard	2060	# 6	MCO	2060	Part A 6, 7	Maintained by service providers	Person Directed Plan	Narrative	LMHA	CANS	Child's Life Domain Functioning	PCAF	PCAF	M.4 (g) M.5 ANY TWO-PERSON ASSISTANCE RECEIVED		
	QAI Data Mart	MN/LOC	G0110(I)	QAI Data Mart	MN/LOC	G0110(I)		SSAS	8578							#31-Broad Independence	QAI Data Mart	MN/LOC	G0110(I)																
Mobility (in/out of home)	SAS Wizard	2060	# 13 - Escort	SAS Wizard	2060	# 13 - Escort	Maintained by licensed HCSSA service providers	3596	#8- Transfer and Ambulation	Maintained by service providers	8662	A. Self-Care	Maintained by service providers	Person Directed Plan	Narrative	SAS Wizard	2410	#27	SAS Wizard	2060	# 13 - Escort	MCO	2060	Part A 9	Maintained by service providers	Person Directed Plan	Narrative	LMHA	CANS	Child's Life Domain Functioning	PCAF	PCAF	M.4 (e) - indoors M.4 (f) - outdoors M.5 ANY TWO-PERSON ASSISTANCE RECEIVED		
	QAI Data Mart	MN/LOC	G0110(A,B,C,D,E,F)	QAI Data Mart	MN/LOC	G0110(A,B,C,D,E,F)		SSAS	8578							#47-Ambulation	SSAS	8578	#47-Ambulation	QAI Data Mart	MN/LOC													G0110(A,B,C,D,E,F)	QAI Data Mart
Positioning	SAS Wizard	2060	# 8- Transfer	SAS Wizard	2060	# 8- Transfer	Maintained by licensed HCSSA service providers	3596	#8- Transfer and Ambulation	Maintained by service providers	8662	A. Self-Care	Maintained by service providers	Person Directed Plan	Narrative	SAS Wizard	2410	#27	SAS Wizard	2060	# 8- Transfer	MCO	2060	Part A 9	Maintained by service providers	Person Directed Plan	Narrative	LMHA	CANS	Child's Life Domain Functioning	PCAF	PCAF	M.4 (b) M.5 ANY TWO-PERSON ASSISTANCE RECEIVED		
	QAI Data Mart	MN/LOC	G0110(A,B,C)	QAI Data Mart	MN/LOC	G0110(A,B,C)		SASS	8578							#31-Broad Independence	QAI Data Mart	MN/LOC	G0110(A,B,C)																
Transferring	SAS Wizard	2060	# 8- Transfer	SAS Wizard	2060	# 8- Transfer	Maintained by licensed HCSSA service providers	3596	#8- Transfer and Ambulation	Maintained by service providers	8662	A. Self-Care	Maintained by service providers	Person Directed Plan	Narrative	SAS Wizard	2410	#27	SAS Wizard	2060	# 8- Transfer	MCO	2060	Part A 8	Maintained by service providers	Person Directed Plan	Narrative	LMHA	CANS	Child's Life Domain Functioning	PCAF	PCAF	M.4 (d) M.5 ANY TWO-PERSON ASSISTANCE RECEIVED		
	QAI Data Mart	MN/LOC	G0300	QAI Data Mart	MN/LOC	G0300		SASS	8578							#31-Broad Independence	QAI Data Mart	MN/LOC	G0300																
Communicating	SAS Wizard	2060	# 19- Telephone	SAS Wizard	2060	# 19- Telephone	Maintained by licensed HCSSA service providers	3590	Communication	Maintained by service providers	8662	B. Receptive and Expressive Language	Maintained by service providers	Person Directed Plan	Narrative	SAS Wizard	2410	#27	SAS Wizard	2060	# 19- Telephone	MCO	2060	Part A 19	Maintained by service providers	Person Directed Plan	Narrative	LMHA	CANS	Child's Life Domain Functioning	PCAF	PCAF	E. Communication E.1 - MAKING SELF UNDERSTOOD E.2 - ABILITY TO UNDERSTAND OTHERS		
	QAI Data Mart	MN/LOC	B0200,B0600,B0700,B0799,B0800	QAI Data Mart	MN/LOC	B0200,B0600,B0700,B0799,B0800		8662	B. Receptive and Expressive Language							QAI Data Mart	MN/LOC	B0200,B0600,B0700,B0799,B0800																	
Instrumental Activities of Daily Living (This domain not required for children)																																			
Preparing meals	SAS Wizard	2060	# 12	SAS Wizard	2060	# 12	Maintained by licensed HCSSA service providers	3596	#5- Meal Preparation	Maintained by service providers	8662	F. Capacity for Independent Living	Maintained by service providers	Person Directed Plan	Narrative	SAS Wizard	2410	#27	SAS Wizard	2060	# 12	MCO	2060	Part A 12	Maintained by service providers	Person Directed Plan	Narrative	LMHA	CANS	Child's Life Domain Functioning	PCAF	PCAF	M.2 (a)		
	QAI Data Mart	MN/LOC	G0110(H)	QAI Data Mart	MN/LOC	G0110(H)		8662	F. Capacity for Independent Living							QAI Data Mart	MN/LOC	G0110(H)																	
Shopping	SAS Wizard	2060	# 14	SAS Wizard	2060	# 14	Maintained by licensed HCSSA service providers	3596	#4- Shopping	Maintained by service providers	8662	F. Capacity for Independent Living	Maintained by service providers	Person Directed Plan	Narrative	SAS Wizard	2410	#27	SAS Wizard	2060	# 14	MCO	2060	Part A 14	Maintained by service providers	Person Directed Plan	Narrative	LMHA	CANS	Child's Life Domain Functioning	PCAF	PCAF	M.2 (g) - limited to grocery shopping		
	QAI Data Mart	MN/LOC	G0110(H)	QAI Data Mart	MN/LOC	G0110(H)		8662	F. Capacity for Independent Living							QAI Data Mart	MN/LOC	G0110(H)																	
Transportation	SAS Wizard	2060	# 13 Escort	SAS Wizard	2060	# 13 Escort	Maintained by licensed HCSSA service providers	3596	#10- Community Assistance & #12- Additional Tasks	Maintained by service providers	Individual Program Plan	Narrative	Maintained by service providers	Person Directed Plan	Narrative	SAS Wizard	2410	#27	SAS Wizard	2060	# 13 Escort	N/A	N/A	N/A	Maintained by service providers	Person Directed Plan	Narrative	LMHA	CANS	Child's Life Domain Functioning	PCAF	PCAF	M.2 (d) - limited to escort to medical appointments		
	QAI Data Mart	MN/LOC	G0300	QAI Data Mart	MN/LOC	G0300		3598	Entire form captures							QAI Data Mart	MN/LOC	G0300																	
Managing Medications	SAS Wizard	2060	# 15	SAS Wizard	2060	# 15	Maintained by licensed HCSSA service providers	3596	#1	Maintained by service providers	Individual Program Plan	Narrative	Maintained by service providers	Person Directed Plan	Narrative	N/A	N/A	N/A	SAS Wizard	2060	# 15	MCO	2060	Part A 15	Maintained by service providers	Person Directed Plan	Narrative	LMHA	CANS	Child's Life Domain Functioning	PCAF	PCAF	M.2 (b) - limited to medication assistance		
	QAI Data Mart	MN/LOC	G0110(H)	QAI Data Mart	MN/LOC	G0110(H)		3590	Abilities: Activities of Daily Living							QAI Data Mart	MN/LOC	G0110(H)																	
Housework	SAS Wizard	2060	# 10	SAS Wizard	2060	# 10	Maintained by licensed HCSSA service providers	3596	#1	Maintained by service providers	Individual Program Plan	Narrative	Maintained by service providers	Person Directed Plan	Narrative	N/A	N/A	N/A	SAS Wizard	2060	# 10	MCO	2060	Part A 10	Maintained by service providers	Person Directed Plan	Narrative	LMHA	CANS	Child's Life Domain Functioning	PCAF	PCAF	M.2 (f)		
	QAI Data Mart	MN/LOC	G0110(H)	QAI Data Mart	MN/LOC	G0110(H)		3590	Abilities: Activities of Daily Living							QAI Data Mart	MN/LOC	G0110(H)																	
Managing Money	SAS Wizard	2060	# 22	SAS Wizard	2060	# 22	Maintained by licensed HCSSA service providers	3596	#1	Maintained by service providers	Individual Program Plan	Narrative	Maintained by service providers	Person Directed Plan	Narrative	N/A	N/A	N/A	SAS Wizard	2060	# 22	N/A	N/A	N/A	Maintained by service providers	Person Directed Plan	Narrative	LMHA	CANS	Child's Life Domain Functioning	N/A	N/A	N/A		
	QAI Data Mart	MN/LOC	G0110(H)	QAI Data Mart	MN/LOC	G0110(H)		3590	Abilities: Activities of Daily Living							QAI Data Mart	MN/LOC	G0110(H)																	
Telephone use	SAS Wizard	2060	# 19	SAS Wizard	2060	# 19	Maintained by licensed HCSSA service providers	3596	#1	Maintained by service providers	Individual Program Plan	Narrative	Maintained by service providers	Person Directed Plan	Narrative	N/A	N/A	N/A	SAS Wizard	2060	# 19	MCO	2060	Part A 19	Maintained by service providers	Person Directed Plan	Narrative	LMHA	CANS	Child's Life Domain Functioning	PCAF	PCAF	M.2 (c)		
	QAI Data Mart	MN/LOC	G0110(H)	QAI Data Mart	MN/LOC	G0110(H)		3590	Abilities: Activities of Daily Living							QAI Data Mart	MN/LOC	G0110(H)																	
Employment	NA	NA	NA	NA	NA	NA	Maintained by licensed HCSSA service providers	3596	#1	Maintained by service providers	Individual Program Plan	Narrative	Maintained by service providers	Person Directed Plan	Narrative	N/A	N/A	N/A	NA	NA	NA	N/A	N/A	N/A	Maintained by service providers	Person Directed Plan	Narrative	LMHA	CANS	Child's Life Domain Functioning	N/A	N/A	N/A		
	QAI Data Mart	MN/LOC	G0110(H)	QAI Data Mart	MN/LOC	G0110(H)		SASS	8578							Items #44,#45,#46	SASS	8578	Items #44,#45,#46	SASS	8578													Items #44,#45,#46	QAI Data Mart
Medical Conditions/ Diagnosis (3rd Domain)	LTC Portal	MN/LOC	Sec. G-O	LTC Portal	MN/LOC	Sec. G-O	Maintained by licensed HCSSA service providers	3590	Entire form captures	Maintained by service providers	Individual Program Plan	Narrative	Maintained by service providers	Person Directed Plan	CARE	8578	#19	SAS Wizard	2410	#19	LTC Portal	MN/LOC	Secs. G-O	LTC Portal	mn/loc	Secs G - O	CARE	8578	#19	LMHA	CANS	Child's Behavioral/Emotional Health Needs	PCAF	PCAF	Section C C.1 - Medical Dx C.2 - Other Medical Dx C.3 - Infections C.5 - Health Conditions / Problems
	QAI Data Mart	MN/LOC	Section C&Q	QAI Data Mart	MN/LOC	Section C&Q		SASS	8578																										
Cognitive Functioning and Memory/Learning (For children memory concerns are to be replaced with learning difficulties)																																			
Cognitive Function	SAS Wizard	2060	# 21	SAS Wizard	2060	# 21	Maintained by licensed HCSSA service providers	ICAP; Vineland-II; SIB-R; AAJDD Adaptive Behavior Scales	Commercially available assessment tools used to determine adaptive behavior level for CLASS eligibility.	Maintained by service providers	ICAP	Commercially available assessment tool used to determine level of need for DBMD eligibility.	Maintained by service providers	ICAP	Commercially available assessment tool used to determine level of need for HCS eligibility.	QAI Data Mart	MN/LOC	Section C&Q	SAS Wizard	2060	# 21	LTC Portal	mn/loc	Sec C	Maintained by service providers	Inventory for Client and Agency Planning (ICAP)	Commercially available assessment tool used to determine TxHmL eligibility.	LMHA	LMHA	Child's Life Domain Functioning	PCAF	PCAF	C.4 - PSYCHIATRIC, DEVELOPMENTAL, OR BEHAVIORAL DIAGNOSES D.4 - PROCEDURAL TASK PERFORMANCE		
	QAI Data Mart	MN/LOC	Section C&Q	QAI Data Mart	MN/LOC	Section C&Q		SSAS	8578							#29 & #68	SSAS	8578	#29 & #68	CARE	8578													#29 & #68	QAI Data Mart

BIP Domain	CAS			CBA			CLASS		DBMD		HCS		MDCP			PHC		STAR+PLUS			TxHmL		YES			PCS				
	System	Form	Item	System	Form	Item	System	Form	Item	System	Form	Item	System	Form	Item	System	Form	Item	System	Form	Item	System	Form	Item	System	Form	Item	System	Form	Item
Judgment/ Decision Making	SAS Wizard	2060	# 22	SAS Wizard	2060	# 22	Maintained by licensed HCSSA service providers	ICAP: Vineland-II; SIB-R; AAIDD Adaptive Behavior Scales	Commercially available assessment tools used to determine adaptive behavior level for CLASS eligibility.	Maintained by service providers	ICAP	Commercially available assessment tool used to determine level of need for DBMD eligibility.	Maintained by service providers	ICAP	Commercially available assessment tool used to determine level of need for HCS eligibility.	SAS Wizard	2060	# 22	LTC Portal	mn/loc	Sec C	Maintained by service providers	ICAP	Commercially available assessment tool used to determine TxHmL eligibility.	LMHA	LMHA	Child's Life Domain Functioning	PCAF	PCAF	D.5 - COGNITIVE SKILLS FOR DAILY DECISION-MAKING
	QAI Data Mart	MN/LOC	E0100,E0300,E0500,E0600,E0800	QAI Data Mart	MN/LOC	E0100,E0300,E0500,E0600,E0800		8662	Item C		8662	Item C		8578	Item #29, #68, #30, E	CARE	8578	Item #29, #68, #30, E	QAI Data Mart	MN/LOC	E0100,E0300,E0500,E0600,E0800		CARE	8578	Item #29, #68, #30, E					
Memory Learning	SAS Wizard	2060	# 23	SAS Wizard	2060	# 23	Maintained by licensed HCSSA service providers	ICAP: Vineland-II; SIB-R; AAIDD Adaptive Behavior Scales	Commercially available assessment tools used to determine adaptive behavior level for CLASS eligibility.	Maintained by service providers	Inventory for Client and Agency Planning (ICAP)	Commercially available assessment tool used to determine level of need for DBMD eligibility.	Maintained by service providers	Inventory for Client and Agency Planning (ICAP)	Commercially available assessment tool used to determine level of need for HCS eligibility.	SAS Wizard	2060	# 23	LTC Portal	mn/loc	Sec C	Maintained by service providers	ICAP	Commercially available assessment tool used to determine TxHmL eligibility.	LMHA	LMHA	Child's Life Domain Functioning	PCAF	PCAF	D.2 - SHORT-TERM MEMORY D.3 - LONG-TERM MEMORY
	QAI Data Mart	MN/LOC	Section C	QAI Data Mart	MN/LOC	Section C	SASS	8578	Item #29, #68, #30, E	SASS	8578	Item #29, #68, #30, E	CARE	8578	Item #29, #68, #30, E	QAI Data Mart	MN/LOC	Section C					CARE	8578	Item #29, #68, #30, E					
Behavior Concerns																														
Injurious	QAI Data Mart	MN/LOC	Section E	QAI Data Mart	MN/LOC	Section E	Maintained by licensed HCSSA service providers	ICAP: Vineland-II; SIB-R; AAIDD Adaptive Behavior Scales	Commercially available assessment tools used to determine adaptive behavior level for CLASS eligibility.	Maintained by service providers	ICAP: Vineland-II; SIB-R; AAIDD Adaptive Behavior Scales	Commercially available assessment tools used to determine adaptive behavior level for CLASS eligibility.	Maintained by service providers	Inventory for Client and Agency Planning (ICAP)	Commercially available assessment tool used to determine level of need for HCS eligibility.	QAI Data Mart	MN/LOC	Section E	LTC Portal	mn/loc	Sec E	Maintained by service providers	Inventory for Client and Agency Planning (ICAP)	Commercially available assessment tool used to determine TxHmL eligibility.	LMHA	LMHA	Child's Risk Behaviors	PCAF	PCAF	G. Behavior Patterns G.1 (a) - Wandering G.1 (b) - Elopement G.1 (d) - Physically abusive or injurious to others G.1 (e) - Bullying/Menacing behavior G.1 (k) - Injury to self G.1 (l) - Suicide attempt G.1 (m) - Suicidal ideation G.1 (n) - Injury to animals
							SSAS	8578	#35	SASS	8578	#35	CARE	8578	#35								CARE	8578	#35					
Destructive	QAI Data Mart	MN/LOC	Section E	QAI Data Mart	MN/LOC	Section E	Maintained by licensed HCSSA service providers	ICAP: Vineland-II; SIB-R; AAIDD Adaptive Behavior Scales	Commercially available assessment tools used to determine adaptive behavior level for CLASS eligibility.	Maintained by service providers	ICAP: Vineland-II; SIB-R; AAIDD Adaptive Behavior Scales	Commercially available assessment tools used to determine adaptive behavior level for CLASS eligibility.	Maintained by service providers	Inventory for Client and Agency Planning (ICAP)	Commercially available assessment tool used to determine level of need for HCS eligibility.	QAI Data Mart	MN/LOC	Section E	LTC Portal	mn/loc	Sec E	Maintained by service providers	Inventory for Client and Agency Planning (ICAP)	Commercially available assessment tool used to determine TxHmL eligibility.	LMHA	LMHA	Child's Risk Behaviors	PCAF	PCAF	G. Behavior Patterns G.1 (p) - Deliberate damage to property G.2 - URGENT MENTAL/BEHAVIORAL HEALTH SERVICE USE IN LAST 30 DAYS
							SSAS	8578	#36	SASS	8578	#36	CARE	8578	#36								CARE	8578	#36					
Socially Offensive	QAI Data Mart	MN/LOC	Section E	QAI Data Mart	MN/LOC	Section E	Maintained by licensed HCSSA service providers	ICAP: Vineland-II; SIB-R; AAIDD Adaptive Behavior Scales	Commercially available assessment tools used to determine adaptive behavior level for CLASS eligibility.	Maintained by service providers	ICAP: Vineland-II; SIB-R; AAIDD Adaptive Behavior Scales	Commercially available assessment tools used to determine adaptive behavior level for CLASS eligibility.	Maintained by service providers	Inventory for Client and Agency Planning (ICAP)	Commercially available assessment tool used to determine level of need for HCS eligibility.	QAI Data Mart	MN/LOC	Section E	LTC Portal	mn/loc	Sec E	Maintained by service providers	Inventory for Client and Agency Planning (ICAP)	Commercially available assessment tool used to determine TxHmL eligibility.	LMHA	LMHA	Child's Risk Behaviors	PCAF	PCAF	G. Behavior Patterns G.1 (c) - Verbally abusive G.1 (f) - Socially inappropriate or disruptive behavior G.1 (h) - Inappropriate sexual behavior G.2 - URGENT MENTAL/BEHAVIORAL HEALTH SERVICE USE IN LAST 30 DAYS
							SSAS	8578	Item #36, #37, &		8578	Item #36, & Item #38	CARE	8578	Item #35, #36, #37, & #38								CARE	8578	Item #35, #36, #37, & #38					
Uncooperative	QAI Data Mart	MN/LOC	Section E	QAI Data Mart	MN/LOC	Section E	Maintained by licensed HCSSA service providers	ICAP: Vineland-II; SIB-R; AAIDD Adaptive Behavior Scales	Commercially available assessment tools used to determine adaptive behavior level for CLASS eligibility.	Maintained by service providers	ICAP: Vineland-II; SIB-R; AAIDD Adaptive Behavior Scales	Commercially available assessment tools used to determine adaptive behavior level for CLASS eligibility.	Maintained by service providers	Inventory for Client and Agency Planning (ICAP)	Commercially available assessment tool used to determine level of need for HCS eligibility.	QAI Data Mart	MN/LOC	Section E	LTC Portal	mn/loc	Sec E	Maintained by service providers	Inventory for Client and Agency Planning (ICAP)	Commercially available assessment tool used to determine TxHmL eligibility.	LMHA	LMHA	Child's Risk Behaviors	PCAF	PCAF	G. Behavior Patterns G.1 (j) - Resists ADL care G.1 (g) - Repetitive behavior that interferes with normal activities G.1 (i) - Physically resists prescribed treatments and therapies G.2 - URGENT MENTAL/BEHAVIORAL HEALTH SERVICE USE IN LAST 30 DAYS
							SASS	MR/RC	#36	SASS	MR/RC	#36	CARE	MR/RC	#36								CARE	MR/RC	#36					
Other Serious	QAI Data Mart	MN/LOC	Section E	QAI Data Mart	MN/LOC	Section E	Maintained by licensed HCSSA service providers	ICAP: Vineland-II; SIB-R; AAIDD Adaptive Behavior Scales	Commercially available assessment tools used to determine adaptive behavior level for CLASS eligibility.	Maintained by service providers	ICAP: Vineland-II; SIB-R; AAIDD Adaptive Behavior Scales	Commercially available assessment tools used to determine adaptive behavior level for CLASS eligibility.	Maintained by service providers	Inventory for Client and Agency Planning (ICAP)	Commercially available assessment tool used to determine level of need for HCS eligibility.	QAI Data Mart	MN/LOC	Section E	LTC Portal	mn/loc	Sec E	Maintained by service providers	Inventory for Client and Agency Planning (ICAP)	Commercially available assessment tool used to determine TxHmL eligibility.	LMHA	LMHA	Child's Risk Behaviors	PCAF	PCAF	
							SASS	8578	#34, #35, #36, #37, #38	SASS	8578	#34, #35, #36, #37, #38	CARE	8578	#34, #35, #36, #37, #38								CARE	8578	#34, #35, #36, #37, #38					

Appendix D: Advisory Committee Members

MFP Advisory Committee Members

Dennis Borel, Executive Director	Coalition of Texans with Disabilities
Mike Bright, Executive Director	The Arc of Texas
Ron Cranston	United Cerebral Palsy of Texas
Marissa Machado, Research and Policy Specialist	Texas Association for Home Care & Hospice
Susanne Elrod, Associate Director	Texas Council of Community Centers
Colleen Horton, Policy Program Officer	Hogg Foundation for Mental Health
Bob Kafka, Organizer	ADAPT, Inc.
Sandy Klein	Texas Health Care Association
Linda Parrish	Texas Silver-Haired Legislature
James Meadours, Self-Advocate	Disability Rights Texas
Robin Peyson, Executive Director	National Alliance on Mental Illness Texas
Carole Smith, Executive Director	Private Providers Association of Texas
Doni Green, Manager	Area Agency on Aging, North Texas Council of Governments

ADRC Advisory Committee Members

Amanda Fredriksen, Manager of Advocacy	AARP
Anne Rafel, Aging Texas Well Initiative Coordinator	Aging Texas Well Initiative Coordinator
Betty Ford, Director	DADS Area Agencies on Aging
Bob Kafka, Organizer	ADAPT, Inc.
Deborah Ballard, Contract Specialist	2-1-1 Texas
Gary Jessee, Assistant Commissioner	DADS
Helen Stevenson, Contract Manager	DADS Local Authorities
Jeff Williford, Legislative Liaison	Texas Veterans Commission
Jennifer Markley, Senior Director	Texas Medical Foundation Health Quality Institute

Jonas Schwartz, LTSS Program Specialist	HHSC
Kelly Chirhart, Public Policy Specialist	Texas Center for Disability Studies
Larry Swift, Medicaid/CHIP Policy Advisor	HHSC
Marc Gold, Special Advisor	DADS
Mike Bright, Executive Director	The ARC of Texas
Norma Almanza, HICAP Coordinator	Texas Department of Insurance
Pat Porter, Member	Texas Silver Haired Legislature
Roger Webb, Executive Director	Texas Council on Developmental Disabilities
Sandy Gregory, Program Enrollment Manager	DADS Community Services and Program Operations
Susanne Elrod, Associate Director	Texas Council of Community Centers
William A. Fuller, Regional Director, LTSS	DADS Community Services and Program Operations
Winnie Rutledge, State Unit on Aging Coordinator	DADS State Unit on Aging Director

Appendix E: Proposed Budget

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
BALANCING INCENTIVE PAYMENTS PROGRAM (Balancing Incentive Program) APPLICANT FUNDING ESTIMATES
LONG TERM SERVICES AND SUPPORTS

State	Texas	State FMAP Rate	59.30%
Agency Name	HHSC	Extra Balancing Incentive Program Portion (2 or 5 %)	2%
Quarter Ended			
Year of Service (1-4)			

LTSS	Total Service Expenditures	Regular FEDERAL Portion	Regular STATE Portion	Amount Funded By Balancing Incentive Program (4 year total)	Projected LTSS Spending			
					Year 1	Year 2 (Federal Fiscal Year 2013)	Year 3 (Federal Fiscal year 2014)	Year 4 (Federal Fiscal Year 2015)
					(E)	(F)	(G)	(H)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
12. Home Health Services (HHSC)						\$364,786,552	\$397,831,667	\$422,429,100
19 A. Home and Community Services waivers [1915 ©]								
through Managed care 1115 waiver (HHSC)	\$ 2,632,341,593	\$ 1,560,978,565	\$ 1,018,716,196	\$ 52,646,832		\$802,429,760	\$873,684,405	\$956,227,428
CBA (DADS)	\$ 605,437,364	\$ 359,024,357	\$ 234,304,260	\$ 12,108,747		\$196,201,276	\$200,458,729	\$208,777,360
CLASS (DADS)	\$ 715,520,208	\$ 424,303,483	\$ 276,906,321	\$ 14,310,404		\$197,574,276	\$228,023,907	\$289,922,026
DBMD (DADS)	\$ 24,666,542	\$ 14,627,259	\$ 9,545,952	\$ 493,331		\$7,946,688	\$8,151,769	\$8,568,085
HCS (DADS)	\$ 2,888,825,751	\$ 1,713,073,670	\$ 1,117,975,566	\$ 57,776,515		\$ 847,287,096	\$ 940,149,458	\$ 1,101,389,197
MDCP (DADS)	\$ 322,814,151	\$ 191,428,792	\$ 124,929,076	\$ 6,456,283		\$101,896,926	\$107,209,496	\$113,707,729
Texas Home Living (DADS)	\$ 171,061,792	\$ 101,439,643	\$ 66,200,913	\$ 3,421,236		\$ 55,084,800	\$ 56,523,323	\$ 59,453,669
19 B. Home and Community Services waivers [1915 (i)] DAHS (DADS)	\$ 29,623,182	\$ 17,566,547	\$ 11,464,171	\$ 592,464		\$9,733,071	\$9,874,394	\$10,015,717
	\$ -	\$ -	\$ -	\$ -				
22. All inclusive Care for the Elderly	\$ 125,642,910	\$ 74,506,246	\$ 48,623,806	\$ 2,512,858		\$37,912,992	\$38,913,936	\$48,815,982
	\$ -	\$ -	\$ -	\$ -				
23 A. Personal Care	\$ -	\$ -	\$ -	\$ -				
DADS	\$ 1,996,982,143	\$ 1,184,210,411	\$ 772,832,089	\$ 39,939,643		\$626,082,642	\$664,254,725	\$706,644,776
HHSC (children)	\$ 535,044,406	\$ 317,281,333	\$ 207,062,185	\$ 10,700,888		\$156,033,163	\$177,523,141	\$201,488,102
through Managed care 1115 waiver (HHSC)	\$ 3,469,204,707	\$ 2,057,238,391	\$ 1,342,582,222	\$ 69,384,094		\$1,062,510,548	\$1,153,743,253	\$1,252,950,906
	\$ -	\$ -	\$ -	\$ -				
23 B Personal Care 1915 (j) (DADS)	\$ 5,373,917	\$ 3,186,733	\$ 2,079,706	\$ 107,478		\$1,688,000	\$1,789,280	\$1,896,637
	\$ -	\$ -	\$ -	\$ -				
Community First Choice (DADS/HHSC)	\$ 365,954,812	\$ 217,011,204	\$ 141,624,512	\$ 7,319,096				\$365,954,812
Total	\$13,888,493,478	\$8,235,876,634	\$5,374,846,975	\$277,769,869		\$4,467,167,790	\$4,858,131,482	\$5,748,241,525