



FYs 2014 and 2015 PERFORMANCE CONTRACT

Department of Aging and Disability Services

FYs 2014 and 2015 PERFORMANCE CONTRACT

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The following forms and publication are available on DADS Web site at:		
http://www.dads.state.tx.us/handbooks/lah		
Form 8571	Request to Change Interest List Information for HCS	
Form 8577	Questionnaire for HCS/CLASS Interest Lists	
Form 8586	TxHmL Program Service Coordination Notification	
Form 1045	Request for HCS/TxHmL Enrollment Extension	
Form 1580-IDD	Informed Consent for Participation	
Form 2121	Long-term Services and Supports	
Publication No. DADS-245	Explanation of IDD Services and Supports	
Publication No. DADS-262	Know Your Options	
	A Message to Families ...	

The contact list for all LAs, Area Agencies on Aging (AAAs), and DADS community services regional offices is available on DADS web site at:

<http://www.dads.state.tx.us/contact/DADSServicesByCounty.html>

The following form is available at the end of the HCS Interest List Manual at:		
http://www.dads.state.tx.us/handbooks/lah/InterestListManual/index.htm		
Form 8648	Identification of Preferences	

DADS FYs 2014 and 2015 Performance Contract With a Local Authority (LA)

EXECUTIVE OVERVIEW

The most notable change to the FYs 2014 and 2015 Performance Contract is the addition of Attachment G, which describes an LA's responsibilities related to individuals with IDD living in a nursing facility and individuals with IDD who have transitioned or been diverted from a nursing facility. With the inclusion of the new attachment, DADS recognizes that the requirements contained in the attachment include significant changes to current LA operations and will possibly require realignment and development within the LA's organization. It is the intent of DADS to work through the period of implementation of these requirements in a thoughtful and deliberative manner, provide venues for ongoing discussion with the LAs, and carefully assess information and data as implemented and reported.

Other notable changes to the Performance Contract are:

- the elimination of the requirement to use the *Cost Accounting Methodology Manual* (CAM Manual). LA's will still be required to use a cost accounting that provides for a consistent methodology for determining the cost of services;
- the elimination of the requirement participate in the Secretary of State's voter registration training; and
- the elimination of the requirement to comply with IDD PASARR Handbook.

Key contract changes **from** the FYs 2012 and 2013 Performance Contract are noted below:

Assistance with Transferring a Consumer's Services **Article II. B. 4**
Expands an LA's responsibility for assisting with transferring a consumer's TxHmL services or financial management services agency due to the provider's closure or involuntary termination of the provider's contract.

References to CARE **Article II. B. 7**
The new provision notifies LAs that certain functions of CARE will transition to new data management systems during this contract term and that the impacted functions and the effective date of the transition will be communicated to the LA at a later date.

Productivity Benchmarks **Article II. D. 11**
Requires an LA to *develop* and maintain productivity benchmarks for each service type based on the LA's own cost accounting methodology, rather than maintain productivity benchmarks for each service type as defined in the CAM Manual, Schedule C.

CARE Quarterly Reports **Article II. D. 17.b.i**
The requirement to "complete quarterly CARE reports" has been eliminated in Article II. D.17.b.i.

Number of Copies of Audit Report **Article II. D. 18.e**
The number of copies of the comprehensive financial and compliance audit for the previous state fiscal year required to be submitted is changed to four (4) copies.

List of Rules Article II. D. 31

Reference to the rules governing Pre-admission Screening and Resident Review have change as follows:

deleted: 40 TAC 5-J (Pre-admission Screening and Resident Review-Mental Retardation Services); and

added 40 TAC Chapter 17 (Pre-admission Screening and Resident Review(PASRR)).

Encryption Software Article II. D. 35

The provision is revised to clarify that the LA must use DADS current encryption software when communicating confidential information with DADS and that DADS will provide notice to the LA if it changes its encryption software.

Financial Penalties for Submitting Data in accordance with Attachment N. Article IV. A. 2. d

The provision is revised to require a financial penalty for failure to submit certain data in accordance with Attachment N only if the LA failed to implement a CAP within the timeframe stated in the CAP approved by DADS to correct the LA’s failure to submit the data.

Acronyms Article VII

The acronyms are revised to reflect updated terminology.

Description of Consumers. Attachment E

Language is added to the LA priority population to include individuals with a diagnosis of *autism spectrum disorder*, as referenced in the DSM-5.

Description of IDD Services. Attachment F

Reference to the Service Definition Manual is added to state “Additional requirements are contained in the Service Definition Manual, available at www.dads.state.tx.us”. Also, the grid code of 311 is added for PASRR Level II Evaluation on the last page of the attachment.

Authority Functions Attachment H. VII

The other authority functions listed in Section VII is revised to include the activities described in Attachments J, R, and M.

Medicaid Program Enrollment Requirements Attachment K

Regarding enrollment into the HCS and TxHmL Programs:

Under II.C., the provision is updated to reflect changes to the HCS service planning process and states that the revised planning documents may also be used for an individual enrolling in TxHmL.

Under II.E.3., the criteria is revised for inclusion in the Money Follows the Person Demonstration Project for a consumer under the age of 22 years, most importantly that the consumer must transition from the small ICF/IID into the consumer’s own home or family home or a foster companion care home.

Under II.G.2. and 4., the requirement for data entry of all enrollment screens in CARE prior to submitting a request for extension is modified for an individual enrolling in TxHmL if the delay is related to the individual’s determination of Medicaid eligibility and the LA determines the individual is likely to be denied Medicaid.

IDD Submission Calendar. Attachment N

An LA is instructed to maintain the original submission of any electronic or facsimile submission made to DADS

The reference to submission of board minutes has been deleted.

The reference to submission of CAM time studies and supporting documentation has been deleted.

Voter Registration..... Attachment U

The attachment no longer requires the LA to use training material provided by the Office of the Secretary of State. The attachment provides instructions for offering consumers an opportunity to register to vote and for assisting the consumer with completing the form. The attachment also requires the LA to order and use voter registration forms provided by DADS.

Annual Hub Sub-Contracting Report Form F instructions

At the end of the form's instructions, the contact information for the DADS HUB Coordinator is changed to Teri Alvarado at (512) 438-4321.

Contact List. Form S

Contact information is required for the following:

- Diversion Coordinator Contact(s) as required by Attachment G
- Medical Specialist Contact(s) as required by Attachment G
- PASRR Contact(s) – primary and secondary

**Department of Aging and Disability Services
FYs 2014 and 2015 PERFORMANCE CONTRACT**

This Performance Contract (this Contract) is by and between the Texas Department of Aging and Disability Services (DADS), a state agency created pursuant to Texas Human Resources Code (THRC), Chapter 161, and _____, the Local Authority (LA), a community center, created by Texas Health and Safety Code (THSC), Chapter 534, Subchapter A. This Contract shall be effective from September 1, 2013, through August 31, 2015, except that those provisions which require additional actions after the expiration of this Contract shall continue as provided in the provisions.

ARTICLE I. RECITALS

WHEREAS, pursuant to THSC §533.035(a) and §534.054, the LA is the designated local mental retardation authority for the local service area (LSA) consisting of the following counties:
_____;

WHEREAS, pursuant to THSC §533.035(a), DADS hereby delegates to the LA the authority and responsibility for planning, policy development, coordination, including coordination with criminal justice entities, resource allocation, and resource development for and oversight of intellectual and developmental disability (IDD) services in the most appropriate and available setting to meet individual needs in the LSA; and

THEREFORE, for the consideration set forth herein, DADS and the LA hereby enter into this Contract to ensure the provision of IDD services in accordance with THSC §534.054, and agree to fulfill their respective responsibilities set forth herein.

ARTICLE II. REQUIREMENTS OF THE LOCAL AUTHORITY

A. AUTHORITY FUNCTIONS

The LA shall:

1. Conduct local planning, develop policy, coordinate, develop and allocate resources, and provide oversight for IDD services in the LSA in accordance with Attachment H (Authority Functions); and
2. Supervise and ensure the provision of IDD services identified in Attachment F (Description of IDD Services) to consumers identified in Attachment E (Description of Consumers), within the LSA.

B. GENERAL PROGRAM

The LA shall:

1. Provide services to all consumers without regard to the consumer's criminal history;
2. Provide consumer benefits assistance in accordance with Attachment L (Consumer Benefits Assistance Requirements) and comply with THSC §533.008(e) regarding consumer benefits training;
3. Ensure all service coordinators are able to access and use:
www.hhs.state.tx.us/tirn/tirnhome.shtml;

4. As requested by DADS, assist in transferring a consumer's ICF/IID Program, HCS or TxHmL Program services, or financial management services agency services from one provider to another due to closure of the provider's facility or termination of the provider's contract;
5. Provide meaningful access to its programs, services, and activities and ensure adequate communication through language assistance services for consumers and legally authorized representatives (LARs) with limited English proficiency, sensory impairments, and/or speech impairments; and
6. Cooperate with other LAs, Area Agencies on Aging (AAAs), and DADS local community services regional offices to ensure efficient access and intake processes for all DADS services and programs.
7. **This Contract and its attachments include many references to CARE (Client Assignment and Registration). Certain functions of CARE will transition to new data management systems during this contract term. The impacted functions and the effective date of the transition will be communicated to the LA at a later date. Such communication will include a crosswalk identifying the data management system to the applicable contract provision. The provisions of the crosswalk (relating to which data management system applies) shall take precedence over those identified in the contract.**

C. IDD SERVICES

The LA shall:

1. Meet the quarterly Service Targets identified in Attachment A (Service Targets) and quarterly performance measures and outcome targets as identified in Attachment B (Performance Measures and Outcome Targets);
2. Obtain written approval from DADS prior to using contract funds to:
 - a. develop a new residential program location; or
 - b. provide residential services to a consumer;
3. Comply with the following Medicaid-related items:
 - a. Contract with DADS to participate in Targeted Case Management (TCM) (i.e., service coordination for Medicaid recipients) and contract with HHSC to participate in Administrative Claiming;
 - b. Limit its participation as a waiver program provider to the capacity indicated in the CARE Action Code C70, except that DADS may grant a temporary increase in the enrollment capacity as a result of appropriate documentation of consumer choice;
 - c. Perform the enrollment for the waiver programs in accordance with Attachment K (Medicaid Program Enrollment Requirements) and DADS rules governing the HCS Program and the TxHmL Program;
 - d. Perform the Medicaid Estate Recovery Program responsibilities in accordance with Attachment R (Medicaid Estate Recovery Program); and
 - e. Refrain from providing TCM to a consumer who is receiving TCM through the local mental health authority;

4. Assist a resident of a state supported living center (SSLC) with completing a move from the SSLC within 180 days after the IDT refers the resident for community placement (as indicated on the CARE XPTR report HC023200);
5. Provide services to consumers referred by the Texas Youth Commission, pursuant to 37 TAC Chapter 87, Subchapter B, Special Needs Offender Programs, §87.79, (relating to Discharge of Non-sentenced Offenders with Mental Illness or Mental Retardation);
6. Ensure the provision of all required services identified in Attachment F (Description of IDD Services) each quarter;
7. Submit all required service encounters per the *IDD Service Grid Instructions*, *DADS Service Grid* and *Field Definitions*, and submit supplemental assignment data in CARE as necessary to ensure accuracy of individual consumer service record;
8. Review annually with each consumer currently receiving General Revenue services or the consumer's LAR the *Explanation of IDD Services and Supports* referenced in Attachment M (Options for IDD Services and Supports); and
9. Ensure the LA staff monitoring a consumer, who is on community placement status from an SSLC, complies with the applicable requirements of §2.278 of 40 TAC Chapter 2, Subchapter F (Continuity of Services—State Mental Retardation Facilities). The LA shall submit the first written report required by §2.278 to the SSLC within the first 90 days after the consumer has moved from the SSLC and submit subsequent reports at least every 90 days thereafter for the duration the LA is responsible for monitoring the consumer in accordance with §2.278.

D. ADMINISTRATIVE

The LA shall:

1. Provide and expend required local match, as defined in the THSC §534.066, in the amount and percentage indicated on Attachment D (Required Local Match Schedule);
2. Develop an annual budget, in the format of Report III-IDD Budget, using the amounts indicated in Attachments C and D (Allocation Schedule and Required Local Match Schedule, respectively), and earn and expend funds according to that budget;
3. Expend funds allocated by DADS and required local match (the "contract funds") solely for IDD services and administrative overhead authorized in Article II.D.8.;
4. Ensure no contract funds are used to supplement the rate-based payment the LA receives to fund its cost as a provider of waiver programs or ICF/IID programs;

5. Comply in all respects as directed by DADS with the Uniform Grant Management Standards (UGMS), promulgated pursuant to the Uniform Grant and Contract Management Act, TGC, Chapter 783;
6. Obtain prior written approval from DADS for selected items of cost as specified in Attachment V (UGMS Allowable Costs);
7. Comply with the program income requirements in UGMS and:
 - a. Report all sources of program income that meet the criteria defined in the Instructions for Report III-IDD;
 - b. Use program income to offset expenditures within the GR strategies;
 - c. Use program income to offset expenditures, unless the unrestricted fund balance in the prior year is less than 60 days of operations; and
 - d. Restrict the program income used to build reserves to the 60 days of operations level to finance expenditures in the GR strategies;
8. Maintain administrative overhead to perform the requirements of this Contract at a rate not to exceed 10% of the contract funds. If the LA's administrative overhead expenses exceed 10%, the LA shall use earned income or other funds, other than contract funds, to pay for the excess;
9. Maintain accounting systems that comply with UGMS, Subpart C – Post-Award Requirements-Financial Administration. The LA must separately report actual expenditures and actual revenues attributable to Mental Health Adult, Mental Health Children, and IDD Programs. The LA shall report expenditures by object of expense and method of finance in accordance with the strategies indicated in Report III-IDD Budget. On a quarterly basis, the LA is required to reconcile accounting transactions from its general ledger to Report III-IDD Budget by object of expense and method of finance;
10. Use cost accounting to provide a consistent methodology for determining the cost of services, which includes an analysis of provider productivity. Develop and implement management processes for the allocation and development of resources and the oversight of services, as required in Attachment H (Authority Functions);
11. Develop and maintain productivity benchmarks for each service type based on the LA's cost accounting methodology;
12. Obtain a comprehensive financial and compliance audit for the previous state fiscal year prepared in accordance with THSC §534.068, 40 TAC Chapter 1, Subchapter G, and the Texas Health and Human Services Commission's *Guidelines for Annual Financial and Compliance Audits of Community MHMR Centers* (21st Revision - February 2005) (the "Audit Guidelines");
13. Engage the same audit firm for no more than any six (6) consecutive years from the initial date of engagement;
14. Obtain affidavits executed by each board member, on Form A, and by the executive director, on Form B, annually and when changes occur;

15. Comply with requirements of the 2014 General Appropriations Act, Article IX, §17.02 of the 2014 General Appropriations Act (GAA). The following does not limit the requirements:
 - a. GAA, Article IX, Parts 2 and 3, except there is no requirement for increased salaries for LA employees. Upon request, DADS will provide assistance in determining the appropriate classification. In the alternative, the LA may conduct a market analysis or internal study in accordance with THSC, §534.011, to establish salaries for certain positions. However, no contract funds may be used to fund salaries to the extent they exceed the maximum amount of the employee's classification on the salary schedules for the appropriate salary group;
 - b. GAA, Article IX, §6.13, relating to performance rewards and penalties;
 - c. GAA, Article IX, §7.01, relating to budgeting and reporting;
 - d. GAA, Article IX, §7.02, relating to annual reports and inventories;
 - e. TGC, Chapter 556, relating to political activities by certain public entities and individuals;
 - f. TGC, §2102.0091, relating to reports of periodic audits; and
 - g. TGC, §§2113.012 and 2113.101, relating to alcoholic beverages;
16. Make a good faith effort to locate and consider a Historically Underutilized Business (HUB), as defined in TGC §2161.001(2), when subcontracting any portion of this Contract, and submit, in accordance with Attachment N (IDD Submission Calendar), the LA's subcontracts report on the *Annual HUB Sub-Contracting Report* (Form F);
17. Enter and submit accurate data:
 - a. Upon submission of this Contract in Report III-IDD Budget:
 - i. The budget developed in accordance with Article II.D.2; and
 - ii. Projected in-kind local match for this Contract for each fiscal year of the term of this Contract; and
 - b. In accordance with Attachment N (IDD Submission Calendar):
 - i. All data necessary to calculate number of persons served, by type of service; and
 - ii. All data to complete the quarterly Report III-IDD Budget;
18. Submit accurate and timely information to DADS including the information described in Attachment N (IDD Submission Calendar), as follows:
 - a. A completed *Certification Regarding Lobbying* (Form D) and updates as necessary;
 - b. A copy of the LA's quarterly financial statements for the general fund account groups, including the balance sheet and income statement and general fund balance for LA in total, as prepared for presentation to the LA's governing body, and a certification of the accuracy of such statements, on the *Financial Statement Certification* (Form G). The originally signed Form G or a copy of the originally signed Form G is acceptable;
 - c. If requested by DADS, monthly financial data in a format determined by DADS;
 - d. When necessary, a request to amend this Contract, on the *Contract Amendment Request* (Form C);

- e. Four (4) copies of a comprehensive financial and compliance audit for the previous state fiscal year: three (3) copies to DADS and one (1) copy to the Office of Inspector General, Single Audit, HHSC, Office of Inspector General, Compliance/Audit, Mail Code 1326, P.O. Box 85200, Austin, TX 78708;
 - f. A Corrective Action Plan (CAP) as required in the Audit Guidelines, 21st Revision. If the independent audit reports and management letter have no findings, then submit a letter stating that corrective action is not necessary;
 - g. Supporting reports, data, work papers, and information, requested by DADS; and
 - h. As necessary, all other submissions described in Attachment N (IDD Submission Calendar);
19. Submit timely monthly encounter data files for all IDD services, which has a rejection rate of less than 1% of the total number of records, in accordance to Attachment N;
 20. Submit accurate and comprehensive monthly encounter data for all IDD services, including all required data fields and values, in accordance with the *IDD Service Grid Instructions*, *DADS Service Grid* and *Field Definitions* as well as procedures and instructions established by DADS;
 21. Submit online the Single Audit Determination Form as required by the Office of Inspector General (OIG) at https://oig.hhsc.state.tx.us/Single_Audit/. If the LA fails to complete the Single Audit Determination Form within the thirty (30) days after notification by OIG to do so, the LA shall be subject to sanctions and remedies for non-compliance with this Contract;
 22. Report aggregate critical incident data via CARE Screen 686 in accordance *the Mental Retardation Authority User Guide at <http://www2.mhmr.state.tx.us/655/cis/training/MRAGuide.html>*;
 23. Retain for six (6) years following the later date of the expiration or termination of this Contract or the termination of services, protected health information and all records, reports, and source documentation related to service event data sufficient to support an audit concerning contracted expense and services, including work papers used to calculate individual costs;
 24. Retain for six (6) years following the expiration or termination of this Contract all documents required under this Contract, including:
 - a. Internal monitoring records of the quality and appropriateness of Medicaid program participation and compliance;
 - b. All accounting and other financial records;
 - c. Real and personal property leases;
 - d. Policies, manuals, and standard operating procedures;
 - e. Provider credentialing records;
 - f. Records relating to insurance policies;
 - g. Employment records;
 - h. Licenses and certifications;
 - i. Records required by DADS;

- j. Subcontracts;
 - k. Records relating to matters in litigation, and
 - l. Claims payment histories;
25. Use CARE to collect, record, and electronically submit information to DADS, and to generate reports concerning performance under this Contract, in accordance with the *CARE Reference Manual*, *CARE User's Manual*, and *CARE Reporting Manual*;
26. Maintain access to the following DADS databases:
- a. Community Services Interest List (CSIL); and
 - b. Service Authorization System Online (SASO);
27. Collect, record, and maintain information in accordance with Attachment J (HCS Interest List Maintenance) and the *HCS Interest List Manual* regarding consumers who have requested HCS services;
28. Authorize DADS, the Department of State Health Services (DSHS), the Health and Human Services Commission (HHSC), and their designees, as well as the State of Texas through any authorized representatives, to have unrestricted access, with reasonable notice, to all facilities, records, data, and other information, including service event data, under the control of the LA or its subcontractors as necessary to enable DADS, DSHS, and HHSC to audit, monitor, and review the LA's compliance with the requirements of this Contract;
29. In compliance with the TGC, §2262.003, agree that:
- a. The state auditor may conduct an audit or investigation of any entity receiving funds from the state directly under this Contract or indirectly through a subcontract under this Contract;
 - b. Acceptance of contract funds directly under this Contract or indirectly through a subcontract under this Contract acts as acceptance of the authority of the state auditor, under the direction of the legislative audit committee, to conduct an audit or investigation in connection with the contract funds; and
 - c. Under the direction of the legislative audit committee, an entity that is the subject of an audit or investigation by the state auditor must provide the state auditor with access to any information the state auditor considers relevant to:
 - i. Evaluating the entity's performance under this Contract or subcontract;
 - ii. Determining the state's rights or remedies under this Contract; or
 - iii. Evaluating whether the entity has acted in the best interest of the state;
30. Certify by execution of this Contract that the LA:
- a. Is not currently held in abeyance or barred from the award of a federal or state contract, and that the LA will provide immediate written notification to DADS if the LA becomes held in abeyance or barred from the award of a federal or state contract during the term of this Contract; and
 - b. Under Section 2261.053, Government Code, the contractor (LA) certifies that the individual or business entity named in this contract is not ineligible

to receive the specified contract and acknowledges that this contract may be terminated and payment withheld if this certification is inaccurate;

31. Comply, and require its subcontractors to comply, with all laws, rules and regulations, current and future, that are applicable to the LA or its subcontractors, including but not limited to the following:
 - a. Rules.
 - i. 40 TAC 1-G (Community Centers);
 - ii. 40 TAC 2-A (Local Authority Notification and Appeal);
 - iii. 40 TAC 2-B (Contracts Management for Local Authorities);
 - iv. 40 TAC 2-C (Charges for Community Services);
 - v. 40 TAC §2.151(1)(F) (Most Appropriate Available Treatment Alternative) and §2.152(e) (Special Considerations);
 - vi. 40 TAC 2-F (Continuity of Services – State Facilities);
 - vii. 40 TAC 2-G (Role and Responsibilities of Local Authority);
 - viii. 40 TAC 2-L (Service Coordination for Individuals with Mental Retardation);
 - ix. 40 TAC 4-A (Protected Health Information);
 - x. 40 TAC 4-C (Rights of Individuals with an Intellectual Disability);
 - xi. 40 TAC 4-D (Administrative Hearings under the Health and Safety Code, Title 7, Subtitle D);
 - xii. 40 TAC 4-K (Criminal History and Registry Clearances);
 - xiii. 40 TAC 4-L (Abuse, Neglect, and Exploitation in Local Authorities and Community Centers);
 - xiv. 40 TAC 5-A (Prescribing of Psychoactive Medication);
 - xv. 40 TAC 5-C (Use and Maintenance of TDMHMR Drug Formulary);
 - xvi. 40 TAC 5-D (Diagnostic Eligibility for Services and Supports — Intellectual Disability Priority Population and Related Conditions);
 - xvii. 40 TAC 9-D (Home and Community-based Services (HCS) Program);
 - xviii. 40 TAC 9-E (ICF/ID Programs — Contracting);
 - xix. 40 TAC 9-N (Texas Home Living (TxHmL) Program);
 - xx. 40 TAC 72-L (MOU-Capacity Assessment for Self-Care and Financial Management);
 - xxi. 40 TAC Chapter 17 (Preadmission Screening and Resident Review (PASRR)); and
 - xxii. 1 TAC Chapter 383 (Interstate Compact on Mental Health and Mental Retardation);
 - b. Federal and State Laws.
 - i. Federal and state anti-discrimination laws as described in Article II.D.43;
 - ii. 42 CFR Part 2 (concerning the confidentiality of alcohol and drug abuse patient records) and 45 CFR Parts 160 and 164 (concerning standards for protected health information (i.e., HIPAA regulations)); and
 - iii. THSC Chapter 85 (concerning HIV/AIDS workplace and confidentiality guidelines);
32. Comply with the special terms and conditions in Attachment I (Special Terms and Conditions), if applicable;

33. Direct all inquiries and requests to DADS concerning or required by this Contract, including requests for amendment, to the Contract Manager or other individual designated as a Point of Contact under Article VI.L, unless otherwise provided in this Contract;
34. As required by 1 TAC Chapter 202, comply with the following portions of the HHSC Enterprise IT Division Policies, Standards & Procedures (which can be found at: <http://hhscx.hhsc.state.tx.us/tech/policy/default.shtml>):
 - a. Security Policy; and
 - b. Security Standards and Guidelines;
35. Use DADS current encryption software when communicating confidential information with DADS. DADS will provide notice to the LA if it changes its encryption software;
36. Develop and maintain an Emergency Plan as prescribed by Attachment W (Emergency Plan Requirements);
37. Comply with the Health and Human Services Contract Council's policy regarding definition and disposition of equipment and controlled assets, which can be found at:
http://hhscx.hhsc.state.tx.us/ContractingSupport/UGMS_1AB.DOC;
38. Establish a public phone number for each county in the LSA to access IDD services and ensure the phone number remains dedicated for that purpose and is not reassigned. The LA may have the same phone number for more than one county. The phone number(s) for the county or counties must be submitted on Form S;
39. Agree that if it permits the use of electronic signatures to document any aspect of the provision of services under this Contract, the LA will maintain appropriate safeguards to assure the authenticity of the electronic records and signatures. The LA agrees that if it permits an electronic signature to be used on a document, the LA cannot challenge the authenticity or admissibility of the signature or the document in any audit, review, hearing, or other proceeding conducted by DADS, HHSC, the State Auditor's Office, a federal funding source, or a federal or state court;
40. Develop internal procedures for:
 - a. processing requests when consumers or their LARs or actively involved family members indicate a preference for a service or support on the Identification of Preferences form (Form 8648); and
 - b. ensuring documentation of the individual's preferences of a service or support exists to substantiate their preference and the date the preference was indicated;
41. Comply with the following provisions related to anti-discrimination laws:
 - a. Comply with state and federal anti-discrimination laws, including without limitation:
 - i. Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d *et seq.*);
 - ii. Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §794);

- iii. Americans with Disabilities Act of 1990 (42 U.S.C. §12101 *et seq.*);
 - iv. Age Discrimination Act of 1975 (42 U.S.C. §§6101-6107);
 - v. Title IX of the Education Amendments of 1972 (20 U.S.C. §§1681-1688);
 - vi. Food and Nutrition Act of 2008 (7 U.S.C. §2011 *et seq.*); and
 - vii. The HHS agency's administrative rules, as set forth in the Texas Administrative Code, to the extent applicable to this Agreement.
- b. Comply with all amendments to the above-referenced laws, and all requirements imposed by the regulations issued pursuant to these laws. These laws provide in part that no persons in the United States may, on the grounds of race, color, national origin, sex, age, disability, political beliefs, or religion, be excluded from participation in or denied any aid, care, service or other benefits provided by Federal or State funding, or otherwise be subjected to discrimination.
 - c. Comply with Title VI of the Civil Rights Act of 1964, and its implementing regulations at 45 C.F.R. Part 80 or 7 C.F.R. Part 15, prohibiting a contractor from adopting and implementing policies and procedures that exclude or have the effect of excluding or limiting the participation of clients in its programs, benefits, or activities on the basis of national origin. Applicable state and federal civil rights laws require contractors to provide alternative methods for ensuring access to services for applicants and recipients who cannot express themselves fluently in English. LA agrees to ensure that its policies do not have the effect of excluding or limiting the participation of persons in its programs, benefits, and activities on the basis of national origin. LA also agrees to take reasonable steps to provide services and information, both orally and in writing, in appropriate languages other than English, in order to ensure that persons with limited English proficiency are effectively informed and can have meaningful access to programs, benefits, and activities.
 - d. Comply with Executive Order 13279, and its implementing regulations at 45 C.F.R. Part 87 or 7 C.F.R. Part 16. These provide in part that any organization that participates in programs funded by direct financial assistance from the United States Department of Agriculture or the United States Department of Health and Human Services shall not, in providing services, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.
 - e. Upon request, provide HHSC Civil Rights Office with copies of all of the LA's civil rights policies and procedures.
 - f. Notify HHSC's Civil Rights Office of any civil rights complaints received relating to its performance under this Contract. This notice must be delivered no more than ten (10) calendar days after receipt of a complaint. Notice provided pursuant to this section must be directed to:
 - HHSC Civil Rights Office
 - 701 W. 51st Street, Mail Code W206
 - Austin, Texas 78751
 - Phone Toll Free: (888) 388-6332
 - Phone: (512) 438-4313
 - TTY Toll Free: (877) 432-7232
 - Fax: (512) 438-5885;

42. Comply with DADS information letters regarding LAs found at <http://www.dads.state.tx.us/providers/MRA/index.cfm#comm> (The LA is encouraged to subscribe to GovDoc on DADS website for notice of recently promulgated DADS information letters); and
43. Comply with all Attachments to this Contract.

ARTICLE III. REQUIREMENTS OF DADS

A. FUNDING AND ADJUSTMENTS

1. DADS shall authorize the Texas Comptroller of Public Accounts Office (the Comptroller) to release funds indicated on Attachment C (Allocation Schedule), for fiscal year 2014 as follows: 40% at the commencement of the first quarter, 30% at the commencement of the second quarter, and 15% at the commencement of the third and fourth quarters.
2. DADS may adjust the LA's reported service performance as necessary to correct inaccuracies.
3. DADS may adjust the allocation of contract funds that supports programs refinanced to Medicaid during the term of this Contract.
4. The annual GR allocations include the state match for Medicaid Administrative Claiming (MAC) in Attachment C and DADS may adjust those amounts if the LA does not fulfill the requirements of the LA's contract for MAC.
5. This Contract is contingent upon the continued availability of funding. If funds indicated on Attachment C (Allocation Schedule) become unavailable through lack of appropriations, budget cuts, transfer of funds between health and human service agencies, amendment to the General Appropriations Act, agency consolidation, or for any other disruption of current appropriated funding for this contract, DADS may restrict, reduce, or terminate funding under this Contract. DADS will provide prior written notice to the LA, when feasible, of any action taken under this provision.
6. The term of this Contract is for two fiscal years as defined in Article VI.A. DADS contract funds and service targets are appropriated by fiscal year for this Contract. The contract funds and service targets for the second fiscal year will be added to this Contract by a contract amendment prior to the beginning of the second fiscal year.
7. If the LA is not able to expend the allocations within the fiscal year in a reasonable and allowable manner, as determined by DADS, then DADS may, at any time after consultation with the LA, reduce the allocation for the fiscal year and reallocate to other LAs, and may also reduce the allocation for future fiscal years.
8. Any payments due under this Contract will be applied towards any debt that the LA owes to the State of Texas.

B. GENERAL REQUIREMENTS

DADS shall:

1. Consider requests from the LA to allow 90 days to make significant changes to the LA's information system required by a contract amendment that affects the LA's information system;
2. Direct all requests and inquiries concerning this Contract to the LA's Executive Director, or other individual designated as the Point of Contact under Article VI.L;
3. Designate a DADS employee to oversee management of this Contract and to communicate official clarifications to this Contract;
4. Make available technical assistance for services, functions, and other requirements of this Contract, upon written request from the LA's Executive Director and approval by DADS;
5. Monitor the LA for programmatic and financial compliance with this Contract. Monitoring activities may include but are not limited to on-site reviews and desk reviews of documents submitted by the LA and data submitted electronically by the LA. Reviews include elements related to quality assurance, priority population, Medicaid waiver authority requirements, and financial records and reports. When possible, DADS will coordinate on-site reviews with DSHS;
6. Conduct exit conferences with designated representatives of the LA prior to distributing findings by DADS' monitors, auditors, or other staff conducting audits or reviews; however, DADS is not required to conduct exit conferences in cases of investigations involving possible criminal activity; and
7. Maintain and make available formats necessary for the LA to complete Report III-IDD Budget and its instructions without amending this Contract.

ARTICLE IV. NON-COMPLIANCE BY LA

A. REMEDIES AND SANCTIONS

1. Remedies. DADS may impose one or more of the remedies described below for non-compliance with a contract requirement:
 - a. Require the LA to submit a Corrective Action Plan (CAP) to DADS for approval. The LA must submit the CAP to the Contract Manager within 30 calendar days after receiving a notice of deficiency. The CAP must include the following:
 - i. The date by which the deficiency will be corrected. For a quality assurance review, the date may not exceed 90 days after the day of the exit conference unless DADS approves an additional amount of time prior to the expiration date. For any other deficiency, the date may not exceed 90 days after the date of the notice of deficiency unless DADS approves an additional amount of time prior to the expiration date. DADS may designate the timeframe to correct the deficiency;
 - ii. Identification of the party responsible for ensuring the deficiency is corrected;

- iii. The actions that have been or will be taken to correct the deficiency; and
 - iv. A description of the systematic change and monitoring system implemented to ensure the deficiency does not re-occur, including the frequency of the monitoring and the party responsible for monitoring;
 - b. Impose special conditions or restrictions following identification of the LA as High Risk, as described in Article IV.D.;
 - c. Require the LA to retain a consultant or obtain technical training or assistance or managerial assistance;
 - d. Establish additional prior approvals for expenditure of contract funds;
 - e. Require submission of additional, more detailed financial or programmatic reports; and/or
 - f. Impose any other remedies provided by law.
2. Mandatory Sanctions. DADS will impose sanctions as described below:
- a. Recoup contract funds from the LA, for failing to meet a quarterly Service Target identified in Attachment A (Service Targets), based on the statewide case rate. The statewide case rate is the ratio of statewide contract funds to total statewide budgeted costs for each target, as determined by DADS. Services not counted toward service target performance may be considered in determining the LA's liability for recoupment;
 - b. Impose penalties for failing to meet a quarterly outcome target for a performance measure identified in Attachment B (Performance Measures and Outcome Targets) in accordance with the penalty chart in 4. below;
 - c. Impose penalties for failing to correct a finding on an annual quality assurance review within the timeframe stated in the CAP that was accepted to correct the finding. DADS will consider the LA's non-compliance from the previous fiscal years when imposing penalties in this subsection 2.c. in accordance with the penalty chart in 4. below;
 - d. Impose penalties for failing to implement a CAP within the timeframe stated in the CAP that was accepted to correct the LA's failure to submit information in any item described in Article II.D.18.a.-g. and II.D.19. in accordance with Attachment N (IDD Submission Calendar). Penalties will be imposed in accordance with the penalty chart in 4. below; and
 - e. Impose penalties for failing to ensure the provision of a required IDD service quarterly as stipulated by Article II.C.6. in accordance with the penalty chart in 4. below.
3. Discretionary Sanctions. DADS may impose one or more of the sanctions described below for non-compliance with a contract requirement:
- a. Impose penalties for failing to comply with any contract requirement except those described in 2.b.-e. above, in accordance with the penalty chart in 4. below;
 - b. Impose penalties for failing to correct a finding within the timeframe stated in the CAP that was accepted to correct the finding, except for a finding from a quality assurance review as provided for in 2.c. above;
 - c. Temporarily withhold contract funds pending resolution of issues of non-compliance with contract requirements or indebtedness to the United States or to the State of Texas.;
 - d. Permanently withhold allocated funds, or require the LA to return contract funds for:
 - i. Unallowable, undocumented, inaccurate, or improper expenditures;

- ii. Failure to comply with contract requirements; or
 - iii. Indebtedness to the United States or to the State of Texas;
 - e. Reduce the contract term;
 - f. Limit allocations to monthly distributions;
 - g. Require removal of any officer or employee of the LA:
 - i. Who has been convicted of the misuse of state or federal funds, fraud, or illegal acts that are a contraindication to continued performance of obligations under this Contract, as determined by DADS; or
 - ii. Who has committed an egregious violation of policies and procedures of the terms of this Contract, as determined by DADS;
 - h. Suspend all or part of this Contract. Suspension is, depending on the context, either: (1) the temporary withdrawal of the LA's authority to obligate contract funds pending corrective action by the LA or pending a decision to terminate or amend this Contract; or (2) an action taken to immediately exclude a person from participating in contract transactions for a period, pending completion of an investigation and such legal or debarment proceedings as may ensue. The LA's costs resulting from obligations incurred by the LA during a suspension are not allowable unless expressly authorized by the notice of suspension;
 - i. Deny additional or future contracts or renewals with the LA; and
 - j. Terminate this Contract, as described in Article IV.F.
4. DADS will use the following penalty chart for imposing penalties for mandatory sanctions described in 2.b., 2.c., 2.d., and 2.e. above, and for the discretionary sanctions described in 3.a and 3.b. above. Adjusted annual allocation means any adjustments made to the total annual allocation that are not one-time funding adjustments. A one-time funding adjustment is an amount that will not be calculated into the next fiscal year's allocation. The penalty chart will be applied separately to each of the six sanctions.

LA Total Adjusted Annual Allocation	Failure to Correct
Up to \$1.5 million	\$1,000
Not to exceed	\$6,000
Up to \$3 million	\$2,000
Not to exceed	\$12,000
Greater than \$3 million	\$3,000
Not to exceed	\$18,000

If the LA reaches the "Not to Exceed" amount, DADS will require the LA's Board of Trustees to pass a resolution to obtain assistance as described in Article IV.A.1.c. DADS retains the right to impose discretionary sanctions for additional violations.

- 5. Payments to LA may be withheld to satisfy any recoupment or penalty imposed by DADS.
- 6. Penalties may not be paid from contract funds or interest earned from contract funds.

B. PROCEDURES FOR IMPOSING REMEDIES AND SANCTIONS

- 1. The Contract Manager shall send to the LA notice of the LA's alleged contract non-compliance and the specified remedy or sanction to be imposed.

2. The LA may submit a written request for an informal review to the DADS LA Section Director of the imposition of a *remedy*. The request for the informal review must be received within ten (10) business days after the date of receipt of the notice. The request for informal review must demonstrate that the allegation of non-compliance is invalid or that the allegation does not warrant the imposition of the remedy. If a timely request for informal review is not submitted, DADS will impose the remedy. A timely request for informal review of a remedy based on failure to submit information in accordance with Attachment N (IDD Submission Calendar) must include written proof that the LA submitted the information by the due date.
3. The LA may submit a written request for reconsideration to the Sanction Action Review Committee of the imposition of a discretionary or mandatory sanction at: DADS COS, Attn: SARC Chair, Mail Code W340, P.O. Box 149030, Austin, TX 78714-9030. The request for reconsideration must be received within ten business days after the date of receipt of the notice. The request for reconsideration must demonstrate that the allegation of non-compliance is invalid or that the allegation does not warrant the imposition of the sanction. If a timely request for reconsideration is not submitted, DADS will impose the sanction. A timely request for reconsideration of a sanction based on failure to submit information in accordance with Attachment N (IDD Submission Calendar) must include written proof that the LA submitted the information by the due date.
4. The DADS LA Section Director shall notify the LA in writing of DADS' final determination.
5. If DADS' final determination is to uphold the sanction, the LA shall remit to DADS any monetary amounts assessed within 30 days following the date specified in the notice of alleged non-compliance or DADS' final determination, whichever date is later, or interest will accrue on the unpaid amounts at the rate of 5% per annum.

C. EMERGENCY ACTION

In an emergency, DADS will immediately impose a sanction by delivering written notice to the LA by any verifiable method when the LA's act or omission is endangering or may endanger the life, health, welfare, or safety of a consumer.

Whether the LA's conduct or inaction is an emergency will be determined by DADS on a case-by-case basis and will be based upon the nature of the non-compliance or conduct.

D. IDENTIFICATION OF HIGH RISK

DADS may identify the LA as High Risk in accordance with the UGMS, Grant Administration, Section III, Subpart B, paragraph .12, Office of Budget and Management Circular A-110, Subpart B, paragraph .14, and DADS policies. DADS will inform the LA of the identification as High Risk in writing. DADS will state the effective date of the identification as High Risk, the nature of the issues that led to the identification as High Risk, and any special conditions or restrictions. The identification as High Risk remains in effect until DADS has determined that the LA has taken corrective action sufficient to resolve the issues that led to the identification as High Risk.

E. MANAGEMENT TEAM

DADS may appoint a manager or management team to manage and operate the LA in accordance with THSC §§534.038-534.040 if the Commissioner finds that the LA or an officer or employee of the LA:

1. Intentionally, recklessly, or negligently failed to discharge the LA's duties under this Contract;
2. Misused state or federal money;
3. Engaged in a fraudulent act, transaction, practice, or course of business;
4. Endangered or may endanger the life, health or safety of a consumer;
5. Failed to keep fiscal records or maintain proper control over the LA's assets as prescribed by TGC, Chapter 783 and this Contract;
6. Failed to respond to a deficiency in a review or audit;
7. Substantially failed to operate within the functions and purposes defined in the LA's center plan; or
8. Otherwise substantially failed to comply with THSC Chapter 534, Subchapter A or DADS rules.

F. TERMINATION

1. If DADS determines the LA is unable or unwilling to fulfill any of its requirements under this Contract to ensure the provision of services or exercise adequate control over expenditures or assets, DADS may initiate termination of this Contract in whole or in part, as follows:
 - a. DADS shall provide 30 days written notice of proposed termination to the LA;
 - b. The LA may request a hearing to appeal the proposed termination;
 - c. If the LA files a timely request for a hearing, the hearing shall be conducted in accordance with 1 TAC Chapter 357, Subchapter I, and 40 TAC Chapter 91; and
 - d. In lieu of contract termination, DADS may appoint a manager or management team to manage and operate the LA in accordance with THSC §§534.038-534.040.
2. DADS and LA may mutually agree to terminate this Contract, in whole or in part.
3. The LA may terminate this Contract in whole and without cause by giving 90 days written notice to DADS and submitting a transition plan that ensures there is no disruption in services to consumers.

ARTICLE V. NON-COMPLIANCE BY DADS

If DADS fails to perform any responsibility set forth in this Contract the LA may send notice of such failure to DADS. DADS shall respond to the LA in writing within 30 days following receipt of the notice.

ARTICLE VI. MISCELLANEOUS PROVISIONS

A. TERM OF CONTRACT

The term of this Contract is September 1, 2013, through August 31, 2015.

B. WAIVER

Acceptance by either party of partial performance or failure to complain of any action, non-action, or default under this Contract shall not constitute a waiver of either party's rights hereunder.

C. VENUE

Proper venue for any litigation arising from this Contract shall be Travis County.

D. AMENDMENTS

This Contract may only be amended by written agreement between DADS and the LA. Amendments will be signed by the DADS delegated signature authority and the LA's Executive Director, unless written notice otherwise is provided pursuant to Article VI.K.

E. ENTIRE AGREEMENT

This Contract contains the entire understanding of the parties.

F. SURVIVAL

The expiration or termination of this Contract shall not affect the rights and obligations of the parties accrued prior to the effective date of expiration or termination and such rights and obligations shall survive and remain enforceable.

G. ASSIGNMENT

Neither party may assign any of its rights or obligations, in whole or in part, under this Contract without the written consent of the other party, and such consent may be withheld for any reason by either party, except as otherwise provided by law.

H. INDEPENDENT CONTRACTOR

In the performance of all services hereunder, the LA shall be deemed to be and shall be an independent contractor of DADS and, as such, shall not be entitled to any benefits applicable to employees of DADS. The LA shall direct and be responsible for the performance of its employees, subcontractors, joint venture participants, and agents.

I. SIGNIFICANT CHANGE

If, as a result of a change to a rule, or state or federal law, the contractual obligations of the LA are materially changed or a significant financial burden is placed on the LA, the parties may negotiate in good faith to amend this Contract.

J. REFERENCES

Captions contained in this Contract are for reference purposes only and do not affect the meaning of this Contract. Unless otherwise noted, all references in this Contract to "days" mean calendar days. A day that is referenced as a "business" day means any day other than a Saturday, a Sunday or a day in which DADS Offices located at 701 W. 51st Street, Austin, Texas, are authorized or obligated by law or executive order to be closed.

K. NOTICE

Any notice given under this Contract shall be made by any method of delivery that verifies receipt of the notice. Notice shall be sent to the address shown on the execution page or as otherwise agreed by the parties.

L. POINTS OF CONTACT

The LA shall designate its Executive Director to serve as the LA's single point of contact for all communications between the LA and DADS concerning this Contract. Notwithstanding this provision, the LA may designate an individual other than the Executive Director to serve as the single point of contact by notifying DADS in writing of such other designation.

DADS shall designate a Contract Manager to serve as DADS' single point of contact for all communications between DADS and the LA concerning this Contract. Notwithstanding this provision, DADS may designate an individual other than the Contract Manager to serve as the single point of contact by notifying the LA in writing of such other designation.

M. TRANSFER OF RESPONSIBILITIES

Upon expiration or termination of this Contract, the LA and DADS shall cooperate to the fullest extent possible to ensure the orderly and safe transfer of responsibilities under this Contract to DADS or other entity designated by DADS.

N. RETURN OF FUNDS

Upon termination or the end of each fiscal year of this Contract, the LA shall return to DADS all funds allocated under this Contract that have not been encumbered for purposes authorized by this Contract. A transfer to the LA's fund balance or reserves is not a purpose authorized by this Contract.

O. CONTRACT INSTRUCTIONS

Instructions clarifying the preparation requirements of this Contract have been developed by DADS. However, nothing in such instructions shall be interpreted as changing or superseding the terms of this Contract.

P. EXCHANGE OF PROTECTED HEALTH INFORMATION

Except as prohibited by other law, the LA and DADS shall exchange protected health information without consent of consumers in accordance with 45 CFR §164.504(e)(3)(i)(B), THSC §533.009 and 40 TAC Chapter 4, Subchapter A. The LA shall disclose information described in THSC §614.017(a)(2) relating to special needs offenders, to an agency described in THSC §614.017(c) upon request of that agency, unless the LA documents that the information is not allowed to be disclosed under 45 CFR Part 164.

Q. BUY TEXAS

The LA shall purchase products and materials produced in Texas when the products and materials are available at a price and delivery comparable to products and materials produced outside of Texas, as required by TGC, Chapter 2155, §2155.4441.

R. WEB LINK REFERENCES

The referenced web links in this Contract are subject to change without notice. DADS will notify the LA of changes to web addresses when possible.

T. IMMUNITY NOT WAIVED

The Parties expressly agree that no provision of this Contract is in any way intended to constitute a waiver by DADS or the state of Texas of any immunity from suit or from liability that DADS or the state of Texas may have by operation of law.

ARTICLE VII. ACRONYMS

ABL	Adapted Behavior Level
ADA	Americans with Disabilities Act
CAP	Corrective Action Plan
CARE	Client Assignment and Registration System
CFR	Code of Federal Regulations
CRCG	Community Resources Coordination Group for Children
CSIL	Community Services Interest List
DADS	Department of Aging and Disability Services
DARS	Department of Assistive and Rehabilitative Services
DB-MD	Deaf Blind-Multiple Disabilities
DFPS	Department of Family and Protective Services
DID	Determination of Intellectual Disability (formerly DMR)
DSHS	Department of State Health Services
ECI	Early Childhood Intervention
GAA	General Appropriations Act
GR	General Revenue
HCS	Home and Community-based Services Program
HHSC	Texas Health and Human Service Commission
HIPAA	Health Insurance Portability and Accountability Act
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HUB	Historically Underutilized Business
ICD-9	International Classification of Diseases, 9th Revision
ICF/IID	Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions
ID	Intellectual Disability
IDD	Intellectual and Development Disability
ID/RC	Intellectual Disability/Related Condition assessment
IDT	Interdisciplinary Team
IPC	Individual Plan of Care
IQ	Intellectual Quotient
IT	Information Technology
LA	Local Authority
LAR	Legally Authorized Representative
LOC	Level of Care
LON	Level of Need
LSA	Local Service Area
MAC	Medicaid Administrative Claiming
MBOW	Intellectual and Development Disabilities and Behavioral Health Outpatient Warehouse
MERP	Medicaid Estate Recovery Program
MOU	Memorandum of Understanding
MSA	Management Service Agreement
OBRA	Omnibus Budget Reconciliation Act

OIG	Office of Inspector General
PASRR	Preadmission Screening and Resident Review
PDP	Person Directed Plan
PHC	Primary Home Care
PI	Promoting Independence
PIDA	Persons with Intellectual Disability Act (formerly PMRA)
PNAC	Planning and Network Advisory Committee
QA	Quality Assurance
RN	Registered Nurse
SASO	Service Authorization System Online
SAVERR	System for Application, Verification, Eligibility Referral and Reporting
SSA	Social Security Administration
SSAS	Single Service Authorization System
SSDI	Social Security Disability Income
SSLC	State Supported Living Center
SSI	Supplemental Security Income
TAC	Texas Administrative Code
TCM	Targeted Case Management (Medicaid-funded service coordination)
TDMHMR	Texas Department of Mental Health and Mental Retardation (Legacy)
TEA	Texas Education Agency
TGC	Texas Government Code
THRC	Texas Human Resources Code
THSC	Texas Health and Safety Code
TxHmL	Texas Home Living
UGMS	Uniform Grant Management Standards
UR	Utilization Review

STATE AUTHORITY	LOCAL AUTHORITY
Department of Aging and Disability Services (DADS)	(Overtyping Name of Local Authority)
Elisa Garza Assistant Commissioner Access and Intake Division	(Overtyping Name) Chair, Board of Trustees*

**Attachment A
Local Authorities Targets
FY 2014**

Comp Code	Local Authorities	Quarterly Consumer Targets
440	Anderson/Cherokee Community Enrichment Services	87
190	Andrews Center	97
030	Austin-Travis County Integral Care	239
010	Betty Hardwick Center	62
051	Alamo Local Authority for IDD	276
460	Bluebonnet Trails Community Services	230
485	Border Region Behavioral Health Center	86
250	MHMR Authority of Brazos Valley	70
260	Burke Center	61
490	Camino Real Community Services	70
060	Center for Life Resources	44
040	Central Counties Services	105
070	Central Plains Center	43
475	Coastal Plains Community Center	104
240	Community HealthCore	105
160	MHMR Services for the Concho Valley	48
300	Metrocare SERVICES	663
400	Denton County MHMR Center	135
090	Emergence Health Network	131
110	Gulf Bend Center	29
100	Gulf Coast Center	145
280	MHMR Authority of Harris County	854
220	Heart of Texas Region MHMR Center	114
230	Helen Farabee Center	88
470	Hill Country Community MHDD Centers	151
480	Lakes Regional MHMR Center	169
410	LifePath Systems	95
150	Starcare Specialty Health System	93
180	MHMR of Nueces County	51
350	Pecan Valley Centers	54
170	Permian Basin Community Centers	80
140	Spindletop Center	224
200	MHMR of Tarrant County	547
430	Texana Center	181
020	Texas Panhandle Centers	190
290	Texoma Community Center	60
380	Tri-County Services	120
130	Tropical Texas Behavioral Health	156
450	West Texas Centers	80
Total		6,137

ATTACHMENT B
Performance Measures and Outcome Targets

Performance Measure	Outcome Target
#1 Percent of all enrollments into HCS that meet timelines specified in Attachment K.	at least 95% for each quarter
#2 Percent of permanency plans completed that meet timeline requirements specified in Attachment S.	at least 95% for each quarter
#3 Percent of all enrollments into TxHmL that meet timelines specified in Attachment K.	at least 95% for each quarter
#4 Percent of HCS interest list population contacted for biennial review as required in Attachment J, Section I.	at least 50% by end of FY14
	at least 100% by end of FY15

Attachment C
Local Authorities Funding
FY 2014 Summary Original Allocation

Comp #	Local Authorities	General Revenue	Permanency Planning	CLOIP	Total FY 2014 Allocation
440	Anderson-Cherokee Community Enrichment Service	996,545	8,648	-	1,005,193
190	Andrews Center	1,222,625	17,295	-	1,239,920
30	Austin Travis County Integral Care	2,655,100	27,673	322,348	3,005,121
10	Betty Hardwick Center	632,566	25,943	382,042	1,040,551
051	Alamo Local Authority for IDD	3,411,959	76,965	208,531	3,697,455
460	Bluebonnet Trails Community Centers	2,550,222	22,484		2,572,706
485	Border Region Behavioral Health Center	1,455,300	5,189		1,460,489
250	MHMR Authority of Brazos Valley	817,193	13,836	279,368	1,110,397
260	Burke Center	789,977	20,755	308,817	1,119,549
490	Camino Real Community Services	1,416,321	865		1,417,186
60	Center for Life Resources	481,759	8,648		490,407
40	Central Counties Services	1,230,422	11,242		1,241,664
70	Central Plains Center	482,088	2,594		484,682
475	Coastal Plains Community Center	1,259,876	-		1,259,876
240	Community Healthcore	1,230,104	28,538		1,258,642
160	MHMR Services for the Concho Valley	516,941	30,267	211,715	758,923
300	Metrocare SERVICES	7,063,374	35,456	-	7,098,830
400	Denton County MHMR Center	1,291,487	25,943	492,674	1,810,104
90	Emergence Health Network	1,682,830	10,377	103,470	1,796,677
110	Gulf Bend MHMR Center	335,940	8,648		344,588
100	Gulf Coast Center	1,793,256	32,861		1,826,117
280	MHMR Authority of Harris County	8,681,794	108,960		8,790,754
220	Heart of Texas Region MHMR Center	1,256,867	27,673	327,123	1,611,663
230	Helen Farabee Centers	1,089,519	14,701		1,104,220
470	Hill Country MHDD Centers	1,787,386	14,701		1,802,087
480	Lakes Regional MHMR Center	1,965,829	25,078		1,990,907
410	LifePath Systems	1,167,464	16,431		1,183,895
150	Starcare Specialty Health System	982,249	25,943	206,939	1,215,131
180	Behavioral Health Center of Nueces County	501,687	19,025	269,817	790,529
350	Pecan Valley Centers	630,283	24,214	-	654,497
170	Permian Basin Community Centers	901,880	9,513	-	911,393
140	Spindletop Center	3,238,517	18,160	-	3,256,677
200	MHMR of Tarrant County	6,124,140	52,751	-	6,176,891
430	Texana Center	2,428,001	37,185	382,042	2,847,228
20	Texas Panhandle Centers	3,211,415	15,566	-	3,226,981
290	Texoma Community Center	727,894	3,459	-	731,353
380	Tri-County Services	1,637,009	20,755	-	1,657,764
130	Tropical Texas Behavioral Health	2,286,852	11,242	59,694	2,357,788
450	West Texas Centers	970,844	5,189	-	976,033
	Community Services TOTAL	72,905,515	864,773	3,554,580	77,324,868

**Attachment C
Local Authorities Funding
Quarterly Payments**

#	Local Authorities	Quarter 1 (30%)	Quarter 2 (30%)	Quarter 3 (20%)	Quarter 4 (20%)	Total Local Authorities Allocation
440	Anderson/Cherokee Community Enrichment Services	301,558	301,558	201,039	201,038	1,005,193
190	Andrews Center	371,976	371,976	247,984	247,984	1,239,920
30	Austin-Travis County Integral Care	901,536	901,536	601,024	601,025	3,005,121
10	Betty Hardwick Center	312,165	312,165	208,110	208,111	1,040,551
051	Alamo Local Authority for IDD	1,109,237	1,109,237	739,491	739,490	3,697,455
460	Bluebonnet Trails Community Services	771,812	771,812	514,541	514,541	2,572,706
485	Border Region Behavioral Health Center	438,147	438,147	292,098	292,097	1,460,489
250	MHMR Authority of Brazos Valley	333,119	333,119	222,079	222,080	1,110,397
260	Burke Center	335,865	335,865	223,910	223,909	1,119,549
490	Camino Real Community Services	425,156	425,156	283,437	283,437	1,417,186
60	Center for Life Resources	147,122	147,122	98,081	98,082	490,407
40	Central Counties Services	372,499	372,499	248,333	248,333	1,241,664
70	Central Plains Center	145,405	145,405	96,936	96,936	484,682
475	Coastal Plains Community Center	377,963	377,963	251,975	251,975	1,259,876
240	Community HealthCore	377,593	377,593	251,728	251,728	1,258,642
160	MHMR Services for the Concho Valley	227,677	227,677	151,785	151,784	758,923
300	Metrocare SERVICES	2,129,649	2,129,649	1,419,766	1,419,766	7,098,830
400	Denton County MHMR Center	543,031	543,031	362,021	362,021	1,810,104
90	Emergence Health Network	539,003	539,003	359,335	359,336	1,796,677
110	Gulf Bend Center	103,376	103,376	68,918	68,918	344,588
100	Gulf Coast Center	547,835	547,835	365,223	365,224	1,826,117
280	MHMR Authority of Harris County	2,637,226	2,637,226	1,758,151	1,758,151	8,790,754
220	Heart of Texas Region MHMR Center	483,499	483,499	322,333	322,332	1,611,663
230	Helen Farabee Center	331,266	331,266	220,844	220,844	1,104,220
470	Hill Country Community MHDD Centers	540,626	540,626	360,417	360,418	1,802,087
480	Lakes Regional MHMR Center	597,272	597,272	398,181	398,182	1,990,907
410	LifePath Systems	355,169	355,169	236,779	236,778	1,183,895
150	Starcare Specialty Health System	364,539	364,539	243,026	243,027	1,215,131
180	MHMR of Nueces County	237,159	237,159	158,106	158,105	790,529
350	Pecan Valley Centers	196,349	196,349	130,899	130,900	654,497
170	Permian Basin Community Centers	273,418	273,418	182,279	182,278	911,393
140	Spindletop Center	977,003	977,003	651,335	651,336	3,256,677
200	MHMR of Tarrant County	1,853,067	1,853,067	1,235,378	1,235,379	6,176,891
430	Texana Center	854,168	854,168	569,446	569,446	2,847,228
20	Texas Panhandle Centers	968,094	968,094	645,396	645,397	3,226,981
290	Texoma Community Center	219,406	219,406	146,271	146,270	731,353
380	Tri-County Services	497,329	497,329	331,553	331,553	1,657,764
130	Tropical Texas Behavioral Health	707,336	707,336	471,558	471,558	2,357,788
450	West Texas Centers	292,810	292,810	195,207	195,206	976,033
	Community Services TOTAL	23,197,460	23,197,460	15,464,973	15,464,975	77,324,868

Attachment D
FY 2014 Local Authorities Required Local Match

Component #	Local Authorities	Total Original Allocations Requiring Local Match	Required Match %	Required Local Match \$ Amount
440	Anderson-Cherokee Community Enrichment Services	996,545	7.2%	71,751
190	Andrews Center	1,222,625	8.8%	107,591
30	Austin Travis County Integral Care	2,655,100	10.8%	286,751
10	Betty Hardwick Center	632,566	8.9%	56,298
051	Alamo Local Authority for IDD	3,411,959	9.0%	307,076
460	Bluebonnet Trails Community Centers	2,550,222	9.4%	239,721
485	Border Region MHMR Community Center	1,455,300	6.1%	88,773
250	MHMR Authority of Brazos Valley	817,193	8.0%	65,375
260	Burke Center	789,977	8.2%	64,778
490	Camino Real Community Services	1,416,321	7.0%	99,142
60	Center for Life Resources	481,759	9.2%	44,322
40	Central Counties Center for MHMR	1,230,422	9.8%	120,581
70	Central Plains Center	482,088	8.4%	40,495
475	Coastal Plains Community Center	1,259,876	8.9%	112,129
240	Community Healthcore	1,230,104	9.3%	114,400
160	MHMR Services for the Concho Valley	516,941	9.3%	48,076
300	Metrocare SERVICES	7,063,374	11.3%	798,161
400	Denton County MHMR Center	1,291,487	10.6%	136,898
90	Emergence Health Network	1,682,830	7.5%	126,212
110	Gulf Bend Center	335,940	9.6%	32,250
100	Gulf Coast Center	1,793,256	10.2%	182,912
280	MHMR Authority of Harris County	8,681,794	12.2%	1,059,179
220	Heart of Texas Region MHMR Center	1,256,867	8.2%	103,063
230	Helen Farabee Centers	1,089,519	8.8%	95,878
470	Hill Country MHDD Centers	1,787,386	9.3%	166,227
480	Lakes Regional MHMR Center	1,965,829	9.0%	176,925
410	LifePath Systems	1,167,464	13.1%	152,938
150	Starcare Speciality Health System	982,249	8.7%	85,456
180	MHMR of Nueces County	501,687	9.6%	48,162
350	Pecan Valley Centers	630,283	9.2%	57,986
170	Permian Basin Community Centers	901,880	12.5%	112,735
140	Spindletop Center	3,238,517	9.9%	320,613
200	MHMR of Tarrant County	6,124,140	10.2%	624,662
430	Texana Center	2,428,001	11.4%	276,792
20	Texas Panhandle Centers	3,211,415	9.4%	301,873
290	Texoma Community Services	727,894	8.8%	64,055
380	Tri-County Services	1,637,009	11.0%	180,071
130	Tropical Texas Behavioral Health	2,286,852	5.5%	125,777
450	West Texas Centers	970,844	8.2%	79,609
Local Authority Total		72,905,515		7,175,694

ATTACHMENT E

Description of Consumers

A. Priority Population

The priority population consists of:

- persons with an intellectual disability, as defined by Texas Health and Safety Code §591.003;
- individuals with a pervasive developmental disorder (including autism) or autism spectrum disorder, as defined in the Diagnostic and Statistical Manual of Mental Disorders;
- individuals with a related condition, listed in http://www.dads.state.tx.us/providers/guidelines/ICD-9-CM_Diagnostic_Codes.pdf, who are eligible for, and enrolling in services in the ICF/IID Program, Home and Community-based Services (HCS) Program, or Texas Home Living (TxHmL) Program;
- nursing facility residents who are eligible for specialized services for intellectual disability or a related condition pursuant to Section 1919(e)(7) of the Social Security Act; and
- children who are eligible for Early Childhood Intervention services through the Department of Assistive and Rehabilitative Services (DARS).

The determination of eligibility for the priority population must be made through the use of assessments and evaluations performed by qualified professionals. Individuals who are members of the priority population are eligible to receive IDD services identified in Attachment F, as appropriate for the individual's level of need, eligibility for a particular service, and the availability of that service.

Since resources are insufficient to meet the service needs of every consumer in the priority population, services should be provided to meet the most intense needs first. Intense needs are determined as follows:

- an individual is in danger or at risk of losing his or her support system, especially the living arrangement or supports needed to maintain self;
- an individual is at risk of abuse or neglect;
- an individual's basic health and safety needs not being met through current supports;
- an individual is at risk for functional loss without intervention or preventive or maintenance services; or
- an individual demonstrates repeated criminal behavior.

B. Miscellaneous

An LA may serve consumers who have resided in a state supported living center on a regular admission status, but who may not be in the priority population.

ATTACHMENT F Description of IDD Services

* Indicates that the LA must establish a reasonable standard charge for this service. For those services that have multiple grid codes (as listed on the last page of this attachment), the LA must establish a standard charge for each service grid code.

SERVICE CATEGORY	DESCRIPTION -- Additional requirements are contained in the Service Definition Manual, available at www.dads.state.tx.us	Required by Law / Optional
Screening (a service that is an authority function that may be subcontracted)	Gathering information to determine a need for services. This service is performed face-to-face or by telephone contact with persons. Screening includes the process of documenting consumers' initial and updated preferences for services and the LA's biennial contact of consumers on the HCS Interest List. The service does not include providing information and referrals.	Optional
Eligibility Determination (a service that is an authority function that may be subcontracted)	An interview and assessment or an endorsement conducted in accordance with Texas Health and Safety Code, §593.005, and 40 TAC Chapter 5, Subchapter D to determine if an individual has an intellectual disability or is a member of the IDD priority population.	Required This meets the requirements of §534.053(a)(3).
* Service Coordination (a service that is an authority function that may NOT be subcontracted)	Assistance in accessing medical, social, educational, and other appropriate services and supports that will help a consumer achieve a quality of life and community participation acceptable to the consumer as described in the plan of services and supports. Service coordination functions are: <ul style="list-style-type: none"> ▪ assessment — identifying the consumer's needs and the services and supports that address those needs as they relate to the nature of the consumer's presenting problem and disability; ▪ service planning and coordination — identifying, arranging, advocating, collaborating with other agencies, and linking for the delivery of outcome-focused services and supports that address the consumer's needs and desires; ▪ monitoring — ensuring the consumer receives needed services, evaluating the effectiveness and adequacy of services, and determining if identified outcomes are meeting the consumer's needs and desires; and ▪ crisis prevention and management — linking and assisting the consumer to secure services and supports that will prevent or manage a crisis. <p>The plan of services and supports is based on a person-directed process that is consistent with the DADS <i>Person Directed Planning Guidelines</i> and describes:</p>	Required This meets the requirements of §534.053(a)(4),(5).

SERVICE CATEGORY	DESCRIPTION -- Additional requirements are contained in the Service Definition Manual, available at www.dads.state.tx.us	Required by Law / Optional
	<ul style="list-style-type: none"> ▪ the consumer's desired outcomes; and ▪ the services and supports, including service coordination services, to be provided to the consumer, with specifics concerning frequency and duration. <p>This service category includes the following:</p>	
	<p>A. Basic Service Coordination: Service Coordination performed in accordance with 40 TAC Chapter 2, Subchapter L, for a consumer who:</p> <ul style="list-style-type: none"> ▪ has been assessed as having more than one need; or ▪ is enrolled in the TxHmL or HCS Program. <p>A consumer who resides in an ICF/IID, including a state supported living center (SSLC), is not eligible for this service.</p>	
	<p>B. Continuity of Services: Activities performed in accordance with:</p> <ul style="list-style-type: none"> ▪ 40 TAC Chapter 2, Subchapter F, for a consumer residing in an SSLC whose movement to the community is being planned or for a consumer who formerly resided in a state facility and is on community-placement status, or ▪ Article II. B. 4. of this Contract for a consumer enrolled in the ICF/IID program to maintain the consumer's placement or to develop another placement for the consumer. 	
	<p>C. Service Authorization and Monitoring: Services provided to a consumer who is assessed as having a single need (provision of this service counts toward Total Served if the consumer is receiving no other general revenue-funded IDD service).</p>	
	<p>D. Service Coordination – HCS or TxHmL Program Service Coordination for consumers enrolled in the Home and Community-based Services (HCS) Program or Texas Home Living (TxHmL) Program in accordance with 40 TAC Chapter 9, Subchapter D or Subchapter N.</p>	
* IDD Community Services (provider services that may be subcontracted)	Services provided to assist a consumer to participate in age-appropriate community activities and services. The type, frequency, and duration of services are specified in the consumer's plan of services and supports. This service category includes:	

SERVICE CATEGORY	DESCRIPTION -- Additional requirements are contained in the Service Definition Manual, available at www.dads.state.tx.us	Required by Law / Optional
	<p>A. Community Support: Individualized activities that are consistent with the consumer's plan of services and supports and provided in the consumer's home and at community locations (e.g., libraries and stores). Supports include:</p> <ul style="list-style-type: none"> ▪ habilitation and support activities that foster improvement of, or facilitate, a consumer's ability to perform functional living skills and other daily living activities; ▪ activities for the consumer's family that help preserve the family unit and prevent or limit out-of-home placement of the consumer; ▪ transportation for a consumer between home and the consumer's community employment site or day habilitation site; and ▪ transportation to facilitate the consumer's employment opportunities and participation in community activities. 	Optional
	<p>B. Respite: Planned or emergency short-term relief services provided to the consumer's unpaid caregiver when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances. This service provides a consumer with personal assistance in daily living activities (e.g., grooming, eating, bathing, dressing and personal hygiene) and functional living tasks. The service includes assistance with: planning and preparing meals; transportation or assistance in securing transportation; assistance with ambulating and mobility; reinforcement of behavioral support or specialized therapies activities; assistance with medications and the performance of tasks delegated by an RN in accordance with state law; and supervision of the consumer's safety and security. The service also includes habilitation activities, use of natural supports and typical community services available to all people, social interaction and participation in leisure activities, and assistance in developing socially valued behaviors and daily living and functional living skills.</p>	<p>Required</p> <p>This meets the requirements of §534.053(a)(4).</p>
	<p>C. Employment Assistance: Assistance to a consumer in locating paid, individualized, competitive employment in the community, including:</p> <ul style="list-style-type: none"> ▪ helping the consumer identify employment preferences, job skills, work requirements and conditions; and ▪ identifying prospective employers offering employment compatible with the consumer's identified preferences, skills, and work requirements and conditions. 	Optional
	<p>D. Supported Employment: Supported employment is provided to a consumer who has paid, individualized, competitive employment in the community (i.e., a setting that includes non-disabled workers) to help the consumer sustain that employment. It includes individualized support services consistent with the consumer's plan of services and supports as well as supervision and training.</p>	Optional

SERVICE CATEGORY	DESCRIPTION -- Additional requirements are contained in the Service Definition Manual, available at www.dads.state.tx.us	Required by Law / Optional
	<p>E. Behavioral Support: Specialized interventions by professionals with required credentials to assist a consumer to increase adaptive behaviors and to replace or modify maladaptive behavior that prevent or interfere with the consumer's inclusion in home and family life or community life. Support includes:</p> <ul style="list-style-type: none"> ▪ assessing and analyzing assessment findings so that an appropriate behavior support plan may be designed; ▪ developing an individualized behavior support plan consistent with the outcomes identified in the consumer's plan of services and supports; ▪ training and consulting with family members or other providers and, as appropriate, the consumer; ▪ and monitoring and evaluating the success of the behavioral support plan and modifying the plan as necessary. 	Optional
	<p>F. Nursing: Treatment and monitoring of health care procedures prescribed by physician or medical practitioner or required by standards of professional practice or state law to be performed by licensed nursing personnel.</p>	Optional
	<p>G. Specialized Therapies: Specialized therapies are:</p> <ul style="list-style-type: none"> ▪ assessment and treatment by licensed or certified professionals for: <ul style="list-style-type: none"> • social work services; • counseling services; • occupational therapy; • physical therapy; • speech and language therapy; • audiology services; • dietary services; and • behavioral health services, other than those provided by a local mental health authority pursuant to its contract with the Department of State Health Services (DSHS); and ▪ training and consulting with family members or other providers. 	Optional
	<p>H. Vocational Training: Day Training Services provided to a consumer in an industrial enclave, a work crew, a sheltered workshop, or an affirmative industry, to enable the consumer to obtain employment. Contract funds are not used for the cost of production.</p>	Optional

SERVICE CATEGORY	DESCRIPTION -- Additional requirements are contained in the Service Definition Manual, available at www.dads.state.tx.us	Required by Law / Optional
	<p>I. Day Habilitation: Assistance with acquiring, retaining, or improving self help, socialization, and adaptive skills necessary to live successfully in the community and to participate in home and community life. Individualized activities are consistent with achieving the outcomes identified in the consumer's plan of services and supports and activities are designed to reinforce therapeutic outcomes targeted by other service components, school or other support providers. Day habilitation is normally furnished in a group setting other than the consumer's residence for up to six (6) hours a day, five (5) days per week on a regularly scheduled basis. The service includes personal assistance for consumers who cannot manage their personal care needs during the day habilitation activity as well as assistance with medications and the performance of tasks delegated by a RN in accordance with state law.</p>	Optional
Residential Services (provider services that may be subcontracted)	Twenty-four hour services provided to a consumer who does not live independently or with his or her natural family. These services are provided by employees or contractors of the LA who regularly stay overnight in the consumer's home. This service category includes:	Optional
	A. Family Living: Residential Services provided to no more than three consumers living in a single residence that is not a Contracted Specialized Residence.	
	B. Residential Living: Residential Services provided to more than three consumers living in a single residence that is not a Contracted Specialized Residence.	
	C. Contracted Specialized Residences: Residential Services provided to an consumer in a general hospital, a substance abuse program, an autism program, or an AIDS hospice.	

Service Category	CARE Code	Grid Code	Name of Service	Report III-IDD Crosswalk
Screening	NA	311	Screening	A.1.1
Eligibility Determination	R005	321	Eligibility Determination (DID / endorsement)	A.1.1
NA	NA	323	ICAP without DID	A.1.1
Service Coordination	R014	351	Basic Service Coordination (SC)	A.1.1
	R019	341	SC – Continuity of Services	A.1.1
	R017	355	SC - Service Authorization and Monitoring	A.1.1
	R014 R01A	351	SC - HCS or TxHmL Program RO14 is used to represent the service delivery and RO1A is used to identify the service coordinator. Both codes are necessary.	A.1.1
IDD Community Services	R021	3101	Community Support	A.4.2
	R022	3122 hourly, 3132 daily	Out-of-Home Respite	A.4.2
	R023	3123 hourly, 3133 daily	In-Home Respite	A.4.2
	R041	3401	Employment Assistance	A.4.2
	R042	3402	Supported Employment	A.4.2
	R043	3403	Vocational Training	A.4.2
	R053	3104	Day Habilitation	A.4.2
	R055	3206	Behavioral Support	A.4.2
	R054	3209	Nursing	A.4.2
	RO54	3201 speech / language 3202 PT 3203 OT 3211 behavioral health services 3210 social work, counseling, audiology, and dietary	Specialized Therapies	A.4.2
Residential Services	R031	3301	Residential - Family Living	A.4.2
	R032	3304	Residential Living	A.4.2
	R033	3303	Contracted Specialized Residences	A.4.2
NA	NA	360	Benefits Eligibility Determination	A.1.1
NA	NA	345	Permanency Planning Review	A.1.1
NA	NA	365	Community Living Options Information Process (CLOIP)	A.4.2
NA	NA	311	PASRR Level II Evaluation	A.1.1.

ATTACHMENT G

Requirements for Individuals with IDD Related to Nursing Facilities

I. General Requirements:

A. As used in this Attachment:

1. “Individual” means an individual 21 years of age or older with an intellectual disability, related condition, or both who is a Medicaid recipient.
2. “Individual in a nursing facility” means an individual who is residing in a nursing facility and has been referred for a stay greater than 90 days or who has been and determined eligible to need a stay greater than 90 days.
3. “Individual in the community” means an individual who has transitioned or been diverted from a nursing facility through enrollment in community-based Medicaid services, until one year after the date of enrollment.

B. The LA must designate and report the following to DADS on Form S:

1. A designated contact for Pre Admission Screening and Resident Review (PASRR) requirements.
2. A Diversion Coordinator to identify and arrange community services to divert individuals from nursing facilities. The designated Diversion Coordinator must be at least credentialed as a qualified intellectual disabilities professional (QIDP) who has experience in coordinating and/or providing services to individuals with IDD, including those with complex medical needs, in the community; and
3. At least one medical specialist, who is a qualified registered nurse, advanced practice nurse, or medical doctor, to provide training, technical assistance, and support, as needed, to residential and other providers who serve individuals with IDD with complex medical needs who have been diverted or transitioned from nursing facilities to services in the community.

C. Upon notice from and in a format approved by DADS, the LA must provide data and other information related to the services and requirements described in this Attachment.

D. Upon notification by DADS, at least quarterly the LA must provide or arrange for the provision of educational or informational activities

addressing community living options for individuals in nursing facilities and their families. These activities may include family-to-family and peer-to-peer programs, providing information about the benefits of community living options, facilitating visits in such settings, and offering opportunities to meet with other individuals who are living, working, and receiving services in integrated settings, with their families, and with community providers.

1. These educational or informational activities must be provided by persons who are knowledgeable about community services and supports.
2. These activities must not be provided by nursing facility staff or others with a contractual relationship with nursing facilities, with the exception of providers of PASRR related specialized services.

II. Pre Admission Screening and Resident Review (PASRR)

The LA must:

- A. Comply with all PASRR requirements in the LA's Medicaid Provider Agreement for the Provision of Intellectual Disability Service Coordination and PASRR and 40 TAC, Chapter 17.
- B. Upon notification by DADS, negotiate and comply with screening and/or evaluation requirements and timetables identified in any negotiated Plan of Completion or Implementation Plan, approved by DADS, for individuals identified by DADS.

III. Nursing Facility Diversion

- A. When conducting the PASRR evaluation, the LA must inform individuals referred for admission to a nursing facility, their families, and LAR of community options, services, and supports for which the individual may be eligible. The LA, under the direction of the Diversion Coordinator, must identify, arrange, and coordinate access to these services in order to avoid admission to a nursing facility, wherever possible and consistent with an individual's informed choice.
- B. Initiation of enrollment in community-based Medicaid services as a diversion from admission to a nursing facility occurs before the individual's admission to a nursing facility or within 90 days after admission to a nursing facility when, consistent with the PASRR evaluation, community living options, services, and/or supports provide an appropriate alternate placement to avoid admission to, or a stay beyond 90 days in, a nursing facility, consistent with the individual's choice.

- C. The LA must ensure that no individual in a nursing facility will be served in another nursing facility or in a residential setting that serves more than four individuals, and that no individual in the community will be served in a residential setting that serves more than four individuals, unless the Diversion Coordinator:
1. In consultation with the individual's service planning team (SPT), attempted and was unable to address barriers to placement in a more integrated setting; and
 2. Verified that the individual, family, and/or LAR made an informed decision regarding alternate living options.

IV. Service Coordination

- A. Unless an individual refuses service coordination, the LA must assign a service coordinator to an individual as follows:
1. For an individual in a nursing facility identified through a PASRR evaluation on or after September 1, 2013, the LA must offer and assign a service coordinator within 30 days after completion of the individual's evaluation.
 2. The LA must negotiate, develop, and implement a plan, approved by DADS, to contact, offer and assign a service coordinator for:
 - a. An individual in a nursing facility who was not receiving service coordination as of May 24, 2013; and
 - b. An individual in a nursing facility identified through a PASRR evaluation conducted between May 24, 2013, and September 1, 2013, but who is not receiving service coordination.
- B. The assigned service coordinator for an individual in a nursing facility or an individual in the community is responsible for:
1. Convening and facilitating the individual's service planning team (SPT);
 2. Facilitating the development of the individual's service plan;
 3. Facilitating revisions to the service plan, as needed; and
 4. Facilitating the coordination of services and supports.

- C. The assigned service coordinator must meet face-to-face with an individual in a facility and an individual in the community on a monthly basis, or more frequently if needed.
- D. For an individual in a nursing facility, the LA must ensure the service coordinator:
 - 1. Upon the individual's admission to a nursing facility and at least every six months thereafter, provides information and discusses with the individual and LAR about the range of community living service and support options and alternatives in order to better enable the individual and LAR to make an informed decision about transitioning;
 - 2. Facilitates visits to community programs when appropriate and addresses concerns about community living;
 - 3. Ensures that the individual receives the educational and informational activities described in I.D. of this attachment;
 - 4. Facilitates coordination between an individual's service plan and the nursing facility's plan of care; and
 - 5. Coordinating and ensuring consistent implementation of the nursing facility community options information process developed by DADS.
- E. For an individual in a nursing facility who is transitioning to the community, the LA must ensure the service coordinator facilitates the SPT's transition planning responsibilities, including the development of a Community Living Discharge Plan (CLDP) as described in Section VI of this attachment.
- F. For an individual in the community for whom the LA provides service coordination, the LA must ensure the service coordinator:
 - 1. Is responsible for the requirements described in IV.B. of this attachment;
 - 2. Inquires about any recent hospitalizations, emergency department contacts, increased physician visits, or other crises, including medical crises. If the individual experiences any hospitalization, emergency room contacts, and/or crises, the service coordinator must convene the SPT to identify all necessary modifications to the individual's service plan and must work with the SPT to arrange for any additional needed services or supports;

3. Records health care status sufficient to readily identify when changes in the individual's status occurs; and
 4. Ensures that the individual receives timely initial and ongoing assessments of medical, nursing, and nutritional management needs.
- G. The LA must ensure that caseload ratios for service coordinators are sufficient to effectively serve individuals in a nursing facility and individuals in the community, and are based on individual needs and the person-centered planning process, recognizing that transitioning an individual from a nursing facility to a community placement and that serving individuals with complex needs in the community can require intensive service coordination.
- H. For an individual in the community for whom the LA provides service coordination, after the individual has been enrolled in the community program for 180 days, the LA must continue to identify and track that individual with the service coordination frequency required by the rules for the community program in which the individual is being served.

V. Service Planning Team (“SPT”)

- A. The LA must ensure that the SPT for an individual in a nursing facility and an individual in the community is convened at least quarterly, or more frequently if requested by the individual or LAR, or if there is a change in service needs.
- B. The SPT must ensure that an individual in a nursing facility or an individual in the community, regardless of whether he or she has an LAR, participates in the SPT to the fullest extent possible and will receive the support necessary to do so, including, but not limited to, communication supports.
- C. For an individual in a nursing facility or an individual in the community for whom the LA provides service coordination, the LA must ensure that the SPT will:
1. Develop a service plan that:
 - a. Is individualized and developed through a person-centered process;
 - b. Identifies the individual’s strengths; preferences; medical, nursing, nutritional management, clinical, and support needs; and desired outcomes; and

- c. Identifies the services and supports that are needed to meet the individual's needs, achieve the desired outcomes, and maximize the person's ability to live successfully in the most integrated setting possible.
 2. Assess the adequacy of the services and supports that the individual is receiving; and
 3. Monitor the individual's service plan to make timely additional referrals, service changes, and amendments to the plan as needed.
- D. For an individual in a nursing facility for whom the LA provides service coordination, the LA must ensure that the SPT will:
 1. Include the following persons: the individual being served; his or her LAR; the service coordinator; nursing facility staff familiar with the individual's needs; persons providing specialized services for the individual; and, if a specific alternate placement provider has been selected, a representative from that provider. The SPT may include: other concerned persons whose inclusion is requested by the individual or the LAR and, at the discretion of the LA, other persons who are directly involved in the delivery of services to individuals with IDD;
 2. Identify the specific specialized services to be provided to the individual, including the amount, intensity, and frequency of each specialized service;
 3. Be responsible for planning, ensuring the implementation of, and monitoring all specialized services identified in the service plan, and transition planning in coordination with the nursing facility's care planning team; and
 4. Ensure that the individual's service plan, including specialized services, is integrated into the nursing facility's plan of care and that specialized services are planned, provided, and monitored in a consistent manner, and integrated with the services provided by the nursing facility.
- E. For an individual in the community for whom the LA provides service coordination, the SPT will:
 1. Include the persons specified in the rules for the program in which the individual is enrolled;

2. Be responsible for planning, ensuring the implementation of, and monitoring all services identified in the service plan; and
3. Determine the sufficient frequency of face-to-face service coordination contacts based on risk factors including, but not limited to, recent transition from a nursing facility, the assessed need for more intensive monitoring; recent or repeat hospitalizations; recent or repeat emergency room contacts; or factors placing the individual at risk of readmission to a nursing facility due to identified medical, psychiatric, or behavioral conditions.

VI. Transitioning from Nursing Facilities

- A. Upon notification by DADS that an individual in a nursing facility whose response in Section Q of the MDS 3.0 indicated that the individual is interested in speaking with someone about returning to the community, the LA, within 30 days after receipt of this information, must contact the individual to determine whether the individual is interested in transitioning to the community.
- B. For an individual in a nursing facility whose PASRR evaluation reflects that the individual's needs can be met in an appropriate community setting or who expresses an interest in transitioning to the community the SPT must create a CLDP.
 1. A CLDP:
 - a. describes the activities, timetable, responsibilities, services, and supports involved in assisting the individual to consider community living options, choose a provider, and transition from the nursing facility to the community; and
 - b. specifies the frequency of monitoring visits by the service coordinator and identify at least three monitoring visits during the first 90 days following the individual's move, including one within the first seven days.
 2. The SPT must develop, implement, monitor, and revise the CLDP as necessary.
- C. For an individual in a nursing facility who is transitioning to the community, the LA must ensure that:
 1. Trail visits to providers in the community are facilitated for the individual, including overnight visits where feasible.

2. Enrollment in the HCS or TxHmL program for the individual must occur within the time frames described in Attachment K, specifically II.A.1, unless DADS grants an extension to the LA.
 3. All essential supports identified in the individual's CLDP are in place prior to the individual's transition to the community, and that the determination of such is documented.
 4. The service coordinator conducts monitoring:
 - a. in accordance with the CLDP, including at least three monitoring visits during the first 90 days following the individual's move, including one within the first 7 days; and
 - b. using the monitoring tool developed by DADS.
 5. In the event the SPT makes a recommendation that the individual maintain placement at a nursing facility, the SPT must:
 - a. document the reasons for the decisions,
 - b. identify the barriers to placement in a more integrated setting, and
 - c. describe in the service plan the steps the team will take to address those barriers.
- D. The LA must track all individuals in a nursing facility who express an interest in transitioning to the community to any employee, contractor, or provider of specialized services.

VII. Specialized Services Provided by the Local Authorities

For an individual in a nursing facility, the LA must:

1. provide specialized services to the individual as required by rules governing PASRR (40 TAC, Chapter 17);
2. monitor the delivery of all specialized services provided to the individual; and
3. request reimbursement for the delivery of specialized services provided by the LA in accordance with DADS instructions.

ATTACHMENT H

Authority Functions

I. Local Planning

The LA shall:

- A. Develop and implement a local plan that is:
 - 1. consistent with the DADS strategic priorities referenced in the Health and Human Services System Strategic Plan at http://www.hhs.state.tx.us/StrategicPlans/SP11-15/Strategic_Plan.pdf ; and
 - 2. in accordance Texas Health and Safety Code (THSC), §533.0352.

- B. Post the current local plan on the LA's Internet website or the website of one of the LA's local sponsoring agencies.

- C. Through its local board, appoint, charge, and support one or more Planning and Network Advisory Committees (PNACs). The role of the PNAC is to represent the perspectives of consumers, family members and other stakeholders on the provision of services and supports. The PNAC ensures that stakeholders' input plays a significant role in the local planning and networking process as well as in policy making and service delivery design. It acts as a liaison between the local board and community by advocating for community needs, and becoming a catalyst for a broader scope of participation.
 - 1. The PNAC must be composed of at least nine members, fifty percent of whom shall be Consumers or family members of Consumers, including family members of children or adolescents, or another composition approved by DADS. The LA shall fill any vacancy on the PNAC within three months of the creation of the vacancy or within the timeframe required by the LA's bylaws;
 - 2. PNAC members must be objective and avoid even the appearance of conflicts of interest in performing the responsibilities of the committee;
 - 3. The LA shall establish outcomes and reporting requirements for each PNAC in accordance with relevant portions of the *Guidelines for Local Service Area Planning*;
 - 4. The LA shall ensure all PNAC members receive initial and ongoing training and information necessary to achieve expected outcomes in accordance with relevant portions of the *Guidelines for Local Service Area Planning*;
 - 5. The LA may develop alliances with other LAs to form regional PNACs; and
 - 6. The LA may develop a combined IDD and mental health PNAC. If the LA develops such a PNAC, the fifty percent consumer and family member representation must consist of equal numbers of mental health and IDD consumers and family members.

II. Policy Development

The LA shall develop and implement policies to address the needs of the LSA in accordance with state and federal laws. The policies shall include consideration of public input, best value, and consumer care issues.

III. Coordination

The LA shall:

- A. Ensure coordination of services within the LSA. Such coordination must ensure collaboration with other agencies, criminal justice entities, other child-serving agencies (e.g., Texas Education Agency (TEA), Department of Family and Protective Services (DFPS)), family advocacy organizations, local businesses, and community organizations;
- B. In accordance with applicable rules, ensure that services are coordinated:
 1. Among network providers; and
 2. Between network providers and other persons necessary to establish and maintain continuity of services;
- C. Provide consumers a choice among all eligible network providers;
- D. Participate in the Community Resource Coordination Group for Children and Adolescents (CRCG) and the Community Resource Coordination Group for Adults (CRCGA) in the LSA, in accordance with the memorandum of understanding, described in the CRCG - MOU, required by the Texas Government Code (TGC) §531.055 (regarding Memorandum of Understanding on Services for Persons Needing Multiagency Services), by providing one or more representatives to each group with authority and expertise in IDD services;
- E. Notify the CRCG in the county of residence of the parent or guardian of a person younger than 22 years of age with a developmental disability if such a person will be placed by the LA in a group home or other residential facility, as required by TGC §531.154(a)(3); and
- F. Cooperate with TEA in individual transition planning for child and adult consumers receiving special education services, in accordance with 34 CFR §300.320(b), Definition of individualized education program, §300.321(b), IEP Team.

IV. Resource Development

The LA shall:

- A. Identify and create opportunities to make additional resources available to the LSA which will ultimately benefit consumers (e.g., applying for grants and partnering with other organizations); and

- B. Optimize earned revenues and maintain a Claims Management System.

V. Resource Allocation

The LA shall:

- A. Maintain an administrative and fiscal structure that separates local authority and provider functions, including ensuring service coordinators do not perform provider functions; and
- B. Ensure best value in the distribution of resources through the provider network and implement utilization management activities to ensure efficient use of resources.

VI. Oversight of IDD Services

The LA shall:

- A. Ensure the provision of IDD services by assembling and managing a network that offers consumer choice to the extent possible and ensure that providers are selected based on their qualifications and representation of best value;
- B. Subcontract in accordance with applicable laws and DADS rules governing contracts management for local authorities (40 TAC Chapter 2, Subchapter B);
- C. Objectively monitor and evaluate service delivery and provider performance;
- D. Require contracted medical service providers to meet the same professional qualifications as medical service providers employed by the LA;
- E. Consider public input, ultimate cost benefit, and client care issues to ensure consumer choice and the best use of public money in assembling a network of services providers and in making recommendations relating to the most appropriate and available treatment alternatives for consumers;
- F. Respond appropriately to provider complaints and appeals;
- G. Comply with the following requirements relating to the LA's Quality Management Program:
 - 1. Develop, update as necessary, and implement a Quality Management Plan that describes the LA's quality management program, including the LA's methods for:
 - a. Involving stakeholders in the quality management program;
 - b. Measuring, assessing, and improving the LA's authority functions;
 - c. Measuring, assessing, and improving the services provided by or through the LA;

- d. Measuring, analyzing, and improving service capacity and access to services;
 - e. Measuring, assessing, and reducing critical incidents and incidents of consumer abuse, neglect and exploitation and improving the consumer rights protection process;
 - f. Assessing and improving the process for reviewing rights restrictions; and
 - g. Measuring, assessing, and improving the accuracy of data reported by the LA.
2. Make the current Quality Management Plan available to DADS staff and to the public upon request;
 3. For a deficiency identified by DADS related to critical health, safety, rights, or abuse and neglect, immediately correct the deficiency and within five business days after receipt of a request from DADS, develop a corrective action plan (CAP) that adequately addresses the correction of the deficiency that includes a description of local oversight activities to monitor and maintain the correction of the identified problem, and submit, in accordance with Attachment N (Submission Calendar), to DADS for approval; and
 4. Within 30 days after receipt of a request from DADS, develop a CAP that adequately addresses the correction of a deficiency other than one related to critical health, safety, rights, or abuse and neglect that was identified by DADS during oversight activities and that includes a description of local oversight activities to monitor and maintain the improvement of the identified problem, and submit, in accordance with Attachment N (Submission Calendar), to DADS for approval.

VII. Other Authority Functions

In addition to the authority functions described in Sections I through VI of this Attachment H, the following are considered to be authority functions:

- A. screening, eligibility determination; and service coordination as described in Attachment F;
- B. maintaining the LA's HCS Interest List as described in Attachment J;
- C. enrollments in Medicaid programs as described in Attachments K and R;
- D. conducting intake activities and providing an explanation of IDD services and supports as described in Attachment M; and
- E. permanency planning, as described in Attachment S.

ATTACHMENT I

(Note: Submit this Attachment with the FYs 14 & 15 Performance Contract to your Contract Manager)

Special Terms and Conditions

When terms and conditions outside those specifically addressed elsewhere in this Contract are necessary, these will be addressed in this attachment. This attachment must include the following: description of action to be taken, including justification of need for such action, reporting mechanisms, and expected outcomes, including timeframes.

LA Name: _____

Assistant Commissioner Date
Access & Intake, DADS

Executive Director Date
LA

ATTACHMENT J

HCS Interest List Maintenance

- I. The LA shall comply with the HCS Interest List Manual, which is available at <http://www2.mhmr.state.tx.us/655/CIS/Training/files/MRInterestList.pdf>. The manual addresses creating an HCS interest list record, adding an individual's name to the HCS interest list, deleting an individual's name from the HCS interest list, and conducting biennial contacts for individuals on the HCS interest list.

The LA must monitor and review pertinent XPTR reports (i.e., HC027880.W, HC027882.W, HC027883.M, and HC027884.W) to ensure compliance with the outcome targets for biennial contacts as required in Attachment B (Performance Measures and Outcome Targets).

- II. Requesting DADS to Change HCS Interest List Information

A request for DADS to change HCS Interest List information for a consumer must be made by the IDD Services Director or a designee who reports to the IDD Services Director. A separate request for each consumer must be submitted.

- A. For a request to change HCS Interest List information because of an LA data input error or procedural error, the LA must complete and submit to the DADS contract manager a Request to Change Interest List Information for HCS (Form 8571).
- B. If the consumer identifies the HCS Program as a preferred service and the consumer informs the LA that he/she was determined ineligible for a DADS waiver (except HCS or TxHmL) due to a reason other than financial ineligibility, the LA will request that DADS change the consumer's begin date for HCS to be the consumer's "Request Date/Time" in the Community Services Interest List (CSIL) for the DADS waiver for which the consumer was denied. If the consumer is already on the Interest List for HCS, the LA will only request a begin date change if the HCS begin date is later than his/her "Request Date/Time" in CSIL for the DADS waiver for which the consumer was denied. The request must be typed and:
1. be addressed to the DADS contract manager;
 2. provide an explanation that the consumer was determined ineligible for the DADS waiver, including the name of the DADS waiver;
 3. provide the consumer's "Request Date/Time" in CSIL for the DADS waiver for which the consumer was denied eligibility; and
 4. written evidence supporting the change being requested (i.e., a copy of the letter addressed to the consumer stating that the consumer is ineligible for the DADS waiver program or other appropriate documentation).

ATTACHMENT K

Medicaid Program Enrollment Requirements

ENROLLMENT INTO THE HCS PROGRAM AND TXHML PROGRAM

- I. THE LA SHALL:
 - A. Designate staff to complete enrollments for the following waiver programs:
 - 1. Home and Community-based Services (HCS) Program; and
 - 2. Texas Home Living (TxHmL) Program.
 - B. Require designated staff to complete on-line DADS enrollment training, with at least one staff designated to receive the training annually thereafter. The training can be found at:
<http://www.dads.state.tx.us/providers/mra/training/index.html>.
 - C. Ensure designated enrollment staff do not perform functions for the LA's provider operations.
- II. THE LA SHALL:
 - A. Complete the enrollment process for each authorized consumer into the HCS Program and TxHmL Program in accordance with DADS rules and within the timeframes below (the enrollment process is complete when the consumer status in CARE screen C61 is "active" or "denied"). The LA may request an extension of the timeframes and DADS will grant an extension for good cause:
 - 1. for a consumer residing in a nursing facility — 180 calendar days after the LA was notified of the program vacancy;
 - 2. for a consumer residing in a community ICF/IID or being discharged from a state mental health facility — 90 calendar days after the LA was notified of the program vacancy; and
 - 3. for a consumer residing in his or her own or family's home — 75 calendar days after the LA was notified of the program vacancy.
 - B. Access the Service Authorization System Online (SASO) to determine if the consumer is currently enrolled in a Medicaid waiver program, and if so, the LA shall:
 - 1. inform the consumer or LAR of the requirement to choose either the program the consumer is currently enrolled in or the program that the LA is offering; and
 - 2. provide program comparison information for Texas Long-term Service and Supports Waiver Programs found at:
http://www.dads.state.tx.us/providers/waiver_comparisons/index.html.

- C. Use the HCS PDP Form 8665, as well as the form's instructions and the information contained in the discovery tool and discovery guide in the HCS Handbook appendices, when conducting person-directed planning for a consumer enrolling in the HCS Program. (Form 8665 and the information contained in the discovery tool and discovery guide may be used for developing the person-directed plan for an individual enrolling in TxHmL.)
- D. Enter the consumer's enrollment information into the CARE Automated Enrollment and Billing System screens L01, L23 (if applicable), L02, L03, L09, and L05.
- E. Review each consumer enrolling in HCS to determine if the consumer is eligible for inclusion in the Money Follows the Person (MFP) Demonstration Project as follows.
1. A consumer is eligible for inclusion in the MFP Demonstration Project if the consumer meets all of the following criteria:
 - a. the consumer must reside continuously in an institutional setting (i.e., ICF/IID, nursing facility, hospital, or state hospital) for at least 90 days prior to the HCS enrollment date *and be enrolled in HCS from a nursing facility, a large ICF/IID (14 beds or more), or a medium ICF/IID (9-13 beds)*;
 - b. the consumer's 90-day stay in the institutional setting as required by a. above excludes any days funded by Medicare;
 - c. the consumer must be Medicaid eligible under Title XIX of the Social Security Act; and
 - d. the consumer must transition from the nursing facility or ICF/IID into a qualifying residence, which is the consumer's own home or family home, a foster companion care home, a three-person group home, or a four-person group home.
 2. A consumer is eligible for inclusion in the MFP Demonstration Project if:
 - a. the consumer is a resident of a medium ICF/IID (9-13 beds) or large ICF/IID (14 beds or more);
 - b. the facility owner has an approved plan to participate in the MFP Demonstration Voluntary Closure Pilot; and
 - c. the consumer meets the eligibility criteria described in paragraph 1. a.-d above.
 3. A consumer is eligible for inclusion in the MFP Demonstration Project if the consumer is under 22 years of age and:
 - a. is a resident of a small ICF/IID (1-8 beds);
 - b. meets the eligibility criteria described in paragraph 1. a.-c. above except that the ICF/IID may be a small facility; and

- c. transitions from the small ICF/IID into the consumer's own home or family home or a foster companion care home.
 4. If the consumer is eligible for the MFP Demonstration Project, the LA will provide the consumer or LAR with a brief explanation of the project using the information on the *Informed Consent for Participation* (Form 1580-IDD) and invite the consumer and LAR to participate in the project by signing the form. If the consumer or LAR agrees, the LA will follow the instructions on the form, including completion of the "For Official Use Only" section of the form. The LA must complete the form as soon as possible and fax it to DADS immediately after completion, but no later than two weeks before the consumer is discharged from the facility. NOTE: The LA is not required to comply with this provision for a resident of a state supported living center (SSLC) who is eligible for the MFP Demonstration Project. SSLC staff are responsible for the explanation and completion and faxing of Form 1580-IDD.
 5. If the consumer or LAR signs the form, the LA must enter "Y" on the CARE screen L01 for the question MFP DEMO Y_ N_.
 6. On a case-by-case basis, DADS may determine a consumer eligible for the MFP Demonstration Project and direct the LA to comply with II.E.4. and 5. for that consumer or LAR.
- F. If the consumer being offered a program vacancy in HCS or TxHmL is enrolled in STAR+PLUS:
1. inform the consumer that disenrollment in STAR+PLUS is required in order to enroll in HCS or TxHmL;
 2. ensure the consumer's Individual Plan of Care (IPC) begins on the first day of a month;
 3. ensure the consumer's enrollment data has been entered into CARE within seven (7) days prior to the end of the month before the consumer's scheduled enrollment date; and
 4. if the LA anticipates the consumer's HCS or TxHmL enrollment will not be completed within the timeframes listed in II.A. of this attachment, request that DADS approve an extension (using Form 1045 (Request for HCS/TxHmL Enrollment Extension)) to the time allowed for the enrollment.
- G. Comply with the instructions in this section when offering an HCS or TxHmL Program vacancy:

1. For a consumer whose enrollment process is not complete within the timeframes listed in II.A. of this attachment, the LA must have, within the same timeframes:
 - a. submitted to DADS a *Verification of Freedom of Choice* form with the consumer's or LAR's signature and date declining the HCS or TxHmL Program, as appropriate;
 - b. submitted to DADS documentation that the LA sent a letter of withdrawal in accordance with DADS rules; or
 - c. submitted a request to extend to the time allowed for the enrollment (using a Request for HCS/TxHmL Enrollment Extension (Form 1045)) that DADS has approved. NOTE: A Request for HCS/TxHmL Enrollment Extension (Form 1045) received by DADS after the 15th day of the last month of a quarter will not be approved for that quarter.

2. If the LA that is authorized to offer an HCS or TxHmL program vacancy to a consumer (the authorized LA) anticipates the consumer's HCS or TxHmL enrollment will not be completed by the required date, the LA must request that DADS grant an extension (using Form 1045) to the time allowed for the enrollment and provide a reason for the delay.

For HCS only: If the reason for the delay is related to determination of Medicaid eligibility, the LA must proceed with enrollment activities and data entry of all the enrollment screens in CARE, as required by II.D. above, prior to submitting a request for extension.

For TxHmL only: If the reason for the delay is related to determination of Medicaid eligibility, the LA must proceed with enrollment activities and data entry of all the enrollment screens in CARE, as required by II.D. above, prior to submitting a request for extension *unless the LA determines the individual is likely to be denied Medicaid. In which case, the LA must provide a reason for such determination on the extension request (Form 1045).*

3. For all HCS slots and those TxHmL slots that are *not* refinance slots: If the authorized LA attempts to contact the consumer or LAR and learns that the consumer or LAR has relocated to another local authority's local service area, the authorized LA must determine the consumer's designated LA using the "Guidelines for Determining and Changing Designated LA" (see Attachment O). If the authorized LA is the designated LA, then the authorized LA will continue with all enrollment activities. If the authorized LA determines that another LA is the designated LA, then the authorized LA must forward to the designated LA a copy of the authorization letter, the Provider Choice form, and a copy of any extensions already obtained. The authorized LA must notify the appropriate staff at DADS LA section of the transfer. Once the designated LA receives the information from the authorized LA, then the designated LA becomes the authorized LA and is responsible for meeting required timeframes for enrollment or requesting an extension.

For refinance TxHmL slots only: If the authorized LA attempts to contact the consumer or LAR and learns that the consumer or LAR has relocated to another local authority's local service area, the authorized LA must contact DADS for further instructions.

4. For all HCS slots and those TxHmL slots that are *not* refinance slots: If the authorized LA contacts the consumer or LAR and begins the enrollment process and the applicant or LAR selects a provider in a different local authority's local service area, then the authorized LA must conduct all pre-enrollment activities, such as explanation of services, obtaining signature on Verification of Freedom of Choice, conducting diagnostic activities and ID/RC, Medicaid eligibility information, initial person-directed plan (PDP), and proposed IPC. The authorized LA must:
 - a. request an extension on the enrollment if the enrollment will not be completed in the originally assigned or extended timeframe;
 - b. transfer the consumer to the local authority in which the selected provider operates;
 - c. provide the initial PDP to the provider and complete the IPC negotiations with the provider; and
 - d. send hard copies of all enrollment documents, including the provider choice form and any enrollment extensions already obtained, to the receiving LA.

Once the receiving LA receives the information from the authorized LA, then the receiving LA is responsible for meeting required timeframes for enrollment.

For HCS only: The receiving LA must complete the data entry of all enrollment screens in a timely manner and request an extension if enrollment is not expected to be approved by the required timeframe.

For TxHmL only: The receiving LA must complete the data entry of all enrollment screens in a timely manner and request an extension if enrollment is not expected to be approved by the required timeframe. An exception to the requirement to complete data entry of all enrollment screens prior to requesting an extension is when *the LA determines the individual is likely to be denied Medicaid. In which case, the LA must provide a reason for such determination on the extension request (Form 1045).*

- H. If the consumer being offered a program vacancy is currently receiving general revenue-funded services from the LA, inform the consumer and LAR that if the consumer or LAR declines the offer of waiver services identified by DADS (i.e., HCS or TxHmL) the LA will terminate the general revenue services in accordance with rules governing the HCS or TxHmL Program.
- I. Prior to enrollment, ensure the consumer and LAR are provided information about the Medicaid Estate Recovery Program as described in Attachment R (Medicaid Estate Recovery Program).

- J. Prior to enrollment, determine whether the consumer is a Medicare beneficiary. If the consumer is a Medicare beneficiary, the LA must comply with the following:
1. The LA must verify that the consumer:
 - a. is enrolled in a Medicare-sponsored prescription drug plan, which can be a stand alone drugs-only insurance plan or a Medicare Advantage Prescription Drug (MA-PD) plan; and
 - b. has been deemed eligible for extra help and if not, assist the consumer in applying for extra help using the SSA-1020 form found at www.socialsecurity.gov.
 2. If the consumer is not already enrolled in a drug plan, the LA shall explain to the consumer and LAR that the consumer must enroll in a drug plan in order to receive prescription medications and that upon enrollment in the waiver program he or she will be auto-enrolled in a drug plan, which may or may not be the drug plan that is most beneficial. The LA shall:
 - a. encourage the consumer to enroll in a drug plan before enrollment if possible; and
 - b. offer assistance, and provide assistance if requested, to the consumer and LAR with evaluating the drug plans to identify the plan that is most beneficial to the consumer.
 3. The LA shall explain to the consumer and LAR that:
 - a. the consumer will get his or her prescription medications through a drug plan. Note: as a Medicaid wrap-around service, Medicaid will pay for a limited list of drugs that Medicare will not pay for, including benzodiazepines, barbiturates, and prescribed over-the-counter drugs;
 - b. the consumer will be automatically deemed eligible for the extra help, which will assist with his or her drug costs;
 - c. the consumer is not responsible for any cost sharing for his or her prescription medications;
 - d. the consumer will pay little or no premiums and no deductible;
 - e. the consumer will be responsible for paying for any prescription medications that are not covered by his or her drug plan or the Medicaid wrap-around service (as noted in a. above);
 - f. if the consumer is enrolling in TxHmL, the LA service coordinator can assist him or her with changing drug plans and filing an exception, appeal, or grievance with the drug plan; and
 - g. if the consumer is enrolling in HCS, the program provider can assist him or her with changing drug plans and filing an exception, appeal, or grievance with the drug plan.
 4. Note: The information contained in 1.-3. above pertains to a consumer with Medicare *and* Medicaid (referred to as “full-dual eligible”). A consumer with only Medicaid is not affected by the Medicare Prescription Drug Program and will continue to receive his or her drugs through Medicaid.

K. Explain to the consumer or LAR:

1. he or she must document the following on the *Verification of Freedom of Choice* form:
 - a. that he or she chooses the TxHmL or HCS Program rather than the ICF/IID Program or other services (or program); or
 - b. that he or she declines the TxHmL or HCS Program and chooses instead the ICF/IID Program or "Other". If the consumer or LAR chooses "Other," then the LA should encourage the consumer or LAR to identify the other services (or program) and the reason; and
2. for consumers offered enrollment in the TxHmL Program whose names are on the HCS Interest List, that the consumer's name will remain on the HCS Interest List regardless of whether the consumer or LAR chooses or declines participation in the TxHmL Program;

L. For a consumer who has declined to participate in the HCS or TxHmL Program:

1. submit to DADS a copy of the completed *Verification of Freedom of Choice* form; and
2. enter the decline status code in CARE if the consumer's name is on the HCS Interest List;

M. For a consumer who has chosen to participate in the HCS or TxHmL Program:

1. explain to the consumer or LAR that he or she may choose any contracted HCS or TxHmL Program provider, as appropriate to the program being offered, in the LSA that has not reached its service capacity as identified in CARE;
2. be objective in assisting a consumer or LAR in selecting an HCS or TxHmL Program provider, and not influence the consumer's or LAR's decision;
3. provide the consumer or LAR with a current list (i.e., dated within seven (7) days) from CARE (XPTR HC062096 for HCS and HC062097 for TxHmL) of all contracted TxHmL or HCS Program providers, as appropriate to the program being offered, in the LA's LSA that have not reached their service capacity. The list will also include local "applicant contact" information, if available, for use by the consumer or LAR; and
4. document the selection of the program provider on the *Documentation of Provider Choice* form and submit a copy of the form to DADS, along with a copy of the completed *Verification of Freedom of Choice* form.

- N. Not allow any of the LA's staff from its provider operations to initiate contact with the consumer or LAR prior to the completion of the *Documentation of Provider Choice* form.
- O. For a consumer who is being enrolled in the TxHmL Program, ensure the LA service coordinator facilitates the completion of the *Texas Home Living Program Service Coordination Notification* (Form 8586).
- P. Maintain the following completed forms in the consumer's record:
 - 1. *Verification of Freedom of Choice* form;
 - 2. *Documentation of Provider Choice* form; and
 - 3. *Texas Home Living Program Service Coordination Notification* (Form 8586), if applicable.

ENROLLMENT INTO THE ICF/IID PROGRAM

THE LA SHALL:

- A. Complete enrollment of a consumer into the ICF/IID Program in accordance with DADS rules;
- B. Prior to enrollment, ensure the consumer and LAR are provided information about the Medicaid Estate Recovery Program as described in Attachment R (Medicaid Estate Recovery Program); and
- C. Prior to enrollment, determine whether the consumer is a Medicare beneficiary. If the consumer is a Medicare beneficiary, the LA must do the following:
 - 1. The LA must verify that the consumer:
 - a. is enrolled in a Medicare-sponsored prescription drug plan, which can be a stand alone drugs-only insurance plan or a Medicare Advantage Prescription Drug (MA-PD) plan; and
 - b. has been deemed eligible for extra help and if not, assist the consumer in applying for extra help using the SSA-1020 form found at www.socialsecurity.gov.
 - 2. If the consumer is not already enrolled in a drug plan, the LA shall explain to the consumer and LAR that the consumer must enroll in a drug plan in order to receive prescription medications and that upon enrollment in the ICF/IID Program he or she will be auto-enrolled in a drug plan, which may or may not be the drug plan that is most beneficial. The LA shall:
 - a. encourage the consumer to enroll in a drug plan before enrollment if possible; and

- b. offer assistance, and provide assistance if requested, to the consumer and LAR with evaluating the drug plans to identify the plan that is most beneficial to the consumer.
3. The LA shall explain to the consumer and LAR that:
 - a. the consumer will get his or her prescription medications through a drug plan. Note: as a Medicaid wrap-around service, Medicaid will pay for a limited list of drugs that Medicare will not pay for, including benzodiazepines, barbiturates, and prescribed over-the-counter drugs;
 - b. the consumer will be automatically deemed eligible for the extra help, which will assist with his or her drug costs;
 - c. the consumer will not have any cost-sharing responsibilities such as premiums, deductibles, co-payments, or co-insurance for drugs covered by the plan; and
 - d. the ICF/IID Program provider can assist the consumer or LAR with changing drug plans and filing an exception, appeal, or grievance with the drug plan.
4. Note that the information contained in 1.-3. above pertains to a consumer with Medicare *and* Medicaid. A consumer with Medicaid only is not affected by the Medicare Prescription Drug Program and will continue to receive his or her drugs through Medicaid.

ATTACHMENT L

Consumer Benefits Assistance Requirements

The LA shall:

- A. Ensure at least one staff member receives training that is provided semi-annually through the Texas Council's Consumer Benefits Organization;
- B. Identify a staff member designated by the LA to serve as a liaison to the Department of Assistive and Rehabilitation Services (DARS) Disability Determination Services division;
- C. Annually screen all current consumers to determine their potential eligibility for Supplemental Security Income (SSI), Social Security Disability Income (SSDI), and Medicaid;
- D. Screen all new consumers found eligible for services to determine their potential eligibility for Supplemental Security Income (SSI), Social Security Disability Income (SSDI), and Medicaid;
- E. Ensure a staff member who has received the training required in Section A of this Attachment reviews all cases screened as having low eligibility potential to determine the screening's accuracy;
- F. Ensure all cases reviewed and determined to have moderate to high eligibility potential for Medicaid, SSDI, and SSI will be assisted with the benefits applications;
- G. Assist all consumers who have been denied SSI or SSDI benefits to appeal their denial of benefits, from the initial appeal (Reconsideration) level to the second level (Administrative Hearing);
- H. Ensure the LA's billing staff are notified of consumers' benefits approval and application dates, to allow completion of retroactive billing within 90 days for allowable Medicaid services from the date of the application. The Social Security Administration (SSA) will contact the consumer's designated representative; and
- I. Identify staffing that is adequate to ensure sufficient focus and capacity to provide benefits assistance in accordance with these requirements. Referral to contractors paid on contingency fees for benefits assistance does not meet the requirements of this Section.

ATTACHMENT M

Options for IDD Services and Supports

The following documents and forms referenced in this attachment are available on DADS web site:

- *Explanation of IDD Services and Supports* (Publication No. DADS-245)
(<http://www.dads.state.tx.us/handbooks/mra/glossary/index.htm>)
- *A Message for Families ...*
(<http://www.dads.state.tx.us/providers/pi/permanency/forms/index.html>)
- *Long Term Services and Supports* (Form 2121)
(<http://www.dads.state.tx.us/handbooks/mra/forms/index.asp>)
- contact list for all LAs, Area Agencies on Aging (AAAs), and DADS community services regional offices
(<http://www.dads.state.tx.us/contact/DADSServicesByCounty.html>)
- *Identification of Preferences* (Form 8648) is available as part of the HCS Interest List Manual

Definitions for this attachment:

Actively involved person – For a consumer who lacks the ability to provide legally adequate consent and who does not have a legally authorized representative (LAR), a person whose significant and ongoing involvement with the consumer is supportive of the consumer as determined by the LA. The LA's determination is based on:

1. Observed interactions between the person and the consumer;
2. the person's knowledge of and sensitivity to the consumer's preferences, values, and beliefs;
3. the person's availability to the consumer for assistance or support; and
4. the person's advocacy for the consumer's preferences, values, and beliefs.

LAR (legally authorized representative) – A person authorized by law to act on behalf of a consumer and who may be:

1. for a minor — a parent, court-appointed guardian, or representative of the entity to which a court has assigned conservatorship (e.g., Child Protective Services); or
2. for an adult — a court-appointed guardian or representative of the entity to which a court has assigned conservatorship (e.g., DADS Guardianship Program).

- I. In response to an inquiry for information about programs and services for a consumer with an intellectual disability, the LA will:
 - A. Provide an explanation of services and supports using the *Explanation of IDD Services and Supports* publication to the consumer and LAR or an actively involved person.
 1. If the consumer seeking residential services is under 22 years of age, the LA will also provide an explanation of permanency planning using the *A Message for Families ...* document.

2. The LA may supplement the *Explanation of IDD Services and Supports* publication by adding a description of services and supports unique to the LA's local service area. The LA must add its contact information to the *A Message for Families ...* document. The LA may not delete or modify any information in the *Explanation of IDD Services and Supports* and *A Message for Families ...* documents.
- B. If an LAR to whom the LA provides an oral explanation of programs and services is not a family member of the consumer, provide an oral explanation to at least one family member of the consumer, if possible.
 - C. Provide or mail a copy of:
 1. the *Explanation of IDD Services and Supports* publication;
 2. the *Long Term Services and Supports* (Form 2121);
 3. the current contact list for all LAs, Area Agencies on Aging (AAAs), and DADS community services regional offices; and
 4. if appropriate, a copy of the *A Message for Families ...* document; and
 - D. Document the following:
 1. Date of the inquiry;
 2. Name of the consumer identified to receive services and supports (if provided);
 3. Name and address of the person making the inquiry (if provided);
 4. Date of the mailing (if applicable); and
 5. Other information, as needed.
- II. When a consumer and LAR or actively involved person is ready to identify a preference for services and supports, the LA will:
- A. Assist the consumer and LAR or actively involved person (face-to-face, if possible) to identify the types of services and supports being requested based on the consumer's interests, needs, and desired outcomes;
 - B. Document the identified preferred services and supports on the *Identification of Preferences* (Form 8648), sign and date the form, and request, but not require, that the consumer, LAR, or actively involved person sign and date the form;
 - C. Give the consumer, LAR, or actively involved person a copy of the completed *Identification of Preferences* (Form 8648); and
 - D. Retain the original *Identification of Preferences* (Form 8648) in the LA's file for the consumer.

- III. Although the LA is required to provide the individual and LAR or actively involved person an explanation of services and supports described in section I.A. of this attachment, the consumer, LAR, or actively involved person may choose to identify preferred services before receiving the explanation. In such cases, the LA will provide the oral explanation and/or mail the explanation documents after the *Identification of Preferences* (Form 8648) has been completed.
- IV. The LA must inform the person who identified a preference for services and supports on the *Identification of Preferences* (Form 8648) that:
 - A. The name and contact information of a primary correspondent, to whom the LA will direct all inquiries, must be provided to the LA and must be updated if the information changes; and
 - B. The services and supports preferences documented in the *Identification of Preferences* (Form 8648) may be changed by the primary correspondent at any time upon request by completing a new *Identification of Preferences* (Form 8648).
- V. If the preferred service or support identified on the *Identification of Preferences* (Form 8648) is:
 - A. HCS, the LA must complete the *Questionnaire for HCS/CLASS Interest Lists* (Form 8577) and enter the form's data into CARE, unless the LA determines from the CARE record that the form has already been completed, and record the consumer's name on the HCS Interest List with the begin date being the date HCS was identified as preferred.
 - B. SSLC or ICF/IID, the LA will begin the enrollment or admission process described in DADS rules as appropriate to program (i.e., 40 TAC Chapter 2, Subchapter F, or Chapter 9, Subchapter E).
 - C. LA community services, the LA will begin the eligibility determination process as soon as possible as local resources allow.
- VI. If the primary correspondent requests that the consumer's name be removed from the HCS interest list, the primary correspondent must complete, sign, and date a new *Identification of Preferences* (Form 8648) indicating such.

ATTACHMENT N IDD Submission Calendar

For tracking of receipt purposes, electronic mail submissions must be sent to DADS at performance.contracts@dads.state.tx.us and hard copy contract submissions must be sent to the Contract Manager. When an LA submits an electronic or facsimile submission, the LA must maintain original submission for their records. Performance Contracts Unit will forward electronic mail and hard copy submissions to the appropriate department. Encounter Data must be submitted using the secure file transfer protocol and CARE submissions must be submitted using CARE.

Submission Type:

“HC” – Hard Copy Submission to Contract Manager

“E” – Electronic Submission to DADS

“CARE” – Submission Using CARE

“SFTP” – File Transfer Protocol

“F” – Facsimile

“MBOW” – Intellectual & Developmental Disabilities and Behavioral Health Outpatient Data Warehouse

September 2013

Type	Document	Due Date
HC	Form D – Certification Regarding Lobbying with FYs 14 and 15 Performance Contract	9/01/13
E	Form S – Contact List with FYs 14 and 15 Performance Contract	9/01/13

October 2013

Type	Document	Due Date
SFTP	Monthly Encounter Data for September 2013	10/16/13 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for September 2013	10/31/13

November 2013

Type	Document	Due Date
HC/E/F	HCS/TxHmL Enrollment Extension (Form 1045) Request Cut-Off Date for 1 st Quarter	11/15/13
SFTP	Monthly Encounter Data for October 2013	11/16/13 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for October 2013	11/30/13

December 2013

Type	Document	Due Date
SFTP	Monthly Encounter Data for November 2013	12/16/13 by 4 a.m.
SFTP	FY 2014 Q1 IDD Financial Reporting	12/16/13
CARE	Monthly IDD - Critical Incident Data for November 2013	12/31/13

January 2014

Type	Document	Due Date
SFTP	Monthly Encounter Data for December 2013	1/16/14 by 4 a.m.
HC/E	FY 2014 Q1 Financial Statements and Certification Form G	1/17/14
CARE	Monthly IDD - Critical Incident Data for December 2013	1/31/14

February 2014

Type	Document	Due Date
HC	Financial and Compliance Audit for FY 2013	2/01/14
HC/E/F	HCS/TxHmL Enrollment Extension (Form 1045) Request Cut-Off Date for 2 nd Quarter	2/15/14
SFTP	Monthly Encounter Data for January 2014	2/16/14 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for January 2014	2/28/14

March 2014

Type	Document	Due Date
HC	Corrective Action Plan for FY 2013 Financial and Compliance Audit or a "Letter of No Findings"	3/01/14
SFTP	Monthly Encounter Data for February 2014	3/16/14 by 4 a.m.
SFTP	FY 2014 Q2 IDD Financial Reporting	3/17/14
CARE	Monthly IDD - Critical Incident Data for February 2014	3/31/14

April 2014

Type	Document	Due Date
SFTP	Monthly Encounter Data for March 2014	4/16/14 by 4 a.m.
HC	FY 2014 Q2 Financial Statements and Certification Form G	4/17/14
CARE	Monthly IDD - Critical Incident Data for March 2014	4/29/14

May 2014

Type	Document	Due Date
HC/E/F	HCS/TxHmL Enrollment Extension (Form 1045) Request Cut-Off Date for 3 rd Quarter	5/15/14
SFTP	Monthly Encounter Data for April 2014	5/16/14 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for April 2014	5/31/14

June 2014

Type	Document	Due Date
SFTP	Monthly Encounter Data for May 2014	6/16/14 by 4 a.m.
SFTP	FY2014 Q3 Report III	6/16/14
CARE	Monthly IDD - Critical Incident Data for May 2014	6/30/14

July 2014

Type	Document	Due Date
SFTP	Monthly Encounter Data for June 2014	7/16/14 by 4 a.m.
HC	FY 2014 Q3 Financial Statements and Certification Form G	7/17/14
CARE	Monthly IDD - Critical Incident Data for June 2014	7/28/14

August 2014

Type	Document	Due Date
HC/E/F	HCS/TxHmL Enrollment Extension (Form 1045) Request Cut-Off Date for 4 th Quarter	8/15/14
SFTP	Monthly Encounter Data for July 2014	8/16/14 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for July 2014	8/31/14
HC	Financial Auditor Engagement Letter for FY 2014	8/31/14

September 2014

Type	Document	Due Date
E	Annual HUB Sub-Contracting Report (Form F)	9/10/14
SFTP	FY 2014 Q4 IDD Financial Reporting	9/15/14
SFTP	Monthly Encounter Data for August 2014	9/16/14 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for August 2014	9/28/14

October 2014

Type	Document	Due Date
SFTP	Monthly Encounter Data for September 2014	10/16/14 by 4 a.m.
HC/E	FY 2014 Q4 Financial Statements and Certification Form G	10/17/14
CARE	Monthly IDD - Critical Incident Data for September 2014	10/31/14

November 2014

Type	Document	Due Date
HC/E/F	HCS/TxHmL Enrollment Extension (Form 1045) Request Cut-Off Date for 1st Quarter	11/15/14
SFTP	Monthly Encounter Data for October 2014	11/16/14 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for October 2014	11/30/14

December 2014

Type	Document	Due Date
SFTP	FY 2015 Q1 Financial Reporting	12/15/14
SFTP	Monthly Encounter Data for November 2014	12/16/14 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for November 2014	12/31/14
SFTP	FY 2014 Q4 IDD Financial Reporting (Final for FY 2014)	12/31/14 by 5 p.m.

January 2015

Type	Document	Due Date
SFTP	Monthly Encounter Data for December 2014	1/16/15 by 4 a.m.
HC/E	FY 2015 Q1 Financial Statements and Certification Form G	1/17/15
CARE	Monthly IDD - Critical Incident Data for December 2014	1/31/15

February 2015

Type	Document	Due Date
HC	Financial and Compliance Audit for FY 2014	2/01/15
HC/E/F	HCS/TxHmL Enrollment Extension (Form 1045) Request Cut-Off Date for 2 nd Quarter	2/15/15
SFTP	Monthly Encounter Data for January 2015	2/16/15 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for January 2015	2/28/15

March 2015

Type	Document	Due Date
HC/E	Corrective Action Plan for FY 2014 Financial and Compliance Audit or a "Letter of No Findings"	3/01/15
SFTP	Monthly Encounter Data for February 2015	3/16/15 by 4 a.m.
SFTP	FY 2015 Q2 IDD Financial Reporting	3/16/15
CARE	Monthly IDD -Critical Incident Data for February 2015	3/31/15

April 2015

Type	Document	Due Date
SFTP	Monthly Encounter Data for March 2015	4/16/15 by 4 a.m.
HC/E	FY 2015 Q2 Financial Statements and Certification Form G	4/17/15
CARE	Monthly IDD -Critical Incident Data for March 2015	4/29/15

May 2015

Type	Document	Due Date
HC/E/F	HCS/TxHmL Enrollment Extension (Form 1045) Request Cut-Off Date for 3 rd Quarter	5/15/15
SFTP	Monthly Encounter Data for April 2015	5/16/15 by 4 a.m.
CARE	Monthly IDD -Critical Incident Data for April 2015	5/31/15

June 2015

Type	Document	Due Date
SFTP	FY 2015 Q3 IDD Financial Reporting	6/15/15
SFTP	Monthly Encounter Data for May 2015	6/16/15 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for May 2015	6/30/15

July 2015

Type	Document	Due Date
SFTP	Monthly Encounter Data for June 2015	7/16/15 by 4 a.m.
HC/E	FY 2015 Q3 Financial Statements and Certification Form G	7/17/15
CARE	Monthly IDD - Critical Incident Data for June 2015	7/28/15

August 2015

Type	Document	Due Date
HC/E/F	HCS/TxHmL Enrollment Extension (Form 1045) Request Cut-Off Date for 4 th Quarter	8/15/15
SFTP	Monthly Encounter Data for July 2015	8/16/15 by 4 a.m.
CARE	Monthly IDD - Critical Incident Data for July 2015	8/31/15
HC/E	Financial Auditor Engagement Letter for FY 2015	8/31/15

September 2015

Type	Document	Due Date
E	Annual HUB Sub-Contracting Report (Form F)	9/10/15
SFTP	Monthly Encounter Data for August 2015	9/16/15 by 4 a.m.
SFTP	FY 2015 Q4 IDD Financial Reporting	9/21/15
CARE	Monthly IDD - Critical Incident Data for August 2015	9/28/15

October 2015

Type	Document	Due Date
HC/E	FY 2015 Q4 Financial Statements and Certification Form G	10/17/15

November 2015

Type	Document	Due Date
	no submissions	

December 2015

Type	Document	Due Date
SFTP	FY 2015 Q4 IDD Financial Reporting (Final for FY 2015)	12/31/15 by 5 p.m.

Type	Documents with No Specific Due Date
CANRS	Client Abuse & Neglect Form CANRS AN-1-A form within one business day of completion of form.
HC	Contract Amendment Request (Form C), when necessary
HC/E	Supporting reports, data, work papers, and information, upon request.
HC/E	Within five business days after request, Corrective Action Plan (CAP) that addresses the correction of any critical health, safety, rights, abuse, and neglect issues identified by DADS and a description of local oversight activities to monitor and maintain the correction of the identified problem.
HC/E	Within 30 days after request, Corrective Action Plan (CAP) that addresses the correction of an LA problem, other than one listed above, identified by DADS and a description of local oversight activities to monitor and maintain the correction of the identified problem.
HC/E	Within ten business days after request, affidavits of the LA's governing body (Form A) and Executive Director (Form B).
HC/E	Within 30 days after the occurrence of any event that materially affects the accuracy of the information contained in any declaration, certification, or disclosure previously filed (Form D)
E	Update to Form S within five business days after changes become effective. All changes must be clearly identified.

ATTACHMENT O

Guidelines for Determining and Changing Designated LA

- I. For a consumer enrolled in the HCS or TxHmL Program, the consumer's designated LA is the LA for the local service area in which the consumer resides.
- II. For a consumer who is NOT enrolled in the HCS or TxHmL Program, the following guidelines are used to determine the consumer's designated LA.
 - A. If an adult consumer does not have a legally authorized representative (LAR), the consumer's designated LA is the LA for the local service area in which the consumer resides.
 - B. If an adult consumer does not have an LAR and resides in a state supported living center (SSLC), the consumer's designated LA is the LA that recommended his or her admission to the SSLC.
 - C. If an adult or minor consumer has an LAR, then the designated LA is the LA for the local service area in which the LAR resides.
 - D. If an adult or minor consumer has an LAR who does not live in Texas, then the designated LA is the LA for the local service area in which the consumer resides.
 - E. If an adult consumer's LAR is DADS, then the designated LA is the LA for the local service area in which the county court of jurisdiction for the guardianship is located.
 - F. If a minor consumer's LAR is the Department of Family and Protective Services (DFPS), then the designated LA is:
 1. the LA for the local service area in which the minor consumer resides, if the minor consumer is receiving DFPS services and residing with a kin caregiver or in a foster family home or foster group home in which the primary caregiver is a foster parent living in the home; or
 2. the LA for the local service area in which DFPS obtained conservatorship, if the minor consumer is receiving DFPS institutional services.
 - G. At its discretion, DADS may determine the designated LA for any consumer or assign an LA the duties of the designated LA for any consumer for the purpose of expediting a consumer's admission or enrollment in services or ensuring permanency planning is conducted in accordance with state law.

III. Unique situations involving a designated LA.

- A. A non-designated LA is not prohibited from serving a consumer who is currently being served by his/her designated LA. In such a situation the designated LA must enter into an agreement (e.g., contract, memorandum of agreement) with the non-designated LA to provide the service. The designated LA reports all service encounters for the consumer.
- B. The determination of the designated LA (for IDD services) is not relevant to a consumer's admission to a state mental health facility. The DSHS rule governing determining county of residence (25 TAC, §412.162) provides direction for identifying a consumer's local mental health authority (LMHA).

ATTACHMENT P

Guidelines for Determining Less Restrictive Setting

A. Purpose

These guidelines describe the procedures to be used by the LA's interdisciplinary team (IDT) for determining the less restrictive setting for consumers who are requesting admission, or on whose behalf admission is requested, to a state supported living center. Note: the determination of a less restrictive setting is only one part of the admission criteria that must be considered by the IDT in accordance with 40 TAC Chapter 2, Subchapter F, governing Continuity of Services – State Mental Retardation Facilities, §2.255 and §2.257, and the Texas Health and Safety Code, §593.052(a)(3).

B. Instructions

1. These guidelines must be used by an LA's IDT to determine whether a consumer can be adequately and appropriately habilitated in an available, less restrictive setting when admission to a state supported living center is requested.
2. An LA must ensure that the IDT makes a determination of an available, less restrictive setting using an approach that is person-centered.
3. An LA will ensure that IDT members have received appropriate training on the use of these guidelines and in an approach that is person-centered.
4. To ensure that the "key issues" from these guidelines are documented in IDT reports, an LA will:
 - (a) Incorporate the "key issues" as essential elements of the LA's policy and procedure for IDTs; and
 - (b) Develop an internal monitoring system to ensure that these guidelines are utilized by IDTs.

C. Discussion of Key Issues Using Questions/Probes

The IDT will discuss the key issues using the questions/probes described in the following chart in a manner understood by the consumer and LAR or actively involved person.

KEY ISSUES	QUESTIONS / PROBES
Preferences of the Individual	<p>Has the LA provided the consumer with an explanation of the array of services and supports administered by DADS and other state agencies (see Attachment M) for which the consumer may be eligible?</p> <p>Has the LA explained to the consumer his or her rights in accordance with DADS rules?</p> <p>Has the consumer expressed a preference for particular types of services?</p>
Preferences of the LAR or Actively Involved Person	<p>Has the LA provided the LAR or actively involved person with an explanation of the array of services and supports administered by DADS and other state agencies (see Attachment M) for which the consumer may be eligible?</p> <p>Has the LA explained the consumer's rights to the LAR or actively involved person in accordance with DADS rules?</p> <p>Has the LAR or actively involved person expressed a preference for particular types of services?</p>
Medical Issues	<p>Does the consumer have medical/nursing needs? If so, describe the scope of those needs and the types of services needed. (The IDT should take into account the need of a consumer for immediate access to emergency medical assistance.)</p> <p>Can these needs be met through either generic or specialist services that are generally available in the community?</p> <p>What can be done to support or facilitate these needs being met in both the consumer's current setting and other settings under consideration?</p>
Behavioral or Psychiatric Issues	<p>Does the consumer have behavioral or psychiatric treatment needs? If so, describe the scope of those needs and the type of services needed.</p> <p>Can these needs be met through either generic or specialist services that are generally available in the community?</p> <p>What can be done to support or facilitate these needs being met in both the consumer's current setting and other settings under consideration?</p>
*Quality of Life	<p>Determine factors that are important to the consumer (and LAR or actively involved person) in choosing a place to live, including but not limited to: family, friends, employment, leisure activities, living arrangements, daily routine, privacy, community integration, faith or religion, self-determination, safety, freedom of movement, and dignity of risk (see *Additional Guidelines for Quality of Life below this chart).</p> <p>What can be done to support or facilitate these factors being met in both the consumer's current setting and others under consideration?</p>

KEY ISSUES	QUESTIONS / PROBES
Consumers Under 22 Years of Age	<p>For consumers under 22 years of age, has there been a discussion with the family of the importance for the minor to live in a long-term, nurturing relationship with a family and of options to living in an institutional setting?</p> <p>Has permanency planning been incorporated into the service plan and reviewed as required?</p> <p>What efforts have been made to ensure LAR or family participation in services or permanency planning activities?</p> <p>Have educational issues been addressed, including contact with the local school district?</p>
History of Services and Supports	<p>Has the consumer received services and supports previously? If yes, describe these and how they benefited the consumer.</p> <p>Are there other services and supports that have not been tried but should be considered? If so, explain.</p>
Other Issues	<p>Were other issues discussed? If so, explain.</p>
LA Recommendations	<p>Based on discussion of the issues described above, the IDT must determine if there is a less restrictive setting other than the state supported living center. And if so, whether the less restrictive setting is available.</p>

*** Additional Guidelines for Quality of Life**

- The environment should afford the development of meaningful relationships or the continuity of current relationships.
- The environment should allow the development of skills that foster independence, to the extent possible.
- The environment should be as inclusive as possible, maximizing opportunities for integration, relationships, and involvement of people with and without disabilities.
- The environment should balance safety, freedom of movement (with or without supports and assistance) and dignity of risk, as determined by the consumer's preferences/needs.
- The environment should provide opportunities for expression of faith or religion in a way or to the extent desired.
- The environment should provide opportunities to make decisions, as appropriate.

D. Documentation

Documentation in the IDT staffing summary will include:

1. Source of the information discussed;
2. Relevant deliberation; and
3. Outcome of the discussion of key issues.

ATTACHMENT R

Medicaid Estate Recovery Program

In accordance with Texas Administrative Code, Title 1, Part 15, Chapter 373 Medicaid Estate Recovery Program (MERP), the LA must require its enrollment staff to:

- A. Provide the MERP overview to all consumers, and their authorized representatives or legal guardians, who seek enrollment in a state supported living center, a community ICF/IID, HCS, or TxHmL. The MERP overview is part of the *Medicaid Estate Recovery Program Receipt Acknowledgement* (Form 8001).
- B. Facilitate completion of the *Medicaid Estate Recovery Program Receipt Acknowledgement* (Form 8001) with the consumer and authorized representative or legal guardian and provide a copy of the completed form to:
 - (1) The consumer and authorized representative or legal guardian; and
 - (2) The Medicaid provider who will provide services to the consumer upon enrollment.
- C. File and maintain the completed *Medicaid Estate Recovery Program Receipt Acknowledgement* (Form 8001) in the LA's medical record for the consumer.

The *Medicaid Estate Recovery Program Receipt Acknowledgement* (Form 8001) as well as other information on the Medicaid Estate Recovery Program can be found at:
http://www.dads.state.tx.us/services/estate_recovery

ATTACHMENT S

Permanency Planning Requirements

ICF/IID and HCS Residential Settings

The LA shall conduct and document permanency planning for consumers under age 22 years enrolling in or currently residing in an ICF/IID or HCS residential setting in accordance with DADS rules 40 TAC, Chapter 9, Subchapter D (Home and Community-Based Services (HCS) Program) and 40 TAC, Chapter 9, Subchapter E (ICF/IID Programs – Contracting) and as follows.

- A. For consumers who *are enrolling* from a family-based setting into an ICF/IID, including a state supported living center (SSLC), or an HCS residential setting, the LA shall conduct *initial* permanency planning at the time of the consumer's enrollment.
- B. For consumers who *currently reside* in an ICF/IID, including an SSLC, or an HCS residential setting, the LA shall conduct a *review* of the permanency plan six (6) months after the initial permanency plan was conducted and every six (6) months after the review until the consumer reaches age 22 years or the consumer leaves the ICF/IID or HCS residential setting to live in a family-based setting. The LA shall provide to and review with the consumer and family or LAR the *A Message for Families ...* document (referenced in the Table of Contents).

Note: DADS rules governing ICF/IID Programs – Contracting, specifically §9.250(1), and Home and Community-Based Services (HCS) Program, specifically §9.167(b)(1) both of which relate to permanency planning reviews, state that the LA must provide written notice to the LAR of a meeting to conduct a review of the individual's permanency plan no later than 21 days before the meeting date and include a request for a response from the LAR.

- C. The LA shall use the following CARE XPTR reports to identify the consumers in need of permanency planning and the timeframes for conducting permanency planning:
 - 1. HC021395 (Permanency Plan Reviews Needed); and
 - 2. HC021393 (PPRS Status By Consumer).These CARE XPTR reports indicate consumers newly identified as needing permanency planning. The LA has 20 days to conduct permanency planning starting the first business day a consumer's name first appears on either report.
- D. The LA shall submit a copy of the permanency plan to the ICF/IID or HCS provider and LAR or family by the plan of care implementation date.

- E. The LA shall enter into the Client Assignment and Registration system (CARE):
 - 1. the initial permanency planning information within ten (10) days after meeting with the family; and
 - 2. the permanency planning review information within ten (10) days after the review date.

For consumers who are younger than ten (10) years of age, the LA shall also fax the permanency planning information (initial and reviews) to DADS (Attention: Permanency Planning Coordinator) for approval.

- F. The LA shall develop permanency plans using one of the following instruments, as appropriate, located at <http://www.dads.state.tx.us/providers/pi/permanency/forms/index.html>
 - 1. Permanency Planning Instrument for Children Under 18 Years of Age, or
 - 2. Permanency Planning Instrument for Individuals 18 through 21 Years of Age.
- G. If a consumer is 18-22 years of age and does not have an LAR but does have an actively-involved family member, the LA must include the actively-involved family member in permanency planning unless the consumer is opposed to such inclusion.

ATTACHMENT T

Relevant Rules Grid for Providers of LAs

"Provider" means any person or entity that contracts with the LA to provide intellectual and developmental disabilities community services to consumers or the part of the LA directly providing the community services to consumers.

Base Rules
The LA must require its providers to comply with the following base rules. The LA must describe the procedures for each provider to follow to ensure the provider's compliance.
1. Protected Health Information (40 TAC, 4-A)
2. Rights of Individuals with an Intellectual Disability (40 TAC, 4-C)
3. Charges for Community Services (40 TAC, 2-C)
4. Criminal History and Registry Clearances (40 TAC, 4-K)
5. Abuse, Neglect, and Exploitation rules: <ul style="list-style-type: none"> ▪ Abuse, Neglect, and Exploitation in Local Authorities and Community Centers (40 TAC, 4-L) ▪ Investigations in DADS and DSHS Facilities and Related Programs (40 TAC, Chapter 711)
6. Local Authority Notification and Appeal (40 TAC, 2-A)

The following charts identify the services (left column) described in the Performance Contract next to the relevant rules (right column) for which the provider must comply. All rules are in Title 40 of the Texas Administrative Code (TAC) unless otherwise noted. Rules are identified with their chapter and subchapter designation. For example, 40 TAC, Chapter 4, Subchapter A, is identified as "(4-A)."

IDD Service	Relevant Rules for Provider
Screening	The LA must describe the procedures for each provider to follow in order for the LA to comply with Role and Responsibilities of an LA (2-G) - §2.305(b)(4). Section 2.307(b) governs screening.
Eligibility Determination	Diagnostic Eligibility – IDD Priority Population (5-D)
Service Coordination:	
A. Basic Service Coordination	<i>This service may not be contracted out.</i> Service Coordination (2-L)
B. Continuity of Services – State Facilities	<i>This service may not be contracted out to a non-LA entity.</i> Continuity of Services – State Facilities (2-F)

IDD Service	Relevant Rules for Provider
C. Continuity of Services – Medicaid Programs	<i>This service may not be contracted out.</i> Service Coordination (2-L)
D. Service Authorization and Monitoring	<i>This service may not be contracted out.</i> Service Coordination (2-L)
E. Service Coordination – Texas Home Living	<i>This service may not be contracted out.</i> Service Coordination (2-L)
IDD Community Services:	
A. Community Support	The LA must describe the procedures for each provider to follow in order for the LA to comply with Role and Responsibilities of an LA (2-G) - §2.305(b)(4).
B. Respite	The LA must describe the procedures for each provider to follow in order for the LA to comply with Role and Responsibilities of an LA (2-G) - §2.305(b)(4).
C. Employment Assistance	The LA must describe the procedures for each provider to follow in order for the LA to comply with Role and Responsibilities of an LA (2-G) - §2.305(b)(4).
D. Supported Employment	The LA must describe the procedures for each provider to follow in order for the LA to comply with Role and Responsibilities of an LA (2-G) - §2.305(b)(4).
E. Nursing	The LA must describe the procedures for each provider to follow in order for the LA to comply with Role and Responsibilities of an LA (2-G) - §2.305(b)(4).
F. Behavioral Support	The LA must describe the procedures for each provider to follow in order for the LA to comply with Role and Responsibilities of an LA (2-G) - §2.305(b)(4). Section 2.313(e) governs behavioral support.
G. Specialized Therapies	The LA must describe the procedures for each provider to follow in order for the LA to comply with Role and Responsibilities of an LA (2-G) - §2.305(b)(4).
H. Vocational Training	The LA must describe the procedures for each provider to follow in order for the LA to comply with Role and Responsibilities of an LA (2-G) - §2.305(b)(4).
I. Day Habilitation	The LA must describe the procedures for each provider to follow in order for the LA to comply with Role and Responsibilities of an LA (2-G) - §2.305(b)(4).

Residential Services:	
A. Family Living	
B. Residential Living	
C. Contracted Specialized Residences	

If the following activity is included in any of the services listed above ...	Then the provider must also comply with the following relevant rules ...
Medication Practices	The LA must describe the procedures for each provider to follow in order for the LA to comply with §2.313(c) of rules governing the Role and Responsibilities of an LA (2-G).
Use of Restraint	The LA must describe the procedures for each provider to follow in order for the LA to comply with §2.313(f) of rules governing the Role and Responsibilities of an LA (2-G).
Consent for Psychoactive Medication	The LA must describe the procedures for each provider to follow in order for the LA to comply with §2.313(d) of rules governing the Role and Responsibilities of an LA (2-G).

Programs

Program	Relevant Rules for Providers
Home and Community-based Services (HCS) Program (Medicaid)	Home and Community-based Services (HCS) Program (9-D)
Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID) Program (Medicaid)	ICF/IID Programs – Contracting (9-E)
Texas Home Living (TxHmL) Program (Medicaid)	Texas Home Living (TxHmL) Program (9-N)

Additional Relevant Licensure Requirements and Rules

Additional licensure requirements and rules of other state agencies which may be applicable include but are not limited to:

For Providers That Serve Food	Texas Department of State Health Services (DSHS) rules governing food service (25 TAC, Part 1, Chapter 229)
For Institutions Providing Basic Child Care including institutions serving children with intellectual disability, residential treatment centers, halfway houses, and therapeutic camps	Texas Department of Family and Protective Services rules governing general residential operations (40 TAC, Part 19, Chapter 748)
For Assisted Living Facilities	Rules governing assisted living facilities (Ch. 92)

ATTACHMENT U Voter Registration

Upon entry into services and annually thereafter, the LA shall provide consumers 18 years of age or older an opportunity to register to vote. For all consumers who express a desire to register to vote, the LA shall provide to the consumer a voter registration form issued by DADS.

The consumer must be given the opportunity to:

- complete the voter registration form, and mail it to the voter registrar; or
- complete the voter registration form and provide it to the LA to mail to the voter registrar.

If the individual wishes to complete the voter registration form and provide it to the LA staff to mail, the LA must:

- provide assistance, if requested, and privacy in the completion of the registration form;
- review the form for completeness in the presence of the consumer and if the form does not contain all the required information, including the required signature, the LA must return it to the consumer for completion; and
- mail the form within five working days after the form was signed by the consumer.

Declining to Register

If the consumer declines to complete a voter registration form, the LA will request that the consumer complete and sign Form 1019. If the individual refuses to sign Form 1019, the LA must document the refusal on the form. The LA shall maintain the completed declination form for 22 months and in a confidential location that is not a part of the consumer's medical or clinical record.

Additional Guidelines

The LA must provide the same degree of assistance, including bilingual assistance, to help a consumer complete the voter registration form as is provided with the completion of any DADS or LA form.

The LA may not make a determination about a consumer's eligibility for voter registration other than a determination of whether the consumer is of voting age, which is 18 years of age, or is a U.S. citizen. A consumer's age or citizenship may be verified by the LA if the age or citizenship can be readily determined from information filed with the LA, DADS, or HHSC for purposes other than voter registration. A consumer must be offered voter registration assistance if the consumer's age or citizenship cannot be determined.

The LA must not:

- influence a consumer's political party preference;
- display any political party preference or allegiance; or
- make any statement or take any action for the purpose or effect of:

- discouraging the consumer from registering to vote; or
- leading the consumer to believe that a decision of whether to register has any bearing on the availability of or eligibility for services or benefits.

If the consumer has any questions regarding the voter registration process that the LA cannot answer, the LA must:

- advise the consumer to call the Office of the Texas Secretary of State toll-free at 1-800-252-8683; or
- give the consumer the telephone number of the local county voter registrar.

Ordering Voter Registration Forms from DADS

The LA must order voter registration forms from DADS by sending an email to *performancecontracts@dads.state.tx.us* with the following information:

- The subject line of the email is “voter registration forms”
- The number of forms in English and the number of forms in Spanish
- The name of the LA
- The physical address of the LA (no P.O. Box)
- The name of the LA staff requesting the forms

ATTACHMENT V

Uniform Grant Management Standards Allowable Costs

Document Overview: This Attachment serves as a quick reference for allowable cost per the Uniform Grant Management Standards published by the Governor's Office of Budget and Planning, June 2004. The attachment also identifies restrictions on the expenditure of general revenue for selected items which require the prior approval of the DADS Contract Manager. DADS grants the LA approval for selected items, identified in this attachment that are purchased with contract funds when directly related to IDD services or properly allocated. This document is not a substitute for the published copy of UGMS nor does it address program income. Approval of the budget does not constitute prior approval of the selected items of cost. Refer to UGMS for the detailed description of allowable costs. As specified, certain items require the prior approval of DADS. Contact your DADS contract manager regarding these restricted items.

Item Of Cost	UGMS Item Number	UGMS Section & Page	Status	Restrictions	Additional Information
Accounting	1	II B 18	Allowable		
Advertising	2	II B 18	Allowable	<p>Allowable only for recruitment of personnel, the procurement of goods and services, or disposal of surplus equipment.</p>	<p>Unallowable-(1) All advertising and public relations other than those specified in subsection c, (2) cost of conventions, meetings and other activities including (a) cost of displays, demonstrations, and exhibits, (b) cost of meeting rooms, hospitality suites, (c) salary and wages for above, (3) cost of promotional items, (4) promotion of the government unit, (5) publicizing or directing attention to official or employee, and (6) cost of influencing outcome of an election.</p>
Public relations	2	II B 18	Allowable	<p>Allowable if 1) specifically required by grant, (2) Incurred to communicate with public and press pertaining specific grant activities, or (3) necessary to keep the public informed on matters of public concern.</p>	
Advisory councils	3	II B 19	Allowable	<p>Allowable when authorized by awarding agency or as an indirect cost.</p>	
Alcoholic beverages	4	II B 19	Unallowable		

ATTACHMENT V

Uniform Grant Management Standards Allowable Costs

Item Of Cost	UGMS Item Number	UGMS Section & Page	Status	Restrictions	Additional Information
Audit services	5	II B 19	Allowable	Allowable for audits in accordance with OMB A-133.	Other audit services are allowable when approved by awarding agency.
Automatic electronic data processing	6	II B 19	Allowable	Expenditures of 8% of allocated IDD general revenue, up to \$100,000, are allowable without DADS approval for automatic data processing equipment which includes computer hardware and software, whether by outright purchase, rental-purchase agreement or other method of purchase.	See capital equipment - item 20.
Bad Debts	7	II B 19	Unallowable		
Bonding cost	8	II B 19	Allowable	Expense must be in accordance with sound business practice.	
Budgeting cost	9	II B 19	Allowable		
Communications	10	II B 19	Allowable		
Personnel	11	II B 19	Allowable	Generally wages, salaries and fringe benefits are allowable . There are restrictions - See UGMS, Sec 11, page 19 and section h.	Unallowable costs in other sections are not allowable in this section.
Construction	12	II B 25		Must have prior written approval of the awarding agency. Prior approval is granted for expenditures for the acquisition and construction of real and personal property conducted according to THSC §§534.020-534.022.	
Contingencies	13	II B 25	Unallowable	Unallowable for occurrences which cannot be foretold.	Excludes contributions for self-insurance, pension plan reserves and health benefit reserves which are allowable .

ATTACHMENT V

Uniform Grant Management Standards Allowable Costs

Item Of Cost	UGMS Item Number	UGMS Section & Page	Status	Restrictions	Additional Information
Contributions, donations	14	II B 25	Unallowable		
Legal expense	15	II B 25	Allowable	Allowable if required in the administration of the program.	Unallowable if for the defense of any civil or criminal fraud proceeding or for cost incurred by a contractor in connection with any criminal, civil or admin proceeding by U.S. Government per 10 U.S.C. 2324(k).
Depreciation use allowance	16	II B 25	Allowable	Allowable with restrictions.	See section 16, II B 25.
Disbursing service	17	II B 27	Allowable		
Employee morale health and welfare	18		Allowable	Income generated from these activities offset expense.	
Entertainment	19		Unallowable		
Equipment, capital expenditures	20		Allowable	Allowable as a direct expense when approved by the awarding agency. Expenditures of 2% of IDD general revenue, up to \$100,000, are allowable for purchases of vehicles without prior approval.	See section 20, II B 27.
Fines and penalties	21	II B 28	Unallowable		
Fund raising	22	II B 28	Unallowable		
Investment management cost	22	II B 28		Unallowable if to enhance income from investments. Allowable if associated with investments for pensions, self-insurance or other funds which include state or federal perception.	

ATTACHMENT V

Uniform Grant Management Standards Allowable Costs

Item Of Cost	UGMS Item Number	UGMS Section & Page	Status	Restrictions	Additional Information
Gains and losses	23	II B 28		Gains and losses from disposition of depreciated equipment are generally added or deducted from the equipment and are not directly charged against the grant.	See section 23, II B 28.
General government expense	24	II B 29	Unallowable		
Idle facilities Idle capacity	25	II B 29	Allowable	Generally unallowable except when necessary to meet fluctuation in workload or as a normal cost of doing business.	
Insurance and indemnification	26	II B 30	Allowable	Actual losses which could have been covered by insurance are unallowable . Contributions to a self-insurance reserve are allowable subject to restrictions.	See section 26, II B 30.
Interest	27	II B 31	Unallowable	Unallowable except financing charges and interest are allowable if associated with the allowable costs of building acquisition, construction, reconstruction or remodeling.	See section 27, II B 31.
Lobbying	28	II B 32	Unallowable		
Maintenance, operations and repairs	29	II B 32	Allowable		
Materials and supplies	30	II B 32	Allowable		

ATTACHMENT V

Uniform Grant Management Standards Allowable Costs

Item Of Cost	UGMS Item Number	UGMS Section & Page	Status	Restrictions	Additional Information
Memberships, subscriptions and professional activities	31	II B 32	Allowable	Memberships and subscriptions in business, technical and professional organizations are allowable. Cost of meetings and conferences where the primary purpose is the dissemination of technical information, including rent and transportation are allowable. The cost of membership in civic and community social organizations is allowable with approval. The cost of meals or beverages or both, incurred while sponsoring or hosting a meeting or conference is <i>NOT allowable</i> .	
Motor pools	32	II B 33	Allowable		
Pre-award costs	33	II B 33	Allowable	Cost are allowable only if incurred after the date of the award and only with written approval of the awarding agency.	
Professional and consultant cost	34	II B 33	Allowable	Expenditures up to 1% of the general revenue allocation are allowable for management studies by third parties to improve the effectiveness and efficiency of the LA, without prior approval of DADS.	
Proposal cost	35	II B 33	Allowable	May be charged directly with prior approval of awarding agency.	
Publication and printing cost	36	II B 33	Allowable		
Rearrangement and alternations	37	II B 33	Allowable		

ATTACHMENT V

Uniform Grant Management Standards Allowable Costs

Item Of Cost	UGMS Item Number	UGMS Section & Page	Status	Restrictions	Additional Information
Reconversion costs	38	II B 33	Allowable	Allowable subject to prior approval of the awarding agency.	
Rental costs	39	II B 33	Allowable	Rental or lease expenditures on buildings and related facilities up to the market value of the lease space are allowable . Other restrictions apply.	See section 39, II B 33.
Security deposits	40	II B 34	Allowable		
Taxes	41		Allowable		
Training	42		Allowable	Allowable for employee development.	
Travel costs	43		Allowable	Restrictions apply.	See section 43, II B 34
Under recovery	44	II B 35	Unallowable	Any excess costs over the federal or state contribution under one award agreement are unallowable under other award agreements.	

ATTACHMENT W

Emergency Plan Requirements

The LA shall have an emergency plan that addresses specific types of emergencies and disasters that pertain to the area of the state in which the LA is located, including natural disasters, fire, equipment failure, a pandemic, and terrorism. The LA's plan must include:

- A. a complete list of program sites (which include program sites of contract providers) in which the LA is providing services funded by general revenue services;
- B. a process for a designated LA staff to contact DADS LA Section in a timely manner with details of an emergency, actions taken, and any future plans (e.g., a plan to evacuate consumers to another location);
- C. methods to physically protect or recover consumers' records;
- D. a training program for all staff on emergency situations (within 30 days of employment and annually) and a requirement for quarterly drills and post-drill evaluation;
- E. a process for post-emergency evaluation of the emergency plan's effectiveness, including incorporating improvement activities;
- F. a process by which the LA can produce a complete list of consumers receiving services at each program site, the names and phone numbers of their emergency contacts, the level of assistance needed by consumers, any special needs of consumers (e.g., types of medication), and consumers' durable medical equipment or assistive devices;
- G. the LA staff who have access to a list of:
 1. Names of all direct service LA staff with their home addresses and personal telephone numbers; and
 2. one contact number for each contractor;
- H. the process to update staff and consumer information (e.g., departing staff and consumers are deleted from the list, new staff and their roles and responsibilities are added to the list, new consumers are added to the list, changing needs of a consumer);
- I. an emergency plan for each program site that addresses relevant emergencies appropriate to the program site's services, consumers, and geographic location. A program site emergency plan must:
 1. clearly identify the roles and responsibilities of specific staff during each type of emergency addressed in the plan;
 2. include a process for a program site staff to contact the LA administrative office in a timely manner with details of an emergency, actions taken, and any future plans (e.g., a plan to evacuate consumers to another location); and
 3. include an evacuation plan for each type of emergency addressed by the plan, which ensures reliable and available transportation, an appropriate destination, that staff are knowledgeable about consumers' needs, and allows for consumers to have access to their assistive devices; and

- J. an exemption for the requirement in I. (above) for a program site that is accredited/certified/licensed through a certifying body provided the LA has evidence that the program site has an emergency plan that has been reviewed and approved by the certifying body. The LA must provide DADS with such evidence upon request by the DADS Contract Manager.

The LA must ensure staff members at program sites are knowledgeable of the emergency plans and that staff and consumers follow the plans during drills and real emergencies.

FORM A
Affidavit of Board Member

THE STATE OF TEXAS

COUNTY OF _____

Before me, the undersigned, on this day personally appeared _____
who, being by me duly sworn, deposed as follows: *(Enter Full Name and Credentials)*

My full name is _____ and I reside at:

County of Residence: _____

Mailing Address: _____

City, State, Zip: _____

I am a Board member of _____

My term of office is (date): _____ to (date) _____

I have read and am familiar with the statutory provisions and DADS rules relating to qualifications, conflicts of interest, and grounds for removal for members of the board of trustees of a community center, contained in Texas Health and Safety Code, §534.0065; nepotism, contained in Texas Health and Safety Code, §534.0115; accountability for local authority employees and officers, contained in 40 TAC Chapter 2, Subchapter B (Contracts Management for Local Authorities), §2.54; and standards of administration for boards of trustees contained in 40 TAC Chapter 1, Subchapter G (Community MHMR Centers), §1.310.

I have read and am familiar with Chapter 171 of the Local Government Code regarding conflicts of interest of officers of municipalities, counties, and certain other local governments.

I have read and am familiar with the current Performance Contract with the Department of Aging and Disability Services for Fiscal Years 2012 to 2013.

I affirm that I have not and will not participate in any activities that violate conflict of interest or nepotism requirements under Texas law or that violate any standards of administration or standards of conduct requirements under DADS rules.

I affirm that I qualify for appointment to the Board under Texas law.

I affirm that I have not participated in the hiring, nor will I participate in the hiring of a person who is related to any member of the Board by affinity within the second degree or by consanguinity within the third degree.

I agree to report immediately in writing to the Contract Manager any conflict of interest, grounds for removal or disqualification of my membership on the Board that occurs during this fiscal year.

By my signature below, I certify that I have read and understand this document and that the statements that I make herein are correct and complete.

Signature of Board Member

Date

ACKNOWLEDGED, SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned Notary Public, on
this _____ day of _____, 20 _____.

Notary Public for the State of Texas

My Commission expires: _____

INSTRUCTIONS FOR FORM A

All members of the Board of Trustees of a community center that is designated as a local authority must complete the affidavit and must have a Notary Public notarize the affidavit as indicated.

On the "Affidavit of Board Member" form, the county at the top of the affidavit in the right-hand corner should reflect the county *where the affidavit is being notarized*.

The County of Residence on the "Affidavit of Board Member" form is to be the county of residence for the member. The "Affidavit of Board Member" form is to include the complete mailing address of the member. (The mailing address is to be the address to which all correspondence is to be sent from the Department of Aging and Disability Services and may be different from the home address, but may not be an address that can be accessed by any employee of the center.)

This form will be made available electronically.

FORM B
Affidavit of Executive Director

THE STATE OF TEXAS

COUNTY OF _____

Before me, the undersigned, on this day personally appeared

(Enter Full Name and Credentials)

I am Executive Director of _____

located in _____, Texas.

I have read and am familiar with the statutory provisions and DADS rules relating to nepotism, conflicts of interest, and standards of conduct contained in Texas Health and Safety Code, Chapter 534, Subchapter A and 40 TAC Chapter 2, Subchapter B, §2.54.

I have read and am familiar with Chapter 171 of the Local Government Code regarding conflicts of interest of officers of municipalities, counties, and certain other local governments.

I have read and am familiar with the current Performance Contract with the Department of Aging and Disability Services for Fiscal Years 2012 and 2013.

I affirm that I am in compliance with the above-referenced statute and rule.

I affirm that I have not participated in the hiring, nor will I participate in the hiring of a person who is related to any member of the Board by affinity within the second degree or by consanguinity within the third degree.

I agree to report immediately in writing to the Contract Manager any conflict of interest that occurs during this fiscal year.

By my signature below, I certify that I have read and understand this document and that the statements that I make herein are correct and complete.

Signature of Executive Director

Date

ACKNOWLEDGED, SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned Notary Public, on this _____ day of _____, 20 _____.

Notary Public for the State of Texas

My Commission expires: _____

INSTRUCTIONS FOR FORM B

The Executive Director of each community center that is designated as a local authority must complete the affidavit and must have a Notary Public notarize the affidavit as indicated.

On the “Affidavit of Executive Director” form, the county at the top of the affidavit in the right-hand corner should reflect the county *where the affidavit is being notarized*.

This form will be made available electronically.

FORM C
Contract Amendment Request
FYs 2014 and 2015 Performance Contract

LA NAME: _____

COMPONENT CODE: _____ DATE: _____

Indicate contract elements proposed for amendment: (check all that apply)

Other (please specify) Report III (submit via SFTP)

DESCRIPTION OF CHANGE: Explain the reason(s) for this amendment request and the anticipated results. Provide a detailed description of each modification to amounts and categories of funds and services on amended attachments and the budget. Attach additional pages as necessary.

Signature of Authorized
Representative of LA

Date

Approved by:
Assistant Commissioner Access & Intake
Department of Aging and Disability Services

Date

Mail two (2) original signed Amendment Request forms to:

DADS
Access and Intake, LA Section
Attn: Performance Contract Manager
Mail Code W354
P.O. Box 149030
Austin, TX 78714-9030

Overnight Delivery:
Mail Code W354
701 W. 51st Street
Austin, TX 78751

FORM D
Certification Regarding Lobbying

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

1. No Federal appropriated-funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure of Lobbying Activities, in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

By _____ Date: _____
(Signature of Official (Executive Director) Authorized to Sign Application)

By _____ Date: _____
(Signature of Official (Chief Financial Officer) Authorized to Sign Application)

For _____
Name of LA

Community-Based IDD Services

INSTRUCTIONS FOR COMPLETION OF SF-LLL DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required within 30 days of each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

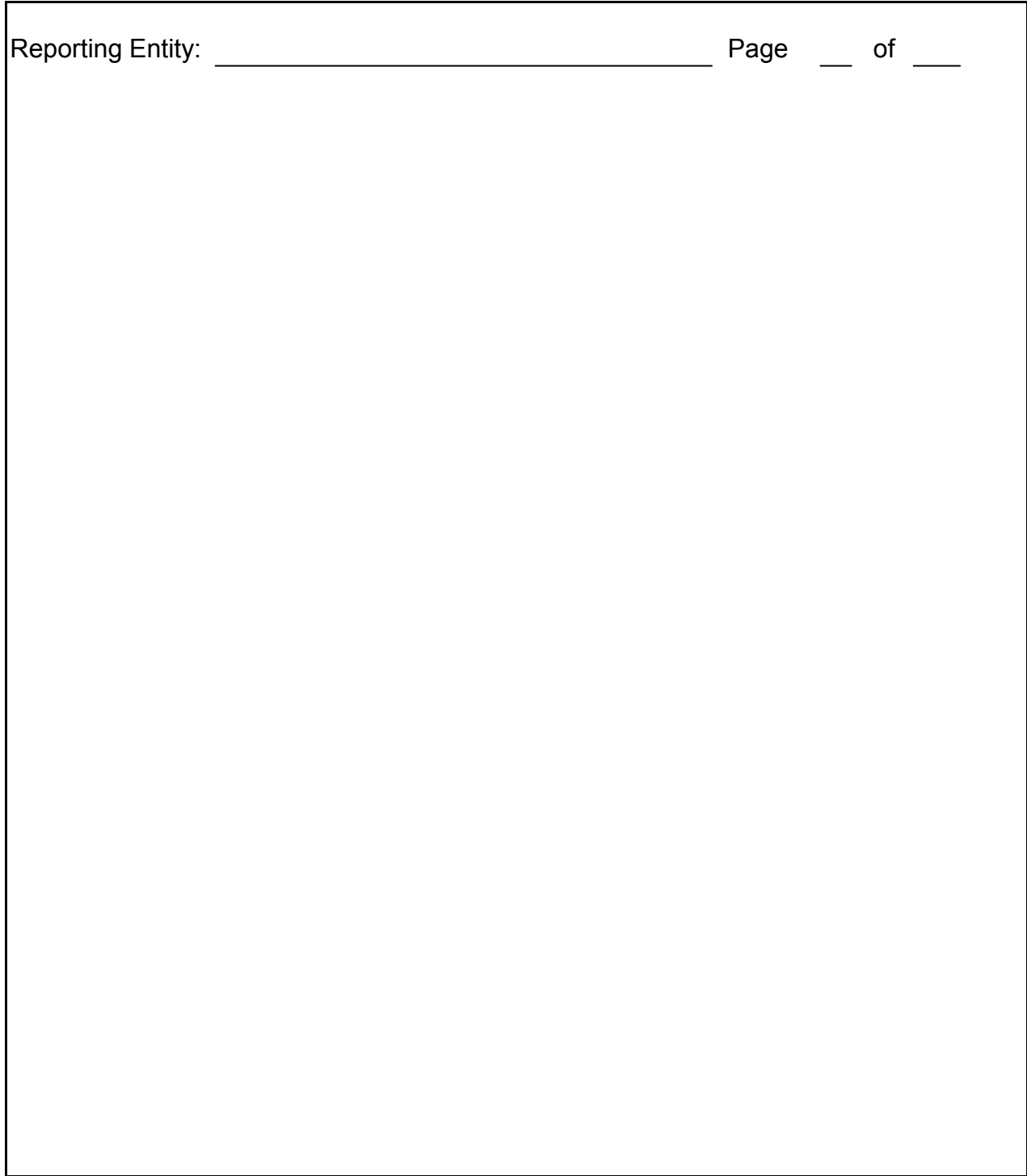
1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks A subawardee, then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 [e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency]. Include prefixes, e.g., ARFP-DE-90-001.
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (Planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

**DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET**

Approved by OMB
03348-0046
Authorized for Local Reproduction

Reporting Entity: _____ Page ____ of ____



Standard Form - LLL

Form F - Instructions for Completing the Annual HUB Sub-Contracting Report form

Instructions:

Fill in your LA Name, Submitter's Name, E-mail Address, Phone and Fax Number. Identify the Reporting Fiscal Year and Reporting Period.

The *Annual HUB Sub-Contracting Report* form is to reflect all activity throughout the reporting Fiscal Year.

1. Subcontractor Name and Address:

The LA's Contractor/Vendor who was/is utilized for the reporting Fiscal Year. Once a Contractor/Vendor is named on the *Annual HUB Sub-Contracting Report* form, that listing must remain throughout the Reporting Fiscal Year. The subcontractor name and address will fit into one cell in the Excel Spreadsheet by adjusting the row height.

2. Vendor Identification Number:

This is the Subcontractor/Vendor's Tax Identification Number or federal employer's identification number. Note: Do not enter a social security number.

3. If HUB Qualified, But NOT Certified, Enter Qualifying Ethnicity/Gender:

- a. If the Subcontractor/Vendor is a Historically Underutilized Business, fill in "Yes".
- b. If not certified, enter gender (i.e., male or female). Also enter ethnicity (i.e., Asian, Black, Caucasian, Hispanic, or Native American).

4. Description of Services/Materials Provided:

Enter what type of service/material (i.e., Respite Care, Dietician, Physical Therapy, Office Supplies, Transportation, Cell Phone, Construction, Repairs).

5. Contact Person/Telephone Number:

List the point of contact for the Subcontractor/Vendor and the telephone number.

6. Amount Paid This Reporting Period:

The dollar amount paid to Subcontractor/Vendor for the reporting period.

7. Amount Paid to Date (This Fiscal Year):

A cumulative dollar amount for the Subcontractor/Vendor reflecting all quarters for the reporting Fiscal Year.

Form F - HUB Resources List

Some methods for locating HUBs include:

1. Using the Texas Comptroller of Public Accounts (CPA) website at:
<http://www.window.state.tx.us/procurement//cmbl/cmblhub.html>
2. Completing the Central Masters Bidders List (CMBL) form as follows:
 - (a) Search: Select HUBs on CMBL or HUBs not on CMBL
 - (b) Skip to Selection 1, you may define up to three selections in one search. See the example below the field boxes. The links provided are to help you complete the following fields:
 - Class Code (select a code from the NIGP Commodity Book identifying the class of commodity or service being searched for)
 - Item (select an item within the class code - click on any class code for list of item numbers)
 - District (select a Texas Highway District number from the Texas Highway District Map to target a specific location in Texas)
 - Skip County, City, and Zip (unless you want to be very specific about location - self explanatory)
 - (c) Sort by: Select a sort option
 - (d) Output as: Select Detail List
 - (e) Click on Submit Search and you will proceed to the next screen entitled, "Select Fields for Detail List"
 - (f) Select as many Output Fields as appropriate (select the Business Description to ensure accurate results).
 - (g) Click: Go to view your results page
3. Contacting minority/women trade organizations listed on the following CPA website: <http://www.cpa.state.tx.us/procurement/prog/hub/mwb-links-1/>
4. Advertising subcontract work in local minority publications.

All questions concerning HUBs should be directed to the DADS HUB Coordinator, Teri Alvarado at (512) 438-4321.

FORM G
Financial Statement Certification

We certify that to the best of our knowledge, the attached balance sheet, income statement and general fund balance for

(Name of LA)

present fairly the financial position for the _____ Quarter.

Certified by:

Chief Financial Officer: _____

Date

Executive Director: _____

Date

Board Chair: _____

Date

FORM S Contact List

Send updates to performance.contracts@dads.state.tx.us

LA NAME: _____ DATE: _____

After initial submission, please highlight all changes in subsequent submissions.

ACTIVITY/CONTACT	TITLE	PHONE #	E-MAIL ADDRESS
Consumer Benefits			
IDD Services - Authority			
IDD Services - Provider			
Waiver Enrollment Contact(s)			
Amendment Contact(s)			
HCS Service Coordination Contact(s)			
Permanency Planning Contact(s)			
Diversion Coordinator Contact(s)			
Medical Specialist Contact(s)			
PASRR Contact(s)			
Primary:			
Secondary:			
PASRR Fax Line			

Emergency Planning Coordinator	Title	Cell Phone #	Phone #	E-mail Address

Chair, Board of Trustees Name (include credentials)	Mailing Address (Not LA's address)	Phone #	E-mail Address
Executive Director Name	Credentials	Phone #	E-mail Address
Executive Assistant Name	Credentials	Phone #	E-mail Address
Chief Financial Officer Name	Credentials	Phone #	E-mail Address

E-mail Distribution Lists for *DADS Performance Contracts Broadcast Messages and **FYI Messages by Category			
Name	Title	Phone#	E-mail Address
Category – “Executive Directors” please list designated contact(s) other than the ED			
Category – “IDD Directors” or equivalent title and other designated staff			
Category – “IS Directors” or equivalent title and other designated staff			

* Contract related issues will be sent via e-mail broadcast messages to the “Executive Directors” and/or “IDD Directors” distribution lists from *DADS Performance Contracts*, performance.contracts@dads.state.tx.us; such messages include but are not limited to, new and/or revised policies, procedure and rules, LPDS COMNet issues, DV COMNet issues, and quarterly performance measures/outcome targets.

** General information (FYI) will also be sent via e-mail broadcast messages typically to the “Executive Directors” and/or “IDD Directors” distribution lists from *DADS LA FYI*. This is a one-way communication as there is no option to reply.

For these distribution lists, please designate staff accordingly.

Phone Number(s) to Access IDD Services by County	
County	Phone #