



# **Report on Community Integration Measures**

---

**As Required by  
House Bill 1, 86th Legislature,  
Regular Session, 2019**

**(Article II, Health and Human  
Services Commission, Rider 14)**

**Health and Human Services  
Commission**

**December 2020**



**TEXAS**  
Health and Human  
Services

# Table of Contents

<b>Executive Summary .....</b>	<b>1</b>
<b>1. Introduction .....</b>	<b>2</b>
<b>2. Background .....</b>	<b>3</b>
National Core Indicators Surveys.....	3
HHSC Community Integration Measures .....	4
HHSC Program Descriptions .....	8
<b>3. Adult Measures and Results.....</b>	<b>11</b>
NCI-AD Survey.....	11
Adult Consumer Measure Results.....	11
<b>4. Child Measures and Results .....</b>	<b>16</b>
NCI-CFS.....	16
Child Consumer Measure Results .....	16
<b>5. Implementation and Future Surveys .....</b>	<b>18</b>
<b>6. Conclusion .....</b>	<b>19</b>
<b>List of Acronyms .....</b>	<b>20</b>

## Executive Summary

The 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission [HHSC], Rider 14), allows HHSC to begin data collection for measures of community integration outcomes, which may include measures of opportunity, community participation, community presence, well-being, and recovery for the STAR+PLUS and STAR Kids programs. HHSC is required to publish final data on these measures on the HHSC website annually.

The 85th Legislature directed HHSC to work with stakeholders to identify community integration outcome measures for adults and children. The 86th Legislature directed HHSC to begin data collection on these measures and publish the results. This report presents initial data collected for the selected measures of community integration.

HHSC conducted the National Core Indicators-Aging and Disabilities™ (NCI-AD) survey for adults in the STAR+PLUS Medicaid program who receive home and community-based services. For each measure surveyed, the results are presented for all managed care organizations (MCO) in the STAR+PLUS program. The NCI-AD surveys were conducted from 2017 to 2018 and establish the baseline results as the foundation for measuring change over time.

One of the better results reported was that 78 percent of surveyed individuals, on average, said they always get enough assistance with their everyday activities when they need it. Conversely, on average, only 13 percent of surveyed individuals interested in finding a job reported that someone has talked to them about finding a job.

HHSC conducted the National Core Indicators - Child Family Survey™ (NCI-CFS) for children in STAR Kids enrolled in the Medically Dependent Children Program (MDCP) and in 1915(c) waiver programs serving individuals with intellectual and developmental disabilities (IDD). Children and families were surveyed from 2017 to 2018.

Results for children and families in Texas were at or better than the national average for two of four measures. Responses for the other two measures were slightly and considerably below the national average.

# 1. Introduction

Per Rider 14, the 86th Legislature directed HHSC as follows:

Out of funds appropriated in Strategy B.1.1, Medicaid Contracts & Administration, HHSC may begin data collection for measures of community integration outcomes; which may include measures of opportunity, community participation, community presence, well-being, and recovery, for the STAR+PLUS and STAR Kids programs. HHSC shall publish final data on these measures on the HHSC website annually.

The measures of community integration outcomes were identified in the previous biennium, as directed by the 85th Legislature<sup>1</sup>. This report presents HHSC's progress on collecting annual consumer data since the initial report was published in [March 2019](#). This report also explains the content and purpose of the National Core Indicators Surveys.

The NCI-AD Survey and NCI-CFS provide valuable information on patient and caregiver satisfaction with LTSS and offer insight into quality of life, community integration, and person-centered services. Survey trends can be used to better understand whether changes in community integration and self-determination are occurring for people with disabilities receiving services in selected settings.

This report includes results for selected measures from the 2017-18 NCI-AD Survey and NCI-CFS in addition to an update on HHSC's progress in arranging for annual data collection for consumer and provider community integration measures. This report details the baseline data which will be the foundation for measuring change in outcomes over time.

---

<sup>1</sup> The 2018-2019 General Appropriations Act, Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission, Rider 51)

## 2. Background

The 85th Legislature directed HHSC to work with clients, providers, and other relevant stakeholders to develop community integration measures and establish methods of data collection. In 2018, HHSC formed a workgroup comprised of individuals from MCOs, consumer advocacy organizations, and related advisory committees. The workgroup developed a definition for “community integration” and approved a set of adult and a set of child consumer and provider measures.

Based on stakeholder suggestions and guidance from the Centers for Medicare and Medicaid Services (CMS), HHSC defined “community integration” as individuals having the ability to participate in desired programming in the community, based on need and availability, and build relationships with family and friends. Community integration supports people to live on their own and have autonomy in the least restrictive environment. This definition is consistent with the HHSC quality priority<sup>2</sup> of “providing the right care in the right place at the right time to ensure people receive timely services in the least intensive or restrictive setting appropriate,” and is compliant with CMS requirements.

### National Core Indicators Surveys

The 2018 workgroup reached consensus that the NCI-AD and NCI-CFS surveys and related measures developed by HHSC are the best sources for quality data and meaningful metrics for community integration. The primary aim of the NCI-AD<sup>3</sup> is to “... give States a broad view of how publicly-funded services impact the quality of life and outcomes of service recipients.” NCI-CFS survey questions assess “... how well the public system assists children and adults with developmental disabilities, and their families, to exercise choice and control in their decision-making, participate in their communities, and maintain family relationships.” NCI-CFS respondents include children and families of children with intellectual disabilities, physical disabilities, or

---

<sup>2</sup> Health and Human Services Commission, “HHS Healthcare Quality Plan as required by S.B. 200, 84<sup>th</sup> Legislature, Regular Session, 2015”, November 2017, <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reportspresentations/2017/HHS-Healthcare-Quality-Plan-2017.pdf>

<sup>3</sup> National Core Indicators-Aging and Disabilities™ (<https://nci-ad.org>) is a tool for adults who receive supports because of a physical or age-related disability.

both. Additional measures gauge how satisfied families are with services and supports they receive, and how supports have affected their lives.

In its March 2019 report<sup>4</sup>, HHSC indicated it would be using data from the 2017-18 NCI-AD Survey and NCI-CFS as the baseline for monitoring improvement in selected measures.

## HHSC Community Integration Measures

### Adult Consumer Measures

The NCI-AD Adult Consumer Survey includes dozens of survey questions and individuals are asked to respond to the full set of questions. The workgroup selected the following subset of adult consumer measures from the NCI-AD survey.

**Table 1: Adult Consumer Measures from NCI-AD<sup>5</sup>**

Adult Consumer Measures
The proportion of individuals reporting they always get enough assistance with their everyday activities when they need it (A2).
The proportion of individuals who would prefer to live somewhere else (in a different kind of home) (Q4).
The proportion of individuals reporting that they are able to do things they enjoy outside of their home when and with whom they want to (A14).
The proportion of individuals reporting that they need new grab bars in the bathroom or elsewhere in the home to facilitate their everyday life, if needed (A8.1).

---

<sup>4</sup> Health and Human Services Commission, "Report on Community Integration Measures as required by S.B. 1, 85<sup>th</sup> Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission, Rider 51)", March 2019, <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2019/rider-51-community-integration-measures-march-2019.pdf>

<sup>5</sup> The measure descriptions include a reference indicator (e.g. A2 or Q4) to support readers with access to the copyrighted NCI-AD technical specifications.

## Adult Consumer Measures

The proportion of individuals reporting they need new bathroom modifications other than grab bars to facilitate their everyday life, if needed (A8.3).

The proportion of individuals reporting that they need an upgrade to their glasses to facilitate their everyday life, if needed (A8.4).

The proportion of individuals reporting that they have a paying job in the community either full-time or part-time (A9).

The proportion of individuals interested in finding a job reporting that someone has talked to them about finding a job (A10).

The proportion of individuals reporting that the services they receive meet their needs and goals (A11).

The proportion of individuals reporting that they can choose or change what kind of services they get and determine how often and when they get them (Q16).

The proportion of individuals who report they can reach their case manager/service coordinator when needed (CIPI.4.).

## Child Consumer Measures

HHSC and workgroup members were only able to identify a limited number of child measures that support the workgroup’s definition of community integration. The approved child consumer measures were selected from the NCI-CFS survey, as follows.

**Table 2: Child Consumer Measures from NCI-CFS<sup>6</sup>**

Child Consumer Measures
The proportion of individuals reporting that the STAR Kids enrollee takes part in activities in the community (C1).
The proportion of individuals reporting that the STAR Kids enrollee spends time with children who do not have developmental disabilities (C2).
The proportion of services and supports that change when the family’s needs change (C3).
The proportion of family members reporting services and supports improved their ability to care for their child (C4).

## Provider Measures

In the March 2019 Report on Community Integration, HHSC recommended the development of provider measures that align with the workgroup-selected consumer measures. Using measures that consider both the consumer and provider perspectives yields a more complete picture of what is happening in the community and provides a more balanced representation of the quality of services provided across the state. However, unlike consumer measures, measures capturing provider opinions related to community integration are not available from national sources. Because HHSC would incur development costs in addition to the operational costs of surveying providers, the agency did not conduct provider surveys.

---

<sup>6</sup> The measure descriptions include a reference indicator (e.g. C1) to support readers with access to the copyrighted NCI-CFS technical specifications.

This report does not include provider survey results that correspond to the STAR+PLUS and STAR Kids consumer measures. HHSC will evaluate the feasibility of surveying providers in the future.

## HHSC Program Descriptions

The majority of individuals with disabilities who are enrolled in Medicaid and use long-term services and supports (LTSS) receive care as members of MCOs in the STAR+PLUS and STAR Kids programs. Some Medicaid recipients who receive LTSS are not enrolled in an MCO and receive care via the state's traditional Medicaid fee-for-service delivery system.

### STAR+PLUS Program

STAR+PLUS is a Texas Medicaid managed care program for adults who have disabilities or who are age 65 or older. People in STAR+PLUS get acute health care and LTSS through an MCO they may choose.

Another feature of STAR+PLUS is service coordination. STAR+PLUS MCO staff service coordinators with the member, the member's family, and the member's doctors and other providers to help the member get the medical care and LTSS they need. To get acute care services and LTSS through STAR+PLUS, an individual must: (1) be approved for Medicaid; and (2) meet one or more of the following:

- age 21 or older, getting Supplemental Security Income (SSI) benefits;
- not getting SSI and able to get STAR+PLUS Home and Community-Based Services (HCBS);
- age 21 or older, getting Medicaid through "Social Security Exclusion programs" and meet program rules for income and asset levels;
- age 21 or older residing in a nursing home and receiving Medicaid while in the nursing home;
- age 21 or older not receiving Medicare services and getting LTSS through a community-based intermediate care facility for individuals with an intellectual disability or related condition (ICF/IID) or any of the following intellectual and developmental disability (IDD) waiver programs:<sup>7</sup>
  - ▶ Community Living Assistance and Support Services (CLASS);
  - ▶ Deaf Blind with Multiple Disabilities (DBMD);
  - ▶ Home and Community-based Services (HCS); or
  - ▶ Texas Home Living (TxHmL); or
- in the Medicaid for Breast and Cervical Cancer program.

---

<sup>7</sup> For this population STAR+PLUS MCOs only provide acute care services.

## **STAR Kids Program**

STAR Kids is a Texas Medicaid managed care program that began operations on November 1, 2016. STAR Kids is for people age 20 and younger who have disabilities. Like STAR+PLUS, members in STAR Kids receive medical care, LTSS, and service coordination from a health plan that they may choose. Participation in the STAR Kids program is required for those who are age 20 or younger, covered by Medicaid, and meet at least one of the following:

- get Supplemental Security Income (SSI);
- get SSI and Medicare;
- get services through the Medically Dependent Children Program (MDCP) waiver;
- get services through the Youth Empowerment Services (YES) waiver;
- live in a community-based ICF/IID or nursing facility;
- get services through a Medicaid Buy-In program;
- get services through any of the following IDD waiver programs:
  - ▶ CLASS;
  - ▶ DBMD;
  - ▶ HCS; or
  - ▶ TxHmL.

## **Long-Term Services and Supports (LTSS)**

LTSS encompass a variety of health, health-related, and social services that assist children and adults who have physical, mental, or developmental disabilities and people age 65 and older. LTSS include assistance with activities of daily living, such as eating, bathing, and dressing, and instrumental activities of daily living, such as housekeeping and teaching money management skills. The goal of offering LTSS is to empower individuals who are older or who have a disability to achieve optimal functioning in a way that maximizes their independence and allows them to participate fully in their chosen communities.

LTSS are delivered in a variety of settings, some institutional (e.g., ICFs/IID and nursing facilities), and some home and community-based (e.g., adult day services, assisted living facilities, and personal care services). In Texas, LTSS benefits are provided to Medicaid clients enrolled in managed care and through the traditional Medicaid fee for service delivery model. Some clients who receive LTSS are enrolled in an HCBS waiver program. For this report, data are presented only for individuals enrolled in certain HCBS waiver programs, as specified in the two (Adult and Child) Measures and Reports sections, below.

While HHSC has long recognized the importance of delivering LTSS to promote community integration and independence, it has historically been challenging to evaluate the agency's progress in this area. This initiative can improve HHSC's ability to identify areas of success and areas needing improvement, and, ultimately, assist HHSC with quality improvement initiatives, strategic planning, and legislative and funding prioritization.

## 3. Adult Measures and Results

### NCI-AD Survey

The NCI-AD survey is conducted biennially and collects data on the experiences of adults who are aging or who have a physical disability and are receiving LTSS. While Texas has administered other LTSS member experience surveys to the fee-for-service population, the NCI-AD initiative is the first survey that allows for comparable data to be collected for the managed care LTSS programs.

### Adult Consumer Measure Results

The 2017-18 NCI-AD survey, the most recent survey cycle, was conducted for the STAR+PLUS HCBS waiver population.<sup>8</sup> Table 3 details the data from the 2017-18 survey for the measures selected by the workgroup and establishes the baseline for measuring change over time.

The NCI-AD survey is a cross-sectional study, which means participants, but not necessarily the same participants, will be surveyed in the future. The differences between this baseline survey and follow-up surveys will be used to better understand whether increased community integration and self-determination are occurring for people with disabilities who are receiving services in selected settings.

Table 3 presents the NCI-AD results by MCO. The data in Table 3 are averages calculated directly from the survey responses, these data are not risk-adjusted to control for differences among people interviewed across MCOs. Table 4 adds the risk-adjusted national average for these measures, as reported by NCI, which facilitates a comparison of Texas' average results to the national averages.

---

<sup>8</sup> The full NCI-AD 2017-18 Texas state report includes results for all adult consumer measures and is available from NCI-AD at: [https://nci-ad.org/upload/state-reports/TX\\_2017-2018\\_NCI-AD\\_State\\_Report\\_FINAL\\_.pdf](https://nci-ad.org/upload/state-reports/TX_2017-2018_NCI-AD_State_Report_FINAL_.pdf)

**Table 3: NCI-AD Survey results for STAR+PLUS HCBS members, 2017-18**

<b>NCI-AD Indicator</b>	<b>Amerigroup</b>	<b>Cigna</b>	<b>Molina</b>	<b>Superior</b>	<b>United</b>	<b>STAR+PLUS HCBS Average</b>
The proportion of individuals reporting they always get enough assistance with their everyday activities when they need it (A2).	78%	78%	75%	74%	84%	<b>78%</b>
The proportion of individuals who would prefer to live somewhere else (in a different kind of home) <sup>†</sup> (Q4).	42%	21%	35%	25%	32%	<b>31%</b>
The proportion of individuals reporting that they are able to do things they enjoy outside of their home when and with whom they want to (A14).	48%	42%	46%	48%	56%	<b>48%</b>
The proportion of individuals reporting that they need new grab bars in the bathroom or elsewhere in the home to facilitate their everyday life, if needed <sup>†</sup> (A8.1).	26%	23%	27%	24%	21%	<b>24%</b>
The proportion of individuals reporting they need new bathroom modifications other than grab bars to facilitate their everyday life, if needed <sup>†</sup> (A8.3).	29%	25%	32%	22%	12%	<b>24%</b>
The proportion of individuals reporting that they need an upgrade to their glasses to facilitate their everyday life, if needed <sup>†</sup> (A8.4).	31%	22%	26%	22%	24%	<b>25%</b>

<b>NCI-AD Indicator</b>	<b>Amerigroup</b>	<b>Cigna</b>	<b>Molina</b>	<b>Superior</b>	<b>United</b>	<b>STAR+PLUS HCBS Average</b>
The proportion of individuals reporting that they have a paying job in the community either full-time or part-time (A9).	1%	0%	1%	0%	2%	<b>1%</b>
The proportion of individuals interested in finding a job reporting that someone has talked to them about finding a job (A10).	9%	10%	11%	9%	26%	<b>13%</b>
The proportion of individuals reporting that the services they receive meet their needs and goals (A11).	53%	73%	60%	69%	68%	<b>65%</b>
The proportion of individuals reporting that they can choose or change what kind of services they get and determine how often and when they get them (Q16).	48%	79%	57%	73%	39%	<b>59%</b>
The proportion of individuals who report they can reach their case manager/service coordinator when needed (CIPI.4).	56%	70%	61%	68%	54%	<b>62%</b>

†Note: for these measures, a lower percentage indicates better performance. For all other measures, higher percentages indicate better performance.

Table 4 results include Texas weighted averages, and national risk-adjusted averages. Risk-adjustment helps to facilitate the national comparison and to set a benchmark for Texas. Risk-adjustment was performed by NCI-AD to allow for more valid state-to-state comparisons. It is a statistical process used to control for differences in the individual characteristics among people interviewed across states. Only those indicators that are likely to be affected by these characteristics are adjusted. For example, for a person with limited mobility who is older, it may be more difficult to participate in community activities. On the other hand, such characteristics should not affect whether a person has friends or staff who are respectful to him/her.

**Table 4: NCI-AD Texas and National Risk-Adjusted Averages**

<b>NCI-AD Indicator</b>	<b>STAR+PLUS HCBS Average</b>	<b>STAR+PLUS HCBS Average (Risk adjusted)</b>	<b>NCI-AD National Averages (Risk adjusted)</b>
The proportion of individuals reporting they always get enough assistance with their everyday activities when they need it (A2).	78%	84%	83%
The proportion of individuals who would prefer to live somewhere else (in a different kind of home) <sup>†</sup> (Q4).	31%	29%	30%
The proportion of individuals reporting that they are able to do things they enjoy outside of their home when and with whom they want to (A14).	48%	57%	61%
The proportion of individuals reporting that they need new grab bars in the bathroom or elsewhere in the home to facilitate their everyday life, if needed <sup>†</sup> (A8.1).	24%	-	14%*
The proportion of individuals reporting they need new bathroom modifications other than grab bars to facilitate their everyday life, if needed <sup>†</sup> (A8.3).	24%	-	15%*
The proportion of individuals reporting that they need an upgrade to their glasses to facilitate their everyday life, if needed <sup>†</sup> (A8.4).	25%	-	19%*

<b>NCI-AD Indicator</b>	<b>STAR+PLUS HCBS Average</b>	<b>STAR+PLUS HCBS Average (Risk adjusted)</b>	<b>NCI-AD National Averages (Risk adjusted)</b>
The proportion of individuals reporting that they have a paying job in the community either full-time or part-time (A9).	1%	2%	3%*
The proportion of individuals interested in finding a job reporting that someone has talked to them about finding a job (A10).	13%	-	20%*
The proportion of individuals reporting that the services they receive meet their needs and goals (A11).	65%	72%	73%
The proportion of individuals reporting that they can choose or change what kind of services they get and determine how often and when they get them (Q16).	59%	58%	66%
The proportion of individuals who report they can reach their case manager/service coordinator when needed (CIPI.4).	62%	-	79%*

†Note: for these measures, a lower percentage indicates better performance. For all other measures, higher percentages indicate better performance.

\*National averages that are not risk-adjusted.

## 4. Child Measures and Results

### NCI-CFS

HHSC conducts the NCI-CFS biennially and collects data on outcomes of families enrolled in a Medicaid HCBS waiver program. It is mailed to families who have a child with a physical disability, an IDD, or both; who lives in the family home and receives at least one service other than case management from HHSC. The survey collects demographic information on both the child receiving services and the person completing the survey (the “respondent”) and information on services and supports received.

The NCI-CFS is a cross-sectional study, which means participants, but not necessarily the same participants, will be surveyed in the future.

### Child Consumer Measure Results

The most recent NCI-CFS was conducted in 2017 and 2018.<sup>9</sup> It surveyed individuals enrolled in multiple Medicaid programs. The results are an aggregate of responses from enrollees in the following managed care and fee-for-service programs:

- Children enrolled in the Medically Dependent Children Program (MDCP) and a STAR Kids MCO.
- Children in 1915(c) waiver programs:
  - ▶ HCS
  - ▶ TxHmL
  - ▶ CLASS

The survey results in Table 5 provide an idea of where HHSC stands on the selected measures of community integration across programs, as measured in 2017 - 2018. Results specific to STAR Kids could not be extracted from the aggregate data. Therefore, these results will not be considered the baseline for STAR Kids members for comparison to future surveys.

---

<sup>9</sup> The full NCI-CFS 2017-18 Texas state report includes results for all child and family consumer measures and is available from NCI at:  
[https://www.nationalcoreindicators.org/upload/state-reports/TX\\_CFS\\_2017.pdf](https://www.nationalcoreindicators.org/upload/state-reports/TX_CFS_2017.pdf)

**Table 5. NCI-CFS results for 2017 to 2018**

<b>NCI-CFS Indicator</b>	<b>Texas<sup>10</sup></b>	<b>NCI National Average</b>
The proportion of individuals reporting that the enrollee takes part in activities in the community (C1).	82%	84%
The proportion of individuals reporting that the enrollee spends time with children who do not have developmental disabilities (C2).	69%	80%
The proportion of services and supports that change when the family's needs change (C3).	41%	38%
The proportion of family members reporting services and supports improved their ability to care for their child (C4).	90%	90%

---

<sup>10</sup> Reported results are aggregate totals for STAR Kids (MDCP) and 1915(c) waiver programs HCS, TxHmL, and CLASS.

## 5. Implementation and Future Surveys

HHSC currently conducts the NCI-AD Survey and NCI-CFS every other year. The cost for HHSC to change to an annual schedule for both surveys, would be an approximated \$600,000 in all funds (\$300,000 in general revenue) more per biennium. Cost to conduct each survey is primarily driven, by the labor-intensive effort of independently interviewing hundreds of individuals (in-person or by phone). Relevant expertise is required to plan the surveys, manage the projects, and analyze the results. In addition, some members have reported “survey fatigue” from frequent surveys and assessments they are asked or required to complete.

HHSC plans to continue biennial NCI-AD and NCI-CFS surveys of members enrolled in STAR+PLUS and STAR Kids. Survey results will be reported as data become available.

The 2019-20 NCI-AD survey began in July 2019 and results will be available in March 2021. The 2017-18 results presented in this report serve as the baseline and future reports will compare the new results to the baseline presented here. The next NCI-CFS survey will be conducted in fiscal year 2021, will support STAR Kids-specific reporting and will provide the baseline results distinctive to that population.

## 6. Conclusion

In 2018, HHSC formed a workgroup comprised of individuals from MCOs, consumer advocacy organizations, and related advisory committees. The workgroup developed a definition for “community integration”. Together they evaluated existing MCO quality measures, national LTSS measures, and national survey instruments, and reached consensus on meaningful community integration measures that consider the consumer and provider perspectives.

This report provides baseline results for the adult measures from the NCI-AD survey for STAR+PLUS members in the HCBS waiver program. Table 3, above, presents the results by MCO of the adult consumer measures selected by stakeholders. The initial results show that, on average, 78 percent of members always get enough assistance with their everyday activities when they need it. Only 48 percent said they are able to do things they enjoy outside of their home when and with whom they want. The percentage of members who said they can reach their case manager or service coordinator when needed varied by MCO, from 54 percent to 70 percent.

For children’s measures, Table 5 presented results from the NCI-CFS. Results for members in STAR Kids and waiver programs showed some positive signs of progress toward community integration . For example, 82 percent of respondents reported they are able to take part in community activities and 90 percent of family members reported services and supports improved their ability to care for their child. Although higher than the national average, only 42 percent said services and supports change when the family’s needs change.

These and other results demonstrate that Texas averages are generally comparable to national averages, but there is room for improvement. HHSC and its STAR+PLUS and STAR Kids MCOs will continue to collaborate with stakeholders to support members living on their own and with autonomy in the least restrictive environment.

# List of Acronyms

<b>Acronym</b>	<b>Full Name</b>
CIPI	Community Integration Performance Indicator
CLASS	Community Living Assistance and Support Services
CMS	Centers for Medicare and Medicaid Services
DBMD	Deaf-Blind with Multiple Disabilities
EQRO	Texas External Quality Review Organization
FY	Fiscal Year
HCBS	Home and Community-Based Services <sup>11</sup>
HCS	Home and Community-based Services <sup>12</sup>
HHSC	Health and Human Services Commission
ICF/IID	Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions
IDD	Intellectual and Developmental Disability
LTSS	Long-Term Services and Supports
MCO	Managed Care Organization

---

<sup>11</sup> Home and community based services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses. Source: Medicaid.gov website: <https://www.medicaid.gov/medicaid/home-community-based-services/index.html>.

<sup>12</sup> Home and Community-based Services (HCS) is a 1915(c) waiver program that provides community-based services to people with intellectual disabilities as an alternative to institutional care in an intermediate care facility for individuals with an intellectual disability or related condition (ICF/IID). See Home and Community-Based Services (HCBS) 1915(c) waivers. Source: Texas Medicaid and CHIP Reference Guide, 12<sup>th</sup> Edition 20, 2018, pg.187. 18: <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2018/medicaid-chip-perspective-12th-edition/12th-edition-complete.pdf>

MDCP	Medically Dependent Children Program
NCI	National Core Indicators
NCI-AD	National Core Indicators for Aging and Disabilities
NCI-CFS	National Core Indicators – Child and Family Survey
SSI	Supplemental Security Income
TxHmL	Texas Home Living
YES	Youth Empowerment Services