



Waiver Slot Enrollment Progress Report

As Required by

**2020-21 General Appropriations
Act, House Bill 1, 86th Legislature,
Regular Session, 2019 (Article II,
Health and Human Services
Commission, Rider 20)**

Health and Human Services

Commission

March 2021



TEXAS
Health and Human
Services

Table of Contents

| | |
|--|------------|
| Executive Summary | 3 |
| Introduction..... | 5 |
| Background..... | 6 |
| Enrollment Plan for the 2020-2021 Biennium | 7 |
| Enrollment Process..... | 7 |
| Senate Bill 1207 | 8 |
| Enrollment Data | 9 |
| Enrollment Issues | 144 |
| COVID-19..... | 144 |
| Conclusion | 166 |
| List of Acronyms | 177 |
| Appendix A. Attrition Slot Utilization for HCS..... | A-1 |
| Appendix B. Waiver Program Eligibility and Service Descriptions | B-1 |
| CLASS..... | B-1 |
| DBMD | B-1 |
| HCS..... | B-2 |
| MDCP..... | B-3 |

Executive Summary

The Waiver Slot Enrollment Progress Report for March 2021 is submitted in compliance with the 2020-21 General Appropriations Act, [House Bill \(H.B\) 1, 86th Legislature, Regular Session, 2019](#) (Article II, Health and Human Services Commission [HHSC], Rider 20). This report is as of March 1, 2021.

Rider 20 requires three progress reports that discuss advancement towards waiver enrollment goals included in the Waiver Slot Enrollment Plan (plan) submitted October 2019. The first two progress reports were submitted on March 1, 2020¹, and September 1, 2020², and the last progress report is due March 1, 2021.

Medicaid waiver programs provide home and community-based services and supports to individuals as an alternative to institutional living and to maximize the quality of life, functional independence, health, and well-being of individuals served. The 86th Legislature appropriated funding for the following Medicaid waiver programs to increase enrollment and reduce waiver program interest lists:

- Community Living Assistance Support Services (CLASS);
- Deaf-Blind with Multiple Disabilities (DBMD);
- Home and Community-based Services (HCS); and
- Medically Dependent Children Program (MDCP).

HHSC is funded to enroll an additional 1,628 individuals by August 31, 2021, as directed by Rider 20, in the following waivers:

- 1,320 individuals enrolled in HCS;
- 240 individuals enrolled in CLASS;
- 60 individuals enrolled in MDCP; and
- 8 individuals enrolled in DBMD.

As a result of the federally-declared public health emergency (PHE), the H.R. 6201 Families First Coronavirus Response Act required states to maintain Medicaid

¹ <https://hhs.texas.gov/reports/2020/03/waiver-slot-enrollment-progress-report-march-2020>

² <https://hhs.texas.gov/reports/2020/08/waiver-slot-enrollment-progress-report-september-2020>

program eligibility during the federal public health emergency. HHSC was required to maintain Medicaid eligibility during the emergency period regardless of eligibility rules, such as age or income limits. Under H.R. 6201, the state is permitted to terminate eligibility in limited circumstances: the recipient's voluntary withdrawal, moving out-of-state, or death. As a result, programs experienced very low attrition – yielding fewer to no new slots which could be released for the CLASS, DBMD, HCS, and over-enrollment for MDCP waiver program.

The cumulative fiscal year 2020 number of waiver interest list slot offers released was 8,875. From the 8,875 waiver offers released, 2,851 individuals accepted the slot offer and continued the process to determine waiver program eligibility. Out of 2,851 individuals who accepted the waiver slot offer, 1,426 individuals completed waiver program enrollment by the close of fiscal year 2020, which is 612 more people enrolled in waiver programs than the agency planned amount of 814.

The additional 612 people enrolled in fiscal year 2020 result from increased MDCP slot releases during the first quarter and H.R. 6201 requirements to maintain Medicaid eligibility during the PHE. In contrast, during fiscal year 2020, HCS, CLASS, and DBMD waiver programs did not meet planned enrollment targets due to COVID-19 impacts. Texas declared a public health emergency on March 19, 2020, which caused various waiver program process changes. For example, HHSC enacted immediate restrictions on in-person waiver program assessments. As of April 2, 2020, HHSC granted telehealth and phone flexibilities to health plans and providers to complete required program enrollment processes. HHSC also stopped all waiver slot releases from April 2020 to May 2020, when face-to-face assessments were stopped, and resumed releasing slots for HCS and CLASS in June 2020.

There was an increase in overall waiver costs in the DBMD and MDCP programs. HHSC met the target for MDCP enrollment identified in Rider 20, but due to a lack of attrition, HHSC stopped releasing individuals from the MDCP interest list. HHSC did not meet the target enrollment identified in Rider 20 for the DBMD program due to increased waiver costs. HHSC stopped releasing individuals from the DBMD interest list to remain within appropriated funds.

Despite the impact of the COVID-19 public health emergency on slot releases and enrollments, HHSC anticipates meeting all waiver enrollment goals required by outlined in Rider 20 by August 31, 2021.

Introduction

The 2020-21 General Appropriations Act, [House Bill \(H.B.\) 1, 86th Legislature, Regular Session, 2019](#) (Article II, Health and Human Services Commission [HHSC], Rider 20), made appropriations to HHSC to reduce interest lists by the following targets and to achieve these targets by fiscal year 2021:

- 1,320 individuals enrolled in HCS;
- 240 individuals enrolled in CLASS;
- 60 individuals enrolled in MDCP; and
- 8 individuals enrolled in DBMD.

HHSC submitted a Waiver Slot Enrollment Plan (plan) in accordance with Rider 20 to describe processes and necessary actions for HHSC to achieve the enrollment targets for CLASS, HCS, MDCP, and DBMD. CLASS, HCS, MDCP, and DBMD are Medicaid waiver programs that provide home and community-based services and supports to individuals as an alternative to institutional living and to maximize the quality of life, functional independence, health, and well-being.

Rider 20 also directed HHSC to submit three progress reports related to actions taken to achieve the targeted enrollments on March 1, 2020, September 1, 2020, and March 1, 2021, to the Governor, Legislative Budget Board, Senate Finance Committee, and House Appropriations Committee. This third progress report for March 1, 2021, identifies:

- The number of persons enrolled in each type of waiver slot;
- Planned enrollment for the remainder of the 2020-21 biennium;
- Any issues with enrollment including COVID-19 impacts identified by HHSC; and
- How HHSC plans to address those issues to achieve targets by the end of fiscal year 2021.

Background

Texas has multiple Medicaid waiver programs that offer services in the community as an alternative to services delivered in an institution. To receive waiver services, a person must:

- live in Texas;
- be eligible for Medicaid;
- have a need for services offered in the program;
- have a service plan or plan of care within the program's cost requirements;
- meet program-specific eligibility requirements; and
- have a slot.

Waivers operate on a slot-based enrollment system. The number of slots is based on an agreement with the Centers for Medicare and Medicaid Services (CMS) and available state funding. A person who is interested in receiving services from the program requests to place their name on the program's interest list. Individuals are released from the interest list for eligibility determinations on a first-come, first-served basis when funding or program attrition creates an available slot. The HCS waiver program has specific plans for using attrition slots to serve people with the most immediate needs (see Appendix A).

Waiver programs offer an array of services specific to the population served. Some services are available in all waiver programs, such as service coordination or case management, while other services are unique to the respective waivers. Individuals who are eligible for these programs are also eligible for a benefit through the Medicaid program called Community First Choice (CFC). CFC offers: attendant care to help with activities of daily living, such as bathing, eating, or getting dressed; habilitation, or assistance for someone to perform activities of daily living through hands-on assistance, prompting or queuing; and emergency response services.

Information about specific eligibility criteria and services for waiver programs for which the Legislature appropriated additional funds is available in Appendix B.

Enrollment Plan for the 2020-2021 Biennium

Enrollment Process

HHSC began releasing interest list slots, as funded by the 86th Legislature, in September 2019. HHSC generally releases waiver program interest list slots monthly in accordance with appropriated funds to achieve targeted monthly enrollment.

HHSC maintains an interest list for each waiver program because individuals can be on multiple interest lists at the same time. HHSC coordinates slot releases for people who are coming to the top of more than one interest list by providing them with information about each of the waiver programs. The individual's eligibility will be assessed for the program they choose first. If they are ineligible for that program, HHSC will begin the eligibility assessment process for the individual's second-choice waiver program if he or she is still interested. This process allows an individual to choose which program they are assessed for first and allows HHSC to maximize resources by only starting an assessment process if the individual has not started the enrollment process for a different program.

An individual must apply for Medicaid if they are not enrolled in Medicaid at the time the waiver slot is offered. Medicaid eligibility can usually be established within 45 days if the individual has a confirmed disability determination. If the individual does not have a confirmed disability determination, it may take up to 180 days to establish disability and Medicaid eligibility. Individuals are enrolled in a waiver program when all eligibility criteria are met. The process to establish program eligibility and complete enrollment may take several months. See Appendix B for detailed eligibility and service descriptions for all waiver programs.

Using a historical take-up-rate³, HHSC may offer more slots than there are available to account for declined waiver slot offers and individuals deemed ineligible during the enrollment process to help reach each month's projected slot allotment. Staff closely monitor enrollment into the program to confirm the agency remains within appropriated slots and funding. HHSC staff take the following enrollment actions to meet the waiver services enrollment targets identified in Rider 20:

³ The term **take-up-rate**, refers to the rate of eligible individuals who accept a waiver slot offer.

1. Calculate the average cost to fill each waiver slot, and if needed, adjust the monthly waiver enrollment targets to remain within appropriated funding levels.
2. Meet monthly to plan waiver interest list release amounts for each upcoming month. The monthly plans take into consideration available funding, client demand, and provider capacity.
3. Identify interest list individuals whose Medicaid eligibility is not progressing in a timely manner and prioritize these cases for expedited resolution by offering technical assistance to service providers and identifying potential waiver program enrollment barriers.

Senate Bill 1207

Government Code, Section 531.00601, established by Senate Bill (S.B.) 1207, 86th Legislature, Regular Session, 2019, requires HHSC to provide additional 1915(c) waiver interest list placement options for individuals who become ineligible for services under MDCP.

S.B. 1207 allows new interest list placement options for MDCP enrolled individuals who lose waiver eligibility because they do not meet medical necessity criteria and for individuals enrolled in MDCP who age out of the program.

1. Individuals in MDCP who become ineligible for the waiver because they no longer meet the level of care criteria for medical necessity may elect to:
 - a. Be returned to the top of the MDCP interest list in the first position once only; and/or
 - b. Request to apply their MDCP interest list request date to their position on another 1915(c) waiver interest list if the MDCP date is earlier; or
 - c. Request to be added to the bottom of another 1915(c) waiver interest list).
2. Individuals in MDCP who become ineligible for program services due to their age may request to:
 - a. Apply their MDCP interest list request date to their position on another 1915(c) waiver interest list if the MDCP date is earlier; or
 - b. Request to be added to the bottom of another 1915(c) waiver interest list.

In accordance with the requirements outlined in S.B. 1207, HHSC created waiver program communications to inform MDCP enrolled individuals of these new program options. HHSC also amended agency operational process flows, updated agency policies and procedures, and completed system changes to meet S.B. 1207 interest

list requirements. Although HHSC received federal approval in early 2020, implementation of the required changes to interest list placement processes were delayed due to the COVID-19 pandemic. HHSC implemented the S.B. 1207, 1915(c) waiver interest list placement options on December 14, 2020, including amended communications, processes, policies, and technology.

Enrollment Data

HHSC may offer more slots than there are available to fill to account for declined waiver slot offers and individuals deemed ineligible during the slot enrollment process. HHSC releases additional slots throughout the year depending on the number of completed slot enrollments.

The cumulative fiscal year 2020 number of waiver interest list offers released was 8,875. From the 8,875 waiver offers released, 2,851 individuals accepted the slot offer and are going through the process to determine waiver program eligibility. Out of 2,851 individuals who accepted the offer, 1,426 individuals completed enrollment by the end of fiscal year 2020.

Enrollment data for MDCP waiver slots as of the fourth quarter of fiscal year 2020 indicates HHSC has met and exceeded the goal of enrolling 60 new individuals into MDCP in the 2020-21 biennium. The high volume of slots offered in late fiscal year 2019 led to an increase in MDCP program enrollments in fiscal year 2020. In addition, the federal H.R. 6201 Families First Coronavirus Response Act required states to maintain Medicaid program eligibility during the federal public health emergency to receive enhanced federal funding. As a result, programs experienced very low attrition – yielding fewer to no new slots which could be released for the CLASS, DBMD, HCS, and MDCP waiver programs. There was an increase in overall waiver costs in the DBMD and MDCP programs, preventing HHSC from releasing additional slots and remain within appropriated funds. HHSC will continue to monitor the affordable average number of slots for each waiver based on projected service costs, and as needed, adjust the enrollment targets to stay within appropriated funding levels.

MDCP waiver slot enrollment is monitored using the waiver slot enrollment target identified in the General Appropriations Act. Each additional MDCP enrollment over the target goal was funded through MDCP's primary (non-Rider 20) funding allocation. MDCP over-enrollment does not impact HCS, CLASS, and DBMD enrollment targets as each waiver maintains their own targets and allotted funding.

HCS, CLASS, and DBMD waiver programs did not meet planned enrollment targets during fiscal year 2020. Due to the COVID-19 public health emergency, there are 1,007 unfilled slots across HCS, DBMD, and CLASS programs for fiscal year 2021 (see Table 2). To remain within appropriated funds, HHSC ceased new interest list offers for DBMD, as of April 2020, to address the increasing cost of the DBMD program. DBMD is projected to reach target enrollment with the pending releases that will cycle through in fiscal year 2021.

Texas declared a public health emergency on March 19, 2020, which caused waiver program process changes. For example, HHSC issued guidance to end face-to-face assessments, resulting in the suspension of releasing waiver interest slots from April 2020 to May 2020. HHSC resumed releasing slots for HCS and CLASS in June 2020. To meet the targeted goals by the end of the biennium, as of August 1, 2020, HHSC began enrolling people in CLASS and HCS slots with additional flexibilities. For example, HHSC granted assessment flexibilities related to the use of telehealth and telephone, allowing health plans and providers to complete required program enrollment processes. As of December 15, 2020, no waiver slots are being released for DBMD and MDCP to stay within appropriated funding.

Using a revised CLASS and HCS release plan with an increase in slot releases effective September 2020, HHSC believes it will meet interest list fiscal year 2021 enrollment goals. HHSC plans to release 3,425 HCS interest list slots in fiscal year 2021. From September to December 2020, HHSC released 335 HCS interest list slots per month (total of 1,340 slots). From January 2021 to May 2021, HHSC will release 417 HCS interest list slots per month (total of 2,085). HHSC plans to release 4,797 CLASS interest list slots in fiscal year 2021. From September to December 2020, HHSC released 533 CLASS interest list slots per month (total of 2,148 slots). From January 2021 to May 2021, HHSC will release 533 slots per month (total of 2,665 slots).

The revised release plan runs through May 2021 and includes enrollment assumptions used for the fiscal year 2020 release plan. This will allow the individuals on the interest list to cycle through enrollment activities before the end of the biennium. HHSC continues to monitor release plan assumptions for the biennium to ensure the agency meets the target enrollment goals set by the legislature.

Table 1 shows cumulative data for current and planned waiver enrollment progress for fiscal year 2020. Note: Table 1 represents new individuals enrolled during fiscal year 2020 and does not include the total number of individuals enrolled in each

waiver program. Table 2 shows the remaining appropriated slots for CLASS, DBMD, and HCS, as of the start of fiscal year 2021.

Table 1. Current and Planned Slot Enrollment by Waiver Program, as of Fourth Quarter, 2020⁴

| Program | SFY 2020 New Number of Interest List Offers Released | SFY 2020 New Number of Interest List Offers Pending | SFY 2020 New Enrollments⁵ | SFY 2020 HHSC Planned⁶ Enrollment |
|----------------|---|--|---|---|
| CLASS | 1,123 | 721 | 52 | 120 |
| DBMD | 38 | 13 | 0 | 4 |
| HCS | 1,851 | 949 | 509 | 660 |
| MDCP | 5,863 | 1,168 | 865 | 30 |
| Total | 8,875 | 2,851 | 1,426 | 814 |

Note: The process to establish eligibility (offers released and pending) and complete enrollment into a program may take 3-5 months. MDCP over enrollment does not impact other waiver enrollment targets as each waiver maintains its own targets and allotted funding.

⁴ Data Source, Community Services Interest List (CSIL) and Client Assignment Registration System (CARE) Interest List Data with Times and Dispositions September 1, 2019 through August 31, 2020; as of October 2, 2020.

⁵ Enrollment data is based on program eligibility on the last day of the month. MDCP figures are subject to change and take 7 months to be final.

⁶ The term **planned**, refers to the Waiver Slot Enrollment Plan (plan) submitted October 2019. It highlights HHSC’s goal to increase enrollments within each waiver program.

Table 2. Current and Remaining Slot Enrollment for CLASS, HCS and DBMD, 2020-21 Biennium as of Fourth Quarter, 2020⁷

| Program | Total Appropriated Enrollment for Biennium | SFY 2020 Current Enrollment⁸ | Remaining Appropriated Enrollment for Biennium |
|----------------|---|--|---|
| CLASS | 240 | 52 | 188 |
| HCS | 1,320 | 509 | 811 |
| DBMD | 8 | 0 | 8 |
| Total | 1,568 | 561 | 1,007 |

⁷ Data Source, Community Services Interest List (CSIL) and Client Assignment Registration System (CARE) Interest List Data with Times and Dispositions September 1, 2019 through August 31, 2020; as of October 2, 2020.

⁸ In June 2020, HHSC resumed the release of interest list slots for CLASS and HCS at an increased amount to make up for the months interest list releases were suspended.

Enrollment Issues

Once an individual accepts a waiver slot offer, they begin the waiver enrollment process. Several factors may impact the individual's progress through this process, including:

- Delays in scheduling and completion of pre-enrollment assessments due to scheduling conflicts with the individual or Legally Authorized Representative;
- The establishment of Medicaid eligibility, which can take up to 180 days and potentially delay the waiver eligibility process;
- Competing enrollment offers that may delay an individual's waiver program decision; and
- Delays in transitioning to the community if individuals transitioning out of institutions require additional supports or services that must be developed or acquired prior to their transition.

HHSC staff actively monitors the enrollment of each waiver and provides families and contracted providers with guidance and technical assistance to prevent waiver enrollment delays where possible. HHSC staff also monitor waiver enrollments against available waiver slots throughout the year to meet waiver enrollment targets.

COVID-19

On March 19, 2020, the Department of State Health Services submitted a Declaration of a Public Health Disaster in the State of Texas citing, "the introduction and spread of the communicable disease known as COVID-19 in the State of Texas created an immediate threat, posed a high risk of death to a large number of people and created a substantial risk of public exposure because of the disease's method of transmission and evidence that there was community spread in Texas."

Due to the COVID-19 pandemic, Texas declared a Public Health Disaster, and in response to the federally-declared PHE, HHSC limited new waiver enrollments. HHSC has implemented flexibilities since March 2020, requiring high levels of coordination both internally and with stakeholders. HHSC seeks to keep program providers, service coordinators, case managers, and individuals updated with the latest information.

HHSC continues to provide informational letters, guidance notices, and webinars for providers as part of the agency's response. HHSC continues to monitor the impacts

of the public health emergency, evaluate, and when appropriate, extend existing flexibilities or implement additional flexibilities.

Conclusion

Due to the impacts of the COVID-19 public health emergency, during fiscal year 2020, CLASS, DBMD, and HCS did not meet agency targeted new waiver enrollment, whereas MDCP exceeded target enrollment. HHSC will continue to increase access to community-based waiver services by enrolling individuals in the remaining 1,007 slots across CLASS, DBMD, and HCS as appropriated funding and waiver slot affordability allow. HHSC will use attrition slots and appropriated slots to meet the needs of individuals with intellectual and developmental disabilities who are in crisis situations or are transitioning from institutions into a waiver program.

HHSC continues monitoring the progress of monthly waiver enrollments to address barriers and confirm enrollments are completed and validate waiver enrollments remain within appropriated funds.

List of Acronyms

| Acronym | Full Name |
|---------|--|
| CARE | Client Assignment Registration System |
| CMS | Centers for Medicare and Medicaid Services |
| CLASS | Community Living Assistance and Support Services |
| CSIL | Community Services Interest List |
| DBMD | Deaf-Blind with Multiple Disabilities |
| IDD | Intellectual and Developmental Disability |
| ILM | Interest List Management |
| MDCP | Medically Dependent Children Program |
| PHE | Public Health Emergency |

Appendix A. Attrition Slot Utilization for HCS

Attrition slots are created when previously funded HCS slots are permanently discharged by an individual after enrollment. HHSC will use attrition slots in the 2020-21 biennium to address specific target groups listed in the HCS waiver that did not receive allocated funding. Staff will continue to meet monthly to distribute any attrition slots available.

HHSC will distribute attrition slots based on the date, time, and order received. HHSC staff will evaluate any requests for slots received above the monthly attrition allotment based on the time of the request, with the intent to release as many HCS slots as possible.

If enough attrition slots are not available to cover the number of slots needed, the request for slots will be held until the next month's meeting. Any attrition slots available after the meeting will be held for distribution at the next meeting. If a surplus of attrition slots accumulates after a six-month period, staff may recommend that some of the attrition slots be released to individuals on the HCS interest list.

Attrition slots will be utilized for the following target groups:

- Crisis Diversion
- Nursing Facility Transition
- Nursing Facility Diversion
- Nursing Facility Transition for Children
- State Supported Living Center (SSLC) Promoting Independence
- Child Protective Services (CPS) Aging Out of Conservatorship
- HCS Interest List Reduction

Table 1. HCS Attrition Slot Utilization for the 2020-2021 Biennium as of Fourth Quarter 2020

| Attrition Target Group | Purpose | 2020-21 Appropriated | FY 2020-21 Current Released | FY 2020-21 Current Enrollment⁹ | FY 2020-21 Total Pending Enrollment |
|--|---|-----------------------------|------------------------------------|--|--|
| Crisis Diversion | To prevent crisis/ institutionalization | 0 | 385 | 247 | 126 |
| Nursing Facility Diversion | For persons with IDD diverted from nursing facility admission | 0 | 138 | 77 | 48 |
| Nursing Facility Transition | For persons with IDD moving from nursing facilities | 0 | 186 | 69 | 81 |
| Child Protective Services Aging Out | For children aging out of foster care | 0 | 99 | 66 | 32 |
| Nursing Facility Transition for Children | For children (age 21 or younger) moving from a nursing facility | 0 | 7 | 3 | 4 |
| Large, Medium and Small ICFs- IID | For persons moving out of an ICF-IID. | 0 | 58 | 41 | 15 |
| Totals | | 0 | 873 | 503 | 306 |

⁹Attrition slots require input from HHSC Budget to determine if resources are available and to what capacity for the specified point in time. Data counts in this column are for HCS slots made available through attrition during the reporting period.

Appendix B. Waiver Program Eligibility and Service Descriptions

CLASS

CLASS provides home and community-based services to individuals with related conditions as a cost-effective alternative to an ICF/IID. To be eligible, a person must:

- Be eligible for ICF/IID Level of Care VIII criteria for placement in an ICF/IID;
- Have been diagnosed with a related condition manifested before the individual was 22 years of age as described in the Texas Approved Diagnostic Codes for Persons with Related Conditions; and
- Have a qualifying adaptive behavior level.

CLASS offers:

- Adaptive aids
- Auditory integration/enhancement training
- Behavioral support
- Cognitive rehabilitation therapy
- Continued family services
- Dental treatment
- Dietary services
- Employment assistance
- Transportation-habilitation
- Minor home modifications
- Nursing
- Occupational and physical therapy
- Prevocational services
- Respite (in and out-of-home)
- Specialized therapies
- Speech and language pathology
- Support family services
- Supported employment
- Transition assistance service

DBMD

DBMD services help people live in a community-based setting instead of in an institution. People enrolled in the program live in residential settings such as their home, their family's home, or a licensed assisted living facility. To be eligible, a person must:

- Have one or more diagnosed related conditions and, as a result:
 - ▶ Have deaf-blindness;
 - ▶ Have been determined to have a progressive medical condition that will result in deaf-blindness; or
 - ▶ Function as a person with deaf-blindness; and

- ▶ Have one or more additional disabilities that result in impairment to independence
- Have related conditions manifested before the individual became 22 years of age as described in the Texas Approved Diagnostic Codes for Persons with Related Conditions; and
- Be eligible for Level of Care VIII.

DBMD offers:

- | | |
|---|---|
| ● Residential habilitation | ● Minor home modification |
| ● Respite (in or out-of-home) | ● Adaptive aids |
| ● Nursing | ● Transportation – Residential Habilitation |
| ● Day habilitation | ● Employment Assistance |
| ● Dental services | ● Supported Employment |
| ● Behavioral support | ● Chore Services |
| ● Occupational, physical, or speech therapy | ● Orientation and Mobility |
| ● Dietary services | ● Intervener services |
| ● Audiology | |

HCS

HCS provides home and community-based services and supports to help people live as independently as possible. To be eligible, a person must:

- Have a primary diagnosis of an intellectual disability or an intelligence quotient of 75 or below and a related condition as described in the Texas Approved Diagnostic Codes for Person with Related Conditions; and
- Be eligible for Level of Care I or VIII.

HCS offers:

- | | |
|-------------------------------------|-------------------------------------|
| ● Residential services | ● Speech/language pathology therapy |
| ● Day habilitation | ● Dietary services |
| ● Dental | ● Audiology |
| ● Behavioral Support | ● Minor home modification |
| ● Social work | ● Adaptive aids |
| ● Occupational and physical therapy | ● Transition assistance |

MDCP

MDCP offers community-based services for people who need the level of care provided in a nursing facility but would like to remain in the community. To be eligible, a person must:

- Be age 20 or younger; and
- Need the level of care provided by a nursing facility.

MDCP offers:

- Respite
- Flexible Family Support Services
- Adaptive aids
- Minor home modifications
- Transition assistance
- Employment assistance
- Supported employment
- Financial management services