



Role of Local Intellectual and Developmental Disability Authorities as Service Providers

**As Required by
Senate Bill 7, 83rd Legislature, Regular Session, 2013**

**Texas Department of Aging and Disability Services
July 2015**

INTRODUCTION AND CHARGE

Senate Bill 7, 83rd Legislature, Regular Session, 2013, directs the Health and Human Services Commission (HHSC) and Department of Aging and Disability Services (DADS) to submit to the Legislature a report that includes the following information:

1. the percentage of services provided by each local intellectual and developmental disability authority (LIDDA) to individuals residing in an intermediate care facility for individuals with an intellectual disability or related conditions (ICF/IID) or receiving Medicaid waiver program services, compared to the percentage of those services provided by private providers;
2. the types of evidence provided by LIDDAs to DADS to demonstrate the lack of available private providers in areas of the state where LIDDAs provide services to more than 40 percent of the Texas Home Living (TxHmL) waiver program clients or 20 percent of the Home and Community-based Services (HCS) waiver program clients;
3. the types and amounts of services received by clients from LIDDAs compared to the types and amounts of services received by clients from private providers;
4. the provider capacity of each LIDDA as determined under Health and Safety Code, Section 533.0355(d);
5. the number of individuals served above or below the applicable provider capacity by each LIDDA; and
6. if a LIDDA is serving clients over the LIDDA's provider capacity, the length of time the LIDDA has served clients above the authority's approved provider capacity.

BACKGROUND

In 1965, Texas law authorized “cities, counties, hospital districts, school districts, rehabilitation districts, state-supported institutions of higher education, and state-supported medical schools, or any combination of these...[to] establish and operate a community center” to provide mental health services and/or services for individuals with an intellectual or developmental disability (IDD), as an alternative to institutional care.¹ Under Texas law, HHSC may delegate to the LIDDAs the commission’s authority and responsibility related to planning, policy development, coordination, resource allocation, and resource development for and oversight of mental health and IDD services in the most appropriate and available setting to meet individual needs in that service area.²

In 2003, the 78th Legislature clarified that LIDDAs could only serve as a provider of last resort³ and directed DADS to implement a plan to privatize all ICF/IID and waiver services provided by a LIDDA.⁴ In 2005, Governor Rick Perry issued an executive order directing HHSC to develop

¹ House Bill 3, 59th Legislature, Regular Session, 1965.

² Texas Health and Safety Code §533.035(a).

³ The term “provider of last resort” means the LIDDA made every reasonable attempt to solicit the development of an available and appropriate provider base sufficient to meet the needs of individuals in its service area and there is not a willing provider or relevant services in the LIDDA’s service area or in the county where the provision of services is needed.

⁴ Texas Health and Safety Code §533.035(e)(g).

an implementation plan through a negotiated rulemaking process with all relevant stakeholders to:

- *Protect Consumer Choice:* Current laws protecting the consumer's choice of provider must be prioritized and upheld, regardless of any imposed limitations developed within the plan;⁵
- *Protect the Safety Net:* The plan must ensure LIDDAs maintain sufficient infrastructure that reflects the needs of local communities to maintain a safety net that ensures services continue to be available.
- *Recognize Local Differences:* The plan must accommodate the differences within local service delivery areas (e.g., difference between rural and urban resources) in the determination of a reasonable attempt to ensure the appropriate availability of a provider network.
- *Develop Responsible Timelines:* HHSC will develop a timeline to ensure no disruption to consumers' current service provision, the local communities' readiness, and the required need for a safety net.⁶

Upon HHSC's conclusion of the negotiated rulemaking process, in 2007, the 80th Legislature, clarified that LIDDAs may serve as a provider of IDD services only if:⁷

- enrollment levels do not exceed the LIDDA's August 2004 waiver program enrollment levels⁸ and any increase in capacity must be based on:
 - the LIDDA's state-mandated conversion from an ICF/IID to a waiver program, allowing for a permanent increase in capacity in accordance with the number of persons who choose the LIDDA as their provider;
 - the LIDDA's voluntary conversion from an ICF/IID to a waiver program, allowing for a temporary increase in capacity, to be reduced by attrition, in accordance with the number of persons who choose the LIDDA as their provider;
 - the LIDDA's refinancing from services funded solely by state general revenue to a Medicaid program, allowing for a temporary increase in the LIDDA's provider capacity, to be reduced by attrition, in accordance with the number of persons who choose the LIDDA as their provider; or
 - other extenuating circumstances, monitored and approved by DADS, that do not unnecessarily promote the LIDDA's provider role over its role as a LIDDA, and may include increases necessary to accommodate a family- or consumer-specific circumstance and choice; or

⁵ DADS HCS and TxHmL Waiver Applications, Sections 6, (E), In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the State has received approval to limit the number of providers under the provisions of §1915(b) or another provision of the Act. Available online at <http://www.dads.state.tx.us/providers/TxHmL/txhmlWaiverApp2012-2017.pdf>, <http://www.dads.state.tx.us/providers/hcs/HCSRenewalApp2013-2018.pdf> (last accessed July 6, 2015).

⁶ Executive Order No. RP-45, June 17, 2005. Available online at <http://www.lrl.state.tx.us/scanned/govdocs/Rick%20Perry/2005/procMHMR.pdf> (last accessed July 6, 2015).

⁷ Texas Health and Safety Code §533.0355 (d)(2)(D)(iii), authorizes increases necessary to accommodate a family-specific or consumer specific circumstances and choice. (House Bill 2439, 80th Legislature, Regular Session, 2007.)

⁸ If the LIDDA's enrollment levels exceed August 2004 levels, the LIDDA must reduce the levels by attrition. Attrition occurs naturally as individuals discharge from the program. Reduction in capacity varies by LIDDA and may be affected by client choice.

- the IDD programs are necessary to ensure availability of services, and the LIDDA demonstrates to HHSC that there is not a willing and qualified provider in the area where the service is needed.⁹

Methodology

Data in this report was extracted from the DADS Client Assignment and Registration (CARE) system and other internal data sources. Data is provided for both fiscal year (FY) 2006 and FY 2014 to illustrate changes since the capacity limits (CAPs) were instituted in 2004. This data is subject to the following limitations:

- Enrollment data is provided as a point-in-time snapshot, as the data is fluid and continuously changing.
- Cost data is based on billing information in accordance with HCS¹⁰ and TxHml¹¹ billing guidelines, which allow providers to submit claims up to 12 months after service provision.¹²

Between FY 2006 and FY 2014, several LIDDAs consolidated, and one LIDDA changed to another organization. These changes affect the data analysis and are explained throughout this document.

⁹ Texas Health and Safety Code §533.035(e-1), §533.0355(d).

¹⁰ HCS Billing Program Billing Guidelines, Rev 14-1, Effective March 21, 2014. Available online at <https://www.dads.state.tx.us/handbooks/hcsbg/3000/3000.htm#sec3210>, (last accessed July 7, 2015).

¹¹ TxHml Billing Program Billing Guidelines, Rev 14-1, Effective April 10, 2014. Available online at <http://www.dads.state.tx.us/handbooks/txhmlbg/3000/3000.htm#sec3210>, (last accessed July 7, 2015).

¹² Cost data is current as of September 2, 2014.

REPORT FINDINGS

1. Percentage of ICF/IID and Medicaid Waiver Services¹³ Provided by LIDDAs and Private Providers

As indicated in Table 1, LIDDAs provided approximately 10.4% of ICF/IID services in FY 2006, compared to approximately 89.6% of ICF/IID services delivered by private providers. In FY 2014, the percentage of ICF/IID services provided by LIDDAs decreased to 9.7%, compared to 90.3% for private providers. Billing data reported in Table 2 provides the monetary amounts of ICF/IID service claims submitted for FY 2006, and the approximate amounts for FY 2014. The information represented in Table 3 reflects the number of individuals served by LIDDAs and private providers for FY 2006 and FY 2014.

Table 1. Comparison of ICF/IID Services Provided by LIDDAs and Private Providers, FY 2006 and FY 2014

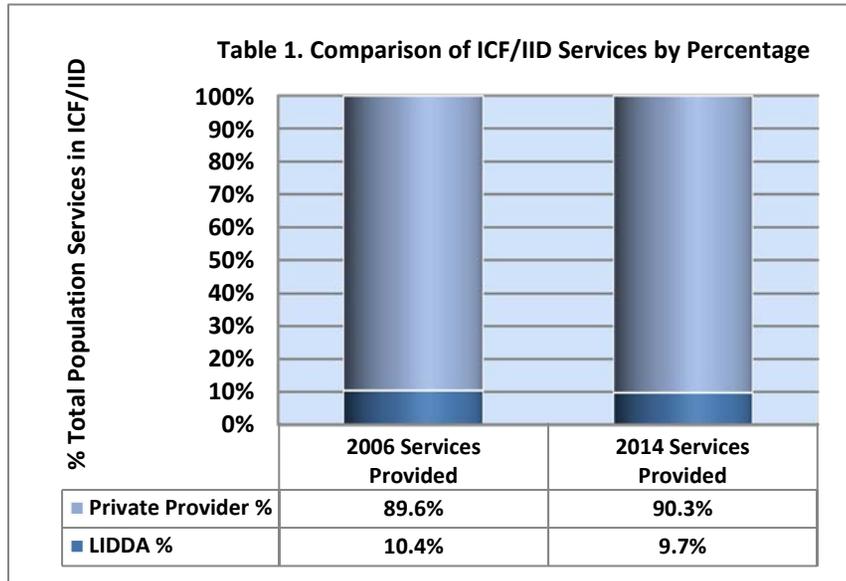


Table 2. Comparison of ICF/IID Services Claims Billed by LIDDAs and Providers, FY 2006 and FY 2014

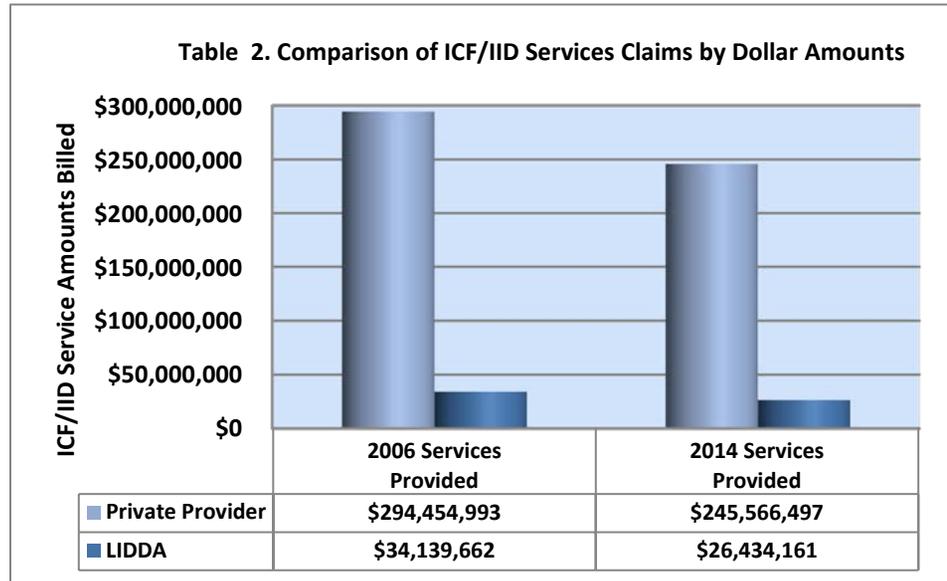


Table 3. Comparison of Individuals Served in ICF/IID

	2006 Number of Individuals Served	2014 Number of Individuals Served
Private Provider	7,236	5,904
LIDDA	885	636

¹³ For purposes of this report, Medicaid waiver services only include services provided through the Home and Community-based Services and Texas Home Living waiver programs, as these are the only waiver programs for which LIDDAs are also service providers.

As indicated in Table 4, LIDDAs provided approximately 26% of HCS waiver services in FY 2006, compared to approximately 74% of HCS services delivered by private providers. In FY 2014, the percentage of HCS services provided by LIDDAs decreased to 12.3%, compared to 87.7% for private providers. Billing data reported in Table 5 provides the monetary amounts of HCS service claims submitted for FY 2006, and the approximate amounts for FY 2014. The information represented in Table 6 reflects the number of individuals served by LIDDAs and private providers for FY 2006 and FY 2014.

Table 4. Comparison of HCS Services Provided by LIDDAs and Private Providers, FY 2006 and FY 2014

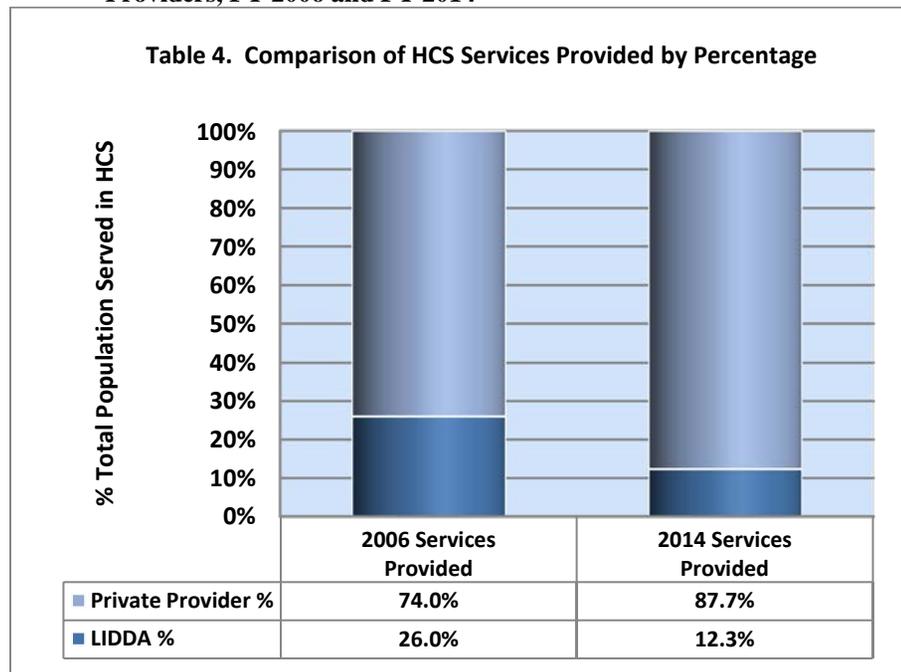


Table 5. Comparison of HCS Service Claims Billed by LIDDAs and Providers, FY 2006 and FY 2014

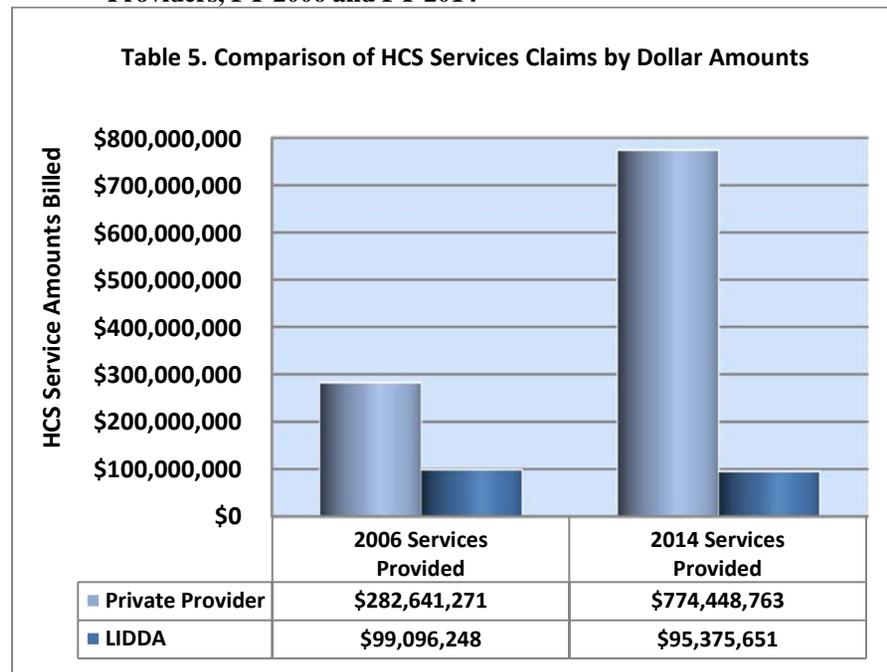


Table 6. Comparison of Individuals Served in HCS

	2006 Number of Individuals Served	2014 Number of Individuals Served
Private Provider	9,034	21,824
LIDDA	3,543	3,447

As indicated in Table 7, LIDDAs provided approximately 55.9% of TxHmL waiver services in FY 2006, compared to approximately 44.1% of TxHmL services delivered by private providers. In FY 2014, the percentage of TxHmL services provided by LIDDAs decreased to 35.4%, compared to 64.6% for private providers. Billing data reported in Table 8 provides the monetary amounts of TxHmL service claims submitted for FY 2006, and the approximate amounts for FY 2014. The information represented in Table 9 reflects the number of individuals served by LIDDAs and private providers for FY 2006 and FY 2014.

Table 7. Comparison of TxHmL Services Provided by LIDDAs and Private Providers, FY 2006 and FY 2014

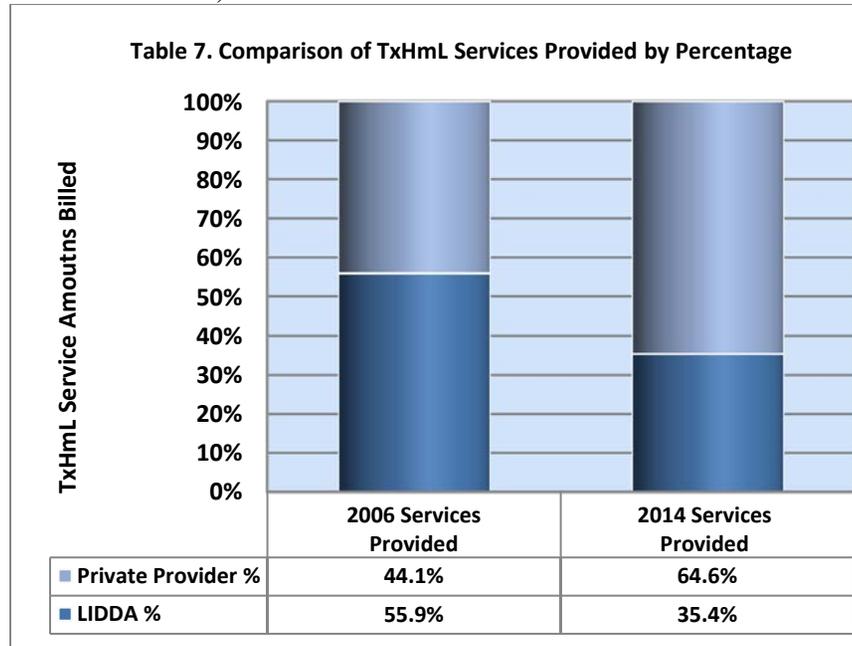


Table 8. Comparison of TxHmL Services Claims Billed by LIDDAs and Providers, FY 2006 and FY 2014

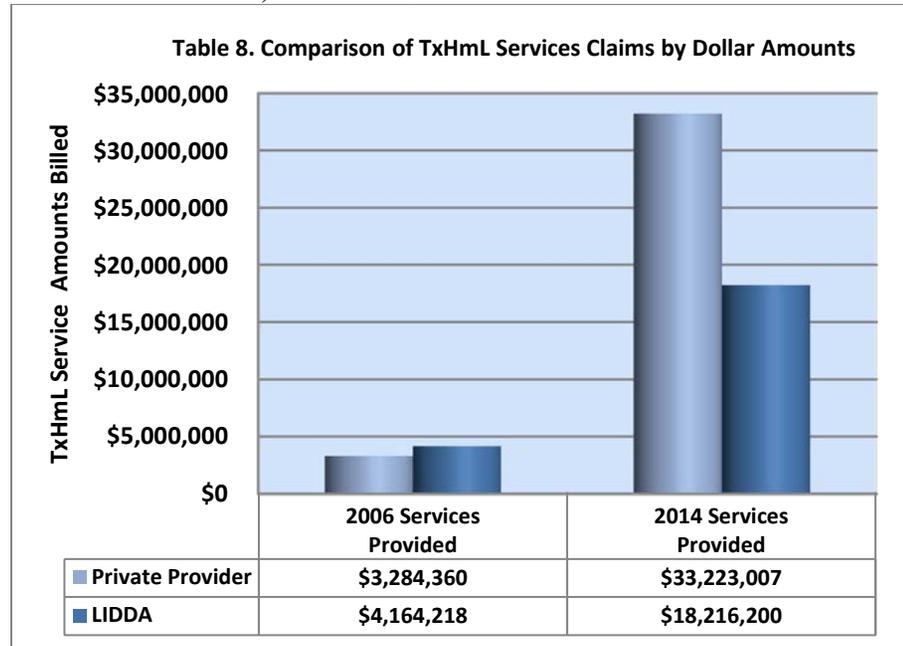


Table 9. Comparison of Individual Served in TxHmL

	2006 Number of Individuals Served	2014 Number of Individuals Served
Private Provider	1,119	4,227
LIDDA	1,145	3,024

2. Evidence Provided by LIDDAs to Demonstrate Lack of Available Private Providers

During the provider selection process, LIDDAs are required to provide a listing of all available providers in the service area to consumers and families in a fair and unbiased manner. As referenced earlier in this report, LIDDAs are required to maintain August 2004 waiver enrollment levels and encourage families and consumers to explore all available options.¹⁴

In circumstances where there are no available providers or a family or consumer request services from a LIDDA serving above their capacity limits, LIDDAs must request a temporary and/or permanent increase from DADS and provide supporting documentation for the request. Documentation includes a personal letter submitted by the consumer and family explaining the desire to have services provided by the LIDDA and why no other provider is acceptable to them, or noting a lack of providers is available in the service area. Between FY 2006 and FY 2014, there were no requests for CAP increases based on lack of provider availability.

Between FY 2006 and FY 2014, LIDDAs requested 1,038 temporary CAP increases in the HCS program and 597 temporary CAP increases for TxHmL, due to individuals choosing the LIDDA as their service provider.¹⁵

Table 10 provides the number of private providers and LIDDAs, by waiver contract areas, with service billings between FY 2006 and FY 2014, and the number of LIDDAs over their established program CAP thresholds.

Table 10. Number of DADS HCS and TxHmL Provider Contracts

DADS Waiver Contract Area ¹⁶	# of LIDDAs	# of LIDDAs above 20% HCS CAP	# of LIDDAs above 40% TxHmL CAP	HCS Private Providers	TxHmL Private Providers
Area 1	3	0	3	15	11
Area 2	5	0	2	94	52
Area 3	4	2	4	134	71
Area 4	7	2	6	109	41
Area 5	3	0	2	220	90
Area 6	5	0	4	83	33
Area 7	4	1	3	76	33
Area 8	4	2	3	26	19
Area 9	4	1	4	52	27
TOTALS	39	8	31	809	377

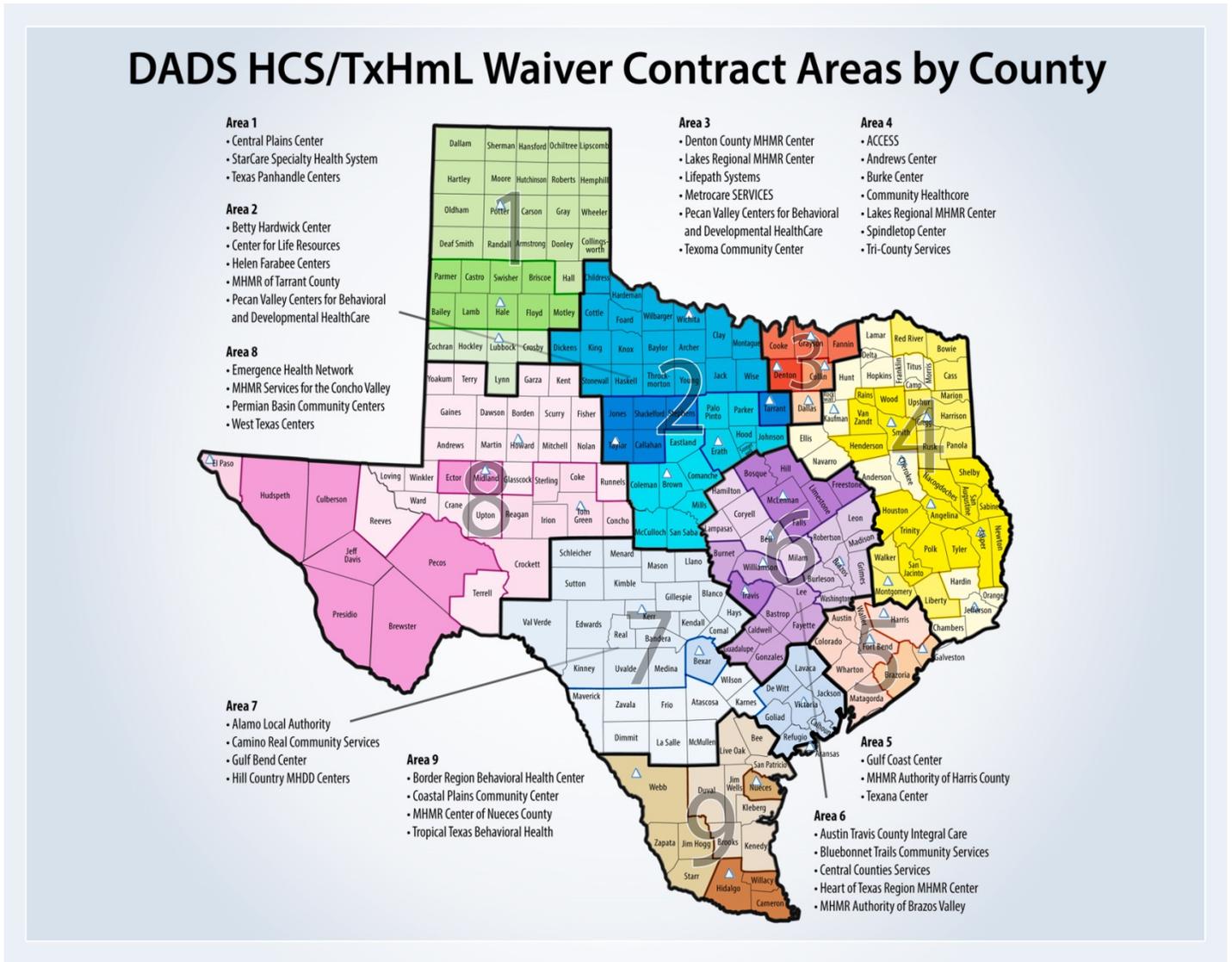
Table 11 provides a map of the DADS waiver contract areas (WCA) and each of the LIDDAs service boundaries.

¹⁴ House Bill 2439, 80th Legislature, Regular Session, 2007, authorizes increases necessary to accommodate a family-specific or consumer specific circumstances and choice.

¹⁵ If the LIDDA's enrollment levels exceed August 2004 levels, the LIDDA must reduce the levels by attrition. Attrition occurs naturally as individuals discharge from the program. Reduction in capacity varies by LIDDA and may be affected by client choice.

¹⁶ DADS Waiver Contract Area Map with LIDDA Catchment Areas, pg. 8, Table 11.

Table 11. DADS Waiver Contract Area Map with LIDDA Catchment Areas.



3. Types and Amounts of Services Received by LIDDA Clients, Compared to Services Received by Private Provider Clients

Table 12 compares the types and amounts of billed HCS and TxHmL services provided by LIDDAs in relation to private providers during FY 2014. Program services marked with an asterisk “*” include Consumer Directed Services (CDS) billing amounts.

Table 12. Comparison of HCS and TxHmL Services Provided by LIDDAs and Private Providers, FY 2014

Billed Services ¹⁷	LIDDAs-HCS		Private Providers-HCS		LIDDAs-TxHmL		Private Providers-TxHmL	
	Amount Billed	% of all Services	Amount Billed	% of all Services	Amount Billed	% of all Services	Amount Billed	% of all Services
Adaptive Aids / DME*	\$365,766	0.4%	\$2,394,799	0.3%	\$36,208	0.2%	\$58,299	0.2%
Audiology	\$105	0.0%	\$606	0.0%	NA	NA	NA	NA
Behavioral Support Services*	\$272,173	0.3%	\$3,037,299	0.4%	\$120,390	0.7%	\$163,964	0.5%
Community Support Services*	NA	NA	NA	NA	\$4,630,470	25.4%	\$7,639,407	23.0%
Dental*	\$1,107,951	1.2%	\$5,832,887	0.8%	\$772,418	4.2%	\$666,459	2.0%
Dental Requisition Fee	\$100,509	0.1%	\$518,622	0.1%	\$70,301	0.4%	\$57,221	0.2%
Dietary	\$11,429	0.0%	\$146,271	0.0%	\$5,127	0.0%	\$6,495	0.0%
Employment Assistance*	\$3,555	0.0%	\$6,460	0.0%	\$50,362	0.3%	\$21,690	0.1%
Foster/Companion Care	\$36,565,377	38.3%	\$272,133,041	35.1%	NA	NA	NA	NA
Habilitation - Day*	\$11,427,997	12.0%	\$79,562,926	10.3%	\$5,956,006	32.7%	\$4,898,042	14.7%
Minor Home Modifications*	\$101,327	0.1%	\$814,386	0.1%	\$78,035	0.4%	\$94,904	0.3%
Monthly Administration Fee - CDS	\$0	0.0%	\$613,239	0.1%	\$0	0.0%	\$1,109,922	3.3%
Nursing Services - LVN	\$680,631	0.7%	\$3,203,256	0.4%	\$50,515	0.3%	\$22,424	0.1%
Nursing Services RN*	\$1,103,650	1.2%	\$7,061,654	0.9%	\$158,776	0.9%	\$213,463	0.6%
Occupational Therapy	\$13,295	0.0%	\$250,258	0.0%	\$2,024	0.0%	\$6,657	0.0%
Physical Therapy*	\$26,385	0.0%	\$512,878	0.1%	\$11,111	0.1%	\$23,789	0.1%
Requisition Fees - Minor Home Modifications	\$28,834	0.0%	\$196,003	0.0%	\$7,550	0.0%	\$8,628	0.0%
Residential Support Services	\$20,162,027	21.1%	\$225,692,513	29.1%	NA	NA	NA	NA
Respite - Hourly*	\$754,014	0.8%	\$3,523,179	0.5%	\$6,075,505	33.4%	\$17,896,952	53.9%
Social Work	\$0	0.0%	\$14,184	0.0%	NA	NA	NA	NA
Specialized Nursing LVN	\$23,873	0.0%	\$688,016	0.1%	NA	NA	NA	NA
Specialized Nursing RN	\$524	0.0%	\$48,454	0.0%	NA	NA	NA	NA
Speech*	\$157,122	0.2%	\$1,632,857	0.2%	\$93,018	0.5%	\$244,679	0.7%
Supervised Living	\$15,738,298	16.5%	\$122,514,989	15.8%	NA	NA	NA	NA
Support Consultation - CDS	\$0	0.0%	\$154	0.0%	\$0	0.0%	\$1,061	0.0%
Supported Employment	\$259,249	0.3%	\$291,372	0.0%	NA	NA	NA	NA
Supported Home Living*	\$6,471,560	6.8%	\$43,758,460	5.7%	NA	NA	NA	NA
Supported Employment*	NA	NA	NA	NA	\$98,382	0.5%	\$88,951	0.3%
TOTAL	\$95,375,651	100.0%	\$774,448,763	100.0%	\$18,216,198	100.0%	\$33,223,007	100.0%

¹⁷ HCS and TxHmL Waiver Program Services Description Available online at http://www.dads.state.tx.us/providers/community_options.pdf (last accessed July 7, 2015).

4. LIDDA Provider Capacity

Table 13 provides the current HCS and TxHmL CAPs by LIDDA, as required by the 80th Legislature. Changes between FY 2006 and FY 2014 are explained by footnotes.

Table 13. HCS and TxHmL LIDDA Capacity, by LIDDA, FY 2006 and FY 2014

LIDDA	FY 2006 HCS CAP	FY 2014 HCS CAP	FY 2006 TxHmL CAP	FY 2014 TxHmL CAP
Alamo Local Authority for IDD ¹	NA	NA	NA	NA
Anderson Cherokee Community Enrichment Services (ACCESS)	4	4	4	4
Andrews Center	30	30	15	15
Austin-Travis County Integral Care	63	63	22	22
Behavioral Health Center of Nueces County	62	62	9	9
Betty Hardwick Center	97	97	35	35
Bluebonnet Trails Community Services	161	161	47	47
Border Region Behavioral Health Center	25	25	6	6
Burke Center	66	66	30	30
Camino Real Community Services	80	80	11	11
Center for Healthcare Services, The ¹	170	NA	33	NA
Center for Life Resources	39	39	7	7
Central Counties Services	84	84	15	15
Central Plains Center	25	25	2	2
Coastal Plains Community Center	77	77	41	41
Community Healthcare ²	54	95	22	31
Denton County MHMR Center	140	140	1	1
Emergence Health Network	45	45	29	29
Gulf Bend Center	48	48	12	12
Heart of Texas Region MHMR Center	118	118	26	26
Helen Farabee Centers	50	50	19	19
Hill Country Mental Health and Developmental Disabilities Centers	207	207	23	23
Johnson, Ellis, Navarro MHMR ³	25	NA	13	NA
Lakes Regional MHMR Center ³	18	30	62	69
Lifepath Systems	60	60	14	14
Metrocare Services	72	72	96	96
MHMR Authority of Brazos Valley	40	40	8	8
MHMR Authority of Harris County	131	131	85	85
MHMR of Tarrant County	150	150	73	73
MHMR Services for the Concho Valley	20	20	18	18
Northeast Texas MHMR Center ²	41	NA	9	NA
Pecan Valley Centers ³	55	68	5	7
Permian Basin Community Centers	89	89	21	21
Spindletop Center	202	202	37	37
Starcare Specialty Health System	129	129	19	19
Texana Center	281	281	13	13
Texas Panhandle Centers	152	152	25	25
Texoma Community Center	26	26	4	4
The Gulf Coast Center	0	0	29	29
Tri-County Services	67	67	12	12
Tropical Texas Behavioral Health	46	46	34	34

West Texas Centers	129	129	13	13
Total	3,378	3,208	999	962

¹The Center for Healthcare Services relinquished its role as a LIDDA on August 31, 2006. Alamo Area Council of Governments (AACOG) assumed the role of LIDDA beginning September 1, 2006. The Center for Health Care Services CAPs were removed immediately following the transfer to AACOG.

²Northeast Texas MHMR Center was consolidated with Community Healthcare.

³Johnson, Ellis, Navarro MHMR was dissolved with Johnson County consolidating with Pecan Valley and Ellis and Navarro Counties with Lakes Regional.

5. Number of Individuals Served Above or Below the Applicable Provider Capacity by Each LIDDA

As Table 14 indicates, in the HCS program, 21 of the 39 LIDDAs operated at or below their capacity during FY 2014. Eighteen LIDDAs exceeded their capacity and of these, 8 exceeded their HCS capacity by more than 20%. During FY 2014, 4 of the 39 LIDDAs operated at or below their TxHmL capacity, while 35 operated above their capacity. Of these, 32 LIDDAs exceeded their capacity by more than 40%. LIDDAs marked with an “*” do not operate TxHmL waiver programs.

Table 14. Number of HCS and TxHmL Clients Served Above or Below LIDDA Capacity, FY 2014

LIDDA	2006 HCS CAP	2014 Enrolled HCS	2006 TxHmL CAP	2014 Enrolled TxHmL
Alamo Local Authority for IDD ¹⁸	0	0	0	0
Anderson Cherokee Community Enrichment Services (ACCESS)	4	3	4	40
Andrews Center	30	35	15	64
Austin-Travis County Integral Care	63	43	22	57
Behavioral Health Center of Nueces County	62	66	9	57
Betty Hardwick Center	97	79	35	52
Bluebonnet Trails Community Services	161	162	47	139
Border Region Behavioral Health Center	25	41	6	63
Burke Center	66	110	30	78
Camino Real Community Services	80	72	11	79
Center for Life Resources	39	41	7	39
Central Counties Services*	84	74	15	0
Central Plains Center	25	29	2	45
Coastal Plains Community Center	77	74	41	78
Community Healthcare	95	82	31	40
Denton County MHMR Center	140	129	1	44
Emergence Health Network	45	76	29	39
Gulf Bend Center	48	61	12	37
Heart of Texas Region MHMR Center	118	97	26	93

¹⁸ Alamo Local Authority for IDD does not operate as a public provider for HCS or TxHmL waiver program services.

Helen Farabee Centers*	50	50	19	0
Hill Country Mental Health and Developmental Disabilities Centers	207	191	23	61
Lakes Regional MHMR Center	30	111	69	143
Lifepath Systems	60	59	14	49
Metrocare Services	72	103	96	138
MHMR Authority of Brazos Valley	40	45	8	45
MHMR Authority of Harris County	131	107	85	231
MHMR of Tarrant County	150	126	73	97
MHMR Services for the Concho Valley	20	46	18	43
Pecan Valley Centers	68	49	7	28
Permian Basin Community Centers	89	98	21	66
Spindletop Center	202	200	37	162
Starcare Specialty Health System	129	90	19	62
Texana Center	281	302	13	174
Texas Panhandle Centers	152	152	25	105
Texoma Community Center	26	32	4	32
The Gulf Coast Center*	0	2	29	0
Tri-County Services	67	63	12	38
Tropical Texas Behavioral Health	46	38	34	104
West Texas Centers	129	133	13	90
Total	3,208	3,271	903	2,480

6. Length of Time Each LIDDA has Served Clients Above LIDDA's Approved Provider Capacity

For LIDDAs currently exceeding their CAPs, Table 15 provides the year in which the LIDDA began operating in excess of the established cap. Many of these CAP increases coincided with the legislatively-mandated refinancing initiative, as discussed on page 2.

Table 15. Length of Time LIDDA Operated in Excess of Established Caps, HCS Program and TxHmL

LIDDA	HCS Year Exceeded CAP	TxHmL Year Exceeded CAP
Anderson Cherokee Community Enrichment Services (ACCESS)	NA	2011
Andrews Center	2014	2012
Austin-Travis County Integral Care	NA	2012
Behavioral Health Center of Nueces County	2014	2006
Betty Hardwick Center	NA	2011
Bluebonnet Trails Community Services	2014	2006
Border Region Behavioral Health Center	2008	2012
Burke Center	2009	2011
Camino Real Community Services	NA	2011
Center for Life Resources	2011	2011
Central Plains Center	2011	2008
Coastal Plains Community Center	NA	2011

Community Healthcore	NA	2012
Denton County MHMR Center	NA	2011
Emergence Health Network	2007	2012
Gulf Bend Center	2010	2011
Gulf Coast Center	2006	NA
Heart of Texas Region MHMR Center	NA	2011
Hill Country Mental Health and Developmental Disabilities Centers	NA	2006
Lakes Regional MHMR Center	2006	2011
Lifepath Systems	NA	2012
Metrocare Services	2008	2012
MHMR Authority of Brazos Valley	2009	2011
MHMR Authority of Harris County	NA	2012
MHMR of Tarrant County	NA	2011
MHMR Services for the Concho Valley	2009	2011
Pecan Valley Centers	NA	2007
Permian Basin Community Centers	2011	2011
Spindletop Center	NA	2011
Starcare Specialty Health System	NA	2011
Texana Center	2008	2011
Texas Panhandle Centers	NA	2011
Texoma Community Center	2010	2011
Tri-County Services	NA	2011
Tropical Texas Behavioral Health	NA	2012
West Texas Centers	2007	2006

CONCLUSION

This report was prepared to satisfy the requirements of Senate Bill 7, 83rd Legislature, Regular Session, 2013, on the role of the LIDDAs as service providers. The report data provided for both FY 2006 and FY 2014 illustrate the following:

- Since FY 2006, the number of individuals serviced by a private provider increased.
- Generally, the types of services provided by LIDDAs and private providers are similar.
- All CAP increases approved by DADS between FY 2006 and FY 2014 were due to individual provider choice.