Supportive Services for Community Living

FY 2016 Community Impact Report

Travis County Health and Human Services & Veterans Service

Research & Planning Division

JANUARY 2017

Supportive Services for Community Living

FY 2016 Community Impact Report

Travis County Health and Human Services & Veterans Service
Research & Planning Division

County Executive
Sherri E. Fleming

Project Leads
Courtney Bissonnet Lucas
Lori Axler Miranda
Brittain Ayres

Lead Writer
Brittain Ayres

Research & Planning Division
Lawrence Lyman, Division Director
Korey Darling, Planning Manager
Brittain Ayres
Tara Carmean
Rachel Coff
Courtney Bissonnet Lucas
Lori Axler Miranda
Tonya Pennie
Brook Son

Questions or Comments?

For questions or for more information, please contact the Research & Planning Division at HHS_R&P@traviscountytx.gov.

TRAVIS COUNTY
HEALTH and HUMAN SERVICES & VETERANS SERVICE

PURPOSE

Who we are:

A Department of Travis County that serves the community under the guidance of the Commissioner's Court

What we do:

Address community needs through internal and external investments and services

What we strive to accomplish:

Maximize quality of life for all people in Travis County

- Protect vulnerable populations
- Invest in social and economic well-being
- Promote healthy living: physical, behavioral, and environmental
- Build a shared understanding of our community

VALUES

We value helping people.

- We provide accessible, person-centered services with respect and care.
- We work to empower people through our service to them, always honoring the strengths and differences of the individuals and families of Travis County.

We value the accountability and integrity of our staff.

- We value the diversity of our staff and the experience each of us brings to TCHHS/VS.
- We honor our collective service to the public, including the careful stewardship of public funds.
- We value the quality services we provide to the community in a spirit of shared responsibility.

We value cooperation and collaboration in the community at large and within TCHHS/VS.

- We are interdependent and connected.
- We treat one another with respect and value effective communication and teamwork.
- We honor our partners in the community and engage with them to more efficiently and effectively serve our clients.

Table of Contents

Introduction 5

Community Conditions 7

Investment Overview 14

Any Baby Can of Austin, Inc.: CARE and Candlelighters 17

Easter Seals Central Texas: Developmental and Clinical Solutions 19

Easter Seals Central Texas: Employment Solutions 22

Easter Seals Central Texas - Vaughn House, Inc.: Community Rehabilitation 25

Family Eldercare, Inc.: Money Management and In-Home Care Services 27

Helping the Aging, Needy, and Disabled, Inc.: Homemaker Services 29

Meals on Wheels and More, Inc.: Congregate Meals 31

Meals on Wheels and More, Inc.: Meals on Wheels 33

The Arc of the Capital Area: Case Management and Advocacy Services 35

The Arc of the Capital Area: Guardianship Case Management Services 38

Appendix 41

Endnotes 42

Introduction

The Travis County Commissioners Court, through Travis County Health and Human Services & Veterans Service Department (TCHHS/VS), annually invests over $18.8 million in community-based social service programs. These Department investments align with and supplement our direct services to meet the needs of local residents. Community-based organizations are frequently geographically and culturally embedded in the communities they serve and are often best positioned to provide needed services.

Purpose of Report

The annual Community Impact Report provides an overview of TCHHS/VS investments in health and human services. The *FY 2016 Community Impact Report* offers highlights of community conditions most pertinent to the services purchased, and details investment, programmatic, and performance information on the Department's social service contracts. This information allows policy makers, program managers, and others to better understand these investments, recognize accomplishments, identify areas for improvement, disseminate lessons learned, and highlight areas warranting further research.

Organization of Report

This report addresses nine issue areas—Access to Basic Supports, Behavioral Health, Child and Youth Development, Housing Continuum, Planning and Evaluation, Public Health, Safety Intervention Services, Supportive Services for Community Living, and Workforce Development—as well as a pilot project under Holistic Family Services. The Investment Overview summarizes information from all nine issue areas and the pilot project. Each issue area section begins with community conditions information and then provides performance highlights about the programs within that issue area. Each program is classified into the issue area most closely aligned to its goals and objectives.

Although this report highlights community conditions for individual issue areas separately, each issue area must be considered in a broader context. Community conditions related to a single issue area may have similar or related root causes and broad-level consequences. Current economic conditions also have a global impact on community conditions.

This report provides detailed information about each program covered by an issue area, including an overview of program goals, services provided, eligibility criteria, and funding. Also captured are each program's performance results, compared to its contractual performance goals, and explanations of notable variance (+/- 10%) between the performance results and goals.

Notes on Methodology

Community conditions discussed in this report reflect the most recent information available at the time of writing. The majority of the social service contracts included in the report followed a fiscal year calendar (October 1, 2015 through September 30, 2016) unless otherwise noted. Program and performance highlights are drawn from contracts and reports provided by contracted service providers. Estimates from the American Community Survey have been tested at a 90% confidence level for reliability. In some cases, all noted, estimates were unreliable due to small sample sizes.

Considerations When Reading This Report

Performance results provide only a starting point for understanding the impact of these programs. These summary statistics are not necessarily an indication of the programs' overall performance, but rather a snapshot of their performance over a one-year period. Within these reports, service providers offer explanations for variance in performance, which provides context and meaning to summary results.

Performance results do not reflect programs' full value to and impact on the community. Therefore, it is important to keep the following considerations in mind when reviewing program performance.

Readers should use caution when comparing output and outcome results across programs, as participant characteristics can significantly influence a given program's performance goals and results. For example, performance results may be lower for programs with clients who face considerable challenges (e.g., serious mental illness or addiction issues) and have little social support.

Factors beyond the program's control may also impact the program's performance. For example, the relative scarcity or abundance of jobs in the local economy will impact client employment rates for a workforce development program, regardless of the quality of training and support provided. Without controlling for these factors, the true impact or efficacy of the program on outcomes cannot be discerned.

Readers should also use caution when examining outcome results for programs with less than 30 clients, in which the outcome of just a few clients can greatly affect the program's total outcome result. In these instances, examining percentages may be less helpful than examining raw numbers.

Finally, this report captures a selection of performance measures, which may not reflect the program's full impact on participants and their families, peers, and neighborhood. Performance measures may not all be equal in importance or value to the community.

Community Conditions

Supportive Services for Community Living Goals and Services

Programs and services within this issue area work to promote independence and well-being of persons in need of and able to benefit from assistance to support community living. Toward this end, they work to empower these individuals to: make their own decisions and life choices; live in the home while ensuring the safety of the person and environment; and maximize quality of life and community engagement. Services may include: information, referral, and navigation; independent living skills training; home management and personal care services; counseling; case management; individual and systems advocacy; health and social services; improving access and reducing barriers to services; adult day care; and caregiver support.

Highlights of Community Conditions

Older adults who have experienced a decrease in mobility or cognitive functioning and people with disabilities often need support with life's daily activities, such as eating, bathing, dressing, managing medication, and housekeeping.[1] This type of assistance is referred to as long-term care or long-term services and supports. Services may be provided in a home or community-based setting or in an institution such as a nursing home or intermediate care facility for individuals with intellectual and developmental disabilities. Over the last twenty years, there has been a significant shift to providing long term supports and services in the community setting rather than in an institution because of individuals' preference and due to federal policies. The Americans with Disabilities Act (ADA) spurred the transition to community care in 1990, which was reinforced with the Supreme Court's *Olmstead* decision in 1999. In their decision, the Court held that the medically unjustifiable institutionalization of people with disabilities violates the ADA. The decision requires states to place individuals with disabilities in the community rather than in institutional settings when certain criteria are met.[2,a] In response to the *Olmstead* decision, the Texas Health and Human Services Commission established the Texas Promoting Independence Initiative in 2000 and issues a revised Promoting Independence Plan every two years, last revised in 2012.[3]

a Criteria include: the state's treatment professionals determine that community placement is appropriate, the transfer from institutional care to a less restrictive setting is not opposed by the affected individual, and the placement can be reasonably accommodated within state resources.

In addition to service and supports for basic care and safety needs, older adults with age-related decrease in functioning and individuals with disabilities often need support to maximize their quality of life and engagement with the community. Older adults—particularly those who live alone, have a physical impairment, have recently lost a partner, close friend or important role (such as employment), or have limited access to transportation or meaningful activities—are more susceptible to isolation.[4] Limitations and poor enforcement of policies intended to ensure access or accommodation, inadequate program funding, and societal prejudices often keep individuals with disabilities from being fully included in society, despite the many advances that have been made to address historical discrimination and exclusion.[5]

System Overview: Long-Term Services and Supports

An estimated eleven million adults age 18 and older received long-term services and supports (LTSS) to assist them with life's daily activities, which is nearly five percent of the total U.S. adult population.[6] The majority of adults receiving LTSS are 65 years and older (57%), however a substantial proportion of adults are between 18 and 64 (43%).[7] Unpaid caregivers (relatives and friends) provide the majority of LTSS care in the United States.[8] For those who are unable to depend on a family member or friend for help, or for those who need care beyond what a relative or friend can provide, cost can be a significant barrier to obtaining care. For example, in the Austin area, the private pay annual cost of nursing home care is $84,315 (private room) and the annual cost of home health care services is $49,192, based on 44 hours per week.[9] Nationally, Medicaid covers over half of the spending (51%) for LTSS care and another 21% of total LTSS spending comes from other public funding sources.[b] Only about a fifth of the expenses (19%) are covered by out-of-pocket payers and only eight percent is covered by private insurance.[10]

In Texas, the majority of Medicaid-funded long-term care services are implemented by the Health and Human Services Commission (HHSC). HHSC administers Medicaid, including STAR+PLUS, a Texas Medicaid managed care program for people with disabilities or are age 65 and over.[11] People in STAR+PLUS get Medicaid healthcare and long-term services and supports through a medical plan that they choose.[12] HHSC also oversees the public system for long-term care for older adults and people with intellectual or developmental disabilities including Medicaid waivers. The Department of Aging and Disability Services (DADS) oversees licensing and regulation of providers of waiver services, and the State Supported Living Centers.[13] Some of these long-term care programs are entitlement programs, meaning that federal law does not and state law cannot limit the number of eligible individuals who can enroll, while other

b Other public funding sources include the Children's Health Insurance Program, the Department of Defense, the Department of Veterans Affairs, and other federal, state, and local programs.

programs have limited capacity and maintain a waiting list.[14,c]

Despite federal and state programs, many individuals have outstanding needs or require additional supports. Local agencies and family caregivers often fill gaps in the long term care system that allow many older adults and people with disabilities to continue living in their homes and communities. Community providers, including the area agencies on aging and local mental health authorities, implement and supplement state administered programs with local resources and programs.[15] Support from family caregivers is critical for many individuals with disabilities and older adults with chronic care needs to remain in their homes or communities.[16] The AARP Public Policy Institute estimated that in 2013, approximately 3.35 million family caregivers in Texas provided 3.12 billion hours of care to adults with limitations in daily activities,[17] representing an economic value of $35.5 billion.[18,d] These additional services and supports from family and local resources reduce the financial strain on the long-term care system, but also highlight the shortcomings of the system that supports individuals and provides needed care to people in their communities.

Demand for Long-Term Services and Supports

Although more individuals want to receive long term services and supports in their homes and community, resources and funding have not kept up with increasing demand. In 2013, spending for home and community-based services accounted for 46 percent (or $56.6 billion) of total Medicated long-term care funding, up from 32 percent (or $29.8 billion) in 2002.[19] In Texas, 53.5% of expenditures for 2011 Medicaid and state-funded long-term support services for older adults and people with physical disabilities went to home and community-based services (compared with 50.0% in 2009).[20] Texas is ranked 7th nationally for the percent of Medicaid and state-funded long-term services and support spending going to home and community-based services as opposed to institutional care for older adults and people with physical disabilities.[21,e] However, the state ranks 30th overall for long term services and supports, according to the state scorecard. Texas performs relatively well in the broad categories of Affordability and Access (10th among the states), Choice of Setting and Provider (16th), and Support for Family Caregivers (11th), while ranking poorly in the categories of Quality of Life & Quality of Care (49th) and Effective Transitions (47th).[22]

c A description of each program in the wide range of long term care services is beyond the scope of this report. For a comprehensive overview see the Reference Guide available at https://www.dads.state.tx.us/news_info/budget/docs/fy16referenceguide.pdf.

d The estimates of the number of caregivers and care hours are based on a meta-analysis that synthesizes information from 11 nationally representative surveys of caregivers conducted between 2009 and 2014. The economic value per hour is based on state minimum wage, state home health aide median wage, and state median hourly cost of hiring a home health care worker. For a more detailed description of the methodology see http://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-detailed-methodology.pdf.

e This data point is one of multiple indicators part of the Choice of Setting and Provider ranking available at www.longtermscorecard.org.

Texas ranks nearly last around indicators of community-based inclusion for people with intellectual and developmental disabilities (IDD). The United Cerebral Palsy's *Case for Inclusion* ranks Texas 50th out of 51 (50 states and District of Columbia) in terms of how well state Medicaid programs serve those with IDD.[23] Texas is one of 19 states that does not meet the 80/80 community standard (at least 80 percent of all individuals with IDD are served in the community and 80 percent of all resources spent on those with IDD are for community support).[24] While enrollment at the State Supported Living Centers (SSLCs) has been decreasing, Texas still operates more large public institutions than other states and houses more individuals in those institutions than most other states.[25] The May 2014 Sunset Advisory report recommended that due to declining enrollment, increasing costs, and questionable care, Texas should close 6 of its 13 remaining centers (the Austin SSLC was the first center recommended for closure by August 2017). The report proposed that the state focus its efforts on improving the remaining seven SSLCs and increasing the capacity of home and community-based programs for people with IDD.[26] This issue was taken up during the 84th Texas Legislature in 2015, but ultimately the bill that included the closing of the Austin center failed to pass.[27]

Texas offers waiver programs for people with IDD. These programs "waive" off traditional Medicaid rules and provide comprehensive, individualized, community-based services and supports to those who qualify as an alternative to a nursing facility or an intermediate care facility. Because the demand for community-based services and supports often outweighs available resources, applicants are placed on an interest list until waiver program services are available. When an individual reaches the top of the list, he or she is contacted by a caseworker to assess eligibility for services and will either be enrolled in services, denied services due to ineligibility, or declined services. As of June 2016, 110,019 unduplicated individuals were on an interest list for one or more Medicaid community service waivers.[28] The number of individuals on the list and the duration of the wait vary by waiver program. Thirty percent or more of the individuals on three of the five waiver program interest lists have to wait 5 years or longer or services.[29] Funding for interests lists is determined by the Texas Legislature and varies each biennium.

Interest List Counts, by Years on List
Texas, June 2016

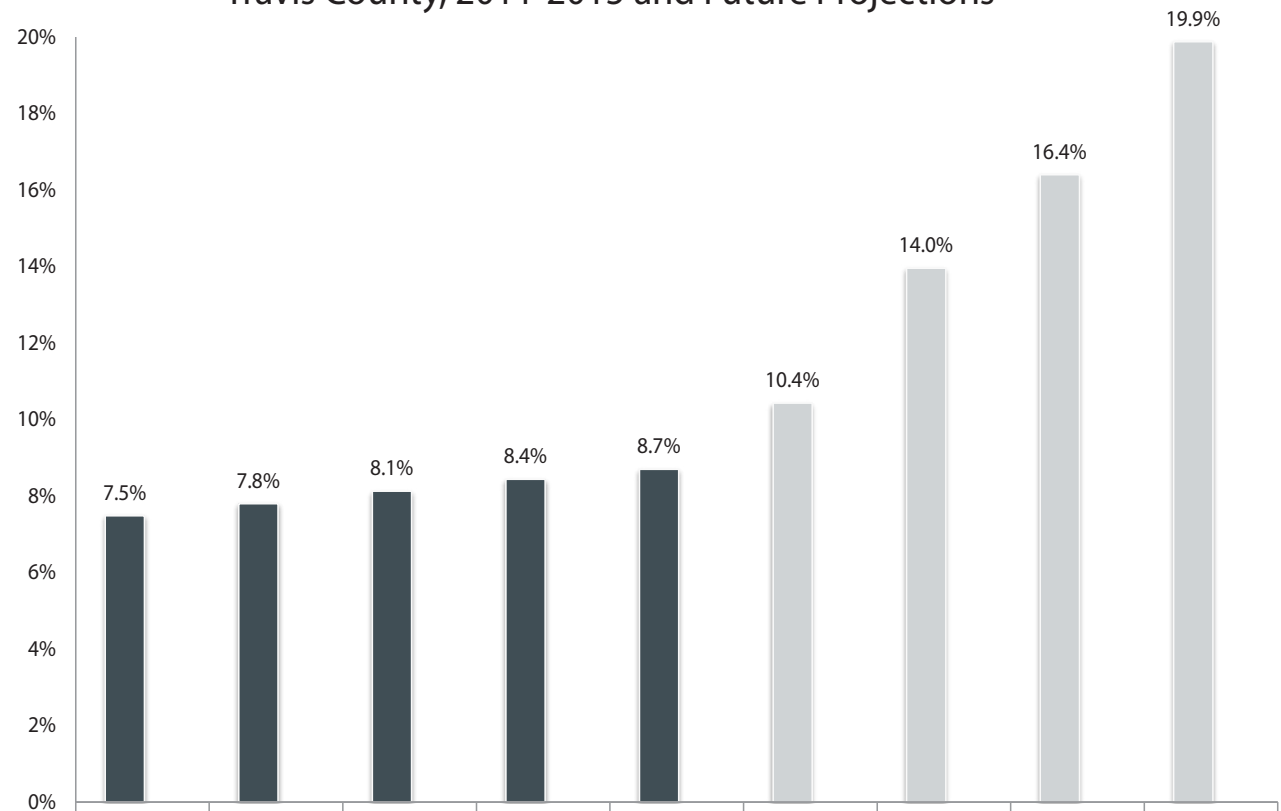
Years on List	*Community Living Assistance and Support Services (CLASS)*		*Deaf Blind with Multiple Disabilities (DBMB)*		*Home and Community-based Services (HCS)*		*Medically Dependent Children Program (MDCP)*		*Texas Home Living (TxHmL)*	
	Num.	*Per.*	*Num.*	*Per.*	*Num.*	*Per.*	*Num.*	*Per.*	*Num.*	*Per.*
0-5	26,424	47%	114	100%	39,443	50%	18,773	100%	38,850	67%
5-10	28,706	51%			34,727	44%			18,969	33%
10+	1,588	3%			5,390	7%			5	0.01%

Created by: Travis County HHS/VS, Research & Planning Division, 2016
Source data: Department of Aging and Disability, https://www.dads.state.tx.us/services/interestlist/

Demographic Trends

The aging population demographic trends suggest that long term supports and service needs will continue to rise. The older adult population in Travis County continues to increase in number and share and is projected to comprise a growing percentage of the total population in the coming decades.

65 and Over Age Group as a Percent of the Population
Travis County, 2011-2015 and Future Projections



	2011	2012	2013	2014	2015	2020	2030	2040	2050
Pct. 65+	7.5%	7.8%	8.1%	8.4%	8.7%	10.4%	14.0%	16.4%	19.9%
Num. 65+	79,573	85,458	91,108	97,149	102,577	125,024	187,459	241,916	320,541

Created by: Travis County HHS/VS, Research & Planning Division, 2016
Source data: U.S. Census Bureau, 2011-2015 American Community Survey 1-Year Estimates, B01001; 2014 Texas State Data Center Population Projections Release (Scenario 0.5)

Because the rate of disability increases with age, as the population grows older, the number of people living with a disability who may need services and supports will also likely increase. In 2015, 8% of the total Travis County population, or about 94,252 people, had one or more disabilities.[30] However, among the older adult population, 24% of individuals age 65 to 74 and 46% of individuals age 75 and over had a disability.[31] The following table provides additional detail regarding the number and type of disabilities for the overall population and compares the disability status of those younger than age

65 with that of those age 65 and over.[f]

Disability Status, Number and Type by Age Civilian Non-institutionalized Population, Travis County, 2015						
	Total Population		*Population Under 65*		*Population 65 and Over*	
	N=1,169,695		*N=1,068,952*		*N=100,743*	
Disability Status	***Number***	***Rate***	***Number***	***Rate***	***Number***	***Rate***
With a disability	94,252	8%	61,964	6%	32,288	32%
One type of disability	55,069	5%	40,282	4%	14,787	15%
Two or more types of disability	39,183	3%	21,682	2%	17,501	17%
Disability Type						
Ambulatory difficulty	42,925	4%	23,050	2%	19,875	20%
Cognitive difficulty	37,080	3%	28,023	3%	9,057	9%
Independent living difficulty	28,063	3%	14,779	1%	13,284	13%
Hearing difficulty	24,144	2%	10,312	1%	13,832	14%
Self-care difficulty	15,619	1%	8,558	1%	7,061	7%
Vision difficulty	20,172	2%	14,780	1%	5,392	5%

Created by: Travis County HHS/VS, Research & Planning Division, 2016
Source data: 2014 American Community Survey 1–Year Estimates, S1810 & B18108

Further Resources

Supportive Services for Community Living is related to the Public Health, Access to Basic Supports, and Housing Continuum issue areas. Access to healthcare providers and insurance may determine the availability or additional need for services and quality of care received. Many low-income older adults (9% in Travis County live below the poverty level)[32] and individuals with disabilities (20% in Travis County live below the poverty level)[33] likely need additional support to meet nutritional, transportation, and housing needs.

Below are some selected resources that provide more information about long-term care and issues effecting older adults and individuals with disabilities.

f For definitions of the types of disabilities, please see the 2015 American Community Survey Subject Definitions: https://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2015_ACSSubjectDefinitions.pdf.

The Kaiser Family Foundation

www.kff.org

The Kaiser Family Foundation (KFF) is a major producer of policy analysis and research and a clearinghouse of news and information for the health policy community. Among a range of other topics, KFF provides extensive information about Medicaid (including long-term services and supports) and Medicare policy.

The AARP Public Policy Institute

www.aarp.org/research/ppi/

The AARP Public Policy Institute conducts and compiles research to inform the public debate on the issues we face as we age, and supports policy development to address our common need for economic security, health care, and quality of life.

The Arc

www.thearc.org

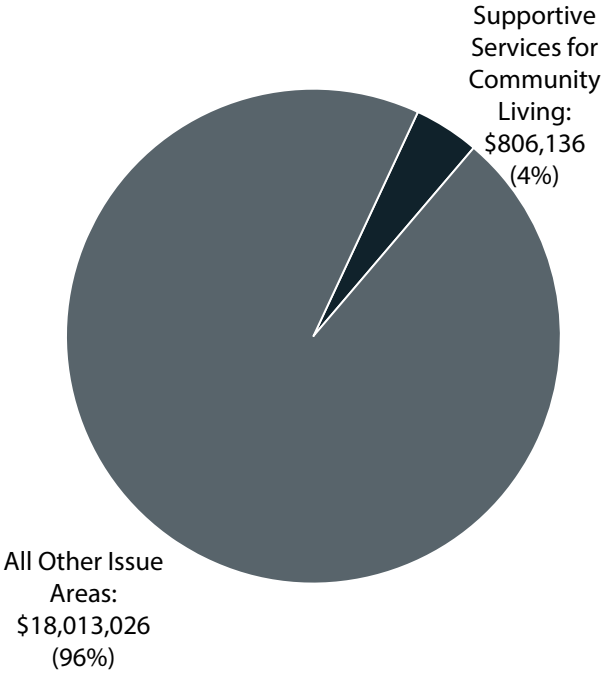
The Arc is a national organization with community-based chapters that advocates for and serves people with intellectual and developmental disabilities and their families. The Arc's website includes a variety of information about legislative and policy issues that affect people with disabilities.

Investment Overview

Our Investment

TCHHS/VS has departmental and contracted programs that offer supportive services for community living. Contracted services in this issue area help the elderly and individuals with disabilities to remain in their homes and communities. Services are provided in the home or at the workplace and primarily focus on assistance with daily living activities or employment supports. The Department's Services for the Deaf and Hard of Hearing provides direct services to residents of Travis County. The Department's Family Support Services division also provides emergency assistance targeted to older adults and individuals with disabilities.

Investment in Supportive Services for Community Living and Other Issue Areas, FY 2016



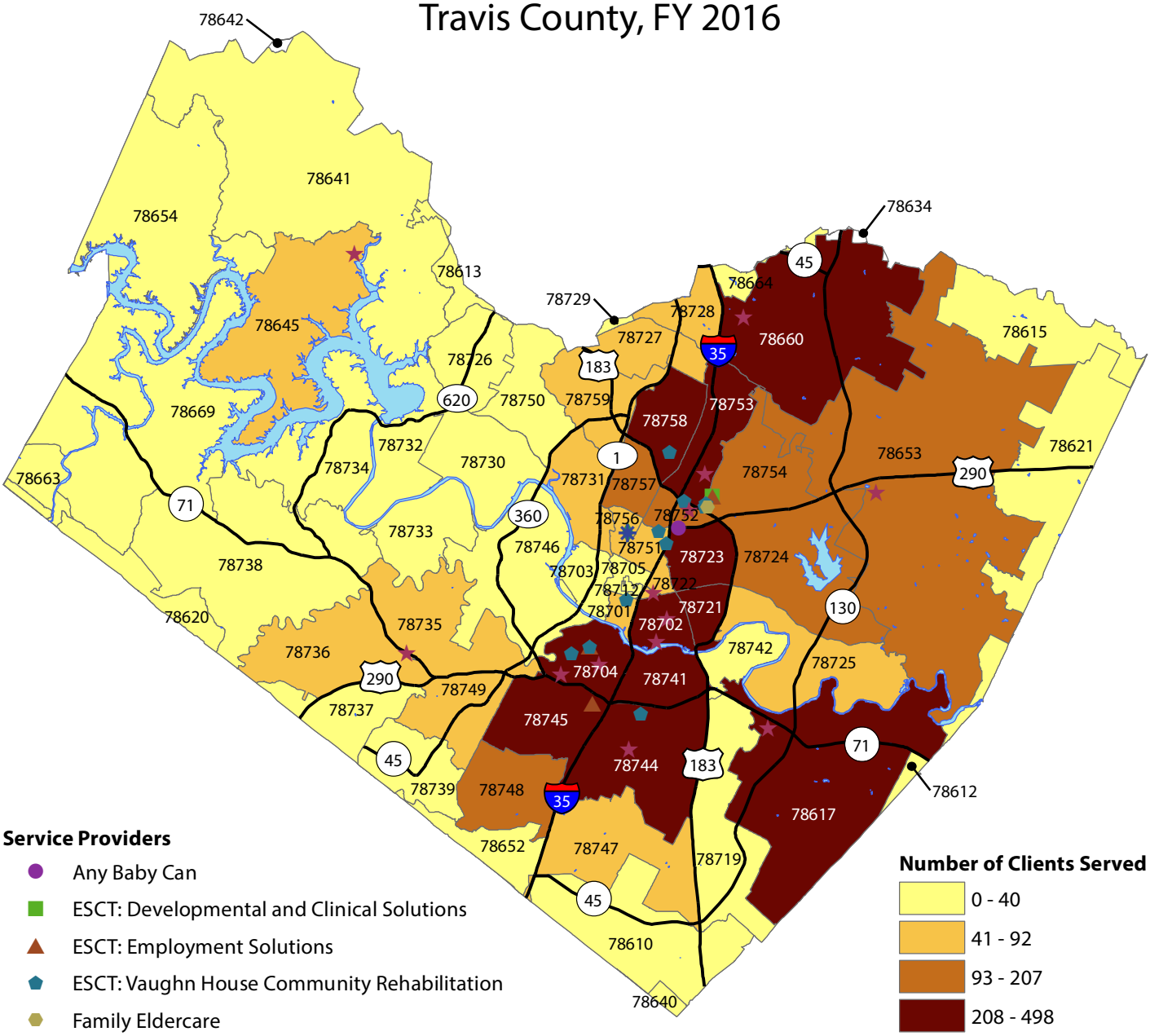
Funding Summary

The FY 2016 Funding Amount reflects 12–month funding (October 1, 2015 through September 30, 2016) unless otherwise noted.

Agency Name	Program Name	FY 2016 Funding Amount
Any Baby Can of Austin, Inc.	Comprehensive Advocacy and Resources for Empowerment and Candlelighters Childhood Cancer Program	$9,538
Easter Seals Central Texas	Developmental and Clinical Solutions	$111,494
Easter Seals Central Texas	Employment Solutions	$64,500
Easter Seals Central Texas - Vaughn House, Inc.	Community Rehabilitation	$47,229
Family Eldercare, Inc.	Money Management and In-Home Care Services	$127,435
Helping the Aging, Needy and Disabled, Inc.	Homemaker Services/Personal Attendant	$22,849
Meals on Wheels and More, Inc.	Congregate Meals	$143,059
Meals on Wheels and More, Inc.	Meals on Wheels	$167,376
The Arc of the Capital Area	Case Management and Advocacy Services	$97,656
The Arc of the Capital Area	Guardianship Case Management Services	$15,000

Supportive Services for Community Living

Service Provision Locations and Clients Served by ZIP Code
Travis County, FY 2016



Service Providers

- Any Baby Can
- ESCT: Developmental and Clinical Solutions
- ESCT: Employment Solutions
- ESCT: Vaughn House Community Rehabilitation
- Family Eldercare
- Meals on Wheels: Congregate Meals
- The Arc of the Capital Area: Case Mgmt & Advocacy
- The Arc of the Capital Area: Guardianship Case Mgmt

Number of Clients Served

- 0 - 40
- 41 - 92
- 93 - 207
- 208 - 498

Notes: This map shows 6,135 clients by ZIP code. 456 (7% of the total) from all service providers were not included because their ZIP codes were unknown or outside of Travis County boundaries or they were homeless.

Service provision locations are not included for Helping the Aging, Needy, and Disabled or Meals on Wheels and More: Meals on Wheels as services can be accessed anywhere the client is located. Most of Any Baby Can's services are provided in the home.

Source data: Contracted service providers, FY 2016.
This map was created using ArcGIS Online shapefiles.
Created by: Travis County HHS, Research & Planning Division, 2017.

N
0 2.5 5 Miles

Any Baby Can of Austin, Inc.

CARE and Candlelighters

Program Description

Any Baby Can's Comprehensive Advocacy and Resources for Empowerment (CARE) and Candlelighters Programs provide comprehensive medical case management services to or on behalf of children and youth with special health care needs and children with cancer. Any Baby Can's medical case management programs, which are provided by bilingual, bicultural Bachelor and Master's Level Social Workers, ensures that at-risk children, from families with limited resources, optimize their physical and emotional health by accessing primary care, specialist services, and supportive resources such as mental health services and basic needs assistance.

Funding

The total TCHHS/VS investment in the CARE and Candlelighters program from October 1, 2015 through September 30, 2016 was $9,538. This investment comprised 1.8% of the total program budget. TCHHS/VS also funds the Early Childhood Intervention Services and Professional Early Childhood Services programs, which are described in the Child and Youth Development issue area report.

Eligibility Criteria

The CARE program serves children between the ages of birth to 21 years old who have a chronic illness, physical or developmental disability, reside in Travis, Williamson, Bastrop, and Hays Counties, and who do not currently receive Medicaid. The Candlelighters Program serves children ages birth to 21 years old who have a diagnosis of cancer or similarly treated blood disorder, and who reside in Travis, Williamson, Bastrop, Hays, Bell, Burnet, Caldwell, and Fayette Counties.

Any Baby Can of Austin, Inc.: CARE and Candlelighters

The CARE and Candlelighers program had mixed performance results. The number of unduplicated clients served was less than initially projected due to high staff turnover (see first output and outcome). The number of direct client contacts was more than projected due to increased client outreach during the summer, which led to an increase in referrals.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served through the Comprehensive Advocacy and Resources for Empowerment (CARE) and Candlelighters (CDL) programs	175	248	71%
Number of direct client contacts in the Comprehensive Advocacy and Resources for Empowerment (CARE) and Candlelighters (CDL) programs	1,080	745	145%
Outcomes			
Percentage of unduplicated children completing medical case management and achieving 75% of their service plan goals	90% (37/41)	80% (48/60)	113%

Easter Seals Central Texas

Developmental and Clinical Solutions

Program Description

The Developmental and Clinical Solutions program provides a continuum of care for individuals with disabilities in the areas of health, independent functioning, and clinical rehabilitation. The services will specifically provide comprehensive service coordination, wrap around services, training, and support services to individuals with significant disabilities to live within the community, and promoting improved functioning. The objectives are:

- Provide a significant level of health and clinical rehabilitation and wrap around services to a significant number of individuals
- Individuals served with Intellectual and Developmental Disabilities (formerly MR/DD) will improve in development, functioning, and/or quality of life and be satisfied with services
- Advocate for the rights of individuals with disabilities to participate in decisions, which affect their lives
- Increase knowledge and skill levels to identify and access community resources that can provide assistance with basic needs, education, housing, and counseling
- Identify and assist client in gaining access to community resources that will support in the maintenance of health/safety and basic needs.

Funding

The total TCHHS/VS investment in the Developmental and Clinical Solutions program from October 1, 2015 through September 30, 2016 was $111,494. This investment comprised 100% of the total program budget. TCHHS/VS also funds the Employment Solutions and Community Rehabilitation programs, which is described later in this report, and the Early Childhood Intervention program, which is described in the Child and Youth Development issue area report.

Easter Seals Central Texas

Developmental and Clinical Solutions

Eligibility Criteria

In order to be eligible for services, clients must demonstrate developmental skills which are at least one standard deviation below the mean in any one area of development (language, motor, or adaptive). Clients may be eligible if they demonstrate that their ability to function or participate in daily activities is inhibited by their delayed or atypical skills. Clients who receive speech, occupational, or physical therapy are eligible from age 3-18 years. After 18 years, clients may still be eligible for therapy and are evaluated on a case-by-case basis. There is no requirement for clients who receive audiology services. The population served is predominantly low-income (no greater than 200% of federal poverty level) individuals with disabilities.

Easter Seals Central Texas: Developmental and Clinical Solutions

Performance Goals and Results

The Developmental and Clinical Solutions program met nearly all of the performance goals for this program year. Due to staffing issues, the number of unduplicated clients served in CORP was lower than expected (see first output). Staff reported that an increased need for audiological services caused the program to increase the availability foe this service, which yielded more service hours (see the second output).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served in CORP	350	532	66%
Number of hours of service delivered in CORP (PT, OT, ST, and Audio services)	4,374	2,856	153%
Outcomes			
Percentage of clients reporting satisfaction with services received	97% (209/216)	95% (182/192)	102%
Percentage of CORP clients assessed who achieve/ maintain goals on their individualized plans of care	91% (199/219)	80% (91/114)	114%

Easter Seals Central Texas

Employment Solutions

Program Description

The Employment Solutions program strives to break down barriers to self-sufficiency by providing employment training, counseling, and other social service referrals for clients with intellectual, developmental, and/or physical disabilities. Four programs are offered under Employment Solutions.

- Transitions Program: provides skills training and the opportunity to develop a stable work history through experiences in the Easter Seals Central Texas (ESCT) Paid Job Training program in work tasks such as landscaping, creek clearing, and litter pick-up, and includes service coordination/case management and counseling to address the whole life needs of individuals in order to maximize independence. Referrals and linkages for housing, basic needs, and education are offered to each individual client based on their unique histories, goals, and needs identified during the paid job training experience.
- Follow Along Program: advocates to promote clients as viable candidates for jobs as well as provides support and counseling during employment to ensure satisfaction of both employer and employee and promote employee retention.
- Independent Living Program: promotes independence through the teaching and practice of life skills, decreases isolation within the disability community, and promotes an integrated community. Clients learn about various aspects of living independently, including: money management, transportation, self-advocacy, life skills, technology, crisis prevention and management, health monitoring, information and referrals, and participation in group social activities.
- Liberation Station Program: an assistive technology-equipped computer lab available to all clients served by ESCT. People with disabilities have access to the lab to perform job searches, complete and submit online job applications, create résumés, stay in touch with friends and family members, and enjoy the benefits that the internet offers.

Funding

The total TCHHS/VS investment in the Employment Solutions program from October 1, 2015 through September 30, 2016 was $64,500. This investment comprised 16.2% of the total program budget. TCHHS/VS also funds the Developmental and Clinical Solutions and the Community Rehabilitation program described in this report, and the Early Childhood Intervention program described in the Child and Youth Development issue area report.

Easter Seals Central Texas

Employment Solutions

Eligibility Criteria

Employment Solutions serves adults with intellectual, developmental, and/or physical disabilities, mental health disorders, chemical dependency, or a criminal background. In order to be eligible for services, clients must reside in Travis County and surrounding areas of Hays, Bastrop, and Williamson counties and report having a disability or other barrier to employment. Clients must be employed to enter the Follow Along program. For Transitions, clients are unemployed. For the Liberation Station and Independent Living programs, employment is not an eligibility factor. There are no specific income eligibility guidelines for Employment Solutions but the majority of clients served are at or below 200% of the Federal Poverty Income Guidelines (FPIG).

Easter Seals Central Texas: Employment Solutions

Performance Goals and Results

The Employment Solutions program achieved and exceeded most of the performance goals for the program year. The output measures for the program exceeded expectations due to greater need for employment support and independent living skills (see all outputs). Expanded services and relocation of the Liberation Station also contributed to higher than anticipated outputs (see fifth output). The percentage of clients in Follow Along who retained employment for 90 days was higher than projected due to staff focusing on job retention services (see second outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	434	284	153%
Number of unduplicated clients in the Transitions Program	320	180	178%
Number of unduplicated clients in Follow Along Program	94	88	107%
Number of unduplicated in Independent Living Program	20	16	125%
Number of client visits to Liberation Station	359	250	144%
Outcomes			
Percentage of clients in Transitions Program who retained employment for 90 days	54% (142/262)	60% (108/180)	90%
Percentage of clients in Follow Along who retained employment for 90 days	98% (92/94)	80% (70/88)	123%
Percentage of unduplicated clients in Independent Living Program who participated in 2 or more activities per month enrolled	80% (16/20)	88% (14/16)	91%

Easter Seals Central Texas - Vaughn House, Inc.

Community Rehabilitation

Program Description

The Community Rehabilitation program is dedicated to providing a support system for adults who are deaf/hard of hearing, the majority of which also have intellectual and developmental disabilities. The program aims to help them become as independent and self-supporting as their personal level of potential allows as well as to enhance their quality of life, safety and well-being. The Community Rehabilitation Program elements include:

- Supported Employment: The goal is to help individuals achieve long-lasting employment in a supervised environment.
- Day habilitation: The goal is to provide a safe and nurturing environment in the form of structured activities, with agreed upon goals for self-improvement directed by guardians and sponsors.
- Supported Home Living: The goal is to provide oversight and support to help ensure individuals are living in a safe and healthy environment, as well as helping them meet shopping and appointment requirements, and often includes outside socialization goals.

Funding

The total TCHHS/VS investment in the Community Rehabilitation program from October 1, 2015 through September 30, 2016 was $47,229. This investment comprised 7.1% of the total program budget. TCHHS/VS also funds the Developmental and Clinical Solutions and Employment Solutions programs, which are described earlier in this report, and the Early Childhood Intervention program, which is described in the Child and Youth Development issue area report.

Eligibility Criteria

The primary targeted client population is individuals living in Central Texas who are deaf or hard of hearing and have intellectual and developmental disabilities. While there is no income eligibility requirement, many clients receive public assistance such as Supplemental Security Income and/or Social Security Disability Insurance. Clients are also typically at risk of becoming homeless or institutionalized, and because they are deaf/hard of hearing, they risk being isolated and in danger of more serious consequences such as victimization or incarceration. The only program eligibility requirement is documentation confirming the client is deaf and diagnosed with a developmental disability.

Easter Seals Central Texas - Vaughn House, Inc.: Community Rehabilitation

Performance Goals and Results

The Vaughn House Community Rehabilitation program had mixed performance results. Staff reported that a significant reduction in employment contracts, limited the number of clients in the Job Readiness training and the Supported Employment program (see first, second, and third outputs). Because of limited work opportunities resulting from the contract reduction, no clients were able to enter the job readiness training (see first output). The program focused on job retention for current clients in the supported employment program (see second output).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	43	55	78%
Number of unduplicated clients enrolled in Job Readiness Training	1	8	13%
Number of unduplicated clients enrolled in Supported Employment	26	30	87%
Number of unduplicated clients enrolled in Supported Home Living and Day Habilitation	17	17	100%
Outcomes			
Percentage of clients who completed Job Readiness Training	0% (0/0)	63% (5/8)	0%
Percentage of clients retained in Supported Employment for 180 days	100% (25/25)	80% (24/30)	125%
Percentage of clients remaining enrolled in Supported Home Living and Day Habilitation for 90 days	100% (15/15)	94% (16/17)	106%

Family Eldercare, Inc.

Money Management and In-Home Care Services

Program Description

The Money Management Program provides case management, bill payer, and representative payee services to adults who are unable to manage their own finances. Services provide a safety net to those at risk for premature institutionalization. This least restrictive form of assistance prolongs independent living by ensuring basic needs are met and prevents financial exploitation among frail and disabled adults.

The In-Home Care Services Program offers services on a sliding fee scale basis, which helps make services available to even very low income seniors and adults with disabilities. Services range from personal care, including feeding, bathing, and dressing, to homemaker services like housekeeping, errands, laundry, and transportation to medical appointments and other places clients may have difficulty reaching on their own. Services ensure that seniors are free of abuse, neglect, and exploitation, and ensure that their basic needs are met, including food, clothing, shelter, and medical care.

Funding

The total TCHHS/VS investment in the Money Management and In-Home Care Services program from October 1, 2015 through September 30, 2016 was $127,435. This investment comprised 8.8% of the total program budget.

Eligibility Criteria

The Money Management Program targets adults with disabilities and seniors who are unable to manage their own finances and are at risk of financial exploitation, self-neglect, homelessness, and premature institutionalization. To be eligible for services the individual must live in Travis or Williamson County, have some form of income, and be an adult (age 18+) with a disability or a senior adult (age 55+).

The In-Home Care Services Program targets frail, low- and moderate-income seniors (age 55+) and adults with disabilities (age 18+) and their family members or other caregivers in Travis County.

Family Eldercare, Inc.: Money Management and In-Home Care Services

Performance Goals and Results

The Money Management and In-Home Care Services programs met or exceeded nearly all of the performance goals for the year. As a result of a change in service needs, the number of unduplicated clients served by In-Home Care Services was less than initially projected (first output). The Money Management program received additional funding and was therefore able to serve more clients during the year (second output).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served by In-Home Care Services	151	200	76%
Number of unduplicated clients served in the Money Management Program	643	495	130%
Outcomes			
Percentage of In-Home Care clients who are maintained in a safe environment where all basic needs are met for three months following initiation of services	100% (108/108)	95% (190/200)	105%
Percentage of Money Management clients who are maintained in a safe environment where all basic needs are met for three months following initiation of services	95% (537/564)	95% (470/495)	100%
Percentage of Money Management clients served who have no new incidents of abuse, neglect or financial exploitation for three months following initiation of services	100% (563/564)	95% (470/495)	105%

Helping the Aging, Needy, and Disabled, Inc.

Homemaker Services/Personal Attendant

Program Description

The Homemaker Services/Personal Attendant program at Helping the Aging, Needy and Disabled, Inc. (H.A.N.D.) is designed to provide in-home attendant services (non-medical) to elderly or disabled clients who are in immediate need of personal care. Some clients may qualify for Medicaid supports but are awaiting services, while others may need assistance but cannot afford private pay rates. This program provides a sliding scale fee for clients to receive services at little or no cost. The goal of the program is to maintain health, independence and assist the client in remaining in their own home setting and community for as long as possible. Clients generally receive 3-9 hours of care per week. Services provided include personal care tasks, such as bathing, feeding, and dressing, as well as housekeeping tasks, including cleaning and laundry.

Funding

The total TCHHS/VS investment in the Homemaker Services/Personal Attendant program from October 1, 2015 through September 30, 2016 was $22,849. This investment comprised 9% of the total program budget.

Eligibility Criteria

This program serves Travis County residents with disabilities age 18 and older and residents over the age of 60 with conditions that limit their ability to perform necessary activities of daily living. Participants must have incomes at or below 250% of the Federal Poverty Income Guidelines (FPIG).

H.A.N.D. Inc.: Homemaker Services/Personal Attendant

The Homemaker Services/Personal Attendant program met most performance goals. Staff reported that the number of unduplicated individuals provided essential services decreased during the fourth quarter due to agency transition and assessment of program capacities (see first output).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated individuals provided essential services (in home attendant care)	133	155	86%
Number of clients served with intake, assessment and referral services	186	175	106%
Outcomes			
Percentage of clients who report that services have helped them to remain in their own home	89% (90/101)	90% (99/110)	99%
Percentage of clients/households who report that H.A.N.D. provides quality home care services	88% (89/101)	90% (99/110)	98%

Meals on Wheels and More, Inc.

Congregate Meals

Program Description

The primary goal of the Congregate Meals program is to keep participants in their home by helping them maintain their highest level of cognitive and physical functioning through good nutritional choices in an inviting, active social setting. To achieve this, the program provides high quality, nutritious meals to adults, age 60 or older, that meet one-third of the Recommended Dietary Reference Intakes and the USDA's dietary guidelines for Americans meeting federal meal pattern requirements. The program provides nutrition and health education, exercise activities, social activities, and other community resource information to participants about the programs offered through Meals on Wheels and More and other service providers in Travis County. The program also solicits direct client feedback concerning satisfaction with the meals and social activities and recommendations for improvement.

Funding

The total TCHHS/VS investment in the Congregate Meals program from October 1, 2015 through September 30, 2016 was $143,059. This investment comprised 15.2% of the total program budget. TCHHS/VS also funds the Meals on Wheels program, which is described later in this report.

Eligibility Criteria

The Congregate Meals program serves individuals who are 60 years of age or older. Age is the only eligibility requirement. Meal sites are located in diverse communities throughout Travis County, and each site reflects the culture and ethnicity of the surrounding area.

Meals on Wheels and more, Inc.: Congregate Meals

The Congregate Meals program met or exceeded all of the performance goals for this year. The survey response rate was much higher than initially projected (see first and second outcome). Due to additional funding and resources, program staff were able to provide additional services and meals during the program year.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,520	1,500	101%
Number of meals provided	92,948	83,000	112%
Total number of events	632	152	416%
Total number of educational programs	125	48	260%
Outcomes			
Percentage of clients who report that if not at the Congregate Program they would be home alone	70% (615/879)	70% (315/450)	100%
Percentage of clients that report the congregate program is an important source of food for them during the week	82% (721/879)	83% (374/450)	99%

Meals on Wheels and More, Inc.

Meals on Wheels

Program Description

The Meals on Wheels program helps seniors and persons with disabilities "age in place" in the community and avoid premature or unnecessary institutionalization. The program delivers nutritious meals to clients, ensuring that they receive the nutrition they need to stay healthy and out of hospitals or nursing homes longer. The program provides a safety net for homebound, often frail, seniors and younger individuals with disabilities. Depending on the self-selected meal delivery schedule chosen by the clients, a dedicated volunteer or staff person from Meals on Wheels checks on the welfare of approximately 2,000 homebound individuals each day. Their professional case management team offers assistance to all clients who need help finding and enrolling in additional programs in the community or providing knowledge of resources offered by Meals on Wheels and More.

Funding

The total TCHHS/VS investment in the Meals on Wheels program from October 1, 2015 through September 30, 2016 was $167,376. This investment comprised 3.9% of the total program budget. TCHHS/VS also funds the Congregate Meals program, which is described later in this report.

Eligibility Criteria

The program aims to serve individuals with either or both physical or cognitive deficits. Potential meal recipients must meet basic guidelines for eligibility: 1) have a difficult time preparing an adequate meal, 2) be primarily homebound, 3) have a limited support system that is not available during the delivery hours, 4) is home to receive meals during normal delivery. There are no income requirements to participate in the home delivered meal program but many clients live at or below 200% of the Federal Poverty Income Guidelines (FPIG).

Meals on Wheels and More, Inc.: Meals on Wheels

Performance Goals and Results

The Meals on Wheels program nearly met or exceeded all performance goals for this year. The percentage of returned client surveys was slightly down because clients did not return the surveys within a timely manner (see first outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	3,024	2,900	104%
Number of lunch meals prepared for clients	532,397	520,000	102%
Outcomes			
Percentage of returned client surveys which indicate that daily meals satisfy an essential part of their daily nutritional needs	89% (479/537)	90% (540/600)	99%
Percentage of nutritionally at risk clients who have improved or maintained their nutritional status while on meals for six months or longer	70% (1,074/1,541)	75% (1,020/1,360)	93%

The Arc of the Capital Area

Case Management and Advocacy Services

Program Description

The Case Management and Advocacy Services program has two components: case management and advocacy for juveniles, and case management for adults with intellectual and developmental disabilities. The first component strives to prevent juvenile involvement in the criminal justice system. The program provides positive alternatives to criminal behavior among youth with intellectual and developmental disabilities in order to prevent them from entering or re-entering the criminal justice system and to allow them to remain in school, reach graduation, and successfully transition into the community. The second component works to prevent institutionalization of adults with intellectual and developmental disabilities. The program provides direct assistance and referrals to adults with intellectual and developmental disabilities to live independently in the community. For both components, services may include home monitoring and visits, legal and/or special education advocacy, housing stability and crisis assistance, and relationship and self-esteem building.

Funding

The total TCHHS/VS investment in the Case Management and Advocacy Services program from October 1, 2015 through September 30, 2016 was $97,656. This investment comprised 47.7% of the total program budget. TCHHS/VS also funds the Guardianship Case Management Services program, which is described later in this report.

Eligibility Criteria

In the case management and advocacy for juveniles component of the program, clients must: be between the ages of 11 and 17, reside in Travis County, have a diagnosis of an intellectual or developmental disability, be currently involved in or at risk of involvement in the juvenile justice system (at-risk juveniles are defined by factors that would increase their chances of criminal activity; examples of factors include: another family member involved in the criminal justice system, significant number of missed school days and/or occurrence of disciplinary action at school), and be enrolled in special education.

In the case management for adults component of the program, clients must: be 18 years of age or older, reside in Travis County, and have a diagnosis of an intellectual or developmental disability.

The Arc of the Capital Area: Case Management and Advocacy Services

Performance Goals and Results

The Case Management and Advocacy Services program had mixed performance results for the fiscal year. The number of unduplicated clients served was lower than anticipated due to low referral numbers and new staff members in the adult case management program. Staff reported that they are working to increase referral numbers for the next program year (see first and second output). Due to the lower number of unduplicated clients served, the total number of Special Education/Admissions, Review, Dismissal meetings and/or juvenile court appearances attended by staff was lower than estimated (see fourth output). Staff reported that the total number of case management service hours completed for adult clients was lower than anticipated because of clients exiting the program (see fifth output). Because of the shortage of juvenile client referrals and therefore no new clients, the total number of direct juvenile client visits, the percentage of juvenile clients who remained in school or working while receiving services, and the percentage of juvenile clients who did not offend/reoffend while receiving services was lower than expected (see sixth output, first and second outcome). The total number of direct adult client visits was less than anticipated because of the high amount of discharges overall.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	101	130	78%
Total number of unduplicated juvenile clients served	23	46	50%
Total number of unduplicated adult clients served	78	84	93%
Total number of Special Education/Admissions, Review, Dismissal meetings and/or juvenile court appearances attended by staff	118	276	43%
Total number of case management service hours completed for adult clients	1,299	1,848	70%
Total number of direct juvenile client visits	118	230	51%
Total number of direct adult client visits	630	756	83%

The Arc of the Capital Area: Case Management and Advocacy Services

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outcomes			
Percentage of juvenile clients who remained in school or working while receiving services	91% (21/23)	78% (36/46)	117%
Percentage of juvenile clients who did not offend/ reoffend while receiving services	91% (21/23)	78% (36/46)	117%
Percentage of adult clients achieving/maintain self-sufficiency due to services, individual goals and service plans	94% (73/78)	88% (74/84)	106%
Percentage of adult clients with improved quality of life due to services, individual goals and service plans	92% (72/78)	88% (74/84)	105%

The Arc of the Capital Area

Guardianship Case Management Services

Program Description

The goal of the Guardianship Case Management Services program is to assist families of individuals with intellectual and developmental disabilities with applying for legal guardianship and other future care planning. Program participants receive assistance in obtaining court-awarded guardianship for their family member with an intellectual or developmental disabilities, in addition to case management assistance for other future care needs. Services available to program participants include:

- Interviews of potential participants to determine their eligibility and assess their individual needs to determine program suitability;
- Monthly scheduled group and individual orientation sessions to educate parents and caregivers of their legal rights, responsibilities, and resources related to guardianship and future care planning;
- Direct case management assistance to participants who are seeing to obtain court awarded guardianship, which includes assistance with completing the guardianship application and other legal documents, as is required by the Court;
- Coordination of pro-bono legal assistance for program participants and assignment of an attorney at court proceedings;
- Preparation for participants prior to appearances before the Court and the Court's review of their guardianship application.

Funding

The total TCHHS/VS investment in the Guardianship Case Management Services program from October 1, 2015 through September 30, 2016 was $15,000. This investment comprised 38.7% of the total program budget. TCHHS/VS also funds the Case Management and Advocacy Services program, which is described earlier in this report.

The Arc of the Capital Area

Guardianship Case Management Services

Eligibility Criteria

The Guardianship Case Management Services program targets family members and/or caregivers of an individual with an intellectual or developmental disability who is 18 years or older (at end of program) and requires partial or full guardianship. Eligible clients reside in Travis County, have a diagnosis of an intellectual or developmental disability, are age 18 years or older by the end of the program, and have an income at or below 200% of Federal Poverty Income Guidelines (FPIG).

The Arc of the Capital Area: Guardianship Case Management Services

The Guardianship Case Management program had mixed performance results. Fewer than expected clients entered the program at the start of the year and two clients withdrew from the program (see output). More clients successfully received guardianship awards from the court than initially projected (see outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	17	22	77%
Outcomes			
Percentage of clients receiving guardianship awards from the court	100% (15/15)	82% (14/17)	122%

Appendix

2016 Federal Poverty Income Guidelines

Most TCHHS/VS contracts require programs to serve participants with household incomes at or below 200% of the Federal Poverty Income Guideline (FPIG) level. Some programs have chosen to follow a more stringent threshold. The following table presents the federal poverty thresholds by household size and income.

Household Size	Income Limits by Household Size				
	50%	100%	125%	150%	200%
1 person	$5,940	$11,880	$14,850	$17,820	$23,760
2 persons	$8,010	$16,020	$20,025	$24,030	$32,040
3 persons	$10,080	$20,160	$25,200	$30,240	$40,320
4 persons	$12,150	$24,300	$30,375	$36,450	$48,600
5 persons	$14,220	$28,440	$35,550	$42,660	$56,880
6 persons	$16,290	$32,580	$40,725	$48,870	$65,160
7 persons	$18,365	$36,730	$45,913	$55,095	$73,460
8 persons	$20,445	$40,890	$51,113	$61,335	$81,780
For families/households with more than 8 persons, add $4,160 for each additional person.					

Data source: "2016 Poverty Guidelines for the 48 Contiguous States and the District of Columbia," Office of The Assistant Secretary for Planning and Evaluation, U.S. Department of Health & Human Services, January 25, 2016, https://aspe.hhs.gov/poverty-guidelines.

2016 Austin Median Family Income Guidelines

Some programs may also use Austin MFI guidelines when measuring client incomes. The following table presents the median family income limits established by the U.S. Department of Housing and Urban Development (HUD) for the Austin-Round Rock, TX Metropolitan Statistical Area (MSA).

Household Size	Income Limits by Household Size		
	Extremely Low*	Very Low (50%)	Low (80%)
1 person	$16,350	$27,250	$43,600
2 persons	$18,700	$31,150	$49,800
3 persons	$21,050	$35,050	$56,050
4 persons	$24,300	$38,900	$62,250
5 persons	$28,440	$42,050	$67,250
6 persons	$32,580	$45,150	$72,250
7 persons	$36,730	$48,250	$77,200
8 persons	$40,890	$51,350	$82,200

*The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50^{ths} (60%) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services, provided that this amount is not greater than the Section 8 50% very low-income limit.

Data source: "Austin-Round Rock, TX MSA FY 2016 Income Limits Summary," U.S. Department of Housing and Urban Development, https://www.huduser.gov/portal/datasets/il/il2016/2016summary.odn.

Endnotes

1. Erica L. Reaves and MaryBeth Musumeci, "Medicaid and Long-Term Services and Supports: A Primer," The Henry J. Kaiser Family Foundation, December 2015, http://kff.org/medicaid/report/medicaid-and-long-term-services-and-supports-a-primer/.
2. Olmstead v. L.C., 527 U.S. 581, (1999), https://www.law.cornell.edu/supct/html/98-536.ZS.html.
3. "Texas Promoting Independence Plan," Texas Department of Aging and Disability Services, last modified June 15, 2015, http://www.dads.state.tx.us/providers/pi/independence_plan.html.
4. "Framework for Isolation for Adults over 50," AARP Foundation, May 30, 2012, http://www.aarp.org/content/dam/aarp/aarp_foundation/2012_PDFs/AARP-Foundation-Isolation-Framework-Report.pdf.
5. "Civil Rights Issues for People with Disabilities," The Arc, accessed January 25, 2013, http://www.thearc.org/page.aspx?pid=2439.
6. "The Basics: National Spending for Long-Term Services and Supports," National Health Policy Forum, 2014, https://www.nhpf.org/library/the-basics/Basics_LTSS_03-27-14.pdf.
7. Ibid.
8. Erica L. Reaves and MaryBeth Musumeci, "Medicaid and Long-Term Services and Supports: A Primer," The Henry J. Kaiser Family Foundation, December 2015, http://kff.org/medicaid/report/medicaid-and-long-term-services-and-supports-a-primer/.
9. "Compare Long Term Care Costs Across the United States," Genworth, April 2016, https://www.genworth.com/about-us/industry-expertise/cost-of-care.html.
10. Erica L. Reaves and MaryBeth Musumeci, "Medicaid and Long-Term Services and Supports: A Primer," The Henry J. Kaiser Family Foundation, December 2015, http://kff.org/medicaid/report/medicaid-and-long-term-services-and-supports-a-primer/.
11. "Medical and Dental Plans," Texas Health and Human Services Commission, accessed October 11, 2016, https://hhs.texas.gov/services/health/medicaid-and-chip/programs/medical-and-dental-plans.
12. "Star+Plus," Texas Health and Human Services Commission, accessed October 11, 2016, https://hhs.texas.gov/services/health/medicaid-and-chip/programs/starplus.
13. "Texas Department of Aging and Disability Services (DADS) 2016 Reference Guide," Texas Department of Aging and Disability Services, assessed October 2016, https://www.dads.state.tx.us/news_info/budget/docs/fy16referenceguide.pdf.
14. Ibid.
15. Ibid.
16. Susan C. Reinhard, Lynn Friss Feinberg, Rita Choula and Ari Houser, "Valuing the Invaluable: 2015 Update, Undeniable Progress, but Big Gaps Remain," AARP Public Policy Institute, July 2015, http://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf.
17. Ibid, 19.
18. Ibid.
19. Erica L. Reaves and MaryBeth Musumeci, "Medicaid and Long-Term Services and Supports: A Primer," The Henry J. Kaiser Family Foundation, December 2015, http://kff.org/medicaid/report/medicaid-and-long-term-services-and-supports-a-primer/.
20. "Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults and People with Physical Disabilities, and Family Caregivers," AARP, The Commonwealth Fund & The Scan Foundation, accessed November 11, 2014, http://www.longtermscorecard.org.
21. Ibid.
22. Ibid.
23. "The Case for Inclusion 2016," United Cerebral Palsy, 2016, http://cfi.ucp.org/wp-content/uploads/2014/03/Case-for-Inclusion-2016-FINAL.pdf.
24. "The Case for Inclusion 2016," United Cerebral Palsy, 2016, http://cfi.ucp.org/wp-content/uploads/2014/03/Case-for-Inclusion-2016-FINAL.pdf.
25. Sunset Advisory Commission, *Department of Aging and Disability Services*, 2014, 17, https://www.sunset.texas.gov/public/uploads/files/reports/DADS%20Decision%20Material.pdf.
26. "Sunset Advisory Commission: Staff Report, Department of Aging and Disability Services," Sunset Advisory Commission, May 2014, 2, https://www.sunset.texas.gov/public/uploads/files/reports/DADS%20Staff%20Report.pdf.

27. J. David McSwane, "Austin State Supported Living Center will not close," *Austin American Statesman,* May 31, 2015, http://www.statesman.com/news/news/state-regional-govt-politics/austin-state-supported-living-center-will-not-clos/nmRxH/
28. "Interest List Reduction," Texas Department of Aging and Disability Services, last modified August 2016, https://www.dads.state.tx.us/services/interestlist/.
29. Ibid.
30. U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates, B18108, http://factfinder2.census.gov.
31. Ibid.
32. U.S. Census Bureau, 2015 American Community Survey 1-year Estimates, Travis County, B17001, http://factfinder2.census.gov.
33. U.S. Census Bureau, 2015 American Community Survey 1-year Estimates, Travis County, C18130, http://factfinder2.census.gov.