

# TEXAS

## Additions Made in 2003 Appear in Bold

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
<p><b>Wages</b> (includes wage pass-throughs)</p> <ul style="list-style-type: none"> <li>Rate Enhancement Program - The Community Care Attendant Compensation (CCAC) Rate Enhancement, implemented September 2000, includes a spending requirement for participating community care providers. Provider chooses level of attendant compensation spending participation and receives additional (i.e., enhanced) compensation. If the minimum requirement not met, provider must repay DHS the unused enhanced funding.</li> <li>Consumer Directed Service (CDS) allows consumers of certain Medicaid Waivers and Community Care attendant programs to manage their own care, including rate of pay and benefits. Consumers must provide details within their allocated service budget.</li> </ul>	<p><b>Benefits</b></p> <ul style="list-style-type: none"> <li>The CCAC attendant compensation includes employee benefits/insurance, workers' compensation and mileage reimbursement for business use of personal vehicles.</li> <li>The CDS service allows consumers to decide on a number of benefits including bonuses for longevity or performance, insurance, retirement, etc.</li> </ul>	<p><b>(Includes career ladders)</b></p> <ul style="list-style-type: none"> <li>The CCAC encourages community care providers to increase attendant compensation through additional career ladder implementation.</li> <li>The CDS Service allows consumers to train their own attendants and create career ladders.</li> </ul>	<ul style="list-style-type: none"> <li>Task Force chaired by the Texas Health &amp; Human Services Commission, includes state agencies, providers, and consumers, and has guided the CDS initiative, 2000.</li> </ul>

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
<p>TX Administrative Code, Title 25, Part I, Ch. 145; TX Dept of Human Services, Sec. 19.1001,2</p> <ul style="list-style-type: none"> <li>In Nursing Home: 1 licensed staff: 20 residents <b>OR</b> 0.4hrs licensed care/pt day</li> <li>Nursing facilities can increase their reimbursement by increasing the ratio of staff to resident as outlined below: The Nursing Facility Enhanced Direct Care Staff Rate, implemented May 2000, includes both a direct-care staffing requirement for nursing facilities choosing to participate in program and a spending requirement for every Medicaid nursing facility. <b>Beginning September 1, 2003 the spending requirement applies only to facilities choosing to participate</b></li> </ul>	<ul style="list-style-type: none"> <li>The Texas Planning Council for Developmental Disabilities and the Department of Human Services have begun evaluating systems change grants. Implementation to begin 5/1/02. Strategies may include: <ul style="list-style-type: none"> <li>recruitment efforts targeting traditionally underemployed workers (i.e., older workers, participants in full time volunteer programs, people with disabilities, non-English speaking individuals, welfare-to-work participants)</li> <li>development of college courses offering field work credit for supervised personal assistance experiences</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Data collection regarding wages, benefits, other aide issues</li> <li>The "Wellspring" type model was piloted from 2000-01, in 13 nursing homes to impact quality of care, corporate culture, aide retention, etc.</li> </ul>

<p><b>in receiving enhanced funds. Staffing requirement allows a nursing facility to choose staffing level of participation, and receives additional direct-care staff funding. If minimum staffing requirement for the awarded level of participation is not met, facility must repay the enhanced funds associated with the unmet level(s) to DHS.</b></p> <p>Spending requirement places minimum spending level for direct-care rate component of facility's total rate component by TILE. If facility does not meet the minimum spending level, must repay difference to DHS. <b>As of September 1, 2003, the spending requirement is limited to enhancement funds paid to participants.</b></p>	<ul style="list-style-type: none"> <li>o coordination of efforts to develop and promote a professional association for personal attendants at a local or regional level to increase retention of those currently employed in the field and to recruit and train new attendants</li> <li>o formation of partnerships with public and/or private workforce agencies or home health organizations to train and place personal assistants</li> <li>o utilization of marketing strategies for recruitment efforts in a local or regional area.</li> </ul>	
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