

- SUBJECT:** Creating the lifespan respite services program
- COMMITTEE:** Human Services — committee substitute recommended
- VOTE:** 6 ayes — Rose, Elkins, Hernandez, Hughes, Legler, Walle
0 nays
3 absent — Herrero, Darby, Naishtat
- WITNESSES:** For — Ollie Besteiro, AARP; Gary Campbell and Linda Coker, MS Society; Ilene Norden; Kim Suiter, National Multiple Sclerosis Society; (*Registered, but did not testify:* Elizabeth Bible; Dennis Borel, Coalition of Texans with Disabilities; Kimberly Campbell; Kelleigh Carter; Hilton Chancellor, Texas Advocates; Dawn Choate, The Arc of Texas; Melissa Cubria, Tex PIRG; Helen Davis, Texas Medical Association; Anne Dunkelberg, Center for Public Policy Priorities; Randall Ellis, One Voice; Eileen Garcia-Matthews, Texans Care for Children; Kyla Hebert; Maria Huemmer, The Texas Catholic Conference, The Roman Catholic Bishops of Texas; Blanca Laborde, Adult Day Care of Texas; Mary Lopez, Methodist Healthcare Ministries; Scott McAninch, San Antonio Non Profit Council; Michelle McClelen, Texas ACORN; Jeff Miller, Advocacy Incorporated; Claudia Rodas, American Cancer Society; Jason Sabo, United Ways of Texas; Rebekah Schroeder, Texas Children's Hospital; Misty Shores; Andrew Smith, University Health System; Candise Spikes, Catholic Health Association of Texas; Gyl Wadge, Mental Health America of Texas)

Against — None
- BACKGROUND:** Human Resources Code, ch. 161 establishes the Department of Aging and Disability Services (DADS) and provides for the functions and duties of the department.

Respite care provides a caregiver temporary relief from the responsibilities of caring for a family member or friend with a long-term physical or mental disability.

Approximately 80 percent of long-term care and support in the United States is provided by informal caregivers — family and friends who care for loved ones with chronic conditions such as Alzheimer's Disease, diabetes, and multiple sclerosis. In Texas, there are currently 2.7 million caregivers providing 2.9 billion hours of care per year. Currently, 426,000 Texans would qualify for Medicaid services but do not use them because family and friends provide care, resulting in savings to the state estimated between \$3.2 and \$12.6 billion.

The LBB found that respite care is associated with reduced out-of-home placements, reduced hospitalizations, improved caregiver health and well-being, improved family functioning, and prevention of abuse and neglect.

DIGEST:

CSHB 802 would establish the Lifespan Respite Services Program under DADS. A person would be eligible for respite services if the person met certain criteria and was the primary caregiver for an individual who was closely related, had a chronic illness, required assistance with one or more daily activities, and was not eligible to participate in any other existing program providing respite services.

DADS would implement the respite program through contracts with eligible community-based organizations or local government entities. Eligible organizations or entities would have to have experience in and existing procedures for:

- coordinating support services for multiple groups of individuals, including persons with physical or intellectual disabilities and elderly persons;
- connecting caregivers with respite services providers;
- maintaining and providing information regarding available respite services; and
- conducting public awareness activities regarding available respite services.

DADS would include in each contract provisions requiring the respite services coordinator to, subject to the availability of funds, provide vouchers for respite services to caregivers who were not eligible for other respite programs and connect caregivers with available respite programs. The department also would have to monitor a contractor's performance using clearly defined and measurable performance objectives.

No later than November 1, 2010, the executive commissioner of the Health and Human Services Commission (HHSC), in consultation with DADS, would submit a report to the governor and the LBB evaluating the respite program and its effects on access to respite services by primary caregivers and Medicaid expenditures for long-term care services provided in institutional care settings.

The bill would take effect September 1, 2009.

NOTES:

According to the fiscal note, CSHB 802 would cost \$1.4 million in general revenue funds in fiscal 2010-11. The House-passed version of SB 1, the general appropriations bill for fiscal 2010-11, includes \$1.4 million for the Life Span Respite Program in the Article 11 “wish list.”