



COMMISSIONER
Adelaide Horn

February 15, 2008

HCS Individual's Name
Address
City, Texas zip code

Dear HCS name:

On February 1, 2008, you will have the option to self-direct some of your services through the Home and Community-based Services (HCS) program.

Participation in the Consumer Directed Services (CDS) option is **voluntary**. If you choose the CDS option, you are choosing to self-direct one or both of your authorized program services, Supported Home Living and Respite Services. This means that you or your legal representative will be the employer for these services; you will have control over who you hire and you will be responsible for training and managing your employees. Your employees must meet the same eligibility requirements in the CDS option that are required in the agency option.

Your current services will not change if you do not choose to self-direct them through the CDS option. You may elect to change your HCS services from the provider agency-directed to the CDS option upon request by notifying your case manager.

If you or your legal representative chooses to participate in the CDS option, Financial Management Services (FMS) will be provided from a Consumer Directed Services Agency (CDSA) that you select. The CDSA will provide orientation, ongoing training and support for your participation in the CDS option, and all financial responsibilities for payroll and other financial responsibilities. You may also choose to use Support Consultation Services from a Support Advisor to provide assistance and support to you in meeting employer responsibilities for participation in the CDS option. A brochure is enclosed that explains the CDS option.

Using the enclosed, self-addressed/stamped postcard, please indicate your interest in the CDS option and **mail the card no later than March 7, 2008.**

Your case manager will contact you:

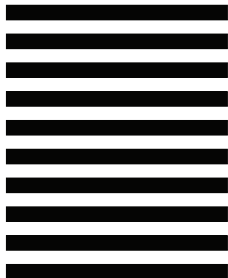
- By May 23, 2008, if you want to self-direct your services.
- By August 8, 2008, if you want more information.
- If you do not return the card you will receive an explanation of Consumer Directed Services and have an opportunity to select this option at your next annual planning meeting.

If you have additional questions, please contact your case manager or service coordinator.

HCS Consumer
Address Line 1
Address Line 2
Address Line 3
City STATE ZIP



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 2797

AUSTIN TX

POSTAGE WILL BE PAID BY ADDRESSEE

MAIL CODE W-579
DEPARTMENT OF AGING & DISABILITY SERVICES
PO BOX 149030
AUSTIN TX 78714-9851



**Consumer
Directed Services**



Please check one of the boxes below to indicate your preference at this time.
When you are finished filling out the card, please drop into a mail box.

No postage is necessary.

- Yes, I want to self-direct my services through the CDS option.
- I would like more information.
- No, I do not want to participate at this time.

If your telephone/address has changed, please fill in below:

Name of Provider Agency: _____