PROVIDER HANDBOOK

Learning to Manage MANAGED CARE

Healthcare Matters!

Welcome to the world of managed care for people with disabilities! My name is "Tipper" and I am here with tips to help you improve your services to individuals with disabilities.

These training materials have been developed to identify concerns that individuals with disabilities have about the new managed care delivery system and to help you better serve this population.

Information and resources in these training materials are accurate at the time of publication, although some information may change over time.

✪Healthcare Matters!

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March 1998

Support for this program is provided by the
Texas Planning Council for Developmental Disabilities

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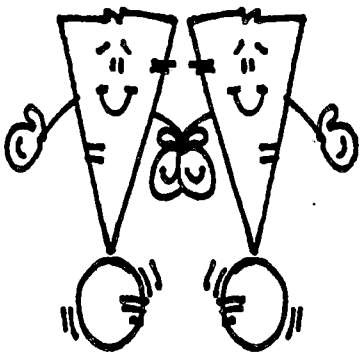
UNDERSTANDING DISABILITY



Disability is not unnatural. We will all experience disability at some point in our lives, through difficulties such as depression, trauma or as we age. Yet for people with permanent and on-going disabilities, impairment is a significant factor in their lives. While people with disabilities are not defined by their disability, it does play a role in shaping their lifestyles and needs.

People with disabilities need assistance in doing certain tasks that other persons not having disabilities usually do with no assistance, like getting out of or in bed, stepping into the shower, sitting on the toilet, reading a book, shopping for groceries, deciding how to spend money, or traveling to work. However, most people with disabilities are limited in just a narrow range of activity, not their wider scope of social, vocational and cognitive behavior. People with disabilities can — and do — participate in all aspects of life, including work, play, romance and parenting.

Unfortunately, most people fear or avoid what they don't understand. For many years, society shunned people with disabilities and worked actively to exclude people with disabilities from the mainstream of community life. Not only was such action harmful and isolating to people with disabilities themselves, but society lost one of its strongest ties to a diverse and inclusive community.

Public perception is changing. Health care providers and public policymakers are beginning to understand that not only do people with disabilities want to remain in their homes and communities, but that home and community-based services offers all of us an opportunity to be strengthened by our diversity. The trend to enable people with disabilities to guide their own care, to remain independent and integral to their family and community has both

tangible and intangible benefits. In home and community-based services are more economical. A less tangible, but perhaps more important fact is that inclusion of individuals with disabilities into all aspects of our society — work, school, recreation and government — offers us the opportunity to benefit from our diversity, share our experiences and be collectively strengthened by embracing our differences and celebrating our similarities.

As a health services provider, you have the opportunity and the challenge to continue what has been a positive shift in public perception and practice. What can you do?

1) Recognize that your enrollees with disabilities are people who can and want to remain in their homes and contribute to their communities.

2) Choose treatment/services options that allow individuals with disabilities to exercise their choice and maintain their connection with the essential supports that exist in family, friends and work.

By helping to instill a shift in the perception and practice of the health care community in regard to people with disabilities, you give greater meaning to the lives of your enrollees and greater resources to our communities.

GUIDING PRINCIPLES FOR DISABILITY SERVICES

People with disabilities possess the dignity and worth innate to every human being.

Individuals with disabilities like all other people, have unique abilities, preferences, needs, desires, goals, and dreams.

People with disabilities have the right to full access and inclusion in all aspects of community life.

Children with disabilities have a right to grow up in a family.

Individuals with disabilities have the right to act on their own behalf, to direct their own future, to represent their own interests, and to make decisions and take risks based on their own goals and values.

People with disabilities have the right to accurate and timely information, presented in a manner they can use, in order to have options and make informed choices.

Individuals with disabilities and their families have the right to full participation in the making of policies that affect their lives.

People with disabilities and their families have the right to accessible services and supports customized to their needs, flexible to changing circumstances, and provided in their home community.

People with disabilities are entitled to the same civil rights protections as any American citizen.

People with disabilities have the right to freedom from abuse and neglect.

SEPARATING FACT FROM FICTION

Successful partnership with consumers with disabilities requires sensitivity to the issues of inclusion and discrimination, along with the recognition of the vast diversity of persons with disabilities and appreciation of their abilities. Many citizens have held outdated beliefs about persons with disabilities that influence their behaviors. By examining these beliefs, a learning process begins which can mean positive changes for everyone.

Fiction: People with disabilities are inspirational, brave and courageous for living successfully with their disability.

Fact: People with disabilities are simply carrying out normal activities of living when they drive to work, go shopping, pay their bills or compete in athletic events. Access to quality health care and long term care services and necessary equipment allows them to do these activities more easily.

Fiction: Having a disability is the same as being sick.

Fact: Disability is not the same as being sick. Individuals with disabilities have varying degrees and types of need. Mistaking a disability for an illness means failing to respond to the individual's particular needs.

Fiction: Health care providers should make all the decisions for a person with a disability.

Fact: People with disabilities want to be involved in their own care and have the right to make health care decisions for themselves. Sometimes people with disabilities need assistance from family members and others to make decisions. Involving a person with a disability in discussions about health services is central to creating a working partnership between the provider and enrollee. Without such a partnership, the quality and outcomes of health care services are limited.

Fiction: A person diagnosed with a major mental illness will always need hospitalization.

Fact: The diagnosis of a major mental illness is not a life sentence to in-patient hospitalization. With appropriate medical services and supports including medication, regular medication monitoring, psycho-social and personal assistance services, many persons with mental illness can live stable, productive lives and can successfully manage the episodic nature of mental illness.

Fiction: People with disabilities always need expensive and high-tech assistive devices.

Fact: Simple, inexpensive devices are often the most important in helping a person with a disability achieve a level of independence and enjoy good health. Assistive devices can be as affordable as low-cost eating utensils. In fact, assistive devices and assistive technology can be an effective form of preventive care, by reducing the need for personal care services, and preventing the need for admission to long term care facilities.

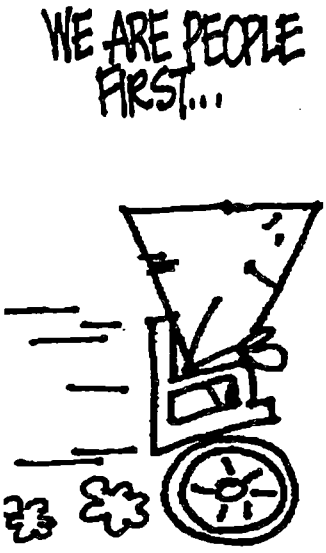
Fiction: A disability represents something that is wrong with a person.

Fact: Disability is a natural part of the human experience. We are made stronger by our diversity when we provide all individuals with the right to live independently, enjoy self-determination, inclusion and integration into society.

Fiction: People with disabilities have a poor quality of life.

Fact: This is one of the most common and damaging stereotypes, which discourages social interactions and the development of true relationships. People with disabilities get the flu and have allergies, they break arms and legs, and need routine gynecological exams. An individual with a disability needs to exercise, play and relax, and understand nutrition. They have the same needs and strive for a high degree of quality of life as other individuals.

PEOPLE FIRST LANGUAGE



"The difference between the right word and the almost right word is the difference between lightning and the lightning bug." Mark Twain

Words matter. They reflect and influence our attitude. Standard words and phrases not only indicate how we feel and think, but also perpetuate belief systems. It is important to recognize that how you talk to and about a consumer with a disability affects whether he or she feels respected as a person.

People with disabilities are *people* first. Disability is a part of the person, it does not define the person. Our language should reflect that. "People first" language literally puts the person before the disability. People first language is an objective way of acknowledging, communicating and reporting about disabilities. Using "people first language" is more respectful, helps to halt damaging stereotypes, and creates a climate where a person with a disability can participate in his or her health care.

USE...	INSTEAD OF...
Person with a disability	**Disabled person**
People with mental retardation	**The mentally retarded**
A boy/girl with Down Syndrome	**A Downs kid**

USE...	INSTEAD OF...
Person who uses a wheelchair	**Wheelchair bound**
People with disabilities	**The handicapped**
People with mental illness	**The mentally ill**
A man who walks with crutches	**A crippled man**
People who are deaf	**The deaf**
Person who is blind	**The blind person**
Person who has epilepsy	**An epileptic**
Person who has autism	**An autistic**
Typical people	**Normal people**
Person with a learning disability	**A slow learner**

Much of this information was compiled by the
Texas Planning Council for Developmental Disabilities
4900 North Lamar Boulevard, Austin, Texas.

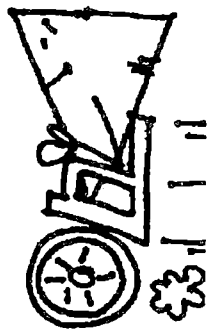
BUILDING A USER-FRIENDLY SERVICE PROVIDER SYSTEM

Providers of health care services want consumers to feel welcomed and comfortable when accessing and receiving services. Consumers want the office space of providers to be safe and convenient. Consumers want the health care staff to be concerned about their needs. The purpose of the following guidelines is to make providers aware of common practices and more comfortable in conversing with and serving individuals with disabilities. These guidelines are not just for doctors and nurses, but apply to all providers with whom consumers with disabilities interact.

GENERAL REMINDERS

- If you think someone needs help, ask. It is always okay to ask; it is not okay to assume.
- Ask how to be of assistance, then follow the person's instructions.
- Always speak to the person you are addressing, not to a companion or interpreter.
- Do not worry about using expressions that could be interpreted as disability-related puns, such as "got to run" or "see what I mean?" These are part of our common language and are not offensive.
- When speaking or writing, put the person first: person with a disability, person with cerebral palsy, etc.

PEOPLE WITH WHEELCHAIRS



The need for a wheelchair is not related to intelligence or cognitive ability.

A wheelchair is part of an individual's personal space. Respect that space. It is not polite to touch or lean on a wheelchair without the user's permission.

If a person transfers from a wheelchair to a chair, barstool, bathtub, or toilet, don't move the wheelchair beyond easy reach.

Always make sure that a chair is locked before helping a person transfer.

When talking with a person in a wheelchair, sit or place yourself at that person's eye level.

If you are walking with a person using a manual wheelchair, ask the individual if he/she wants assistance before you push the wheelchair.

PEOPLE WITH VISUAL IMPAIRMENTS

Visual impairments are not related to intelligence or cognitive ability.

When meeting with a person with a visual impairment, announce yourself and introduce anyone else who may be with you.

Inform the person with a visual impairment when you are leaving.

When offering a chair to a person with a visual impairment, place the person's hand on the back or arm of the chair.

Do not pet or speak to a person's guide dog. Guide dogs are at work, even when sleeping under their owner's chairs.

People with Hearing Impairments

Hearing loss is not related to intelligence or cognitive ability.

To get someone's attention, touch that person lightly, wave or use another physical sign.

Do not be embarrassed to rely on written notes. Written notes promote effective communication.

Lip reading can be an invaluable aid to a person who is deaf. When speaking, face a person with hearing loss directly, enunciate clearly (but without exaggeration) and don't expect to be perfectly understood. Not all spoken language is understood through lip reading.

Do not speak louder than usual to a person who is deaf.

People with Speech Impairments

Speech impairments are not related to intelligence or cognitive ability.

If you have difficulty understanding someone's speech, do not be afraid to ask for multiple repeats. Never pretend to understand when you do not.

Do not be embarrassed to rely on written notes. Written notes promote effective communication.

Most people with speech impairments can hear. Loud or simple words are not easier to understand.

People with Mental Retardation

Mental retardation is not the same as mental illness. Persons with mental retardation have varying degrees of cognitive ability.

Most persons with mental retardation can read, write, think and lead productive, independent lives with varying amounts of support and/or assistance. Only a minority of persons with mental retardation need constant support services.

People with mental retardation are legally competent, absent a court finding (such as guardianship) to the contrary. They are entitled to fully participate in their health plan, including giving informed consent. Some persons with mental retardation have guardians to assist them in areas identified in the guardianship papers.

People with Mental Illness

Mental illness is generally a lifelong condition with intermittent presentation of symptoms.

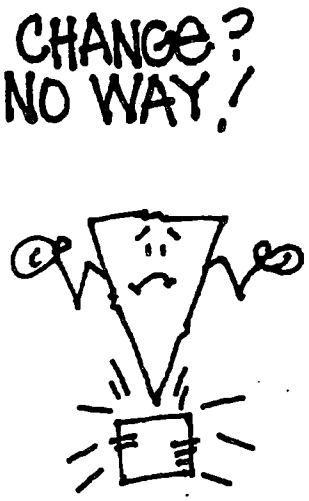
Most people with mental illness can be successfully treated with medications, therapy, and psychological support services.

People with mental illness can read, write, drive, think and lead productive, independent lives in their communities with varying amounts of support and/or assistance.

People with mental illness are legally competent, absent a finding by a court to the contrary. They are entitled to fully participate in their health plan, including giving informed consent.

CONCERNS THAT PEOPLE WITH DISABILITIES HAVE ABOUT MANAGED CARE

MOST PEOPLE DON'T LIKE CHANGE.



For many health care consumers who have changed to managed care, their initial reaction was fear of the new controls on how they would get their health care. Individuals with disabilities have these same concerns, as well as some additional concerns. Because many individuals with disabilities need special health care services, they feel particularly vulnerable to the controls and structure of a managed care environment. For most consumers with disabilities, their doctor or psychiatrist is their principal contact with the managed care organization. As a result, you can ease many of their fears and concerns by talking with them about their needs and expectations in a managed care system.

Changing to managed care is made easier for individuals with disabilities if providers and health care plans recognize and address concerns that have been openly expressed. Individuals with disabilities who enter managed care organizations are often concerned about:

- Choosing new doctors/losing their current doctor or psychiatrist (for people with behavioral health needs). Being cut off from their specialist.

- Seeing new providers who may not be familiar with their needs or disability. Not knowing where to go for help or who to talk with in a managed care system about problems.

- Facing limitations on necessary therapies and other benefits.

- Not receiving authorization for services or equipment (or repair of equipment) that they rely on for independence and maintenance of functioning.

- Determining whether the managed care organization (HMO, PPO) will have the appropriate structures, flexibility, and/or benefits to meet "non-typical" needs.

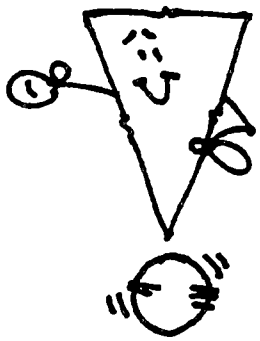
- Determining whether the managed care system will treat them fairly and how their problems can be resolved, informally and formally.

- Being afraid that they will be identified and treated as a diagnosis rather than a person.

- Losing independence of functioning or one's current level of health.

- Not being listened to or valued as experts about their disability and their needs.

ACCOMMODATING THE NEEDS OF INDIVIDUALS WITH DISABILITIES



Because individuals with disabilities have different needs, sometimes simple up-front accommodations can have valuable long term effects. Often such accommodations are seen as unnecessary or not meeting medical necessity determination thresholds and may have been denied within both the traditional or new managed care delivery systems.

When accommodations are viewed as opportunities that can prevent the future need for more expensive services/ interventions, their worth becomes much more significant to the consumer, the provider and the health plan. The earlier accommodations are made, the better the goals of managed care will work for individuals with disabilities.

Here are some ideas that you, as a health services provider, could ask an individual or family member when identifying the accommodations or services that would influence an individual's level of independence:

- ✔ Does your disability place limitations on your activity level?
- ✔ What accommodations/adaptations do you require to perform activities of daily living?
- ✔ Do you use or need any assistive equipment? What type of equipment? If you have equipment, do any changes need to be made to the equipment?

- ✔ If you use a wheelchair, are you still able to find a comfortable position in it? Does it meet your present needs? How old is it?

- ✔ Are you currently receiving health, social or long term care services or therapies? From which providers do you receive those services?

- ✔ Are there equipment or services that you don't receive but feel are necessary?

- ✔ Do you need any accommodations or special services, such as:

    - ♦ an interpreter,
    - ♦ additional time to discuss medical concerns,
    - ♦ help making appointments?

- ✔ Do you usually bring a support person to your appointments? What is that person's name?

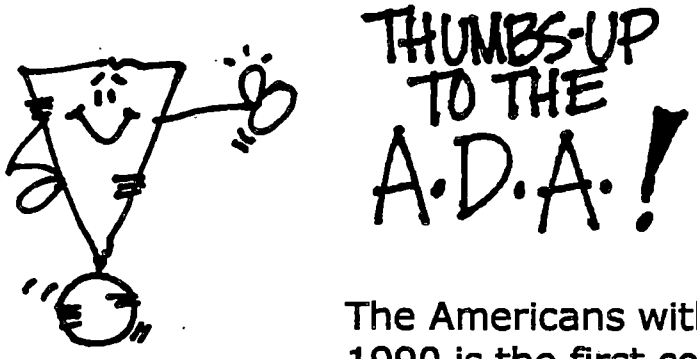
- ✔ Do you need personal assistance to complete daily tasks/activities?

- ✔ If you have no specific support services and have relied on family members or friends to routinely assist you, do your family members and/or friends need a break, i.e., respite services?

- ✔ Do you use public transportation services? Are they accessible to you if you chose to use them? Do you need special transit services as a part of your managed care services?

WHAT YOU SHOULD KNOW ABOUT THE AMERICANS WITH DISABILITIES ACT

WHAT IS THE AMERICANS WITH DISABILITIES ACT?



The Americans with Disabilities Act (ADA) of 1990 is the first comprehensive civil rights law for people with disabilities. The Act is the legal outcome of a strong movement that challenged previously held beliefs and practices about people with disabilities. The goal of the ADA is to eliminate discrimination by ensuring equal opportunity in employment, state and local government services and programs. In addition, ADA ensures equal access to services such as health care and education, and to places of public accommodation, public and private transportation, and telecommunications.

HOW DOES ADA AFFECT A MEDICAL PRACTICE?

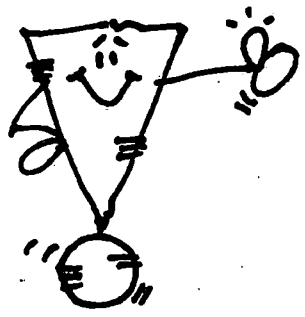
Compliance with the ADA is not only the law, but it is also a tool to attract new patients and to retain patients already in a practice. Health care providers are required to individually evaluate the needs of each enrollee with a disability and determine what accommodations are necessary to ensure that the person with a disability receives quality services that are comparable to services received by enrollees without disabilities.

A medical practice that is in compliance with ADA provides equal access to physical admittance by using ramps, wheelchair accessible elevators and accessible restrooms. In addition, complying with ADA also involves addressing how services are provided.

Some examples of how providers ensure access are:

- offering health care pamphlets in Braille or large print,
- having sign language interpreters at medical appointments for members who need them,
- having accessible exam tables, or
- providing more time for health care professionals to explain health care options to people with cognitive disabilities.

WHAT ORGANIZATIONS PROVIDE INFORMATION AND RESOURCES ON ADA?



- **ADA Hotline at the Justice Department** in Washington, D.C. provides information and materials on ADA and assists in remedying complaints on businesses and other public places that do not comply with ADA.

1-800/514-0301 • 1-800/514-0383 (TDD)

- **Southwest Disability and Business Technical Assistance Center on the ADA** in Houston, Texas provides information, materials, and technical assistance to businesses and individuals on compliance with ADA physical and programmatic accessibility requirements.

1-800/949-4232

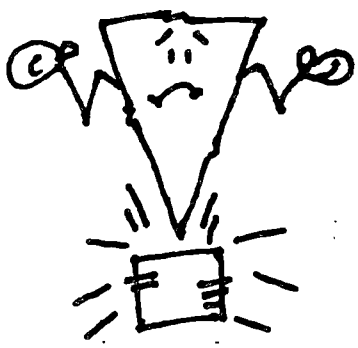
- **Advocacy, Incorporated** in Austin, Texas provides written material, legal representation and technical assistance on ADA compliance.

1-800/252-9108

MEDICAID MANAGED CARE IN TEXAS

MEDICAID MANAGED CARE IS CHANGING

Texas, like many states, is beginning to increase its use of managed care. Managed care is expanding to include more areas of the state and more Medicaid recipients. People with disabilities will be included in this expansion; some will be mandated into Medicaid managed care, with others choosing managed care over traditional Medicaid.



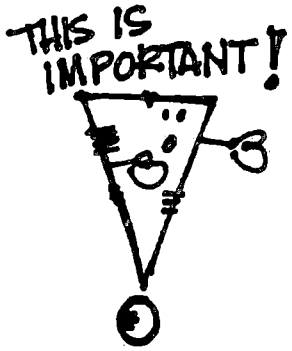
There are two Medicaid managed care programs in Texas: **STAR** (State of Texas Access Reform) and **STAR+PLUS**. The STAR program already serves many Medicaid clients in Texas. STAR provides acute health care services (such as visits to a doctor or a hospital).

The STAR+PLUS program is a new demonstration project beginning in Harris County in 1998. STAR+PLUS is the state's first attempt at integrating preventive, primary, acute, and long-term care into a single program.

Some persons with disabilities, who now use Medicaid to access long-term care services, may soon be enrolled in Medicaid managed care to obtain both acute health and long term care medical services.

FACTS ABOUT STAR

- Connects you with a doctor as your primary care provider (PCP).
- Has been used mostly by mothers and children who qualify for Temporary Assistance for Needy Families (TANF) and other low income pregnant women.
- Is in other parts of the state, including Austin, Fort Worth, Lubbock, San Antonio, Beaumont and Galveston areas and will expand into the Harris County and Dallas areas in the near future.
- Does not have a three prescription limit.
- Includes value-added services beyond traditional Medicaid services.
- Covers annual adult physical examinations (not previously covered in fee-for-service Medicaid).
- Includes behavioral health services for those individuals with mental illness or substance dependency.



The STAR pilot sites, in numerous locations within the state, have minor differences. These differences will be discussed when Healthcare Matters! visits your area.

FACTS ABOUT STAR+PLUS

- Includes additional services available in STAR beyond traditional Medicaid which include:
  - unlimited prescriptions
  - annual physical examinations
  - behavioral health services for individuals with mental illness or substance dependency
  - value added services

- Is a new Medicaid managed care program for Texans living in Harris County who receive Supplemental Security Income (SSI), the federal assistance program for low-income individuals who are elderly or have a disability.

- Combines medical and long term care services and supports.

- Currently includes only Medicaid recipients who live in Harris County.

- Is mandatory for people on SSI who are over 21 and not living in a nursing home.

- Provides a choice for children on SSI between HMO services or state administered Primary Care Case Management (PCCM) services.

- Excludes from managed care persons living in ICF-MR facilities or people receiving HCS, HCS-O or CLASS long-term waiver services.

- Provides a choice for people with mental illness currently receiving services through the Harris County MHMR Center between

  (1) HMO services for acute and long-term care needs OR

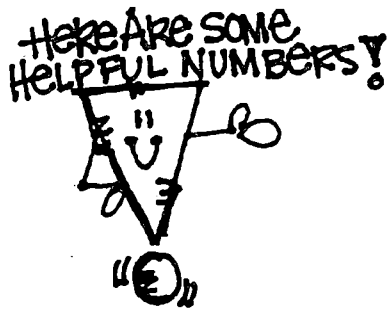
  (2) state administered Primary Care Case Management (PCCM) services for acute services in conjunction with long-term care services through the Harris County MHMR Center.

MEDICAID MANAGED CARE OFFERS PROVIDERS NEW OPPORTUNITIES

Medicaid managed care represents a significant change for Medicaid recipients. For many, it is the first time they have the opportunity to establish a relationship with a health care provider. This offers tremendous opportunities for providers to begin preventative practices and approach important health education topics with their Medicaid clients. This is an opportunity for all Medicaid recipients — both those with and without a disability to be more involved in achieving a healthy state as possible.

A person with a disability will benefit just as much from routine physicals, nutrition counseling and wellness programs, like smoking cessation, weight-loss and exercise programs as a person without a disability.

RESOURCES FOR ADDITIONAL HELP



As a provider of health care services, your patients and consumers may encounter difficulties or problems in adjusting to the new managed care delivery system. As providers, you may also encounter problems that require assistance from others who know the system better, know specific information about disabilities or specific types of services your patients/consumers request.

The following organizations and agencies are resources to you in the area of information and referral. Call them for information and/or assistance to start learning more about the new managed care world, disabilities and services needed by persons with disabilities.

STATEWIDE ENROLLMENT BROKER FOR MEDICAID MANAGED CARE (STAR AND STAR+PLUS PROGRAMS):

MAXIMUS
1212 East Anderson Lane, Suite 200
Austin, Texas 78752
512/491-5450
Toll-free Help-Line: 1/800-964-2777

STATE AGENCIES INVOLVED IN MEDICAID MANAGED CARE:

The following state agencies can connect you with their regional/ local offices in your area of the state.

TEXAS INTERAGENCY COUNCIL ON EARLY CHILDHOOD INTERVENTION
4900 North Lamar Boulevard, Austin, Texas 78751
512/424-6759 Medicaid Division

TEXAS DEPARTMENT OF HEALTH
1100 West 49th Street, Austin, Texas 78756
512/794-6862 Bureau of Managed Care

TEXAS DEPARTMENT OF HUMAN SERVICES
701 West 51st Street, Austin, Texas 78751
512/438-3224 Managed Care Division

TEXAS DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
909 West 45th Street, Austin, Texas 78751
512/206-4537 Long Term Care Services
512/206-4549 Behavioral Health Services

TEXAS HEALTH AND HUMAN SERVICES COMMISSION
- STATE MEDICAID OFFICE
4900 North Lamar Boulevard, Austin, Texas 78751
512/424-6517 Managed Care Unit

The following agencies can help you with all managed care complaints, including Medicaid managed care.

OFFICE OF THE TEXAS ATTORNEY GENERAL
Post Office Box 12548, Austin, Texas 78711
512/463-2185 Consumer Division

TEXAS DEPARTMENT OF INSURANCE
- HMO OR CONSUMER COMPLAINT DIVISION
Post Office Box 149091, Austin, Texas 78714
website address: www.tdi.state.tx.us
512/322-4266 HMO Division
512/305-6745 HMO Complaint

512/463-6500 Consumer Division
800/252-3439 Consumer Complaint

DISABILITY CONSUMER ORGANIZATIONS:

These organizations have affiliate offices / chapters or contacts in many areas of the state. Call them to locate the chapters / offices near you.

ADAPT/Institute for Disability Access
1319 Lamar Square Drive, Suite 101, Austin, Texas 78704
512/442-0252

Advocacy Incorporated
7800 Shoal Creek Boulevard, Suite 171-E, Austin, Texas 78757
512/454-4816 or 1/800-252-9108

Any Baby Can
3423 Guadalupe Street, Suite 300, Austin, Texas 78705
512/454-3743 (Austin Office)
210/737-9119 (San Antonio Office)

The Arc of Texas
(formerly Association of Retarded Citizens)
1600 West 38th Street, Suite 200, Austin, Texas 78731
512/454-6694 or 1/800-252-9729

Brain Injury Association of Texas
1704 Parkside Lane, Austin, Texas 78745
512/445-2194 or 1/800-927-9199

Coalition of Texans with Disabilities
316 West 12th Street, Suite 405, Austin, Texas 78701
512/478-3366 or 1/800-998-3363

Directors Association of Texas Centers for Independent Living
5555 North Lamar Boulevard, Suite J-125, Austin, Texas 78751
512/467-0744

Epilepsy Coalition of Texas
2650 Fountain View, Suite 316, Houston, Texas 77057
713/789-6295

Mental Health Association in Texas
8401 Shoal Creek Boulevard, Austin, Texas 78757
512/454-3706

Texas Alliance for the Mentally Ill
1000 East 7th Street, Suite 208, Austin, Texas 78702
512/474-2225

Texas Mental Health Consumers
7701 North Lamar Boulevard, Suite 501, Austin, Texas 78752
512/451-3191 or 1/800-860-6057

Texas Planning Council for Developmental Disabilities
4900 North Lamar Boulevard, Austin, Texas 78751-2399
512/424-4080

Texas Respite Resource Network
519 West Houston Street, San Antonio, Texas 78207
210/704-2794

Texas University Affiliated Program's
Assistive Technology Partnership
University of Texas at Austin, University Affiliated Program
SZB 252-D5100, Austin, Texas 78712
512/471-7621 or 1-/800-828-7839

United Cerebral Palsy of Texas
900 Congress Avenue, Suite 220, Austin, Texas 78701
512/472-8696

CONSUMER ORGANIZATIONS WORKING ON MANAGED CARE ISSUES:

Center for Public Policy Priorities
900 Lydia Street, Austin, Texas 78702
512/320-0222

Consumers Union
1300 Guadalupe, Suite 100, Austin, Texas 78701
512/477-4431

LEGAL ORGANIZATIONS:

Advocacy, Incorporated
7800 Shoal Creek Boulevard, Suite 171-E, Austin, Texas 78757
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