WHO AND WHAT IS THE NETWORK?

The formation of ESRD Network Organizations was authorized in 1978 by Public Law 95-292, which amended Title XVIII of the Social Security Act by adding section 1881. Thirty-two ESRD Network areas were initially established. In 1986, the Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509) amended section 1881c of the Social Security Act to establish at least 17 ESRD Network areas and to revise the Network Organizations’ responsibilities. For an in-depth legislative history of the program, visit www.cms.gov and type “ESRD networks” into the search tool.

Today, 18 ESRD Network Organizations exist under contract to the Centers for Medicare & Medicaid Services (CMS), formerly HCFA, and serve as liaisons between the federal government and the providers of ESRD services. The Network Organizations are described geographically by the number and concentration of ESRD beneficiaries in each area. Some Networks represent one state, as does the ESRD Network of Texas, Inc. (#14); others represent multiple states. To view a map of the ESRD Network areas, visit www.esrdnetworks.org.

What is the difference between the Network and the State Survey Agency (SA)?

Each state has an agency to ensure the health and safety of the state’s residents. CMS contracts with these state agencies to perform surveys to ensure compliance with federal regulations, as well as the CMS Conditions for Coverage. In Texas, the state agency is the Texas Health and Human Services (HHS). Some states, including Texas, also have state laws and regulations for dialysis facilities that may exceed the requirements of the federal regulations. The HHS surveyors, for compliance with both state and federal regulations, issue a state license and certifies compliance with federal regulations to CMS for all dialysis providers in Texas (see Attachment A). For more information, visit www.dshs.state.tx.us.

Both the ESRD Network and the State Agency (HHS) are agencies working under a contract with CMS. While both agencies are tasked by CMS with very different roles, both agencies are charged with investigating complaints and grievances and protecting the health and safety of patients. For the ESRD Network these responsibilities are outlined in Section 1881 of the Social Security Act. While the SA enforces minimum standards as set forth in the Medicare ESRD Conditions for Coverage, the ESRD Network works both individually and systematically to improve the quality of care that is delivered to ESRD patients. When the ESRD Network receives a grievance that is regulatory in nature, either under the Medicare Conditions for Coverage or the Texas ESRD Licensure Rules, the grievance is referred to the SA. Often, a grievance contains multiple elements, so that regulatory elements may be referred to the SA while the Network continues to investigate and resolve non-regulatory elements.

Consistent with all ESRD Networks, Network #14 supports national goals set forth by the Centers for Medicare & Medicaid Services (CMS) in the Statement of Work for ESRD Networks. Medicare Certified Facilities are required under Federal Regulation Part 494, Condition 494.180: Governance to submit data and information for program administration and to participate in meeting Network Goals and Objectives. These national goals provide the framework for developing Network-specific goals that complement and achieve the goals outlined in the Goals and Objectives packet.
Mission Statement
We will foster engaged patients and families that receive high-quality and safe patient- and family-centered care in welcoming environments for the patient and family.

Vision Statement
To support equitable patient- and family-centered quality dialysis and kidney transplant health care through the provision of patient services, education, quality improvement, and information management.
END STAGE RENAL DISEASE NETWORK OF TEXAS, INC.

WE WILL

The management, staff, and boards of the ESRD Network of Texas, Inc. will work to assure the healthcare security for ESRD patients in Texas, as well as be a trustworthy partner for continual improvement of their health and health care. This includes access to equitable, appropriate, and quality patient-and family-centered health care that achieves desired outcomes, protection of rights and dignity and consumer satisfaction, and dissemination of clear and useful information to assist with healthcare decisions.

VISION

We will foster engaged patients and families that receive high-quality and safe patient- and family-centered care in welcoming environments for the patient and family.

MISSION STATEMENT

We support equitable patient- and family-centered quality dialysis and kidney transplant health care through patient services, education, quality improvement, and information management.

VALUES

We strive to understand and act upon the needs of our customers, employees, boards and partners.

Our success is dependent on collaboration with providers, patients, and the volunteer Network boards and committees.

We act with integrity in all we do.

DEFINITION OF QUALITY

Quality of care is the degree to which health services to individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Institute of Medicine
END STAGE RENAL DISEASE NETWORK OF TEXAS, INC.
GOALS AND OBJECTIVES

Strategic Goals of ESRD Networks

In keeping with the legislative mandate for the End Stage Renal Disease (ESRD) Network program, the goals of the Centers for Medicare & Medicaid Services (CMS) for ESRD Networks are to promote positive change relative to Priorities and Goals outlined in the CMS Statement of Work.

CMS priorities and goals for the Network are:
- **Priority 1: Opioid Crisis**
- **Priority 2: Health Insurance Reform**
- **Priority 3: Drug Pricing**
- **Priority 4: Value-based Care**

CMS goals are interpreted for purposes of the SOW as:
- **Goal 1: Empower patients and doctors to make decision about their health care**
- **Goal 2: Usher in a new era of state flexibility and local leadership**
- **Goal 3: Support innovative approaches to improve quality, accessibility, and affordability**
- **Goal 4: Improve the CMS customer experience**

CMS envisions the role of the Network as patient care navigators that lead transformation by:
- Serving as conveners, organizers, motivators, and change agents
- Leveraging technology to provide outreach and education
- Serving as partners in quality improvement with beneficiaries, practitioners, health care providers, other health care organizations, and other stakeholders
- Securing commitments to create collaborative relationships
- Achieving and measuring changes at the patient level through data collection, analysis, and monitoring for improvement
- Disseminating and spreading best practices including those relating to clinical care, quality improvement techniques, and data collection through information exchange
- Participating in the development of a CMS national framework for providing emergency preparedness services.

Network relationship with Medicare beneficiaries:
- Ensure representation of ESRD patients in shared decision making related to ESRD care in order to promote person-centeredness and family engagement (NQS Principle 1) (Priority 2) (Goal 1)
- Protect ESRD patients’ access to quality dialysis care, especially among vulnerable populations (NQS Principle 3) (Priority 1) (Goal 2)

Network relationship with ESRD facilities (NQS Principle 4) (Priority 1) (Goal 1)
- Identify opportunities for quality improvement at the individual facility level and provide
technical assistance (NQS Principle 5) (Priority 1) (Goal 3)

- Promote all modalities of care, including home modalities and transplantation, as appropriate, to promote patient independence and improve clinical outcomes (NQS Principle 5) (Priority 2) (Goals 1 and 3)
- Facilitate processes to promote care coordination between different care settings (NQS Principle 8) (Priority 1 and 2) (Goals 1 and 3)
- Ensure accurate, complete, consistent, and timely data collection, analysis, and reporting by facilities in accordance with national standards and the ESRD Quality Incentive Program (QIP). This also includes the submission of Master Account Holder information for all new facilities in to the ESRD Network. (NQS Principle 6) (Priority 1) (Goal 3)

Coordination and sharing across 18 Networks

- Using standardized procedures to collect data and address grievances to promote consistency across Networks (NQS Principle 6) (Priority 1 and 2) (Goal 3)
- Collaborating to share information, such as data on patient migration, across Networks to promote care coordination (NQS Principle 8) (Priority 1) (Goal 1 and 3)
- Coordinating with regional Quality Innovation Network-Quality Improvement Organizations (QIN-QIO) and Hospital Improvement Innovation Networks (HIIN), as well as other recognized subject matter experts in the quality improvement field. (Priority 2) (Goal 3)
- Sharing information to promote care coordination for ESRD patients (NQS Principle 8) (Priority 1 and 2) (Goal 1 and 3)
- Sharing best practices to improve quality of care for ESRD patients, including Network involvement in Learning and Action Networks (LANs) (NQS Principle 5) (Priority 2) (Goal 3)

Network acting on behalf of CMS

- Conveying information from CMS to facilities on HHS and CMS goals, strategies, policies, procedures, and initiatives, including the ESRD QIP (Priority 1 and 2) (Goal 3 and 4)
- Maintaining integrity of information and tone of messaging consistent with CMS expectations for entities acting on behalf of the agency (Priority 1 and 2) (Goal 4)
- Interpreting and conveying to CMS or its designee information relevant to the ESRD healthcare system to assist with monitoring and evaluation of policy and program impacts, including the effects of the ESRD QIP. (Priority 1 and 2) (Goal 3 and 4)

**GOALS AND OBJECTIVES**

*To achieve the above stated Goals each facility must:*

Continuously strive to deliver care to each patient that is patient- and family-centered, individualized, consistent with current professional knowledge, and that achieves desired outcomes, which includes less than 10% of patients with a catheter >90 days vascular access and achieves CMS thresholds for the QIP measures.
Assess and refer in a timely manner medically-suitable patients to treatment modalities that increase habilitation and independence, including in-center self-care, home self-care, and transplantation.

Establish and maintain a dynamic quality assessment and performance improvement program that evaluates the care provided and identifies opportunities for and continuously works to improve care delivered.

Determine cause for patient hospitalization admission and readmission rates, develop a plan of action, and reduce rates.

Clearly delineate and respect the rights and responsibilities of BOTH the patient, family, significant others AND the facility while promoting patient- and family-centered care and engagement.

Submit data timely and accurately in CROWNWeb, as is required by law and regulation. Facilities are expected to complete the following (including but not limited to) for ALL patients:

1. CMS forms, Vascular Access data, immunization status, and QIP required fields via CROWNWeb. When available, aggregate data may be shared with corporate owners and administration.
2. Register for access to required CMS reporting systems (including but not limited to CROWNWeb, QIP 1.0.0, DialysisData.org) timely.

Submit data and/or reports timely and accurately for ALL ESRD Network 14 QIA projects and/or CMS directives.

Update facility key personal changes in CROWNWeb within 5 business days of said changes.

Register in NHSN, enroll in the ESRD Network 14 group and submit dialysis event data and information timely and accurately on a monthly basis and:
1) Report DE Data for all twelve months in Dialysis component (QIP measure)
2) Take the DE Surveillance Competency training annually

Successfully complete annual NHSN training after January 1 of each calendar year.

Utilize EMResource by completing the required provider information, updating by the 8th of each month and daily or more frequently when needed during emergency situations that disrupts dialysis delivery. Designate two disaster representatives for the facility and provide off-facility contact information. Participate annually in at least one Community Disaster drill.

Appoint and support at least one Facility Patient Representative (FPR). Representative role, recruiting tips, and training tools are located on our website.

Establish policy and procedures to collect patient complaints and grievances and strive to reduce IVD and IVT at the facility level. Provide patients with ESRD Network 14 and State Agency contact information when requested. Post ESRD Network 14 grievance poster in English
and Spanish where readily available to patients, family members, and/or caregivers. Utilize the National Decreasing Dialysis Patient-Provider Conflict Tools to educate staff.

Make available to patients Network-provided information on its Quality Improvement Projects, the national QIP, the Annual Report, Regional and National profiles of care, the importance of immunization, information on how to access and use Medicare’s Dialysis Facility Report, Information on the CROWNWeb system developed by CMS, and other information as directed by project.

Submit data and/or reports timely and accurately for patient address updates (NEPOP).

Cooperate in meeting the ESRD Network 14 Goals and Objectives delineated above, as required by law and regulation. For more information, visit our website at www.esrdnetwork.org.
LIST OF SERVICES

Available upon request

1. Identification of available providers and/or facilities for patients seeking ESRD services, including transient and displaced disaster patients.

2. Technical assistance, guidance, and/or appropriate referrals regarding ESRD regulations and recommended practices. 

Links to ESRD Federal & State Regulations, Centers for Disease Control & OSHA Recommendations, and Practice Guideline Information are available on the website.

3. Technical assistance, guidance, and/or appropriate referrals regarding the provision of services to ESRD patients.

4. Facility/provider support in the resolution of patient issues or concerns before they become complaints/grievances. The Intensive Intervention Booklet revised in 2012 is available on our website. Decreasing Dialysis Patient-Provider Conflict Toolkit mailed to all units in 2005 and to all units at opening since. DPC, along with numerous tools and resources, are available on our website.

5. Technical assistance in development of local disaster plans that include such emergencies as floods, earthquakes, hurricanes; etc. Numerous Disaster Planning Resources for professionals and patients are available on our website. Additional resources can be located on the Texas ESRD Emergency Coalition website at www.texasteec.org.

6. Assistance in the development of patient and family meetings (e.g., patient council, support groups, vocational rehabilitation groups, new patient adjustment groups, advocacy groups). Guides and Tips are posted on our website.


8. Assistance in establishing, defining and promoting facility specific:
   - Patient/Family Centered Care and Engagement. Information available on our website.
   - Goals and procedures to assess patients for placement in treatment modalities that improve independence, quality of life, and rehabilitation
   - Quality Assessment and Performance Improvement Programs and Quality Improvement Projects and Plans
   - Patient education regarding kidney transplantation and self-care modalities. A New Patient Orientation Packet is sent to each new ESRD Patient upon receipt of the Medical Evidence Report and is available upon request.
   - Advanced Care Planning and End of Life Programs
   - Vaccination Programs including patient education

9. Mentor facility partnerships for quality improvement projects.
Other available information found on the ESRD Network 14 website (www.esrdnetwork.org) or by phone request include: Annual Reports, Project Reports, Quality Improvement Tools, and links to renal-related organizations and information.

**Dialysis Facility Compare Website**

**What is it?**

Dialysis Facility Compare is a Medicare website with information about:

- **Dialysis Facility Characteristics**
  - Address and telephone number of the facility
  - Facility’s initial date of Medicare certification
  - Availability of shifts after 5PM (if patients need treatments in the evening)
  - Number of treatment stations
  - Types of dialysis offered (in-center hemo, peritoneal dialysis, and home hemo)
  - Facility ownership type (profit or non-profit)
  - Chain name (if applicable)

- **Quality Measures**
  - Anemia—how many patients at a facility had an average hemoglobin level greater than 12g/dL
  - Hemodialysis Adequacy—how many adult patients at a facility had enough waste removed from their blood during dialysis treatments (Urea Reduction Ratio (URR) of 65 or greater) and Kt/V of 1.2 or higher and how many pediatric patients had enough waste removed from their blood during dialysis treatments and Kt/V greater than or equal to 1.2
  - Peritoneal Dialysis—how many patients at a facility had enough waste removed from their blood during dialysis treatments and Kt/V of 1.7 or higher
  - Standard Mortality Rate/Patient Survival—if the patients treated at a facility generally live longer than expected, as long as expected, or not as long as expected
  - Standard Hospitalization Rate—if the patients treated at a facility are generally hospitalized less than expected, as expected, or more than expected
  - Vascular Access Type

**How do you get to it?**

You can access the Dialysis Facility Compare website through the ESRD Network 14 website and following the steps outlined below:

- Navigate to www.esrdnetwork.org in your web browser
- Click the ESRD Links link at the top of the page
- Scroll to the Centers for Medicare & Medicaid Services (CMS) heading
- Click the Dialysis Facility Compare Web Site link

From this website, you can search for facilities by name, proximity (city or zip code), and geography (county). The data is updated quarterly. Facilities may submit corrections about the address or demographic information in CRWONWeb.
The clinical data is handled directly by the CMS central office in Baltimore, MD. Each year this clinical data is available for preview, comment, and correction at the facility level through the Dialysis Facility Report before it is posted to the Dialysis Facility Compare website.
ESRD NETWORK #14
FACILITY COMPLIANCE POLICY

The Network has always enjoyed a high degree of compliance and cooperation from facilities within the Network. Mutually beneficial relationships have been developed through the years, and there is every expectation that this type of relationship will continue in the future.

To maintain and foster the cooperative ongoing relationship that currently exists, the Network will keep the facilities well informed of Network activities, criteria and standards, policies and procedures, as well as having competent, knowledgeable staff available to answer questions and provide guidance and assistance as required for all phases of Network operations.

Depending on the area of activity involved with compliance, different approaches will be used. Facilities will know exactly what is expected of them in the areas where compliance could be a problem – data, quality improvement and patient services.

Facilities are responsible for data and CMS form submission in CROWNWeb. The Network staff is here to support facilities in meeting data submission requirements. Each area of data has its own submission requirements. The Network periodically generates a facility specific summary of each facility's data noting any missing data elements. The facility is then given a specific response time to provide the missing information. The frequency of these notices may increase as important deadlines approach and is changing as CMS directs increased goals for facilities to submit data.

To achieve quality improvement compliance, the Network will work directly with the facility Director and Medical Director and provide educational opportunities to enhance understanding of quality activities.

**It is a statutory requirement for all Medicare certified ESRD facilities to participate in Network activities and pursue Network goals as a condition for Medicare coverage.** The Network will make every effort to achieve and expects to have voluntary compliance from the facilities in Network #14, but if recalcitrant facilities are found, they will be reported to CMS. The Network has established a **Network WATCH LIST:**

Accrual to the **Network WATCH LIST** is the first in a sequence of steps that may lead to a request to CMS for a financial sanction. Facilities that are non-compliant with project deliverables will receive one verbal and one written notice with a requirement for submission within 7 business days. If the information is not received in that timeframe, a formal notification will be sent to the Facility Administrator with a copy to the Medical Director and corporate representatives if applicable with a 10 business day timeframe for submission of the required data/information. Facilities that remain on the **Network WATCH LIST** past the response date listed above will be reported to the CMS regional office, the Medical Review Board and the Texas Health and Human Services (HHS) as an alert for any future surveys. CMS monitors reports of non-compliance and requires routine surveillance to determine if other Conditions for Participation are being met. **Network WATCH LIST** facilities will have all of their Network requirements scrutinized at a more intense level to determine if the current non-compliance is an indicator of system-wide non-compliance.

If the Network identifies a facility that is not cooperating with the Network in meeting the goals and objectives and is considering reporting non-compliance to the CMS Regional Office, the proposal will first be discussed with the Network's CMS Project Officer. The CMS Regional Office has the responsibility for the actual implementation of an alternative sanction. The Regional Office will make the determination whether to sanction the facility.

The Network will only report a recalcitrant facility if it fully documents that the facility:
- Consistently fails to cooperate with Network plans or goals as specified in the Network's contract with CMS
• Consistently fails to follow recommendations of the Medical Review Board, which have been approved by CMS
• Fails to permit the Network Medical Review Board, without just cause, to conduct an onsite review; or
• Fails to submit data as required to prepare the Network annual report.

The following general guidelines will be followed and documentation compiled when the Network determines that an ESRD facility should be reported for failing to cooperate with the Network goals and objectives:

• Documentation that the facility was notified of the Network's goals and objectives.
• The Network will document that it has informed the facility of the Network's goals and objectives; specifically, the goal, objective, or plan that the facility has failed to meet. This will be in the form of written correspondence between the facility and the Network.
• Documentation that the facility failed to meet Network goals, objectives, or plans.
• The Network will document the actions it took to inform the facility that a) it was not complying with the Network's goals, objectives, or plans, and b) what actions the Network would take if the facility refuses to cooperate. This will be in the form of written correspondence, sent by certified return receipt mail.
• Documentation that the facility was provided the opportunity to make corrections.
• The Network will document the actions it took to assist the facility in resolving the problem. Documentation of all follow up actions taken by the Network to resolve the problem, (i.e., documentation of phone calls to the facility asking for specific information, etc.), will demonstrate the Network's attempt to work with the facility to resolve the problem. Documentation that the facility failed to submit a Corrective Action Plan or submitted an unacceptable Corrective Action will be maintained.

When the Network Corporate Governing Board (CGB) determines that a facility is recalcitrant in cooperating with and meeting the Network goals and objectives, a cover letter will be sent to the appropriate CMS Regional Office Associate Regional Administrator for Health Standards and Quality. The letter will include the name, address, and Medicare provider number of the facility, the Network goal or objective that the facility failed to comply with, and a brief summary of the basis for the report of recalcitrance. An outline of what documentation/action the facility must submit/follow in order to be in compliance, the individual in the Network whom the RO can contact for further information/assistance, and the name and phone number of the Network's CMS Project Officer will be included with the letter.

Copies of all documentation listed above and any Network policies/procedures that are applicable will be enclosed in the correspondence.

The Regional Office will determine if it has sufficient information to process a sanctioning action and the type of sanction to impose. The Regional Office will contact the Network if additional information and/or assistance is needed to process the case. The Regional Office will notify the facility of the sanction imposed, the facility's appeal rights and the procedure for the removal of the sanction. The effective date of the sanction is at least thirty days after the date of the notice to the facility.

An alternative sanction remains in effect until the facility is in substantial compliance with the requirements to participate in the Network's activities and pursue the Network's goals, or the facility is terminated from the Medicare program for lack of compliance by CMS Regional Office. The Regional Office will remove the sanction when the facility demonstrates and documents that the reason for the sanction is eliminated. The Regional Office may ask for the Network's assistance in verifying the facility's compliance with the requirements.
ESRD Network of Texas, Inc.
Guide to Timely Assessments and Appropriate Referrals of ESRD Patients for Kidney Transplant

The following guidelines have been developed in addition to the Network Criteria and Standards to encourage timely and appropriate assessment for referral of patients for consideration for kidney transplantation. The goal of the Network is to promote access to transplantation for every individual who may be eligible for such a procedure.

Assessment for transplantation
- All patients should be thoroughly assessed for transplant referral during completion of the initial and 3 month follow up comprehensive assessment and plan of care in the ESRD facility and when a change in status occurs that would impact their suitability for transplantation.
- Transplant center guidelines for selection of appropriate candidates vary. Patients that are unsuitable for referral may include: patient refusal, + HIV status, pediatric patients with small size or malnutrition, cancer, active TB and against justifiable medical judgment. If the patient is not suitable for transplant, the basis for non-referral must be documented in the patient’s medical record.
- After referral, follow-up of transplant evaluation and waiting list status should occur as part of the comprehensive assessment and plan of care process. Any barriers to the patient’s transplant eligibility should be addressed with the patient by the team.
- Transplant status and staff efforts in this area should be documented on each care plan.

Access to Care
- Individuals considered candidates for transplantation may be referred by their primary care Nephrologist, dialysis unit or by self-referral.
- All transplant centers require financial clearance prior to the patient being evaluated. A patient’s insurance coverage and a transplant center’s selection criteria may dictate which transplant center(s) the patient can access.
- If a patient is denied transplant by one center, the patient has the right to be referred to another center for evaluation or second opinion. Being denied by one center does not necessarily mean that the patient will be denied by another center.
- Patients may be multi-listed, that is, listed at more than one transplant center at the same time.

Continuity of Care
- Active and ongoing communication is required between the Transplant Team, the Nephrologist and dialysis facility staff to maintain continuity of care throughout the transplant process, from initial referral to long term care of the transplanted kidney.
- When the patient requests to be referred for transplant evaluation, the patient should sign appropriate authorization for release of dialysis records. The dialysis facility should respond promptly to all requests by the transplant center for medical
records or other referral information to avoid any delay in the evaluation or duplication of tests.

- Transplant evaluation may result in the discovery of a condition that requires corrective action prior to elective transplant procedure. The transplant center should consult with the patient and the primary physician responsible for that patient’s care to manage these conditions.

- Dialysis facilities should assist kidney transplant candidates with factors that might affect their eligibility for transplant. These factors might include addressing severe obesity, reinforcing adherence to prescribed medication or therapy, and addressing social/emotional/financial factors related to ability to function post transplant as part of the patient plan of care and assessment.

- **The dialysis facility should notify the transplant center immediately** if the patient has an adverse event that would prevent him from receiving a kidney should he be called.

* • **Dialysis facilities and Transplant centers should encourage patients to consider living donor kidney transplant and seek to identify a suitable living donor when possible, and educate patients about paired donation programs.**

* • **New developments that may facilitate obtaining a transplant such as Living donor assistance programs, paired live donor exchange, and new national kidney allocation policies, should prompt reassessment of all eligible patients.***

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1 ESRD Network #14- Medical Review Board 2006 Physician Standards for Care of ESRD Patients in the Outpatient Setting

2 ESRD Network #14- Medical Review Board 2006 Physician Standards for Care for the Appropriateness of Modality of ESRD Patients in the Outpatient Setting
Your Partner For Success

ADDRESSING THE VOCATIONAL
REHABILITATION NEEDS OF ESRD
PATIENTS.

Texas Department of Assistive and Rehabilitative Services (DARS) offices are located in many cities around the state. Individuals can contact them to find out more information about Vocational Rehabilitation, to schedule an appointment to apply for services, or to determine what documents they may need to bring to an appointment.

To find your nearest DARS office go to:
http://www.dars.state.tx.us/drs/offices/OfficeLocator.aspx

Enter zip code or locate it using the drop-down selection in the “Zip Code” menu, or enter city or the closest city to you by using the “City Name” selector or for offices in a county, use the “County Name” selector.

Select the “Search” button and a list of offices will appear along with the address, phone numbers, and a map showing the location of that office. Call the office and they will be able to help answer your questions.

Or Contact the DARS Division for Rehabilitation Services at:
4900 North Lamar Blvd.
Austin, TX 78751
1-800-628-5115 or email DARS.Inquiries@dars.state.tx.us

A person is eligible if:
- the person has a disability which results in substantial problems in obtaining employment;
- vocational rehabilitation services from DARS are required by that person to prepare for, get or keep a job and
- the person is able to get or keep a job after receiving services.

Services will be determined through informed consumer choice, that is, after providing information about options and alternatives. Please note that consumers can be served by only one DARS program at a time.

To file a grievance please contact
Network 14 at:
1-877-886-4435
info@nw14.esrd.net
4040 McEwen Road Suite 350
Dallas, TX 75244
www.esrdnetwork.org