

TABLES & GRAPHICS

Graphic images included in rules are published separately in this tables and graphics section. Graphic images are arranged in this section in the following order: Title Number, Part Number, Chapter Number and Section Number.

Graphic images are indicated in the text of the emergency, proposed, and adopted rules by the following tag: the word "Figure" followed by the TAC citation, rule number, and the appropriate subsection, paragraph, subparagraph, and so on.

Figure: 10 TAC §13.10(a)

Bedrooms	Total Units	Direct Loan Percentage	Minimum # of Direct Loan Units	Number of Direct Loan Units After Rounding Up
1br	6	25%	1.5	2
2br	10	25%	2.5	3
3br	4	25%	1	1
TOTAL	20	100%		7

Figure: 16 TAC §401.317(k)(4)(D)

When the 10x multiplier is available:

Power Play	Probability of Prize Increase	Chance of Occurrence
10X (Prize Won Times 10)	1 in 43	2.3255%
5X (Prize Won Times 5)	2 in 43	4.6512%
4X (Prize Won Times 4)	3 in 43	6.9767%
3X (Prize Won Times 3)	13 in 43	30.2326%
2X (Prize Won Times 2)	24 in 43	55.8140%

When the 10x multiplier is not available:

Power Play	Probability of Prize Increase	Chance of Occurrence
10X (Prize Won Times 10)	0 in 42	0.0000%
5X (Prize Won Times 5)	2 in 42	4.7619%
4X (Prize Won Times 4)	3 in 42	7.1429%
3X (Prize Won Times 3)	13 in 42	30.9523%
2X (Prize Won Times 2)	24 in 42	57.1429%

Power Play does not apply to the Grand Prize. Except as provided in subparagraph (C), a Power Play Match 5 prize is set at two million dollars (\$2 million), regardless of the multiplier selected.

Figure: 28 TAC §3.3705(f)(1)

Texas Department of Insurance Notice

- You have the right to an adequate network of preferred providers (also known as "network providers"). If you believe that the network is inadequate, you may file a complaint with the Texas Department of Insurance.
- You have the right, in most cases, to obtain estimates in advance:
 - o from out-of-network providers of what they will charge for their services; and
 - o from your insurer of what it will pay for the services.
- You may obtain a current directory of preferred providers at the following website: [website address to be filled out by the insurer or marked inapplicable if the insurer does not maintain a website providing information regarding the insurer or the health insurance policies offered by the insurer for use by current or prospective insureds or group contract holders] or by calling [to be filled out by the insurer] for assistance in finding available preferred providers.
- If you are treated by a provider or facility that is not a preferred provider, you may be billed for anything not paid by the insurer.
- If the amount you owe to an out-of-network hospital-based radiologist, anesthesiologist, pathologist, emergency department physician, neonatologist, or assistant surgeon, including the amount unpaid by the administrator or insurer, is greater than \$500 (not including your copayment, coinsurance, and deductible responsibilities) for services received in a network hospital, you may be entitled to have the parties participate in a teleconference, and, if the result is not to your satisfaction, in a mandatory mediation at no cost to you. You can learn more about mediation at the Texas Department of Insurance website: www.tdi.texas.gov/consumer/cpmmediation.html.
- If directory information is materially inaccurate and you rely on it, you may be entitled to have an out-of-network claim paid at the in-network percentage level of reimbursement and your out-of-pocket expenses counted toward your in-network deductible and out-of-pocket maximum.

Figure: 28 TAC §3.3705(f)(2)

Texas Department of Insurance Notice

- An exclusive provider benefit plan provides no benefits for services you receive from out-of-network providers, with specific exceptions as described in your policy and below.
- You have the right to an adequate network of preferred providers (known as "network providers").
 - o If you believe that the network is inadequate, you may file a complaint with the Texas Department of Insurance.
- If your insurer approves a referral for out-of-network services because no preferred provider is available, or if you have received out-of-network emergency care, your insurer must, in most cases, resolve the nonpreferred provider's bill so that you only have to pay any applicable coinsurance, copay, and deductible amounts.
- You may obtain a current directory of preferred providers at the following website: [website address to be filled out by the insurer or marked inapplicable if the insurer does not maintain an Internet website providing information regarding the insurer or the health insurance policies offered by the insurer for use by current or prospective insureds or group contract holders] or by calling [to be filled out by the insurer] for assistance in finding available preferred providers. If you relied on materially inaccurate directory information, you may be entitled to have an out-of-network claim paid at the in-network level of benefits.

Figure: 28 TAC §21.2106(b)(7)

NOTICE OF CERTAIN MANDATORY BENEFITS

This notice is to advise you of certain coverage or benefits provided by your contract with (name of carrier).

Coverage of Tests for Detection of Human Papillomavirus, Ovarian Cancer, and Cervical Cancer

Coverage is provided for each woman enrolled in the plan who is 18 years of age or older for expenses incurred for an annual, medically recognized diagnostic examination for the early detection of ovarian and cervical cancer. Coverage required under this section includes a CA 125 blood test and, at a minimum, a conventional Pap smear screening or a screening using liquid-based cytology methods, as approved by the FDA, alone or in combination with a test approved by the FDA for the detection of the human papillomavirus.

Figure: 40 TAC §92.551(d)

ADMINISTRATIVE PENALTY SCHEDULE	SMALL FACILITY (4-16 beds)		LARGE FACILITY (17+ beds)	
	Business entity owns one facility	Business entity owns multiple facilities	Business entity owns one facility	Business entity owns multiple facilities
§92.3. Types of Assisted Living Facilities	\$300	\$450	\$500	\$650
§92.4. License Fees	\$300	\$400	\$500	\$600
§92.11. Criteria for Licensing	\$300	\$450	\$500	\$650
§92.16. Change of Ownership	\$300	\$400	\$500	\$600
§92.18. Increase in Capacity	\$300	\$400	\$500	\$600
§92.21. Initial License for a Type A or Type B Facility for an Applicant in Good Standing				
(g) health inspection disclosure	\$500	\$600	\$700	\$800
§92.22. Initial License for a Type B Facility with Alzheimer's Certification for an Applicant in Good Standing				
(i) health inspection disclosure	\$500	\$600	\$700	\$800
§92.41. Standards for Type A and Type B Assisted Living Facilities				
(a) employees	\$350	\$550	\$750	\$950
(b) social services	\$200	\$300	\$400	\$500
(c) resident assessment	\$400	\$550	\$600	\$750
(d) resident policies	\$250	\$350	\$450	\$550
(e) admission policies	\$300	\$400	\$500	\$600
(f) inappropriate placement in Type A or Type B facilities	\$700	\$800	\$900	\$1,000
(g) advance directives	\$500	\$500	\$500	\$500
(h) resident records	\$200	\$300	\$400	\$500
(i) personnel records	\$200	\$300	\$400	\$500
(j) medications	\$400	\$500	\$600	\$700
(k) accident, injury, or acute	\$400	\$500	\$600	\$700

illness				
(l) resident finances	\$200	\$300	\$400	\$500
(m) food and nutrition services	\$400	\$550	\$700	\$850
(n) infection control	\$400	\$550	\$700	\$850
(o) access to residents	\$150	\$200	\$250	\$300
(p) restraints	\$700	\$800	\$900	\$1,000
(q) accreditation status	\$700	\$800	\$900	\$1,000
§92.51. Licensure of Facilities for Persons with Alzheimer's Disease	\$200	\$300	\$400	\$500
§92.53. Standards for Certified Alzheimer's Assisted Living Facilities	\$400	\$500	\$600	\$700
§92.54. Advertisements, Solicitations, and Promotional Material	\$250	\$350	\$450	\$550
§92.61. Facility Construction-Introduction and Application	\$300	\$400	\$500	\$600
§92.62. General Requirements	\$350	\$450	\$550	\$650
§92.81. Inspections and Surveys	\$300	\$400	\$500	\$600
§92.82. Determinations and Actions Pursuant to Inspections	\$200	\$300	\$400	\$500
§92.102. Abuse, Neglect, Exploitation Reportable to DADS by Facilities	\$700	\$800	\$900	\$1,000
§92.123. Investigation of Facility Employees	\$450	\$550	\$650	\$750
§92.125. Resident's Bill of Rights and Provider Bill of Rights				
(a) resident's bill of rights	--	--	--	--
(1) post and provide copy of bill	\$100	\$150	\$200	\$250
(2) right to exercise civil rights	\$150	\$200	\$250	\$300
(3) each resident has the right to:	--	--	--	--
(A) be free from physical, mental abuse, corporal punishment, physical, chemical restraints for discipline/convenience	\$700	\$800	\$900	\$1,000

(B) participate in activities	\$150	\$200	\$250	\$300
(C) religion of choice	\$150	\$200	\$250	\$300
(D) if MR, participate in behavior modification with guardian consent	\$150	\$200	\$250	\$300
(E)(i)-(iii) be treated with respect, consideration, dignity	\$200	\$250	\$300	\$350
(F) safe, decent living environment	\$100	\$150	\$200	\$250
(G) communicate in native language	\$100	\$150	\$200	\$250
(H) complain about care, treatment	\$200	\$250	\$300	\$350
(I) receive and send mail	\$100	\$150	\$200	\$250
(J) unrestricted communication	\$150	\$200	\$250	\$300
(K) make community contacts	\$100	\$150	\$200	\$250
(L) manage financial affairs	\$100	\$150	\$200	\$250
(M)(i)-(ii) access resident records	\$100	\$150	\$200	\$250
(N) choose physician and be informed about treatment and care	\$100	\$150	\$200	\$250
(O) help develop individual service plan	\$100	\$150	\$200	\$250
(P)(i)-(ii) opportunity to refuse medical treatment or services	\$100	\$150	\$200	\$250
(Q) unaccompanied access to telephone	\$100	\$150	\$200	\$250
(R) privacy	\$100	\$150	\$200	\$250
(S) retain and use personal possessions	\$100	\$150	\$200	\$250
(T) determine personal preference in dress, hair style, personal effects	\$100	\$150	\$200	\$250
(U) retain and use personal property	\$100	\$150	\$200	\$250
(V) refuse to perform services	\$100	\$150	\$200	\$250
(W)(i)-(ii) be informed about Medicare, Medicaid, and	\$100	\$150	\$200	\$250

covered items/services				
(X)(i)-(v) not be transferred/discharged except under specific conditions	\$300	\$350	\$400	\$450
(Y)(i)-(v) not be transferred/discharged except in an emergency without specific written notice	\$300	\$350	\$400	\$450
(Z) leave facility temporarily or permanently	\$100	\$150	\$200	\$250
(AA) access the Ombudsman program	\$100	\$150	\$200	\$250
(BB) execute an advance directive or designate a guardian for decisions	\$200	\$250	\$300	\$350
§92.127. Required Posting	\$250	\$350	\$450	\$550
§92.129. Authorized Electronic Monitoring (AEM)	\$100	\$150	\$200	\$250
§§92.351-92.374. Emergency License Suspension and Closing Order	\$150	\$250	\$350	\$450
§§92.551-92.595. Administrative Penalties	\$400	\$500	\$600	\$700

Figure: 40 TAC §744.1015

Education	Experience
(1) A bachelor's degree with six college credit hours in management,	and at least one year of experience in a licensed operation or similar experience as specified in §744.1021 of this title (relating to What types of experience may count towards meeting director qualifications?);
(2) An associate's of applied science degree in child development or a closely related field with six college credit hours in child development and six college credit hours in management. A "closely related field" is any educational instruction pertaining to the growth, development, physical or mental care, or education of children ages birth through 13 years,	and at least two years of experience in a licensed operation or similar experience as specified in §744.1021 of this title;
(3) Sixty college credit hours with nine college credit hours in child development and six college credit hours in management,	and at least two years of experience in a licensed operation or similar experience as specified in §744.1021 of this title, or instructor certification and one year experience in training others in a skill, talent, ability, expertise, or proficiency that is the goal of skill instruction or training that is a core component of your operation's program;
(4) A Child Development Associate credential or Certified Child-Care Professional credential with six college credit hours in management,	and at least two years of experience in a licensed operation or similar experience as specified in §744.1021 of this title;
(5) A child-care administrator's certificate from a community college with at least 15 college credit hours in child development and three college credit hours in management,	and at least two years of experience in a licensed operation or similar experience as specified in §744.1021 of this title;

<p>(6) A day-care administrator's credential issued by a professional organization or an educational institution and approved by Licensing based on criteria specified in Subchapter P of Chapter 745 of this title (relating to Day-Care Administrator's Credential Program),</p>	<p>and at least two years of experience in a licensed operation or similar experience as specified in §744.1021 of this title; or</p>
<p>(7) Nine college credit hours in child development and nine college credit hours in management,</p>	<p>and at least three years of experience in a licensed operation or similar experience as specified in §744.1021 of this title, or instructor certification and one year experience in training others in a skill, talent, ability, expertise, or proficiency that is the goal of skill instruction or training that is a core component of your operation's program.</p>

Figure: 40 TAC §744.1301

Type of training:	Who is required to take the training?
(1) Orientation to your operation within seven days of employment;	All employees.
(2) Eight clock hours of pre-service training;	Only caregivers, although a caregiver may be exempt from pre-service training as specified in §744.1307 of this title (relating to Are any caregivers exempt from the pre-service training?).
(3) 15 clock hours of annual training;	Only caregivers.
(4) CPR and first-aid training; and	Employees and/or caregivers as specified in §744.1315 of this title (relating to Who must have first-aid and CPR training?).
(5) Transportation training.	Any employee who transports a child whose chronological or developmental age is younger than nine years old, as specified in §744.1317 of this title (relating to What additional training must an employee have in order to transport a child in care?).

Figure: 40 TAC §744.3109(a)(3)

Age of child that the equipment is designed to be used for:	Maximum height of play surface:
(A) Younger than five years old,	Five feet.
(B) Five years old and older,	Seven feet.