Permanency Planning and Family-based Alternatives

As Required by

Texas Government Code,

Section 531.060(o) and

Section 531.162(b)

Health and Human Services

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TEXAS
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Executive Summary

Texas Government Code Section 531.153(a) requires permanency planning for Texas children with an intellectual or developmental disability under age 22 living in institutions.[1] The desired outcome of permanency planning is for Texas children to receive family support in a permanent living arrangement which has as its primary feature an enduring and nurturing parental relationship.

As of August 31, 2021, 1,028 children were living in all types of institutions, representing a 35 percent decrease since permanency planning was implemented in 2002, or a 66 percent decrease if children served in the Home and Community-based Services waiver program (HCS) are excluded. Of the 1,028 children living in institutions:

- The majority (72 percent) were young adults, ages 18 to 21.
- More than half (58 percent) were in the HCS waiver program.
- A relatively small number (six percent) resided in a nursing facility (NF).
- The majority (94 percent) had a current permanency plan.

Specialized supports provided through 1915(c) waiver programs, including HCS, help children transition from living in institutions to either living with their families or in another family's home. From September 1, 2020, to August 31, 2021, 126

[1] Institution means long-term residential settings that serve from three to several hundred residents. Home and Community-based Services (HCS) group homes serving no more than four residents are included in this definition. Section 531.151(3) of the Government Code defines "institution" as follows: (A) an ICF-IID, as defined by Section 531.002, Health and Safety Code; (B) a group home operated under the authority of the commission, including a residential service provider under a Medicaid waiver program authorized under Section 1915(c) of the federal Social Security Act (42 U.S.C. Section 1396n), as amended, that provides services at a residence other than the child's home or agency foster home;(C) a nursing facility;(D) a general residential operation for children with an intellectual disability that is licensed by the commission; or (E) another residential arrangement other than a foster home as defined by Section 42.002, Human Resources Code, that provides care to four or more children who are unrelated to each other.

children transitioned from institutions, with the majority moving to live with their families or to a family-based alternative.

Since 2002, the Health and Human Services Commission's (HHSC) contractor, EveryChild, Inc.,[2] has assisted 728 children to move or divert from an institution.

[2] HHSC released the first request for proposal (RFP) to identify a contractor in 2002, followed by additional RFPs in 2007 and 2015.

1. Introduction

This report addresses requirements in Texas Government Code, Section 531.162(b) and Section 531.060(o).

Section 531.162(b) requires HHSC to submit a semiannual report on permanency planning to the Governor and committees of each house of the Legislature with primary oversight jurisdiction over health and human services agencies. The report must include the:

- Number of children residing in institutions in Texas and the number of those children for whom a recommendation has been made for transition to a community-based residence but who have not yet made the transition;
- Circumstances of each child, including the type and name of the institution in which the child resides, the child's age, the residence of the child's parents or guardians, and the length of time in which the child has resided in the institution;
- Number of permanency plans developed for children residing in institutions, the progress achieved in implementing those plans, and barriers to implementing those plans;
- Number of children who previously resided in an institution and have made the transition to a community-based residence;
- Number of children who previously resided in an institution and have been reunited with their families or placed with alternate families;
- Community supports that resulted in the successful placement of children with alternate families; and
- Community support services that are unavailable but necessary to address the needs of children who continue to reside in an institution in Texas after being recommended to move from the institution to an alternate family or community-based residence.

Section 531.060(o) requires HHSC to submit a report on family-based alternatives annually, by January 1, to the Legislature. The report must include the:

- Number of children currently receiving care in an institution;
- Number of children placed in a family-based alternative under the system during the preceding year;
- Number of children who left an institution during the preceding year under an arrangement other than a family-based alternative under the system or for another reason unrelated to the availability of a family-based alternative under the system;
- Number of children waiting for an available placement in a family-based alternative under the system; and
- Number of alternative families trained and available to accept placement of a child under the system.

This report uses data from fiscal year 2021, and includes cumulative data and other relevant historical information for evaluative purposes. Data may be subject to timing and other limitations. Data from the former Department of Aging and Disability Services (DADS) is included as HHSC data.

2. Background

Texas Government Code, Section 531.153(a) requires HHSC to develop procedures to ensure each child residing in an institution receives permanency planning. Section 531.151(4) defines permanency planning as "…a philosophy and planning process that focuses on the outcome of family support by facilitating a permanent living arrangement with the primary feature of an enduring and nurturing parental relationship." The state's permanency planning policy in Section 531.152 is "…to ensure that the basic needs for safety, security, and stability are met for each child in Texas. A successful family is the most efficient and effective way to meet those needs. The state and local communities must work together to provide encouragement and support for well-functioning families and ensure that each child receives the benefits of being part of a successful permanent family as soon as possible."

In accordance with Section 531.151, permanency planning applies to individuals with developmental disabilities under age 22 residing in any of the following long-term care settings:

- Small, medium, and large community intermediate care facilities for individuals with an intellectual disability or related conditions (ICF/IID);
- State supported living centers (SSLCs);
- HCS residential settings (i.e., supervised living or residential support);
- Nursing facilities; and
- Institutions for individuals with an intellectual disability (ID) licensed by the Department of Family and Protective Services (DFPS).

Permanency planning recognizes two options for a child under 18 years of age transitioning to family life:

- Returning to the family[3]; or

[3] Title 40, Texas Administrative Code (TAC), Chapter 9, Section 9.167(a)(2)(C)(i)(I)

- Moving to a family-based alternative, a family setting in which a trained provider offers support and in-home care for children with intellectual disabilities or related conditions.[4]

While permanency planning for minor children (ages birth-17) focuses on family life, permanency planning for young adults (ages 18-21) acknowledges another community living arrangement (e.g., one's own apartment) may be a more appropriate, adult-oriented goal towards independence.

The planning process also recognizes permanency goals may change over time if the perspective of a parent or legally authorized representative (LAR) changes following fuller exploration, exposure to alternatives, or if there are changes in family circumstances.[5]

[4] 40 TAC §9.167(a)(2)(C)(i)(II)

[5] 40 TAC §9.167(b) (requiring reviews of permanency plans every six months).

3. Permanency Planning

Permanency planning, as a philosophy, refers to the goal of family life for children. The permanency planning process refers to the development of strategies and marshalling of resources to reunite a child with his or her family (e.g., birth or adoptive) or achieve permanent placement with an alternate family. Families and children participate in the process to help identify options and develop services and supports necessary for the child to live in a family setting. The Permanency Planning Instrument (PPI)[6] captures the status of a child's permanency plan at the time of a semiannual review. The following information is based on aggregated data from PPIs completed as of August 31, 2021.

Number of Children Residing in Institutions

Table 1 shows the total number of children living in institutions by institution type as of August 31, 2021.

[6] HHS Form 2260 - https://www.hhs.texas.gov/laws-regulations/forms/2000-2999/form-2260-permanency-planning-instrument-ppi-children-under-22-years-age-family-directed-plan.

Table 1. Number of Children in Institutions, Operated by or under the Authority of HHSC or DFPS Combined as of August 31, 2021

Institution Type	Ages 0-17	Ages 18-21	Total
Nursing Facility	40	23	**63**
Small ICF/IID	24	127	**151**
Medium ICF/IID	2	12	**14**
Large ICF/IID	1	12	**13**
SSLC	30	115	**145**
HCS	153	444	**597**
DFPS-Licensed ID Institution	43	2	**45**
Total	**293**	**735**	**1,028**

Data shows 748 children (73 percent of the 1,028) resided in a setting with 8 or fewer residents.[7] Of those 748 individuals, 177 (24 percent) were minors, and 571 (76 percent) were young adults ages 18 through 21, including 35 minors and another 38 young adults who were placed by DFPS.

Institutions with more than 8 residents served 280 children (27 percent of the 1,028). Of those 280 individuals, 116 (41 percent) were minors, and 164 (59 percent) were young adults, including four minors and one young adult placed by DFPS.

[7] Findings based on combining data from children in small ICFs/IID, which are group homes licensed to serve up to eight residents, and HCS, which represents small group homes serving up to four residents.

Table 7, later in this report, provides additional information on the number of children for whom a recommendation has been made for transition to a family-based alternative but who have not yet made the transition.

Circumstances of Children Residing in Institutions

The following figures provide summary information on children residing in institutions.

As shown in Figure 1, the majority were young adults (18-21) as of August 31, 2021.

Figure 1. Age Distribution of Children, Residing in Institutions Operating by or under the Authority of HHSC and DFPS Institutions Combined as of August 31, 2021

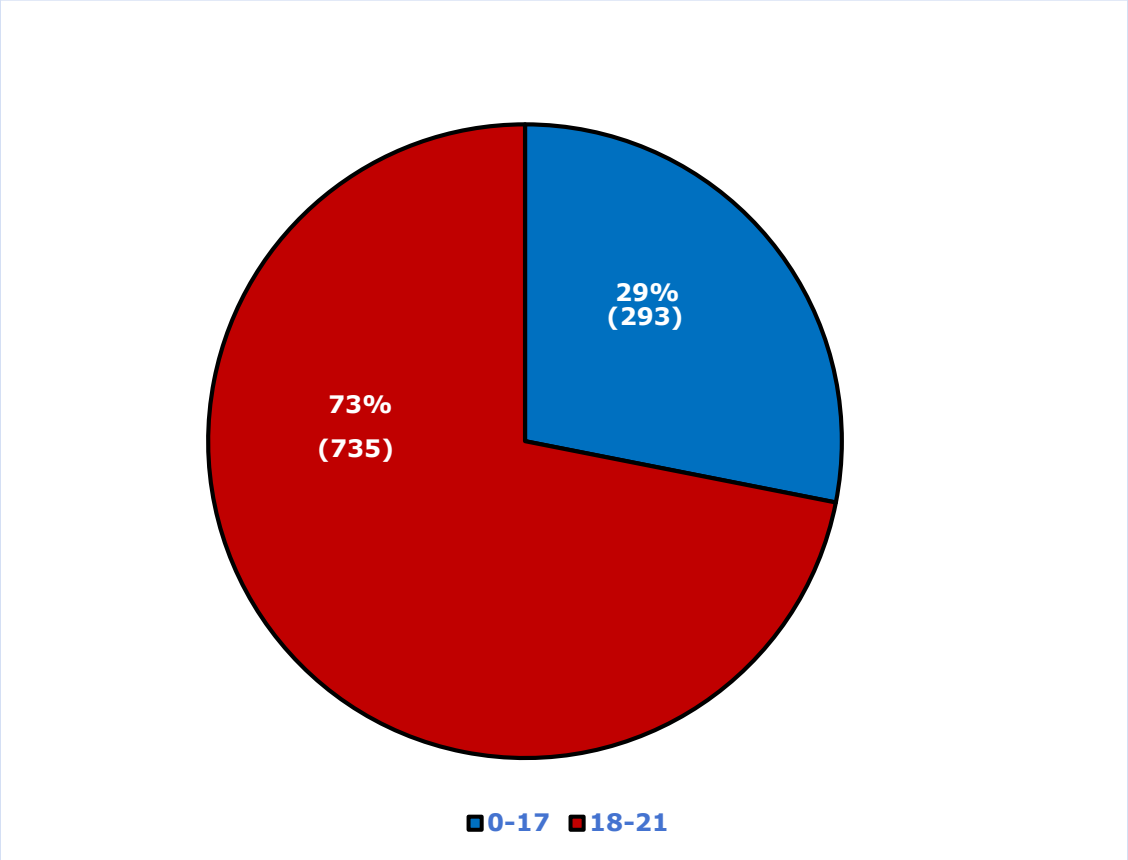


Figure 2, below, shows the number and percent of minors in institutions for HHSC and DFPS combined. The largest number of minors were 16–17 years of age.

Figure 2. Age Distribution of Minors in Institutions, HHSC and DFPS Combined as of August 31, 2021

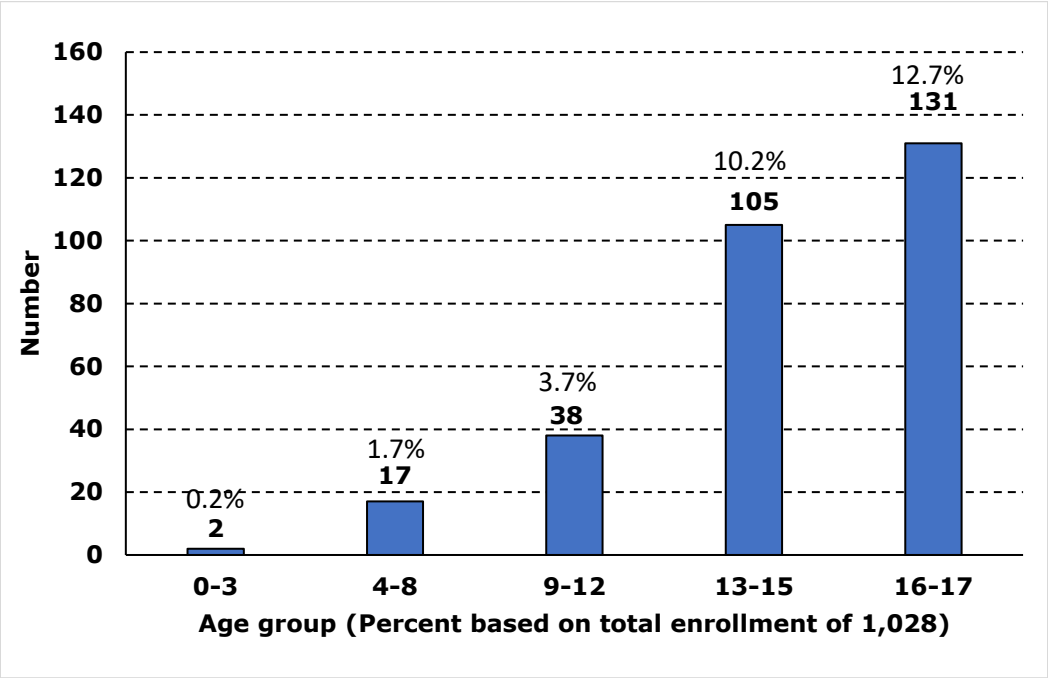


Figure 3, below, shows a higher percentage of young adults than minors in all institutions, except nursing facilities and DFPS-licensed ID institutions. Compared to all other institutions, the percent of young adults in large ICF/IID was the highest (92 percent). There are more minors and young adults served in HCS group homes than in any other institution.

Figure 3. Age of Children by Institution Type, HHSC and DFPS Combined as of August 31, 2021

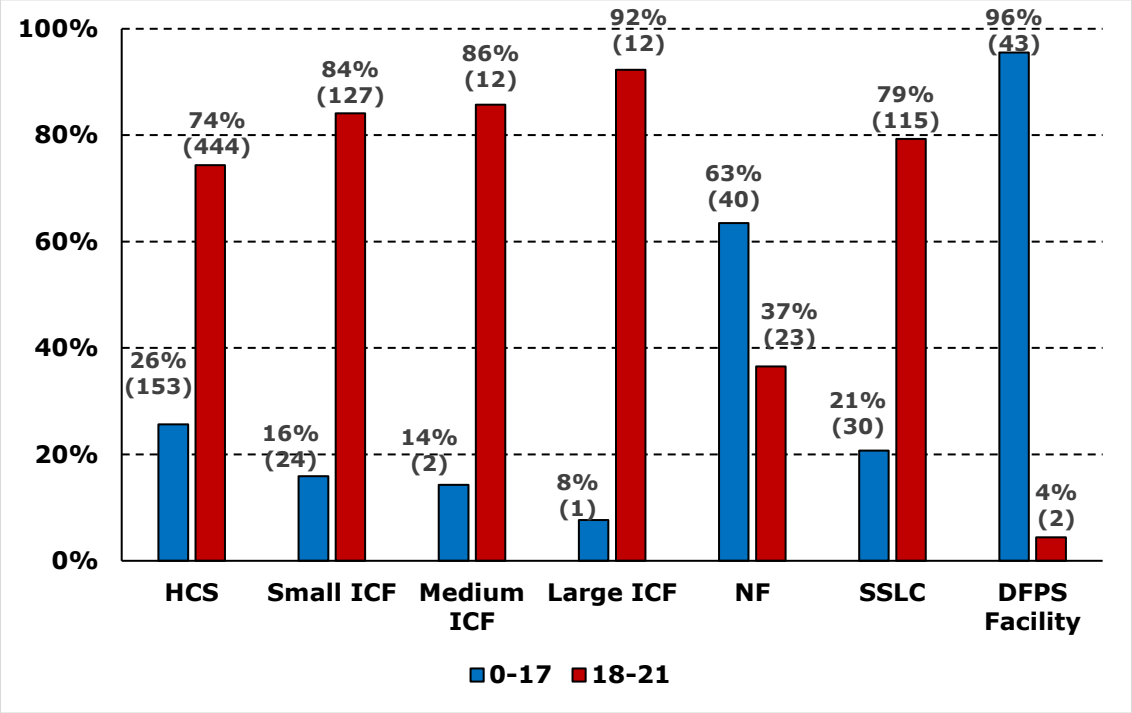


Figure 4, below, summarizes length of stay (LOS) in all institution types combined. The LOS was calculated using the date of the child's most recent admission to the institution and the end of the reporting period if the child was still in the program on that date.

As the figure shows, 30 percent of the children had a LOS of less than one year and only ten percent had a LOS of five years or more.

Figure 4. Length of Stay in Institutions, HHSC and DFPS Combined as of August 31, 2021

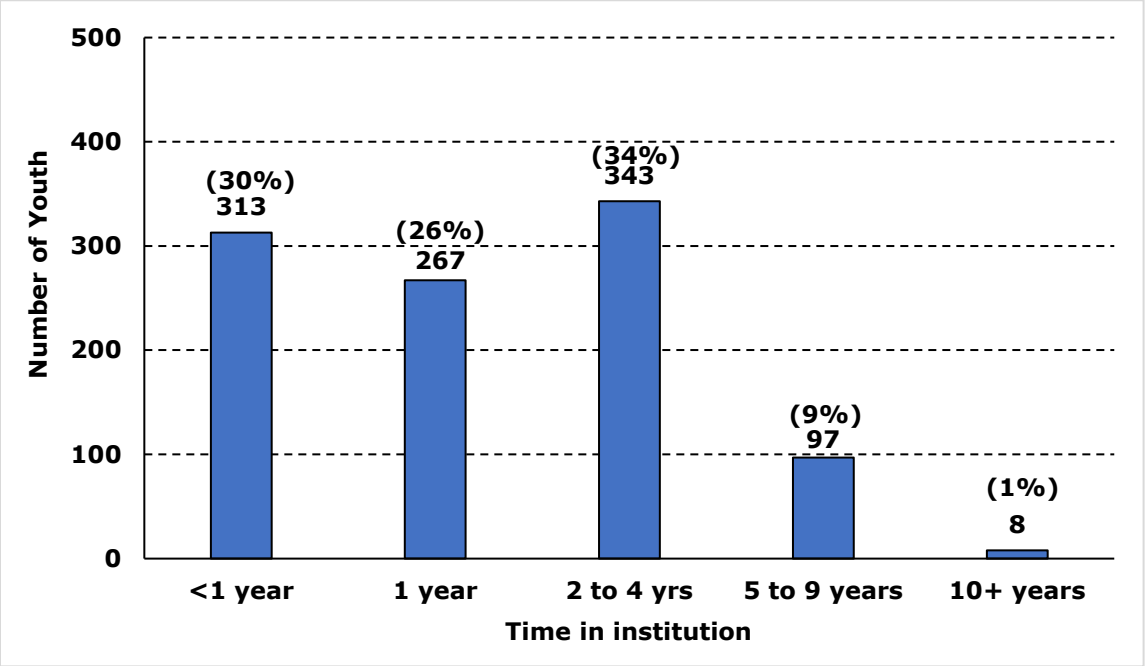
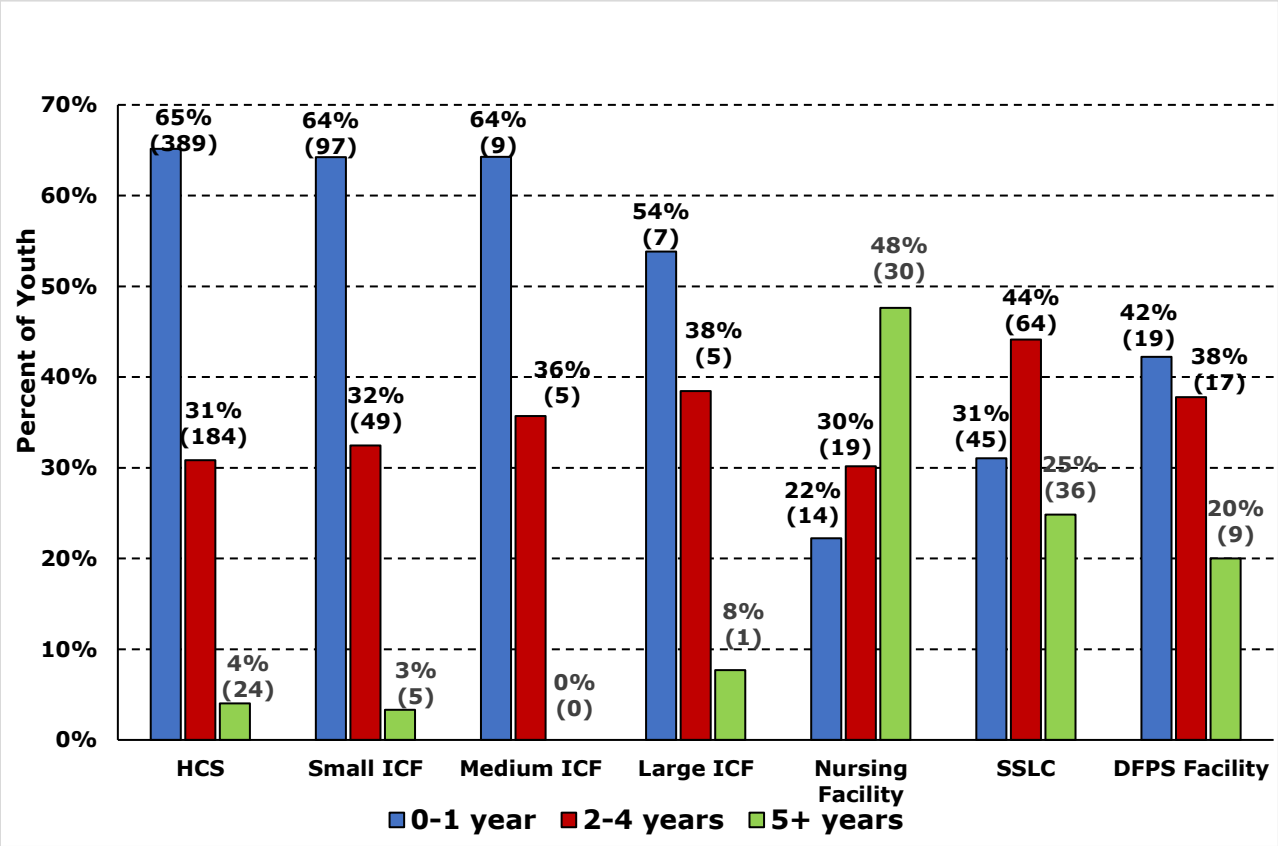


Figure 5, below, shows most children within each type of institution had a LOS of one year or less in their most recent placement, with HCS having the highest percent (65 percent) and nursing facilities having the lowest percent (22 percent). Nursing facilities served the largest percent of children with a LOS of five or more years (48 percent). There were no children in medium ICF/IIDs and only one child in large ICF/IIDs with a LOS of five or more years.

Figure 5. Length of Stay in Years by Type of Institution as of August 31, 2021



Permanency Plans Developed for Children in Institutions

Texas Government Code, Sections 531.153 and 531.159 require HHSC to develop procedures to ensure children in institutions have permanency plans developed and updated semi-annually. As shown in Table 2, HHSC assigns the responsibility for developing and updating permanency plans based on where children reside.

Table 2. Responsibility for Permanency Plans, by Residence Type

Residence Type	Responsible Party
HCS and ICF/IID[8]	Service coordinators employed by local intellectual and developmental disability authorities (LIDDAs)
DFPS-licensed IDs	Developmental disability specialists
Nursing Facilities	EveryChild, Inc.[9] staff

[8] This includes SSLCs.

[9] EveryChild, Inc. is the HHSC contractor.

Table 3 reflects the number of children for whom a permanency plan was completed during the reporting period by type of institution. Plans were completed for most children. The lack of a permanency plan for the remaining six percent of children is attributed to a delay in data entry for a completed plan or the timing of an admission (e.g., if a child is admitted to an institution on or immediately before the last day of the reporting period).

Table 3. Permanency Plans Completed as of August 31, 2021

Institution Type	Number of Children in Institutions	Number of Permanency Plans Completed	Percent of Permanency Plans Completed
Nursing Facility	63	63	**100%**
Small ICF/IID	151	138	**91%**
Medium ICF/IID	14	13	**93%**
Large ICF/IID	13	10	**77%**
SSLC	145	133	**92%**
HCS Group Homes	597	561	**94%**
DFPS-licensed ID institution	45	45	**100%**
Total	**1,028**	**963**	**94%**

Number of Children Who Returned Home or Moved to a Family-based Alternative

Texas Government Code, Section 531.060 (b) encourages parental participation in planning and recognizes parental or LAR authority for decisions regarding living arrangements. Goals established during the planning process reflect the direction in which permanency planning is moving. While every effort is made to encourage reunification with the child's family, families or LARs are sometimes unable to bring the child home. In those situations, the preferred choice for a child may be a family-based alternative. HHSC contracts with EveryChild, Inc. to develop and foster potential family-based alternatives. EveryChild, Inc. works with HHSC, DFPS, and their partners (e.g., waiver program providers and child placement agencies) to help children in institutions move back home or to a family-based alternative.

Since 2002, EveryChild, Inc., has identified over 2,000 potential alternate families. As of August 31, 2021, 646 alternate families were actively associated with a provider.

Table 4 shows how many children in HHSC or DFPS programs EveryChild, Inc. have helped move home or to a family-based alternative. This number also includes children diverted from facilities. The table shows that during the past year, 45 percent of the children EveryChild, Inc. assisted to leave or be diverted from an institution moved to a family-based alternative.

The total number of children EveryChild, Inc. directly assisted between September 1, 2020 and August 31, 2021, was 323. Of these 323, 56 returned home or moved to a family-based alternative. EveryChild, Inc. continues to explore family-based options for children living in institutional settings.

Table 4. Children Returned Home or Moved to a Family-based Alternative in HHSC or DFPS Programs as of August 31, 2021

State Agency	Returned Home	Family-based Alternative	Total
HHSC	29	17	46
DFPS	2	8	10
Total	**31**	**25**	**56**

Community Supports Resulting in Successful Return Home or to a Family-based Alternative

Children returning home or moving to a family-based alternative often require specialized community supports identified during the permanency planning process as part of the PPI. Some supports are architectural modifications, behavioral intervention, mental health services, durable medical equipment, personal assistance, and specialized therapies. Supports vary by type, frequency, and intensity and are provided a variety of ways depending on needs of the child and family or LAR.

A combination of Texas Medicaid State Plan and waiver program services provide the supports needed by children moving from an institution. Not all waiver programs serving children have access to all of the services needed for them to live with their families or in a family-based alternative.[10] Additionally, services may be subject to limitations in certain locations.[11] Table 5 shows many of the available services[12] and includes Medicaid State Plan and waiver program services used by one or more children leaving an institution. The HCS program stands out because it includes "host home/companion care" services, where children are given the opportunity to live with an alternate family when living with their own family is not an option

Table 5. Texas Medicaid Waiver Services by Program[13]

[10] For example, a child participating in the Medically Dependent Children's Program may need behavioral services to remain at home, but behavioral services are not provided in this program.

[11] For example, a child living in a rural area may be authorized to receive behavioral supports, but a service authorization does not assure access to trained and qualified professionals.

[12] The service array in a waiver program is subject to change based on federal requirements and approval by the Centers for Medicare and Medicaid Services (CMS).

[13] Effective March 20, 2016, transportation is the only billable activity for the following services: community support services, residential habilitation, and supported home living.

	HCS	Medically Dependent Children Program	Community Living Assistance and Support Services	Deaf Blind with Multiple Disabilities	Texas Home Living	STAR+ PLUS
Adaptive Aids	Yes	Yes	Yes	Yes	Yes	Yes
Behavioral support	Yes	No	Yes	Yes	Yes	No
Community Support Services	No	No	No	No	Yes	No
Day Habilitation	Yes	No	No	Yes	Yes	No
Dental	Yes	No	Yes	Yes	Yes	Yes
Employment Assistance	Yes	Yes	Yes	Yes	Yes	Yes
Flexible Family Support	No	Yes	No	No	No	No
Minor Home Modifications	Yes	Yes	Yes	Yes	Yes	Yes
Host Home/ Companion Care	Yes	No	No	No	No	No
Nursing	Yes	No	Yes	Yes	Yes	Yes
Professional therapies	Yes	No	Yes	Yes	Yes	Yes
Residential Habilitation	No	No	Yes	Yes	No	No
Respite	Yes	Yes	Yes	Yes	Yes	Yes
Specialized Therapies	No	No	Yes	No	No	No
Supported Employment	Yes	Yes	Yes	Yes	Yes	Yes
Supported home Living	Yes	No	No	No	No	No
Transition Assistance Services	Yes	Yes	Yes	Yes	Yes	Yes

4. Permanency Planning Summary and Trend Data

Longitudinal data demonstrates the success of permanency planning, with the number of children moving from institutions to smaller family-like settings (e.g., the child's home or a family-based alternative) continuing to increase.

Table 6 provides the number of children residing in institutions at three points in time and the percentage change. Within the past six months, the number of children in all institution types (including HCS group homes) increased by eight percent; and the number of children in all institution types excluding HCS increased by eleven percent. Compared to August 31, 2002, the number of children in all institution types (including HCS group homes) decreased by 35 percent, and the number of children in all institution types excluding HCS decreased by 66 percent.

Table 6. Trends in the Number of Children by Institution, HHSC and DFPS Combined

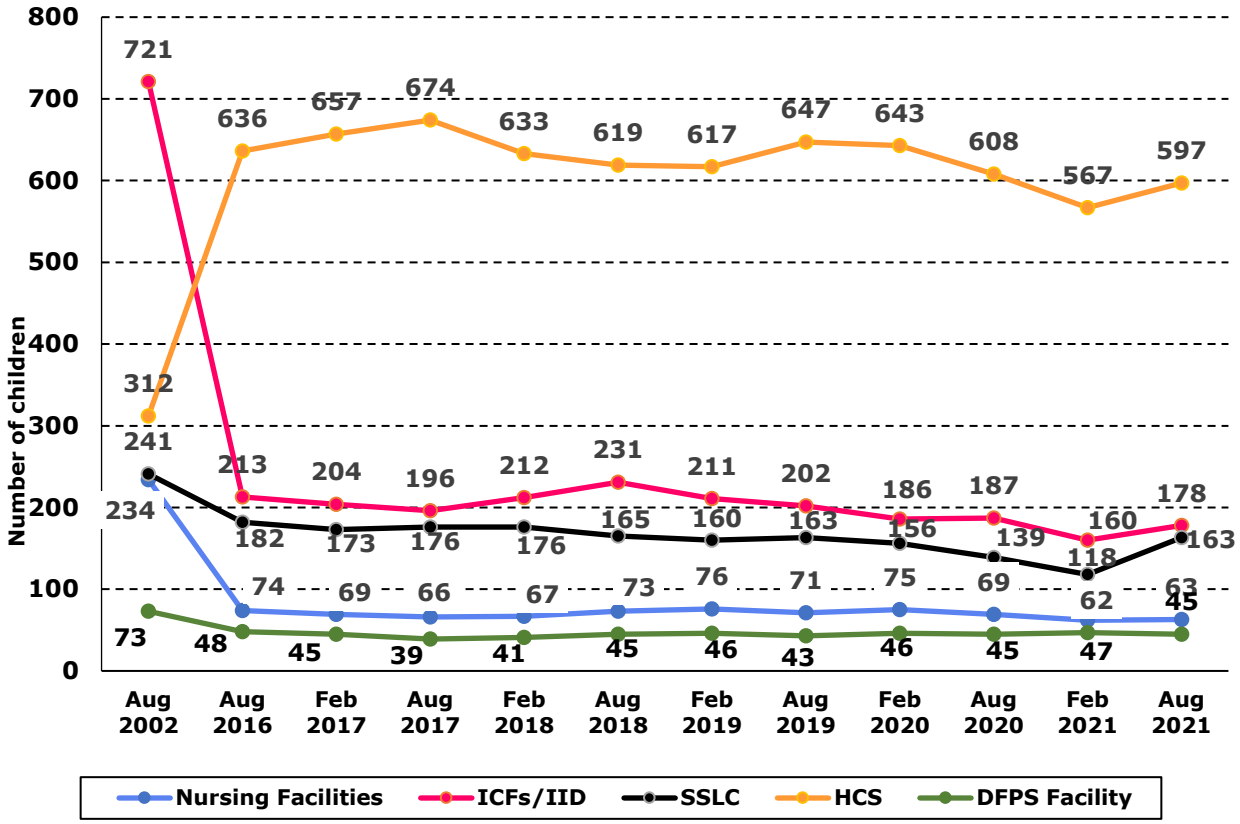
Institution Type	Baseline Number as of August 31, 2002	Number as of February 28, 2021	Number as of August 31, 2021	Percent Change Since August 2002	Percent Change in Past Six Months
Nursing Facilities	234	62	63	-73%	**2%**
Small ICFs/IID	418	134	151	-64%	**13%**
Medium ICFs/IID	39	14	14	-64%	**0%**
Large ICFs/IID	264	12	13	-95%	**8%**
SSLC	241	118	145	-40%	**23%**
HCS Group Homes	312	567	597	91%	**5%**
DFPS-Licensed ID Institutions	73	47	45	-38%	**-4%**

Institution Type	Baseline Number as of August 31, 2002	Number as of February 28, 2021	Number as of August 31, 2021	Percent Change Since August 2002	Percent Change in Past Six Months
Total	**1,581**	**954**	**1,028**	**-35%**	**8%**
Total with HCS Excluded	1,269	387	431	-66%	**11%**

Figure 6, below, displays trends from August 31, 2002, to August 31, 2021. As the figure shows, the number of children residing in an HCS group home has remained comparatively high between August 2016 through August 2021, while the number of children in other types of institutions has shown an overall decreasing trend since 2002.

Data for the 14-year period between August 2002 and August 2016 has been condensed in the figure below. August 2002 data are included as baseline data.

Figure 6. Number of Children in Institutions by Type of Institution August 2002 to August 2021



5.Family-Based Alternatives

Child development experts agree, and research supports that children are physically and emotionally healthier when they grow up in well-supported families. HHSC has contracted with the community organization EveryChild, Inc., since 2002 to help children receive necessary services in a family-based alternative instead of an institution.

Through family-based alternatives:

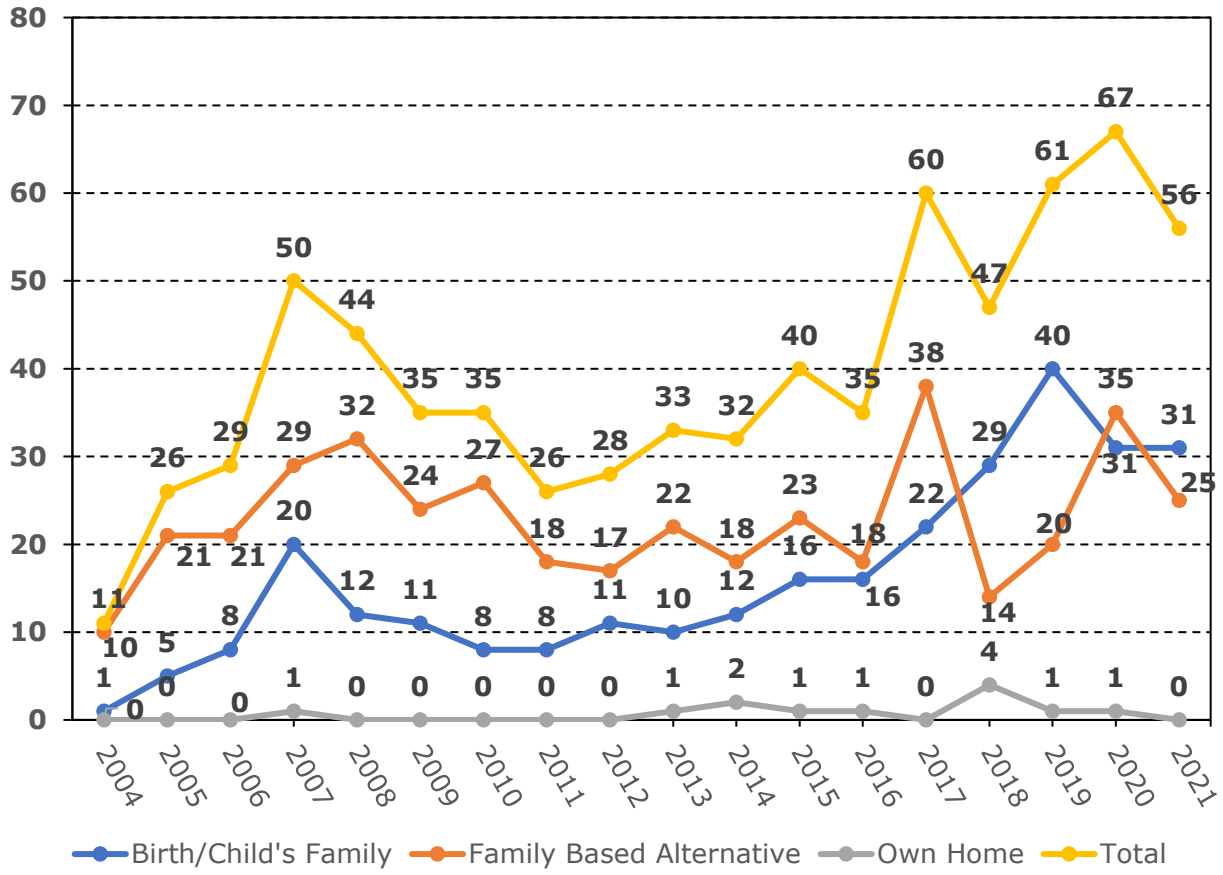
- Alternative families are recruited and trained to provide services for children;
- Children's service needs and alternative families are comprehensively assessed to identify the most appropriate alternative families for possible placement of children;
- Children's parents or LARs are provided information regarding the availability of family-based alternatives;
- Children residing in an institution are identified and offered support services, including waiver services, which would enable them to return to their birth or adoptive families or be placed in a family-based alternative;
- Other circumstances in which children must be offered waiver services, including circumstances in which changes in an institution status affects placements or the quality of services received by children are determined through their permanency plans.

Movement of Children to Family-Based Alternatives

Previous sections of this report identified the number of children placed in family-based alternatives for the six-month period ending August 31, 2021. This section describes contractor activities during fiscal year 2021 that assisted with placements in a family-based alternative, and diversion of children from admission to institutions. This section also identifies elements contributing to the development and implementation of a system of family-based alternatives.

Figure 7 provides data starting in 2004, on the number of children assisted by EveryChild, Inc., by placement and diversion activity by fiscal year. EveryChild, Inc. helped divert or move 56 children from an institution in fiscal year 2021. Of the 56 children, 25 (45 percent) moved to a family-based alternative and 31 (55 percent) returned to their family.

Figure 7. Number of Children Assisted by EveryChild, Inc., by Placement/Diversion Activity as of August 31, 2021



Several factors account for the successful placement of children from institutions to families including:

- Increased understanding of the role of EveryChild, Inc. by hospitals, community groups, managed care organizations, state agency staff and others in assisting children to live with families;

- Increased recognition of the feasibility of family life for children with significant challenges;

- Continuity in permanency planning staff at nursing facilities who have developed relationships with family members to help families imagine family life for their children;

- Family community resource coordinators who understand the entire system and provide on-going technical assistance to providers, community organizations, LIDDAs, state agency representatives, and managed care organizations;

- Family community resource coordinators who develop family-based alternatives for children, recruit support families, and develop transition plans;

- Increased referrals from providers, managed care organizations, LIDDAs, state hospitals, psychiatric hospitals, residential treatment centers, DFPS disability specialists, Children and Pregnant Women case managers, families, family organizations, and others for children at risk of facility admission due to crises;

- Families desiring their children remain at home with supports; and

- Increase in the number of families who, due to COVID-19, want their children home or in a family-based alternative instead of a congregate care facility.

Factors that have affected the placement of children during 2021 include:

- COVID 19 and difficulty in arranging pre-placement visits, and visits to facilities; and

- Difficulty in accessing community-based care providers including physicians, home health nurses and personal care attendants.

Table 7 provides an overview of the contractor's placement, diversion, and related activities during fiscal year 2021.

Table 7. EveryChild Achievements for Fiscal Year 2021

EveryChild, Inc.'s, Activities Accomplished	To Birth/ Child's Family	To Family-based Alternative	To Own Home	Total
Moved From an Institution	8	14	0	22
Diverted From Admission to an Institution	23	11	0	34
Total Moved or Diverted in FY 2021	**31**	**25**	**0**	**56**
In Transition to Family	12	10	0	22
Identification of an Alternate Family Underway	12	36	0	48

Table 8 and Figure 8 show the number of children the contractor assisted in fiscal year 2021 to move from or be diverted from institutions by type of facility. Of the 728 children assisted by EveryChild, Inc. to move to family since 2002, 459 (63 percent) resided in a large institution, while 71 resided in a small or medium facility and 198 were diverted.

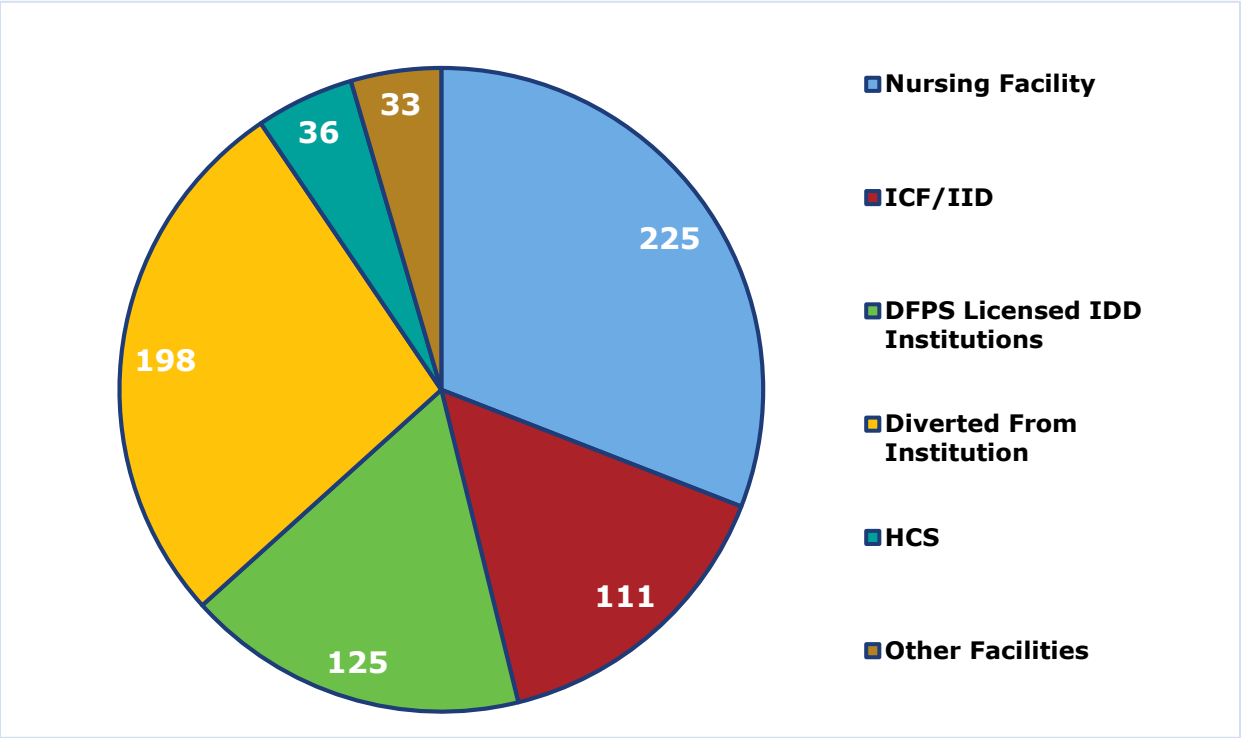
Table 8. Number Assisted by EveryChild, Inc., by Size and Type of Institution as of August 31, 2021

Size of Institution	Type of Institution	Children Moved in FY 2021	Children Moved Since FY 2002
Large	Nursing Facility	7	225
Large	Community ICF/IID	0	69
Large	DFPS-Licensed ID Institution	8	120
Large	SSLC	0	12
Large	Other[14]	6	33
Medium or Small	Community ICF/IID	0	30
Medium or Small	HCS	1	36
Medium or Small	DFPS Group Home[15]	0	5
Diverted from Institution	n/a	34	198
Total	**n/a**	**56**	**728**

[14] Combination of state hospital, Texas School for the Blind and Visually Impaired, and residential treatment center.

[15] An agency foster home as defined by Texas Human Resources Code, Section 42.002.

Figure 8. Number of Children Assisted by EveryChild, Inc., by Facility Type to Move to Families since FY2002 as of August 31, 2021



EveryChild, Inc., has collaborated with more than 350 state-contracted provider organizations to expand their capacity to offer family-based alternatives and better meet children's needs by helping them recruit, assess, and train potential alternative families. Since 2002, EveryChild, Inc., has recruited 2,209 potential alternate families and placed 423 children with support families or alternate families. They also assisted 12 young adults to live in their own homes and 293 children to return home or stay with their families. They have and continue to provide training, technical assistance, and consultation to Texas state agencies, LIDDAs, families, providers, managed care organizations, schools, parent organizations, advocacy groups, Court Appointed Special Advocates, facilities, and other community organizations.

Table 9 provides an overview of movement activities with providers by funding source for fiscal year 2021 and from August 2002 through August 31, 2021, with the final column representing the total number of children moved from August 2002 through August 31, 2021.

Table 9. Funding Source by Setting for Children Who Moved with Family Based Alternatives Contractor Assistance

Funding Source (State Agency)	To Child's Family FY21	To Family-based Alternative FY21	To Own Home FY21	To Child's Family Since Aug. 2002	To Family-based Alternative Since Aug. 2002	To Own Home Since Aug. 2002	Total # of Children Moved to Date
Community Based Alternatives (DADS)	0	0	0	9	0	2	**11**
CLASS (HHSC/ DADS)	0	0	0	31	5	4	**40**
HCS (HHSC/ DADS)	26	22	0	188	382	4	**574**
MDCP (HHSC/ DADS)	1	0	0	37	1	0	**38**
Title IV Foster Care (DFPS)	0	3	0	0	34	0	**34**
YES Waiver	0	0	0	2	0	0	**2**
Other/Non-Waiver (Medicaid or other funding)	4	0	0	26	1	2	**29**
Total	**31**	**25**	**0**	**293**	**423**	**12**	**728**

6. System Improvement and Challenges

Since 2002, the number of children in institutions serving more than four persons has been decreasing, including a 95 percent decrease in large ICFs/IID, a 73 percent decrease in nursing facilities, and a 66 percent decrease in all institutions serving more than four persons. The permanency planning process continues to create awareness that children are physically and emotionally healthier when they grow up in well-supported families. Most children continue to have a current permanency plan. Additionally, increased resources have allowed families and LARs to choose family-based care instead of institutional care for children. Resources that have been key to helping children move to or remain in family homes or family-based alternatives include:

- Focus of responsibility for creation of family-based alternatives assigned to HHSC Family-based alternative contractor;
- Expansion of family-based alternatives through coordinated efforts by the contractor and waiver program providers;
- Funding of family-based alternatives through HCS host home/companion care services;
- Reserved capacity in the HCS waiver program for transition from facilities and diversion of children at risk;[16]
- Specialized services, including high medical needs supports and community-based crisis support services; and
- Funding of Promoting Independence waivers.

System Improvement Activities

During the current reporting period, HHSC, DFPS, EveryChild, Inc., and LIDDA representatives collaborated to improve permanency planning and the continued development of a system of family-based alternatives to the institutionalization of children. A selection of key activities is highlighted below.[17]

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[16] Reserved capacity may serve children at risk of admission to an SSLC, for example.

[17] Activities include those undertaken by the former DADS before programs and services became a part of HHSC.

- Continued work on implementation of Senate Bill 7, 83rd Legislature, Regular Session, 2013, designed, in part, to transition identified services (including long-term services and supports for children) to managed care.
- Provided key policy, programmatic, leadership, and administrative support to child-focused groups, including the Policy Council for Children and Families, the STAR Kids Managed Care Advisory Committee, the Promoting Independence Workgroup, the Intellectual and Developmental Disabilities Systems Redesign Advisory Committee, and the Child Protection Roundtable.
- Provided input to the Texas Intellectual and Developmental Disabilities (IDD) Strategic Plan regarding the needs of children with disabilities and their families.
- Released HCS slots appropriated by the 2020-21 General Appropriations Act, House Bill (H.B.) 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission, Rider 20) which includes the following from September 1, 2019, through August 31, 2021:
  - 1,320 HCS slots appropriated for statewide reduction of the HCS Interest List.
  - HHSC has released 3,344 slots. 1,712 enrollments have been approved and an additional 906 were in the enrollment process as of August 31, 2021. This category includes but is not limited to children.

- HHSC used attrition slots in the biennium for the following HCS targeted groups to serve individuals through the Promoting Independence Initiative, as indicated in Rider 20.
  - For persons moving out of large, medium, and small ICFs/IID, HHSC has released 67 slots. 46 enrollments have been approved and an additional 26 were in the enrollment process as of August 31, 2021. This category includes, but is not limited to children;
  - HHSC has released 91 slots for children aging out of foster care. Of those, HHSC approved enrollment of 74 children and an additional 33 children were in the enrollment process as of August 31, 2021;
  - HHSC has released 127 slots for persons with IDD diverted from nursing facility admission. Of those released, HHSC approved 108 enrollments and an additional 45 were in the enrollment process as of August 31, 2021. This category includes but is not limited to children; and

- HHSC has released attrition slots to prevent institutionalization and assist people with IDD in crisis. Included in this category were children in both DFPS General Residential Operation (GRO) and children in Child Protective Services (CPS) Custody. HHSC has released attrition slots in the following categories:
  - ♢ Crisis/diversion from institutionalization. HHSC has released 385 slots. Of those, approved enrollment of 280 individuals with an additional 147 individuals in the enrollment process as of August 31, 2021. This category includes but is not limited to children. Crisis/diversion slots continue to be released after August 31, 2021.
  - ♢ Seven children were assisted to move from nursing facilities to families during the past fiscal year with the support of HCS NF slots designated for children, PASRR for those who are over 21 and under 22, HCS for children suspended from HCS for long periods of time and other waivers. HHSC has released four additional HCS NF slots to children between March 1, 2021 and August 31, 2021. Slots for children transitioning from a nursing facility continue to be released after August 31, 2021.

- Completed additional activities benefiting individuals of all ages:
  Ongoing implementation of Transition Support Teams services with selected LIDDAs, using funding initially appropriated through the 84th Legislature, Regular Session, 2015.
  - Contracted with eight LIDDAs to implement a three-year Centers for Medicare and Medicaid Services (CMS) grant to enhance medical, behavioral, and psychiatric supports and community coordination through local transition teams providing support services to other LIDDAs and program providers statewide. From September 1, 2020, to August 31, 2021, regional transition support teams provided:
    - ♢ 1,047 educational opportunities and 14,999 people attended.
    - ♢ 2,757 opportunities for technical assistance and 5,395 people attended.
    - ♢ 2,406 peer review/case consultations and 11,724 people attended.
- Trained and collaborated with the STAR Kids Managed Care Organizations to identify children at imminent risk of facility admission as well as training of State Supported Living Center Transition Specialists and CASAs on family-based alternatives for children.

- $5.9 million in funds were appropriated for services to individuals with high medical needs to implement a daily add-on rate for small and medium ICF/IID providers to serve individuals with high medical needs transitioning from an SSLC or a nursing facility.[18] These funds were also appropriated for three new ICF/IID homes specifically for individuals with high medical needs. The first six bed high medical need home opened in April 2018 and remains fully occupied. The second home is now ready to accept individuals with high medical needs; however, no transfers have been scheduled due to COVID-19.

DFPS

- CPS worked with EveryChild, Inc. to find families for children in conservatorship residing in a DFPS General Residential Operation (GRO), children aging out of care and children residing in Residential Treatment Facilities.
- Monitored completion of permanency plans developed by developmental disability specialists.
- Participated as an agency representative on groups administratively supported by HHSC.

Challenges

HHSC continues to collaborate with EveryChild, Inc., DFPS, the Legislature, and other stakeholders to transition children from institutional settings. Challenges to moving children from institutions continue to include:

[18]On August 31, 2016, the rules were expanded to include add on rates for any ICF/IID facility that was set for individuals meeting the high medical needs criteria, leaving an SSLC or nursing facility. High medical needs depicts an individual with complex medical needs who must: have an approved medical LON "bump"; have a frequency code of "6" on the nursing section of the ID/RC, indicating more than 181 minutes of direct nursing services per week; and be assigned a Resource Utilization Group (RUG-III) within the identified tier groups. The rate was set and implemented into the Texas Medicaid and Health Partnership system. At this time, there have been no referrals for assessments for ICF/IID facilities that are not part of the HMN facilities. There have been no requests for assessments by anyone living in a nursing facility.

- Limitations in community capacity to support children with significant behavior support needs;
- Continued growth of interest lists for waiver programs;
- Limitations in data collection regarding children with IDD in DFPS Residential Treatment Centers impacting policy and service planning;
- Limitations in out-of-home crisis respite options for children while developing long term options; and
- The need for additional physical, medical, and/or behavioral supports for some children to live successfully in non-institutional settings.

7. Conclusion

Since 2002, systemic improvements have brought Texas closer to realizing the permanency planning goal of family life for children with intellectual and developmental disabilities. Although significant progress has been made in supporting family life for children with developmental disabilities as an alternative to institutions, challenges remain.

Children continue to benefit from access to HCS host home/companion care services, which allow children who are not able to live with their families to live with specially trained alternative families instead of in institutions.

Agencies continue to work collaboratively to increase the number of children who transition to a community setting and to achieve the ultimate goal of ensuring all children with a developmental disability live in a nurturing family environment.

List of Acronyms

Acronym	Full Name
CMS	Centers for Medicare and Medicaid Services
CPS	Child Protective Services
DADS	Department of Aging and Disability Services
DFPS	Department of Family and Protective Services
GRO	General Residential Operation
H.B.	House Bill
HCS	Home and Community-based Services
HHSC	Health and Human Services Commission
HMN	High Medical Needs
ICF/IID	Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions
ID	Intellectual Disability
IDD	Intellectual and Developmental Disabilities
LAR	Legally Authorized Representative
LIDDA	Local Intellectual and Developmental Disability Authority
LOS	Length of Stay
NF	Nursing Facility/Facilities
PPI	Permanency Planning Instrument
SSLC	State Supported Living Center