

## **Policy Council for Children and Families Recommendations**

***“The following recommendations were prepared by members of the Policy Council for Children and Families. The opinions and suggestions expressed in these recommendations are the members’ own and do not reflect the views of the Texas Health and Human Services Commission Executive Council or the Texas Health and Human Services Commission.”***

### **PCCF 2022 Report Recommendations**

#### **Policy Issue: Improve access to Medicaid and cost-effective services for children with disabilities**

##### **Recommendations**

1. Apply the Family Opportunity Act’s family income limit of 300 percent of the FPL after income disregards to the Texas Medicaid Buy-In for Children program and improve outreach so more families can contribute to the cost of their children’s care.
2. Institute a Tax Equity Fiscal Responsibility Act (TEFRA) option for children who meet an institutional level of care to prevent placement in a facility.
3. Align the TxHML waiver’s financial eligibility requirements with the other Texas HCS waivers so children can access the lower cost tiered waiver in lieu of a more costly comprehensive waiver and remove the requirement that children with related conditions have an IQ below 75.
4. Reduce the MDCP interest list and divert children from nursing facilities by allowing children who have Supplemental Security Income (SSI) and meet the functional eligibility for the waiver, access to MDCP with no wait.

#### **Policy Issue: Strengthen and expand the community attendant and in-home nursing workforce.**

##### **Recommendations**

1. Increase wages for community attendants to a minimum of \$15.00 per hour.
2. Amend 1915(c) HCS waivers, 1915(k) Community First Choice, 1115 waivers, and all other HHS programs including ECI to allow parents of minor children, family relatives, and those living in the household, to be providers of home health services such as personal attendant services, habilitation, and respite.
3. Amend Texas Medicaid to include Licensed Health Aides (LHA) including parents as LHAs for children with medical complexities like programs in Arizona and Colorado.

**Policy Issue: Ensure children with disabilities grow up in families and continue to live in families and in the community as they age.**

**Recommendations**

1. Ensure Texas' commitment to Olmstead and Texans with disabilities by providing waiver funding to support children and young adults to move from or be diverted from facilities.
2. Fund the waiver interest lists to ensure children and young adults can live with families and in their communities.
3. Provide legislative direction and funding through an appropriation's rider for HHSC to amend the MDCP waiver to create reserved capacity for crisis diversion slots for a targeted group of children who are determined to be medically fragile and at imminent risk of nursing facility admission as an alternative to having to go into a nursing home.
4. Provide legislative direction and funding through an appropriations rider for HHSC to amend the HCS waiver to add Private Duty Nursing to the array of adult services and to allow adults with intense medical fragility to receive Level of Need 9 services instead of institutionalization.
5. Provide legislative direction and funding through an appropriations rider for HHSC to amend the TxHML waiver services to create a set aside number of slots for a targeted group of children graduating high school.
6. Provide legislative direction and funding through an appropriations rider for HHSC to amend the Individualized Skills and Socialization benefit in all waivers to better support individuals with high medical complexity who need supports during the day including individuals who are dependent on ventilators.

**Policy Issue: Promotion of children's mental health well-being and crisis prevention and intervention.**

**Recommendations**

1. Develop funding mechanisms that support naturalistic, trauma-informed, collaborative treatment methodologies promoting preventative practices aimed to strengthen children's protective factors through building resiliency and developing social connections.
2. Amend Texas Medicaid waivers to allow more in-home respite to families and host families and create a flexible funding stream for respite for those who do not have a Medicaid waiver.
3. Improve access to critical mental health services for children in the Youth Empowerment Services (YES) waiver.

4. Include treatment foster care as a Medicaid benefit in lieu of residential treatment center placement for children with serious emotional disturbances even if not in conservatorship of the state.
5. Develop child focused, small, community-based, short-term, therapeutic, emergency out of home living options for children under the age of 22 who are in crisis until reaching stabilization, and a mechanism to fund them using waivers, Medicaid, and flexible funding streams.

**Policy Issue: Physician education to provide training about health care transition (pediatric to adult, hospital to home, handoffs).**

**Recommendation**

Adopt educational requirements for physician license renewals through the Texas Medical Board for transition of care planning services, like HB 2059, which requires clinicians providing direct patient care to participate in human trafficking prevention education as a stipulation for license renewal.

**Policy Issue: Addressing health care is not currently part of school transition planning requirements.**

**Recommendations**

1. Add a requirement in the Texas Administrative Code for the ARD committee to include health care transition in the independent living skills domain of the Individual Education Plan beginning at age 14 and continuing until the student graduates from the school system.
2. Add a requirement in the Texas Administrative Code for the Transition and Employment Designee (TED), a position required to be designated in all school districts, to add health care transition training to the information they are already required to provide teachers and parents of students enrolled in SpEd.

**Policy Issue: Requiring an ASD diagnosis or reconfirmation within three years of treatment is unnecessary, costly, and reduces access to care.**

**Recommendations**

1. TMHP/MCOs should accept a scheduled appointment for evaluation and/or reconfirmation to initiate/continue ABA services or assist the client/family in scheduling an appointment for evaluation.

2. TMHP/HHSC should clarify/define necessary criteria and language for a diagnosis of ASD.

**Policy Issue: People with ASD have difficulty accessing ABA services.**

**Recommendations**

1. ABA authorizations should be individually based upon needs and medical necessity, not based upon age.
2. Initial authorization of ABA services should be six months rather than three months and reauthorizations should be six months.
3. The rates for ABA services must be set at a level that is sufficient to allow for network adequacy and corresponding access to care.

**Policy Issue: Current use of the Autism Supplement in the IEP is not being used effectively to address gaps in education.**

**Recommendations**

1. Implement a step or screening tool during the school registration/enrollment process to identify students receiving SpEd services and ensure enrollment in appropriate programs and follow up by SpEd staff.
2. Provide electronic resources on information and services available to students, including links to sites, such as the Texas Transition and Employment Guide, SPEDTex, Texas HHS benefits, and local resources.
3. Provide training on ABA services for teachers and school personnel.
4. Continue funding for the "Innovative Services for Students with Autism" grant program.
5. ABA services in the schools should be billable as part of the School Health and Related Services (SHARS) program.
6. Schools should collaborate and provide coordination and continuity of care between settings and allow for outside ABA services and observation in the school setting, when appropriate, for optimum student success.
7. Consider a Tracking Teacher (TT) position specializing in SpEd, for each campus, to serve as the point of contact and coordination for students and families.

**Policy Issue: Ensure children with disabilities have access to high quality, inclusive childcare settings.**

**Recommendations**

1. Texas HHSC should develop and adopt minimum standards for licensed childcare facilities and registered family homes that prohibit discrimination based on disability and support inclusion of children with disabilities.
2. Texas HHSC should develop and adopt rules requiring licensed childcare facilities and registered family homes to provide written disclosures to a parent or guardian of a child with a disability attending the facility or home.
3. Texas HHSC should develop and adopt minimum training standards for employees, directors, and operators of licensed childcare facilities and registered family homes on serving children with disabilities.
4. Texas HHSC should develop rules for licensed childcare facilities and registered family homes to report each suspension or expulsion of children attending the facility or home and include the disability status of the child.
5. Support children with disabilities and their families with childcare needs by providing funding for child specific Non-Educational Community Based Support Services to support students with disabilities to attend inclusive after school, school break and summer childcare programs.
6. Prohibiting discrimination based on disability in a childcare facility or childcare home and requiring that all childcare applicants are given a copy of the American with Disabilities Act Title III & Child Care Operations to inform parents, families, and guardians of their rights regarding accommodations and discrimination prohibition.

**Policy Issue: Increase the funding allocation for ECI services for eligible infants and toddlers.**

**Recommendations**

1. Base ECI funding on accurate projected numbers of Texas children eligible for services in the next biennium. HHSC should conduct a comprehensive analysis of projected caseloads considering new Child Find activities and increased enrollment.
2. Increase the per-child ECI funding to meet the needs of Texas infants and toddlers. HHSC should conduct a comprehensive assessment of per-child ECI funding needed to provide required services to enrolled infants and toddlers.
3. Increase capacity of ECI providers to support infant early childhood mental health consultation through the funding of tiered levels of services.

**Policy Issue: Youth and young adults with disabilities need additional educational support to enter the workforce upon graduation from high school.**

**Recommendation**

Fund Texas Workforce Commission to hire 50 counselors to meet the growing need of VRS for graduating high school students with a disability.

**Policy Issue: Minimal training is in place for special education inclusion in undergraduate educator training programs.**

**Recommendations**

1. Train general education teachers to foster a welcoming inclusive environment. Work with Texas Education Agency (TEA) to develop a module for general education teacher's continuing education requirements on how to include students with disabilities in the general education classroom and include information on ABA services.
2. Ensure students with disabilities with communication needs receive appropriate assessment, instruction, therapy, accommodations, and assistive technology to allow them to successfully participate in and benefit from their education including providing appropriate alternative assessments and accommodations on statewide required assessments.
3. Promote collaboration between the school and private sector to align speech, occupational, and physical therapy, as well as ABA goals.

**Policy Issue: Family support is critical to student success.**

**Recommendation**

Provide self-care training to parents through school districts.

**Policy Issue: Current HHSC policy for newborn hearing screening may delay care for children who are Deaf or hard of hearing.**

**Recommendation**

Request HHSC, with the input of key stakeholder groups, conduct a thorough review of Medicaid and fee-for-service and managed care newborn hearing screening policies and practices to identify and implement recommendations, reduce barriers to care, and improve Texas' 1-3-6 EHDI outcomes.