Permanency Planning and Family-based Alternatives

As Required by

Texas Government Code,

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. This report contains semi-annual reporting from September 1, 2021, to February 28, 2022.

As of February 28, 2022, 996 children were living in all types of institutions, representing a 37 percent decrease since permanency planning was implemented in 2002, or a 69 percent decrease if children served in the Home and Community-based Services waiver (HCS) are excluded. Of the 996 children living in institutions:

- The majority (72 percent) were young adults, ages 18 to 21.
- More than half (60 percent) were in the HCS waiver program.
- A relatively small number (6 percent) resided in a nursing facility.
- The majority (90 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 family-based alternatives, which is a family-like setting. From September 1, 2021, to February 28, 2022, 20 children transitioned from institutions, with the majority moving to live with their families or to a family-based alternative.

[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.

1. Introduction

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

Section 531.162(b) requires the Texas Health and Human Services Commission (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 following:

- 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.

This report uses data from September 1, 2021, to February 28, 2022, 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.
- 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 transitioning to family life:

- Returning to the family;[2] or
- Moving to a family-based alternative, a family-like setting in which a trained provider offers support and in-home care for children with disabilities or children who are medically fragile.[3]

While permanency planning for minor children (ages birth-17) focuses on family life, permanency planning for young adults (ages 18-21) acknowledges another

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

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, as a parent or legally authorized representative (LAR) perspective may change following fuller exploration, exposure to alternatives, or changes in family circumstances.[4]

[4] 40 TAC §9.167(b)

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)[5] 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 February 28, 2022.

Number of Children Residing in Institutions

Table 1 shows the total number of children living in institutions by institution type as of February 28, 2022.

Table 1. Number of Children in Institutions, HHSC and DFPS Combined as of February 28, 2022

Institution Type	Ages 0-17	Ages 18-21	Total
Nursing Facility	37	18	55
Small ICF	23	131	154
Medium ICF	2	12	14
Large ICF	2	7	9
SSLC	28	88	116
HCS Group Homes	143	458	601
DFPS-Licensed ID Institution	46	1	47
Total	**281**	**715**	**996**

[5] 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.

Data shows 755 children (76 percent of the 996) resided in a setting with eight or fewer residents.[6] Of those 755, 166 (22 percent) were minors, and 589 (78 percent) were young adults ages 18 through 21, including 24 children and 23 young adults who were placed by DFPS.

Institutions with more than eight residents served 241 children (24 percent of the 996). Of those 241, 115 (48 percent) were minors, and 126 (52 percent) were young adults, including four children and no (zero) young adults placed by DFPS.

Circumstances of Children Residing in Institutions

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

Figure 1, 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.

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

Figure 1. Age Distribution of Minors in Institutions, HHSC and DFPS Combined as of February 28, 2022

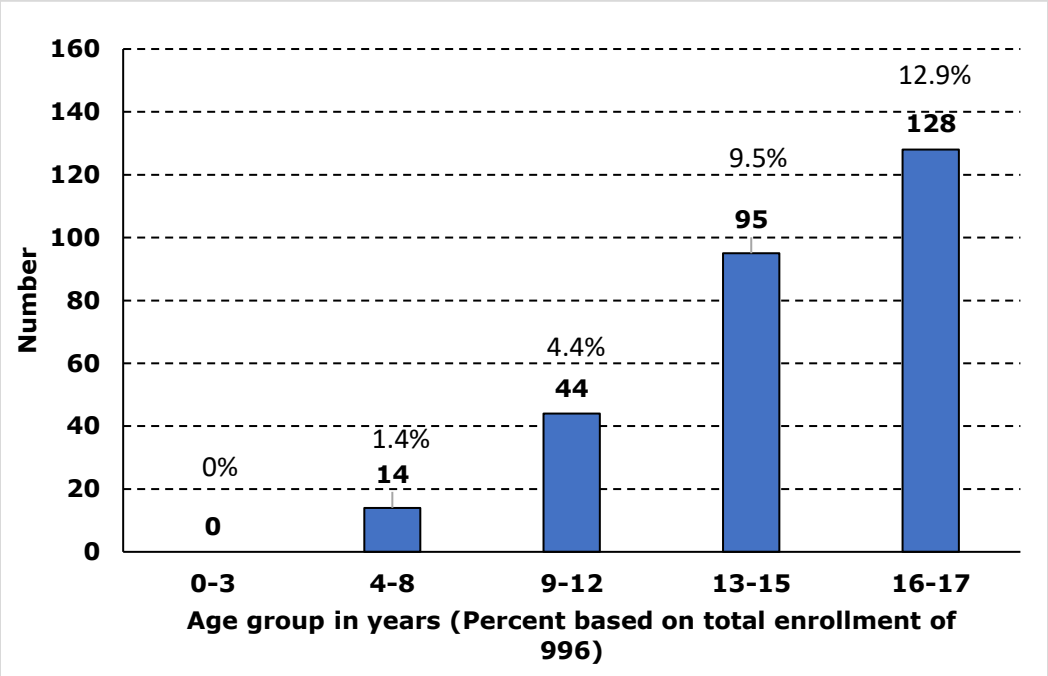


Figure 2, below, shows a higher percentage of young adults (ages 18–21 years) than minors (ages 0–17 years) in all institutions, except nursing facilities and DFPS-licensed ID institutions. Compared to all other institutions, the percent of young adults in medium ICF/IID was the highest (86 percent). There are more minors and young adults served in HCS group homes than in any other institution.

Figure 2. Age of Children by Institution Type, HHSC and DFPS Combined as of February 28, 2022

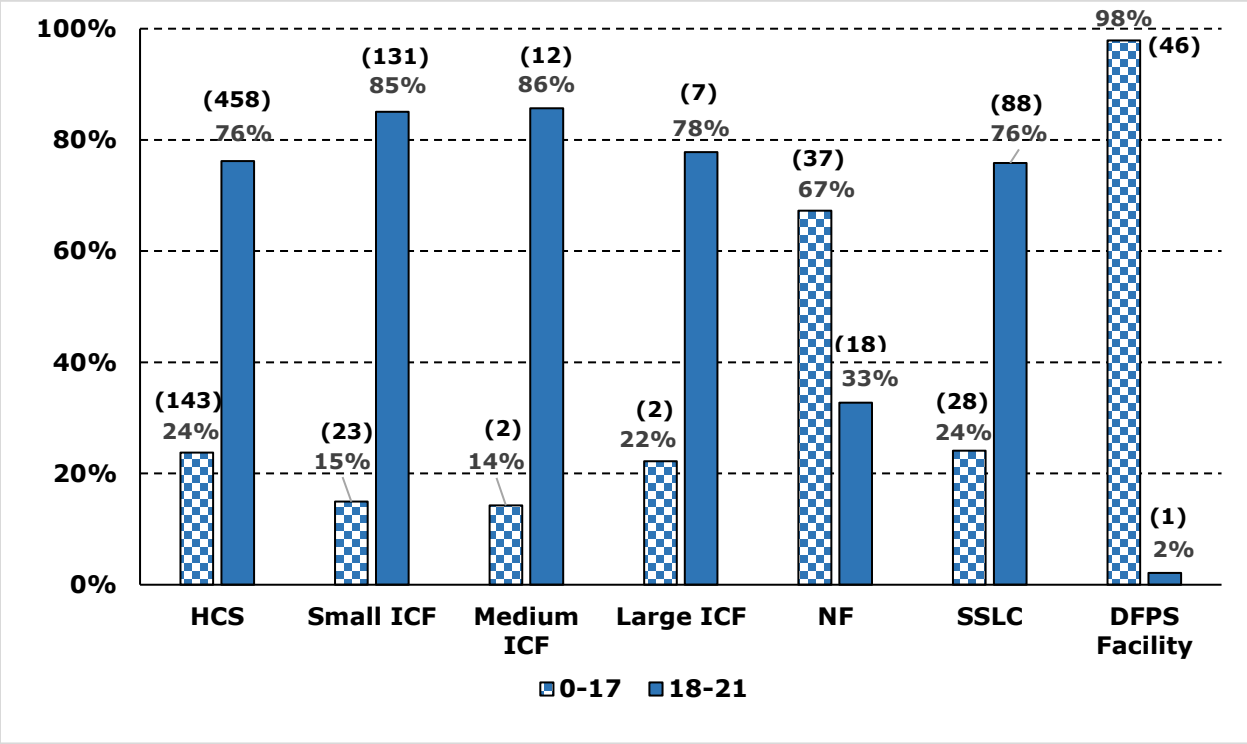


Figure 3, below, summarizes length of stay (LOS) in all institution types combined. The LOS was calculated using the date of the child's most recent admission to the institution and the end of the reporting period if the child was still in the program on that date.

As the figure shows, approximately 30 percent of the children had a LOS of less than one year and 10 percent had a LOS of five years or more.

Figure 3. Length of Stay in Institutions, HHSC and DFPS Combined as of February 28, 2022

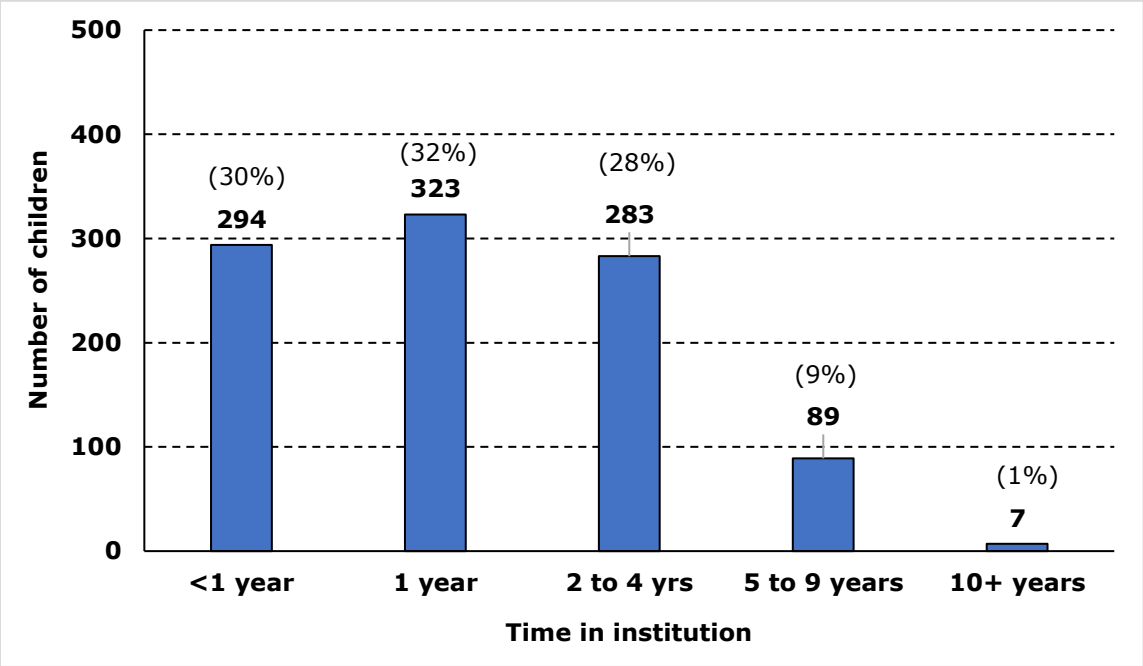
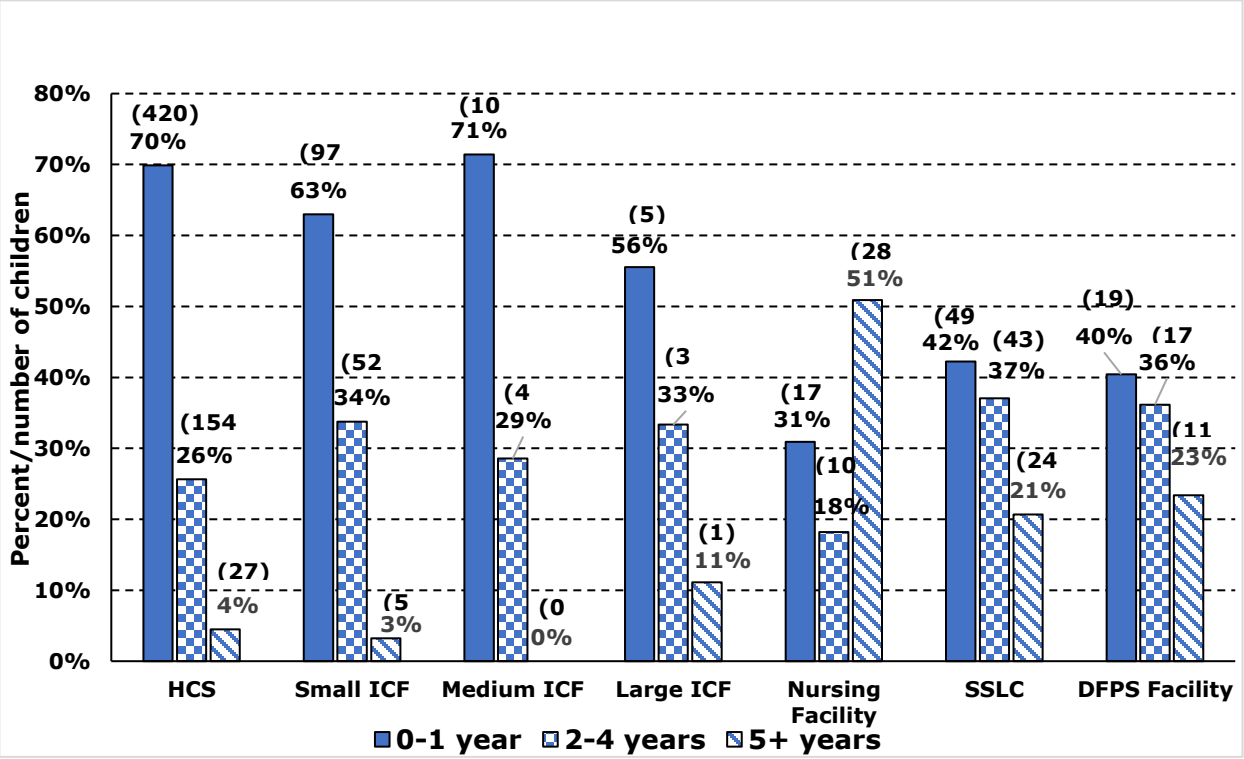


Figure 4, below, shows most children within each type of institution had a LOS of one year or less in their most recent placement, except for nursing facilities. Medium ICF/IIDs had the highest percent (71 percent) and nursing facilities had the lowest percent (31 percent). Nursing facilities served the largest percent of children with a LOS of five or more years (51 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 4. Length of Stay in Years by Type of Institution as of February 28, 2022



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, below, 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[7]	Service coordinators employed by local intellectual and developmental disability authorities (LIDDAs)
DFPS-licensed IDs	Developmental disability specialists
Nursing Facilities	EveryChild, Inc.[8] staff

[7] This includes SSLCs.
[8] EveryChild, Inc. is the HHSC contractor.

Table 3, below, 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 9 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 February 28, 2022

Institution Type	Number of Children in Institutions	Number of Permanency Plans Completed	Percent of Permanency Plans Completed
Nursing Facility	55	55	100%
Small ICF/IID	154	130	84%
Medium ICF/IID	14	10	71%
Large ICF/IID	9	8	89%
SSLC	116	99	85%
HCS Group Homes	601	553	92%
DFPS-licensed ID institution	47	47	100%
Total	**996**	**902**	**91%**

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.

Table 4, below, includes data from EveryChild, Inc. and shows how many children in HHSC or DFPS programs EveryChild, Inc. helped move home or to a family-based alternative. This number also includes children diverted from facilities.

The total number of children EveryChild, Inc. directly assisted between September 1, 2021, and February 28, 2022, was 214. Of these 214, 29 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 February 28, 2022

State Agency	Returned Home	Family-based Alternative	Total
HHSC	14	12	26
DFPS	0	3	3
Total	**14**	**15**	**29**

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 provide access to all the services needed for them to live with their

families or in a family-based alternative. Additionally, services[9] may be subject to limitations related to funding or location.[10] Table 5 shows many of the available services[11] 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 families is not an option.

[9] 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.

[10] 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.

[11] 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).

Table 5. Texas Medicaid Waiver Services by Program[12]

Specialized Supports	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

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

Specialized Supports	HCS	Medically Dependent Children Program	Community Living Assistance and Support Services	Deaf Blind with Multiple Disabilities	Texas Home Living	STAR+PLUS
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, below, 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) decreased by 3 percent; and the number of children in all institution types excluding HCS decreased by eight percent. Compared to August 31, 2002, the number of children in all institution types (including HCS group homes) decreased by 37 percent, and the number of children in all institution types excluding HCS decreased by 69 percent.

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

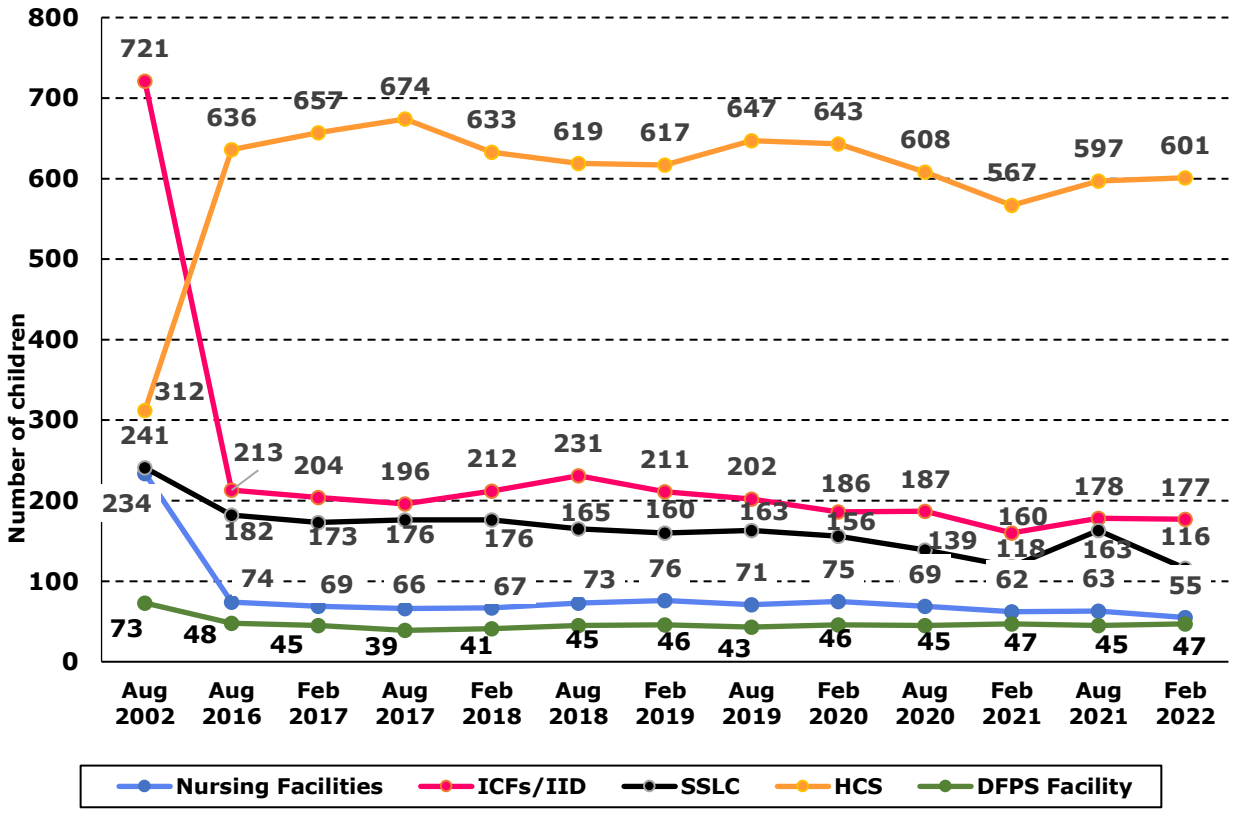
Institution Type	Baseline Number as of August 31, 2002	Number as of August 31, 2021	Number as of February 28, 2022	Percent Change Since August 2002	Percent Change in Past Six Months
Nursing Facilities	234	63	55	-76%	-13%
Small ICFs/IID	418	151	154	-63%	2%
Medium ICFs/IID	39	14	14	-64%	0%
Large ICFs/IID	264	13	9	-97%	-31%
SSLC	241	145	116	-52%	-20%
HCS Group Homes	312	597	601	93%	1%
DFPS-Licensed ID Institutions	73	45	47	-36%	4%

Institution Type	Baseline Number as of August 31, 2002	Number as of August 31, 2021	Number as of February 28, 2022	Percent Change Since August 2002	Percent Change in Past Six Months
Total	**1,581**	**1,028**	**996**	**-37%**	**-3%**
Total with HCS Excluded	1,269	431	395	-69%	-8%

Figure 6, below, displays trends from August 1, 2002, to February 28, 2022. As the figure shows, the number of children residing in an HCS group home has remained comparatively high and relatively stable between August 2016 through February 2022, while the number of children in other types of institutions has shown a 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 is included as baseline data.

Figure 6. Number of Children in Institutions by Type of Institution August 2002 to February 2022



5. System Improvement and Challenges

Since 2002, the number of children in institutions serving more than four persons has been decreasing, including a 97 percent decrease in large ICF/IID, a 76 percent decrease in nursing facilities, and a 69 percent decrease in all institutions serving more than four persons. Most children continue to have a current permanency plan and the permanency planning process continues to create awareness that children are physically and emotionally healthier when they grow up in well-supported families. Additionally, increased resources have allowed families and LARs to choose family-based care instead of institutional care for children. Key resources to helping children move to, or remain in, family homes or family-based alternatives include:

- Reserved capacity in the HCS waiver program;[13]
- HCS host home/companion care services; and
- Expansion of family-based alternatives through coordinated efforts by EveryChild, Inc. and waiver program providers.

System Improvement Activities

During the current reporting period, HHSC, DFPS, EveryChild, Inc., and LIDDA representatives collaborated to improve permanency planning. A selection of key activities is highlighted below.[14]

- 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 leadership, policy development and administrative support to child-focused groups, including the Policy Council for Children and Families and the STAR Kids Managed Care Advisory Committee.
- Released HCS slots appropriated by the 2022-23 General Appropriations Act, Senate Bill (S.B.) 1, 87th Legislature, Regular Session, 2021 (Article II, Health and Human Services Commission) which includes the following from September 1, 2021, through August 31, 2023:

[13] Reserved capacity may serve children at risk of admission to an SSLC, for example.
[14] Activities include those undertaken by the former DADS before programs and services became a part of HHSC.

- 542 HCS slots appropriated for statewide reduction of the HCS Interest List (IL).

- HHSC has released 1,206 IL reduction slots. 91 enrollments have been approved and an additional 916 were in the enrollment process as of February 28, 2022. This category includes but is not limited to children.
- HHSC used attrition slots in the biennium for the following HCS targeted groups:
  - For persons moving out of large, medium, and small ICFs/IID, HHSC has released 32 slots. 13 enrollments have been approved and an additional 18 were in the enrollment process as of February 28, 2022. This category includes, but is not limited to children;
  - HHSC has released 38 slots for children aging out of foster care. Of those, HHSC approved enrollment of 3 children and an additional 24 children were in the enrollment process as of February 28, 2022; and
  - HHSC has released 55 slots for persons with IDD diverted from nursing facility admission. Of those released, HHSC approved 15 enrollments and an additional 40 were in the enrollment process as of February 28, 2022. This category includes but is not limited to children.
  - 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 186 slots. Of those, approved enrollment of 66 individuals with an additional 110 individuals in the enrollment process as of February 28, 2022. This category includes but is not limited to children. Crisis/diversion slots continue to be released after February 28, 2022.
    - ◊ Children transitioning from a nursing facility. HHSC has released four slots. All four children are still in the enrollment process as of February 28, 2022. Slots for children transitioning from a nursing facility continue to be released after February 28, 2022.
- Completed additional activities benefiting individuals of all ages:
  - Continued implementation of the Outpatient Biopsychosocial Approach for IDD Services which provides outpatient mental health (MH) services for

persons with intellectual and developmental disabilities (IDD) and mental health needs.

- Contracted with five LIDDAs to implement an evidence-based biopsychosocial approach to care which provides a holistic, case management approach on co-occurring IDD and MH conditions in the mental health, substance abuse and other related field for both a person and their support system. Teams are comprised of medical, psychiatric, mental health and paraprofessionals to address a person's unique needs and provide skills training and education.
- Continued implementation of Transition Support Teams services with selected LIDDAs, using appropriated funding through H.B. 1, 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, 2021, to February 28, 2022, regional transition support teams provided:
- 735 educational opportunities and 7,043 people attended.
- 695 opportunities for technical assistance and 1,405 people attended.
- 1,770 peer review/case consultations and 8,675 people attended.
- $5.9 million in funds were appropriated for services to individuals with high medical needs (HMN) to implement a daily add-on rate for small and medium ICF/IID providers to serve individuals with HMN transitioning from an SSLC or a nursing facility.[15] These funds were also appropriated for three new ICF/IID homes specifically for individuals with HMN.
- The first six bed HMN home opened in April 2018 and currently has one vacancy. The second home is now ready to accept individuals with high medical needs; however, no referrals have been made at this time.
- DFPS worked with EveryChild, Inc. to find families for children in conservatorship residing in a DFPS General Residential Operation (GRO),

[15] 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. 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.

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:

- 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.
- The need for higher physical, medical, and/or behavioral supports for some children to live successfully in non-institutional settings.

6. Conclusion

Since 2002, systemic improvements have brought Texas closer to realizing the goal of family life for children. 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 Option
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
IL	Interest List
LAR	Legally Authorized Representative
LIDDA	Local Intellectual and Developmental Disability Authority
LOS	Length of Stay
PPI	Permanency Planning Instrument
SSLC	State Supported Living Center