



Permanency Planning and Family-based Alternatives

**As Required by
Texas Government Code,
Section 531.162(b)**

Health and Human Services

July 2023



TEXAS
Health and Human
Services

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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, 2022 – February 28, 2023.

As of February 28, 2023, 958 children were living in all types of institutions, representing a 39 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 (HCS) are excluded. Of the 958 children living in institutions:

- The majority (68 percent) were young adults, ages 18 to 21.
- More than half (55 percent) were in the HCS waiver program.
- A relatively small number (8 percent) resided in a nursing facility.
- The majority (86 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, 2022, to February 28, 2023, 34 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. 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.

1. Introduction

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

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.

This report uses data from September 1, 2022 to February 28, 2023, 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 group homes (i.e., supervised living or residential support).
- Nursing facilities.
- General Residential Operations (GRO)

Permanency planning recognizes two options for a child transitioning to family life:

- Returning to the family²; 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 community living arrangement (e.g., one’s own apartment) may be a more

² Title 26, Texas Administrative Code (TAC), Chapter 263, Section 263.902(c)(1)(A)

³ 26 TAC §263.902(c)(1)(A)

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.

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)⁴ 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, 2023.

Number of Children Residing in Institutions

Table 1 shows the total number of children living in institutions by institution type as of February 28, 2023.

Table 1. Number of Children in Institutions, HHSC or DFPS Combined as of February 28, 2023

Institution type	Ages 0-17	Ages 18-21	Total
Nursing Facility	45	29	74
Small ICF	22	136	158
Medium ICF	1	20	21
Large ICF	5	6	11
SSLC	42	86	128
HCS Group Homes	153	371	524

⁴ 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>.

Institution type	Ages 0-17	Ages 18-21	Total
General Residential Operation	41	1	42
Total	309	649	958

Data shows 682 children (71 percent of the 958) resided in a setting with eight or fewer residents.⁵ Of those 682 children, 175 (26 percent) were minors, and 507 (74 percent) were young adults ages 18 through 21, including 18 children and 21 young adults who were placed by DFPS.

Institutions with more than eight residents served 276 children (29 percent of the 958). Of those 276 children, 134 (49 percent) were minors, and 142 (51 percent) were young adults, including two children and no (zero) young adults placed by DFPS.

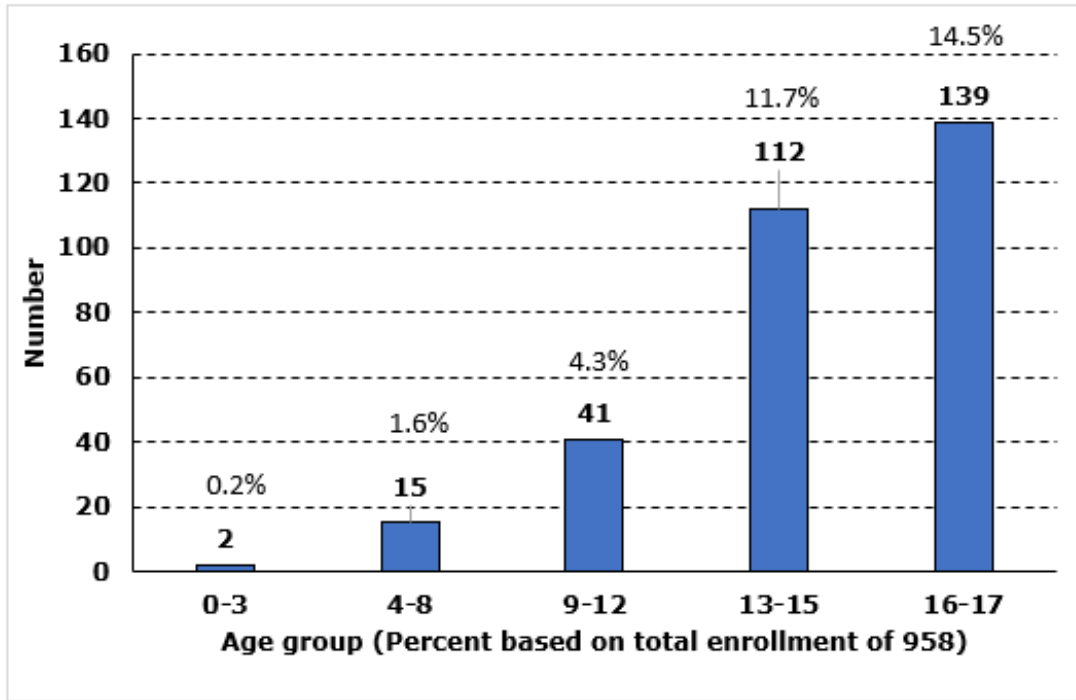
Circumstances of Children Residing in Institutions

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.

⁵ 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.

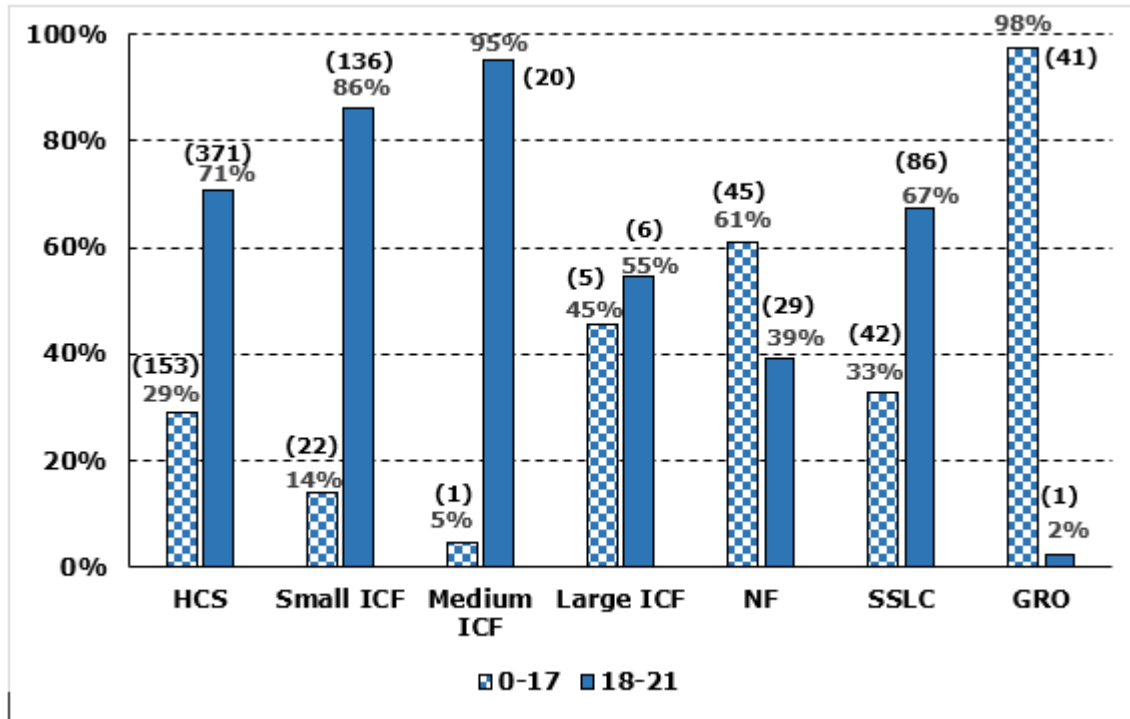
Figure 1. Age Distribution of Minors in Institutions, HHSC and DFPS Combined as of February 28, 2023. See table below for detail.



Age Group	Number	Percentage
0-3	2	0.20%
4-8	15	1.60%
9-12	41	4.30%
13-15	112	11.70%
16-17	139	14.50%

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 GROs. Compared to all other institutions, the percent of young adults in medium ICF/IID was the highest (95 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, 2023. See table below for detail.

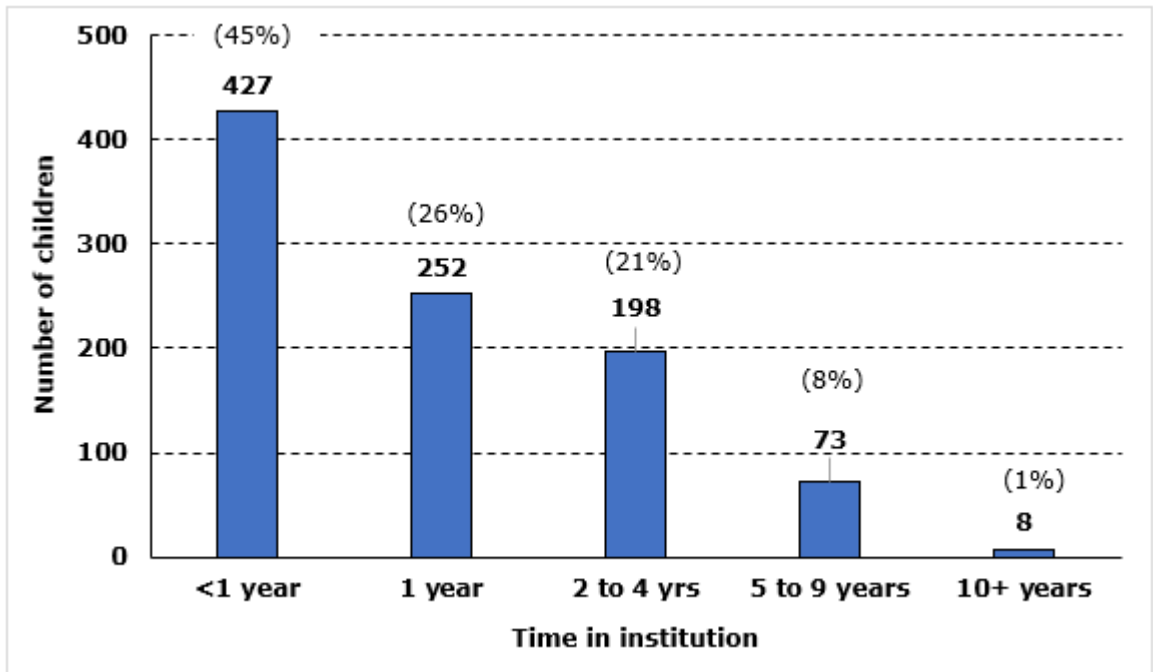


Institution type	Ages 0-17 Number	Ages 0-17 Percentage	Ages 18-21 Number	Ages 18-21 Percentage
Nursing Facility	45	61%	29	39%
Small ICF	22	14%	136	86%
Medium ICF	1	5%	20	95%
Large ICF	5	45%	6	55%
SSLC	42	33%	86	67%
HCS	153	29%	371	71%
GRO	41	98%	1	2%

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 45 percent of the children had a LOS of less than one year and nine percent had a LOS of five years or more.

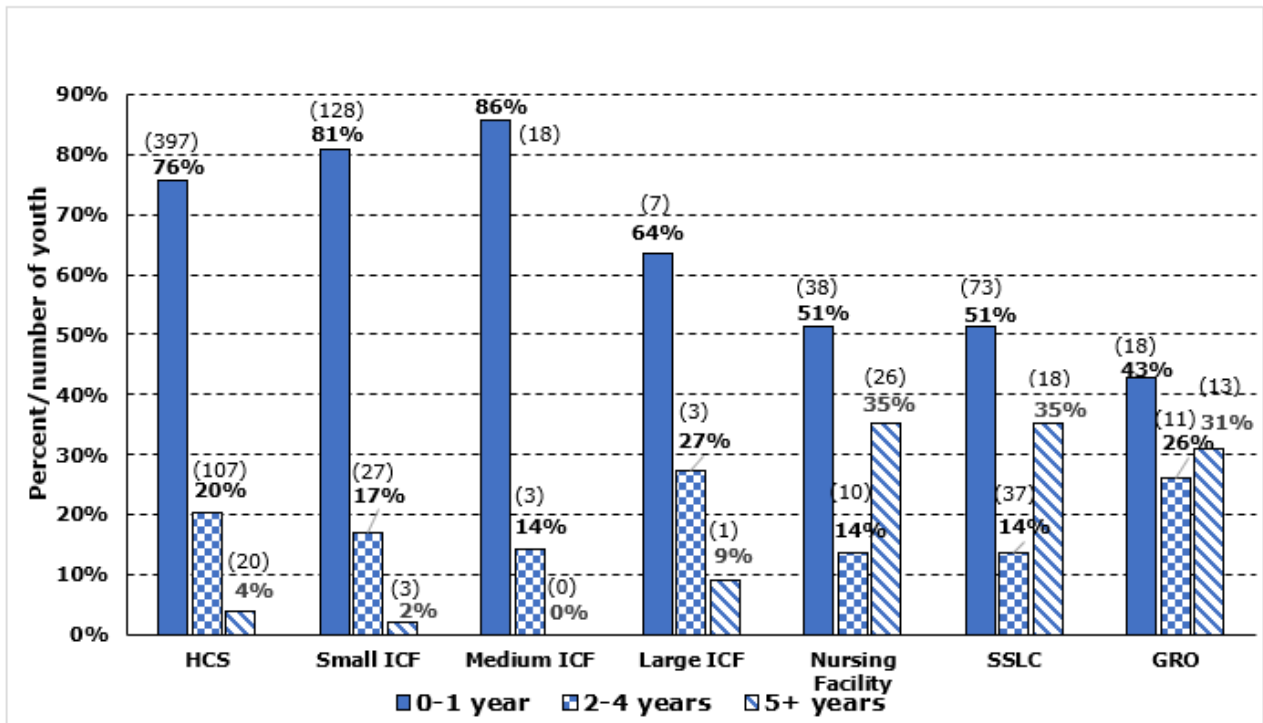
Figure 3. Length of Stay in Institutions, HHSC and DFPS Combined as of February 28, 2023. See table below for detail.



Time in Institution	Number	Percentage
<1 Year	427	45%
1 Year	252	26%
2 to 4 yrs	198	21%
5 to 9 years	73	8%
10+ years	8	1%

Figure 4, below, shows most children within each type of institution had a LOS of one year or less in their most recent placement. Medium ICF/IIDs had the highest percent (86 percent) and GROs had the lowest percent (43 percent). Nursing facilities and SSLCs served the largest percent of children with a LOS of five or more years (35 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, 2023. See table below for detail.



Institution	0 - 1 year Number	0 - 1 year Percentage	2 - 4 years Number	2 - 4 years Percentage	5+ years Number	5+ years Percentage
HCS	397	76%	107	20%	20	4%
Small ICF	128	81%	27	17%	3	2%
Medium ICF	18	86%	3	14%	0	0%
Large ICF	7	64%	3	27%	1	9%
NF	38	51%	10	14%	26	35%
SSLC	73	51%	37	14%	18	35%
GRO	18	43%	11	26%	13	31%

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/IID⁶	Service coordinators employed by local intellectual and developmental disability authorities (LIDDAs)
General Residential Operation	Developmental disability specialists
Nursing Facilities	EveryChild, Inc. ⁷ staff

⁶ This includes SSLCs.

⁷ 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 14 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, 2023

Institution Type	Number of Children in Institutions	Number of Permanency Plans Completed	Percent of Permanency Plans Completed
Nursing Facility	74	74	100%
Small ICF/IID	158	132	84%
Medium ICF/IID	21	20	95%
Large ICF/IID	11	9	82%
SSLC	128	114	89%
HCS Group Homes	524	430	82%
General Residential Operation	42	42	100%
Total	958	821	86%

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 table shows that from September 1, 2022 to February 28, 2023, EveryChild, Inc. assisted 31 children to return home or move to a family-based alternative. Of the 31 children, 16 or 52% of the children 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, 2023

State Agency	Returned Home	Family-based Alternative	Total
HHSC	11	11	22
DFPS	4	5	9
Total	15	16	31

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 of the services needed for them to live with their families or in a family-based alternative.⁸ Additionally, services may be subject to limitations related to funding or location.⁹ Table 5 shows many of the available services¹⁰ 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.

⁸ 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.

⁹ 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.

¹⁰ 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 Program¹¹

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 First Choice	Yes	No	Yes	Yes	Yes	Yes
Community support services	No	No	No	No	No	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

¹¹ Effective March 20, 2016, transportation is the only billable activity for the following services: community support services, residential habilitation, and supported home living. Community First Choice replaced community support services and supported home living services.

Specialized Supports	HCS	Medically Dependent Children Program	Community Living Assistance and Support Services	Deaf Blind with Multiple Disabilities	Texas Home Living	STAR+ PLUS
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	No	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 one percent; and the number of children in all institution types excluding HCS increased by one percent. Compared to August 31, 2002, the number of children in all institution types (including HCS group homes) decreased by 39 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

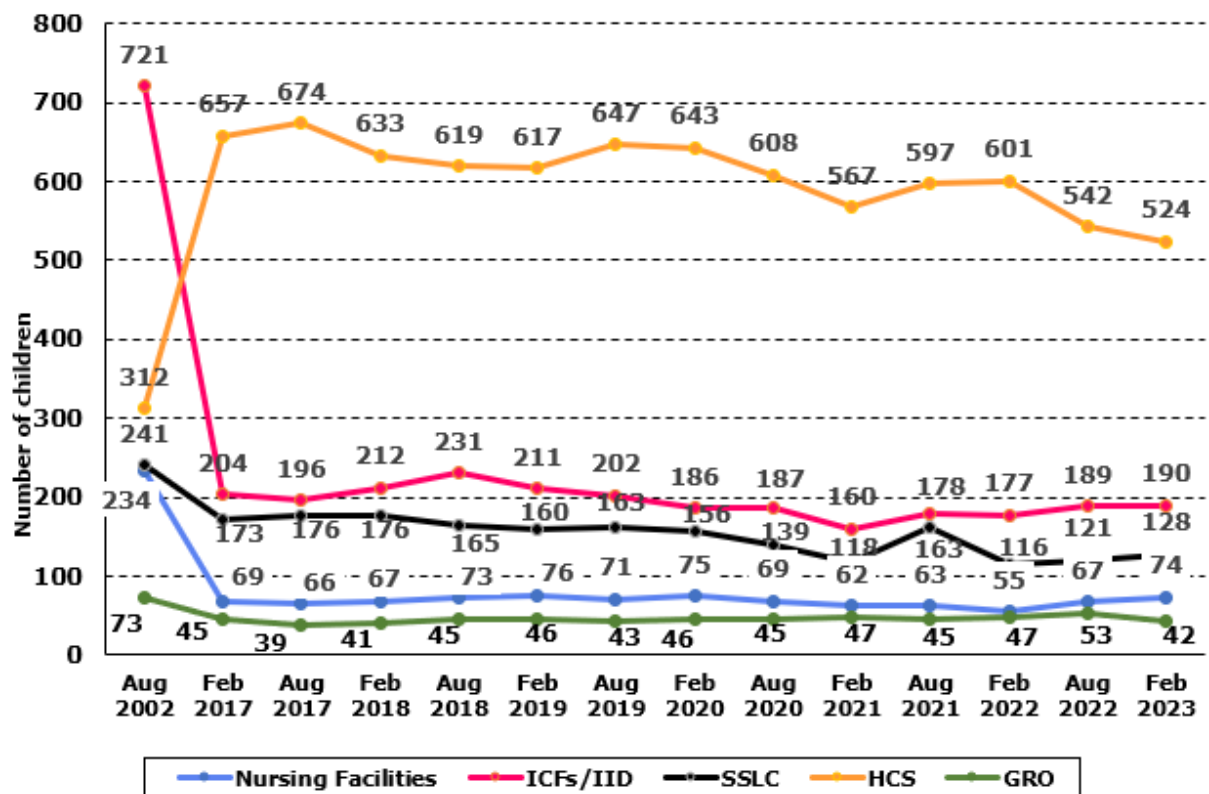
Institution Type	Baseline Number as of August 31, 2002	Number as of August 31, 2022	Number as of February 28, 2023	Percent Change Since August 2002	Percent Change in Past Six Months
Nursing Facilities	234	67	74	-68%	10%
Small ICFs/IID	418	162	158	-62%	-2%
Medium ICFs/IID	39	16	21	-46%	31%
Large ICFs/IID	264	11	11	-96%	0%
SSLC	241	121	128	-47%	6%
HCS Group Homes	312	542	524	68%	-3%

Institution Type	Baseline Number as of August 31, 2002	Number as of August 31, 2022	Number as of February 28, 2023	Percent Change Since August 2002	Percent Change in Past Six Months
GROs	73	53	42	-42%	-21%
Total	1,581	972	958	-39%	-1%
Total with HCS Excluded	1,269	430	434	-66%	1%

Figure 6, below, displays trends from August 1, 2002, to February 28, 2023. As the figure shows, the number of children residing in an HCS group home has remained comparatively high between February 2017 through February 2023, 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 February 2017 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 2023. See table below for detail.



Months	Nursing Facilities	ICFs/IID	SSLC	HCS	GRO
Aug 2002	234	721	241	312	73
Feb 2017	69	204	173	657	45
Aug 2017	66	196	176	674	39
Feb 2018	67	212	176	633	41
Aug 2018	73	231	165	619	45
Feb 2019	76	211	160	617	46
Aug 2019	71	202	163	647	43
Feb 2020	75	186	156	643	46
Aug 2020	69	187	139	608	45
Feb 2021	62	160	118	567	47
Aug 2021	63	178	163	597	45
Feb 2022	55	177	116	601	47
Aug 2022	67	189	121	542	53
Feb 2023	74	190	128	524	42

5. System Improvement and Challenges

Since 2002, the number of children in institutions serving more than four persons has been decreasing, including a 96 percent decrease in large ICF/IIDs, a 68 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, and 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:

- HHSC Family-based Alternatives Contractor identifying networks of family-based alternatives
- Expansion of family-based alternatives through coordinated efforts by the contractor and waiver program providers;
- Reserved capacity in the HCS waiver program for transition from facilities and diversion of children at risk;¹²
- Funding family-based alternatives through HCS host home/companion care services;
- Specialized services, including high medical needs supports and community-based crisis support services; and
- Funding Promoting Independence waivers.

System Improvement Activities

HHSC, DFPS, EveryChild, Inc., and LIDDA representatives collaborated to improve permanency planning and continue the development of a system of family-based alternatives to the institutionalization of children. A selection of key activities resulting from the collaboration is highlighted below.¹³

¹² Reserved capacity may serve children at risk of admission to an SSLC, for example.

¹³ 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 Disability Strategic Plan regarding the needs of children with disabilities and their families.
- 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:
 - ▶ 542 HCS slots appropriated for statewide reduction of the HCS Interest List (IL).
 - ▶ From September 1, 2022 – February 28, 2023, HHSC has released 1,106 IL reduction slots. Of those, 53 enrollments have been approved and an additional 763 were in the enrollment process as of February 28, 2023. 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 ICF/IIDs, HHSC has released 103 slots. Of those, nine enrollments have been approved and an additional 74 were in the enrollment process as of February 28, 2023. This category includes, but is not limited to children;
 - ▶ HHSC has released 53 slots for children aging out of foster care. Of those, HHSC approved enrollment of nine children and an additional 43 children were in the enrollment process as of February 28, 2023; and
 - ▶ HHSC has released 54 slots for persons with IDD diverted from nursing facility admission. Of those released, HHSC approved nine enrollments and an additional 43 were in the enrollment process as of February 28, 2023. 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 208 slots. Of those, approved enrollment of 40 individuals with an additional 159 individuals in the enrollment process as of February 28, 2023. This category includes but is not limited to children. Crisis/diversion slots continue to be released after February 28, 2023.
 - ◇ Children transitioning from a nursing facility. HHSC has released four slots. All four children are still in the enrollment process as of February 28, 2023. Slots for children transitioning from a nursing facility continue to be released after February 28, 2023.
 - Completed additional activities benefiting individuals of all ages:
 - ▶ Continued implementation of the Outpatient Biopsychosocial Approach for IDD Services, which provides outpatient mental health services for people with IDD and mental health needs.
 - ◇ Five contracted LIDDAs provide an evidence-based biopsychosocial approach to care that provides a holistic case management approach to mental health, substance use and other related fields 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.
 - ▶ Continuation of LIDDA Transition Support Teams (TST) services funded through the federal Money Follows the Person (MFP) Demonstration grant through calendar year 2023.
 - ◇ Eight contracted LIDDAs provide regional support services to other LIDDAs and program providers to help individuals who have complex medical and behavioral needs who want to live in community-based settings. From September 1, 2022, to February 28, 2023, the regional TSTs provided:
 - 279 educational opportunities attended by 3,163 people.
 - 1,176 technical assistance opportunities attended by 2,331 people.
 - 1,260 peer review or case consultations attended by 9,940 people.
 - 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 Court Appointed Special Advocates (CASA) on family-based alternatives for children.

- \$5.9 million in funds were appropriated by the 84th Legislature 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.¹⁴ These funds were also appropriated for three new ICF/IID homes specifically for individuals with HMN.
 - ▶ There is currently a six bed HMN home that has one vacancy.
- DFPS worked with EveryChild, Inc. to find families for children in conservatorship residing in a DFPS 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 in workgroups 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; and
- The need for increased physical, medical, and/or behavioral supports for some children to live successfully in non-institutional settings.

¹⁴ 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.

6. Conclusion

Since 2002, systemic improvements have brought Texas closer to realizing the permanency planning goal of family life for children with IDD. Although significant progress has been made in supporting family life for children with IDD 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 IDD live in a nurturing family environment.

List of Acronyms

Acronym	Full Name
CASA	Court Appointed Special Advocate
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
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
IL	Interest List
LAR	Legally Authorized Representative
LIDDA	Local Intellectual and Developmental Disability Authority

LOS	Length of Stay
PPI	Permanency Planning Instrument
RFP	Request for Proposal
S.B.	Senate Bill
SSLC	State Supported Living Center
TAC	Texas Administrative Code
TST	Transition Support Team