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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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 annual reporting from September 1, 2023 – August 31, 2024.

As of August 31, 2024, 813 children were living in all types of institutions, representing a 49 percent decrease since permanency planning was implemented in 2002, or a 68 percent decrease if children served in the Home and Community-based Services (HCS) waiver program are excluded. Of the 813 children living in institutions:

- The majority (67 percent) were young adults, ages 18 to 21.
- Half (50 percent) were in the HCS waiver program.
- A small number (10 percent) resided in a nursing facility.
- The majority (93 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, 2023, to August 31, 2024, 172 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.

Since 2002, the Health and Human Services Commission's (HHSC) contractor, EveryChild, Inc.,[2] has assisted 904 children to move or divert from an institution.

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[2] HHSC released the first request for proposal (RFP) to identify a contractor in 2002, followed by additional RFPs in 2007, 2015 and 2021.

1. Introduction

This report addresses requirements in Texas Government Code Sections 531.162(b) and 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 September 1, 2023 to August 31, 2024, 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 people 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 family[3]; 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.[4]

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

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

[4] 26 TAC §263.902(c)(1)(B)

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) change following fuller exploration, exposure to alternatives, or if there are changes in family circumstances.[5]

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[5] 26 TAC §263.902(g)(2) (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, 2024.

Number of Children Residing in Institutions

Table 1 shows the total number of children living in institutions by institution type as of August 31, 2024.

[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, HHSC and the Department of Family and Protective Services (DFPS) Combined as of August 31, 2024

Institution type	Ages 0-17	Ages 18-21	Total
Nursing Facility	44	36	**80**
Small ICF/IID	11	103	**114**
Medium ICF/IID	0	23	**23**
Large ICF/IID	0	0	**0**
SSLC	55	97	**152**
HCS	119	287	**406**
General Residential Operation	36	2	**38**
Total	**265**	**548**	**813**

Data from Table 1 shows 520 children (64 percent of the 813) resided in a setting with eight or fewer residents.[7] Of those 520 children, 130 (25 percent) were minors, and 390 (75 percent) were young adults ages 18 through 21.

Institutions with more than eight residents served 293 children (36 percent of the 813). Of those 293 children, 135 (46 percent) were minors, and 158 (54 percent) were young adults.

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.

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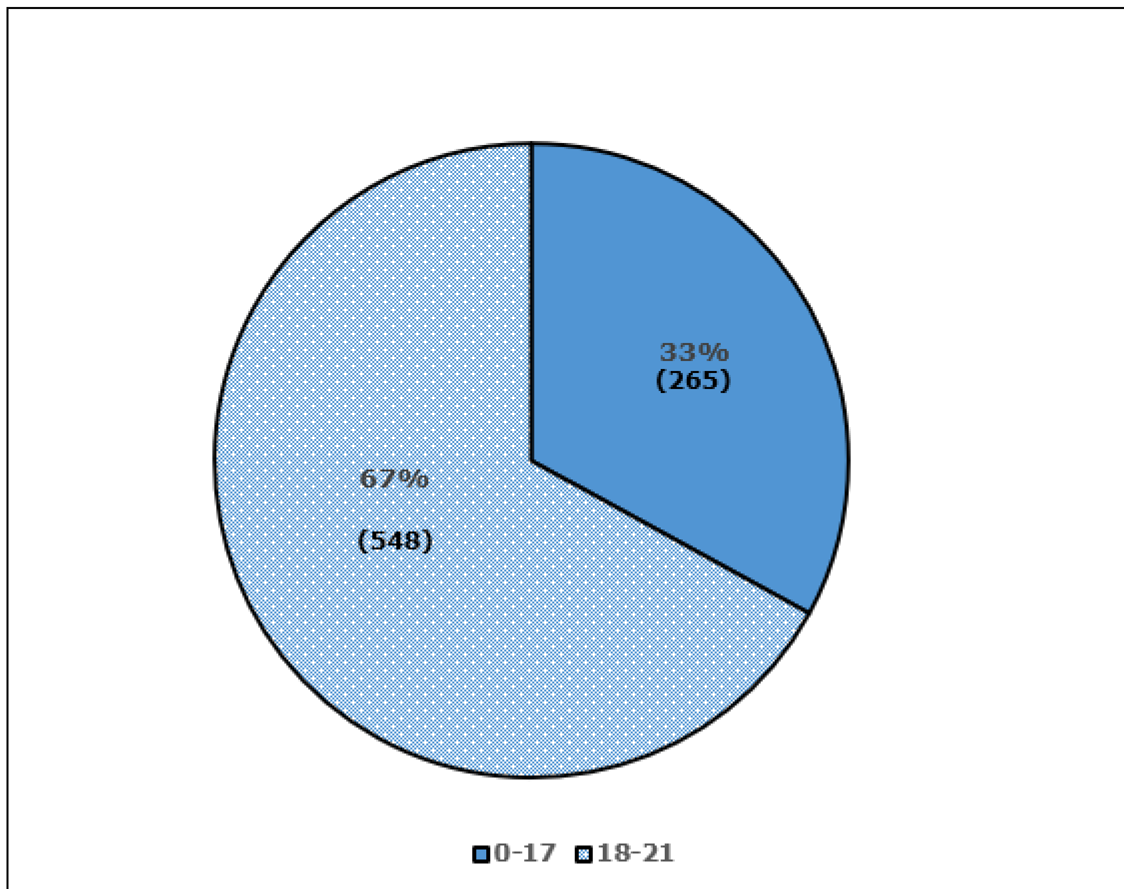
[7] Findings based on combining data from children in small ICFs/IID, which are group homes licensed to serve up to eight residents, and HCS, which represents small group homes serving up to four residents.

Circumstances of Children Residing in Institutions

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

Figure 1 shows the age distribution of children residing in institutions operated by or under the authority of HHSC or DFPS. As shown in Figure 1, 67 percent were young adults (18-21) as of August 31, 2024.

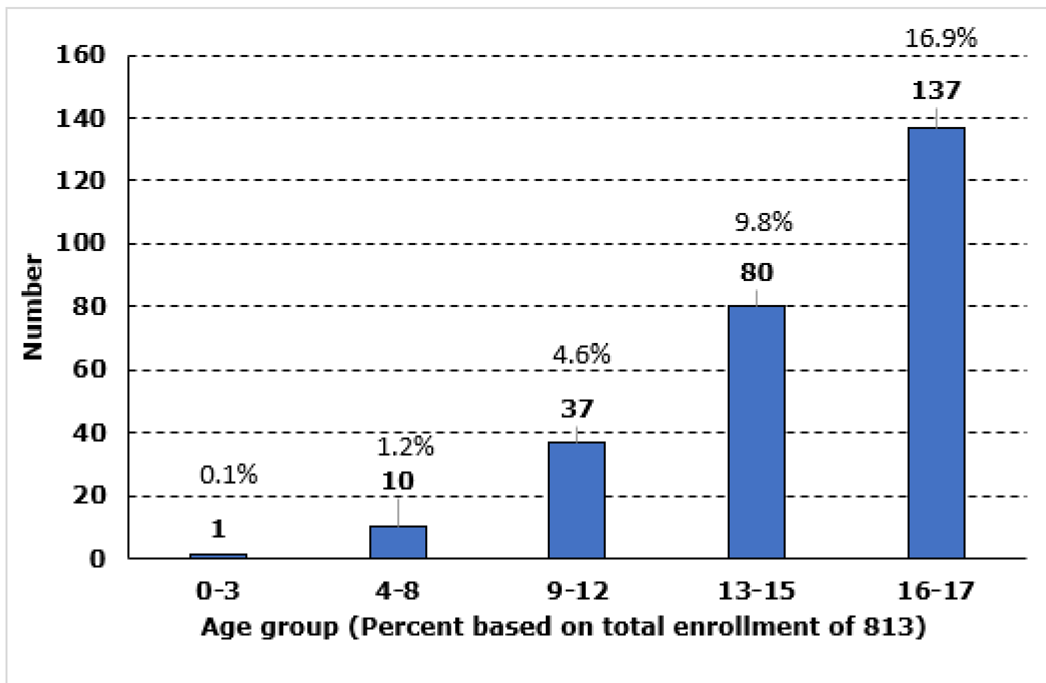
Figure 1. Age Distribution of Children Residing in Institutions, HHSC and DFPS Combined as of August 31, 2024



Age Distribution	Number	Percentage
0 – 17	265	33%
18 – 21	548	67%

Figure 2, below, shows the age distribution of minors by breakdown of the 265 minors by age group, number, and percent in institutions for HHSC and DFPS combined based on total enrollment of all children residing in institutions. The largest number of minors were between 16–17 years of age.

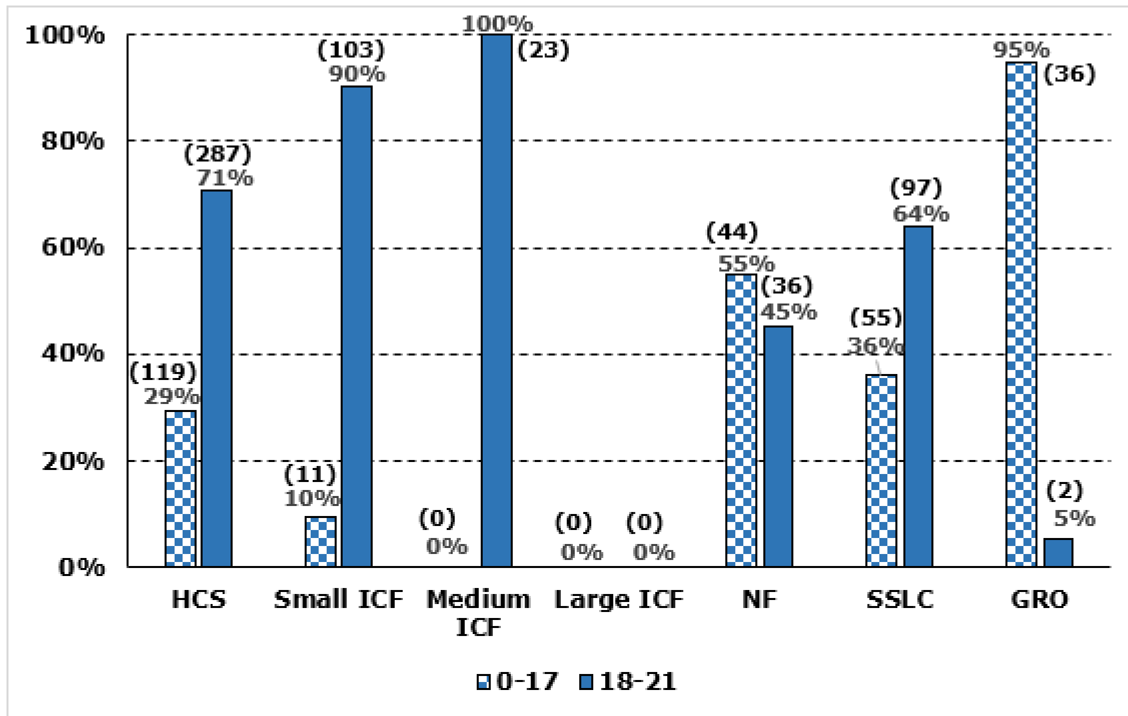
Figure 2. Age Distribution of Minors in Institutions, HHSC and DFPS Combined as of August 31, 2024



Age Group	Number	Percentage
0-3	1	0.1%
4-8	10	1.2%
9-12	37	4.6%
13-15	80	9.8%
16-17	137	16.9%

Figure 3, 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/IIDs was the highest (100 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, 2024

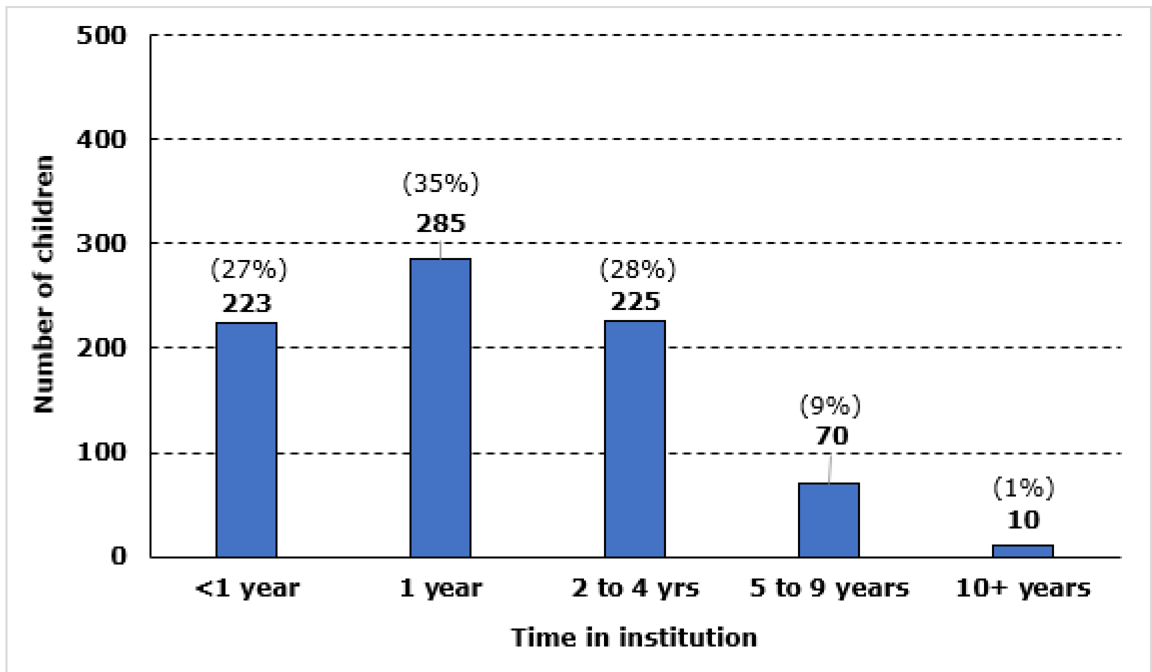


	Ages 0-17	Ages 0-17	Ages 18-21	Ages 18-21
Institution type	**Number**	**Percentage**	**Number**	**Percentage**
Nursing Facility	44	55%	36	45%
Small ICF	11	10%	103	90%
Medium ICF	0	0%	23	100%
Large ICF	0	0%	0	0%
SSLC	55	36%	97	64%
HCS	119	29%	287	71%
GRO	36	95%	2	5%

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, 27 percent of the children had a LOS of less than one year and only 10 percent had a LOS of five years or more.

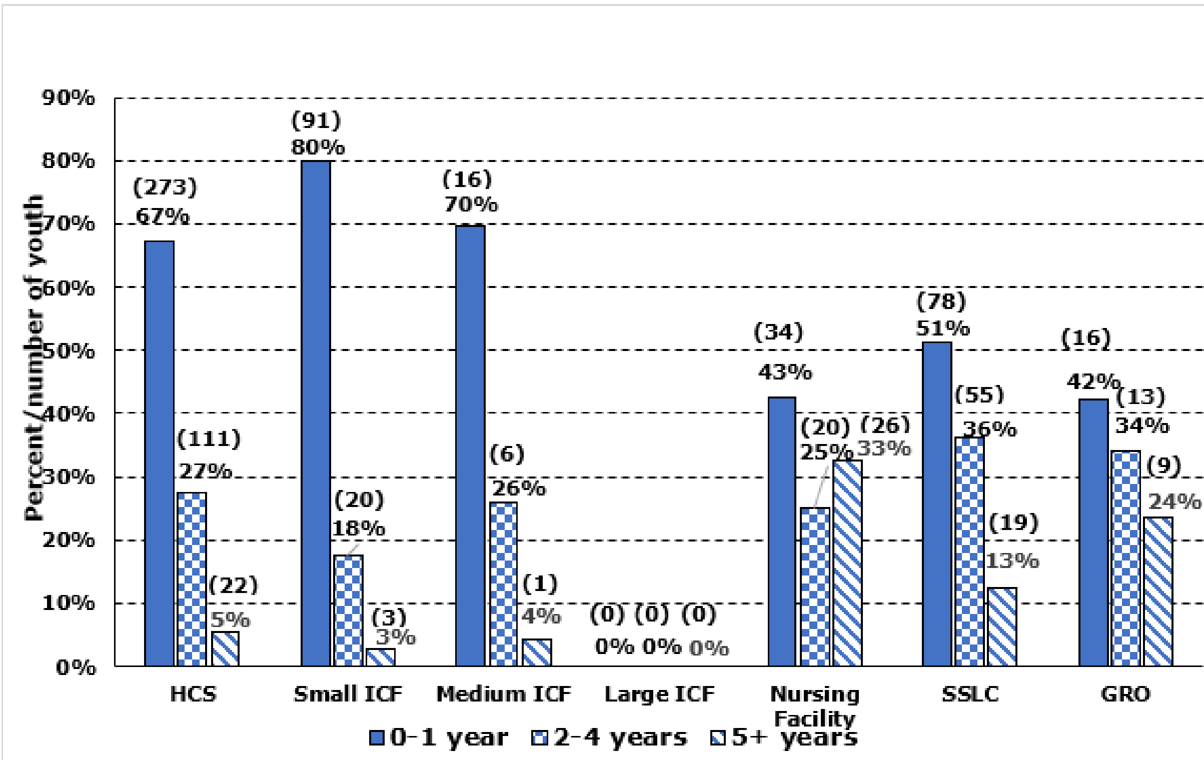
Figure 4. Length of Stay in Institutions, HHSC and DFPS Combined as of August 31, 2024



Time in Institution	Number	Percentage
<1 Year	223	27%
1 Year	285	35%
2 to 4 years	225	28%
5 to 9 years	70	9%
10+ years	10	1%

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 small ICF/IIDs having the highest percent (80 percent) and GROs having the lowest percent (42 percent). Nursing facilities served the largest percent of children with a LOS of five or more years (33 percent). There were no children in large ICF/IIDs and only one child in a medium ICF/IID with a LOS of five or more years.

Figure 5. Length of Stay in Years by Type of Institution as of August 31, 2024



	0 - 1 year	0 - 1 year	2 - 4 years	2 - 4 years	5+ years	5+ years
Institution type	**Number**	**Percentage**	**Number**	**Percentage**	**Number**	**Percentage**
HCS	273	67%	111	27%	22	5%
Small ICF	91	80%	20	18%	3	3%
Medium ICF	16	70%	6	26%	1	4%
Large ICF	0	0%	0	0%	0	0%
Nursing Facility	34	43%	20	25%	26	33%
SSLC	78	51%	55	36%	19	13%
GRO	16	42%	13	34%	9	24%

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)
General Residential Operation	Developmental disability specialists employed by DFPS
Nursing Facilities	EveryChild, Inc.[9] staff

[8] This includes SSLCs.

[9] 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 seven 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, 2024

Institution Type	Number of Children in Institutions	Number of Permanency Plans Completed	Percent of Permanency Plans Completed
Nursing Facility	80	80	**100%**
Small ICF/IID	114	106	**92%**
Medium ICF/IID	23	23	**100%**
Large ICF/IID	0	0	**N/A**
SSLC	152	140	**92%**
HCS Group Homes	406	372	**92%**
General Residential Operation	38	38	**100%**
Total	**813**	**759**	**93%**

Number of Available Family-based Alternatives

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 2,250 potential alternate families. As of August 31, 2024, 790 alternate families were actively associated with a HCS provider. From September 1, 2023 – August 31, 2024, EveryChild, Inc. has directly assisted a total of 304 children to explore family-based alternatives.

EveryChild, Inc. continues to explore family-based options for children living in institutional settings.

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 related to service access or availability.[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.

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[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 ensure availability of locally 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).

Table 4. Texas Medicaid Waiver Services by Program[13]

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
Dental	Yes	No	Yes	Yes	Yes	Yes
Employment assistance	Yes	Yes	Yes	Yes	Yes	Yes
Flexible family support	No	Yes	No	No	No	No
Host home/ companion	Yes	No	No	No	No	No
Individualized skills and socialization	Yes	No	No	Yes	Yes	No

[13] 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. Effective March 1, 2023, individualized skills and socialization replaced day habilitation.

Specialized Supports	HCS	Medically Dependent Children Program	Community Living Assistance and Support Services	Deaf Blind with Multiple Disabilities	Texas Home Living	STAR+ PLUS
Minor home modifications	Yes	Yes	Yes	Yes	Yes	Yes
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
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 15 percent; and the number of children in all institution types excluding HCS decreased by three percent. Compared to August 31, 2002, the number of children in all institution types (including HCS group homes) decreased by 49 percent, and the number of children in all institution types excluding HCS decreased by 68 percent.

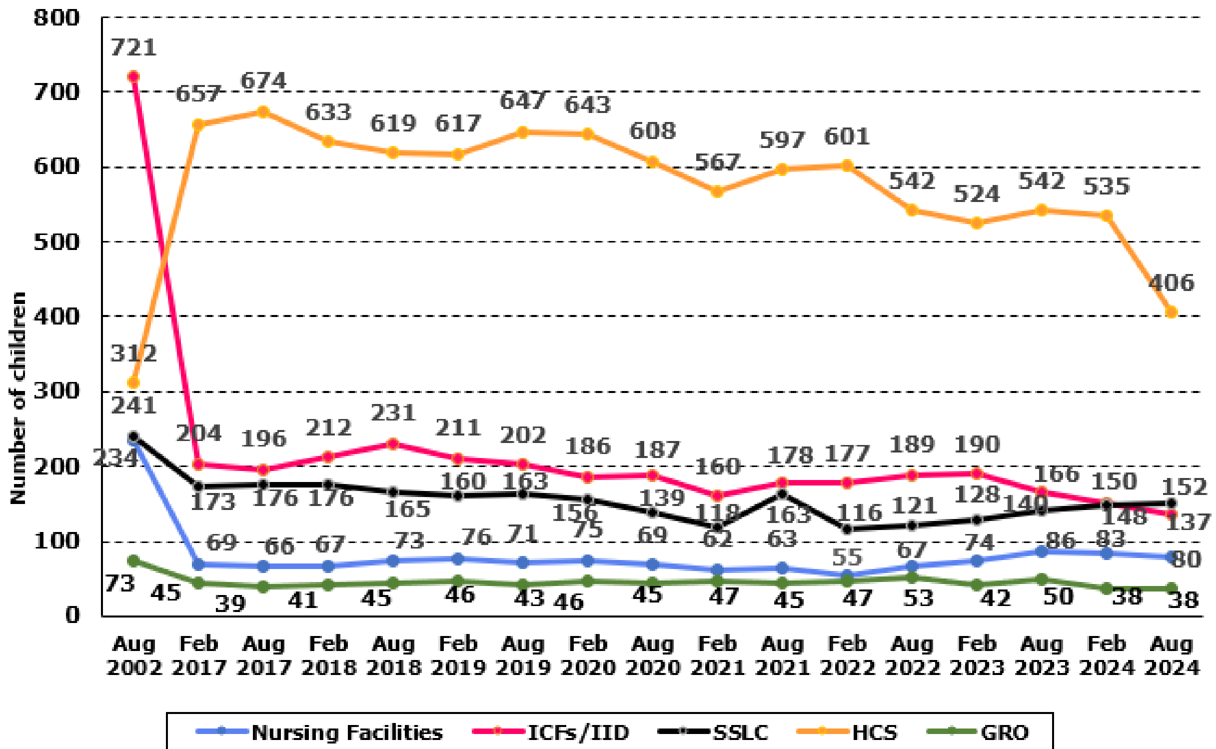
Table 5. Trends in the Number of Children by Institution, HHSC and DFPS Combined as of August 31, 2024

Institution Type	Baseline Number as of August 31, 2002	Number as of February 29, 2024	Number as of August 31, 2024	Percent Change Since August 2002	Percent Change in Past Six Months
Nursing Facilities	234	83	80	-66%	**-4%**
Small ICFs/IID	418	126	114	-73%	**-10%**
Medium ICFs/IID	39	20	23	-41%	**15%**
Large ICFs/IID	264	4	0	-100%	**-100%**
SSLC	241	148	152	-37%	**3%**
HCS Group Homes	312	535	406	30%	**-24%**
General Residential Operation	73	38	38	-48%	**0%**
Total	**1,581**	**954**	**813**	**-49%**	**-15%**
Total with HCS Excluded	1,269	419	407	-68%	**-3%**

Figure 6, below, displays trends from August 31, 2002, to August 31, 2024. As the figure shows, the number of children residing in an HCS group home has remained comparatively high between February 2017 through August 2024, while making a gradual decrease and the number of children in other types of institutions has shown a continuing decreasing trend since 2002. It is also important to note that SSLCs have been showing a trending increase since February 2022.

Data for the 14.5-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 August 2024



Months	Nursing Facilities	ICFs/IID	SSLC	HCS	GRO
Aug-02	234	721	241	312	73
Feb-17	69	204	173	657	45
Aug-17	66	196	176	674	39
Feb-18	67	212	176	633	41
Aug-18	73	231	165	619	45
Feb-19	76	211	160	617	46
Aug-19	71	202	163	647	43
Feb-20	75	186	156	643	46
Aug-20	69	187	139	608	45
Feb-21	62	160	118	567	47
Aug-21	63	178	163	597	45
Feb-22	55	177	116	601	47
Aug-22	67	189	121	542	53
Feb-23	74	190	128	524	42
Aug-23	86	166	140	542	50
Feb-24	83	150	148	535	38
Aug-24	80	137	152	406	38

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:

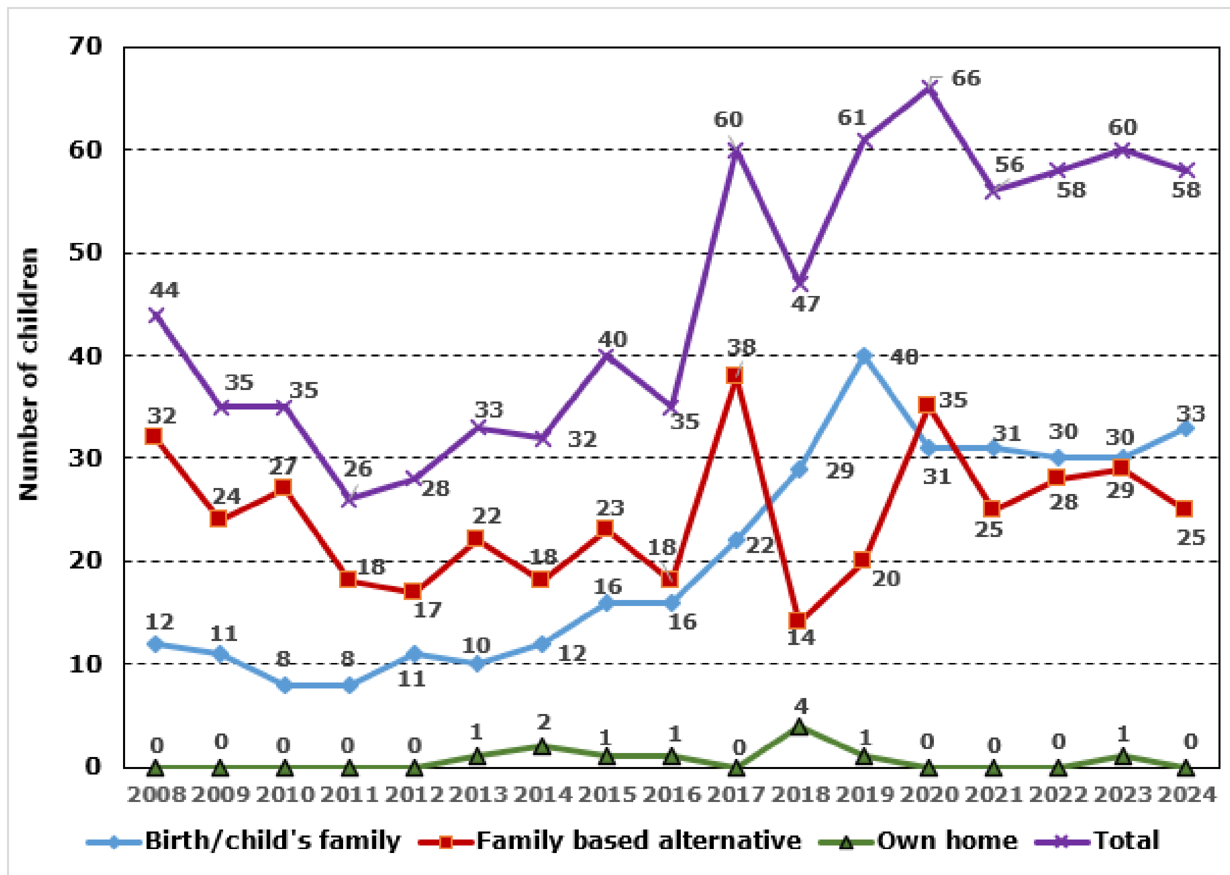
- Alternative families are recruited and trained to provide services for children.
- Children's service needs and alternative families are comprehensively assessed to identify the most appropriate alternative families for possible placement of children.
- Children's parents or LARs are provided information 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 affect placements or the quality of services received by children are determined through their permanency plans.

Movement of Children to Family-based Alternatives

This section describes Family-based Alternatives contractor activities during fiscal year (FY) 2024 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 FY. EveryChild, Inc. helped divert or move 58 children from an institution in FY 2024. Of the 58 children, 25 (43 percent) moved to a family-based alternative and 33 (57 percent) returned to their family home.

Figure 7. Number of Children Assisted by EveryChild, Inc., by Placement/Diversion Activity as of August 31, 2024



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 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 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.
- 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 FY 2024 include:

- Home-health workforce shortage and difficulty in accessing community-based care providers including physicians, home health nurses and personal care attendants;
- Longer times to establish eligibility due to a large number of people being assessed for Supplemental Security Income (SSI) and Medicaid eligibility; and
- Children from other states are being placed in Texas nursing facilities by parents, hospitals, and other state child welfare agencies.

Table 7 provides an overview of the contractor's placement and diversion activities during FY 2024. During FY 2024, EveryChild Inc. assisted a total of 58 children to move or divert from an institution with 23 moving from an institution and 35 diverting from an institution. There are an additional 46 children in transition to a family setting.

Table 7. EveryChild Achievements for Fiscal Year 2024

EveryChild, Inc.'s Activities Accomplished	To Birth/ Child's Family	To Family-based Alternative	To Own Home	Total
Moved From an Institution	9	14	0	**23**
Diverted From Admission to an Institution	24	11	0	**35**
In Transition to Family	13	33	0	**46**

Table 8 and Figure 8 show the number of children the contractor assisted in FY 2024 and the number of children since 2002 to move from or be diverted from institutions by type of facility. Of the 904 children assisted by EveryChild, Inc. to move to a family setting since 2002, 520 (58 percent) resided in a large institution, while 83 (9 percent) resided in a small or medium facility and 301 (33 percent) were diverted.

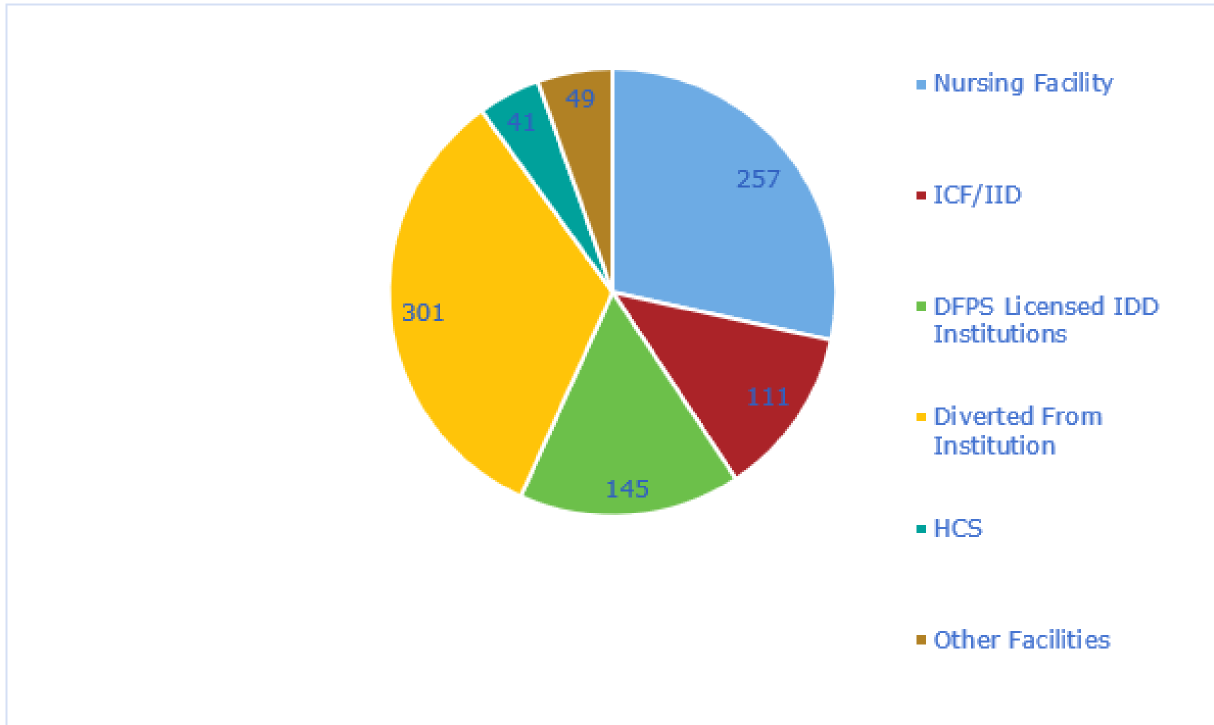
Table 8. Number Assisted to Move by EveryChild, Inc., by Size and Type of Institution as of August 31, 2024

Size of Institution	Type of Institution	Children Moved in FY 2024	Children Moved Since FY 2002
Large	Nursing Facility	11	257
Large	Community ICF/IID	0	69
Large	DFPS-Licensed ID Institution	4	133
Large	SSLC	0	12
Large	Other[14]	3	49
Medium or Small	Community ICF/IID	0	30
Medium or Small	HCS	3	41
Medium or Small	DFPS Group Home[15]	2	12
Diverted from Institution	n/a	35	301
Total	**n/a**	**58**	**904**

[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., to Move to a Family by Facility Type since FY2002 as of August 31, 2024



EveryChild, Inc., has collaborated with more than 750 state-contracted provider organizations to expand their capacity to offer family-based alternatives and better meet children's needs by helping provider organizations recruit, assess, and train potential alternative families. Since 2002, EveryChild, Inc., has recruited over 2,400 potential alternate families and placed 506 children with support families or alternate families. They also assisted 13 young adults to live in their own homes and 385 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 FY 2024 and from August 2002 through August 31, 2024, with the final column representing the total number of children moved from August 2002 through August 31, 2024.

Table 9. Funding Source by Setting for Children Who Moved with Family-based Alternatives Contractor Assistance Since August 2002 and in FY 2024

Funding Source (State Agency)	To Child's Family Since Aug. 2002	To Family-based Alternative Since Aug. 2002	To Own Home Since Aug. 2002	To Child's Family FY24	To Family-based Alternative FY24	To Own Home FY24	Total # of Children Moved to Date
Community Based Alternatives (DADS)	9	0	2	1	0	0	**12**
CLASS (HHSC/ DADS)	31	5	4	0	0	0	**40**
HCS (HHSC/ DADS)	236	438	5	27	24	0	**730**
MDCP (HHSC/ DADS)	40	1	0	3	1	0	**45**
Title IV Foster Care (DFPS)	0	35	0	0	0	0	**35**
YES Waiver	2	0	0	0	0	0	**2**
Other/Non-Waiver (Medicaid or other funding)	35	1	2	2	0	0	**40**
Total	**353**	**480**	**13**	**33**	**25**	**0**	**904**

6. System Improvement and Challenges

Since 2002, the number of children in institutions serving more than four persons has been decreasing, including a 100 percent decrease in large ICF/IIDs, a 66 percent decrease in nursing facilities, and a 68 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 Alternative contractor identifying networks of family-based alternatives;
- Expansion of family-based alternatives through coordinated efforts by the Family-based Alternative contractor and waiver program providers;
- Funding 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 Promoting Independence waivers.

System Improvement Activities

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 resulting from the collaboration 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 Disability (IDD) Strategic Plan regarding the needs of children with disabilities and their families.
- Released HCS slots appropriated by the 2024-25 General Appropriations Act, Senate Bill (S.B.) 1, 88th Legislature, Regular Session, 2023 (Article II, Health and Human Services Commission) which includes the following from September 1, 2023, through August 31, 2025:
  - 1,144 HCS slots appropriated for statewide reduction of the HCS Interest List (IL).
  - From September 1, 2023 – August 31, 2024, HHSC released 1,739 IL reduction slots. Of those, 191 enrollments have been approved and an additional 951 were in the enrollment process as of August 31, 2024. This category includes but is not limited to children.
- HHSC will continue to use attrition slots in the 2024-2025 biennium for the following HCS targeted groups:
  - For people moving out of large, medium, and small ICF/IIDs, HHSC released 127 slots. Of those, 29 enrollments were approved and an additional 77 were in the enrollment process as of August 31, 2024. This category includes, but is not limited to children;
  - For children aging out of foster care, HHSC released 88 slots. Of those, 39 enrollments were approved and an additional 44 children were in the enrollment process as of August 31, 2024; and
  - For people with IDD diverted from nursing facility admission, HHSC released 69 slots. Of those, 34 enrollments were approved and an additional 31 were in the enrollment process as of August 31, 2024. This category includes but is not limited to children.
  - HHSC released attrition slots to prevent institutionalization and assist people with IDD in crisis. Included in this category were children in both DFPS GROs and children in Child Protective Services (CPS) custody. HHSC released attrition slots in the following categories:

    - ◊ Crisis/diversion from institutionalization. HHSC released 454 slots. Of those, 189 enrollments were approved with an additional 223 in the enrollment process as of August 31, 2024. This category includes but is not limited to children. HHSC continued to release crisis/diversion slots after August 31, 2024.
    - ◊ Children transitioning from a nursing facility. HHSC released four slots. Of those, two enrollments were approved with an additional one in the enrollment process as of August 31, 2024. HHSC continues to release slots for children transitioning from a nursing facility after
August 31, 2024.

- HHSC continues to track and process carry-over slots. Carry-over is the number of HCS slots released in the previous biennium (2022 – 2023) that were still in the enrollment process as of
September 1, 2023.
  - From September 1, 2023 – August 31, 2024, HHSC approved 125 IL reduction enrollments with an additional 4 in the enrollment process as of August 31, 2024. This category includes, but is not limited to, children.
- HHSC utilized attrition slots in the 2022 – 2023 biennium for the following HCS targeted groups:
  - For people moving out of large, medium, and small ICF/IIDs, HHSC approved 50 enrollments with an additional 13 in the enrollment process as of Augst 31, 2024. This category includes, but is not limited to, children.
  - For children aging out of foster care, HHSC approved 40 enrollments with an additional 3 in the enrollment process as of August 31, 2024.
  - For people with IDD diverted from nursing facility admission, HHSC approved 30 enrollments with no additional people in the enrollment process as of August 31, 2024. This category includes, but is not limited to, children.
  - HHSC used attrition slots to prevent institutionalization and assist people with IDD in crisis. Included in this category were children in both DFPS GROs and children in CPS custody. HHSC released attrition slots in the following categories:
    - ◊ Crisis/diversion from institutionalization. HHSC approved 163 enrollments with an additional 10 in the enrollment process as of August 31, 2024. This category includes, but is not limited to, children.

- ◊ Children transitioning from a nursing facility. HHSC approved four enrollments with one enrollment left in the enrollment process as of August 31, 2024.

- Completed additional activities benefiting people 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 abuse 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 2024.
    - ◊ Eight contracted LIDDAs provide regional support services to other LIDDAs and program providers to help people who have complex medical and behavioral needs who want to live in community-based settings. As the MFP Demonstration grant collects data on a calendar year basis, data collected is from October 1, 2023, to September 30, 2024. During this time, the regional TSTs provided:
      - 516 educational opportunities attended by 7,523 people.
      - 3,161 technical assistance opportunities attended by 3,596 people.
      - 2,470 peer review or case consultations attended by 12,752 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 on family-based alternatives for children.
- $5.9 million in funds were appropriated for services to people with high medical needs (HMN) to implement a daily add-on rate for small and medium ICF/IID providers to serve people with HMN transitioning from an SSLC or a

nursing facility.[18] These funds were also appropriated for three new ICF/IID homes specifically for people with HMN.

  - Currently, there is a six-bed HMN home with two vacancies and one bed occupied by a person who is enrolled in the ICF/IID program, that is not part of the HMN program. HHSC did not receive recent referrals for the HMN program.

- 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 on groups administratively supported by HHSC.

Challenges

HHSC continues to engage with the Family-based Alternative contractor, DFPS, and other stakeholders to transition children from institutional settings. Challenges to moving children from institutions continue to include:

- Community capacity to support children with significant behavior support needs;
- Continued growing demand for community-based services;
- Out- -of-home crisis respite options for children while developing long term options; and
- The need for increased physical, medical, and behavioral supports for some children to live successfully in non-institutional settings.

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[18]On August 31, 2016, the rules were expanded to include add on rates for any ICF/IID facility that was set for people 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. Currently, 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.

7. Conclusion

Since 2002, systemic improvements have brought Texas closer to realizing the permanency planning goal of family life for children with IDD. Although considerable 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
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
FY	Fiscal Year
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
MFP	Money Follows the Person

Acronym	Full Name
PPI	Permanency Planning Instrument
RFP	Request for Proposal
S.B.	Senate Bill
SSI	Supplemental Security Income
SSLC	State Supported Living Center
TAC	Texas Administrative Code
TST	Transition Support Team