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Permanency Planning and Family-based Alternatives

As Required by

Texas Government Code,

Section 531.162(b)

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, 2023 – February 29, 2024.

As of February 29, 2024, 954 children were living in all types of institutions, representing a 40 percent decrease since permanency planning was implemented in 2002, or a 67 percent decrease if children served in the Home and Community-based Services waiver (HCS) are excluded. Of the 954 children living in institutions:

- The majority (72 percent) were young adults, ages 18 to 21.
- More than half (56 percent) were in the HCS waiver program.
- A relatively small number (9 percent) resided in a nursing facility.
- The majority (94 percent) had a current permanency plan.

Specialized supports provided through 1915(c) waiver programs, including HCS, help children transition from living in institutions to either living with their families or in family-based alternatives, which is a family-like setting. From September 1, 2023, to February 29, 2024, 35 children transitioned from institutions, with the majority moving to live with their families or to a family-based alternative.

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[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, 2023 to February 29, 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 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 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 26, Texas Administrative Code (TAC), Chapter 263, Section 263.902(c)(1)(A)
[3] 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) changes 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 29, 2024.

Number of Children Residing in Institutions

Table 1 shows the total number of children living in institutions by institution type as of February 29, 2024.

Table 1. Number of Children in Institutions, HHSC or DFPS Combined as of February 29, 2024

Institution type	Ages 0-17	Ages 18-21	Total
Nursing Facility	48	35	83
Small ICF	12	114	126
Medium ICF	1	19	20
Large ICF	2	2	4
SSLC	49	99	148
HCS Group Homes	127	408	535

[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	32	6	38
Total	271	683	954

Data shows 661 children (69 percent of the 954) resided in a setting with eight or fewer residents.[5] Of those 661 children, 139 (21 percent) were minors, and 522 (79 percent) were young adults ages 18 through 21.

Institutions with more than eight residents served 293 children (31 percent of the 954). Of those 293 children, 132 (45 percent) were minors, and 161 (55 percent) were young adults.

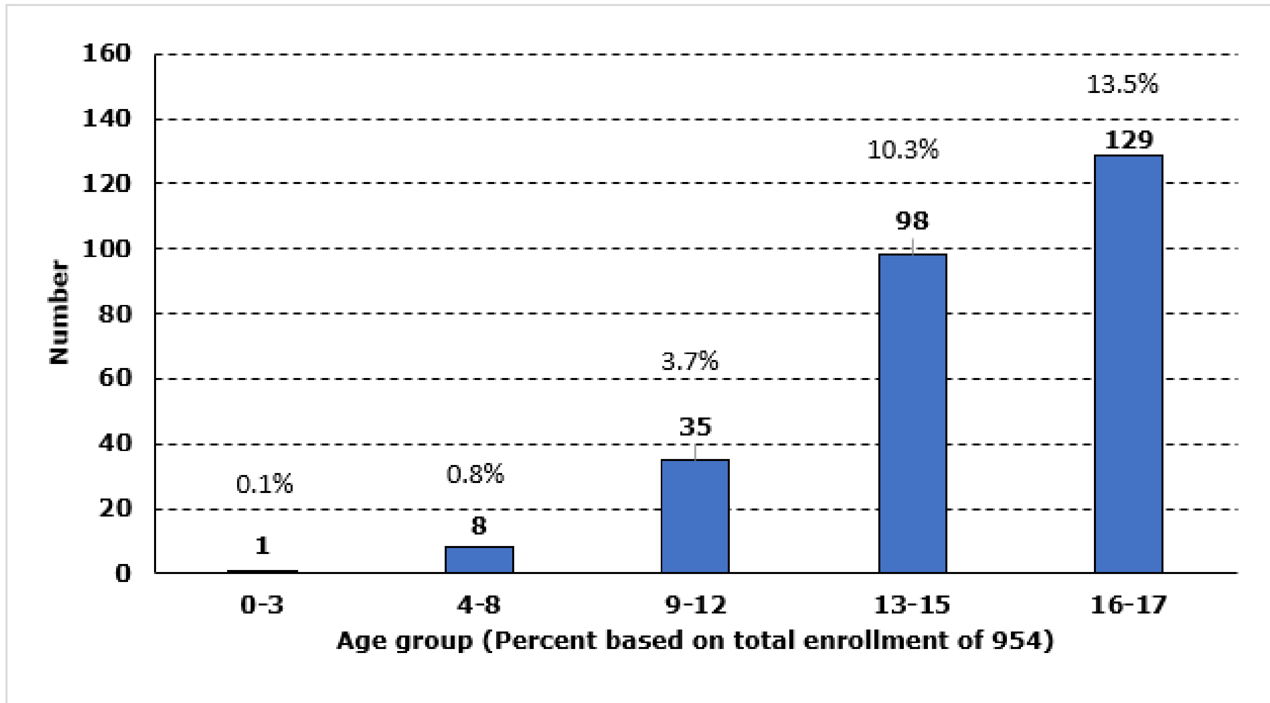
Circumstances of Children Residing in Institutions

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

Figure 1, below, shows the age distribution of minors by breakdown of the 271 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.

[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.

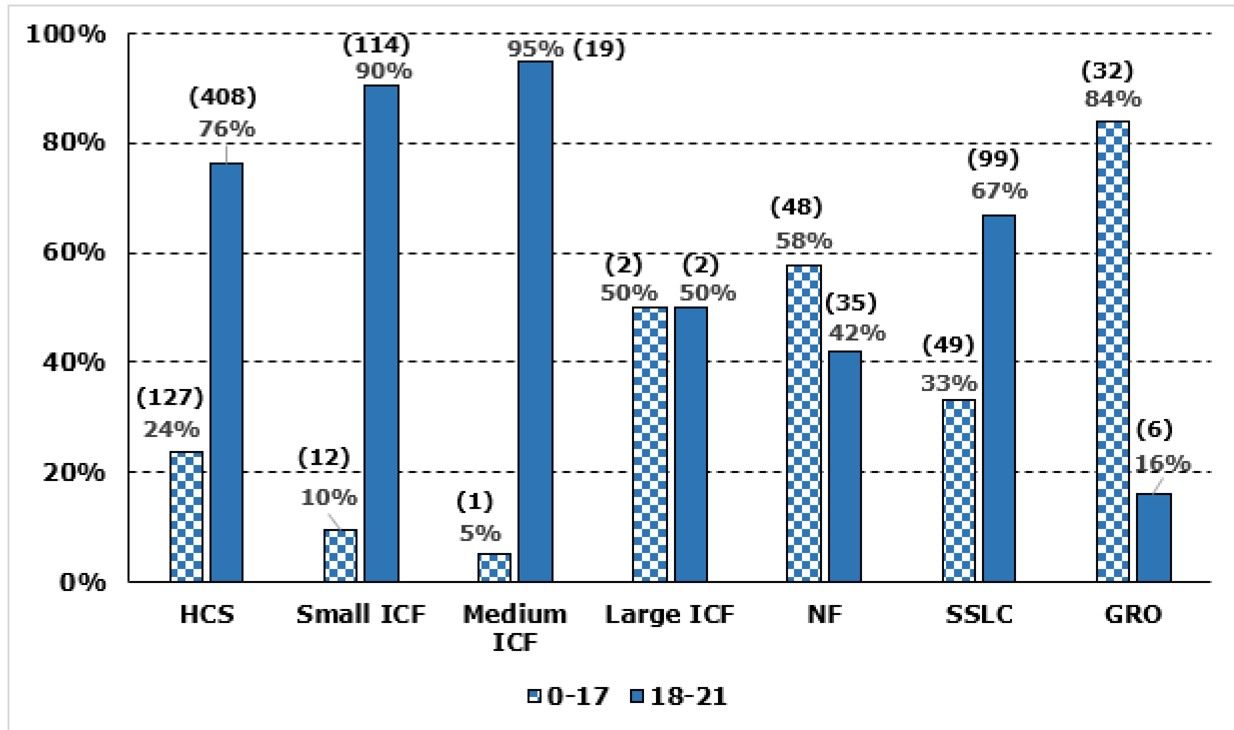
Figure 1. Age Distribution of Minors in Institutions, HHSC and DFPS Combined as of February 29, 2024. See table below for detail.



Age Group	Number	Percentage
0-3	1	0.1%
4-8	8	0.8%
9-12	35	3.7%
13-15	98	10.3%
16-17	129	13.5%

Figure 2, below, shows a higher percentage of young adults (ages 18 – 21 years) than minors (ages 0 – 17 years) in all institutions, except large ICFs, 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 29, 2024. See table below for detail.

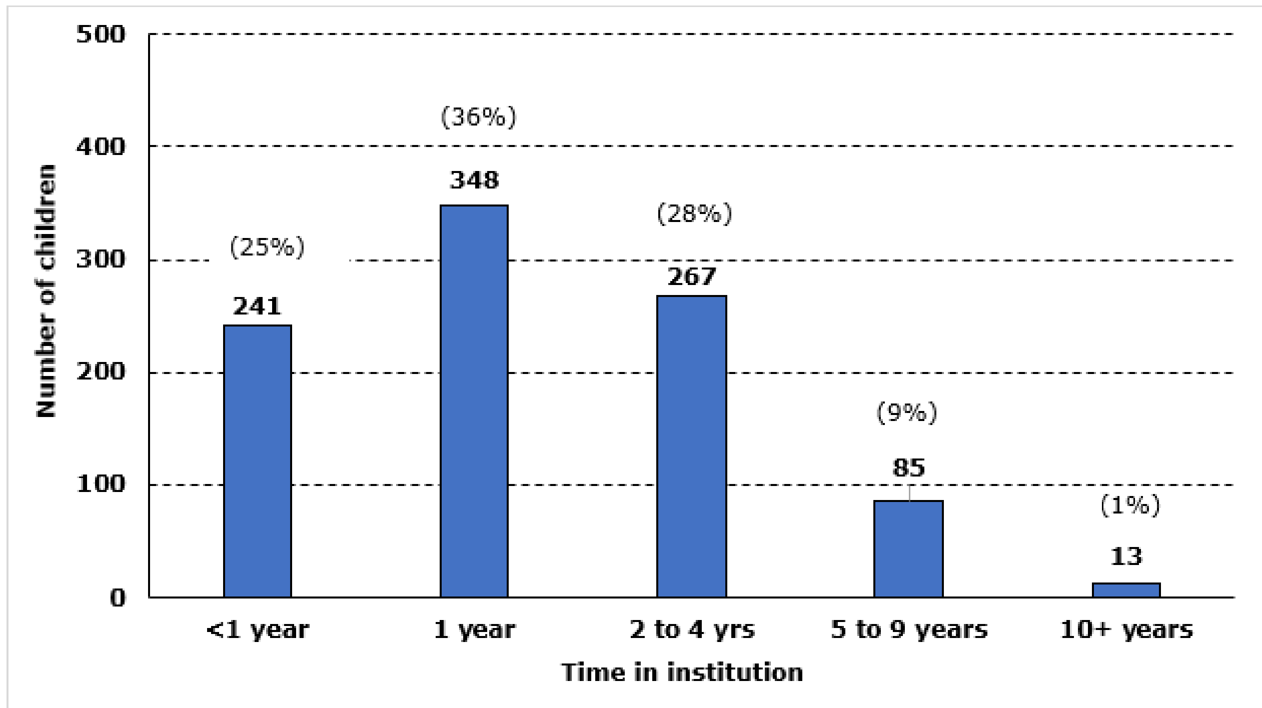


	Ages 0-17	Ages 0-17	Ages 18-21	Ages 18-21
Institution type	**Number**	**Percentage**	**Number**	**Percentage**
Nursing Facility	48	58%	35	42%
Small ICF	12	10%	114	90%
Medium ICF	1	5%	19	95%
Large ICF	2	50%	2	50%
SSLC	49	33%	99	67%
HCS	127	24%	408	76%
GRO	32	84%	6	16%

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

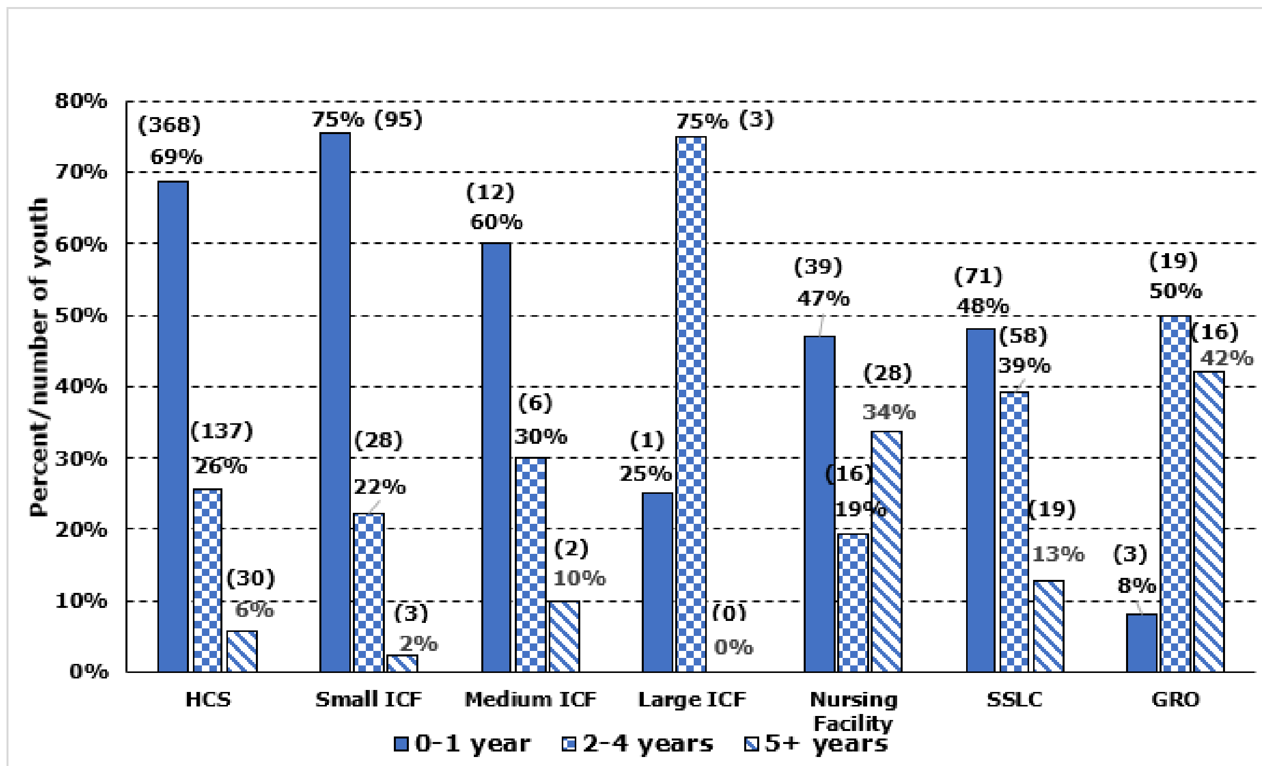
Figure 3. Length of Stay in Institutions, HHSC and DFPS Combined as of February 29, 2024. See table below for detail.



Time in Institution	Number	Percentage
<1 Year	241	25%
1 Year	348	36%
2 to 4 yrs	267	28%
5 to 9 years	85	9%
10+ years	13	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. Small ICF/IIDs had the highest percent (75 percent) and GROs had the lowest percent (8 percent). GROs served the largest percent of children with a LOS of five or more years (42 percent). There were no children in large ICF/IIDs and only two children in medium ICF/IIDs and 3 children in small ICF/IIDs with a LOS of five or more years.

Figure 4. Length of Stay in Years by Type of Institution as of February 29, 2024. See table below for detail.



	0 - 1 year	0 - 1 year	2 - 4 years	2 - 4 years	5+ years	5+ years
Institution	**Number**	**Percentage**	**Number**	**Percentage**	**Number**	**Percentage**
HCS	368	69%	137	26%	30	6%
Small ICF	95	75%	28	22%	3	2%
Medium ICF	12	60%	6	30%	2	10%
Large ICF	1	25%	3	75%	0	0%
NF	39	47%	16	19%	28	34%
SSLC	71	48%	58	39%	19	13%
GRO	3	8%	19	50%	16	42%

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[6]	Service coordinators employed by local intellectual and developmental disability authorities (LIDDAs)
General Residential Operation	Developmental disability specialists employed by DFPS
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 six percent of children is attributed to a delay in data entry for a completed plan or the timing of an admission (e.g., if a child is admitted to an institution on or immediately before the last day of the reporting period).

Table 3. Permanency Plans Completed as of February 29, 2024

Institution Type	Number of Children in Institutions	Number of Permanency Plans Completed	Percent of Permanency Plans Completed
Nursing Facility	83	83	100%
Small ICF/IID	126	115	91%
Medium ICF/IID	20	20	100%
Large ICF/IID	4	4	100%
SSLC	148	141	95%
HCS Group Homes	535	491	92%
General Residential Operation	38	38	100%
Total	954	892	94%

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

Texas Government Code, Section 531.060(b) encourages parental participation in planning and recognizes parental or LAR authority for decisions regarding living arrangements. Goals established during the planning process reflect the direction in which permanency planning is moving. While every effort is made to encourage

reunification with the child's family, families or LARs are sometimes unable to bring the child home. In those situations, the preferred choice for a child may be a family-based alternative. HHSC contracts with EveryChild, Inc. to develop and foster potential family-based alternatives. EveryChild, Inc. works with HHSC, DFPS, and their partners (e.g., waiver program providers and child placement agencies) to help children in institutions move back home or to a family-based alternative.

Data from the Family-based Alternative contractor shows that from September 1, 2023 to February 29, 2024, EveryChild, Inc. assisted 22 children to return home or move to a family-based alternative. Of the 22 children, 10 or 45 percent of the children moved to a family-based alternative. 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 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 service access or availability.[9] Table 5 shows many of the available services[10] and includes Medicaid State Plan and waiver program services used by one or more children leaving an institution. The HCS program stands out

[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 ensure availability of locally 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).

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.

Table 4. Texas Medicaid Waiver Services by Program[11]

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
Individualized skills and socialization	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

[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. 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
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 three percent; and the number of children in all institution types excluding HCS decreased by five percent. Compared to August 31, 2002, the number of children in all institution types (including HCS group homes) decreased by 40 percent, and the number of children in all institution types excluding HCS decreased by 67 percent.

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

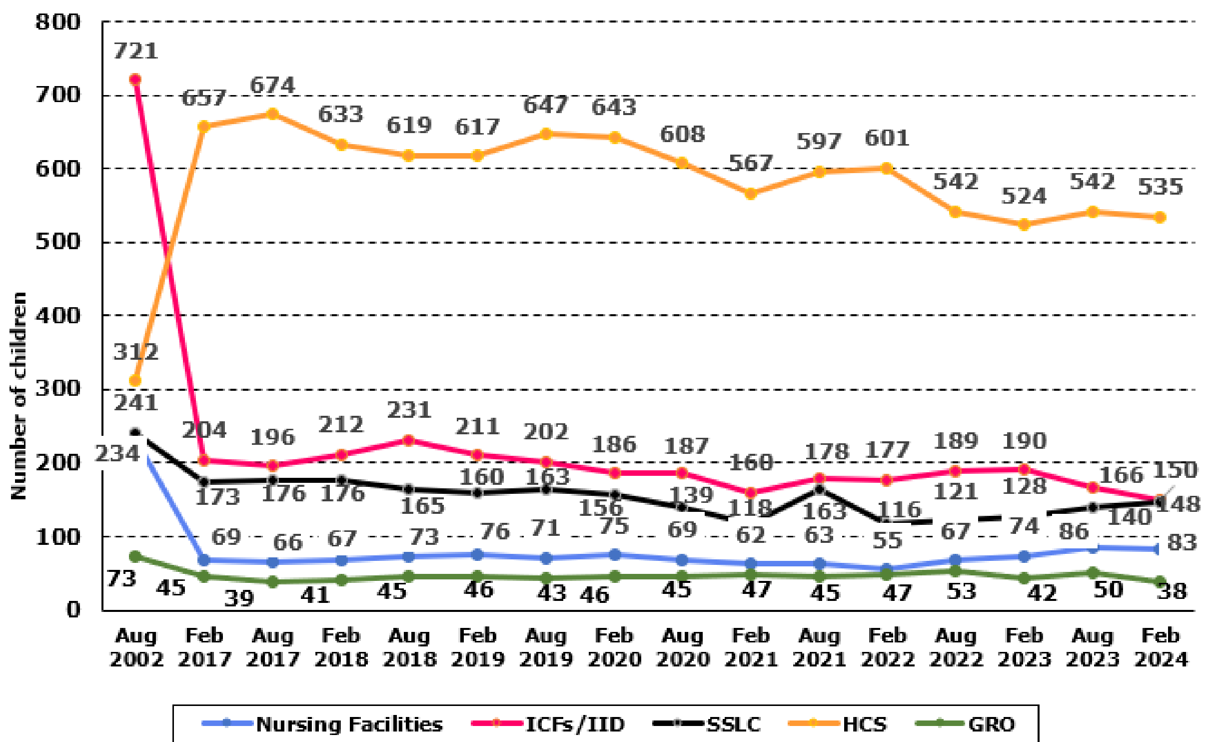
Institution Type	Baseline Number as of August 31, 2002	Number as of August 31, 2023	Number as of February 29, 2024	Percent Change Since August 2002	Percent Change in Past Six Months
Nursing Facilities	234	86	83	-65%	-3%
Small ICFs/IID	418	137	126	-70%	-8%
Medium ICFs/IID	39	22	20	-49%	-9%
Large ICFs/IID	264	7	4	-98%	-43%
SSLC	241	140	148	-39%	6%
HCS Group Homes	312	542	535	71%	-1%

Institution Type	Baseline Number as of August 31, 2002	Number as of August 31, 2023	Number as of February 29, 2024	Percent Change Since August 2002	Percent Change in Past Six Months
GROs	73	50	38	-48%	-24%
Total	**1,581**	**984**	**954**	**-40%**	**-3%**
Total with HCS Excluded	1,269	442	419	-67%	-5%

Figure 6, below, displays trends from August 1, 2002, to February 29, 2024. As the figure shows, the number of children residing in an HCS group home has remained comparatively high between February 2017 through February 2024, 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 2024. 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
Aug 2023	86	166	140	542	50
Feb 2024	83	150	148	535	38

5. System Improvement and Challenges

Since 2002, the number of children in institutions serving more than four persons has been decreasing, including a 98 percent decrease in large ICF/IIDs, a 65 percent decrease in nursing facilities, and a 67 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;
- 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 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.[13]

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[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 (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 – February 29, 2024, HHSC released 443 IL reduction slots. No enrollments have been approved and 395 were in the enrollment process as of February 29, 2024. This category includes but is not limited to children.
- HHSC will utilize attrition slots in the biennium for the following HCS targeted groups:
  - For people moving out of large, medium, and small ICF/IIDs, HHSC released 38 slots. Of those, five enrollments have been approved and an additional 32 were in the enrollment process as of February 29, 2024. This category includes, but is not limited to children.
  - For children aging out of foster care, HHSC released 38 slots. Of those, seven enrollments have been approved and an additional 31 children were in the enrollment process as of February 29, 2024.
  - For people with IDD diverted from nursing facility admission, HHSC released 35 slots. Of those, five enrollments have been approved and an additional 30 were in the enrollment process as of February 29, 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 has released attrition slots in the following categories:

        - ◊ Crisis/diversion from institutionalization. HHSC released 192 slots. Of those, 47 enrollments have been approved with an additional 139 in the enrollment process as of February 29, 2024. This category includes but is not limited to children. Crisis/diversion slots continue to be released after February 29, 2024.
        - ◊ Children transitioning from a nursing facility. HHSC released four slots. All four children are still in the enrollment process as of February 29, 2024. Slots for children transitioning from a nursing facility continue to be released after February 29, 2024.
- Carry-over is the number of HCS slots released in the previous biennium (2022-2023), which were still in the enrollment process as of September 1, 2023. HHSC continues to track and process these slots.
    - From September 1, 2023 – February 29, 2024, HHSC approved 103 IL reduction enrollments with an additional 27 in the enrollment process as of February 29, 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 46 enrollments with an additional 28 in the enrollment process as of February 29, 2024. This category includes, but is not limited to children.
    - For children aging out of foster care, HHSC approved 40 enrollments with an additional 12 in the enrollment process as of February 29, 2024.
    - For people with IDD diverted from nursing facility admission, HHSC approved 30 enrollments with an additional five in the enrollment process as of February 29, 2024. This category includes, but is not limited to children.
    - To prevent institutionalization and assist people with IDD in crisis, HHSC used attrition slots. 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 135 enrollments with an additional 64 in the enrollment process as of February 29, 2024. This category includes, but is not limited to children.

    - ◊ Children transitioning from a nursing facility. HHSC approved one enrollment with an additional four in the enrollment process as of February 29, 2024.

- 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 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 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, 2023, to February 29, 2024, the regional TSTs provided:
      - 240 educational opportunities attended by 3,626 people.
      - 1,654 technical assistance opportunities attended by 1,886 people.
      - 1,270 peer review or case consultations attended by 9,080 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 SSLC Transition Specialists and Court Appointed Special Advocates (CASA) on family-based alternatives for children.
- $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.[14] These funds were also appropriated for three new ICF/IID homes specifically for individuals with HMN.

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[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

    - Currently, there is a six bed HMN home with two vacancies and one bed occupied by an individual who is enrolled in the ICF/IID program and is not part of the HMN program. No recent referrals for the HMN program have been received.
- 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 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:

- Limitations in community capacity to support children with significant behavior support needs;
- Continued demand for community-based services;
- 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.

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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 Disability
IL	Interest List
LAR	Legally Authorized Representative
LIDDA	Local Intellectual and Developmental Disability Authority

LOS	Length of Stay
MFP	Money Follows the Person
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