

Promoting Independence Plan

**As Required by
Senate Bill 367, 77th Legislature Regular
Session, 2011 and Executive Order RP-13**

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TEXAS
Health and Human
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Executive Summary

The Promoting Independence Plan (PIP) is Texas' comprehensive response to the Supreme Court's 1999 Olmstead decision, but also outlines a vision and guiding principle for the Health and Human Services Commission (HHSC) to provide a system of holistic services and supports that foster independence and self-determination for people with disabilities so that they may be able to live fully integrated into their chosen communities. The goals of the 2022 PIP reflect several key areas essential to achieving this vision.

Since 2001, Texas has worked systemically to integrate policies and program operations that align with the Olmstead decision. The 2022 PIP presents a commitment to continued progress and innovation. It demonstrates evolution toward a more comprehensive and inclusive strategic plan to realize the vision of successful community living for people with disabilities. Texas will continue its efforts toward prevention of unnecessary institutionalizations and successful transition from institutions. HHSC will also ensure necessary supports and services which help people with disabilities to live with health, wellness and dignity; make their own choices, and participate fully in their communities.

HHSC used a multi-pronged, cross-disability, cross-agency, and stakeholder-informed approach to develop the 2022 plan. Report development included partners from the Texas Department of Housing and Community Affairs (TDHCA) and Texas Workforce Commission (TWC), a comprehensive review of previous stakeholder recommendations from the Disability Services Action Plan (DSAP), Statewide Intellectual and Developmental Disabilities (IDD) Strategic Plan, past versions of the PIP, and a cross-disability stakeholder summit.

HHSC re-visioned the PIP to include additional meaningful and achievable activities that align with the vision of the Olmstead decision, demonstrate strong partnerships with other state agencies, reflect priorities of the community, and remain within the actionable scope of HHSC.

The goals addressed in this plan are:

- Increase access to and awareness of the HHSC service array
- Strengthen and promote the quality of the community-based service array to support people to be successful in home and community-based settings

- Maintain and reinforce transitional supports to ensure successful diversions and transitions from institutions to home and community-based settings
- Review and promote options to expand the availability of affordable, accessible, and integrated housing opportunities
- Support community-integrated employment of people with disabilities
- Improve recruitment, retention, and competency of the Direct Service Workforce

1. Introduction

HHSC makes a positive difference in the lives of people we serve and strives to ensure people with disabilities' well-being, dignity, and choices. In 2019, Texas had the second largest population of people with disabilities in the United States, with 11.8 percent of Texans reporting a disability, and of those, approximately 54 percent of were 75 years and older.¹ The 2022 PIP is cross-disability and has a broad definition of who has a disability, consistent with HHSC policy.²

The PIP was initiated in accordance with Executive Order RP-13³, Executive Order GWB 99-2⁴, and Texas Government Code, Section 531.02444 in response to the Olmstead decision. This plan acts as the "public entity's plan for implementing its obligation to provide people with disabilities opportunities to live, work, and be served in integrated settings."⁵ In *Olmstead v. L. C.*, 527 U.S. 581 (1999),⁶ the U.S. Supreme Court ruled that the unnecessary institutionalization of persons with disabilities constitutes unlawful discrimination under the Americans with Disabilities Act. The ruling requires states to serve people with disabilities in community settings, rather than in institutions, when:

- Such services are appropriate;
- The affected persons do not oppose community-based treatment; and
- Community-based services can be reasonably accommodated, taking into account the resources available to the public entity and the needs of others who are receiving disability services from the entity.

¹ [People with disabilities summary](https://gov.texas.gov/uploads/files/organization/twic/Disabilities-Summary.pdf)

(<https://gov.texas.gov/uploads/files/organization/twic/Disabilities-Summary.pdf>)

² HHSC has defined disability as being limited in one or more major life activities, such as hearing, seeing, thinking or memory, walking or moving, taking care of personal needs (bathing, feeding, dressing), or living independently.

³ [Executive Order RP-13](http://www.lrl.state.tx.us/scanned/govdocs/Rick%20Perry/2002/RP13.pdf)

(<http://www.lrl.state.tx.us/scanned/govdocs/Rick%20Perry/2002/RP13.pdf>)

⁴ [Executive Order GWB 99-2](http://www.lrl.state.tx.us/scanned/govdocs/George%20W%20Bush/1999/GWB99-2.pdf)

(<http://www.lrl.state.tx.us/scanned/govdocs/George%20W%20Bush/1999/GWB99-2.pdf>)

⁵ "Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and *Olmstead v. L.C.*," U.S. Department of Justice, Civil Rights Division, June 22, 2011, Question 12, p. 4 ("[DOJ Statement](http://www.ada.gov/olmstead/q&a_olmstead.htm)") (www.ada.gov/olmstead/q&a_olmstead.htm), last visited August 31, 2022.

⁶ [Olmstead: Community Integration for Everyone -- About Us Page \(ada.gov\)](https://archive.ada.gov/olmstead/olmstead_about.html)

(https://archive.ada.gov/olmstead/olmstead_about.html)

The Executive Order RP-13 directed HHSC to report on the status of community-based services with a plan that shall:

- Update the analysis of the availability of community-based services as a part of the continuum of care;
- Explore ways to increase the community care workforce;
- Promote the safety and integration of people receiving services in the community; and
- Review options to expand the availability of affordable, accessible, and integrated housing.

Prior to Texas' participation in the Money Follows the Person Demonstration (MFPD)⁷, the state was assisting people in transitioning from institutions to the community; however, participation in MFPD has amplified and further propelled the state's efforts in supporting transitions.⁸

⁷ [MFPD](https://www.medicaid.gov/medicaid/long-term-services-supports/money-follows-person/index.html) (https://www.medicaid.gov/medicaid/long-term-services-supports/money-follows-person/index.html)

⁸ Reference Appendix C for more MFPD information

2. Stakeholder Engagement

To begin incorporating stakeholder suggestions in this report, HHSC reviewed stakeholder recommendations and activities included within the DSAP, IDD Strategic Plan and 2020 PIP to identify themes, determine viability with current state resources, and inform goals and activities for this report. In May 2022, HHSC began formally soliciting additional stakeholder feedback on the development of the PIP. To solicit feedback, HHSC notified people via the government delivery system that feedback was welcomed until mid-August 2022 through a general email inbox. HHSC also held a stakeholder summit to obtain feedback.

On August 1, 2022, HHSC hosted its first Promoting Independence Stakeholder Summit. The summit provided stakeholders the opportunity to communicate priorities from previously received recommendations as well as provide additional feedback and recommendations to be considered. The summit was a hybrid in-person and virtual event that enabled statewide participation and had cross-disability representation. Participation included people with disabilities, family members of people with disabilities, community advocacy organizations, providers, and service coordination entities such as managed care organizations (MCOs) and local intellectual and developmental disability authorities (LIDDAs). Some of the disabilities represented included, but were not limited to, autism spectrum disorder, intellectual or developmental disabilities, physical disabilities, mental health disabilities, blindness or low vision, and Deafness or hard of hearing. The summit provided a variety of accommodations to ensure full participation by all, including American Sign Language interpreters and Communication Access Realtime Translation services. The availability of the virtual platform provided attendance options and reduced potential barriers to participation.

HHSC organized the participants in cross-disability discussion groups to promote alignment with the forward vision of the 2022 PIP through systemic thinking of goals and actions that impact the disability community. This also provided opportunities for stakeholders and HHSC to learn more about each other's priorities and shared vision across disability populations. Themes of improving the No Wrong Door (NWD) systems, allowing for more program flexibility, improving data integrity, which includes 'telling our story' through accurate and readily accessible HHSC data, engagement of disability communities, increasing housing access and investment in the direct care workforce were several shared priorities across all groups. Additionally, participants recommended the previous structure of a Promoting Independence Advisory Committee be reestablished. For further

information regarding stakeholder feedback collected at the PIP Stakeholder Summit, reference appendix A.

All recommendations and priorities collected were documented and shared with HHSC for consideration. Ultimately, HHSC developed goal areas and activities that were cross-disability, stakeholder aligned and actionable with current state resources. HHSC continually engages stakeholders through formal and informal methods to improve the coordination, collaboration, and impact of HHSC services and initiatives. To remain informed on future PIPs and HHSC priorities, HHSC will provide a variety of stakeholder engagement opportunities including but not limited to hosting statewide listening sessions over the next biennium. These listening sessions will be an opportunity for HHSC to communicate progress on the activities described in this plan and engage with the people who access our services to stay informed on future priorities.

3. Milestones Since Beginning the Plan

Key Achievements

HHSC has made progress in fostering independence, choice and freedom to live in the most integrated setting of choice, since the inception of the PIP in 2001. Below are some of the key achievements with updated data over the last two decades, but not exhaustive:

- HHSC has participated in MFPD since 2008. As of March 2022, this grant has supported the transition of over 13,951 people from institutional settings into the community by expanding housing opportunities, implementing a quality-based monitoring system for community-based services, and utilizing the Minimum Data Set (MDS) to identify people who want to transition. HHSC remains a participant in MFPD and the MFPD program has been authorized, at the federal level, for continuation through 2024.
- HHSC reduced the number of residents in large Intermediate Care Facilities for people with an Intellectual Disability or Related Conditions (ICFs/IID) from over 1,000 in 2009 to 46 in September of 2022, with most former ICFs/IID residents enrolling in the Home and Community-based Services waiver program (HCS).
- HHSC added diversion opportunities for adults with Supplemental Security Income (SSI) Medicaid in the legacy Community Based Alternatives (CBA) waiver program (STAR+PLUS HCBS⁹ replaced the CBA program) for those in nursing facilities (NF) in 2011 and for adults and children at imminent risk of institutionalization to community waiver programs for people with IDD, effective September 2008.
- HHSC implemented processes in which LIDDAs are required to provide community living options and information to people in state supported living centers (SSLCs) (22 years and older) as well as to people with IDD in NFs.
- HHSC expanded the STAR+PLUS¹⁰ managed care program statewide in 2014 and made it a contractual requirement for MCOs to participate in the Promoting Independence Initiative. Part of this expansion also included the

⁹ STAR+PLUS HCBS stands for State of Texas Access Reform+ PLUS Home and Community Based Services Program

¹⁰ STAR+PLUS stands for State of Texas Access Reform+ PLUS

implementation of the Dual Demonstration Project, designed for people dually eligible for Medicaid and Medicare to improve coordination of services, enhance quality of care, and reduce costs for both the state and federal government.

- Expansion of the STAR+PLUS HCBS program included eliminating an interest list for people who have SSI and are eligible for the program.
- HHSC implemented a Medicaid state plan benefit called Community First Choice¹¹ to support people in their community setting, including those on a waiver program interest list. While a person waits on a waiver program's interest list, Community First Choice provides people with personal assistance, habilitation, and emergency response services, as well as support management.
- HHSC expanded the Youth Empowerment Services (YES) 1915(c) Waiver to be available to eligible participants across all 39 local mental health authorities (LMHAs). This waiver provides comprehensive home and community-based services to children aged 3-18 who are at risk of institutionalization or out-of-home placement due to serious emotional disturbances, with the purpose of reducing the number of children within institutions or out-of-home placements.
- HHSC and TDHCA partnered to increase housing opportunities for people who wish to leave an institution to live in the community. In addition, HHSC updated MCO contracts to require them to coordinate with Texas' Section 811 Project Rental Assistance (PRA) program on an ongoing basis. HHSC also partnered with Texas State Affordable Housing Corporation (TSAHC) to create up to 30 additional housing opportunities in Dallas and Travis counties.
- HHSC implemented the Transition Support Teams (TST) to provide support to community providers who serve people with IDD transitioning from institutional settings or who need additional supports to successfully live in their communities. The focus of the support is primarily on people who may have significant medical, behavioral or psychiatric support needs, or all.
- HHSC added Enhanced Community Coordination (ECC) to the LIDDAs, in which service coordinators provide enhanced monitoring and flexible supports

¹¹ For further information on community first choice, visit [Community First Choice](https://www.hhs.texas.gov/services/health/medicaid-chip/programs/community-first-choice) (https://www.hhs.texas.gov/services/health/medicaid-chip/programs/community-first-choice)

to aid in the successful community experience of people with IDD who are diverting or transitioning from institutional settings. The ECC service coordinator ensures people are linked to critical supports and receive person centered services for one year following a transition or diversion.

- House Bill 4533, 86th Legislature, Regular Session, 2019, provided HHSC direction to develop a pilot program to deliver, through a managed care model, home and community-based services for people who have IDD or a traumatic brain injury or people with similar functional needs who are not currently being served in an IDD waiver program or ICF/IID.
- In 2021, HHSC Early Childhood Intervention (ECI) and Medicaid collaborated to develop informational alerts, webinars, and other materials to share with ECI service providers to help inform families about waiver opportunities and the importance of signing up for programs as early as possible. ECI amended the Texas Administrative Code, effective March 2022, to ensure ECI service coordinators inform parents of children, who are likely to be eligible, about the waivers and help them place their children on waiver interest lists. This has promoted early education about accessible resources.
- HHSC ECI piloted the provision of their services via telehealth in 2018. In early 2020, Medicaid began reimbursing some ECI telehealth services. ECI providers continue to offer telehealth as a choice to families, with a total of 498,256 virtual service hours delivered in fiscal year 2021. The continuation of telehealth services in ECI has increased the ability to reach eligible families in remote areas and provide care during unforeseen circumstances when in-person services cannot be delivered.
- Enrollment is trending favorably to meet legislative appropriations allocated for interest list reduction to enroll an additional 1,628 people in the 2021-22 biennium into the 1915(c) Medicaid waivers. HHSC continues to work to enroll people in slots approved by the 87th Legislature, Regular Session, 2021.

Interest Lists Progress

Many people reside in the community and are successfully supported by various programs, supports and waivers. Many people choose to sign up on an interest list

for services such as Community Services and Supports¹² associated with Title XX of the Social Security Act (Title XX) or Medicaid HCBS comprehensive waivers.

Title XX Community Services and Supports:

- Adult Foster Care
- Residential Care
- Consumer Managed Personal Attendant Services¹³
- Day Activity and Health Services (DAHS)¹⁴
- Emergency Response Services
- Family Care¹⁵
- Home Delivered Meals¹⁶
- Special Services to Persons with Disabilities¹⁷

The following HCBS waivers have interest lists:

- [Community Living Assistance and Support Services \(CLASS\)](#)
- [Deaf Blind with Multiple Disabilities \(DBMD\)](#)

¹² [Texas Title XX Community Services and Supports](https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/resources/title-xx-community-services-supports.pdf)

(<https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/resources/title-xx-community-services-supports.pdf>)

¹³ There is currently an interest list for individuals who are interested in applying for Consumer Managed Personal Attendant Services and individuals are contacted for an intake to be tested for eligibility once their name is released from the interest list.

¹⁴ DAHS may be provided as Title XIX of the Social Security Act (Title XIX) entitlement service for individuals who are Medicaid recipients through managed care and Medicaid recipients not eligible for managed care through fee for services contracts with HHSC. Individuals who are not Medicaid recipients may be placed on an interest list to receive DAHS as a Title XX service.

¹⁵ Family Care is a Title XX program funded by a block grant and state funds. There is currently an interest list for individuals who are interested in applying for this program. Since there is limited funding individuals are contacted for an intake once their name is released from the interest list to be tested for eligibility.

¹⁶ There is currently an interest list for individuals who are interested in applying for this program. Individuals are contacted for an intake once their name is released from the interest list to be tested for eligibility. Sometimes, the HHSC Regional intake staff can make a referral to the local Area Agency on Aging for applying to receive Title III of the Older Americans Act Home Delivered Meals program services in the event the region has an interest list for the Title XX Home Delivered Meals services.

¹⁷ An interest list is maintained, and individuals are contacted to participate in an intake once their name is released from the interest list to be tested for eligibility.

- [Home and Community-based Services \(HCS\)](#)
- [Texas Home Living \(TxHmL\)](#)
- [Medically Dependent Children's Program \(MDCP\)](#)
- [STAR+PLUS Home and Community Based Services Program \(STAR+PLUS HCBS\)](#)

HHSC received approval from Senate Bill 1, 87th Legislature, Regular Session, 2021, to serve additional people from the Medicaid waiver interest lists. Senate Bill 1 provides authority for HHSC to spend an additional \$76.9 million in general revenue funds in the 2022-23 biennium to address the interest lists.

Enrollment for the 2022-23 Biennium

HHSC was approved to fill 1,484 new slots for the programs below.

Table 1: Number of Legislative allocations to programs in fiscal years 2022-2023

Program	Legislative Allocation for FYs 2022-2023
CLASS	381
DBMD	6
HCS	542
TxHmL	471
MDCP	42
STAR+PLUS HCBS)	42
Total	1,484

In addition to releasing the HCS interest list reduction slots described above, HHSC will also continue to use attrition slots in HCS to meet the needs of people with IDD in crisis situations and those diverting or transitioning from institutions including NFs and SSLCs. Attrition slots are created when a person leaves a waiver and previously funded slots become available. HHSC IDD Services developed an Attrition Slot Allocation Committee (ASAC) to help address attrition slot management. The ASAC meets at least once a month to distribute available attrition slots for certain target groups listed in the HCS waiver application that did not receive a specific funding allocation during the legislative session. The ASAC may meet more frequently if needed. HHSC Chief Financial Officer Forecasting staff advises on the number of attrition slots available each month.

Available attrition slots are distributed by request based on the date, time, and order the request from the LIDDA was received. If there are not enough attrition slots available within a particular month, HHSC Chief Financial Officer Forecasting staff will be consulted to determine if additional attrition slots may be released. If additional attrition slots are not available to cover the number of slots needed, the ASAC may consider using HCS interest list slots to serve people through the Promoting Independence Initiative. The ASAC considers this option on a month-to-month basis to ensure as many people as possible are released from the interest list.

Table 2: HCS Attrition Target Groups Performance for Fiscal Years (FY) 2020-2021 and Fiscal Years 2022-2023.¹⁸

Slot Type	Slot Description	FY 2020-2021¹⁹ Total Current Released	FY 2020-2021 Total Current Enrollment²⁰	FY 2020-2021 Total Current Pipeline²¹	FYs 2022-2023²² Total Current Released	FYs 2022-2023 Total Current Enrollment	FYs 2022-2023 Total Current Pipeline
Crisis Diversion	To prevent institutionalization/crisis	770	704	14	497	204	270
NF Transition	For people with IDD moving from NF's	346	189	14	162	31	9
NF Diversion	For people with IDD diverted from NF admission	265	236	2	133	50	76
NF Transition for Children	For children (age 21 or younger) moving from NF's	13	13	0	10	4	6
Child Protective Services (CPS) Aging Out	For people with IDD aging out of CPS conservatorship	190	175	0	90	35	50
Small-Medium ICF/IID²³	People age 21 and younger in an ICF/IDD and on the HCS Interest List	N/A	N/A	N/A	32	0	29
Large ICF/IID	Persons any age in an ICF/IDD and on the HCS Interest List	N/A	N/A	N/A	8	0	6

¹⁸ Data is through September 2022. The number of enrolled and pipeline will continue to change as slot offers reach a final status (enrolled, declined, denied, withdrawn).

FY2022-2023: September 2021 through August 2023.

¹⁹ FY2020-2021: September 2019 through August 2021.

²⁰ Enrolled count includes people who enrolled, received services, then discharged from the waiver during the same biennium in which they enrolled. They are part of the overall total of "enrolled" for the noted time period.

²¹ FY2020-2021 carry-over pipeline is still being tracked by HHSC. These are people who received HCS target group slot offers during FY2020 or FY2021 and did not reach a final status when FY2022 began. These are people who are working toward enrolling in the waiver or will reach another closed status (decline, denial, withdrawn).

²² FY2022-2023: September 2021 through August 2023.

²³ HHSC used crisis diversion and NF diversion to assist people who had lost placement or had an urgent situation, requiring them to move from a small, medium, or large ICF/IID.

Slot Type	Slot Description	FY 2020-2021 ¹⁹ Total Current Released	FY 2020-2021 Total Current Enrollment ²⁰	FY 2020-2021 Total Current Pipeline ²¹	FYs 2022-2023 ²² Total Current Released	FYs 2022-2023 Total Current Enrollment	FYs 2022-2023 Total Current Pipeline
SSLC Promoting Independence (PI)	For persons moving from a SSLC	125	116	0	79	30	47
SSLC Step-Down	For person who move from a SSLC to an ICF/IDD and request an HCS slot within 3 years of their community placement.	0	0	0	0	0	0
River Gardens ICF/IDD²⁴	Closure of River Gardens ICF/IID	N/A	N/A	N/A	89	0	64
Totals		1,709	1,433	30	1,100	354	557

²⁴ River Gardens ICF/IID closure did not occur until summer of 2022.

HHSC, with the support of the Legislature, has made strides to examine the needs of the people on the interest lists and promote transparency of information regarding interest lists, enrollment, and reporting.

- The 2022-23 General Appropriations Act (GAA), Senate Bill 1, 87th Legislature, Regular Session, 2021 (Article II, Health and Human Services Commission, Rider 19) required HHSC to post specific information for waiver programs, including the number of people on an interest list currently receiving services from HHSC.
- The 2022-23 GAA (Article II, Health and Human Services Commission, Rider 38) required HHSC to conduct a study on the provision of services under the Home and Community-based Services waiver program (HCS) to people with IDD who have high behavioral and high medical needs²⁵. This rider charged HHSC to define the scope of high behavioral and high medical needs for a person with IDD who may require enhanced services, identify the current number of people enrolled in HCS who fall within this scope and provide a written report back to the Legislature. The study was published to HHSC's website on August 31, 2022.
- The 2022-23 GAA (Article II, Health and Human Services Commission, Rider 41) directed HHSC to revise the Questionnaire for Long-term Services and Supports (LTSS) Waiver Program Interest Lists and administer the questionnaire to people on an IDD interest list. With funding available through the American Rescue Plan Act of 2021, HHSC will complete this for all people on an interest list and create a portal where people can see their place on the interest list and update their information.

For current and previous interest list reporting data, please visit: [Interest list reduction](#)

Transitions From Institutional Settings

HHSC remains focused on timely, safe, and successful transitions from institutional settings. Since the Olmstead decision, HHSC has accomplished this through dedicated efforts to innovate programs, philosophies, and operations. This report describes continued progress, while also acknowledging the significant contribution of maintenance activities that helps HHSC achieve and sustain progress. The

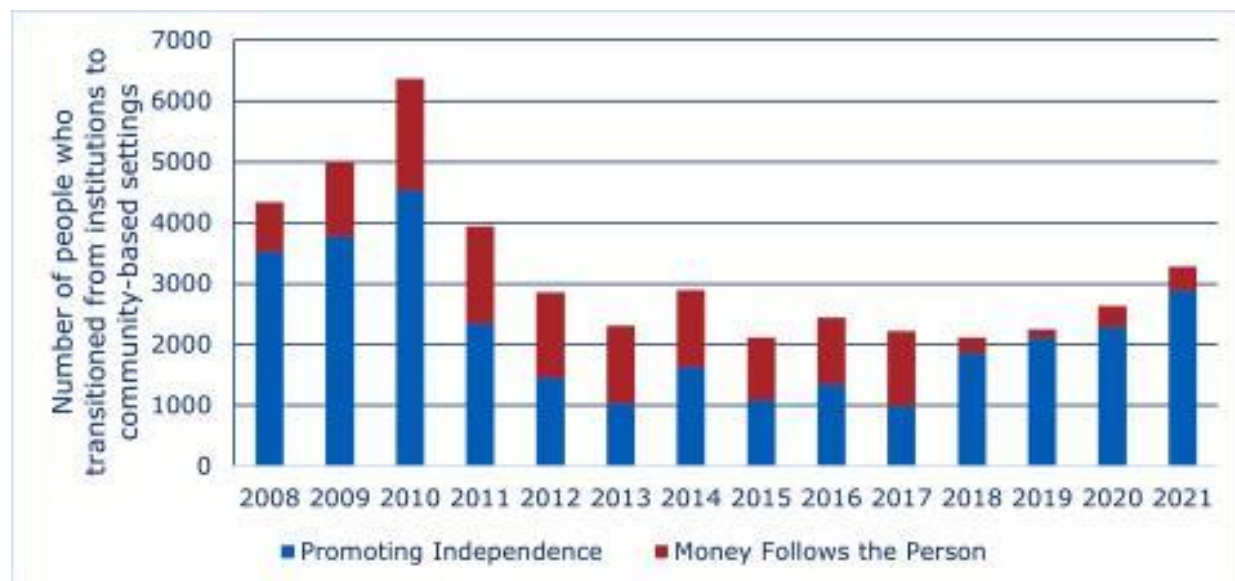
²⁵ [HCS waiver program](https://www.hhs.texas.gov/sites/default/files/documents/study-hcs-waiver-program.pdf) (https://www.hhs.texas.gov/sites/default/files/documents/study-hcs-waiver-program.pdf)

following section highlights impactful maintenance activities and information that support successful transitions.

Money Follows the Person Demonstration, Promoting Independence Transitions

The chart below shows the impact of Money Follows the Person Demonstration (MFPD), promoting independence in Texas and the number of people who transitioned from institutions to community-based settings by year. These transitions were supported with grant funds and enhanced Federal Medical Assistance Percentage (FMAP), which is the share of Medicaid costs covered by the federal government.²⁶

Chart 1: 2008-2021 Impact of MFPD and Promoting Independence



Transition Support Team Impacts

Transition Support Teams (TST's), through designated LIDDAs, offer educational activities, technical assistance, and case consultations to aid community waiver program providers and others who serve people with IDD at risk of admitting to or transitioning from an institutional setting, specifically NFs and SSLCs. TST members

²⁶ Under the MFPD, Texas receives enhanced Federal Medical Assistance Percentage (FMAP) for services approved by Centers for Medicare and Medicaid Services (CMS). FMAP is the percentage rate used to determine the amount of matching funds states receive from the federal government for Medicaid funded services. Enhanced FMAP reduces the percentage contributed by the state, thus generating a cost savings for Texas.

may include but are not limited to psychologists, behavior specialists and licensed medical staff, such as physicians, registered nurses, and psychiatrists. This MFPD grant initiative provides assistance and consultation services to providers in the community to support stronger outcomes and successful community integration. The goal of the TST program is to ensure that any person with complex medical, behavioral, or other support needs can live successfully in their communities of choice. The TST services are available statewide.

Table 3: Number of TST Supports Provided in Calendar Year 2021

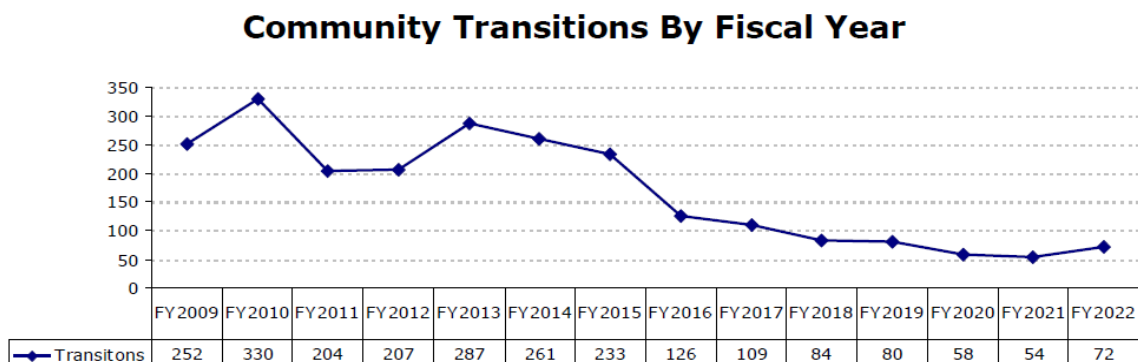
CY 2021	Hosted Educational Opportunities	Attended Educational Opportunities	Technical Assistance Opportunities	Attended Technical Assistance Opportunities	Provided Peer review/case consultations	Attended Peer review/case consultations
Q1	277	3,466	895	1,032	515	2,333
Q2	198	6,686	913	1,162	634	3,577
Q3	209	3,574	293	890	803	3,536
Q4	301	3,885	285	580	861	4,058
Total	985	17,611	2,386	3,664	2,813	13,504

State Supported Living Center Transitions

Various efforts such as dedicated transition support specialists, provider fairs and education, and post-move monitoring support successful transitions from the State Supported Living Centers (SSLCs). SSLC staff meet annually with each person and their teams to discuss and make plans to overcome obstacles to transition. The chart below shows the number of community transitions by each fiscal year.

Chart 2: SSLC Community Transitions by Fiscal Year

State Supported Living Centers
Community Transitions By Fiscal Year
FY2009 - FY2022 As Of 8/31/2022



During fiscal years 2020 and 2021, the COVID-19 public health emergency slowed transition opportunities due to limited staffing resources at the SSLCs and community placements; limited ability to tour potential community providers; and quarantine protocols²⁷. However, the efforts described above coupled with the evolving supports available in the community result in the majority of people admitted²⁸ having complex behavioral and mental health needs that struggle to be met in a community setting. Of the total admissions to the SSLCs during fiscal year 2022, 42 percent were previously receiving services in a community-based waiver program. The table below includes enrollment trends and projections from fiscal year 2010 through fiscal year 2024.

Table 4: Enrollment Trend and Projections for SSLCs, Fiscal Years 2010 – 2024

Fiscal Year	Ending/Targeted Enrollment
FY10	4207
FY11	3993

²⁷ [State Supported Living Long Range Planning Report](https://www.hhs.texas.gov/sites/default/files/documents/sslc-long-range-planning-report-august-2022.pdf) (https://www.hhs.texas.gov/sites/default/files/documents/sslc-long-range-planning-report-august-2022.pdf)

²⁸ admission to an SSLC must align with the provisions outlined in [Texas Health and Safety Code, Title 7, §593.052](https://statutes.capitol.texas.gov/Docs/HS/htm/HS.593.htm) (https://statutes.capitol.texas.gov/Docs/HS/htm/HS.593.htm)

Fiscal Year	Ending/Targeted Enrollment
FY12	3756
FY13	3547
FY14	3362
FY15	3186
FY16	3103
FY17	3019
FY18	2969
FY19	2910
FY20	2817
FY21	2723
FY22 projected	2648
FY23 projected	2576
FY24 projected	2504

Note: Data source is Individual Record Information System (IRIS). Actual enrollment reported for 2014 through 2021, 2022 is based upon actuals as of June 28, 2022 projected through year end and projected enrollment reported for 2023 and 2024.

Preadmission Screening and Resident Review

Preadmission Screening and Resident Review (PASRR) is federally mandated and requires states to prescreen all people, regardless of payer source or age seeking admission to the Medicaid-certified NF. The PASRR program has three primary goals²⁹:

- To identify people, including adults and children, with mental illness, and/or IDD;
- To ensure appropriate placement, whether in the community or the NF; and
- To ensure people receive the required services for mental illness, and/or IDD.

²⁹ [PASRR for Families & Caregivers | Texas Health and Human Services](https://www.hhs.texas.gov/services/disability/intellectual-or-developmental-disabilities-idd-long-term-care/pasrr-families-caregivers)
(<https://www.hhs.texas.gov/services/disability/intellectual-or-developmental-disabilities-idd-long-term-care/pasrr-families-caregivers>)

HHSC has demonstrated focused attention toward the PASRR process to ensure people who need these supports are only placed in a NF when appropriate. For example, a revision to the PASRR Level 1 (PL1) form to require the person’s preference of where they would like to live will allow for early planning to address the person’s desire to remain or return to their community.

In addition, people deemed to be PASRR eligible with an intellectual and developmental disability (IDD) by a PASRR Evaluation are eligible for habilitative services that Medicaid-certified NFs and LIDDAs are required to provide. The IDD PASRR specialized services provided by the LIDDA include habilitation coordination, behavioral support, day habilitation, independent living skills training, employment assistance and supported employment. Specialized services provided by NFs include habilitative therapies such as occupational therapy, physical therapy, and speech therapy as well as durable medical equipment and customized manual wheelchairs. All PASRR specialized services, including those provided by LIDDAs and NFs, are supports to help a person acquire new skills, maintain skills, or delay or slow the loss of skills or functioning in support of the person transitioning to the community.

Preadmission Screening and Resident Review Specialized Services

In 2022, there were 25,213 assessment and service requests submitted on the Texas Medicaid and Health Care Partnership Long Term Care Online Portal, a 63 percent increase over fiscal year 2018. Of the requests, 17,681 were approved for authorized assessments and services. This is a 55 percent increase in service authorization since fiscal year 2018.

Table 5: NF Specialized Services - Assessments

Fiscal Year	Denied	Approved	Invalid Forms³⁰
FY2018	1457	6354	209
FY2019	3262	7439	272
FY2020	3036	8565	231
FY2021	3093	8194	244
FY2022	3052	9410	249
Total	13,900	39,962	1,205

³⁰ Invalid forms are forms that were invalidated from internal system processing. Ex. Incomplete, out of state therapist, etc.

*Data from NFSS forms in TMHP

Table 6: NF Specialized Services - Services

Fiscal Year	Denied	Approved	Invalid Forms³¹
FY2018	2031	5045	395
FY2019	1081	6177	381
FY2020	3587	7499	445
FY2021	3571	7294	421
FY2022	3783	8271	448
Total	17,053	34,286	2,090

*Data from NFSS forms in TMHP

Table 7: Grand Total of NF Specialized Services Assessments and Services by FY.

Fiscal Year	Assessments and Services
FY2018	15,491
FY2019	21,612
FY2020	23,363
FY2021	22,817
FY2022	25,213
Grand Total	108,496

*Data from NFSS forms in TMHP

In 2022, there were 1,491 people that received LIDDA Specialized Services which was a 28 percent increase since fiscal year 2017 despite having a 50 percent increase from fiscal year 2018 to 2019. In 2020, the public health emergency affected people’s ability to receive services, however as time passed the number of people receiving LIDDA specialized services steadily increased.

Table 8: LIDDA Specialized Services - PASRR Program

Service	FY2018	FY2019	FY2020	FY2021	FY2022
Behavioral Support	123	163	132	74	118
Day Habilitation (1-2.9 hours)	0	0	0	0	0
Day Habilitation	190	219	188	120	126
Employment Assistance	13	15	14	3	3
Independent Living Skills Training	843	1357	1421	743	1243
Supported Employment	0	0	0	0	1
Total	1169	1754	1755	940	1491

³¹ Invalid forms are forms that were invalidated from internal system processing. Ex. Incomplete, out of state therapist, etc.

*Data from NFSS forms in TMHP

Nursing Facility Transition and Diversion Slots for the Home and Community-Based Services Waiver Program

The Home and Community-based Services Waiver Program (HCS) has nursing facility (NF) transition slots which are for persons who reside in a NF and desire to transition to the community. The HCS waiver program also has NF diversion slots for persons who desire to divert from admission to a NF. The person must meet the criteria specified in the IDD PASRR handbook to utilize one of these slots.

The two tables below represent the number of HCS slots released by HHSC for the NF transition and NF diversion target groups from fiscal year 2014 through September of fiscal year 2023. As of October 27, 2022, there have been no denials of an HCS NF transition or HCS NF diversion slot request. In other words, during the period from September 2017 to October 2022, HHSC gave an HCS waiver slot to every single person who requested and met the criteria for transition or diversion from a NF to a community living setting.

Table 9: HCS NF Transition Slot Performance.

Fiscal Year	HCS Slot Type	Slots Released	Enrolled ³²	Pipeline ³³
FY14	NF Transition (slot #71)	165	103	0
FY15	NF Transition (slot #71)	116	53	0
FY16	NF Transition (slot #89)	1,123	292	0
FY17	NF Transition (slot #89)	472	151	0
FY18	NF Transition (slot #102)	302	202	0
FY19	NF Transition (slot #102)	202	124	0
FY20	NF Transition (slot #107)	199	118	0
FY21	NF Transition (slot #107) ³⁴	147	71	15
FY22	NF Transition (slot # 117)	147	28	82
FY23	NF Transition (slot # 117) ³⁵	15	3	8
Total Slots:		2,888	1,145	105

Table 10: HCS NF Transition Slot Performance Biennium Totals.

Fiscal Biennium	Slots Released	Enrolled ³⁶	Pipeline ³⁷
2014-2015 Biennium Total	281	156	0
2016-2017 Biennium Total	1,595	443	0
2018-2019 Biennium Total	504	326	0
2020-2021 Biennium Total	346	189	15
2022-2023 Biennium Total	162	31	90
Total Slots:	2,888	1,145	105

³² Enrolled count includes people who discharged from services during the same biennium of their enrollment authorization.

³³ Pipeline is the number of people who have a slot offer but have not reached a final status of enrolled or closed (declined/denied/withdrawn).

³⁴ Data is through September 2022. HHSC is still tracking people who are in the FY2020, FY2021, and FY2022 pipeline.

³⁵ Data is representative of activities which occurred during September 2022.

³⁶ Enrolled count includes people who discharged from services during the same biennium of their enrollment authorization.

³⁷ Pipeline is the number of people who have a slot offer but have not reached a final status of enrolled or closed (declined/denied/withdrawn).

Table 11: HCS NF Diversion Slots

Fiscal Year	HCS Slot Type	Slots Released	Enrolled ³⁸	Pipeline ³⁹
FY14	NF Diversion (slot#72)	78	74	0
FY15	NF Diversion (slot#72)	81	71	0
FY16	NF Diversion (slot#90)	203	168	0
FY17	NF Diversion (slot#90)	319	233	0
FY18	NF Diversion (slot # 103)	275	226	0
FY19	NF Diversion (slot # 103)	159	139	0
FY20	NF Diversion (slot # 108)	138	121	0
FY21	NF Diversion (slot # 108) ⁴⁰	127	115	2
FY22	NF Diversion (slot # 118)	116	49	63
FY23	NF Diversion (slot # 118) ⁴¹	17	1	13
Total Slots:		1,513	1,197	78

Table 12: HCS NF Diversion Slots Biennium Total

Fiscal Biennium	Slots Released	Enrolled ⁴²	Pipeline ⁴³
2014-2015 Biennium Total:	159	145	0
2016-2017 Biennium Total:	522	401	0
2018-2019 Biennium Total:	434	365	0
2020-2021 Biennium Total:	265	236	2
2022-2023 Biennium Total:	133	50	76
Total Slots:	1,513	1,197	78

The following activities illustrate continued efforts to educate, divert and support diversion and transition from NFs:

- **January 2021:** HHSC launched an enhanced and accessible PASRR training. The new virtual instructor-led training, entitled Transitions and Diversions, is offered to the LIDDAs on a weekly basis. This comprehensive course provides service coordinators and Enhanced Community Coordinators (ECC) with

³⁸ Enrolled count includes people discharged from services during the same biennium of their enrollment authorization.

³⁹ Pipeline is the number of people who have a slot offer but have not reached a final status of enrolled or closed (declined, denied, or withdrawn).

⁴⁰ Data is through September 2022. HHSC is still tracking people who are in the FY2020, FY2021, and FY2022 pipeline.

⁴¹ Data is representative of activities which occurred during September 2022.

⁴² Enrolled count includes people discharged from services during the same biennium of their enrollment authorization.

⁴³ Pipeline is the number of people who have a slot offer but have not reached a final status of enrolled or closed (declined, denied, or withdrawn).

education and resources needed to successfully complete all service coordination and ECC responsibilities related to the PASRR process. This course includes a competency-based exam for successful completion as well as six computer-based form instruction trainings. Since implementation, the PASRR Training Unit has successfully trained 219 LIDDA staff.

- **December 2021:** HHSC Developed a training for state hospital social workers to promote diversion efforts away from NFs and state hospitals. The training, entitled "Community Options for People Who Have Mental Illness and IDD in State Hospitals", included a comprehensive review of community options available to people with mental illness and IDD. The training also focused on details for eligibility and access to community services including the NF Diversion and Crisis Diversion processes to avoid NF placement. This training has been provided to 88 state hospital staff to date.

4. Goals For Continued Progress

Goal 1: Increasing Access to and Awareness of the Health and Human Services Commission Service Array

Activity 1: Analysis of No Wrong Door system

The growing population of Texans who need services, compounded by impacts of the COVID-19 public health emergency and previous restructuring of the Texas Health and Human Services system, creates an opportunity for Health and Human Services Commission to reevaluate the functionality of the No Wrong Door System (NWD). The NWD enhances consumer choice and control and can help states create more consumer-driven, efficient, and cost-effective LTSS systems⁴⁴. The disability listening sessions conducted between October 2019 and January 2020 indicated the most common feedback received was related to access to services, specifically the availability of programs and supports, and timely, accurate information from HHSC staff.

HHSC coordination offices will conduct an environmental scan of internal networks and engage in community listening sessions. The goal of this activity is to increase the competency of HHSC staff to assist in access through navigation, education, and awareness of our NWD system. This strategy aligns with recommendations included in the DSAP to *'map the system-wide continuum of care for individuals accessing services to determine gaps and outcomes of No Wrong Door policies.'* These community engagements will entail connecting with new communities, a holistic focus on the person, and help inform strategies for future versions of this plan.

Benchmarks:

- HHSC will complete six statewide listening sessions by the end of fiscal year 2023.
- HHSC will complete five educational NWD webinar series by the end of fiscal year 2024 (Post NWD analysis).

⁴⁴ [NWD System](https://nwd.acl.gov/pdf/NWD-National-Elements.pdf) (https://nwd.acl.gov/pdf/NWD-National-Elements.pdf)

Activity 2: Increase Referrals to the Blind Children’s Vocational Discovery and Development Program (BCP)

Each year, thousands of Texas families turn to HHSC for information and support for their children who are blind or visually impaired. A blind children's specialist from BCP works with each child and family to create a service plan tailored to the child's needs and circumstances⁴⁵. In addition, this program has deafblind specialists who work statewide with families and children who are deafblind. Deafblind specialists collaborate with families and the child’s blind children’s specialist to develop an individualized family service plan that meets the unique needs of a child with a combined vision and hearing loss. BCP has experienced a decrease in referrals from the community and will launch an outreach campaign to increase awareness and educate the community about available BCP services and supports. Through the awareness of available resources and support, families can support their children to thrive independently in a community setting. This activity aligns with feedback received during the PIP Stakeholder Summit regarding '*better accessibility of informational resources to people who are blind or, deaf.*' The outreach campaign efforts will include:

- Update and refresh the BCP public facing webpage;
- Develop an informative program video to be shared widely with the public about BCP program and referral options; and
- Maximizing opportunities to present at various conferences and stakeholder meetings to increase awareness about BCP.

Benchmark: The BCP program will update the program webpage and develop a promotional video targeted to increase program referrals by 2025.

Activity 3: Increase Public Awareness of Benefits Counselors

The Medicare Improvements for Patients and Providers Act (MIPPA)⁴⁶ expands, extends and enhances outreach efforts to beneficiaries on Medicare Part D and for people with limited income. The [Area Agencies on Aging \(AAA\)](#) and the [Aging and](#)

⁴⁵ [BCP](https://www.hhs.texas.gov/services/disability/blind-visually-impaired/blind-childrens-vocational-discovery-development-program) (https://www.hhs.texas.gov/services/disability/blind-visually-impaired/blind-childrens-vocational-discovery-development-program)

⁴⁶ [Medicare Improvements for Patients and Providers Act \(MIPPA\)](#)

[Disability Resource Centers \(ADRC\)](#) are coordinating efforts to provide outreach to Texas beneficiaries with limited incomes statewide, and for general Medicare Part D outreach and assistance to beneficiaries in rural areas.⁴⁷ This activity aligns with a stakeholder recommendation from the reviewed plans to *'Identify strategies to advise and support families early to identify and enroll in all appropriate services with direct assistance or referrals to state or community services or benefits counselors.'*

Benchmark: HHSC will complete a targeted media campaign to increase public awareness of MIPPA services in fiscal year 2023.

Activity 4: Early Identification and Support for People With an Intellectual or Developmental Disability in the Justice System

People with intellectual or developmental disabilities (IDD) are more likely than their similarly situated, non-disabled peers to be arrested, convicted, incarcerated, and serve longer sentences without equal opportunity for probation or parole⁴⁸. House Bill 3116, 86th Legislature, Regular Session, 2019 directed The Texas Commission on Jail Standards to complete a comprehensive study on best practice standards for the detention of a person with IDD. This commission convened a task force that focused on the roles played by the LIDDA and LMHA related to early identification and collection of information and service delivery.

Revisions to the Texas Law Enforcement Telecommunication System (TLETS) led to exact or probable match searches to better identify people with IDD and provide automatic notification to the LIDDA. Earlier notification and awareness of people with IDD in the justice system allows the LIDDA and LMHA to:

- Clarify the status of the person.
- Ensure removal from general population (if not already separated).
- Identify treatment and service needs.

⁴⁷ [AAA Medicare Improvements for Patients & Providers Act | Texas Health and Human Services](https://www.hhs.texas.gov/providers/long-term-care-providers/area-agencies-aging-aaa/aaa-medicare-improvements-patients-providers-act) (https://www.hhs.texas.gov/providers/long-term-care-providers/area-agencies-aging-aaa/aaa-medicare-improvements-patients-providers-act)

⁴⁸ [Detention of Persons with IDD](https://www.tcjs.state.tx.us/wp-content/uploads/2020/12/Detention_of_Persons_with_IDD.pdf) (https://www.tcjs.state.tx.us/wp-content/uploads/2020/12/Detention_of_Persons_with_IDD.pdf)

- Coordinate collaborative post release initiatives to assist the person in discharging from the correctional institution.

This activity is still in the early stage of implementation, and requires dedicated oversight and analysis to monitor impact, identify best practices and inform future possibilities. These efforts are steps toward addressing stakeholder recommendations within the IDD Statewide Strategic Plan to *'Enhance collaboration between LIDDAs and the criminal justice system to assist in identifying and diverting people with IDD at every step of the criminal justice process, including pre-arrest.'*

Benchmark: HHSC will monitor whether at least 80 percent of the above criteria is completed for all impacted LIDDAs yearly and will take corrective action when that threshold is not met.

Goal 2: Strengthen and Promote the Quality of the Community-Based Service Array to Support people to be Successful in Home and Community Settings

Activity 1: Explore and Evaluate Evidence-Based, Empirically Valid Assessment Tools

Section 3.01, Senate Bill 7, 83rd Legislature, Regular Session, 2013, directed the Texas Department of Aging and Disability Services (DADS), now HHSC, to develop and implement a comprehensive assessment tool and resource allocation process for people with IDD. The Legislature stated that DADS must ensure that each person with IDD receives the type, intensity and range of services that are both appropriate and available, based on the functional needs of the person, if the person receives services through a Medicaid waiver program, an ICF/IID program, or a state operated ICF/IID, such as an SSLC. This pursuit aligns with stakeholder recommendations to *'explore and evaluate evidence-based, empirically valid tools to accurately identify needs.'*

The International Resident Assessment Instrument (interRAI) Intellectual Disability (ID) Assessment was selected for potential use in Texas. This multi-phased project entailed:

- A completed pilot with an identified sample population, and
- An evaluation of the results of the piloted assessments in comparison to current assessments used.

HHSC is currently in phase III which involves the development of a resource allocation algorithm. Using MFPD funding, HHSC has contracted with the University of Texas at Arlington to develop the resource allocation algorithm. Representatives from the university, HHSC, and impacted stakeholders have been working in partnership on the algorithm. Upon completion, a final decision on statewide rollout of the interRAI ID assessment instrument or applicability to future projects or both will be determined.

Benchmark: Completion of a resource allocation algorithm by end of fiscal year 2023.

Activity 2: Outpatient Support for People With Dual Diagnoses

The Outpatient Biopsychosocial Approach for IDD Services (OBI) began as a pilot that provides outpatient services for people with IDD and mental health needs. This program breaks down silos by expanding the IDD crisis continuum of care to include mental health outpatient services. OBI is available to children and adults who have IDD or who are presumed to have IDD and have a co-occurring mental health condition, substance use disorder or behavior support needs.

In November 2020, HHSC started a pilot of OBI at five LIDDAs. LIDDAs are responsible for the outreach to people within their communities to connect them with OBI services.

With the OBI implementation, 131 people received new services to address their behavioral health needs. These services improved their lives, assisting them in overcoming crises and helping them gain skills to be successful in the community. Of the 131 people served who had historically high rates of inpatient and jail utilization, 110 (84 percent) avoided hospitalization and incarceration in a 12-month period⁴⁹.

⁴⁹ [IDD and Behavioral Health Services Annual Report](https://www.hhs.texas.gov/sites/default/files/documents/ddi-bhs-annual-report-fy-2021.pdf)
(<https://www.hhs.texas.gov/sites/default/files/documents/ddi-bhs-annual-report-fy-2021.pdf>)

Due to the initial pilot success, HHSC intends to analyze the impact of the program to determine potential expansion. This activity reflects a multi-year implementation recommendation from 2020 PIP to *'Implement Community Outpatient Mental Health Services.'*

Benchmark: Each participating LIDDA will conduct outreach activities to ensure support of at least one monthly service to 25 people during fiscal year 2023.

Activity 3: Supporting Person Centered Values and Community Engagement

Per the 2022-23 GAA, House Bill 1, 86th Legislature, Regular Session, 2021 (Article II, Health and Human Services Commission, Rider 21), HHSC is required to develop a plan to replace day habilitation services in Medicaid 1915(c) HCBS waiver programs for IDD with more integrated services that maximize participation and integration in the community. This plan ensures HHSC compliance with the Centers for Medicaid and Medicare Services (CMS) HCBS setting requirements⁵⁰ by replacing the currently non-compliant day habilitation service in the HCS, TxHmL, and DBMD waivers with a new compliant service called Individualized Skills and Socialization.

The rule reflects CMS intent to ensure that people receiving services and supports through the Medicaid HCBS programs have full access to the benefits of community living, can receive services in the most integrated setting and will effectuate the law's intention for Medicaid HCS to provide alternatives to services provided in institutions.⁵¹ HHSC has been working in partnership with stakeholders to develop a service to meet these goals. Unlike the current day habitation model, the new Individualized Skills and Socialization service will include an off-site component intended to:

- Enhance community integration
- Use a lower staff ratio to support people participating in hobbies and interests, and
- Have a rate that provides people greater flexibility in scheduling their days in accordance with their preferences.

⁵⁰ [HCBS Final Regulation](https://www.medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html) (https://www.medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html)

⁵¹ [CMS Final Rule Fact Sheet](https://www.medicaid.gov/sites/default/files/2019-12/final-rule-fact-sheet.pdf) (https://www.medicaid.gov/sites/default/files/2019-12/final-rule-fact-sheet.pdf)

The new Individualized Skills and Socialization Service supports person centered outcomes and community engagement for people receiving Medicaid waiver services.

Benchmark: Complete the transition of people in HCBS waiver programs to the new Individualized Skills and Socialization service by March 2023.

Activity 4: Examine Transportation Services and Resources

HHSC will contract with an appropriate entity to conduct a comprehensive study of transportation needs for enrollees in all HCBS programs. The study will examine the availability and awareness of existing transportation services across Medicaid and barriers to transportation, including to and from employment. Upon completion of the study, HHSC will be provided with actionable recommendations on how to increase awareness of transportation services, and reduce transportation barriers for HCBS enrollees, and other potential programmatic or policy improvements. This activity expands on the following recommendations from stakeholders:

- *'Determine and implement additional adaptive aids, such as transportation vouchers, to the HCS and TxHmL programs (DSAP)'*
- *'Identify ways to add transportation benefits'*
- *'Expand the service array for Community First Choice to include transportation (IDD Strategic Plan and PIP Stakeholder Summit)'*

Benchmark: Completion of comprehensive report submitted by the contractor to HHSC by end of fiscal year 2023.

Activity 5: Strengthening Community Connections

The ADRCs are highly visible places where people of all ages, incomes, and disabilities can go to get information and one-on-one counseling on the full range of LTSS available in Texas.⁵² HHSC will conduct an analysis of the ADRC system to pursue quality improvement through best practices to maximize community partnerships and ensure oversight of grant opportunities. The review will entail engagement from stakeholders, including the ADRCs, partner organizations, and

⁵² [Aging & Disability Resource Center \(ADRC\) | Texas Health and Human Services](https://www.hhs.texas.gov/providers/long-term-care-providers/aging-disability-resource-center-adrc) (https://www.hhs.texas.gov/providers/long-term-care-providers/aging-disability-resource-center-adrc)

local community members. In addition, HHSC will continue to explore Medicaid administrative claiming for the ADRC network.

A stronger, more connected ADRC network will enhance support to people residing in community settings. This activity aligns with feedback from the PIP Stakeholder Summit to *'Strengthen connections with ADRCs, AAAs, etc. to promote awareness of programs'* and *'Partner with local sub-agencies and organizations and involve community partnerships and area agencies such as AAAs or ADRCs so that policies and efforts will be transmitted to the local, community level.'*

Benchmark: Increase total number of ADRC interactions from 148,450 to 155,873 statewide.

Goal 3: Maintain and Reinforce Transitional Supports to Ensure Successful Diversions and Transitions From Institutions to Home and Community-Based Settings

Activity 1: Resolving Complex Obstacles

People are admitted to the SSLCs after exhaustion of community resources with a goal of returning to a community setting. To accomplish this, the SSLCs have a series of resources dedicated to successful transition. The current policy is that if a person has been referred for community placement for over 180 days, the team meets and identifies obstacles to transition. The team then meets monthly to resolve obstacles until the person eventually transitions to the community.

The SSLCs will implement an increased technical assistance process to address complex obstacles for people who have a referral over 500 days. On a quarterly basis, the living options specialist and the transition specialist coordinator will meet with each SSLC admissions and placement staff and provide technical assistance on specific cases referred over 500 days. Additionally, the SSLC state office division will host a quarterly statewide virtual meeting for all 13 SSLCs admission and placement staff. The meeting will focus on sharing actual successful transitions and best practices for people that had been referred for over 500 days and successfully transitioned to the community in the last quarter.

Benchmark: SSLC state office will host eight statewide virtual 'best practices in transitions' meetings for admission and placement staff at all 13 SSLCs through the end of fiscal year 2024.

Activity 2: Maximize Participation in the Money Follows the Person Demonstration program

Texas will maximize its participation in the Money Follows the Person Demonstration (MFPD) program by committing to evaluate the potential to expand or create initiatives that may support a person's transition from the institution to the community, in accordance with the upcoming federal changes⁵³ to supplemental services funding. The federal changes are intended to address barriers to community transition for eligible persons in institutions, increase community transition rates, and increase the effectiveness of MFPD. This entails convening HHSC program and policy staff and obtaining input for subject matter experts on the MFPD transition process to discuss potential projects and submitting a plan to CMS for consideration. Additional details regarding project descriptions will be available for future iterations of this plan if the Texas plan is approved.

Benchmark: HHSC will update its MFPD Operational Protocol by the end of 2023 to include current information on target populations, services, policies, and procedures to recruit and enroll participants, as well as other aspects of MFPD.

Activity 3: Fair Housing and Reasonable Accommodation Training

The International Center for Excellence for Evidence Based Practices (ICE-EBP) key sustainability strategy is to maintain and spread successful interventions to promote independence. HHS has been working in partnership with the University of Texas Health Science Center at San Antonio (UTHSCSA) to develop eight modules on fair housing and reasonable accommodations. These modules support transition from institutional settings and community living efforts for people with behavioral health conditions with training and technical assistance to MCOs, providers and others throughout Texas. This will increase staff understanding of how to support people with behavioral health conditions in obtaining and maintaining housing. HHSC is on target to release these trainings by fiscal year 2023.

⁵³ [MFPD Supplemental Services Notice](https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/mfp-supplemental-services-notice.pdf) (https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/mfp-supplemental-services-notice.pdf)

Benchmark: HHSC will train at least 100 staff by end of fiscal year 2024.

Activity 4: State Hospital Transition Program

Historically, people in psychiatric facilities have not been included in the PIP. HHSC continues to invest in the transition of people in state psychiatric hospitals into the community. There has been significant attention on people with longer stays in the state hospitals (365 days or longer) and the importance of intensive transition services and longer-term support in the community to adequately transition to the community.

The Hospital Transition Pilot Program is partnering with three designated LMHAs. The goal of this program is to step-down or transition people with complex psychiatric or medical needs or both from state hospitals safely into the community to continue their recovery in the community. Prior to enrollment, an Intensive Transition Team provides a comprehensive assessment of people and provides pre-transition services while the person is still in the state hospital and creating the Individual Transition Plan. The Intensive Transition Team provides intensive behavioral health services and assistance with other needs such as food, utility, or transportation costs once the person has transitioned to the step-down home. As of September 1, 2022, 28 people have transitioned from the state hospital into the program, with 11 of those 28 people transitioning from the program to live independently in their communities.

Benchmark: The pilot LMHA sites will serve at least three people per calendar year by 2023, with the expectation of four per year by 2024.

Activity 5: Trainings for Evidenced-Based Practices

The Texas Behavioral Health Pilot (BHP), tests and disseminates evidence-based interventions to help adult Medicaid members with serious mental illness return to the community from NFs and to reduce or avert institutionalization. As a result of the BHP being successful, CMS awarded Texas MFPD administrative funds to spread and sustain BHP practices throughout the state's Medicaid managed care system for adults with disabilities. UTHSCSA's International Center of Excellence for Evidence-Based Practices (ICE-EBP) provides training and technical assistance to MCOs, their provider networks and others.

The ICE-EBP has developed over 20 eLearning modules for various training series, including basic and extended Cognitive Adaptation Training (CAT), reasonable accommodations for housing, obtaining housing vouchers and direct care training

for supporting people with behavioral health needs. ICE-EBP also provides live virtual and in-person trainings for CAT, motivational interviewing, and Mental Health First Aid as well as consultation calls for providers. Over 3,000 users engage in training and resources through the ICE-EBP on an annual basis.

In 2021, Texas received additional federal funding for two new projects, which built capacity to support community transitions to HCBS services for people leaving state psychiatric hospitals (Bridge to STAR+PLUS Pilot) and the ability to create infrastructure to improve similar transitions for people with behavioral health conditions leaving NFs (MCO Transition Specialist Pilot).

Benchmarks:

- Train 250 MCO staff and/or network providers in three online modules related to obtaining housing vouchers by the end of calendar year 2023.
- Train 250 MCO staff and/or network providers in seven modules on reasonable accommodations by the end of calendar year 2023.
- Train 100 MCO staff and/or network providers, LTSS providers or other stakeholders in evidenced-based practices related to transition from institutions to community by the end of calendar year 2023.
- By the end of calendar year 2023, implement capacity building project (MCO Transition Specialist Pilot) to create infrastructure to improve transitions to HCBS services for people leaving state psychiatric hospitals.

Activity 6: Develop Competency-Based Training for Referring Entities to Increase Diversions and Promote Successful Community Transitions

The referring entities are the first entity that starts the PASRR process for a person who is seeking admission to a Medicaid-certified NF. The referring entity is responsible for completing the PL1 Screening Form which is required for any person seeking admission to a Medicaid Certified NF.

This activity entails promoting education at critical points such as the preadmission process and incentivizing participation through continuing education credits for large acute care hospitals. HHSC will expand existing trainings to computer-based accessible trainings and webinars to reach a wider audience and allow flexibility for the participant. To achieve this, HHSC will inform referring entities of the HHSC

PASRR training page with computer-based trainings and continued education opportunities through information letters to various professional organizations that have been identified as the top referral sources for PASRR such as:

- Acute care hospital systems
- Texas hospital associations
- Hospital case manager associations - local and statewide
- Texas social work associations – local and statewide chapters
- Texas Nurses Association

Additionally, HHSC will also inform LIDDAs, LMHAs, Local Behavioral Health Authorities (LBHA) and NF staff to further promote the opportunity amongst the networks and referring entities they commonly collaborate with.

Benchmarks:

- Update the current PASRR Community Options training developed for state hospital social workers and other referring entities to be computer based, accessible and provide continuing education credit by May 2023.
- Develop and distribute an information letter to the recipients listed above by August 2023.
- Train at least 100 people by the end of fiscal year 2024.

Activity 7: Continue to Support People With Intellectual or Developmental Disabilities to Divert or Transition From Nursing Facilities and Receive Services in the Community

HHSC will continue to support people with Intellectual or Developmental Disabilities (IDD) who choose to divert or transition from nursing facilities (NFs) by continuing to provide opportunities for them to live successfully in their communities through the HCS Medicaid waiver program. Most people with IDD who divert or transition from NFs choose the HCS program. HHSC will achieve this goal by using legislatively appropriated waiver slots, when funded. In situations where legislatively appropriated waiver slots are not funded or are insufficient to meet demand, HHSC will continue to utilize attrition slots to support this promoting independence goal.

Benchmarks:

- HHSC will continue to track and fulfill request (as appropriated and available) to divert from NFs to the HCS Program as evidenced by the number of slots requested versus released per fiscal year.
- HHSC will continue to track and fulfill requests (as appropriated and available) to transition from NFs to the HCS program as evidenced by the number of slots requested versus released per fiscal year.

Goal 4: Review and Promote Options to Expand the Availability of Affordable, Accessible, and Integrated Housing Opportunities

Activity 1: Housing for Older Adults and People With Disabilities Transitioning From Nursing Facilities

HHSC will develop new agreements with Public Housing Authorities in rural and metropolitan areas to set aside units or housing choice vouchers for Medicaid participants transitioning from nursing facilities (NFs). This initiative will increase supply of integrated and accessible affordable housing and is critical since affordable housing has been identified as a primary barrier to transition. HHSC previously had agreements with public housing authorities to set aside or give preference for housing units or housing vouchers to people transitioning from NFs. These agreements needed to be updated to reflect transformation from DADS to HHSC and transition to managed care.

Benchmark: HHSC will develop at least three new agreements by the end of fiscal year 2024.

Activity 2: Impact of Section 811 Project Rental Assistance Program

The Section 811 Project Rental Assistance (PRA) program provides project-based rental assistance for extremely low-income persons with disabilities linked with long

term services. The program is made possible through a partnership between TDHCA, the Department of Family and Protective Services (DFPS), HHSC, and eligible multifamily properties⁵⁴. This program includes collaborative projects to infuse innovation such as a risk mitigation fund inclusive of a barrier busting and damage fund initiative. These mitigation funds help alleviate or remove barriers that could have been an obstacle for housing. To date, Section 811 PRA provided housing for 650 households since 2016. Two households using barrier busting funds were able to access the Section 811 PRA Program that would have otherwise been denied. The damage fund has assisted 13 families with payments for damages and provides ongoing reassurance to properties participating in the Section 811 PRA Program that is not available through most other housing programs. Additionally, the Section 811 program provides a waiting list preference to better assist people with transitioning out of NFs, SSLCs, ICFs/IID, and youth transitioning out of foster care. This preference enables TDHCA, in cooperation with local Section 811 PRA Program referral agents and properties, to prioritize members of the preferred target population for units as they become available.

Over the next biennium, the HHSC Office of Data, Analytics and Performance is conducting an evaluation of the Section 811 PRA program run by TDHCA. The purpose of the evaluation is to examine changes in Medicaid costs and Medicaid-paid emergency department visits before and after Section 811 program entry. Data from this study will inform other TDHCA housing programs, such as the Project Access voucher program.

Benchmark: HHSC will complete the Section 811 PRA evaluation by the end of fiscal year 2024.

Activity 3: Increase Project Access Referrals

The HHSC Office of Mental Health Coordination will increase coordination and access to housing through a dedicated housing access coordinator. The purpose of the housing access coordinator is to help HHSC-contracted agencies access housing assistance, primarily through housing vouchers, for their consumers. This position will be responsible for coordinating with TDHCA to roll out Project Access to all the state hospitals in the system. This voucher program provides people who are leaving a psychiatric hospital with housing rental assistance. The goal is to help people with disabilities pay for a place to live while they recover and reconnect with

⁵⁴ [Section 811 Project Rental Assistance Program \(state.tx.us\)](https://www.tdhca.state.tx.us/section-811-pra/)
(<https://www.tdhca.state.tx.us/section-811-pra/>)

family, friends and the community following a stay in a psychiatric hospital. Once the person is established in a residence, they can receive ongoing housing supports from their LMHA or LBHA. The role will also help address systemic barriers to housing access for people with mental health conditions, with a focus on people currently trying to leave health institutions such as NFs and psychiatric hospitals. This activity expands and continues the work from the 2020 PIP regarding the Project Access Voucher Program.

Benchmark: There will be a 10 percent increase in applicants from state hospitals across the state for the Project Access program by the end of fiscal year 2024.

Activity 4: The Affordable Housing Project

The Affordable Housing Project is a collaboration with TSAHC to increase the supply of affordable, accessible, and integrated housing for people who are seeking to receive LTSS in a community-based setting. These are people transitioning from institutional settings, such as NFs and ICFs/IID. The program uses funds from the enhanced Medicaid match⁵⁵ HHSC earns through MFPD. These funds are awarded to private developers of affordable housing receiving financing from TSAHC. In return, developers agree to set-aside affordable rental housing units for Medicaid beneficiaries who need LTSS. This activity aligns with feedback from the PIP Stakeholder Summit and recommendations within the IDD Strategic Plan to *'Identify options to set aside affordable, accessible units in both public and privately-funded developments or housing through economic incentives.'*

Benchmark: The TSAHC-HHSC collaboration will result in at least 25 units for people transitioning from NFs or ICFs/IID by the end of fiscal year 2024.

Activity 5: Integrate and Improve Housing Coordination

HHSC recognizes how critical the awareness, navigation and connection of housing supports is for people with disabilities to thrive within their communities. Currently, HHSC and TDHCA serve on the Housing and Health Services Coordination Council and the Texas Interagency Council for the Homeless. There are also various roles and programs across HHSC that support housing initiatives. For example, TDHCA

⁵⁵ Under the MFPD, Texas receives enhanced FMAP for services approved by CMS. FMAP is the percentage rate used to determine the amount of matching funds states receive from the federal government for Medicaid funded services. Enhanced FMAP reduces the percentage contributed by the state, thus generating a cost savings for Texas.

has partnered with HHSC Chief Medicaid and Children’s Health Insurance Program Services Division to offer Section 811 PRA referral trainings to over 262⁵⁶ Medicaid MCO staff. This partnership aligns with feedback received at the PIP Stakeholder Summit to *'Strengthen the strategic connections with TDHCA to remain informed of opportunities and communicate needs.'*

HHSC will identify the various positions across the agency who have a role in housing navigation, support or community living discussions to create systemic efficacies in housing coordination. These roles would encompass cross divisional representatives such as HHSC housing navigators, transition specialists, LMHA and LIDDAs and relocation specialists. Initial identification of these partners and programs started with the creation of the HHSC Housing Learning Collaborative through the HHSC Office of Mental Health Coordination. HHSC will educate staff through this integrated collaborative on housing efforts at all levels, evaluating community connections, discussing current housing initiatives and programs, and assisting people efficiently and effectively. This activity aligns with various recommendations within the reviewed plan and was reiterated at the PIP Stakeholder Summit that *'accessible, affordable and integrated housing is a priority.'*

Benchmark:

- Completion of a Housing Educational Forum by the end of fiscal year 2023.
- Completion of Housing Navigation Resource by the end of fiscal year 2024.

Goal 5: Support Community-Integrated Employment of People With Disabilities

Activity 1: Improving Coordination to Improve Employment Outcomes

Senate Bill 50, 87th Legislature, Regular Session, 2021, directed HHSC to develop an assessment tool and process that will be used to assess waiver participants’ employment goals. The goals would:

- Inform the person-centered care plan.

⁵⁶ As of September 30,2022.

- Work to improve access to and utilization of Medicaid waiver employment services.
- Identify strategies that can increase employment opportunities to those not already receiving employment services.

To accomplish this, TWC, the Texas Education Agency, and HHSC developed an interagency steering committee with the goal to improve employment outcomes for people with disabilities. The committee will focus on:

- Referral and data exchange systems.
- Developing ongoing training and resources for staff and service providers.
- Evaluating progress on joint service provision, especially for people with the most significant disabilities.
- Identifying state office units or points of contact for issues that cannot be resolved at the local level.

The first step of this activity is to create memorandums of understanding that will allow interagency collaboration regarding data and intricate details related to the sequencing of services between agencies.

Benchmark: HHSC will secure a memorandum of understanding with designated state agency partners by March 2023.

Activity 2: Transition to Competitive Integrated Employment Toolkit

The goal is to develop a toolkit to assist providers serving clients with IDD in transitioning from a heavy focus on day habilitation and sheltered workshop services to more community-involved, competitive, and integrated employment services. Under new HCBS settings rules, HHSC will prohibit services, including employment services, that are not delivered in integrated settings. This shift has the potential to impact approximately twenty thousand people in Texas currently authorized to receive day habilitation services in the HCS, TxHmL, and DBMD waiver programs. HHSC will support community providers in making this transition by developing a toolkit that providers can use as a guide to navigate through the transition community-based competitive integrated employment.

Benchmark: Completion of Transition to Competitive Integrated Employment Toolkit by end of calendar year 2023.

Activity 3: Promoting Workforce Independence

SSLCs provide programming to SSLC residents that support efforts in gaining the life skills necessary for successful community living. SSLCs target community readiness by creating a new vocational assessment that identifies the preferences, skills, and strengths of residents that can be leveraged to promote workforce independence. SSLCs use the assessment findings to ensure residents are provided appropriate training to develop skills that will assist them to seek and gain competitive integrated employment that aligns with their interests. Furthermore, when people are working successfully and independently in their community, they may be more included to transition back into their communities. This activity aligns with feedback at the PIP Stakeholder Summit regarding *'pre-transition employment services and support prior to transitioning from institutional settings.'*

Benchmark: New assessments will be fully implemented through fiscal year 2023 with a target for 50 percent of SSLC residents with vocational goals to have a community-based competitive employment goal during fiscal year 2024.

Activity 4: Leveraging Technology to Support Employment

This activity entails the use of electronic tablets and currently available assistive applications to provide people with interactive technology that reduces their dependency on assistance or intervention from others within their employment settings. The use of electronic technology promotes person centered values by providing people with more control of their environment.

HHSC will partner with five LIDDAs to implement this program. A program guide and pamphlet will be created to provide the LIDDA step by step implementation instructions and resources. This aligns with the stakeholder's recommendation to *'Expand access to and ownership of technology devices (IDD Strategic Plan).'*

Benchmark: HHSC will develop a program guide and pamphlet that will be posted on the HHSC Employment First webpage by the end of fiscal year 2023.

Goal 6: Improving Recruitment, Retention, and Competency of the Direct Service Workforce

Activity 1: Develop Web-Based Resources for the Direct Service Workforce

This activity entails partnering with an entity to develop and provide access to a web-based platform for providers and agencies to recruit and hire attendant applicants in their local areas. The platform, called Direct Care Careers, would also be inclusive, accessible, and user friendly to people enrolled in the Consumer Directed Services option who are self-employed. In addition to matching interested attendant applicants to providers, the platform would also serve as a training and resource library where Direct Service Workforces (DSW) can access free information to advance and apply their competency to the field.

Benchmark: HHSC will implement the Direct Care Careers by the end of fiscal year 2023.

Activity 2: Build Partnership With Local Workforce Development Boards

Incentivize local workforce development boards to improve recruitment, retention, and training of DSWs, primarily community attendant and attendant-like positions. HHSC is partnering with local workforce development boards to develop and implement strategies that improve recruitment and retention of DSWs. HHSC has shared numerous suggestions with boards for improving recruitment and retention, including developing training curriculums, partnering with local community groups and colleges to recruit DSWs, and recognizing longevity among workers. Local workforce boards have broad discretion in defining the kinds of activities they want to undertake and are not limited to the suggestions offered by HHSC. These efforts align with stakeholders' recommendation to *'make recruitment and retention of the workforce a priority'*.

Benchmark: HHSC will partner with three local workforce boards by the end of fiscal year 2024 to undertake strategies that improve recruitment and retention of DSWs.

Activity 3: Determine Data Collection Methods

HHSC will work to establish additional methods to improve data collection on the DSW workforce. The current data on this workforce is collected through the HHSC cost reporting process and is on a two-year delay. Real-time data is needed to gain insight on the DSW workforce to make informed decisions on how to continue to address recruitment and retention efforts.

Benchmark: Establish at least two additional data collection methods by the end of fiscal year 2024.

5. Conclusion

Since 2001, Texas has made continuous progress towards increasing independence for those with disabilities. There were many projects and initiatives established to support the successful transition process from institutionalization to the community.

With valuable input and recommendations from various stakeholder groups, including people with disabilities and their families, HHSC has committed to six goals that support the vision of people with disabilities living successfully within their communities. Each goal has activities and concrete benchmarks that will guide and monitor progress over the next biennium.

List of Acronyms

Acronym	Full Name
AAA	Area Agencies on Aging
ADRC	Aging and Disability Resource Center
ASAC	Attrition Slot Allocation Committee
BCP	Blind Children’s Program
BHP	Behavioral health pilot
CAT	Cognitive Adaptation Training
CBA	Community Based Alternatives
CDS	Consumer Directed Services
CLASS	Community Living Assistance and Support Services
CMS	Centers for Medicare and Medicaid Services
CPS	Child Protective Services
CY	Calendar Year
DADS	Department of Aging and Disabilities Services
DAHS	Day Activity and Health Services
DBMD	Deaf Blind with Multiple Disabilities
DFPS	Department of Family and Protective Services
DSAP	Disability Services Action Plan
ECC	Enhanced Community Coordination
ECI	Early Childhood Intervention
FMAP	Federal Medical Assistance Percentage
FY	Fiscal Year
GAA	General Appropriations Act
HCBS	Home and community-based services
HCS	Home and Community-based Services waiver program
HHSC	Health and Human Services Commission
ICE-EBP	The International Center of Excellence for Evidenced-based Practices
ICF/IID	Intermediate care facility for people with intellectual disabilities
IDD	Intellectual or developmental disability
InterRAI	International Resident Assessment Instrument
LAR	Legally authorized representative
LBHA	Local Behavioral Health Authority
LIDDA	Local intellectual and developmental disability authority
LMHA	Local mental health authority
LTSS	Long term services and supports
MCO	Managed care organization
MCOT	Mobile Crisis Outreach Team
MDCP	Medically Dependent Children Program

Acronym	Full Name
MDS	Minimum Data Set
MFPD	Money Follows the Person Rebalancing Demonstration
MIPPA	Medicare Improvements for Patients and Providers Act
NCAPPS	National Center on Advancement of Person-Centered Practices and Systems
NF	Nursing facility
NWD	No Wrong Door System
PASRR	Pre-admission Screening and Resident Review
PCP	Person-centered Planning
PIP	Promoting Independence Plan
PL1	PASRR Level 1
PRA	Project Rental Assistance
SSI	Supplemental Security Income
SSLC	State supported living center
STAR+PLUS	State of Texas Access Reform+ PLUS
STAR+PLUS HCBS	State of Texas Access Reform+ PLUS Home and Community Based Services program
TDHCA	Texas Department of Housing and Community Affairs
TSAHC	Texas State Affordable Housing Corporation
TST	Transition Support Team
TWC	Texas Workforce Commission
TxHmL	Texas Home Living program
U.S.	United States
UTHSCSA	University of Texas Health Science Center at San Antonio
YES	Youth Empowerment Services

Appendix A. Stakeholder Recommendations

At the Promoting Independence Stakeholder Summit, the below themes emerged from discussing the six goal areas:

Goal 1: Increasing Access to and Awareness of the Health and Human Services Commission Service Array

- Increase accessibility of information for those in the Deaf community or those who are Blind or visually impaired.
 - ▶ Add QR codes that link to American Sign Language videos to posters or physically distributed information.
 - ▶ Include American Sign Language videos on the website.
 - ▶ Make website formatting more accessible for those that use text-to-speech readers.
- Breach the gap of coverage and increase Medicaid eligibility in Texas.
 - ▶ Increase Texas's Medicaid buy-in to the federally allowed limit.
 - ▶ Implement a Medicaid eligibility policy that ensures people with disabilities do not lose access.
- Create peer-to-peer programs that connect people who have already navigated the system of services to those who are currently navigating it.
- Be less reliant on the website to distribute information.
- Strengthen connections with ADRCs, AAAs, and local authorities to improve the NWD system.
- Reinststate the Promoting Independence Advisory Committee and allow virtual participation.
- Emphasize person-centered approaches when connecting people with the services they need.

Goal 2: Strengthen and Promote the Quality of the Community-Based Service Array to Support People to be Successful in Home and Community Settings

- Report accurate data to the Texas Legislature about the institutional care population, such as who we are serving, the numbers of people, and what their needs are.
 - ▶ Including data that providers and MCOs collect regarding their community attendant workforce.
- Make budgeting and distribution of services more flexible so people can receive the services they need when they need them.
- Strengthen the connections and promote services and support available within the ADRCs and local authorities.
 - ▶ Strengthen community-based support and networks.
- Use person-centered approaches when coordinating services for someone and consider their quality of life as a whole.
- Address challenges that limit people's use of Consumer Directed Services (CDS).
 - ▶ Provide service coordination for those who want to use CDS but are not able to manage the task of coordinating their caregiver's employment.
- Offer critical support services or home health assistance to those at risk of entering institutional care, to allow them to remain in their home and community.

Goal 3: Maintain and Reinforce Transitional Supports to Ensure Successful Diversions and Transitions From Institutions to Home and Community-Based Settings

- Increase flexibility for existing transition assistance programs.

- ▶ Expand Transitional Assistance Services (TAS) to not only serve those transitioning out of NFs.
- ▶ Allow people to use TAS and funding for home modifications over their entire lifetime, without time limits.
- Maximize federal funding opportunities that support rental assistance and fight food insecurity to prevent homelessness.
- Improve technical assistance aimed to remove complex barriers to transition.
- Continue using MFPD funds for institutional care and initiatives that prevent institutionalization.
- Improve pre-transition support, especially for people with behavioral support needs transitioning from long-term care settings, such as NFs and those transitioning from state psychiatric hospitals.
- Create a peer support system to assist those navigating the transition out of institutional care.

Goal 4: Review and Promote Options to Expand the Availability of Affordable, Accessible, and Integrated Housing Opportunities

- Incentivize housing developers to develop affordable, accessible, and integrated housing units.
- Ensure that information regarding housing is accessible, especially for those in the Deaf community, those who are Blind or visually impaired, and those who use other forms of communication besides email or written information.
- Housing options should offer geographical access to resources, such as transportation and healthy food.
- Improve the housing navigation system.
 - ▶ Continue to support the ADRCs' housing navigation function.
- Use a person-centered approach when supporting someone in planning their housing.

Goal 5: Support Community Integrated Employment of People With Disabilities

- Counsel people in employment and determine what the income limits would be for a person, so employment or income do not impact their eligibility for benefits and services.
 - ▶ Make sure counseling is accessible for those in the Deaf community or those who use American Sign Language to communicate or both.
 - ▶ Create a peer support employment program.
 - ▶ Engage employers in benefits counseling conversations.
- Work on partnerships in the community to expand inclusive employment opportunities.
 - ▶ Train employers to have a more inclusive understanding of what disability is and can be, not that it is something to just be accommodated.
- Ensure that people have access to a job coach or professional counseling whenever they need it, not just for a certain amount of time.
- Focus on other opportunities, such as volunteering, supported employment, and community engagement, rather than just traditional employment.

Goal 6: Improving Recruitment, Retention, and Competency of the Direct Service Workforce

- Create a base wage per hour in all community attendant-based services.
 - ▶ Several stakeholders suggested \$15 an hour.
 - ▶ Implement health care benefits for community attendants.
- Allow family members, including spouses, to be paid caregivers.
- Create an attendant consumer or client council.
- Institute a career ladder approach that elevates the role and compensation of a direct care worker.
 - ▶ Have more training and certification opportunities for community attendants.

Emphasize the importance of community attendants and recognize the value of their work.

Appendix B. Promoting Independence 2020 Benchmark Data

Goal 1: Increase Access to and Strengthen the Community-Based Service Array

Strategy	2020 Report Measure	2022 Report Measure
Strategy 1.1 - Continue to offer slots for transitioning from institutions to community-based services either through seeking legislative appropriations to fund Promoting Independence (PI) slots or by attrition.	Number of New HCS PI slots filled: 503 people enrolled with an additional 306 people in the pipeline as of August 31, 2020.	Number of new HCS PI slots filled: 316 people enrolled with an additional 564 HCS PI slots in the pipeline as of August 31, 2022
Strategy 1.4 Ensure Individuals Receive Existing Community-based Services to Meet Challenging Behavioral or Medical Needs	TSTs provided: 835 Educational opportunities 2720 instances of technical assistance 1,200 Case consultations and peer reviews ECC served: 2,636 individuals Crisis Intervention Services served: 2,472 individuals	TSTs provided: 1,302 Educational opportunities 1,772 instances of technical assistance 3,351 Case consultations and peer reviews ECC served: 2,729 individuals Crisis Intervention Services served: 2,036 individuals
Strategy 1.5 Continue Person-Centered Planning (PCP)	As of July 8, 2020, there were 7,678 people trained in PCP	As of September 23, 2022, the total number of people trained in PCP was 11,441. This was an increase of 3,763 people since last reported.

Goal 2: Continue to Transition Children From Institutions to Family-Based Settings and Enhance Community-Based Supports for Children With Behavior Challenges

Strategy	2020 Report Measure	2022 Report Measure
<p>Strategy 2.1 Transitioning Children to Family-Based Settings</p>	<p>As of February 2021 (for FY20), 96 percent of children and young adults under age 22 living in congregate care had permanency plans in place each quarter of the biennium.</p> <p>For FY 2020, 556 children transitioned to community-based family settings or were diverted from entering an institution.</p> <p>As of February 2020, 1,106 children were living in all types of institutions, as well as HCS residential settings, with the number of children residing in an institutional setting, excluding HCS, decreasing by 64% since 2002.</p>	<p>As of February 2022, 91 percent of children and young adults under age 22 in congregate care had permanency plans in place each quarter of the biennium.</p> <p>For FY 2022, 213 children transitioned to community-based family settings or were diverted from entering an institution.</p> <p>As of February 2022, 996 children were living in all types of institutions, as well as HCS residential settings, with the number of children residing in an institutional setting, excluding HCS, decreased by 69% since 2002.</p>
<p>Strategy 2.2 Community-Based Supports for Children with Serious Emotional Disturbances</p>	<p>In fiscal year 2020, the YES waiver program served 2,751 participants, including approximately 151 children under the DFPS conservatorship.</p>	<p>Increased number of YES participants.</p> <p>In fiscal year 2022 (waiver year 4), the YES waiver program served 2,981 participants, including approximately 116 children under DFPS conservatorship.</p>

Goal 3: Strengthen Managed Care Support for Transitions to and Remaining in the Community

Strategy	2020 Report Measure	2022 Report Measure
Strategy 3.2 Continue Long Term Services and Supports Medicaid Managed Care Expansion	Number of complaints to the Ombudsman's Office regarding transitions from institutional services to HCBS in managed care.	HHSC is assessing current data collection systems to determine the viability of collecting this data with current resources.

Goal 4: Increase Access to Comprehensive Behavioral Health Services to Support Individuals to Transition to and Remain in the Community

Strategy	2020 Report Measure	2022 Report Measure
Strategy 4.4 Expand Mental Health Workforce Development and Training	<p>The International Center of Excellence for Evidenced-Based Practice (ICE-EBT) at UTHSCSA provides training and technical assistance to MCOs and provider networks.</p> <p>In calendar year (CY) 2020: 487 people were trained in Mental Health First Aid. 160 people were trained in Motivational Interviewing. 346 people trained in Cognitive Adaptation Training 5,732 users accessed various training modules and resources online.</p>	<p>In CY 2021 and three-quarters of CY 2022: 103 people were trained in Mental Health First Aid. 394 people were trained in Motivational Interviewing. 473 people were trained in Cognitive Adaptation Training.</p> <p>Over 6,859 users accessed various training modules and resources online.</p>

Strategy	2020 Report Measure	2022 Report Measure
<p>Strategy 4.5 Maintain Centralized Training Infrastructure for Evidence Based Practices</p>	<p>The following training modules are available worldwide: Trauma-informed care, co-occurring disorders, Functional Behavioral Assessment, Overview of Genetic Disorders, Overview of Medical Diagnosis, Strategies for Direct Support Workers, Communicating with Individuals with IDD, Integrated Health Care, and Trauma-informed Care for Health Care Practitioners.</p> <p>The total number of modules completed was 21,584 Recordkeeping for Texas versus non-Texas modules completed did not begin until quarter 2 of fiscal year 2020 Fiscal year 2020 data does not include September 2019; the reports begin with October 2019.</p> <p>The number of non-traditional providers completing these trainings was not collected in fiscal year 2020</p>	<p>The following training modules are available worldwide: Trauma-informed Care, Co-occurring Disorders, Functional Behavioral Assessment, Overview of Genetic Disorders, Overview of Medical Diagnosis, Strategies for Direct Support Workers, Communicating with Individuals with IDD, Integrated Health Care, and Trauma-informed Care for Health Care Practitioners.</p> <p>13,616 of these modules were completed in Texas. 15,575 modules were completed outside of Texas. 153 modules completed from an unknown location.</p> <p>Roughly 80% of participants shared that no clinical license type applied to them, but the data is unable to identify how many of this percentage are considered non-traditional providers.</p>
<p>Strategy 4.7 Sustain the Home and Community-Based Services Adult Mental Health Program</p>	<p>As of August 2020, 281 people were enrolled in HCBS-Adult Mental Health program.</p>	<p>As of August 31, 2022, 518 people were enrolled in HCBS-Adult Mental Health program.</p>

Goal 5: Maintain and Improve Relocation Services

Strategy	2020 Report Measure	2022 Report Measure
Strategy 5.1 Continue to support relocation contracting capacity-building.	<p>Fiscal year 2020 Number of people assessed: 350</p> <p>Calendar year 2020 number transitions: 350</p> <p>Calendar year 2020 length to complete transition: 64 percent transitioned in less than 2 months.</p> <p>Calendar year 2020 number re-institutionalized: 1.3 percent</p>	<p>Calendar year 22: Q1 and Q2:</p> <p>Number assessed: 150</p> <p>Calendar year 2022 number transitions: 150</p> <p>Calendar year 2022 length to complete transition: 41 percent transitioned in less than two months</p> <p>Calendar year 2022 number re-institutionalized: 9 percent</p>

Goal 6: Continue to Expand Housing Opportunities for People Exiting Institutions

Strategy	2020 Report Measure	2022 Report Measure
Strategy 6.1 Continue HHSC's collaboration with the Texas Department of Housing and Community Affairs Section 811 PRA Program	September 2020, 445 households had moved into units and 2095 people were on the waiting list.	In FY 2022, number moved into 811 properties: 495 Number on waiting list per biennium: 2092
Strategy 6.4 Continue Project Access Vouchers (Section 8 Housing Choice Vouchers)	125 Project Access vouchers are available in FY 2020.	140 Project Access vouchers available in FY 2022.
Strategy 6.7 Implement the Affordable Housing Project	The project expects to fund 30 units.	Have agreements with 7 properties, to include a total of 33 units.
Strategy 6.8 Continue to Fund Housing Navigators	Calendar year 2019, number of local housing plans reviewed: 43.	Maintain number of local housing plans reviewed. At the time of this report (representing the first two quarters of the year), number of local housing plans reviewed: 35

Goal 7: Support Community-Integrated Employment of Persons with Disabilities

Strategy	2020 Report Measure	2022 Report Measure
Strategy 7.1 Expand Online Employment Services Training	Calendar year 2019, the number of people completing the online trainings each fiscal year: 1100.	From September 2021-December 2021, 360 people were presented to with online trainings. In the second quarter of CY 2022, the previous online trainings were replaced with an updated series that tracks the number of people who accessed the training.
Strategy 7.2 Continue Money Follows the Person Demonstration Employment Recruitment Coordinator Project	Calendar year 2019, number of persons with disabilities engaged in seeking or gaining employment: 3000. Calendar year 2019, number of events facilitated: 60.	Increase the number of persons with disabilities engaged in seeking or gaining employment compared to the previous biennium. Calendar year 2022, number of events facilitated: 44.

Goal 8: Improve Recruitment and Retention of Direct Service Workforce

Strategy	2020 Report Measure	2022 Report Measure
Strategy 8.2 Expand Money Follows the Person Demonstration Funded Direct Workforce Training	In calendar year 2019, expand awareness of training; increase the number of direct service workers completing training modules and type modules per year: 4 new modules Specifically training in the following areas: Medicaid and SSI, Trauma Informed Care, Crisis Management, Cognitive Adaptation Therapy, Mental Health First Aid and Person-Centered Planning and the CDS Option.	HHSC accomplished strides in three of the identified areas of focus; additional topics are being considered. Trauma Informed Care: Data reflected in 4.5 Cognitive Adaptation Therapy: Data reflected in 4.4 Mental Health First Aid (In person): Data reflected in 4.4

Appendix C. Money Follows the Person Demonstration Projects CY 2022

The Centers for Medicare and Medicaid (CMS) sponsors the Money Follows the Person Demonstration (MFPD) to support state efforts to rebalance their LTSS system so that people have a choice of where they live and receive services. Since its inception, the program has helped over 44,000 Texans move from institutions to the community. MFPD helps Texas increase the use of HCBS and reduce the use of institutionally based services. HCBS helps people with self-care tasks such as bathing, eating, and dressing, and enables people to live safely in the community.

Over the past 11 years, Texas has reduced the portion of LTSS expenditures that support institutionally based services from 53 percent in 2009 to 35 percent in 2020. At the same time, Texas increased the portion of LTSS expenditures on HCBS from 47 percent in 2009, to 65 percent in 2020. Community-based services now account for most of the state’s LTSS expenditure.

This table with descriptions includes the approved MFPD Projects for the 2022 calendar year. Texas has continued to maximize opportunities to continue and create innovative projects that align with the Promoting Independence Initiative.

Project Title	Project Description
SSLC Transition Specialists	SSLCs provide residents, their legally authorized representatives (LARs), actively involved family members, and SSLC staff with educational opportunities to become knowledgeable of available and appropriate community supports and services and to assist with the successful relocation of residents from SSLCs to community settings.
SSLC Living Options Specialists	The Living Options Specialist performs consultative services and provides technical assistance to assigned SSLCs. Work involves on-site SSLC assessment of facility organization and processes related to community transitions including the coordination of available resources to ensure compliance with the Promoting Independence Initiative and the Department of Justice (DOJ) Settlement Agreement.

Project Title	Project Description
Behavioral Health Pilot	Behavioral Health Pilot supports a statewide technical assistance program for evidence-based practices such as CAT to increase the use of HCBS, including self-directed services, to reduce institutionalization and promote recovery; to establish policies, processes and engage stakeholders to foster inclusion of mental health self-direction in the state’s managed care system; and to continue to support the transition of people from NF to community settings.
Training Calendar Year 2021	This project includes multiple training efforts and conferences designed to improve skills and knowledge on topics that support the transition of persons from institutions to community settings.
Relocation Contractor Quality Management Specialist	The Relocation Contractor Program Quality Management Specialist provides technical assistance and develops policy and procedures, training manuals and data systems for the Relocation Services Program.
Quality Reporting	The Quality Reporting Unit conducts tracking and reporting of CMS required performance measures for the 1915 (c) waivers and monitors and updates the Quality Reporting System.
TDHCA Staff/Risk Mitigation	This project funds two full-time equivalent positions at the TDHCA. The positions are spread across three housing programs that provide affordable, accessible housing opportunities for people transitioning from institutions to community settings. The Risk Mitigation Fund is used on an as-needed basis to cover itemized, unreimbursed costs for damages resulting directly from a tenant’s occupancy. This fund increases approvals of applications for housing submitted by people with prior justice involvement or negative rental histories. Landlords are more likely to accept these people as tenants if they know funds are available to cover any significant damage caused by a tenant.
ADRC MDS 3.0 (LCA)	ADRCs provide options counseling services to people in NFs who are not eligible for Medicaid and seeking to relocate to the community. ADRCs serve as local contact agencies as required for implementation of the MDS 3.0.

Project Title	Project Description
ADRC Housing Navigator	This project supports ADRCs in funding housing navigators who work to increase affordable, accessible housing opportunities for people with disabilities and older adults who are exiting institutions and relocating to community settings.
Enhanced Community Coordination	This project supports ECC provided by experienced staff from LIDDAs to people with IDD transitioning from institutional to community settings. ECC provides intensive and flexible support delivered in a person-centered manner including pre- and post-transition services, monitoring the person for one year after the transition, and arranging for support needed to prevent and manage a crisis.
Transitional Support Teams	This project supports eight teams that provide statewide coverage of educational opportunities, technical assistance, and case reviews to LIDDAs and community IDD waiver providers to facilitate transition of people with complex medical and behavioral needs from institutional to community settings.
Ventilator and Respiratory Health Optimization	The Ventilator and Respiratory Health Optimization project provides HHSC with information about how to improve access and services for high acuity tracheostomized and ventilator-dependent Medicaid recipients residing in NFs. The information gathered highlights opportunities for HHSC to reduce the institutionalization of clinically complex NF residents who desire to return to the community.
Community-based Employment Apprenticeship Pilot	The Community-based Employment Apprenticeship Pilot provides apprenticeship opportunities to people with IDD and people receiving services for mental health challenges.
Electronic Tablets to Assist with Employment Transitions	The Electronic Tablets to Assist with Employment Transitions utilizes electronic tablets to assist in ease of workplace environmental transitions and job coaching for people with IDD and people receiving services for mental health challenges.

Project Title	Project Description
Person Centered Practices Training	Through the expansion of Person-Centered Practices training, Texas enhances and assures sustainability of person-centered practices and services. The training and certifications allow Texas to continue to build capacity and sustainability using a person-centered approach after the MFPD has ended.
Affordable Housing Partnership	These funds are used to administer the Affordable Housing Partnership designed to provide funding to affordable housing developers in return for a set-aside of housing units for people receiving, or eligible for, Medicaid LTSS.
Music and Memory Pilot	To implement a pilot project utilizing music and memory to support people with serious mental illness, such as depression, schizophrenia, or bipolar disorder, at Austin State Hospital by establishing a person-centered tool to prepare them for transition to the community. Music and Memory is a program that utilizes digital music devices filled with personalized playlists with favorite songs.
interRAI Algorithm Development	A pilot of the interRAI ID Assessment to determine its appropriateness for use in the state of Texas. Phase III, if endorsed by executive leadership, involves the development of a resource allocation algorithm, and statewide rollout of the interRAI ID assessment instrument.
Transition to Competitive Integrated Employment	This multi-phased project involves the development of a toolkit, a demonstration, and training to assist providers in transitioning from a heavy focus on day habilitation and sheltered workshop services to a more community involved competitive and integrated employment as services providers.