

Policy Council for Children and Families 2018 Recommendations

Disclaimer: These recommendations were prepared by members of the Policy Council for Children and Families. The opinions and suggestions expressed in these recommendations are the members' own and do not reflect the views of the Texas Health and Human Services Commission Executive Council or the Texas Health and Human Services Commission.

A. Improving Individual and Family Support

Recommendation	Action Required
1. Ensure robust and holistic Person-Centered Planning for all children with disabilities. <ul style="list-style-type: none"> a. Require the use of standards defined by the Institute of Person Centered Practices. b. Ensure person-centered planning is part of child to adult healthcare transition services beginning at age 12. c. Require Texas school districts to provide person-centered planning for all transition age youth receiving special education services. d. Require conflict free independent person-centered planning processes for all children receiving services through a Medicaid waiver, STAR Health, STAR Kids and STAR Plus including to those using consumer directed services. e. Provide planning in language appropriate to child and family. f. Require all person-centered planning for transition age youth include alternatives to guardianship. 	Legislative, Budgetary, CMS Approval TEA/HHSC collaboration
2. Ensure access to meaningful respite care for families of children with disabilities so families receive a break from exhaustive caregiving. <ul style="list-style-type: none"> a. Provide general revenue funding for respite to families who do not have access to Medicaid or a Medicaid waiver similar to In-Home and Family Support. b. Promote innovative respite cooperatives among families in the same communities using nonprofit organizations to organize and maintain. 	Legislative, Budgetary
3. Continue funding for the Navigate Life Texas website including funding for updates and expansion to ensure all state agencies are linked to the website.	Legislative, Budgetary

Recommendation	Action Required
<p>4. Provide time limited flexible funding to families of children with disabilities during a crisis.</p> <ul style="list-style-type: none"> a. Supports might positive behavior support, short-term care at home and out-of-home, home modifications, transportation and training. b. Identify and approve the funding through an individual support plan. c. Manage the funds through a local entity with assigned coordinators who can prioritize and authorize support plans and funds, such as the Local Intellectual and Developmental Disability Authorities and the Local Mental Health Authorities. d. Consider the use of general revenue to fund the supports. e. Amend the Texas Home Living waiver eligibility to disregard parental income for those who have urgent needs. 	<p>Legislative, HHSC Policy, CMS Approval</p>
<p>5. Allow flexibility within the home and community-based waivers as part of the restructure of waiver benefits for persons with Intellectual and Developmental Disability to meet the new Home and Community-Based Service settings requirements and Community First Choice.</p> <ul style="list-style-type: none"> a. Allow people on different waivers to share resources without exceeding ratio guidelines b. Explore a more common set of benefits among waivers to meet the needs of an individual 	<p>Legislative, HHSC, Policy, CMS Approval</p>
<p>6. Improve access to Community First Choice and Habilitation for individuals as an alternative to institutional care.</p> <ul style="list-style-type: none"> a. HHSC should create a document that describes habilitation and how to obtain services. b. Require managed care entities to provide all Medicaid recipients information on Community Frist Choice and the ability to receive habilitation in addition to personal care services. c. Provide funding and set a rate for Community First Choice that: <ul style="list-style-type: none"> i. Attracts direct service providers with experience in habilitation ii. Attracts employees in rural parts of the state, and iii. Promotes employment longevity 	<p>Legislative, Budgetary, HHSC</p>

Recommendation	Action Required
<ul style="list-style-type: none"> d. Ensure managed care plans understand that people with high physical and medical needs benefit from habilitation including training in how to direct their care. e. Ensure Community First Choice tools allow for assessment of the habilitative needs individuals with high physical and medical support needs. 	

B. Promoting Independence and Waiver List Funding

Recommendation	Action Required
<ol style="list-style-type: none"> 1. Fund HCS waiver services for the following children to move from institutions to families. <ul style="list-style-type: none"> a. 35 children living in DFPS General Residential Operations b. 20 children to move from nursing facilities c. 500 individuals to move from large/medium ICFs/IDDs d. 120 individuals to move from state psychiatric hospitals e. 50 children to move from small ICFs/IDDs to families. 	Legislative, Budgetary
<ol style="list-style-type: none"> 2. Fund waiver services for children at imminent risk of institutionalization to prevent institutionalization. <ul style="list-style-type: none"> a. 216 children aging out of DFPS foster care (HCS) b. 400 individuals in crisis to prevent institutionalization (HCS) c. 600 individuals at risk of placement in nursing facilities (HCS PASRR) d. 100 children who are medically fragile at imminent risk of placement in nursing facility (MDCP) e. 100 children who are at imminent risk of institutionalization in a nursing facility or ICF (CLASS). 	Legislative, Budgetary
<ol style="list-style-type: none"> 3. Fund the Medicaid waiver interest list so children can grow up in families. 	Legislative, Budgetary

C. STAR Kids

Recommendation	Action Required
<p>1. Require a more standard and streamlined prior authorization process among the STAR Kids health plans for private duty nursing and other services.</p> <ul style="list-style-type: none"> a. Decrease administrative burdens, prevent gaps in services and delays in authorizations, and ensure individuals access to medically needed services without discrimination and inconsistencies across plans. b. Increase authorization time frames for children with chronic conditions which are not likely to change and avoid short authorization periods. c. Ensure continuation of prior authorization of nursing services and other services when a child and family are pending a fair hearing and do not allow a plan to end the authorization before the case has been heard. 	<p>Legislative, Budgetary, HHSC policy/contract changes</p>
<p>2. Encourage nurse delegation in Personal Care Services through education initiatives, rate enhancements, and value- based arrangements.</p> <ul style="list-style-type: none"> a. Provide an increased rate of pay for Unlicensed Assistive Personnel who are trained to perform delegated tasks. b. Promote and educate providers, parents, and recipients on what is considered "safe and appropriate" delegated services. c. Increase funding to home health agencies and nurses to train and supervise Unlicensed Assistive 	<p>Legislative, Budgetary</p>
<p>3. Allow children in STAR Kids who have SSI and meet the Medically Dependent Children Program waiver immediate access to wavier level services with no wait.</p> <ul style="list-style-type: none"> a. Create a similar allowance for children in STAR Health. b. Maintain at least a current level of effort to offer children on the interest list who do not have SSI waivers services at the existing rate. 	<p>Legislative, Budgetary</p>

Recommendation	Action Required
<p>4. Offer children who have lost eligibility for Medicaid due to loss of Medically Dependent Children Program eligibility in STAR Kids, access to another 1915(C) waiver such as Community Living Assistance and Support Services (CLASS) or Home and Community-based Services (HCS).</p> <p>a. Create a set-aside in the HCS and CLASS waiver for 50 children each per biennium in this category.</p>	<p>Legislative, Budgetary, CMS Approval</p>
<p>5. Provide families timely notice of their right to seek an appeal and a Medicaid fair hearing when Medicaid services including waiver services, nursing, personal care services, and therapy are reduced or denied.</p> <p>a. Require managed care health plans send notifications for a denial or reduction in service within one day of the date on the notification.</p> <p>b. Require the notice to be delivered via registered mail to ensure that the time frame is followed.</p> <p>c. Ensure notices sent by HHSC and the health plans are written in plain language for families with detail on why the denial occurred, which is needed to meet medical necessity requirements, deadlines for the appeal, and information on maintaining the same level of service during the appeal and fair hearing process until a final determination is made.</p>	<p>Legislative, Budgetary, CMS Approval</p>

D. IDD Waivers and Managed Care

Recommendation	Action Required
<p>1. Delay inclusion of the Intellectual and Developmental Disabilities waivers into Managed Care. The Policy Council on Children and Families supports the recommendation made by the System Redesign Advisory Committee to delay the carve-in of the IDD waivers until assurances can be made regarding readiness.</p>	<p>Legislative</p>

E. Medicaid Funded Therapy

Recommendation	Action Required
1. Ensure children with disabilities get the therapy needed to maximize and maintain their abilities .	Legislative, Budgetary
2. Restore Medicaid fee schedules to the amount prior to the 2016 cuts and assure adequate funding for health plans and access to therapy services for children.	Legislative, Budgetary
3. Provide utilization review reports on a quarterly basis to providers and the public regarding therapy waiting lists, delays in initiation of therapy services and MCO network adequacy.	Legislative, HHSC Policy
4. Provide utilization review reports on cost savings associated with the changes to the May 1, 2016 therapy policy, detailing quality outcome measures and utilization review measures using best practices. Use any savings from the policy changes to restore rate cuts.	Legislative, HHSC Policy
5. Monitor and evaluate prior authorization process and documentation requirements across MCOs to ensure access to care without inconsistencies across plans.	Legislative, HHSC
6. Implement an attestation form for physicians to confirm an ongoing chronic condition and extend prior authorization period for children with chronic conditions to decrease administrative delays in authorization and save administrative costs.	Legislative, HHSC

F. Network Adequacy in Medicaid

Recommendation	Action Required
1. Ensure network adequacy standards in Medicaid to meet the needs of children with developmental disabilities. <ul style="list-style-type: none"> a. Create network adequacy standards that require networks to have enough physicians to meet the needs of children with developmental disabilities. HHSC must ensure that each Managed Care Organization (MCO) is contracted with an adequate number of primary and specialist physicians, developmental pediatricians, therapists, home health agencies and hospitals that care for children with disabilities. 	Legislative, Budgetary

Recommendation	Action Required
<ul style="list-style-type: none"> b. List criteria in the MCO contracts for their call center staff to be able to identify providers within their network that care for children with disabilities, behavioral and cognitive chronic disorders so they can adequately assist families, members, legally authorized representatives in identifying providers to meet their specialized needs. c. HHSC should amend Texas State Medicaid Plan to allow licensed Board-Certified Behavior Analysts to be reimbursed for services under the Medicaid State Plan. 	Legislative, Budgetary
<p>2. HHSC should clearly define requirements on how preferred provider arrangements may be utilized ensuring:</p> <ul style="list-style-type: none"> a. Members are given a choice of two to three providers for specialty services and durable medical equipment including non-preferred provider arranged services. b. Members have the right to choose the best services or equipment that meets the medical necessity of the member regardless of provider arrangement with the MCOs. c. MCOs must submit all preferred provider arrangement contracts to HHSC for review and approval. d. MCO call center staff must inform members of non- preferred providers along with preferred providers available in the network. 	Legislative
<p>3. Stop the implementation of a value-based purchasing model where an MCO designates a single provider for all therapy evaluations and/or designates a preferred provider for treatment services where prior authorization requirements are waived for families willing to use the preferred provider.</p> <ul style="list-style-type: none"> a. This model eliminates freedom-of-choice for Medicaid beneficiaries. b. Designating a sole provider as the preferred provider for treatment services and waiving prior authorization requirements for families that use this provider may have the effect of creating an exclusive provider network. c. HHSC should require that any payment model implemented by a MCO be research based, consider stakeholder input, maintain consumer access to services, and improve quality. d. HHSC should ensure accountability measures are in place. 	Legislative

G. Access to Healthcare for Children without Medicaid

Recommendation	Action Required
1. Provide sufficient funding for the Children with Special Healthcare Needs (CSHCN) to ensure children are not waiting to access healthcare.	Legislative, Budgetary
2. HHSC should provide greater clarification on what is considered cost effectiveness for eligibility for payment from the Health Insurance Premium Payment (HIPPP) program, as well as greater clarification on what evidence is needed to provide cost effectiveness.	Legislative, HHSC

H. Compassionate Use Program

Recommendation	Action Required
1. Compassionate Use - Evaluate access to the Compassionate Use Program in Texas and what modifications would facilitate equal access across the state.	Legislative, Budgetary
2. Disparities between States - Authorize HHSC to conduct an evaluation of the current use of medical marijuana in other states, as well as identify stakeholder consensus on other beneficial uses beyond severe seizure disorders.	Legislative, Budgetary
3. Discrepancies in Access and Law - Provide protections to families who are authorized for use of medical marijuana in other states.	Legislative

I. Early Childhood Intervention Services (ECI)

Recommendation	Action Required
1. Funding <ul style="list-style-type: none"> a. Fully fund ECI Services and create a mechanism to fund case growth based on child need for services; not based only on available funding. Current funding treats ECI with capped funding much like a block grant. However, ECI should be managed in a similar fashion to the state Medicaid expenses where eligible children receive the needed services, and then Texas requests supplemental fund for the Legislature in the next biennium to cover any shortfalls. 	Legislative, Budgetary

Recommendation	Action Required
<ul style="list-style-type: none"> b. Increase state general revenue spending on ECI in order to leverage additional federal matching funds to expand services. Current general revenue funding is minimal (\$3.8 million). c. Leverage Texas Education Agency (TEA) Child Find funds to pursue new contracts for Early Childhood Intervention contractors for evaluations, screening and assessments for local education agencies to meet current 45-day evaluation requirements. 	Legislative, Budgetary
<p>2. Eligibility standards to qualify for ECI have changed over the past decade which has limited the amount of children who are participating in the ECI system. HHSC should:</p> <ul style="list-style-type: none"> a. Review current eligibility requirements to ensure that eligibility is determined by a child's need and not a capped budget amount. 	HHSC
<p>3. To ensure a robust ECI provider network, HHSC should:</p> <ul style="list-style-type: none"> a. Restore previous Medicaid therapy rate cuts that may have affected ECI provider rates. b. Increase per child allotment to contractors to cover actual costs of services. c. Allow reimbursement for providers to serve all children who are eligible for services. In many instances providers are serving more people that they are getting reimbursed for as services for Early Childhood Intervention is mandated and most providers are reluctant to turn away children in need. d. Detach Early Childhood Intervention provider rates from Medicaid rate setting. Some suggestions include: <ul style="list-style-type: none"> i. Provide additional funds billable category for provider's staff dedicated specifically for "Child Find" and transition coordination for pre-kindergarten. Potential coordination opportunity with TEA child find mandates and potential to leverage additional Individuals with Disabilities Education Act funds. ii. Require health insurance plans to cover rehabilitative and habilitative services included in an individualized family service plan issued by an Early Childhood Intervention provider. 	HHSC

Recommendation	Action Required
4. Provide guidance to parents/caregivers regarding opportunities to request additional therapies through their primary care or other health care providers in addition to services provided by ECI.	Legislative, Budgetary
<p>5. Increase state level coordination between Early Childhood Intervention staff at the HHSC and Special Education staff at TEA:</p> <ul style="list-style-type: none"> a. Align HHSC’s Early Childhood Intervention eligibility and Child Find procedures and goals with TEA’s Corrective Action Plan to address issues related to non-compliance with Individuals with Disabilities Education Act. b. Consider alternative models of agency coordination between HHSC staff and TEA staff in order to provide more program efficacy and to serve more children under the program. c. Conduct research with regards to appropriately identifying and serving children transitioning between ECI, pre- kindergarten, and kindergarten to ensure continuity of services. d. Increase community level coordination between Early Childhood Intervention providers and school districts to inform districts of the students’ needs, provide student evaluations, and align school preparatory goals with Preschool Program for Children with Disabilities and prekindergarten goals. 	HHSC TEA

J. Special Education

Recommendation	Action Required
1. Appropriate funding necessary for children with disabilities to be assessed, identified and provided services and supports they need to receive an equal education. Any action plan developed by TEA should receive funding to necessary to reach plan goals.	TEA
2. Ensure full stakeholder involvement, including students, parents, and advocates, is a priority as TEA.	TEA

Recommendation	Action Required
<p>3. Direct TEA to establish a workgroup to develop guidance and criteria for selecting and using appropriate disability and age assessments, so that regardless of which school professional is conducting the assessment (Licensed Specialist in School Psychology or Diagnostician) the student is receiving the necessary mental health and classroom supports.</p> <p>a. Conduct research to look at national recommended standards and best practices in other states.</p>	TEA
<p>5. Provide districts with targeted guidance, technical assistance and resources to ensure students with Emotional Disturbance and English Language Learner are identified and provided appropriate services.</p>	TEA
<p>6. Require TEA to monitor implementation of English Language Learner/special education assessments/evaluations and services in school districts statewide within two years following USDE acceptance of the Texas Corrective Action Plan.</p> <p>Monitoring should be informed by previously cited federal regulations on disproportionality and disparities.</p>	TEA
<p>7. Create incentives for bilingual teachers to obtain certification in special education services.</p>	TEA
<p>8. Special Education (SPED) funding weights should be updates to adequately fund special education services for children with disabilities.</p>	TEA

K. Safe and Supportive School Environments

Recommendation	Action Required
<p>1. Increase school/educator capacity to using evidence-based practices that foster safe school climates, mitigate the effects of trauma, and address mental health concerns that interfere with student learning.</p> <p>a. Establish and fund a statewide technical assistance center to provide training and technical assistance to schools on using evidence-based practices that foster safe and supportive school climates, mitigate the effects of trauma, and address mental health concerns that interfere with student learning.</p>	TEA

Recommendation	Action Required
<ul style="list-style-type: none"> b. Require teachers and other school personnel to receive trauma-informed care training, specifically developed for use with children with Intellectual and Developmental Disabilities through Education Service Centers (ESC). <p>2. Increase the ability of school personnel, especially those providing special education services, to recognize and respond to potential mental health concerns among students with intellectual and developmental disabilities, including making appropriate referrals for mental health services when necessary.</p> <ul style="list-style-type: none"> a. Amend educator certification and professional development requirements to require training on identifying mental health, trauma, or suicide concerns in students with disabilities. b. Require education service centers to provide training in trauma-informed practice specifically developed for use with children with intellectual and developmental disabilities. c. Direct TEA to collaborate with the Health and Human Services Commission to develop guidance to districts on identifying mental health concerns in students enrolled in Special Education, including the use of mental health screenings and assessments, and providing services and supports to address concerns as appropriate and needed. 	<p>TEA</p>
<p>3. Reduce the use of seclusion and restraints in schools.</p> <ul style="list-style-type: none"> a. Improve data collection on the use of seclusion and restraint in schools, including information on what types are used, the circumstances that led to their use, and the purpose for which they were used. Include data collection on the use of "time outs" to determine if students are being inappropriately excluded from classroom activities/environment. b. Include definitions of "time outs" in laws and regulations related to seclusion and restraint. c. Move statutes related to seclusion and restraint in the Texas Education Code out from the chapter of law that addresses Student Discipline (Chapter 37) and into the chapter of law that addresses Student Health and Safety (Chapter 38). 	<p>TEA</p>

L. Mental Health

Recommendation	Action Required
<p>1. Improve mental health services for children including YES waiver services so that children in need of out of home services can live in a family and avoid institutionalization.</p> <ul style="list-style-type: none"> a. Allow children in the YES waiver to reside in host home settings for a period longer than 90 days. b. HHSC should develop community capacity among YES waiver providers to create host home options for children who need emergency out of home placement. c. HHSC should create educational information for families regarding the development of a recovery plan for children discharging from residential treatment as well as those in outpatient treatment. HHSC should review current processes to ensure the recovery plan and YES waiver service plan are shared with the family and relevant providers to more optimally coordinate care and meet the member's needs. This is especially important for children with co-morbid conditions. 	<p>Legislative, Budgetary, CMS Approval</p>
<p>2. Expand, fund and fully implement certified family partner services and peer supports for families.</p> <ul style="list-style-type: none"> a. Expand the Medicaid State Plan family partner certification process for children with disabilities similar to the current family partner certification program designed to serve families of children and adolescents receiving mental/behavioral health services. Also, provide funding to make this service available to families without Medicaid. b. Direct HHSC to develop and disseminate guidance to providers/professionals serving children/youth with Intellectual or Developmental Disabilities (including teachers) on best practices for supporting adolescents with developmental disabilities who are exhibiting suicidal behavior, including providing supplemental information for Mental Health First Aid trainings to addressing individuals with Intellectual or Developmental Disabilities. c. Include goals and strategies related to individuals with Intellectual or Developmental Disabilities within the Texas State Plan for Suicide Prevention. 	<p>Legislative, Budgetary</p>

M. Healthcare Transition

Recommendation	Action Required
<p>1. Improve the healthcare transition of children from childhood to adulthood in Medicaid Managed Care by enhancing network adequacy.</p> <ul style="list-style-type: none"> a. Create incentives for adult practitioners to receive young adults with special health care needs including payment incentives that allow for longer appointment times needed to meet the needs of children and young adults with medically complex conditions. b. Require MCOs to develop payment mechanisms to enable both pediatric and adult care providers to receive payment for medically necessary services concurrently during the transition process. c. Create network adequacy standards that require plans to have enough primary care physicians, specialists, therapists, home health agencies and hospitals to meet the needs of young adults with disabilities and complex and chronic conditions d. HHSC should partner with physician organizations to provide education about transition and evaluate if contract amendments between MCOs and physicians are necessary to ensure continuity and prevent pediatric providers from aging-out young adults before adult providers are secured. e. Require MCOs to list in their provider directory, primary care physicians and specialists who see transition age youth and adults. 	HHSC
<p>2. Increase the availability of medical homes and transition clinics for youth transitioning to adulthood.</p> <ul style="list-style-type: none"> a. Recruit centers of excellence for transition across the state. b. Define performance measures for MCOs for specialized Medical Home projects that incentivize providers to promote out the box thinking. c. Create network structures where provider pediatric and adult groups work together like consolidated clinic to provide improved services to transitioning youth with developmental disabilities, or behavioral and cognitive disabilities. 	HHSC

Recommendation	Action Required
<p>3. Improve the healthcare transition of children from childhood to adulthood through adoption of transition standards and best practices.</p> <ul style="list-style-type: none"> a. Begin medical transition planning at age 12 instead of age 15. b. Adopt and implement the American Academy of Pediatrics consensus statement on transition and Got Transition's Six Core Elements as best practices. c. Develop and implement core knowledge and skills required of health care professionals to provide developmentally appropriate health care transition services. <ul style="list-style-type: none"> i. Incorporate core competencies into training and certification requirements for primary care and specialty residents. ii. Provide incentive and additional funding for physicians and providers to provide services to this unique population; and iii. Base incentive payments based on healthcare outcomes. 	HHSC
<p>4. Improve the healthcare transition of children to adulthood through the following managed care system improvements.</p> <ul style="list-style-type: none"> a. Add transition service coordinators for young adults between the ages of 21 to 26 to STAR Plus. b. Require transition process in STAR Health and START for children with disabilities. c. Require MCO Transition Coordinators to have training in the following: <ul style="list-style-type: none"> i. Alternatives to guardianship ii. Supported decision making iii. Creative housing options including shared living arrangements and host homes iv. Supported Employment 	HHSC

N. Transition to Adulthood: Employment, Housing, and Education

Recommendation	Action Required
<p>1. Ensure better accountability, availability and continuity of vocational rehabilitation services post Health and Human Services transformation.</p> <ul style="list-style-type: none"> a. Provide a comparative analysis of programs, including scope, quantity and funding sources, provided by the Texas Department of Assistive and Rehabilitative Services (DARS) before the transformation and HHSC/Texas Workforce Commission (TWC) since the transformation. b. Provide an analysis of impact of Workforce Innovation and Opportunity Act (WIOA) on service delivery model and funding sources provided by DARS and HHSC/TWC. c. Ensure continuity of level of service provided by DARS prior to transformation by providing: <ul style="list-style-type: none"> i. Guidance on changes to program service delivery model provided to clients, families, local education agencies and local service providers. ii. Access to funding sources utilized by programs prior to transformation. iii. Instructions to local education agencies and local service providers on funding if programming not provided by HHSC/TWC. 	HHSC
<p>2. Ensure information and training be provided to families regarding the Achieving a Better Life Experience (ABLE) Act.</p> <ul style="list-style-type: none"> a. Provide information and training to families regarding the ABLE Act through state agency programs, public schools, nonprofits, and other organizations who work with people with disabilities and their families. b. Provide a thorough analysis of investment and savings options available to families as they and their child design a meaningful life and plan long-term services and supports. Most families are unaware of the differences between third party special needs trusts, first party special needs trusts, and 529A (ABLE) savings accounts. 	HHSC

Recommendation	Action Required
<p>3. Ensure training for students and families on services and benefits beginning at age 12 through age 21 and a Transition Guide for students before they leave the public school system.</p> <ul style="list-style-type: none"> a. Provide training on services and benefits for student's age 18 through 21 before the student leaves school. b. Provide the guide(s) of services to students and their families prior to age 18. c. Include and document the guides and training in the ARD process and 504 process. 	<p>HHSC, TEA</p>
<p>4. Promote employment and work with businesses in the community to find employment.</p> <ul style="list-style-type: none"> a. Improve access to employment opportunities, including competitive employment, employment assistance, and integrated day habilitation for individuals with Intellectual and Developmental Disability (IDD). b. Ensure employment services and enhanced day habilitation through Medicaid waivers meet community integration and home and community-based settings requirements and support people to work and participate in their communities. c. Create a new designation for HUB vendors to include those run by people with disabilities. d. HHSC and TWC should create a broad statewide task force of employees to expand employment opportunities for people with disabilities. e. Increase access to benefit employment counselors. 	<p>Legislative, Budgetary, HHSC</p>
<p>5. Create, fund and implement creative housing and supports for adults with disabilities to live independently.</p> <ul style="list-style-type: none"> a. Provide funding for housing navigators to assist adults with disabilities and their families set up affordable, collaborative, creative and culturally appropriate housing for adults. b. HHSC should develop a workgroup to promote housing options for persons with intellectual and developmental disabilities. 	<p>Legislative, Budgetary, HHSC</p>

Recommendation	Action Required
6. Direct the Texas Higher Education Coordinating Board to assist colleges and universities in enhancing their transition services for students with disabilities by providing information, resources on effective practice in supporting students with disabilities.	THECB
7. Build upon House Bill 1807, 84th Legislature, which requires Texas Higher Education Coordinating Board to establish and maintain an inventory of all postsecondary educational programs and services provided for persons with intellectual and developmental disabilities on its website and submit the inventory to the TEA for inclusion in the Texas Transition and Employment Guide. See: <u>Postsecondary programs and services for students with Intellectual and Developmental Disabilities.</u>	THECB
8. Require institutes of higher education to provide on their websites information and resources directed to both parents and students with the aim of promoting the success of students with disabilities enrolled in higher education.	THECB
9. Establish a course in the University Studies or General Studies area, possibly dual credit, designed to allow an opportunity for high school students or beginning college students with disabilities to learn more about college life and the skills needed for success in higher education, such as time management and navigating life in college.	THECB