Permanency Planning and Family-based Alternatives

As Required by

Texas Government Code,

Section 531.060(o) and Section

531.162(b)

Health and Human Services

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TEXAS
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Executive Summary

Texas Government Code, Section 531.162(b) requires permanency planning for Texas children under age 22 living in institutions.[1] The desired outcome of permanency planning is for Texas children to receive family support in a permanent living arrangement which has as its primary feature an enduring and nurturing parental relationship.

As of August 31, 2017, 1,151 children were living in all types of institutions, representing a 27 percent decrease since permanency planning was implemented in 2002, or a 62 percent decrease if children served in the Home and Community-based Services waiver (HCS) are excluded. Of the 1,151 children living in institutions:

- The majority (63 percent) were young adults, ages 18 to 21.
- More than half (58 percent) were in HCS.
- A relatively small number (6 percent) resided in a nursing facility.
- The majority (95 percent) had a current permanency plan.

Specialized supports provided through 1915(c) waiver programs, including HCS, help children transition from living in institutions to either living with their families or in family-based alternatives, which is a family-like setting. From September 1, 2016, to August 31, 2017, 60 children moved from institutions, with the majority moving to live with their families or to a family-based alternative.

The Health and Human Services Commission's (HHSC) contractor, EveryChild, Inc., helped 40 children unable to live with their families move from institutions to a family-based alternative. Since 2002, EveryChild has worked with families on behalf of 497 children.

[1] Institution means long-term residential settings that serve from three to several hundred residents. Home and Community-based Services (HCS) group homes serving no more than four residents are included in this definition.

1. Introduction

This report addresses requirements in Texas Government Code, Section 531.162(b) and Section 531.060(o).

Section 531.162(b) requires HHSC to submit a semiannual report on permanency planning to the Governor and committees of each house of the Legislature with primary oversight jurisdiction over health and human services agencies. The report must include the:

- Number of children residing in institutions in Texas and the number of those children for whom a recommendation has been made for transition to a community-based residence but who have not yet made the transition;
- Circumstances of each child, including the type and name of the institution in which the child resides, the child's age, the residence of the child's parents or guardians, and the length of time in which the child has resided in the institution;
- Number of permanency plans developed for children residing in institutions, the progress achieved in implementing those plans, and barriers to implementing those plans;
- Number of children who previously resided in an institution and have made the transition to a community-based residence;
- Number of children who previously resided in an institution and have been reunited with their families or placed with alternate families;
- Community supports that resulted in the successful placement of children with alternate families; and
- Community support services that are unavailable but necessary to address the needs of children who continue to reside in an institution in Texas after being recommended to move from the institution to an alternate family or community-based residence.

Section 531.060(o) requires HHSC to submit a report on family-based alternatives annually, by January 1, to the Legislature. The report must include the:

- Number of children waiting for an available placement in a family-based alternative under the system; and
- Number of alternative families trained and available to accept placement of a child under the system.

This report uses data from fiscal year 2017 and includes cumulative data and other relevant historical information for evaluative purposes. Data may be subject to timing and other limitations. Data from the former Department of Aging and Disability Services is included as HHSC data.

2. Background

Section 531.162(b) requires HHSC to ensure each child residing in an institution receives permanency planning. This section defines permanency planning as the state's policy "…to ensure that the basic needs for safety, security, and stability are met for each child in Texas. A successful family is the most efficient and effective way to meet those needs. State and local communities must work together to provide encouragement and support for well-functioning families and ensure that each child receives the benefits of being part of a successful permanent family as soon as possible."

In accordance with statute, permanency planning applies to individuals 22 years old and younger residing in any of the following long-term care settings:

- Small, medium, and large community intermediate care facilities for individuals with an intellectual disability or related conditions (ICF/IID)
- State supported living centers (SSLCs)
- HCS residential settings (i.e., supervised living or residential support)
- Nursing facilities
- Institutions for individuals with an intellectual disability (ID) licensed by the Department of Family and Protective Services (DFPS)

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

- Returning to the birth family; or
- Moving to a family-based alternative, a family-like setting in which a trained provider offers support and in-home care for children with disabilities or children who are medically fragile.

While permanency planning for minor children (ages birth-17) focuses on family life, permanency planning for young adults (ages 18-21) acknowledges another community living arrangement (e.g., one's own apartment) may be a more appropriate, adult-oriented goal towards independence. The planning process also recognizes permanency goals may change over time, as a result of a parent or legally authorized representative (LAR) whose perspective changes following fuller exploration, exposure to alternatives, or changes in family circumstances.

3. Permanency Planning

Permanency planning, as a philosophy, refers to the goal of family life for children. The permanency planning process refers to the development of strategies and marshalling of resources to reunite a child with his or her family (e.g., birth or adoptive) or achieve permanent placement with an alternate family. Families and children participate in the process to help identify options and develop services and supports necessary for the child to live in a family setting. The Permanency Planning Instrument (PPI) captures the status of a child's permanency plan at the time of a semiannual review. The following information is based on aggregated data from PPIs completed as of August 31, 2017.

Number of Children Residing in Institutions

Table 1 shows the total number of children living in institutions by institution type as of August 31, 2017.

Table 1. Number of Children in Institutions, HHSC and DFPS Combined as of August 31, 2017

Institution Type	Ages Birth-17	Ages 18-21	Total
Nursing Facility	42	24	66
Small ICF/IID	20	130	150
Medium ICF/IID	4	34	38
Large ICF/IID	4	4	8
SSLC	74	102	176
HCS	247	427	674
DFPS-Licensed ID Institution	38	1	39
Total	**429**	**722**	**1,151**

Data shows 824 children (72 percent) resided in a setting with 8 or fewer residents.[2] Of those 824, 267 (32 percent) were minors, including 2 under DFPS conservatorship, and 557 (68 percent) were young adults ages 18 through 21, including 4 who were placed by DFPS.

Institutions with more than 8 residents served 327 children (28 percent). Of those 327, 162 (50 percent) were minors, including 1 child under DFPS conservatorship in a medium ICF/IID, and 165 (51 percent) were young adults, including 1 young adult placed by DFPS. Table 7 provides additional information on the number of children for whom a recommendation has been made for transition to a community-based residence but who have not yet made the transition.

Circumstances of Children Residing in Institutions

The following figures provide summary information on children residing in institutions. As shown in Figure 1, the majority were young adults (18-21) as of August 31, 2017.

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

Figure 1. Age Distribution of Children, HHSC and DFPS Combined as of August 31, 2017

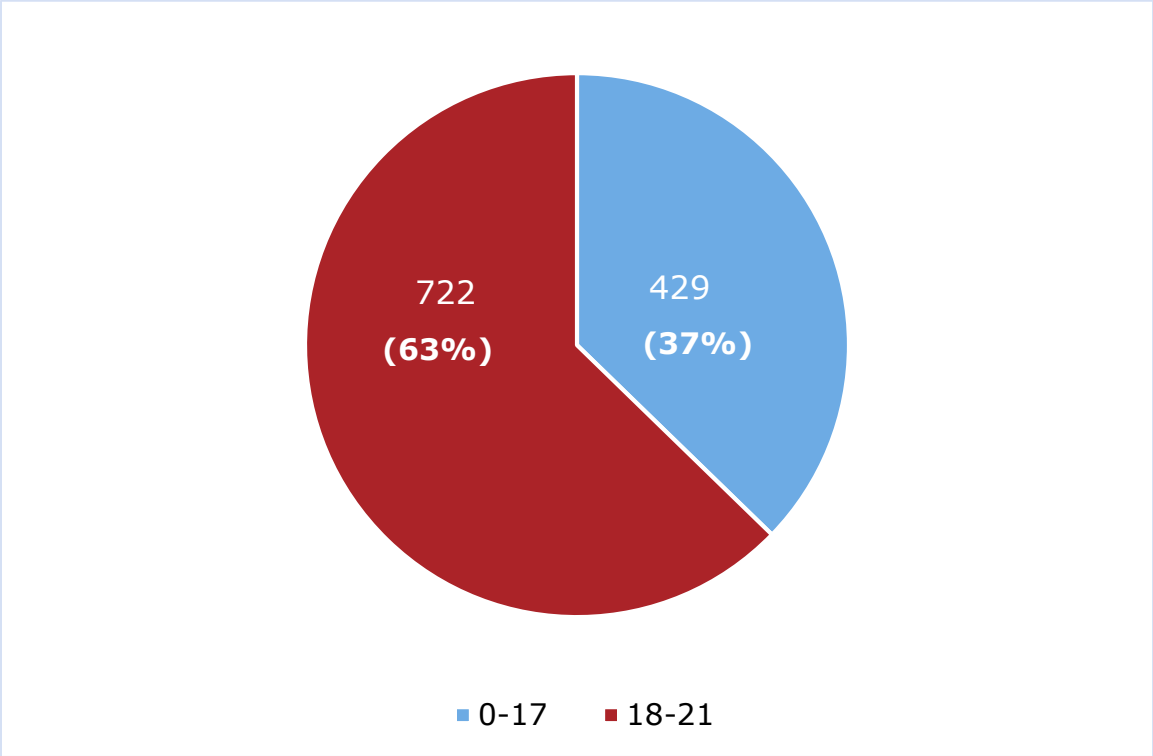


Figure 2, below, shows the number and percent of minors in institutions for HHSC and DFPS combined. The largest number of minors were 16–17 years of age.

Figure 2. Age Distribution of Minors in Institutions, HHSC and DFPS Combined as of August 31, 2017

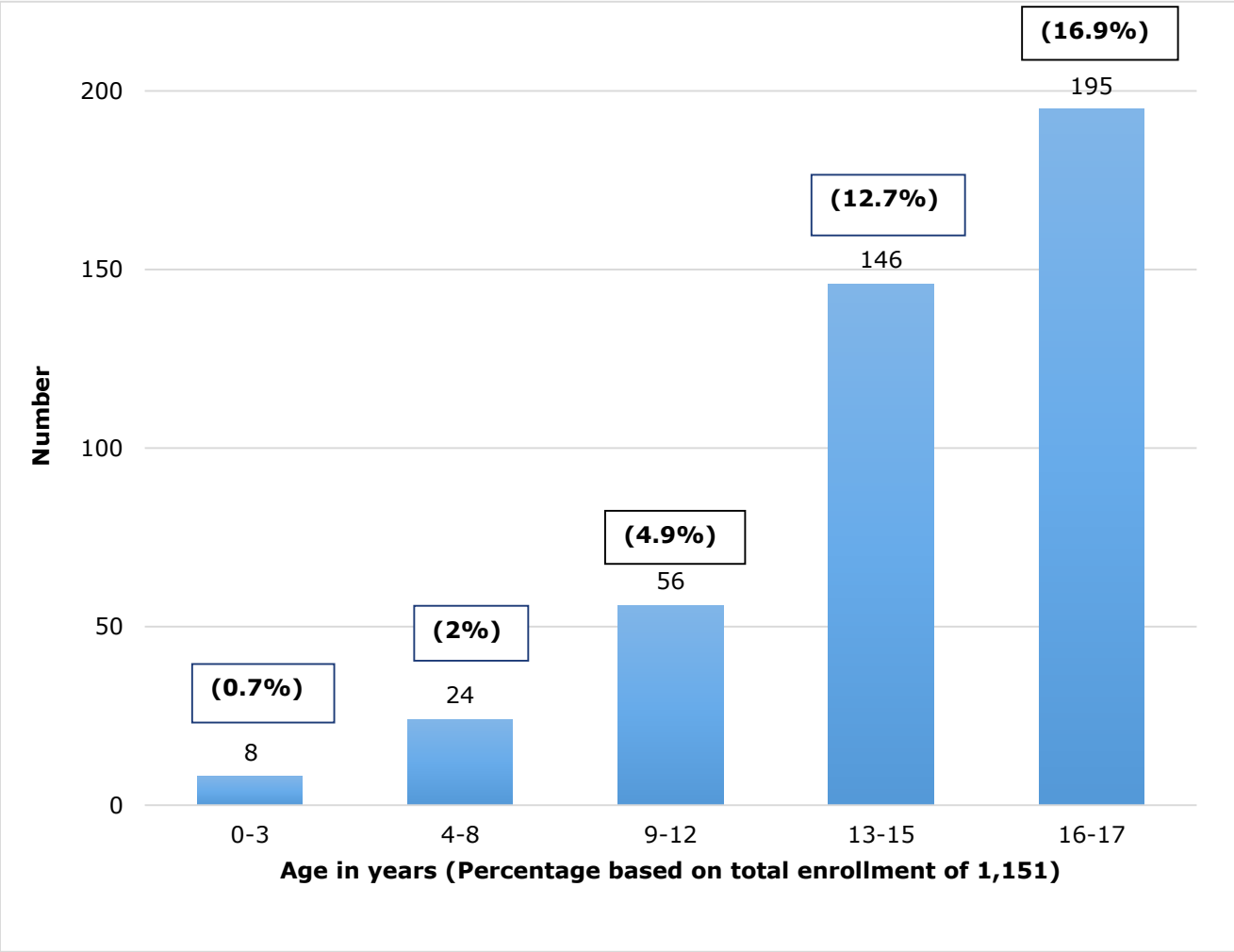


Figure 3, below, shows there were more young adults than minors in all institutions, except nursing facilities and DFPS-licensed ID institutions. Compared to all other institutions, the percent of young adults in medium ICF/IID was the highest (89 percent).

Figure 3. Age of Children by Institution Type, HHSC and DFPS Combined as of August 31, 2017

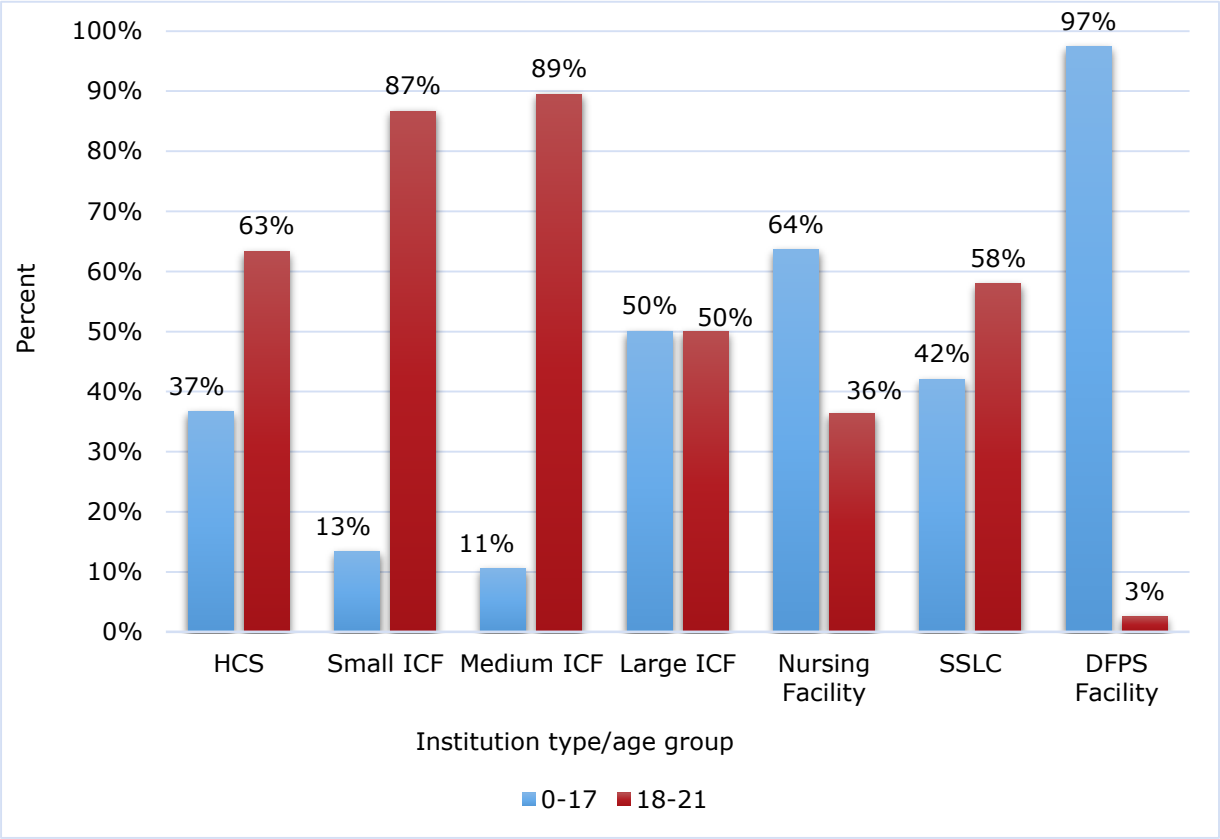


Figure 4, below, summarizes length of stay (LOS) in all institution types combined. The LOS was calculated using the date of the child's most recent admission to the institution and the end of the reporting period if the child was still in the program on that date.

As the figure shows, over half of the children had an LOS of less than one year and only one percent had an LOS of five years or more.

Figure 4. Length of Stay in Institutions, HHSC and DFPS Combined as of August 31, 2017

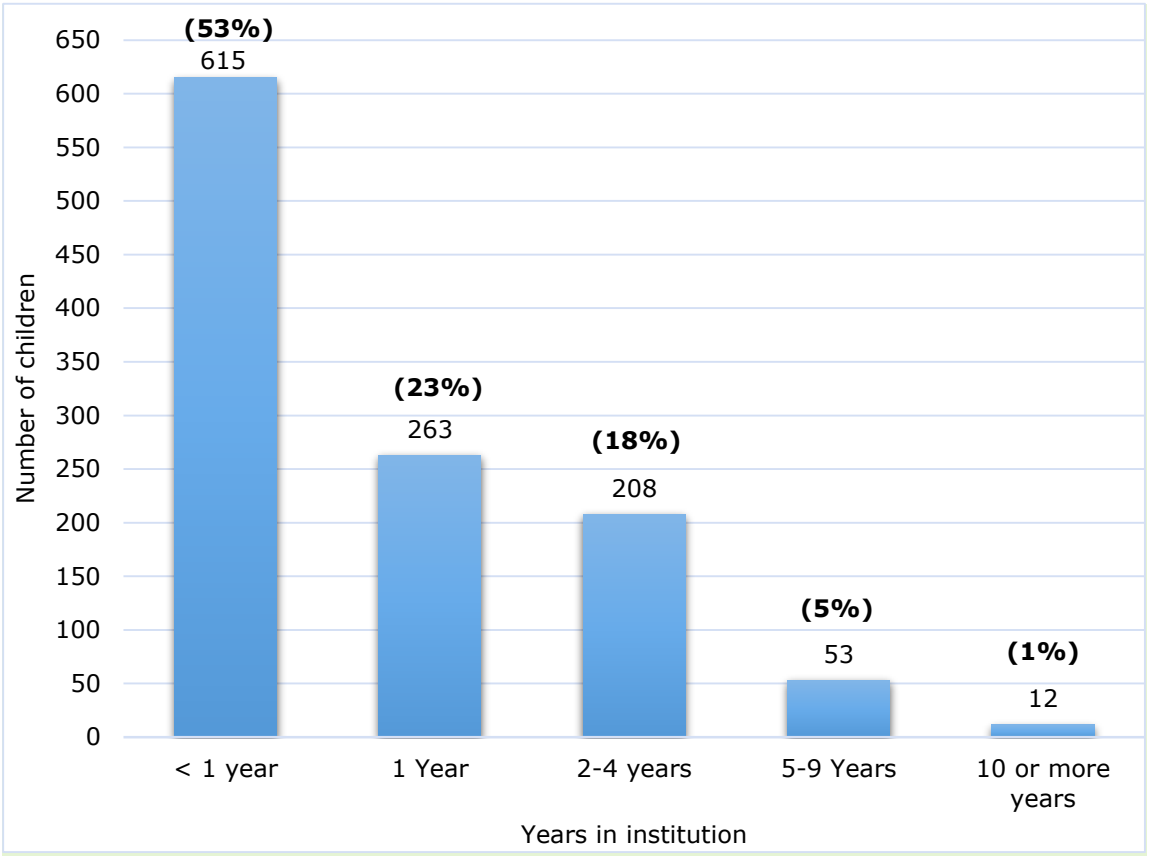
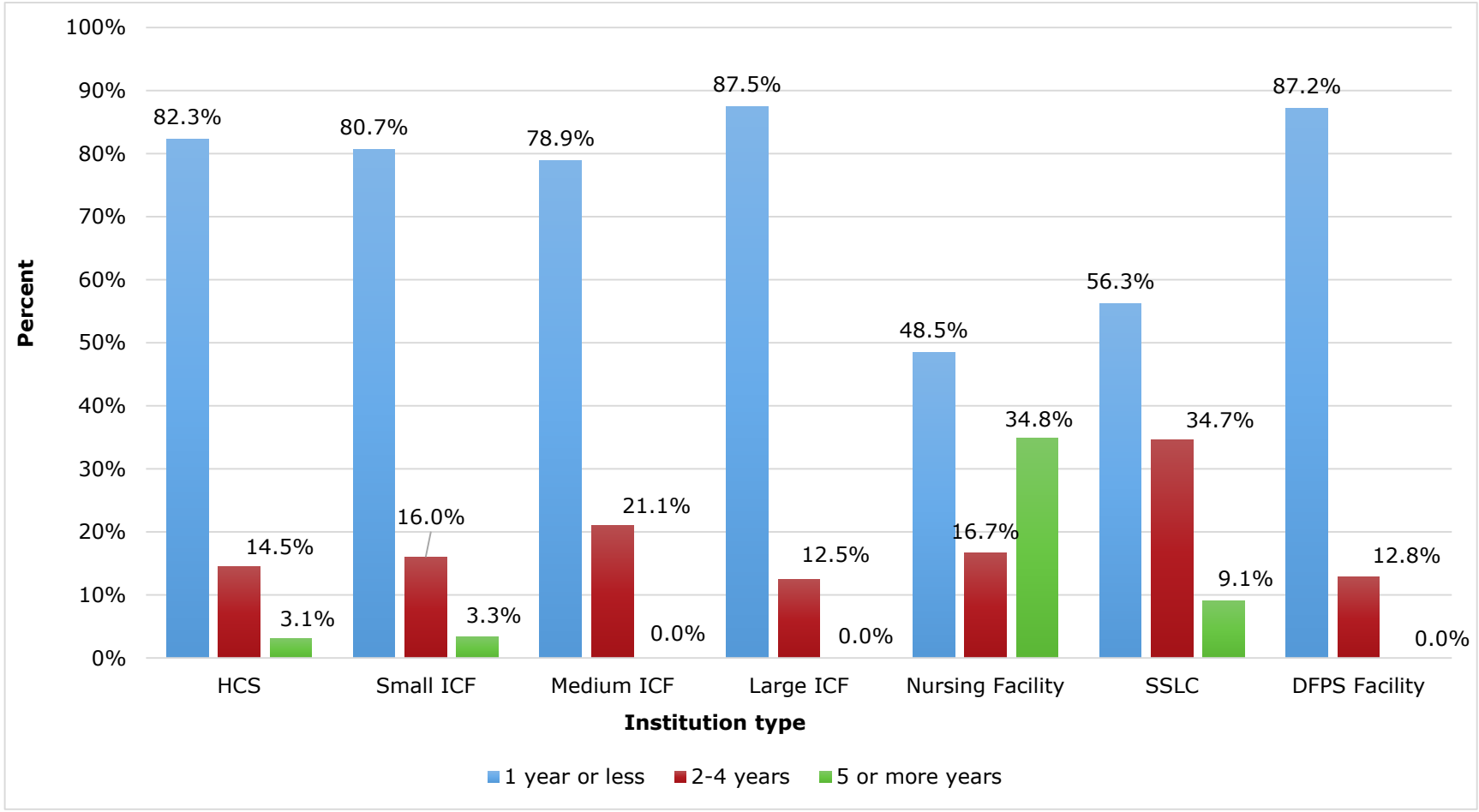


Figure 5, below, shows the majority of children within each type of institution had an LOS of 1 year or less, with large ICF/IID having the highest percent (88 percent) and nursing facilities having the lowest percent (49 percent). Nursing facilities served the largest percent of children (35 percent) with an LOS of 5 or more years. There were no children in medium or large ICF/IID with an LOS of five or more years.

Figure 5. Length of Stay in Years by Type of Institution as of August 31, 2017



Permanency Plans Developed for Children in Institutions

Texas Government Code, Section 531.0245 requires the state to ensure children in institutions have permanency plans developed and updated semiannually. As shown in Table 2, HHSC assigns the responsibility for developing and updating permanency plans based on where children reside.

Table 2. Responsibility for Permanency Plans, by Residence Type

Residence Type	Responsible Party
HCS and ICF/IID[3]	Service coordinators employed by local intellectual and developmental disability authorities (LIDDAs)
DFPS-licensed IDs	Developmental disability specialists
Nursing Facilities	EveryChild staff

Table 3 reflects the number of children for whom a permanency plan was completed during the reporting period by type of institution. Plans were completed for most children. The lack of a permanency plan for the remaining five percent of children is attributed to a delay in data entry for a completed plan or the timing of an admission (e.g., if a child is admitted to an institution on or immediately before the last day of the reporting period).

Table 3. Permanency Plans Completed as of August 31, 2017

Institution Type	Number of Children in Institutions	Number of Plans Completed	Percentage of Plans Completed
Nursing Facility	66	66	100
Small ICF/IID	150	143	95

[3] This includes SSLCs.

Institution Type	Number of Children in Institutions	Number of Plans Completed	Percentage of Plans Completed
Medium ICF/IID	38	37	97
Large ICF/IID	8	7	88
SSLC	176	172	98
HCS	674	645	96
DFPS-licensed ID institution	39	26	67
Total	**1,151**	**1,096**	**95**

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

Texas Government Code, Section 531.060 encourages parental participation in planning and recognizes parental or LAR authority for decisions regarding living arrangements. Goals established during the planning process reflect the direction in which permanency planning is moving. While every effort is made to encourage reunification with the child's family, families or LARs are sometimes unable to bring the child home. In those situations, the preferred choice for a child may be a family-based alternative. EveryChild works with HHSC, DFPS, and their partners (e.g., waiver program providers and child placement agencies) to help children in institutions move back home or to a family-based alternative.

Table 4 includes data from EveryChild and shows how many children in HHSC or DFPS programs EveryChild helped move home or to a family-based alternative. The table shows most children who left an institution with help from EveryChild during the past six months moved to a family-based alternative.

Table 4. Children Returned Home or Moved to a Family-based Alternative in HHSC or DFPS Programs as of August 31, 2017

State Agency	Returned Home	Family-based Alternative	Total
HHSC	22	37	59
DFPS	0	1	1
Total	**22**	**38**	**60**

Community Supports Resulting in Successful Return Home or to a Family-based Alternative

Children returning home or moving to a family-based alternative often require specialized community supports identified during the permanency planning process as part of the PPI. Some supports are architectural modifications, behavioral intervention, mental health services, durable medical equipment, personal assistance, and specialized therapies. Supports vary by type, frequency, and intensity and are provided a variety of ways depending on needs of the child and family or LAR.

A combination of Texas Medicaid State Plan and waiver program services provided the supports needed by children moving from an institution. Not all waiver programs children have access to the services needed for them to live with their families or in a family-based alternative. Additionally, services may be subject to limitations related to funding or location.[4] Table 5 shows many of the available services[5] and includes Medicaid State Plan and waiver program services used by one or more children leaving an institution. The HCS program stands out because it includes "host home/companion care" services, where children are given the opportunity to live with an alternate family when living with their own families is not an option.

[4] For example, a child living in a rural area may be authorized to receive behavioral supports, but a service authorization does not assure access to trained and qualified professionals.

[5] The service array in a waiver program is subject to change based on federal requirements and approval by the Centers for Medicare and Medicaid Services (CMS).

Table 5. Texas Medicaid Waiver Services by Program[6]

Specialized Supports	HCS	Medically Dependent Children Program	Community Living Assistance and Support Services	Deaf Blind with Multiple Disabilities	Texas Home Living	STAR+ PLUS
Adaptive aids	Yes	Yes	Yes	Yes	Yes	Yes
Behavioral support	Yes	No	Yes	Yes	Yes	No
Community support services	No	No	No	No	Yes	No
Day habilitation	Yes	No	No	Yes	Yes	No
Dental	Yes	No	Yes	Yes	Yes	Yes
Employment assistance	Yes	Yes	Yes	Yes	Yes	Yes
Flexible family support	No	Yes	No	No	No	No
Minor home modifications	Yes	Yes	Yes	Yes	Yes	Yes

[6] Effective March 20, 2016, transportation is the only billable activity for the following services: community support services, residential habilitation, and supported home living.

Specialized Supports	HCS	Medically Dependent Children Program	Community Living Assistance and Support Services	Deaf Blind with Multiple Disabilities	Texas Home Living	STAR+ PLUS
Host home/ companion care	Yes	No	No	No	No	No
Nursing	Yes	No	Yes	Yes	Yes	Yes
Professional therapies	Yes	No	Yes	Yes	Yes	Yes
Residential habilitation	No	No	Yes	Yes	No	No
Respite	Yes	Yes	Yes	Yes	Yes	Yes
Specialized therapies	No	No	Yes	No	No	No
Supported employment	Yes	Yes	Yes	Yes	Yes	Yes
Supported home living	Yes	No	No	No	No	No
Transition assistance services	Yes	Yes	Yes	Yes	Yes	Yes

4. Permanency Planning Summary and Trend Data

Longitudinal data demonstrate the success of permanency planning, with the number of children moving from institutions to smaller family-like settings (e.g., the child's home or a family-based alternative) continuing to increase.

Table 6 provides the number of children residing in institutions at three points in time and the percentage change. Within the past six months, the number of children in all institution types (including HCS) decreased marginally by three-tenths of one percent; and the number of children in all institution types excluding HCS decreased by three percent. Compared to August 31, 2002, the number of children in all institution types (including HCS) decreased by 27 percent, and the number of children in all institution types excluding HCS decreased by 62 percent.

Table 6. Trends in the Number of Children by Institution, HHSC and DFPS Combined

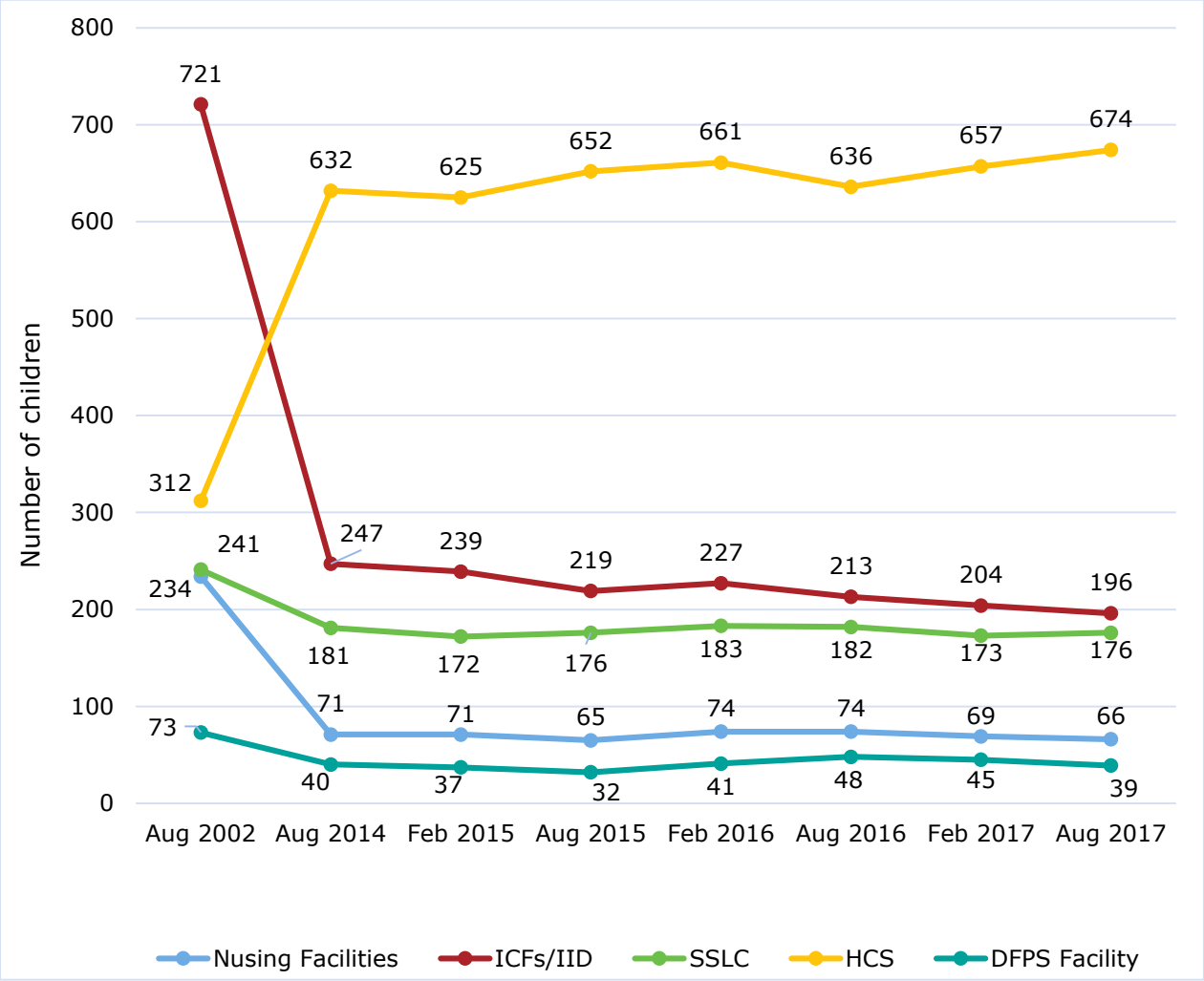
Institution Type	Baseline Number as of Aug. 31, 2002	Number as of Feb. 28, 2017	Number as of Aug. 31, 2017	Percentage Change Since August 2002	Percentage Change in Past 6 Months
Nursing Facilities	234	69	66	-72	-4
Small ICF/IID	418	158	150	-64	-5
Medium ICF/IID	39	34	38	-3	12
Large ICF/IID	264	12	8	-97	-33
SSLC	241	173	176	-27	2
HCS	312	657	674	116	3

Institution Type	Baseline Number as of Aug. 31, 2002	Number as of Feb. 28, 2017	Number as of Aug. 31, 2017	Percentage Change Since August 2002	Percentage Change in Past 6 Months
DFPS-Licensed ID Institutions	73	45	39	-47	-13
Total	**1581**	**1148**	**1151**	**-27**	**0.3**
Total with HCS Excluded	**1269**	**491**	**477**	**-62**	**-3**

Figure 6, below, displays trends from August 31, 2002, to August 31, 2017. As the figure shows, the number of individuals residing in an HCS group home has remained comparatively high and increased slightly, while the number of children in other types of institutions has shown a decreasing trend since 2002.

Data for the 12-year period between August 2002 and August 2014 has been condensed in the figure. August 2002 data are included as baseline data.

Figure 6. Number of Children in Institutions by Type of Institution August 2002 to August 2017



5. Family-based Alternatives

Child development experts agree and research supports that children are physically and emotionally healthier when they grow up in well-supported families. HHSC has contracted with the community organization EveryChild since 2002[7] to help children receive necessary services in a family-based alternative instead of an institution.

Through family-based alternatives:

- Alternative families are recruited and trained to provide services for children.
- Children's service needs and alternative families are comprehensively assessed to identify the most appropriate alternative families for possible placement of children.
- Children's parents or LARs are provided information regarding the availability of family-based alternatives.
- Children residing in an institution are identified and offered support services, including waiver services, which would enable them to return to their birth families or be placed in a family-based alternative.
- Other circumstances in which children must be offered waiver services, including circumstances in which changes in an institution status affects placements or the quality of services received by children are determined through their permanency plans.

Movement of Children to Family-based Alternatives

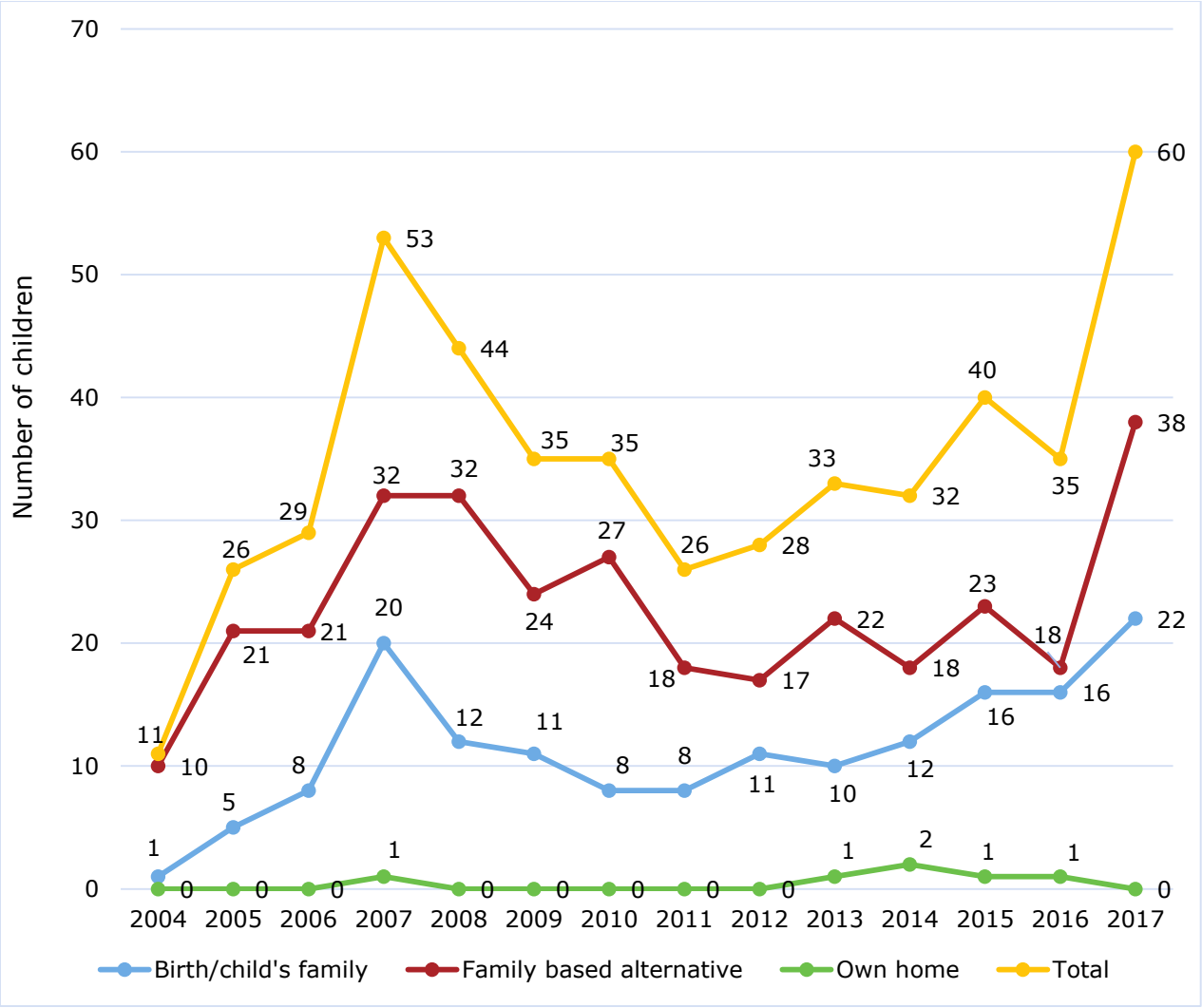
While previous sections of this report identified the number of children placed in family-based alternatives for the six-month period ending August 31, 2017, this section describes contractor activities during fiscal year 2017 that assisted in those placements and with the diversion of children from admission to institutions. This section also identifies elements contributing to the development and implementation of a system of family-based alternatives.

Figure 7 provides data on the number of children assisted by EveryChild by placement and diversion activity by fiscal year, starting in 2004. EveryChild helped

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

divert or move 60 children from an institution in fiscal year 2017. Of the 60 children, 38 (63 percent) moved to a family-based alternative, and 22 (37 percent) returned to their family.

Figure 7. Number of Children Assisted by EveryChild by Placement/Diversion Activity as of August 31, 2017



The increase in placements from 2016–2017 shown in Figure 7 was due to related factors including:

- Access to HCS for children in all facility types, as well as children at risk of SSLC admission.

- New access to HCS waiver funding for children at risk of nursing facility admission.
- Experienced staff members with no turnover.
- Increase in referrals from providers, LIDDAs, DFPS disability specialists, Children and Pregnant Women case managers, families, family organizations, and others.
- Increased recognition of the feasibility of family life for children with significant challenges.

Table 7, below, provides an overview of EveryChild's placement, diversion, and related activities accomplished during fiscal year 2017.

Table 7. EveryChild Achievements for Fiscal Year 2017

	To Birth/ Child's Family	To Family-based Alternative	To Own Home	Total
Moved From an Institution	9	29	0	38
Diverted From Admission to an Institution	13	9	0	22
In Transition to Family	13	10	2	25
Identification of an Alternate Family Underway	10	40	0	50
Total	**45**	**88**	**2**	**135**

Table 8, below, shows the majority of children EveryChild assisted were residing in large institutions. Of the 497 children assisted by EveryChild since 2002, 368 (74 percent) resided in a large institution.

Table 8. Number Assisted by EveryChild by Size/Type of Institution as of August 31, 2017

Size of Institution	Type of Institution	Children Moved in FY 2017	Children Moved Since FY 2002
Large	Nursing Facility	13	181
Large	Community ICF/IID	0	69
Large	DFPS-Licensed ID Institution	20	99
Large	SSLC	0	12
Large	Other[8]	4	7
Medium or Small	Community ICF/IID	0	29
Medium or Small	HCS	1	27
Medium or Small	DFPS Group Home[9]	0	3
Diverted from Institution	n/a	22	70
Total	**n/a**	**60**	**497**

[8] Combination of state hospital, Texas School for the Blind and Visually Impaired, and residential treatment center.

[9] A foster group home or agency foster group home as defined by Texas Human Resources Code, Section 42.002.

EveryChild collaborated with state-contracted providers to expand their capacity to offer family-based alternatives and better meet children's needs by helping them recruit, assess, and train potential alternative families. During fiscal year 2017, EveryChild had a list of 229 active provider organizations with family-based alternatives, contacted provider organizations an average of 18 times per month, and placed 38 children with family-based alternatives. Table 9, below, provides an overview of activities with providers by funding source.

Table 9. Funding Source by Setting for Children Who Moved with EveryChild Assistance

Funding Source (State Agency)	To Child's Family FY17	To Family-based Alternative FY17	To Own Home FY17	To Child's Family Since Aug. 2002	To Family-based Alternative Since Aug. 2002	To Own Home Since Aug. 2002	Total # of Children Moved to Date
Community Based Alternatives (DADS)10	0	0	0	3	0	1	4
CLASS (HHSC/DADS)	0	0	0	31	5	4	40
HCS (HHSC/DADS)	18	36	0	90	294	1	385

[10] Terminated effective September 1, 2014.

Funding Source (State Agency)	To Child's Family FY17	To Family-based Alternative FY17	To Own Home FY17	To Child's Family Since Aug. 2002	To Family-based Alternative Since Aug. 2002	To Own Home Since Aug. 2002	Total # of Children Moved to Date
MDCP (HHSC/DADS)	0	0	0	27	1	0	28
Title IV Foster Care (DFPS)	0	1	0	0	31	0	31
YES Waiver	1	0	0	1	0	0	1
Other/Non-Waiver (Medicaid or other funding)	3	1	0	7	1	0	8
Total	**22**	**38**	**0**	**159**	**332**	**6**	**497**

6. System Improvement and Challenges

Since 2002, the number of children in institutions serving more than four persons has been decreasing, including a 74 percent decrease in large ICF/IID, a 72 percent decrease in nursing facilities, and a 59 percent decrease in all institutions serving more than four persons. The majority of children continue to have a current permanency plan and the permanency planning process continues to create awareness that children are physically and emotionally healthier when they grow up in well-supported families. Additionally, increased resources have allowed families and LARs to choose family-based care instead of institutional care for children. Resources that have been key to helping children move to, or remain in, family homes or family-based alternatives include:

- Reserved capacity in the HCS waiver program;[11]
- HCS host home/companion care services;
- Expansion of family-based alternatives through coordinated efforts by EveryChild and waiver program providers; and
- Specialized services, including high medical needs supports and community-based crisis support services.

System Improvement Activities

During the current reporting period, HHSC, DFPS, EveryChild, and LIDDA representatives collaborated to improve permanency planning. A selection of key activities are highlighted below.[12]

- Continued working on implementation of Senate Bill 7, 83rd Legislature, Regular Session, 2013, designed, in part, to transition identified services (including long-term services and supports for children) to managed care.

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

[12] Activities include those undertaken by the former DADS before programs and services became a part of HHSC.

- Provided administrative support to child-focused groups, including the Children's Policy Council and STAR Kids Managed Care Advisory Committee.
- Released HCS slots appropriated by the 2016-17 General Appropriations Act, House Bill (H.B.) 1, 84th Legislature, Regular Session, 2015 (Article II, DADS, Rider 31), which included an additional:
  - 29 HCS slots for children transitioning from a DFPS GRO. Of those, HHSC approved enrollment of 25 children and no additional children were in the process of enrollment as of August 31, 2017.
  - 249 HCS slots for children aging out of DFPS foster care. Of those, HHSC approved enrollment of 207 children and an additional 5 children were in the process of enrollment as of August 31, 2017.
  - 424 HCS slots for crisis/diversion from an SSLC.[13] Of those, HHSC approved enrollment of 393 individuals and an additional 8 individuals were in the process of enrollment. This category includes but is not limited to children.
- Completed additional activities benefiting individuals of all ages:
  - Began implementation of crisis intervention teams and respite services with selected LIDDAs, using appropriated funding through H.B. 1, 84th Legislature, Regular Session, 2015.
  - Contracted with eight LIDDAs to implement a three-year CMS grant to enhance medical, behavioral, and psychiatric supports and community coordination through local transition teams providing support services to other LIDDAs and program providers statewide. From September 1, 2016, to August 31, 2017, local transition teams:
    - Provided 3,310 educational events attended by 21,507 participants, to increase expertise in supporting individuals.
    - Offered 2,245 technical assistance events attended by 5,589 participants, on specific disorders and diseases and best practices for individuals with significant challenges.
    - Provided individualized assistance to 8,015 service planning teams for 1,777 individuals.
- Used $5.9 million in funds appropriated for services to individuals with high medical needs to implement a daily add-on rate for small and medium

[13] This category includes but is not limited to children.

ICF/IID providers to serve individuals with high medical needs transitioning from an SSLC or a nursing facility.[14]

Department of Family and Protective Services

- Child Protective Services worked with EveryChild to find families for children in conservatorship residing in a DFPS GRO. During this reporting period, 9 children moved from a GRO to a family with HCS funding, and efforts were underway to identify families for an additional 37 children at the end of the reporting period.
- Monitored completion of permanency plans developed by developmental disability specialists.
- Participated as an agency representative on groups administratively supported by HHSC.

Challenges

HHSC continues to collaborate with EveryChild, DFPS, the Legislature, and other stakeholders to transition children from institutional settings. Challenges to moving children from institutions include:

- Limitations in community capacity to serve children in non-institutional settings.
- Waiver program interest lists continue to grow.
- Limitations in data collection can impact policy and service planning.
- The need for higher physical, medical, and/or behavioral supports for some children to live successfully in non-institutional settings.

[14] On August 31, 2016, the rules were expanded to include add on rates for any ICF/IID facility that was set for individuals meeting the high medical needs criteria, leaving an SSLC or nursing facility. The rate was set and implemented into the Texas Medicaid and Health Partnership system. At this time, there have been no referrals for assessments for ICF/IID facilities that are not part of the high medical needs facilities. There have been no requests for assessments by anyone living in a nursing facility.

7. Conclusion

Since 2002, systemic improvements have brought Texas closer to realizing the goal of family life for children. Although significant progress has been made in supporting family life for children with developmental disabilities as an alternative to institutions, challenges remain.

Children continue to benefit from access to HCS host home/companion care services, which allow children who are not able to live with their families to live with specially trained alternative families instead of in institutions.

Agencies continue to work collaboratively to increase the number of children who transition to a community setting and to achieve the ultimate goal of ensuring all children with a developmental disability live in a nurturing family environment.

List of Acronyms

Acronym	Full Name
CMS	Centers for Medicare and Medicaid Services
DADS	Department of Aging and Disability Services
DFPS	Department of Family and Protective Services
GRO	General Residential Option
H.B.	House Bill
HCS	Home and Community-based Services
HHSC	Health and Human Services Commission
ICF/IID	Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions
ID	Intellectual Disability
LAR	Legally Authorized Representative
LIDDA	Local Intellectual and Developmental Disability Authority
LOS	Length of Stay
PPI	Permanency Planning Instrument
RFP	Request for Proposals

SSLC	State Supported Living Center