



PERMIACARE

LOCAL PROVIDER NETWORK DEVELOPMENT PLAN

FY2025 – FY2026

**INTELLECTUAL AND DEVELOPMENTAL
DISABILITIES**



PREFACE

The purpose of the PermianCare (Center) Intellectual and Developmental Disabilities (IDD) Local Provider Network Development Plan (Plan) is to define a plan that communicates the mission, vision, values, goals, and objectives throughout the organization. It furthers the Center's development by providing a framework to accomplish those goals and objectives. The Plan describes the Center's IDD Division and services. The Plan is designed to be responsive to community, person needs and improve person outcomes.

The Plan represents a collaborative effort. All parts of the organization contributed to its development. The Center's goals and objectives for IDD were developed by executive leadership by review of the following: performance contracts; input from the Planning and Network Advisory Committee (PNAC), persons in the community, the San Angelo State Supported Community Center (SSLC), community stakeholders, staff through department/unit meetings, and the QM and UM Committees. The Plan is comprehensive and integrates all the planning requirements contained in the Texas HHSC IDD Division Performance Contracts.

The Plan is the framework for continuous performance improvement and operational excellence initiatives. IDD Division Services identify the goals and key functions that most affect ensuring improved continuity of services and person outcomes. Executive leadership, division management, and quality improvement bodies analyze and focus initiatives to improve processes and ensure operational excellence.

Values of PermiaCare:

- **Individual Worth**

We affirm that the persons we serve share with us common human needs, rights, desires, and strengths. We also affirm our cultural and individual diversity.

- **Quality**

We commit ourselves to the pursuit of excellence in everything we do.

- **Integrity**

We believe that our personal and professional integrity is the basis of public trust.

- **Dedication**

We take pride in our commitment to the public service and the care of the people we are privileged to serve.

Goals of PermiaCare:

- **Improve Services**

Improve the overall quality of services to persons served with mental illness, intellectual and developmental disabilities, developmental delays, or chemical dependency.

- **Expand Services**

Expand services to meet the needs of persons who are underserved.

- **Promote Positive Work Environment**

Promote an environment in which staff and volunteers work with pride, integrity, and commitment and are valued for their personal worth and contributions.

- **Improve Public Understanding**

Improve public understanding of mental illness, intellectual and developmental disabilities, and chemical abuse.

Mission

PermiaCare's mission is to enhance the behavioral and developmental health and wellness of our community by helping people live their best lives.

We will do this by:

- Serving as the Local Intellectual and Developmental Disabilities Authority serving Midland, Ector, Pecos, Brewster, Jeff Davis, Hudspeth, Culberson, and Presidio counties.
- Assisting people with intellectual and developmental disabilities and their families achieve maximum independence in all aspects of their lives.
- Helping people access appropriate community resources through information and referral services.
- Networking with other groups and organizations that share our goals.
- Demonstrating our commitment to our mission in all we say and do.

AGENCY HISTORY

In 1969, through an act of the 1965 Texas State Legislature, the City of Midland and Midland County established the Midland Mental Health and Mental Retardation Centers. In accordance with this legislation, the City of Midland and Midland County appointed a nine-member Board of Trustees from the Community. The Trustees applied for recognition as the local authority for mental health and mental retardation services to

the Texas Department of Mental Health and Mental Retardation and were subsequently designated as such.

Midland MHMR served the residents of Midland County until 1972 when the City of Odessa and Ector County expressed their desire to have a local community MHMR center under the guidance of Texas Department of MHMR. The City of Odessa and Ector County joined Midland MHMR and the organization was renamed Permian Basin Community Centers. The Centers operated from 1972 until 1979, serving the residents in Midland and Ector Counties.

In 1979, Pecos County and the City of Fort Stockton expressed a desire to serve their community with similar services. Soon after, they were included in the Permian Basin Community Centers' structure.

In 1998, Permian Basin Community Centers further expanded its family by adding the counties of Brewster, Culberson, Hudspeth, Jeff Davis, and Presidio that formerly comprised the Big Bend State-Operated Center.

Permian Basin Community Centers dba PermiaCare, celebrated fifty years of serving our community in 2019. Celebrations included re-branding our name and logo. We are now proudly PermiaCare, the largest and most experienced providers of behavioral and developmental services in the region.

PermiaCare Leadership

Governance

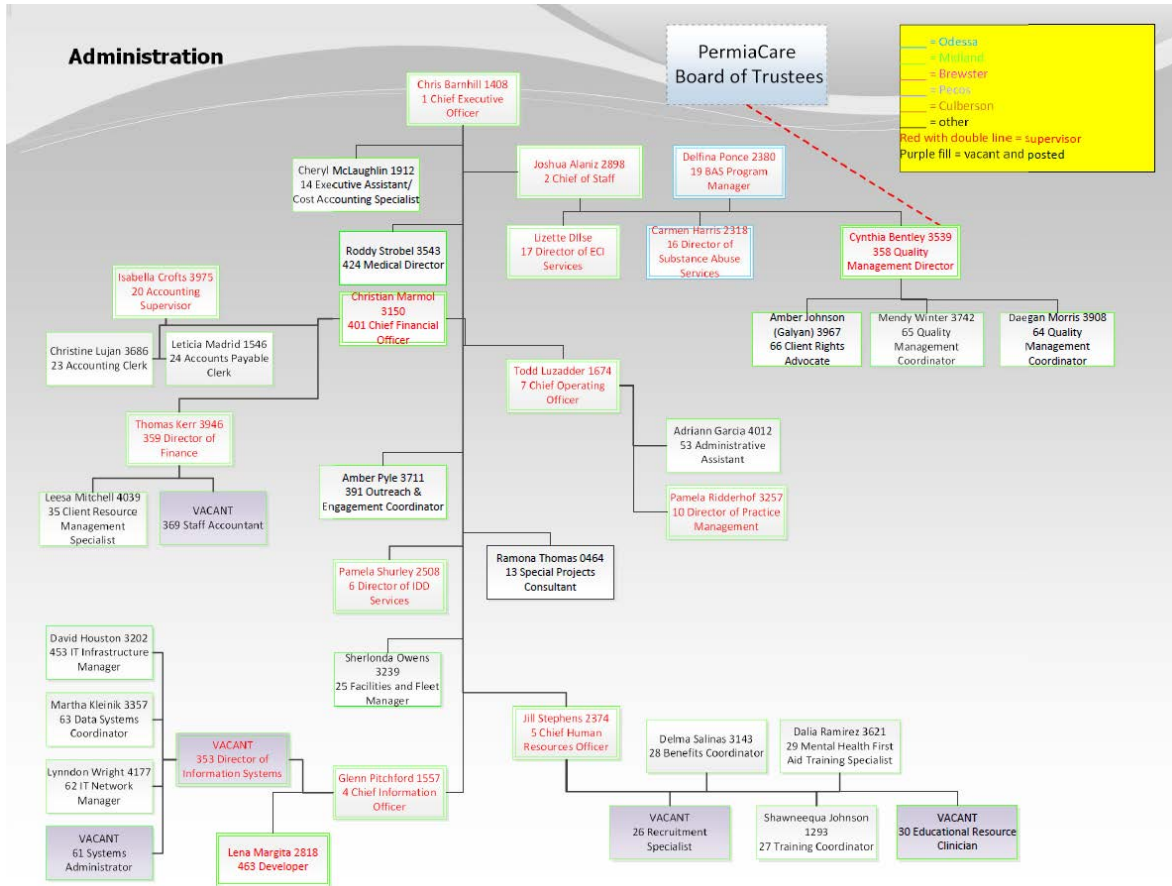
A Board of Trustees (Board) comprised of nine members is responsible for the effective administration of the Center and makes policy that is consistent with state rules and standards. The Board has the authority and responsibility within the local service area for planning, policy development, fiscal oversight, and ensuring the provision of mental health and intellectual and developmental disabilities services. The Center is considered a unit of local government. The Center's Board has representatives from cities and counties in the local service area who are appointed by its governing bodies, with terms of two years. The Board of Trustees hires and oversees the Chief Executive Officer.

Chief Executive Officer

The Chief Executive Officer (CEO) is appointed by and responsible to the Board. The CEO is responsible for the Center infrastructure, functions, resources, services, planning, implementation, monitoring, evaluation, and administrative supervision of all staff and all operations. The CEO directly supervises the executive leadership team.

PermiaCare Organizational Chart

Fiscal Year 2024



INDIVIDUAL AND COMMUNITY INVOLVEMENT

The Center's IDD Division is an integral part of the communities it serves. Communication between the Center, persons served, families, and the community is encouraged and facilitated so that the Center is responsive to the community's needs, assuring continuity and delivery

of services in the most effective and efficient manner, while ensuring the protection of the legal and human rights of persons' served.

Planning and Network Advisory Committee

The Planning & Network Advisory Committee (PNAC) serves both MH and IDD interests and meets every quarter to provide broad-based community input into the planning of service delivery and expansion of available services. The Center seeks PNAC members that reflect the ethnic, cultural, and social diversity of the community to include persons served and their families. The role of the PNAC is to reflect the perspectives of persons served, family members, and other stakeholders on the provisions of services and supports.

The Board establishes outcomes and reporting requirements for the PNAC. The expected outcomes of the PNAC include:

- Operation according to the charge assigned by the local board
- Representation by persons of adult MH, children's MH, and IDD services and their families or guardians
- Persons served and family/guardian views and perspectives are explicitly incorporated into recommendations of the PNAC.

The PNAC is charged with the following:

- Identifying the needs and priorities of the local service area.
- Submitting recommendations to the Center staff and Board regarding the content, development, and implementation of the Local Service Area Plan and budget strategies to meet the community needs and priorities.

- Providing input in assembling a network of available and appropriate service providers to meet the needs of persons' served in the local service area while considering public input, ultimate cost-benefit, and individual care issues to ensure personal choice and the best use of public money.
- Receipt of a written copy of the final annual budget and biennial plan for each program area as approved by the Board of Trustees, and a written explanation of any variance from the PNAC's recommendations.
- Receipt of information regarding total funds available through funding contracts for services in each program area and required performance targets and outcomes.
- Reporting to the Board of Trustees at least quarterly on issues related to the needs and priorities of the local service area.
- Action on special assignments given to the PNAC by the Board of Trustees.

The Center provides initial and ongoing training to the committee members. The training provides members with information they need to perform the tasks and fulfill the purpose of the committee.

Community

The community, persons served, and family members not participating on advisory committees have several available avenues to provide planning input, assessment of services and supports, and to submit recommendations for consideration. Opportunities for providing input and determining community needs and priorities, include: interviews with Center staff, interviews with state audit staff, Rights Protection

Officer notifications, satisfaction surveys provided at all service sites, advocacy meetings, community forums, citizen comments at the Board of Trustees meetings, and public forums.

LOCAL PLANNING PROCESS AND PLAN REVIEW

Local Planning Process

The local planning process focuses on obtaining public input and addressing items specified in THSC §533A.0352 (d) (2), to identify the following items:

- 1) Criteria for ensuring accountability for cost-effectiveness of, and relative value of service delivery options. The Center:**
 - a) Annually produces the cost accounting methodology report (CAM) that provides an accounting for the cost of each service delivered by the IDD Division programs. Financial staff review cost-effectiveness by comparing the cost per service to state reimbursement rates for an understanding of services insufficiently funded.
 - b) Ensures accountability for service delivery options by monitoring the service contracts to ensure statutory, regulatory, and contractual requirements are met.
 - c) Ensures accountability for service delivery options by evaluating the required elements of documentation and making revisions when changes occur.
 - d) Assesses relative (best) value contributing elements beyond cost-effectiveness. The IDD management team considers access, choice, outcomes (e.g., satisfaction), service

availability, service provider's ability to meet regulatory requirements, service provider capacity, and all relevant factors.

- e) Utilizes the Quality Management (QM) department to continually coordinate with other authority functions including utilization management, credentialing, contracting, and accounting to implement plans for improvement of processes.

2) Goals to ensure a person with an intellectual disability is placed in the least restrictive environment appropriate to the person's care:

- a) Service Coordinators:
 - i) Complete an assessment at intake and at least annually thereafter which addresses the living environment appropriate to the person's care.
 - ii) Complete a verification of freedom of choice form for persons served in waiver programs that offers a variety of placement options.
 - iii) Organize planning meetings for identified living environment changes when needed.
 - iv) Oversee the permanency planning process that is designed to keep minors living with natural supports.
 - v) Participate in the Community Living Option Information Process (CLOIP) at State Supported Living Center facilities for adult residents to discuss community living options with the residents and facilitate community placement when appropriate.

- b) PermiaCare also seeks to ensure this goal by:
 - i) Sustaining certification as a HCS provider
 - ii) Completing case reviews and submitting appropriate crisis diversion or nursing facility diversion requests for enrollment into HCS, for persons in need of an ICF/ID placement or State Supported Living Center admission
 - iii) Providing critical services through general revenue funds to support persons with IDD to continue to reside in their natural homes.

3) Opportunities for innovation to ensure communication to all incoming and potentially interested persons about the availability of the SSLC for persons with an intellectual disability in the local service area:

- a) Assure a state supported living center as an option among the residential services and other community living options available to a person who is eligible for those services and who meets the department's criteria for state supported living center admission, regardless of whether other residential services are available to the person, including:
 - i) Review of the Residential Brochure and the Explanation of Services during the
 - (1) initial screening,
 - (2) the annual renewal of the person directed plan,
 - (3) during crisis planning, and
 - (4) when a person is involved in the criminal justice system,
 - ii) Inquiries for services,
 - iii) Inquiries for placement on the Interest List,

- iv) Permanency Planning,
 - v) Requests to move from current placement,
 - vi) Requests for ICF placement.
- b) The San Angelo State Supported Living Center Admissions and Placement Coordinator was consulted in the development of this Plan, including collaboration in determining the following:
- i) LIDDA will:
 - (1) Follow TAC, Title 40, Part 1, Chapter 2, Subchapter F, Division 2, including to,
 - (a) Submit a written request for admittance to the SSLC with a complete application packet,
 - (b) Contact the person/LAR upon notification from the SSLC a vacancy exists,
 - (c) Coordinate admission with SSLC.
 - ii) SSLC will:
 - (1) Verify application packet meets criteria for admittance,
 - (2) Determine when a vacancy exists,
 - (3) Offer admissions,
 - (4) Coordinate admission with LIDDA.

4) Goals to divert persons served from the criminal justice system.

- a) The Center operates a variety of crisis services for MH and IDD persons including IDD Crisis Intervention, Mobile Crisis Outreach Team and Community Response Team, all of which operate with commitment to jail diversion. Two IDD specialized Mental Health Clinics were opened November, 2022, to support crisis services and jail diversion as well.

- b) The Center provides crisis screening and assessment for inpatient hospitalization for detained juveniles who are at high risk for suicidal behavior. The Center has processes for identifying high-risk persons. The Center receives referrals from law enforcement, Texas Youth Commission (TYC) and juvenile probation. Persons exhibiting IDD characteristics are referred to IDD services for evaluation.
- c) The Center provides a mental health liaison that works within county jails to screen persons at booking and provide services to persons in jail or detention. Persons exhibiting IDD characteristics are referred to the IDD Division Crisis Intervention Specialist (CIS) for follow-up. CIS services include requesting separation of persons with IDD from the general population, collaboration with the person's attorney and district attorney's to secure community placement, and referral for services and eligibility screening.
- d) The Center assists the Community Supervision and Corrections Department (CSCD) personnel with the coordination of supervision for offenders who are receiving Center services. The Center offers and provides technical assistance training to CSCD and other criminal justice entities regarding early identification, intervention, and how to access the Center for both adults and juveniles.
- e) A TLETS and CARE match process implemented by Texas Health and Human Services in August of 2020 assists the Center and local and county jails with identification of offenders who have a history of services in state MH or IDD programs. Continuity of care increases the probability of

transitioning offenders with IDD from jail to program services to limit recidivism.

5) Opportunities for innovation in services and service delivery.

- a) The Center coordinates with the Aging and Disability Resource Center, Regionally Coordinated Transportation Planning Coalition, 211, Community Resource Coordination Group and a host of other local groups to ensure collaboration and intersection of appropriate services.
- b) The Center coordinates with local private and non-profit providers of HCS and TxHmL services to improve services not only between the LIDDA and providers, but to achieve enhancement of services for all provider agencies.
- c) Center leadership participates with local stakeholder groups, including, coordinated services for autism with Spectrum of Solutions, helping families identify needed available services and to identify presenting needs of our communities.
- d) The information derived from the local planning process is used in the development of the local plan to include quality improvement initiatives, goals, and objectives.

Plan Review

Local planning and network development is enhanced and improved through various information gathering methods, including input from staff members and persons served, advocacy organizations, law enforcement, school districts, and other community stakeholders. This information is assessed and integrated into the planning cycle to assure an ongoing process of evaluating delivery of services and

programs, capturing emerging needs, and changing priorities. Persons served and community stakeholders also participate in the planning process through their participation in PNAC, public forums, focus groups, and Board of Trustees meetings.

DESCRIPTION OF SERVICES

Service Area

The Center is one of 39 Community Mental Health and Intellectual and Developmental Disabilities Centers within Texas. The Center's IDD Division is responsible for delivery of a broad array of services within an eight-county area including Midland, Ector, Pecos, Brewster, Culberson, Jeff Davis, Hudspeth, and Presidio Counties. The total population for the service area is 378,104. The surface area covered is 27,000 square miles. Midland County is the location of the Executive offices.

Service locations throughout the five counties are as follows:

County	Location	Services
Midland	401 E. Illinois	Executive Offices
	1401 E. Front	IDD
	400 N. Carver	IDD
Ector	3128 Kermit Hwy	IDD
Pecos	1123 N. Main	IDD
Culberson	700 W. Broadway	IDD/MH
Brewster	804 N 5th	IDD/MH

PRIORITY POPULATION

Intellectual and Developmental Disabilities (IDD)

Because demand for services and support exceeds available resources, delivery of services is prioritized in accordance with published directives and needs. The HHSC priority population for IDD services consists of persons who meet one or more of the following descriptions:

- 1) persons with IDD, as defined by Texas Health and Safety Code §591.003;
- 2) persons with pervasive developmental disorders (PDD) as defined in the current edition of the Diagnostic and Statistical Manual, including autism;
- 3) persons with related conditions who are eligible for services in Medicaid programs operated by DADS, including the ICF/IID and waiver programs;
- 4) children who are eligible for services from the Early Childhood Intervention Interagency Council; or
- 5) nursing facility residents who are eligible for specialized services for IDD or a related condition pursuant to Section 1919(e)(7) of the Social Security Act.

A full range of IDD services are available to persons served.

Professional diagnostic, therapeutic, and rehabilitation services are provided. Person's receiving services may include:

- 1) **Service Coordination** - Assistance in accessing medical, social, educational, and other appropriate services and supports that will

help a person achieve a quality of life and community participation acceptable to the person as described in the Plan of Services and Supports.

2) **Crisis Services** - IDD/MH services provided to a person who is determined through an initial screening to meet criteria for crisis services, including crisis intervention and/or monitoring of the person until the crisis is resolved or the person is placed in a clinically appropriate environment. For FY25 this will include two IDD specialized Mental Health Clinics in Midland and Odessa. The IDD Crisis Intervention Specialist collaborates with LIDDA staff and Transition Support Team members to identify:

- prevention strategies to avoid potential crisis events and to promote the person's coping skills,
- training and support to promote successful living in the community, including scheduled respite or planned crisis respite,
- supports the Service Coordinator's follow-up and monitoring activities, addressing concerns and issues including involvement with law enforcement or emergency room visits,

The crisis hotline and the mobile crisis intervention team are used for emergency services. The Center's crisis hotline is available 24 hours a day, seven days a week, to provide information, support, and referrals to callers. The mobile crisis outreach team offers community face-to-face, crisis intervention/support services to assist persons with IDD and families in crisis.

3) **Respite Services** - Services provided for temporary, short-term, periodic relief of primary caregivers.

- 4) **Skills Training** – Training, including activities of daily living, coping skills, and communication skills that will help further the person's independent functioning in the community. This training promotes community integration, increases community tenure, and maintains the person's quality of life.
- 5) **Supported Employment** - Supported employment is provided to a person who has paid, individualized, competitive employment in the community to help the person sustain that employment.
- 6) **Community Support** - Individualized activities that are consistent with the person's PDP (Person-Directed Plan) and provided in the person's home and at community locations.
- 7) **Vocational Training** - Day training services provided to a person in an industrial enclave, a work crew, a sheltered workshop, or an affirmative industry, to enable the person to obtain employment.
- 8) **Day Habilitation** - Assistance with acquiring, retaining, or improving self-help, socialization, and adaptive skills necessary to live successfully in the community and to participate in home and community life.
- 9) **Employment Assistance** - Assistance to a person in locating paid, personized, competitive employment in the community.

Service Delivery System

Entry to Services:

Persons seeking Intellectual and Developmental Disabilities Services are assessed for eligibility in accordance with THSC §593.005 and 25 TAC Chapter 415, Subchapter D to determine if the person has IDD or is a member of the IDD priority population. Once eligible, a person is assigned an IDD Service Coordinator.

Other Assessments:

The service coordinator determines the person's need for IDD service coordination by completing a Service Coordination Assessment – IDD Services form.

Person Directed Plan:

The plan identifies training and support services that address the needs and preferences of the person and builds on the strengths of the person. The plans are reviewed no less than annually as prescribed by the Texas Administrative Code and new plans are developed and updated throughout the year as issues arise or needs and desires of the person change.

Referrals:

Referrals are made to internal or external providers and other community resources for services identified within the plan.

Continuity of Care:

The Center strives to provide care in a systematic, continuous, and seamless manner that meets the needs of persons. The quality of a person's care is assessed on a continual basis through progress reviews of treatment/person outcome plans. Actions are taken to improve care when needed.

Discharge Plan:

A discharge plan is developed when a person discontinues services. It ensures the person will be assisted in the community through other resources or providers.

Service Priorities

Service priorities are services required by legislation to be provided by all local authorities to IDD persons enrolled. Required services are noted with an "R" in the respective service description section. The Center provides the services marked with an asterisk.

Intellectual and Developmental Disabilities Services & Utilization

Authority Services	Persons Served in FY24
Screening (R)*	586
Eligibility Determination (R)*	69
Service Coordination/Medicaid Waiver (R)*	326
Basic Service Coordination (R)*	42
Continuity of Services*	3

Service Authorization and Monitoring (R)*	27
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- The Center operates a Consumer Benefits Unit that assists persons with Social Security, Medicaid and Medicare eligibility applications and ongoing reporting requirements. The CBU program served 34 persons with IDD in FY24.
- The Center receives funding for Crisis Services for the IDD population. The LMHA's Mobile Crisis Team served and/or referred 9 IDD persons. The IDD Crisis Intervention Specialist provided services for 45 persons in FY24. Twelve of the 45 persons received Crisis Respite Services.
- The Center's IDD authority staff completed 41 PASSR evaluations in FY24, providing Nursing Facility Habilitation Coordination to 55 persons and Enhanced Community Coordination to 12 persons. Community Services of Day Habilitation and Transportation were provided to 3 PASRR positive persons to ILST to 1 person.

Provider Services	Persons Served in FY24
Respite (R)	1
Community Support Services*	64
Day Habilitation*	123
Behavioral Support*	0
Nursing	105
Family Living	64
Residential Living	16
Contracted Specialized Residences	NA
HCS Waiver	89

Employment Assistance	0
Supported Employment*	0
Vocational Training	0
Specialized Therapies	2

Administrative Services

The Center's administrative services consist of financial/accounting, budgeting, contract management, purchasing and supply, billing/reimbursement, facility management, public information, information management, human resources, risk management, quality management, utilization management, rights advocacy for persons served, and staff development.

Resource Development and Allocation

The Center's primary funding comes from Texas state general revenue. Additionally, federal block grant funds, local match funds, and Medicaid/Medicare fee for service revenue are utilized. The timely and effective development of resources in support of Center programs and operations is paramount. Additional support and revenue must be generated beyond existing resources to sustain current services against inflationary erosion and, if possible, to grow the level of services and support. Components of the Center's resource development initiative include:

Network Development:	For cost effectiveness and personal choice, the Center contracts with a network of providers. Most of our IDD services are delivered by Center employees. Contracts for IDD Host Home services and IDD Respite ensure availability and personal choice.
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Utilization Review& Management:	<p>Through Utilization Review and Utilization Management processes and analysis, Center resource utilization becomes more focused and productive.</p> <p>Utilization Management monitors services rendered, determining if services are being provided in the most effective manner. The IDD authority unit evaluates the effectiveness of the authorization process.</p>
Grants	Solicitation of funding through various local foundations or state grant programs continue as availability presents.
Third Party Billing	<p>An effective administrative and clinical process aggressively monitors and supports management of third-party billing. Services to persons receiving Medicaid or with third-party payers are maximized in an effort to augment program revenues. A Benefits Assistance program is in place to increase the number of Medicaid eligible service recipients. Strategies are in place to ensure payment by Medicaid for services delivered as specified in each person's care plan. Electronic billing has enabled the Center to expedite the payment process. The revenue cycle management committee monitors fee for service activity and makes recommendations for improving the billing processes. The IDD authority unit monitors Targeted Case Management billing through monthly reviews and other quality management activities.</p>
Collaboration with other Service Providers	The Center IDD Division participates in the Community Resource Coordination Groups (CRCG) meetings for children and adults. The IDD authority unit coordinates with the HCS and TxHmL providers to implement regulatory changes in authority functions as needed.
Volunteers	As established by the Center's organizational policies, volunteers are recruited to work with the staff to help in providing cost-effective and beneficial services to our customers.

Community Needs and Priorities

The purpose of local planning is to identify community needs and priorities. Community needs are identified through public forums, focus groups, Board of Trustees meetings, performance data, quality improvement efforts and the PNAC. HHSC requires the Center solicit information regarding community needs from persons receiving IDD community-based services, as well as State Supported Living Centers, representatives of the local community, and other interested persons to inform the local service area plan.

The Center asked the public through public forums, surveys, and focus groups to identify services and supports the Center should be providing to the local community.

The Center reviews the community's needs as identified in the local planning process and integrates as much as possible into Agency goals, objectives and department initiatives. Identified needs unable to be integrated are continually prioritized and assessed for feasibility and future planning initiatives.

Service Capacity and Access to Services

IDD Services are provided in both the office and in community locations across the eight counties. Day Habilitation is based in Midland, Ector, and Pecos counties. Respite is available dependant upon capacity. Transportation services are provided for site-based services. Service Coordination caseloads are reviewed and revised based on persons' served and demographics to ensure maximum

service capacity and improve access to waiting lists for services for persons who are not Medicaid recipients.

Waiting Lists

FY24 ending data, shows the following number of persons requesting services as follows:

Type of Service/Waiting List	Number of Persons
Statewide HCS Interest List	695
Determination of Intellectual Disability	4
Autism Services	9
Day Habilitation	4
Service Coord or Service Auth and Monitoring	9
Day Hab Transportation	1
Supported Employment/Assistance	0

Areas of Focus FY25

The PNAC will continue to improve individual and community input into service planning and evaluation through surveys and other tools determined necessary. The PNAC will review strategies indicated in this plan to determine its effectiveness and to identify service gaps for the IDD population.