PERMIACARE

LOCAL INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AUTHORITY

FY2026

LOCAL PROVIDER NETWORK DEVELOPMENT PLAN


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

PREFACE

The purpose of the PermiaCare (Center) Intellectual and Developmental Disabilities (IDD) Local Provider Network Development Plan (Plan) is to communicate the Center's mission, vision, values, goals, and objectives across the organization. The Plan provides a framework for achieving these goals and objectives while supporting the Center's ongoing growth and development. It outlines the IDD Division and its services, with a focus on being responsive to community and individual needs and enhancing individual outcomes.

The Plan reflects a collaborative effort, with contributions from all parts of the organization. The Center's goals and objectives for IDD were developed by executive leadership through a review of HHSC Performance Contracts, as well as input from the Planning and Network Advisory Committee (PNAC), interested community members, the San Angelo State Supported Living Center (SSLC), community stakeholders, staff via department and unit meetings, and the Quality Management (QM) and Utilization Management (UM) Committees. The Plan is comprehensive and incorporates all planning requirements outlined in the Texas HHSC IDD Division Performance Contracts.

Serving as a framework for continuous performance improvement and operational excellence, the Plan identifies the IDD Division's goals and key functions most critical to ensuring service continuity and positive outcomes. Executive leadership, division management, and quality improvement bodies use the Plan to analyze processes, guide initiatives, and promote operational excellence.

Values of PermiaCare:

- **Individual Worth**

  We affirm that the individuals 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 individuals served with mental illness, intellectual and developmental disabilities, developmental delays, or chemical dependency.

- **Expand Services**

  Expand services to meet the needs of individuals 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 the Midland MHMR Center 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

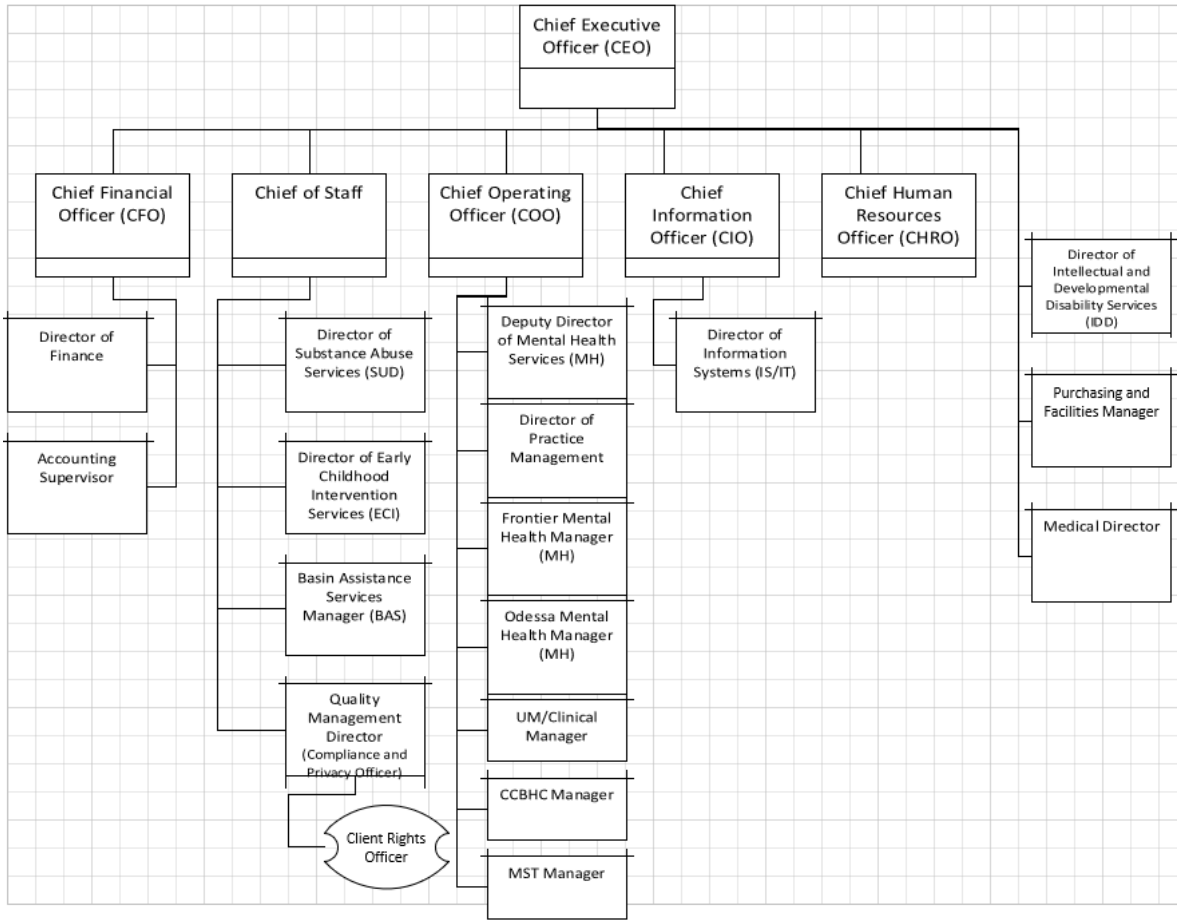
A Board of Trustees (Board) comprised of nine members is responsible for the effective administration of the Center and makes policy that is consistent with state rules and standards. The Board has the authority and responsibility within the local service area for planning, policy development, fiscal 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 2026



INDIVIDUAL AND COMMUNITY INVOLVEMENT

Planning and Network Advisory Committee

The Planning & Network Advisory Committee (PNAC) serves both Mental Health (MH) and Intellectual and Developmental Disabilities (IDD) interests and meets quarterly to provide broad-based community input on service delivery and the expansion of available services. The Center seeks PNAC members who reflect the ethnic, cultural, and social diversity of the community, including individuals served and their families. The role of the PNAC is to ensure that the perspectives of individuals served, family members, and other stakeholders are represented in the planning and provision of services and supports.

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

- Operating according to the charge assigned by the local Board.
- Ensuring representation by individuals receiving adult MH, children's MH, and IDD services, as well as their families or guardians.
- Explicit incorporation of the views and perspectives of individuals served and their families/guardians into PNAC recommendations.

The PNAC is charged with the following responsibilities:

- Identifying the needs and priorities of the local service area.
- Submitting recommendations to Center staff and the Board regarding the content, development, and implementation of the Local Provider Network Development Plan, as well as budget strategies to address community needs and priorities.
- Providing input in assembling a network of available and appropriate service providers to meet the needs of individuals served in the local service area, while considering public input, cost-benefit factors, and individual care issues to ensure personal choice and the best use of public funds.

- Receiving a written copy of the final annual budget and biennial plan for each program area as approved by the Board of Trustees, along with a written explanation of any variances from PNAC recommendations.
- Receiving information regarding total funds available through funding contracts for each program area, along with 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 by the Board of Trustees.

The Center provides initial and ongoing training for committee members to equip them with the knowledge and resources necessary to fulfill their responsibilities and carry out the purpose of the committee effectively.

Community

Community members, individuals served, and family members who do not participate on advisory committees have several avenues to provide input into planning, assessing services and supports, and submitting recommendations for consideration. Opportunities for input and for identifying community needs and priorities include interviews with Center staff or state audit staff; notifications to the Rights Protection Officer; satisfaction surveys available at all service sites; advocacy meetings; community forums; citizen comments during Board of Trustees meetings; and participation in public forums.

LOCAL PLANNING PROCESS AND PLAN REVIEW

Local Planning Process

The local planning process is consistent with the strategic priorities referenced in the HHSC Strategic Plan and in accordance with 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 an individual with an intellectual disability receives placement in the least restrictive environment appropriate to the individual's care:

a) Conduct assessments at intake and at least annually thereafter, addressing the living environment appropriate to the individual's care.

b) Complete a verification of freedom of choice form for individuals served in waiver programs, ensuring they are offered a variety of placement options.

c) Organize planning meetings for changes in the living environment when needed.

d) Oversee the permanency planning process designed to maintain minors living with their natural supports.

e) Participate in the Community Living Option Information Process (CLOIP) at State Supported Living Center facilities for adult residents, discussing community living options and facilitating placement when appropriate.

(3) PermiaCare also supports this goal by:

a) Maintaining certification as an HCS provider.

b) Conducting case reviews and submitting appropriate crisis diversion or nursing facility diversion requests for enrollment into HCS, for individuals in need of an ICF/ID placement or State Supported Living Center admission.

c) Providing critical services through general revenue funds to support individuals with IDD in remaining in their natural homes.

3) **Opportunities for innovation to ensure communication to all incoming and potentially interested individuals about the availability of the SSLC for individuals 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 individual 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 individual, 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 individual is involved in the criminal justice system,

(5) Inquiries for services,

(6) Inquiries for placement on the Interest List,

(7) Permanency Planning,

(8) Requests to move from current placement,

(9) Requests for ICF placement.

b) The San Angelo State Supported Living Center is not in our Local Service Area. However, the Admissions and Placement Coordinator was consulted by email on the development of this portion of the Plan, including collaboration in determining the following:

i) LIDDA will:

(1) Follow TAC, Title 26, Part 1, Chapter 904, Subchapter B, Division 2, including to,

(a) Submit a written request for admittance and SSLC application packet to the HHS Admissions mailbox;

(b) Contact the individual/LAR upon notification from the HHS/SSLC a vacancy exists,

(c) Coordinate admission with SSLC.

ii) HHS/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 individuals served from the criminal justice system.

a) The Center operates a variety of crisis services that support jail diversion for individuals with Mental Health (MH) and Intellectual and Developmental Disabilities (IDD). These include IDD Crisis Intervention, the Mobile Crisis Outreach Team (MCOT), and the Mental Health Crisis Respite Center available to individuals with IDD. In November 2022, IDD Services also opened two specialized IDD/Mental Health Clinics to further support crisis response and jail diversion efforts.

b) The Center provides crisis screening and assessment for detained juveniles at high risk of suicidal behavior who may require inpatient hospitalization. The Center has established

processes for identifying high-risk individuals and receives referrals from law enforcement, the Texas Youth Commission (TYC), and juvenile probation. Juveniles exhibiting IDD characteristics receive referral to IDD Services for evaluation.

c) The Center employs a Mental Health Liaison within county jails to conduct screenings at booking and to provide services to incarcerated individuals. Those exhibiting IDD characteristics are referred to the IDD Division Crisis Intervention Specialist (CIS) for follow-up. CIS responsibilities include requesting separation of individuals with IDD from the general population, collaborating with legal representatives and district attorneys to pursue community placement, and facilitating referrals for services and eligibility screening.

d) The Center assists Community Supervision and Corrections Department (CSCD) personnel with coordinating supervision for offenders receiving Center services. The Center also provides technical assistance and training to CSCD and other criminal justice partners on early identification, intervention, and access to Center services for both adults and juveniles. A TLETS and CARE match process, implemented by Texas Health and Human Services in August 2020, supports the Center and local/county jails in identifying offenders with a history of receiving state MH or IDD services. This continuity of care increases the likelihood of successful transitions from jail to program services and helps reduce recidivism among individuals with IDD.

5) **Opportunities for innovation in services and service delivery.**

a) The Center coordinates with the Aging and Disability Resource Center, the Regionally Coordinated Transportation Planning Coalition, 211, the Community Resource Coordination Group and a host of other local partners to ensure coordination and integration of appropriate services.

b) The Center works with local private and non-profit providers of HCS and TxHmL services to strengthen collaboration between the LIDDA and providers, while also enhancing the overall quality of services across all provider agencies.

c) Center leadership actively participates with local stakeholder groups, helping families identify available resources and to better understand the emerging needs of the community, such as coordinated services for autism with community partner, Spectrum of Solutions.

d) Information derived from the local planning process is incorporated into the development of the Local Plan, including 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 individuals 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. Individuals 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 individuals who meet one or more of the following descriptions:

1) Individuals with IDD, as defined by Texas Health and Safety Code §591.003;
2) Individuals with pervasive developmental disorders (PDD) as defined in the current edition of the Diagnostic and Statistical Manual, including autism;
3) Individuals 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 individuals served. Professional diagnostic, therapeutic, and rehabilitation services are provided. Service arrays include:

1) **Service Coordination** - Assistance in accessing medical, social, educational, and other appropriate services and support that will help an individual achieve a quality of life and community

participation acceptable to the individual as described in the Plan of Services and Supports.

2) **Crisis Services** - IDD/MH services provided to an individual who is determined through an initial screening to meet criteria for crisis services, including crisis intervention and/or monitoring of the individual until the crisis is resolved, or the individual is placed in a clinically appropriate environment. For FY26 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 individual'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 individuals 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 individual's independent functioning in the community. This training promotes community integration, increases community tenure, and maintains the individual's quality of life.

5) **Supported Employment -** Supported employment is provided to an individual who has paid, individualized, competitive employment in the community to help the individual sustain that employment.

6) **Community Support -** Individualized activities that are consistent with the individual's PDP (Person-Directed Plan) and provided in the individual's home and at community locations.

7) **Vocational Training** - Day training services provided to an individual in an industrial enclave, a work crew, a sheltered workshop, or an affirmative industry, to enable the individual 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 an individual in locating paid, individualized, competitive employment in the community.

Service Delivery System

Entry to Services*:*

Individuals seeking Intellectual and Developmental Disabilities Services are assessed for eligibility in accordance with THSC §593.005 and 26 TAC Chapter 304, Subchapter D to determine if the individual has IDD or is a member of the IDD priority population. Once eligible, an individual is assigned to the IDD Service Coordinator.

Other Assessments:

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

Person Directed Plan:

The Person Directed Plan (PDP) outlines training and support services that address the individual's needs and preferences while building on their strengths. Plans are reviewed no less than annually in accordance with the Texas Administrative Code and are revised or updated throughout the year as new issues arise or as the individual's needs and desires 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 is committed to delivering care in a systematic, continuous, and seamless manner that meets the need of the individual. The quality of care is assessed on an ongoing basis through regular reviews of treatment and outcome plans, with corrective actions implemented as needed to ensure improvement.

Discharge Plan:

A discharge plan is developed whenever an individual discontinues services to ensure they receive assistance in transitioning to community resources or other providers.

Service Priorities

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

Intellectual and Developmental Disabilities Services & Utilization

Authority Services	Persons Served in FY25
Screening (R)*	993
Eligibility Determination (R)*	72
Service Coordination/Medicaid Waiver (R)*	326
Basic Service Coordination (R)*	42
Continuity of Services*	2

Service Authorization and Monitoring (R)*	27

- The Center operates a Consumer Benefits Unit that assists individuals with Social Security, Medicaid and Medicare eligibility applications and ongoing reporting requirements. The CBU program served 55 IDD individuals in FY25.
- The Center receives funding for Crisis Services for the IDD population. The IDD Crisis Intervention Specialist provided services for 57 individuals in FY25. Crisis Respite Services were provided for 17 individuals.
- The Center's IDD authority staff completed 33 PASSR Evaluations in FY25, providing Nursing Facility Habilitation Coordination to 54 individuals and Enhanced Community Coordination to 13 individuals. Community Services of Day Habilitation and Transportation were provided to 3 PASRR positive individuals

Provider Services	Individuals Served in FY25
Respite (R)	52
Community Support Services*	74
Day Habilitation*	138
Behavioral Support*	0
Nursing	105
Family Living	63
Residential Living	14
Contracted Specialized Residences	NA
HCS Waiver	129
Employment Assistance	0

Supported Employment*	0
Vocational Training	0
Specialized Therapies	5

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, and rights advocacy for individuals 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 increase the level of services and support. Components of the Center's resource development initiative include:

Network Development:	To promote cost-effectiveness while supporting personal choice, the Center maintains contracts with a network of providers. While most IDD services are delivered directly by Center employees, contracts for IDD Host Home, IDD Respite services, specialized psychiatric and ABA services help ensure both availability and individual choice.

Utilization Review & Management:	Through Utilization Review and Utilization Management processes, the Center ensures resource use is both focused and productive. Utilization Management monitors the services provided to determine whether they are delivered in the most effective manner, while the IDD Authority Unit evaluates the effectiveness of the authorization process Through Utilization Review and Utilization Management processes, the Center ensures resource use is both focused and productive. Utilization Management monitors the services provided to determine whether they are delivered in the most effective manner, while the IDD Authority Unit evaluates the effectiveness of the authorization process
Grants	The Center actively pursues funding opportunities through local foundations and state grant programs as they become available.
Third Party Billing	Administrative and clinical processes are in place to closely monitor and support third-party billing management. Services for individuals receiving Medicaid or covered by other third-party payers are maximized to augment program revenues. A Benefits Assistance program helps increase the number of Medicaid-eligible service recipients, and strategies are implemented to ensure Medicaid payment for services specified in each individual's care plan. Electronic billing further expedites payment, while the Revenue Cycle Management Committee reviews fee-for-service activity and recommends process improvements. The IDD Authority Unit also conducts monthly reviews and other quality management activities to monitor Targeted Case Management billing.
Collaboration with other Service Providers	The Center's IDD Division participates in Community Resource Coordination Group (CRCG) meetings for both children and adults. In addition, the IDD Authority Unit collaborates with HCS and

	TxHmL providers to implement regulatory changes related to authority functions as needed.
Volunteers	Consistent with the Center's organizational policies, volunteers are also recruited to work alongside staff, supporting the delivery of cost-effective and beneficial services.

Community Needs and Priorities

The purpose of local planning is to identify community needs and establish priorities. These needs are assessed through public forums, focus groups, Board of Trustees meetings, performance data, quality improvement activities, and the PNAC. HHSC also requires the Center to solicit input from individuals receiving IDD community-based services, State Supported Living Centers, representatives of the local community, and other interested parties to help shape the local service area plan.

The Center engages the public through forums, surveys, and focus groups to gather feedback on the services and supports needed within the community.

Findings from this process are reviewed and, whenever possible, incorporated into the Center's goals, objectives, and departmental initiatives. Needs that cannot be immediately addressed are prioritized, monitored, and assessed for feasibility as part of ongoing and future planning efforts.

Service Capacity and Access to Services

IDD services are provided both in the office and in community settings across the eight-county service area. Day Habilitation programs operate in Midland, Ector, and Pecos counties, while Respite services are offered as capacity allows. Transportation is provided for site-based services. Service Coordination caseloads are regularly reviewed and adjusted based on the number of individuals served and demographic trends to ensure maximum service capacity and to

improve access for individuals on waiting lists, particularly those who are not Medicaid recipients.

Waiting Lists

FY25 data shows the following number of individuals requesting services:

Type of Service/Waiting List	Number of Individuals
Statewide HCS Interest List	955
Determination of Intellectual Disability	21
Autism Services	17
Day Habilitation	1
Service Coord or Service Auth and Monitoring	21
Day Hab Transportation	1
Supported Employment/Assistance	0

Areas of Focus FY26

The PNAC will continue to enhance individual and community involvement in service planning and evaluation through surveys and other appropriate tools. In addition, it will review the strategies outlined in this plan to assess their effectiveness and to identify service gaps affecting the IDD population.