



**PERMIACARE**

**LOCAL PROVIDER NETWORK DEVELOPMENT PLAN**

**FY2025 – FY2026**

**INTELLECTUAL AND DEVELOPMENTAL DISABILITIES  
AUTHORITY**



# 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, individual needs and improve individual 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), individuals 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 individual 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 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 individual 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 individual 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. Then, 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. It was at this time the City of Odessa and Ector County expressed their desire to have a local community MHMR center under the guidance of Texas MHMR. The City

of Odessa and Ector County joined Midland MHMR operations 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 of 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.



## **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 services available. The Center seeks PNAC members that reflect the ethnic, cultural, and social diversity of the community to include individuals and their families. The role of the PNAC is to reflect the perspectives of individuals, 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 individuals of adult MH, children's MH, and IDD services and their families or guardians
- Individual 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 individuals in the local service

area while considering public input, ultimate cost-benefit, and individual care issues to ensure individual 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, individuals 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 are as follows: interviews with Center staff, interviews with state staff, Rights Protection Officer notifications, satisfaction surveys 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 implementing plan of improvement processes.

**2) Goals to ensure an individual 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 individual's care.
- ii) Complete a verification of freedom of choice form for waiver program individuals that offers a variety of placement options.
- iii) Organize a planning meeting for identified living environment changes when needed.
- iv) Oversee the permanency planning process that is designed to keep minors living with their 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.

**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 an 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) Inquiries for services,
  - ii) Inquiries for placement on the Interest List,
  - iii) Permanency Planning,
  - iv) Requests to move from current placement,
  - v) 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 individual/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 individuals of services from the criminal justice system.**
- a) The Center operates a variety of crisis services for MH and IDD individuals 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. In addition, new funding was procured for the IDD Outpatient Biopsychosocial Intervention Program for FY26-27 for individuals with IDD and MH and/or MH and Substance Use.

- 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 individuals. The Center receives referrals from law enforcement, Texas Youth Commission (TYC) and juvenile probation. Individuals exhibiting IDD characteristics are referred to IDD services for evaluation.
- c) The Center employs a liaison that works with county jails who screens individual at booking and provides services to individuals in jail or detention. Individuals exhibiting IDD characteristics are referred to the IDD Division Crisis Intervention Specialist for follow-up.
- d) The Center assists 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 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 from jail to program services for IDD 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. One example is coordinated services for autism with Spectrum of Solutions, a program of the local non-profit MARC, to help families to understand what services are available and to identify the need's families are presenting.
- 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 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 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 375,841. The surface area covered is 27,000 square miles. Midland County is the location of the Executive offices.

Service locations throughout the five county areas are as follows:

<b>County</b>	<b>Location</b>	<b>Services</b>
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. Professional diagnostic, therapeutic, and rehabilitation services are provided. Individual services may involve:

- 1) **Service Coordination** - Assistance in accessing medical, social, educational, and other appropriate services and supports 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. This service includes crisis intervention and/or monitoring of the individual until the crisis is resolved or the individual is placed in a

clinically appropriate environment. For FY23 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 and 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 and families in crisis.

- 3) **Respite Services** - Services provided for temporary, short-term, periodic relief of primary caregivers.
- 4) **Skills Training** - Training individuals in skills that will help further his or her 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 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.
- 10) **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.
- 11) **Outpatient Biopsychosocial Intervention** – Outpatient mental health and substance use services for children and adults with IDD. Based on Person Centered Recovery Plan principles through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Emphasis is on the

individual's strengths and how those will help them pursue their goals.

- 12) Autism Services** – Services for children and adolescents ages 3-15 providing focused Applied Behavioral Analysis (ABA) services.

### **Service Delivery System**

#### Entry to Services:

Individuals 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 individual has IDD or is a member of the IDD priority population. Once eligible, an individual is assigned a service coordinator in IDD.

#### 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 plan identifies training and support services that address the needs and preferences of the individual and builds on the strengths of the individual. The plans are reviewed no less than annually as prescribed by Texas Administrative Code and new plans are developed and updated throughout the year as issues arise or needs and desires of the individual 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 individuals. The quality of an individual’s care is assessed on a continual basis through progress reviews of treatment/individual outcome plans. Actions are taken to improve individual care.

Discharge Plan:

A discharge plan is developed when an individual discontinues services. It ensures the individual 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 individuals 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**

<b>Authority Services</b>	<b>Individuals Served in FY22</b>
Screening (R)*	755
Eligibility Determination (R)*	41
Service Coordination/Medicaid Waiver (R)*	291
Basic Service Coordination (R)*	8
Continuity of Services*	41

Service Authorization and Monitoring (R)*	51
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- 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 28 IDD individuals in FY22.
- The Center receives funding for Crisis Services for the IDD population. The LMHA’s Mobile Crisis Team served and/or referred IDD individuals. The IDD Crisis Intervention Specialist worked with 42 individuals in FY22. Fifteen individuals received Crisis Respite Services.
- The Center’s IDD authority staff completed 23 PASSR evaluations in FY22, providing Nursing Facility Habilitation Coordination to 27 individuals and Enhanced Community Coordination to one individual.

<b>Provider Services</b>	<b>Individuals Served in FY22</b>
Respite (R)	82
Community Support Services*	69
Day Habilitation*	121
Behavioral Support*	11
Nursing	109
Family Living	60
Residential Living	15
Contracted Specialized Residences	
HCS Waiver	114
Employment Assistance	
Supported Employment*	
Vocational Training	
Specialized Therapies	10

**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, individual rights, and staff development.

**Resource Development and Allocation**

The Center’s primary funding comes from Texas state general revenue, in addition to federal block grant funds, local match funds, and Medicaid/Medicare fee for service revenue. 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, grow the level of services and support to an improved level. Components of the Center’s resource development initiative include:

Network Development:	For cost effectiveness and individual choice, the Center contracts with a network of providers. Most of our IDD services are delivered by Center employees. We do contract for IDD Host Home services, IDD Respite, and Day Habilitation to ensure availability and individual choice.
Utilization Review & Management:	Through Utilization Review and Utilization Management processes and analysis, Center resource utilization becomes more focused and productive.  Utilization Management monitors services and assists in determining if services are being provided in the most effective manner. In addition, Utilization Management monitors third-party payments and their

	management to ensure accurate and timely billing. The IDD authority unit evaluates the effectiveness of the authorization process.
Grants	Solicitation of funding through various local foundations or state grant programs continues as determined necessary.
Third Party Billing	An effective administrative and clinical process aggressively monitors and supports management of third-party billing. Services to individuals on Medicaid or with third-party payers are maximized in an effort to augment program revenues. An Individual 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 individual'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.
Collaboration with other Service Providers	The Center IDD Division participates in the Community Resource Coordination Groups (CRCG) meetings for children and adults. Medicaid waiver providers contract with the Center to provide day habilitation services to their individuals. 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 individuals of community-based services, and of state supported living centers, representatives of the local community and other interested individuals 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 Center goals and objectives and department initiatives. Those identified needs that could not be integrated will continue to be prioritized and assessed for feasibility for 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 based in Midland County. Transportation services are provided for site-based services. Service Coordination caseloads are reviewed and revised based on the number of individuals and demographics to ensure maximum service capacity and improve access to waiting lists for services for individuals who are not Medicaid recipients.

### **Waiting Lists**

At the end of FY22, the Center does have IDD individuals on Waiting Lists for the following services -

Type of Service/Waiting List	Number of Individuals
Statewide HCS Interest List	823
Determination of Intellectual Disability	16
Autism Services	12
Day Habilitation	6
Supported Employment/Assistance	1

### **Areas of Focus FY22**

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 the strategies indicated in this plan to determine its effectiveness and to identify service gaps for the IDD population.