

dedicated to people | committed to care

Intellectual and Developmental Disabilities Local Provider Network Development Plan

Fiscal Year 2026-2027

PREFACE

House Bill 3 of the 59th Legislature (1965) created the structure now known as the local intellectual and developmental disability authority (LIDDA). In the 1960s, the state moved to provide mental health and intellectual disability services in the community rather than in institutions. Community centers were created to provide community-based services and address the needs of people returning to their communities from state supported living centers (SSLCs), Medicaid-certified nursing facilities, and state hospitals. The LIDDA was developed as a means for the state to delegate its authority and responsibilities related to planning, policy development, coordination, resource allocation, resource development, and oversight of community intellectual and developmental disability (IDD) services throughout the state. The state is required to contract with the designated LIDDAs and provides funding for the delegated functions and for required community-based services to be provided in each service area.

The purpose of the Betty Hardwick Center (Center) Intellectual and Developmental Disabilities (IDD) Local Plan (Plan) is to document the Center's mission, vision, values, goals, and objectives throughout the organization and the communities it serves. The Plan describes the Center's IDD programs and services. The Plan is designed to be responsive to community and consumer needs and improve consumer outcomes.

what we aspire to see

OUR VISION

Full, safe, and healthy lives for our community

how we make a difference

OUR MISSION

Empowering people to live their best lives.

ideals we strive to embody

OUR VALUES

Dignity

We treat others with compassion and respect their individuality

Engagement

We are fully present, optimistic and committed

Integrity

We demonstrate fairness, honesty and transparency

Accountability

We deliver on our commitments

Collaboration

We build trusted relationships with clients, coworkers and community partners

betty **hardwick** center

CENTER LEADERSHIP

Agency History

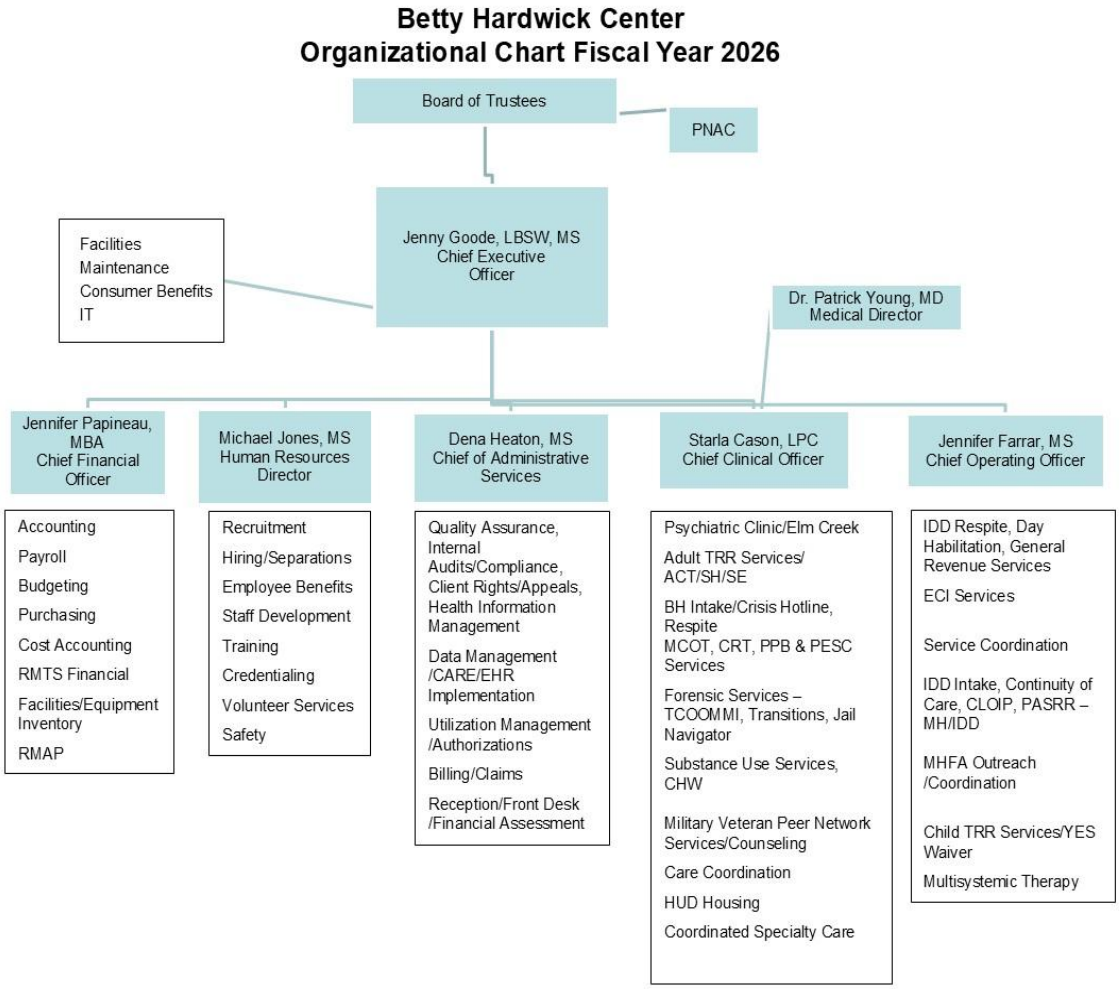
In 1971, Abilene Area Center for MHMR opened as a result of Abilene City Council and AISD efforts. Initially we served only Taylor County. Callahan and Jones County were added in 1973. During the 1980s, the Center grew in size and programs, including Mental Health, IDD, Substance Use, ECI and a program focused on crime victims' assistance. In 1998, Shackelford County was added to the service area. In September 2000, the Center changed its name to Betty Hardwick Center in honor of long-term board member and public servant, Betty Hardwick. Stephens County joined the service area in 2002. Today, the Center has an annual operating budget of $21 million and about 211 employees providing a wide array of Mental Health, Substance Abuse, Intellectual and Developmental Disability and Early Childhood Intervention Services.

Governance

A Board of Trustees (Board), comprised of twelve members, is responsible for the effective administration of the Center and makes policy that is consistent with the departments' 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 Service. The Center is considered a unit of local government. The Center's Board has representatives from each county of the local service area. Trustees are appointed by their County Commissioner's Court and or Mayors/City Council and approved for a two-year term. Two of the nine Board members are Ex-Officio Members who are Sheriff's or their designee. One member is a Veteran elected by the Board. The Board of Trustees hires and oversees the Chief Executive Officer.

Executive Director

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.



CONSUMER AND COMMUNITY INVOLVEMENT

The Center's IDD Services are an integral part of the communities it serves. Communication between the Center, consumers, families, and the community is encouraged and facilitated so that the Center is responsive to the community's needs, delivers services in the most effective and efficient manner, and ensures the protection of the legal and human rights of the individuals served.

Planning and Network Advisory Committee

The role of the PNAC is to represent the perspective of individuals, family members, and other stakeholders on the provision of services and supports, provide meaningful input into local planning and network development processes, policy making, and service delivery design. The Planning & Network Advisory Committee (PNAC) serves both MH and IDD interests and meets every month and on an as-needed basis to

provide broad-based community input into the planning process and Center's growth. The Center strives for committees' membership that reflects the ethnic, cultural, and social diversity of the community and includes consumer and consumer family representation. The role of the PNAC is to reflect the perspectives of consumers, family members, and other stakeholders on the provisions of services and support.

The LIDDA Performance Contract provides expected outcomes for the PNAC. Each year, the Board establishes Charges for the Center's PNAC and affirms a work plan that is informed by PNAC/stakeholder input on areas of importance and designed to meet Contract and CCBHC Certification guidelines to support local planning.

The Board seeks input from the PNAC on the following issues –

1. Identifying community needs and goals and objectives for the Center across all service areas (ECI, IDD, Behavioral Health)
2. Service development, quality improvement, and the activities of the Center.
3. Fiscal and budgetary priorities
4. Governance (including human resource planning, leadership recruitment, and selection, etc.)

The PNAC then advises Center leadership and Board of Trustees, regarding a host of issues including –

- The needs and priorities of the local service area.
- Recommendations to 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 consumers in the local service area while considering public input, ultimate cost-benefit, and consumer care issues to ensure consumer choice and the best use of public money.
- Reviewing the final annual budget and plan for each program area as approved by the Board of Trustees, and an explanation of any variance from the PNAC's recommendations.
- Receipt of information regarding total funds available through the Performance Contract document 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; implementation of plans and contracts; and
- 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, consumers and family members who do not participate in advisory committees have several different means to provide planning input, assess services, and support and submit recommendations for consideration. Opportunities for providing input and determining Community needs/priorities are as follows: interviews with Center staff, state staff, Rights Protection Officers, consumer satisfaction surveys at all service sites, advocacy meetings, community forums, citizen comments at the Board of Trustees meetings and public forums.

Provider Groups

While our area has no Texas Home Living Providers actively serving individuals, we do have Home and Community Based Services waiver providers, ICF-ID group homes, and the Abilene State Supported Living Center. Many clients in our area, specifically those enrolled in Texas Home Living, utilize the Consumer Directed Services option to manage their care and use a Financial Management Service Agency (FMSA). Additionally, we provide services to several individuals with IDD diagnoses that live in Nursing Facilities through our PASSR program. All these agencies are important stakeholders and are included in our communications, surveys, community networking groups, and ongoing local planning conversations.

LOCAL PLANNING PROCESS AND PLAN REVIEW

Local Planning Process

The local planning process is based on the Guidelines for Local Service Area Planning (LSAP Guidelines) dated February 28, 2005. The local planning process focuses on obtaining public input and addressing items identified in THSC 533.0354 to identify the following identified items:

1. Criteria for ensuring accountability for, cost-effectiveness of, and relative value of service delivery options.
    - The Center ensures accountability for service delivery options by monitoring the service contracts to ensure statutory, regulatory, and contractual requirements are met.
    - The Center ensures accountability for service delivery options by evaluating the required elements of documentation and making revisions when changes occur.

- The Center's QM and UM committees review MBOW reports and Anasazi reports and recommend cost effective corrective actions that are implemented by management. The IDD management team addresses issues with cost effectiveness and relative value of services.
- Relative (best) value is not just about cost-effectiveness. The Center considers access, choice, outcomes (e.g., satisfaction), service availability, service provider's ability to meet regulatory requirements, service provider capacity, and all relevant factors.

2. Goals to ensure that a consumer with intellectual and developmental disabilities is placed in the least restrictive environment appropriate to the person's care.
   - A service coordination assessment is completed upon intake and at least annually that addresses the least restrictive environment appropriate to the person's care.
   - A verification of freedom of choice form is completed for people eligible for waiver programs that offer a variety of placement options. A special planning meeting is held to address the need for changes in the person's living environment.
   - A service coordinator oversees the permanency planning process that is designed to keep minors living with their natural support.
   - The Center continues to participate in the Community Living Option Information Process (CLOIP) at State Supported Living Center facilities for adult residents. This process entails discussing community living options with the residents and facilitating community placement.

3. Opportunities for innovation to ensure that the Local Authority is communicating to all potential and incoming consumers about the availability of services of State Supported Living Centers for people with intellectual and development disabilities in the local services areas of the Local Authority.
   - Services of State Supported Living Centers are explained upon entry into services and when consumer needs change. The identification of preferences form that list State Supported Living Center facilities as a preference is provided to the consumer or their legally authorized person annually.

4. Goals to divert consumers of services from the criminal justice system.
   - The Center operates a variety of Crisis services including the IDD Crisis Specialist, Mobile Crisis Outreach Team, and Community Response Teams, all of which operate with commitment to jail diversion.
   - The Center provides crisis screening and assessment upon request by individuals, families, or community partners, including law enforcement.
   - The Center employs two Jail Navigators that work out of Taylor County Jail and serve all four rural county jails. Jail Navigators screen individuals at

booking and provide services to consumers in jail or detention.

- The Center assists Community Supervision and Corrections Department (CSCD) personnel with the coordination of supervision for offenders who are Center clients. 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.
- Using TLETS match information, the Center assists local and county jails with the identification of offenders who have a history of State mental health/IDD care and with the continuity of care of offenders who have a history of state mental health care. The liaison coordinates with the LIDDA's Crisis Intervention Specialist, Service Coordinators, and others when people with intellectual and developmental disabilities are in jail.

5. Opportunities for innovation in services and service delivery.
    - The Center coordinates with Aging and Disability Resource Center, Center for Independent Living, Transportation Coalition, 211, Texas Workforce Commission, CRCG and a host of other local groups to ensure collaboration and intersection of appropriate services.
    - The Center leads local Private Provider groups for HCS, TxHmL and ICFID and the SSLC providers to improve services not only between the LIDDA and providers, but also coordination and enhancement of services of provider agencies.
    - Center leadership participates with local stakeholder groups as requested, to help families to understand services and to learn about the needs families have.

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.

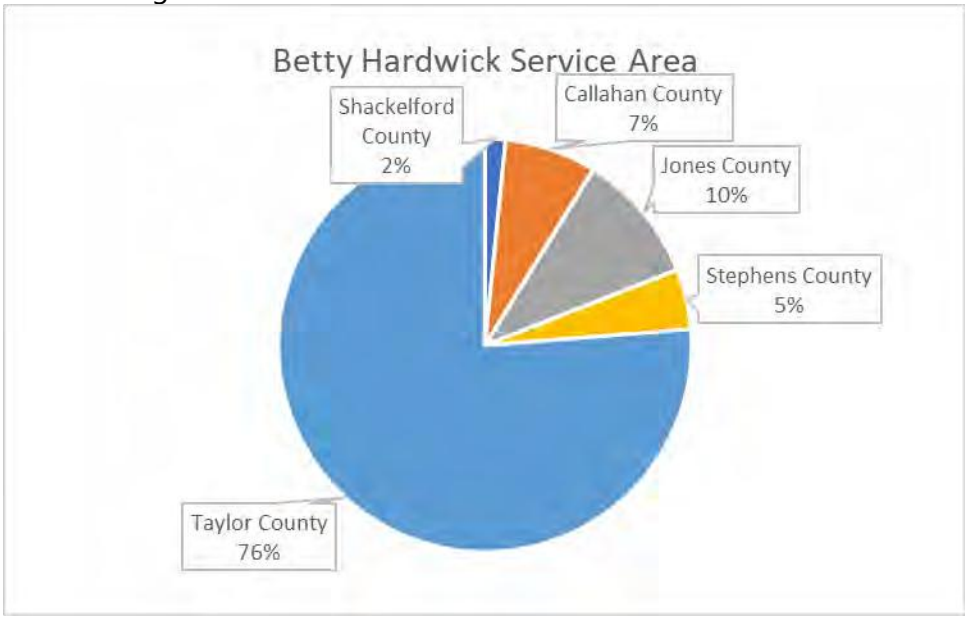
Plan Review

Through the various information gathering tools, staff members, consumers, PNAC, and community stakeholders have numerous means of providing input to the Plan review process. Their input is assessed and integrated into the planning cycle. Through their input, there is an ongoing process of evaluating delivery of services provided, as well as capturing emerging needs and changing priorities. Consumers and community stakeholders will access the planning cycle through the Planning Advisory Committee, 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 programs are responsible for delivery of a broad array of services within a five-county area including Taylor, Jones, Callahan, Shackelford, and Stephens Counties. The total population for the area is 190,889 people in the five counties, which covers 4,594 square miles. Taylor County is the area "hub" for surrounding rural communities.



Service locations throughout the five countries' areas are as follows:

County	Location	Services
Taylor	2616 S. Clack Street	MH and Administrative Offices
	2626 S. Clack Street	MH, IDD
	802 Cypress	MH, SUD
	744 Hickory	IDD
	2901 S. 7th	IDD
	765 Orange	ECI, MH
Jones	1601 Columbia	MH, IDD
Shackelford	724 Pate	MH, IDD
Stephens	612 West Walker	MH, IDD
Callahan	100 W. 5th, Ste 305	MH, IDD

Intellectual and Developmental Disabilities Priority Population

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

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

Service Delivery System

Entry to Services:
Individuals seeking Intellectual and Developmental Disabilities Service go through an assessment or endorsement conducted in accordance with THSC §593.005 and 25 TAC Chapter 415, Subchapter D to determine if an individual has IDD or is a member of the HHSC IDD priority population. Once eligible, a consumer is assigned to 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:

A personal directed plan for Intellectual and Developmental Disabilities consumers is developed. The plan identifies training and support services that address the needs and preferences of the consumer and builds on the strengths of the consumer. The personal directed plans are reviewed as prescribed by Texas Administrative Codes and new plans are developed.

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 the consumer. The quality of consumer care is assessed on a continual basis through progress reviews of treatment/personal outcome plan and

actions are taken to improve consumer care.

Discharge Plan:
A discharge plan is developed when a consumer leaves Center services; it ensures the consumer will be assisted in the community through other resources or providers. The Center provides authority and provider services to consumers. Required (R) services are services the Center is mandated to provide through the HHSC Performance Contracts.

Intellectual and Developmental Disability Services & Utilization

HHSC, through the LIDDA Performance Contract, sets forth a range of Intellectual and Developmental Disabilities Services that are possible in a local service area using state funding. Betty Hardwick Center provides the following services today –

1. ***Screening (optional)****:* - Gathering information to determine a need for services. This service is performed face-to-face or by telephone contact with people. Screening includes the process of documenting consumers' initial and updated preferences for services and the LIDDA's biennial contact of consumers on the Home and Community-based Services (HCS) Interest List. In FY 26, BHC made 340 biennial contacts

2. **Eligibility Determination (required):** An interview and assessment or an endorsement to determine if an individual has an intellectual disability or is a member of the IDD priority. In FY 26, BHC provided this service to 82 individuals.

3. **Service Coordination (required):** Assistance in accessing medical, social, educational, and other appropriate services and support that will help a consumer achieve a quality of life and community participation acceptable to the consumer as described in the Plan of Services and Supports. Betty Hardwick Center provides this service to include.

    a. Continuity of Services – assisting clients move into and out of an SSLC, HCS or ICFID placement. In FY 26, BHC provided this service to an average of 10 individuals per month.

    b. HCS or Texas Home Living Program – providing Service Coordination to individuals who may receive waiver services with a comprehensive provider. In FY 26 BHC provided this service to 387 individuals in TxHmL and HCS waiver programs.

    c. Basic Service Coordination or Service Authorization and Monitoring – focused on individuals who live in the community. In FY 26, BHC provided this service to 295 individuals enrolled in our local community who live independently or with family and are not enrolled in waivers.

4. **Crisis Intervention Specialist (required):** Provides crisis support to individuals and families, coordinating with clients and families about available IDD services, collaborating with Transition Support Teams, Service Coordinators and treatment teams, consultation with Mobile Crisis Outreach Team staff, developing crisis respite plans and providing crisis follow up and relapse prevention support. In FY 26, BHC provided this service to 71 individuals.

5. **Crisis Respite – Out of Home (required)**: Therapeutic support provided in a safe environment with staff on-site providing 24-hour supervision to an individual who is demonstrating a crisis that cannot be stabilized in a less intensive setting. In FY 26, BHC provided a total of 81 hours.

6. **Respite Services (required)**: Services provided for temporary, short-term, periodic relief of primary caregivers. During FY25 this service will transition from being a facility based to voucher-based service. In FY 26 BHC provided this service to 32 individuals

7. **Community Support (optional):** Individualized activities that are consistent with the consumer's person-directed plan and provided in the consumer's home and at community locations. Supports include:
   - habilitation and support activities that foster improvement of, or facilitate, a consumer's ability to perform functional living skills and other daily living activities.
   - activities for the consumer's family that help preserve the family unit and prevent or limit out-of-home placement of the consumer.
   - transportation for a consumer between home and the consumer's community employment site or day habilitation site; and
   - transportation to facilitate the consumer's employment opportunities and participation in community activities.

   In FY 26, BHC provided this service to approximately 68 individuals.

8. **Day Habilitation/Individualized Skills and Support (optional):** 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. In FY 26, BHC provided this service to 135 individuals.

   This service is offered in a wonderful partnership with the City of Abilene, who post COVID, closed a long-term program for persons with intellectual and other disabilities. We believed this was a key opportunity to combine the program we had been operating with the city, and they welcomed partnership. The city offers a facility, which they own and maintain, and the Center operates the program.

Clients from the community pay a fee to attend, waiver and ICF clients are contracted to attend, and our general revenue clients can attend. This program has broad community support and investment – many volunteers support Special Olympic activities, arts and crafts, foster grandparents support activities, United Way purchases lunches, and this type of community driven activity is a notable example of a locally driven service option.

9. **Independent Living Skills Training (required for Nursing Facility Residents only):** Individualized activities that are consistent with the individual service plan and provided in a person's residence and at community locations (e.g., libraries and stores). Supports include:
    - habilitation and support activities that foster improvement of, or facilitate, the person's ability to perform functional living skills and other daily living activities.
    - activities for the person's family that help preserve the family unit and prevent or limit out-of-home placement of the person; and
    - transportation to facilitate the person's employment opportunities and participation in community activities, and between the person's residence and day habilitation site.

    In FY 26, BHC provided this service to 4 individuals. The Center contracts with Friends for Life, a community-based provider who approached the Center with some experience delivering this service in another community. This provider brings a skill set and experience in this type of care.

10. The Center provides **CLOIP (Community Living Options Information Process)** services to residents of State Supported Living Centers. In FY26, we served approximately 200 individuals in that program.

11. The Center also operates a **Consumer Benefits Unit** that assists clients with Social Security, Medicaid and Medicare eligibility applications and ongoing reporting requirements. The CBU program served several IDD clients, assisting with initial applications, problems with Medicaid type following the unwinding, and a variety of issues related to moves between residential types.

12. Betty Hardwick Center receives funding for **Crisis Services for the IDD** population. The LMHA's Mobile Crisis Team served 30 IDD clients, and the IDD Crisis Intervention Specialist worked with 71 individuals in Fy26.

13. LIDDA staff completed1 **PASSR assessments** in FY26 providing Nursing Facility Service Coordination to approximately 30 people, and Enhanced Community Coordination to 37 individuals.

14. 99 IDD clients received **psychiatric medication clinic** services in FY26.

Services identified in the contract that Betty Hardwick Center did not provide in FY26 include the following –

Employment Assistance (optional): Assistance to a consumer in locating paid, individualized, competitive employment in the community, including:

a) helping the consumer identify employment preferences, job skills, work requirements, and conditions; and
b) identifying prospective employers offering employment compatible with the consumer's identified preferences, skills, and work requirements and conditions.

In FY 26, BHC did not provide this service. For several years, because of scarce resources for IDD community-based services at the local authority, we have developed a partnership with Texas Workforce Commission and refer clients to their services if they express interest in working.

Supported Employment (optional): Supported employment is provided to a consumer who has paid, individualized, competitive employment in the community to help the consumer sustain that employment.

In FY 25, BHC did not provide this service. For several years, because of scarce resources for IDD community-based services at the local authority, we have developed a partnership with Texas Workforce Commission and refer clients to their services if they express interest in working.

Behavioral Support (optional) - Specialized interventions by professionals with required credentials to assist a consumer to increase adaptive behaviors and to replace or modify maladaptive behavior that prevent or interfere with the consumer's inclusion in home and family life or community life. Support includes:

a) assessing and analyzing assessment findings so that appropriate behavior support plans may be designed.
b) developing an individualized behavior support plan consistent with the outcomes
c) identified in the consumer's plan of services and supports.
d) training and consulting with family members or other providers and, as appropriate, the consumer.
e) and monitor and evaluate the success of the behavioral support plan and modify the plan, as necessary.

Nursing (optional): Treatment and monitoring of health care procedures prescribed by physician or medical practitioner or required by standards of professional practice or state law to be performed by licensed nursing personnel.

Specialized Therapies (optional): Specialized therapies are assessment and

treatment by licensed or certified professionals for:

a) social work services.
b) Counseling services.
c) occupational therapy.
d) physical therapy.
e) speech and language therapy.
f) audiology services.
g) dietary services; and
h) behavioral health services, other than those provided by a local mental health authority pursuant to its contract with the Department of State Health Services
i) (DSHS); and
j) training and consulting with family members or other providers.

Vocational Training (optional): Day Training Services provided to a consumer in an industrial enclave, a work crew, a sheltered workshop, or an affirmative industry, to enable the consumer to obtain employment.

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, consumer rights, and staff development.

Resource Development and Allocation

The Center's primary funding comes from State general revenue in addition to block grant funds, local match funds and Medicaid earned 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, increase 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 consumer choice, the Center explores viable contract options with available providers in our area. Center employees deliver many IDD services. We are currently contracting IDD Respite, Crisis Respite, and Independent Skills Training for nursing home residents. We refer clients needing employment services to Texas Workforce Commission.

- ✓ Utilization Review & Management: Through Utilization Review and Utilization Management processes and analyses, Center resource utilization becomes more focused and productive. Utilization Management monitors service and assists in determining if services are 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 grant programs continues at the Center when deemed appropriate. Presently, our Day Habilitation Program utilizes local grant funds from the United Way of Abilene and has been granted donations from the Community Foundation of Abilene.

- ✓ Third-Party Billing: An effective administrative and clinical process aggressively monitors and supports management of third-party billing. Services to consumers on Medicaid or with third-party billing are maximized to augment this revenue stream. A Consumer Benefits Assistance program is in place to assist clients obtain and retain Medicaid eligibility. Electronic billing has enabled the Center to expedite the payment process. The IDD Authority Unit continues to monitor Targeted Case Management billing through QM activities.

- ✓ Collaboration with other Service Providers: The Center participates in the Community Resource Coordination Groups for Children and Adults by providing at least one representative to each group with authority and expertise in IDD services. Medicaid Waiver Providers contract with the Center to provide day habilitation services to their consumers. The IDD Authority Unit coordinates with the HCS and TxHmL providers to implement regulatory changes with the local authority functions as needed. The LIDDA staff work routinely with Abilene SSLC staff for local client transitions to and from the institutional setting, psychiatric hospitals, jails, law enforcement, schools, and other systems that serve our clients.

- ✓ Volunteers: As established by the Center's organizational by-laws, volunteers are recruited to work with the staff to help in providing cost-effective and beneficial services to our customers. Our Center's Day Habilitation program is active in Special Olympics and utilizes several volunteers as unified partners. The Center is in a community with several universities, and we actively recruit and train interns across all program areas.

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, surveys, participation in other agency's community needs assessments and networking groups, Board of Trustees meetings, Center's performance data, Center's quality improvement efforts and the PNACs. HHSC requires the Center to solicit information regarding community needs from consumers of community-based services and of state supported living centers, representatives of the local community and other interested people to inform the local service area plan. The Center asked the public, through public forums, surveys, and focus groups, to identify services and support the Center should be providing to the local community.

BHC's LIDDA staff participate in quarterly SSLC/LIDDA meetings with our local SSLC and other neighboring Centers. During these meetings, SSLC and LIDDA staff discuss the status of individuals that are awaiting placement in an SSLC, individuals at SSLC that are in the process of transitioning out, and then general programmatic updates and community issues.

The Center reviews the community's needs as identified in the local planning process and integrates as much as possible into the 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 five counties. Day Habilitation, and Individualized Skills and Support programming is based out of the Abilene locations. IDD Services provides some transportation for clients to participate in site-based services when possible. Service Coordination caseloads are reviewed and revised based on the number of consumers and consumer demographics to ensure maximum service capacity and improve access to services. Beginning in FY25, Respite services moved from a facility-based model to a voucher system. This enables the service to be provided in any of our 5 counties, based on family needs and preferences. For some time, local demand and limited resources have forced the Center to have a waiting list for services for clients who are not Medicaid recipients.

Waiting Lists

As of August 2026, the Center does have IDD individuals on Waiting Lists for the following services -

- Local Clients on the Statewide HCS interest list 1266

- Local Clients who are eligible for GR services but were not enrolled in FY 26 – 57 BHC is currently overserving our performance contract GR target for individuals served. Due to limited resources, the Center has established a waiting list for services for clients who are not Medicaid recipients. However, all individuals who seek out IDD GR services can participate in the IDD intake process to determine eligibility.
- Local Clients who are in GR services on a waiting list for a specific GR service in FY26 – 69

Areas of Focus FY27

The Center engages in continuous efforts to provide services that are meaningful in our community. Both front line and leadership staff work with clients, families, and providers on an ongoing basis. The Planning and Network Advisory Committee helps bring client and community input into service planning and evaluation through surveys and other tools and reviews the plan and strategies indicated in this plan to determine its effectiveness and to identify service gaps for the IDD population.

Some of the potential areas of need identified by stakeholders in recent conversations include:

- Additional education and support for clients and families about applying for Medicaid benefits,
- Ongoing education and services about autism,
- Childcare for children with intellectual and developmental disabilities,
- Additional inpatient capacity and crisis support for people with IDD who have co-occurring MH and IDD conditions,
- Family Partner services for parents with children with IDD,
- Transportation related issues in various programs including PASRR and the waivers,
- Focused training and education for public school personnel about IDD, services, and transition planning,
- Employment supports and navigation for clients seeking work, and education about social security work incentives.
- Extending ISS/Day Habilitation Hours to more closely match the workday schedule to accommodate working family's needs.
- Continue to explore ways local programs and university students may support programmatic needs to support client/staffing needs.

During FY25, the Center did apply for expansion funds for the Outpatient Biopsychosocial Approach for IDD Services (OBI) program, but we were not selected. We do not anticipate additional resources from HHSC for state funded services, and many of the identified services would require resources. We continue to explore opportunities for collaboration and grant funded projects. Based upon our anticipated budget, the following goals are anticipated –

- The Center will continue to offer voucher-based respite program across the service area.
- The Center will offer limited and reduced Community Services Skills training program due to resource limitations in FY27.
- The Center will be exploring ways to assist clients more effectively with Medicaid eligibility applications and retention as the demand for Consumer Benefits Services exceed local staff capacity.
- The Center will continue to review and evaluate the services offered in existing programs, including customer services feedback and quality management review information to improve service delivery.
- The Center will continue to collaborate with potential partners and contractors, including Texas Workforce Commission and Friends for Life, for ways we can partner to better meet needs that other agencies can provide.
- The Center will remain active in working with the State Supported Living Center, HCS, and ICF-ID provider groups so that we effectively coordinate residential placements for clients and families that request that service.
- The Center will evaluate opportunities to manage the increasing demand of local authority functions related to intake, waitlist maintenance, ICF Placements, waiver enrollments, and other LIDDA required duties, without additional state resources.