TEXAS
Health and Human
Services Commission

PERMANENCY PLANNING
Instruction Manual

September 2017

Contents

PURPOSE

This manual was developed to serve as a resource for staff responsible for permanency planning in accordance with the Texas Government Code. The manual is organized to provide specific directions and assistance in completing the process and documentation required by the Texas Health and Human Services Commission (HHSC).

- Section I provides guidance for documenting a permanency plan
- Section II provides general instructions for completing the Permanency Planning Instrument (PPI)
- Section III provides instructions by PPI section

The manual also provides links to helpful resources and tools for permanency planners.

Language and Terminology

The statute that underpins this instruction manual defines a child as a person with a developmental disability under the age of 22. Permanency planning affects individuals across a wide age range – including the very young, adolescents, and young adults. The manual generally uses the term "individual" to include this range. Where appropriate, the manual uses other terms, such as "child" and "young adult," as a reminder to ensure that planning is age appropriate and that it reflects the needs of the individual.

This manual uses the term "legally authorized representative" (LAR) to describe the entity with the legal authority to make decisions on behalf of the child. Depending on a child's age and situation, the LAR may be the parent of a minor child, a court-appointed legal guardian such as the Texas Child Protective Services (CPS), or a young adult if he or she is over age 18 and does not have a guardian. Where appropriate, the manual uses other terms such as "families" or "family members" to recognize that planning may involve discussions with family members who are not LARs.

Acknowledgement

This manual was developed by the Texas Health and Human Services Commission (HHSC) in collaboration with EveryChild, Inc.

Permanency planners should use the additional tools provided in Appendix A, including the Planning Technical Assistance Guide developed by EveryChild, Inc. The guide has information on the permanency philosophy and its legislative basis; and guidance on engaging families/LARs and young adults in discussion of family options and achieving permanency.

I. GUIDANCE FOR DOCUMENTING A PERMANENCY PLAN

The purpose of permanency planning is to help children achieve family life—a permanent living arrangement with the primary feature of an enduring and nurturing parental relationship—in keeping with the state's policy to ensure that each individual receives the benefits of being part of a successful permanent family as soon as possible. The PPI was designed to document permanency planning efforts. Completing the PPI requires an understanding of how permanency plans are developed.

Permanency planning involves three major activities: (1) obtaining background information to understand the individual who is the target of permanency planning, his or her history, and his or her family and other significant relationships, (2) setting goals regarding family-life by engaging the family and LAR and the individual in the discussion of options, and (3) identifying action plans to achieve goals and reviewing and revising plans as needed. The PPI documents these permanency planning activities. The PPI is not intended to be used as a questionnaire for an interview.

Permanency planning is not a single event or meeting—it is instead a process that occurs over a period of time. However, the planning process must culminate in a written plan every six months for as long as the individual lives in a facility.

Information to complete the plan may be gathered directly from personal observations; reviews of records; discussions with the individual, family members, significant others, and the LAR; and discussions with other available informants, including but not limited to past and current facility staff, caregivers, and other service providers.

Each section of the PPI is designed to capture specific information. Each section is an important piece of the total picture and the overall process involved in developing the permanency plan. Some sections of the PPI call for filling in facts or checking relevant boxes. Other sections call for narrative explanations of information.

The guidance that follows is intended to assist in understanding what is expected for each of the sections requiring narrative information including:

- Information about the individual
- Individual's pre-placement history
- Individual's relationships with the family or LAR and significant others
- Goals for the future
- Supports needed to accomplish Goal 1 or 2
- Action plan for next six months to achieve goal

The guidance offers “DO’s and DON’Ts” for correctly documenting permanency planning, followed by examples for three minor children and one young adult:

- Carter: age 5 who lives in a nursing facility,
- Maria: age 15 who lives in a Home and Community-based Services (HCS) waiver group home,
- Jaydon: age 13 who lives in a small intermediate care facility for individuals with an intellectual disability (ICF/IID), and
- Devon: age 19 who lives in a state supported living center (SSLC).

INFORMATION ABOUT THE INDIVIDUAL

PURPOSE

The purpose of this section is to provide a brief “snap shot” of the individual to ground the detailed information and planning activities that follow.

GUIDANCE

The information in the description of the individual should be thorough enough that a person unfamiliar with him or her could use it to form a mental picture. However, it should be presented as briefly and concisely as possible.

The narrative description is the first thing a reader will see. It is more than a summary of disabilities and limitations. It should be a description of the individual as a person—what someone who really knows him or her would know. Include information based on your personal observations and interactions and brief quotes or paraphrases from those most familiar with the individual.

DO’s and DON’Ts

- Information should be provided in everyday language.
- The description should be distinct enough that it would not easily describe another person. Do not use a generic template that requires only minor changes. Include details—in general two or three lines is not adequate.
- Health information may be condensed but should stand alone. Do not merely refer to other documents (e.g., do not say “see medical report”).
- Consider the prompts on the form. Be sure you’ve provided a full picture of the individual including:
    - Age (as of the date the permanency plan is completed)
    - Gender
    - Ethnicity
    - Observations at facility (Complete in person if possible, but if not ask facility staff what an observer would see if present onsite.)
    - Physical appearance (What would another observer notice?)
    - Communication methods (What methods reportedly work or do not work? Does the person’s familiarity with the individual or vice versa, affect the success of a particular method?)
    - Mobility methods (What methods are used both inside and outside the facility?)

Carter *is an adorable 5 year-old boy with light brown curly hair, blue eyes, and chubby cheeks. I visited Carter in the nursing facility twice in the past two months. During one visit I sat with him while he was awake. He turned his head when I spoke to him. When I held his hand, he lightly squeezed my finger. On the second visit, he was asleep in his wheelchair. He sleeps a lot but is starting to keep his eyes open for longer spans of time. He shares his room with another boy who is 12 years old. Their room is decorated in a Batman theme. Carter is generally happy and playful except when in large or noisy groups or unfamiliar surroundings. He communicates primarily through relaxed facial expressions and making "cooing" or humming noises when he experiences something pleasurable, or groans, facial grimaces, and fidgeting when he is uncomfortable or unhappy. He can be soothed by moving him from the situation and by familiar people speaking calmly and reassuringly. He is startled by loud noises. He doesn't move around a lot, but is able to lift his arms. He is unable to walk and uses a customized wheelchair with attachments for the medical equipment he needs for breathing. He needs someone to push it for him. Carter likes to be talked to and held. He also likes soft music and being outside. He recognizes familiar staff and responds by relaxing in their presence. His family reports that when they say goodbye after a visit, he "makes gurgling noises and reaches up toward them."*

> *Personal care needs:* *Uses a G-Tube for nourishment, wears diapers and needs to be dressed and groomed by others, is cooperative but unable to assist.*
>
> *Communication methods: Uses facial expressions and non-word vocalizations.*
>
> *Mobility methods: Uses customized wheelchair.*
>
> *Ability to self-direct: Unable to direct care or make decisions regarding health and well-being due to age and intellectual disability.*
>
> *Current physical health conditions: Chronic respiratory failure: ventilator, pulse oximeter monitoring, nebulizer. Gastroesophageal reflux disease: G-tube and feeding pump. Cerebral palsy: positioning and adaptive equipment.*
>
> *Additional medical Information: Carter's disability is a result of abuse as an infant requiring hospitalization and discharge with a ventilator and G-tube. His physician is considering whether he can be weaned from continuous use of the ventilator beginning with brief trial periods. Carter has frequent constipation and insomnia.*

Maria *is a pretty 15 year-old with long dark hair of Hispanic descent, warm brown eyes and a love of all things pink and "girly." She is slightly overweight but of average height for her age. When I visited her at the HCS group home she was lying in her bed watching videos on her iPad. Her nails were polished in purple and she had a stuffed pony in her lap. The TV was turned to the Disney Channel but she ignored it. Maria is very social and* *talkative and people are drawn to her outgoing personality. Although her speech is somewhat difficult for strangers to understand, she is readily understood by those who are close to her. Her talkativeness can sometimes be problematic in school when she is supposed to be working in a group. She doesn't easily take turns when speaking with others. She likes to be busy. She likes to be helpful, such as carrying a message or folding towels. She likes to be on the go – movies, shopping, the park, going out to eat. When she is frustrated by not being understood or not being able to be as active as she would like, she will sometimes yell, throw things, or hit. She uses a manual wheelchair which she is unable to maneuver and requires being pushed by others. She has limited use of her hands but uses a mouth stick to push items within reach or on her wheelchair tray. She likes clothes with lace and frills and having her nails polished. She likes dolls and stuffed animals and watching videos. Her room is filled with her favorites. Maria says she wants to live with "a family with a sister, a dog, and a big house."*

> *<u>Personal care needs</u>: Needs to be fed due to limited use of her hands, needs others to dress and groom her, and can indicate the need for toileting but needs physical assistance to get on and off the toilet.*
>
> *<u>Communication methods</u>: Communicates verbally although somewhat difficult to understand by strangers.*
>
> *<u>Mobility methods</u>: Uses manual wheelchair pushed by others.*
>
> *<u>Ability to self-direct</u>: Able to express wants and personal needs; and needs assistance and protection of a responsible person to make decisions regarding health, placement, and service planning.*
>
> *<u>Current physical health conditions:</u> Quadriplegia, chronic urinary tract infection (UTI), and preventive medication and treatment for UTIs.*
>
> *<u>Additional medical information</u>: Maria uses positioning blocks and pillows when in bed. She has used splints on her hands and wrists.*

***Jaydon** is a cute 13 year-old teenager of Vietnamese descent with black hair and dark brown eyes and an engaging smile. He is physically small for his age. When I visited him at the ICF/IID he looked unhappy and had a frown on his face. I smiled at him and he looked at me briefly before returning his attention to the tablet being adjusted by an aide, and resumed frowning. After a few minutes the aide was able to access the animation movie Nemo. Jaydon grabbed it and immediately fixed his attention on the screen and relaxed. I came back later and he showed me a truck he was playing with in his room. Jaydon is alert and watches his environment. He communicates by using quite animated facial expressions and pulling people toward him or something he wants. He is always on the go, moving around and jumping from one activity to another. He is easily distracted and has difficulty staying engaged, even when it involves something he likes, but especially when it involves something he dislikes. When frustrated he may push or strike out at* *others who are in his way or whom he sees as preventing him from doing what he wants. He likes being at school and becomes frustrated when he can't attend on his usual schedule due to teacher training days or holidays. He likes toy trucks and cars. His favorite television show is Sesame Street. He likes to go outside. He likes people and does not like to be ignored or to be alone. He likes soft physical touch and having his head rubbed.*

Personal care needs: Able to feed himself with a built-up spoon if food consistency is easily scooped. Needs physical assistance with dressing and grooming but cooperative and able to help by raising his arms.

Communication methods: Uses animated facial expressions, pointing, and pulling people toward what he wants.

Mobility methods: Walks and runs without difficulty.

Ability to self-direct: Expresses wants and needs using non-verbal communication abilities; has an intellectual disability; and requires protection of a decision-maker for health, safety, and well-being.

Current behavioral health conditions: Attention Deficit Hyperactivity Disorder (ADHD), prescription for ADHD medication, autism, and behavioral support plan

Additional medical information: Jaydon was born prematurely necessitating a three-month hospital stay during which he required a ventilator and feeding tube. He has had an adverse reaction in the past to several medications used to treat his ADHD.

***Devon** is a young 19 year-old African-American man who is tall and chunky but physically fit. I was unable to visit him in the SSLC but talked with the aide who is generally assigned to his care. In describing Devon, she said, "he sometimes seems scary but is really a big teddy bear when you get to know him." He likes to watch basketball and shoot hoops, but he doesn't like to be part of a team. He makes himself understood both verbally and by his physical stance. When he is in a situation where he is comfortable he can be relaxed and funny, but in new situations he can seem intimidating to people he doesn't know. He uses his height and size to fend off someone who comes too close or if he feels threatened. He wants to be seen as an adult and objects to activities that he describes as being "for babies." Devon says he wants to live in his "own place" near his family in Houston.*

Personal care needs: Is independent using all utensils for eating, able to dress and perform grooming independently, needs reminders about the frequency of grooming, and is independent in toileting.

Communication methods: Communicates verbally.

Mobility methods: No concerns.

<u>Ability to self-direct</u>: Makes wishes known but needs assistance with decisions involving weighing risks and benefits.

<u>Current behavioral health conditions:</u> Intermittent explosive disorder with a behavior support plan. Receives psychotropic medications.

INDIVIDUAL’S PRE-PLACEMENT HISTORY

PURPOSE

The purpose of this section is to understand the past for clues in developing plans for the future possibility of an individual returning home, living with another family, or living in his or her own home as an adult. Determining what supports the family had when the individual was living at home may suggest changes in circumstances or availability of supports since then that might now enable an individual to return home. Historical information gathered should also provide clues about supports another family might need to care for him or her. Reviewing the history and previous placements may also shed light on trauma that the individual or family experienced that would need to be considered in discussions about another potential move.

GUIDANCE

The individual’s history before admission to the facility, calls for details about the individual and family or LAR’s situation or circumstances, and what supports were or were not available or useful when the individual lived at home. The individual and family or LAR may need help articulating what their needs were at that time beyond simply stating that they could no longer care for their child. Identify when, why, and how often the individual has moved between placement settings. The individual’s history likely will include multiple factors that contributed to out-of-home placement, including the individual’s disability, the individual and family or LAR’s circumstances, and the system’s capacity (or lack thereof) in providing supports. It is important that all factors be captured.

In talking with families/LARs about their history, be aware that they want you to know their decision to place the individual was based on a difficult situation and that it was the best decision at the time under existing circumstances. While the discussion may revisit a difficult time in the individual and family or LAR’s history, it may also serve as an opportunity for the individual and family or LAR to feel heard and understood.

Families/LARs may have told their “story” many times before. While you need to be sure you have captured their child’s history and their perspective, you do not have to ask them to repeat their story at each permanency planning review. You can summarize what you understand and then inquire if you have it right. This can lead to inquiring about changes in circumstances since their child was placed. This discussion is directly related to exploring the possibility of their child being able to return home as a future goal.

There may be situations in an individual and family or LAR’s history that involved CPS formally (e.g., an investigation or finding of abuse or neglect) and/or informally (e.g., the threat or fear of a report to CPS). Remember that the completed PPI can be reviewed by the individual and family or LAR and the facility. It should provide necessary information that is worded as sensitively as possible, to respect the individual and family or LAR without divulging more information than necessary for the purpose of permanency planning.

DO’s and DON’Ts

- Do not simply state “The child could no longer be cared for by the family” or “The family had no support.” Add specific details to explain that conclusion.
- Provide specific details about the nature of the individual’s needs and the circumstances that affected the family’s ability to meet that need. Do not simply state that the individual was placed “because of his medical needs” or “because of her behavior problems.”

Carter*’s disability was the result of abuse by his birth father which resulted in the father’s incarceration. CPS awarded Carter’s grandfather, John Smith, custody of Carter and his brother, James. Carter was released to the nursing facility directly from the hospital after treatment for his injury. While Mr. Smith loves Carter, he was uncomfortable assuming responsibility for his care given the extensiveness of Carter’s medical needs and his own age and health. He felt Carter was “too fragile” and he was afraid of the ventilator. He felt Carter needed 24-hour nursing care.*

Carter has not lived with his family since the injury that led to his current disabilities. Neither his grandfather (who became his guardian) nor any of Carter’s extended family members were willing or able to have him live with them, even with nursing support. His grandfather sought placement for Carter near his home, but the only provider willing to accept a child with a ventilator was Carter’s current facility. No alternate family possibilities were available, or offered to Mr. Smith, when he placed Carter in the nursing facility.

Maria *was born with significant medical needs resulting from lack of oxygen. Her parents divorced when Maria was five years old. Her mother provided day-to-day care for Maria and her siblings as a single working parent for five years after the divorce. With upstairs bedrooms, the family home was not set up to accommodate Maria’s wheelchair. Maria was growing and getting physically larger, making it more difficult for her mother to lift and carry her up stairs. Ms. Hernandez was trained and understood Maria’s needs and was able to provide care but not at the around-the-clock intensity she felt Maria needed.*

Maria initially received personal care assistance for 12 hours a day but it was reduced to 8 hours a day. Her mother began to experience health problems of her own which she believes were exacerbated by a lack of sleep, exhaustion from lifting and carrying Maria, and having to provide extensive physical assistance for Maria's daily needs. Maria was on an interest list for a Medicaid waiver for five years with an anticipated wait of three more years.

***Jaydon** was born prematurely and had complications as a result. He remained in the hospital for three months undergoing numerous procedures, including mechanical ventilation and feeding. His parents were caring for three other children (ages 3, 5, and 8) when Jaydon was born. He lived at home until age eleven. He required very close supervision to prevent him from running in the street or injuring himself or his siblings due to his impulsiveness and lack of awareness of safety or the impact of his actions on others. His parents struggled with competing demands on their time to meet work obligations, Jaydon's needs, and the needs of his active older siblings related to outside activities like soccer, dance classes, and music lessons. They learned about the facility by searching the internet. They were impressed by the specialized care offered and the fact that the facility had been around since the 1980s.*

Jaydon's parents both worked. Jaydon was not eligible for Medicaid and the family's insurance plan did not cover personal care assistance which they felt they needed. Extended family members lived in other states and were unavailable to assist.

***Devon**'s mother struggled to care for Devon and his four siblings as a single parent. When Devon was 12 or 13 years old, he began to have problems in the neighborhood. To maintain her job, Devon's mother frequently relied on her teenaged daughter to supervise Devon after school, who allowed Devon to go out in the neighborhood unsupervised. He was taunted and bullied and sometimes responded by hitting. Devon did not have the kind of guidance he needed to learn how to handle himself in a difficult environment. Neighbors complained that Devon was hitting their children and called the police on multiple occasions. Although no formal charges were filed, the risk of future charges was high.*

His mother felt she needed to get Devon specialized help and sought an out-of-home placement. At age 16, Devon moved to an ICF/IID that she was told offered special training. Devon was placed but subsequently asked to move when his behavior proved more challenging than the facility was able to handle. When he was similarly asked to leave the second facility, he had nowhere else to go and was admitted to the SSLC.

Devon did not receive any formal services when he lived at home with his mother. He attended school during the day but had frequent absences, attributed to Devon being unwilling to go to school some days or the school sending him home other days after some kind of behavioral incident. When Devon was young, his mother was able to send him to a camp for children *with special needs, but as he grew older and had several incidents at camp involving fights with other campers, he was no longer accepted in the program.*

INDIVIDUAL'S RELATIONSHIPS WITH THE FAMILY OR LAR AND SIGNIFICANT OTHERS

PURPOSE

The purpose of this section is to understand the individual's personal relationships with an eye toward achieving permanency—a living arrangement with the primary feature of an enduring and nurturing parental relationship. Relationships include those with family members and significant others, both current and past. For individuals unable to live with their parents or LARs, a parental relationship may be fulfilled by another family member or significant other who is emotionally committed and able to fulfill the parenting role, and as a result, provide the sense of belonging that a parental relationship offers.

Information about relationships can assist in identifying the potential for return home or finding another family that could provide a home and parental relationship. It can also suggest activities to increase interaction of the individual with people who are important to him or her.

GUIDANCE

The description of relationships calls for information about the extent to which family members and others significant to the individual are currently actively engaged in his or her life or could resume engagement. The description also calls for details regarding contacts and participation in planning.

Family. Consider immediate family as well as extended family members. Include details about their level of engagement and identify barriers to their interaction. Identify factors that affect their interaction in their child's life.

Significant others. Consider the people who are already part of the individual's life in addition to those who have been important in the past. Be particularly alert to relationships with current and former caregivers or service providers that have extended beyond their employment responsibilities. Such individuals may provide leads to consider in becoming an alternate family or helping to find an alternate family.

Consideration of relationships has two major implications for permanency planning: (1) supporting continuing engagement of important people in the individual's life, and (2) exploring the possibility that important people in the individual's life might offer a family home.

DO's and DON'Ts

- Do not limit your comments to simply "He is close to his family." Add details that provide evidence for the conclusion of closeness.

- Provide details about the frequency and pattern of visits and other types of interactions. Do not simply state "The family visits regularly."
- If the family visited infrequently or never, do not simply state that fact. Add details about any factors that may contribute to the low frequency or lack of visits, such as geographical distance, lack of reliable transportation, or inability to afford transportation. Where distance is a factor, identify the miles from the family's home to the facility and the time it would take to drive there or travel using public transportation.
- Note if there are discrepancies between the family's report of visits and interactions and the facility's report. It is possible that family visits were not accurately documented by the facility or that the family did not accurately remember when they visited last. Remember, the PPI will be made available to both the family and the facility so be particularly sensitive in addressing such a discrepancy.

Carter*'s maternal grandfather (John Smith) has had custody since 2011 and makes all medical and service decisions. Mr. Smith contacts the facility by telephone weekly to check on him. He lives in Samson, Texas, which is approximately 135 miles (a 2-hour drive) from the facility. He has difficulty visiting as often as he would like because his health limits his ability to drive the long distance. He usually visits Carter twice a year. His last visit was in February 2016. He has been unable to visit in the past six months due to illness.*

Carter's grandfather is readily available by phone and reliably responds to correspondence regarding Carter. He participated in this permanency plan review by phone and participated in person at the facility meeting to develop Carter's individual plan of service in February 2016.

Carter has a close relationship with his grandfather and lights up when he sees him. Carter's parents' rights have been terminated. Carter's father is currently incarcerated and last saw him in 2011. His biological mother has permission to make supervised visits but has not had contact with him since 2011. Carter has a 19 year-old brother, James Brown, who visited along with his grandfather once last year. His sister, Linda Brown, who lives with Carter's mother, has not seen Carter since 2011. One of the nurses at the facility is particularly fond of Carter and has permission from his grandfather to visit Carter on her days off.

Maria*'s family visits her on a regular schedule and speaks to her several times a week via Skype or FaceTime. Her mother and father who are divorced share custody. Her mother visits the facility once a month and her father visits twice a year. Her parents occasionally bring her two siblings. Both parents live in San Marino, Texas, which is 200 miles (a 3 hour drive) from the facility.*

Maria's mother participated in the facility's plan of service by phone and both parents participated in separate phone calls for this permanency planning review.

Maria and her family are close. She has regular contact despite their distance. She talks about her family a lot and has pictures of them on her night stand. Maria's maternal grandmother (Gina Henderson), aunt (Teresa Gomez), stepmother (Linda Hernandez), and siblings (10 year-old Manuel and 12 year-old Tito) also visit once or twice a year. Maria receives cards on her birthday and holidays from a former nurse who provided in-home care for her when Maria lived at home five years ago.

***Jaydon**'s parents live in Dallas which is approximately 180 miles (a 3-hour drive) from the facility. Jaydon's father is an attorney and his mother is a school teacher. They and their other three other children visit Jaydon once every other month. They stay overnight and take Jaydon out for rides and a visit to his favorite children's play-scape. Jaydon's parents speak by phone to him and staff at the facility at least twice a week.*

Jaydon's parents reviewed the facility's annual individual care plan that was sent to them and contacted the facility with questions and concerns. They participated by phone in this permanency plan review. They also communicate regularly with the school. Both of Jaydon's parents participated in a meeting at his school to develop his Individual Educational Plan.

Jaydon's parents are devoted to him. Jaydon loves being with his parents and three siblings, and especially likes sitting near his older sister, 15 year-old Cara. No one other than family members has a continuing presence and role in Jaydon's life.

***Devon**'s mother lives in Houston about 20 miles (a half hour drive) from the facility. She lives with Devon's two sisters and two stepbrothers. She does not have a reliable car and reports she has been unable to afford gas to visit Devon as often as she would like. She has not visited in the past six months. She reports she has called twice in the past six months to check on him but did not speak to Devon.*

Devon's mother has moved frequently and mail regarding the plan of care meeting scheduled for February 2016 was returned undeliverable. However, she provided her new address when she called in May 2016. She did not participate in the annual plan of care meeting at the facility in February 2016. She participated in this permanency plan by phone. She is generally available by phone, although it may require leaving several phone messages before she returns the call.

Devon misses his family and talks about them often. He keeps an old photo album in his dresser. Devon also speaks frequently about "Danny" who appears to be a former staff person in a facility where Devon used to live, but his whereabouts are unknown and he has had no contact since Devon moved to the SSLC. Sheila Hastings, one of the staff members at the SSLC, has expressed particular interest *in Devon. She has known him since he moved to the building where she works as a direct care staff. Her interest includes willingness to explore the possibility of Devon coming to live with her.*

GOALS FOR THE FUTURE

PURPOSE

This section should summarize the discussion with the individual and family or LAR regarding identification of a goal for the future that is consistent with the state's policy to ensure that each individual receives the benefits of being part of a successful permanent family as soon as possible. The summary should document the information provided to the individual and family or LAR regarding family-based options, and identify the level of support for a family-based goal. Discussion of supports needed to enable family life is a necessary element of the selection of options.

GUIDANCE

Addressing goals for the future is a central function of permanency planning. Discussion of a family-based option as an alternative to facility care represents the heart of the permanency planning. It requires engagement with the individual and family or LAR to assure a full understanding of permanency and the options available to achieve it. Extensive guidance about how to discuss options is provided in EveryChild's Permanency Planning Technical Assistance Guide.

Permanency goals include family-based options:

1. Return home or move to own home with access to needed services
2. Family-based alternative with access to needed services

Note that the goals are contingent on adequate support. Family-based options assume access to needed services as a condition of choosing the goal. In order to make an informed decision, an individual and family or LAR needs to know what services and supports are available to support a family-based goal, which, for a young adult, includes the option to live in a home of his or her own. You will need to explain the services and supports that are needed. You should also provide and refer to relevant informational documents.

Individuals and families or LARs may be uninformed or misinformed about the differences between CPS foster care and alternate families in the developmental disability system. Families/LARs who are not involved with the CPS system may mistakenly believe that their rights regarding their child will be limited if they choose an alternate family. It is important to provide assurance that parental/legal rights regarding their child (e.g., full decision-making or limitations involved in custody orders) will continue if they choose an alternate family.

Family options are appropriate for young adults as well as minor children. Secure emotional relationships with a parent are just as important for young adults as they are for young children, and can enhance independence. Many young adults prefer a lifestyle whereby they can enjoy the benefits of family life. A family can be the best option for a young adult, as long as he or she is treated as an adult, the living arrangement is safe, nurturing, and voluntarily chosen by the individual.

Permanency planning respects the decision-making authority of families/LARs and individuals without guardians. However, the preferences of individuals should be solicited, considered, and honored by incorporating the principles and practices of self-determination. This means that children, teens, and young adults should be engaged in age appropriate ways and their views solicited to understand the life-style they prefer. Young adults age 18 or over are assumed competent to make decisions unless a guardian has been appointed by a court. Even when authority for decisions is held by someone else (e.g., court-appointed guardian) every effort should be made to include and honor the wishes of the individual.

Inform the individual and family or LAR they may request a volunteer advocate to assist them in understanding their options and making decisions. Based on discussions with the child or young adult and the family or LAR, the permanency planner will select the goal that best fits the individual's need for permanency and the family or LAR's preferences. Select the best fitting permanency goal that the system can work toward on the individual's behalf.

In selecting a goal, consider the following:

- Permanency planning reflects family-based goals that are consistent with the permanency statute. It is possible that not all families/LARs are in agreement with one of the two family options. In that situation, the more likely of the two goals should be selected by the permanency planner and the lack of agreement with either goal should be noted and described in detail in the summary section.

- It is possible that there may be lack of agreement between a young adult and his or her parents or LAR. If the young adult does not have a legal guardian, his or her preference should guide the selection of a goal and level of support of the goal. If he or she has a legal guardian, the guardian's preference should guide the selection of a goal and the extent of support of the goal. However, in both cases, the preferences of both parties should be noted in the summary.

- Some families/LARs may prefer a community-based option other than a family, such as a group home. Some young adults may prefer a home of their own. Such choices may be preferred, but do not constitute a permanency goal, which has the specific purpose of achieving a family living arrangement. The permanency plan should indicate if there is a preference for a non-family community option and note how planning will be handed off to service coordinators responsible for assisting with transition to such an option.

- It is possible that concerns about the facility may be given as a reason for seeking an alternative. Families/LARs or individuals may wish their concerns to be kept confidential for fear of discomfort, or even retribution, in their ongoing interactions with facility staff. Depending on the concern, you will need to decide what requires reporting (e.g., abuse or neglect) and how to reflect the concern in the PPI.

For families/LARs who clearly prefer one of the permanency goals of family life (Goal 1 or 2), the permanency planning task shifts to addressing needed services and supports and an action plan to achieve that goal. For families/LARs who are initially less comfortable or who do not support a goal for family life (Goal 1 or 2), the task of permanency planning is to assure an informed decision based on fully understanding the benefits of family life and the options for achieving it.
DO's and DON'Ts

- Do not simply state "The family does not want their child to move" from the facility to an alternate family or return home. Add specific details about why (e.g., what benefits the LAR sees in the facility or specific concerns about a family option). It can be helpful to include quotes in the PPI to accurately capture their perspective.
- For families/LARs that want their child to return home but are unable to do so at the current time, add details about when they envision the possibility and under what conditions.
- Provide an indication of the depth of your discussion with the individual and family or LAR (e.g., brief or extensive) and provide specific details about what you covered and how they responded. Do not simply indicate "I spoke to the parents and explained the options."

Carter*'s grandfather, Mr. Smith, and I have spoken by phone at least monthly over the last six months. He has expressed the wish for Carter to live closer to him, but continues to feel unable to have him return home. No family members or friends are available to offer their home to Carter. I described how children I know have thrived in alternate families. I explained the host home service available through the Medicaid HCS waiver program. After multiple conversations with me, Mr. Smith indicated he would like to consider an alternate family and agreed to accept the HCS waiver to accomplish this. He would like to meet HCS providers in his area and potential alternate families. I talked with Carter's grandfather about the next steps that could involve working with EveryChild and HCS providers to look for potential alternate families to consider. I indicated the nurse who visits on her days off could be approached about the possibility of becoming an alternate family for Carter. I provided Mr. Smith with a Guide to Choosing a Support Family.*

Maria*'s mother, Ms. Hernandez, is unwilling to consider Maria's return home because she fears inadequate support and is hesitant to consider an alternate family due to fear of abuse. I spoke to Ms. Hernandez on the phone about Maria and her wishes for Maria's future. I explained the supports available through Medicaid and the HCS waiver program that Maria is enrolled in. I described family supports and the host family home option under the waiver.*

I also sent a copy of the publications: "<u>A Message for Families</u>," "<u>An Explanation of IDD Services and Supports</u>," "<u>Know Your Options</u>," and provided a link to "<u>DADS Services by County</u>." Maria's mother said she and her ex-husband are pleased with the services that Maria gets in the HCS group home and at school. She would like to have Maria home but worries that support would be cut again as it was when Maria was previously at home. I discussed alternate families at length with Ms. Hernandez, in particular the HCS host home option. She was reluctant to consider another family and expressed concern about stories in the paper about abuse in foster homes. We talked about the oversight of HCS host home families and the fact that she could choose the family to care for Maria. I described the idea of shared parenting and my experience with a family who formed a relationship with an alternate family they chose that they now view as extended family. She was reluctant but agreed to meet some other families who have chosen an alternate family for their children through HCS.

***Jaydon**'s parents, Mr. and Mrs. Allen, are interested in having Jaydon return home but not at this time. They prefer bringing him home at some point in the future over moving to an alternate family. The family feels Jaydon's needs are best meet in the facility while they learn more about supports and services. Their goal is to eventually have Jaydon return home but they feel that it may take over a year. I had a very lengthy phone conversation with Jaydon's father. We talked about the family's visits with Jaydon. We discussed how the family is preparing for his future. Mr. Allen indicated he and his wife talk about Jaydon returning home on a weekly basis. They have consulted with their minister to help them think about his future. I offered to speak with the minister if they wished. I went over the information sent after the last review including "<u>An Explanation of IDD Services and Supports</u>" and "<u>Know Your Options</u>." I explained how an alternate family living arrangement could work and emphasized its difference from CPS foster care. I explained how they would retain the right to make decisions for Jaydon and continue to be closely involved in his life. I compared the alternate family to Jaydon living with extended family. Mr. and Mrs. Allen feel that Jaydon's needs are being met at the facility and indicated they are very pleased with the educational services Jaydon is receiving but agreed to learn more about family-based supports and services. They agreed for me to check back with them on a monthly basis.*

***Devon** wants to live in his own home near his mother. Devon's mother feels unable to care for him at home. She is skeptical about his living in his own home and whether an alternate family would be able to deal with Devon's behavior. I talked with Devon about his wishes for the future. He told me: "I wanna live in my own place near my mom." We talked about his need for people to help him. We talked about the option of people coming into his home to help him and about the possibility of living with someone who could support him as a companion. I talked with Devon's mother about the benefits of alternate families and my experience with other young adults who have done well after moving to an HCS host family or companion care living arrangement. Devon's mother is wary of moving him again in light of the* *previous failed placements. I told her about Sheila, the staff person at the SSLC who knows Devon and works well with him, who has expressed interest in the possibility of becoming an alternate family for him. Sheila has not shared this idea with Devon indicating that "I don't want to get his hopes up if it is not a real possibility."*

SUPPORTS NEEDED TO ACCOMPLISH GOAL

PURPOSE

The purpose of this section is to capture the supports that would be needed for the individual to live in a family or for the young adult to live in his or her own home. This information should flow from the discussion of family options.

GUIDANCE

The individual and family or LAR should be provided with a thorough explanation of the supports and services that are available and provided with documents describing them.

Medicaid and Medicaid waiver program services are primary sources for needed supports, however, each has specific eligibility criteria and services. You should be able to provide the individual and family or LAR with accurate information about Medicaid-funded sources of services and supports relevant to their needs. You should also be able to provide information about other sources of support. If you are not fully aware of the details of Medicaid, the various services and supports available through waiver programs and other sources of support, it is important to connect the individual and family or LAR with someone who can provide a complete and accurate picture of what services and supports are possible.

DO's and DON'Ts

- Supports needed should be identified whether available or not. Do not limit the list to only those services for which there is known funding, existing programs, or current access.
- Descriptions should be brief but should provide enough details to suggest the rationale for the service category.

Carter

Architectural Modifications	Needs home that is accessible for use of his wheelchair and walker
Durable Medical Equipment (DME) and Supplies	Needs a wheelchair, walker, ventilator, and feeding pump and related tubing, diapers, and wipes
Family-Based Alternative (FBA)	Needs assistance to find an alternate family
In-Home Health Services	Needs in-home nursing for medical supervision and intervention for ventilator and gastrostomy feeding
Nighttime Supervision	Needs medical supervision and intervention for ventilator
Ongoing Medical Services	Needs primary care physician and pulmonary and gastroenterology specialists
Respite: In Home	Needs opportunity for routine caregiving break
Special Equipment (include Adaptive Aids)	Needs positioning equipment and specialized car seat
Therapies	Needs occupational, physical, and speech therapy
Other Training for the Caregiver	Caregiver needs training regarding ventilator and gastrostomy feeding

Maria

Architectural Modifications	Needs home to be accessible for her wheelchair
DME and Supplies	Needs wheelchair. Needs adapted motorized chair to enable self-propelling with a mouth stick.
FBA	Needs assistance to explore the possibility of an alternate family
Ongoing Medical Services	Needs primary care physician and orthopedic specialist
Personal Assistance: Activities of Daily Living (ADLs)	Needs physical assistance with bathing, grooming, and toileting
Respite: In Home	Caregiver may need opportunity for a break
Special Equipment (include Adaptive Aids)	Needs mouth stick controlled devices
Therapies	Needs physical and occupational therapy
Specialized Transportation	Needs access to vehicle that can accommodate wheelchair

Jaydon

Architectural Modifications	Needs home with safe enclosed yard
Behavioral Intervention	Needs positive behavioral support plan
Child Care	Needs an after school program while parents are at work
DME and Supplies	Needs diapers
MH Services, Counseling	Needs monitoring of psychotropic medications
Ongoing Medical Services	Needs primary care physician
Personal Assistance: ADLs	Needs physical assistance in toileting and other self-care activities evenings, weekends, and holidays
Special Equipment (include Adaptive Aids)	Needs built up spoon and evaluation for potential communication devices
Therapies	Needs occupational and speech therapy evaluations and services

Devon

Behavioral Intervention	Needs functional behavior assessment, in-home behavior supports, and positive behavior support strategies developed by a behavioral specialist.
Crisis Intervention	Needs an emergency plan for access to crisis services due to history of behavior problems contributing to eviction
FBA	Needs help in exploring potential host/companion care families
MH Services, Counseling	Needs evaluation and medication review of psychotropic medication
Nighttime Supervision	Needs someone available for guidance and to assure safety
Ongoing Medical Services	Needs primary care physician and psychiatrist for medication evaluation and monitoring
Personal Assistance: ADLs	Needs assistance with meal planning and preparation and supervision in the community
Respite: Out of Home	Needs arrangements for caregiver breaks
Other Training for the Caregiver	Caregivers need training in positive behavior support
Transportation	Needs assistance to use public transportation
Volunteer Advocate	Needs advocate in family’s absence to help him with understanding options

ACTION PLAN FOR THE NEXT SIX MONTHS TO ACHIEVE GOAL

PURPOSE

The purpose this section is to identify activities that can lead to achievement of permanency, in particular the selected permanency goal of a family-option. Actions should take into account the level of support for a family-based goal, the discussion about options, and the services and supports needed for the individual to live with a family or for a young adult to live in his or her own home.

GUIDANCE

Actions should be identified that further the intent of permanency policy to ensure that children have the opportunity and benefits of living with a family by returning home or moving to an alternate family, or living in their own home as a young adult. Actions should reflect steps to achieve movement to a family living arrangement. If a goal for family life is not preferred at this time, actions should reflect ways to increase the comfort of the LAR with that possibility in the future. Actions should also reflect ways to sustain or resume active engagement of the individual with his or her family or significant others as long as he or she remains in the facility.

DO's and DON'Ts

- The activities identified should be unique to the situation. Actions should not be the same for every permanency plan.
- Actions should be concrete. Do not simply say, "Provide family information." Instead, identify the specific information you provided to the family. Do not simply say, "Family will maintain contact with child." Instead identify activities that will enable or increase contact.

Carter's action steps for the next six months	**Responsible**
1. Contact EveryChild for assistance in finding an alternate family and provide contact details for nurse who visits to explore potential of becoming an alternate family	Permanency planner
2. Contact service coordinator to integrate permanency planning with individual service planning	Permanency planner
3. Provide names and contacts of providers in the grandfather's area	LIDDA staff
4. Work with HCS providers to find an alternate family agreeable to the grandfather	EveryChild
5. Coordinate waiver request when alternate family is identified	LIDDA staff
6. Provide assistance with waiver enrollment when waiver is approved	LIDDA staff
7. Develop transition planning team when acceptable alternate family is found	LIDDA staff

Maria's action steps for the next six months	**Responsible**
1. Contact EveryChild to arrange to talk with family about their experience with alternate families	Permanency planner
2. Provide family with Guide to Choosing a Support Family and an example of a Shared Parenting Agreement	Permanency planner
3. Refer to EveryChild to share experience with family and explore preferences regarding characteristics and location of an alternate family	Permanency planner
4. Arrange for family to meet with other families whose children live with HCS host families.	LIDDA staff
5. Arrange visits with HCS host families caring for children like Maria	LIDDA staff
6. Visit HCS waiver providers offering host families	Family

Jaydon's action steps for the next six months	**Responsible**
1. Contact parents on a monthly basis between permanency reviews	Permanency planner
2. Contact Parent-to-Parent to talk with other families about their experience with family support and in-home services	Family
3. Refer to other LIDDA staff to provide more detailed information to family about Medicaid coverage (including managed care), Medicaid waiver services, and Transition Assistance Services	Permanency planner
4. Speak with minister trusted by family to review options on their behalf at family's request	Permanency planner
5. Identify resources to help family learn behavior support strategies	LIDDA

Devon's action steps for the next six months	**Responsible**
1. Explore community organizations to assist with gas cards or bus tickets to enable family to visit more frequently	SSLC staff
2. Explore technology (such as Skype or Face-Time) to enable visual contact between Devon and his family	SSLC staff
3. Contact the ARC to explore a volunteer advocate to visit Devon and facilitate consideration of family-based options	Permanency Planner
4. Assure Community Living Options process explores family-based options, including the option to live in his own home	SSLC team
5. Refer SSLC staff person interested in learning about becoming an alternate family to EveryChild	SSLC staff
6. Provide HCS provider contact information to SSLC staff person interested in becoming an HCS host family/companion care living arrangement	SSLC staff

FINAL STEP

The work of permanency planning needs to be fully captured on the PPI form. After completing the PPI, step back and re-read it, considering its purpose and the document as a whole. Its purpose is to convey a permanency plan that will contribute to the possibility that a child under age 22 living in a facility will be afforded the opportunity to grow up in a family. Understanding a child's developmental need for family life underpins permanency planning. Review the plan and how well it furthers the opportunity for family life with the primary feature of an enduring and nurturing parental relationship.

II. INSTRUCTIONS FOR COMPLETING THE PPI

GENERAL INSTRUCTIONS

Completing the PPI requires an understanding of permanency planning as described in Section I of this manual. These instructions are for the PPI dated June 2017, which replaced Forms 2260 and 2261, dated October 2012.

Each section of the PPI calls for details that are unique to a particular child. Entries should be as detailed as necessary but stated concisely. The PPI is designed to allow sections that call for narrative text to expand. Prompts are provided throughout the PPI to clarify what information is expected. Assume the reader does not know the individual or the family or LAR and that information from prior PPIs is not known. Use everyday language and avoid or explain acronyms or technical terms.

The LIDDA must conduct the permanency plan within 20 days starting the first business day after:

(a) notification of the individual's admittance by the facility; or

(b) the individual's name appears on Client Assignment and Registration (CARE) System Xporter Report HC021395 (Permanency Plan Reviews Needed) and Report HC021395 (PPRS Status By Consumer).

Subsequent permanency plan reviews must be completed within six months of the previous review.

Initial permanency planning information is to be entered into CARE within 10 days after meeting with the individual and family or LAR. Permanency planning review information is to be entered into CARE within 10 days after the review date.

Responsibilities of the permanency planner include (but are not limited to):

1. Waiver interest lists. Ensure the child or young adult’s name is on appropriate waiver interest lists.
2. Documents to families/LARs. Provide the LAR with a series of informational materials.
3. Distribution of copies. Provide copies of the permanency plan to the individual and family or LAR and the facility.
4. Submit plans for children under age 10 to LocalAuthoritiesCAO@hhsc.state.tx.us for review and approval.

INSTRUCTIONS BY PPI SECTION

A. Type of review (choose one): Check as appropriate.

B. Identifying information

Individual's Name, Medicaid Number, Social Security Number, Date of Birth, and Age: Self-explanatory.

Facility Admission Date: Enter the date the individual was admitted to current facility (i.e., ICF/IID, SSLC, nursing facility or HCS supervised living or residential support).

LIDDA Comp Code and Local Case No.: Enter the component code for the local intellectual and developmental authority (LIDDA) and the individual's unique local case number assigned by the LIDDA.

Client ID/CARE No.: Enter the unique number assigned to the individual.

Review Date (MM/DD/YYYY): Enter the date of the permanency planning meeting.

Facility Name, Facility Physical Address, Name of Facility Contact, Facility Contact Telephone No.: Self-explanatory.

Family or LAR Name, Telephone No., Mailing Address and Physical Address (if different): Self-explanatory.

C. PPI completed based on (mark all that apply): Check boxes indicating all applicable sources of information used in developing the plan.

D. PPI completed by: Self-explanatory.

E. Information about the individual

1. Describe the individual, including his or her personality characteristics, attributes, likes, dislikes, behavior and reaction to others. Do not use jargon, technical terms, or acronyms. Provide a narrative documenting direct observations, paraphrases and quotes of informants, and facts from records. Include personal observations of the child or young adult and comments by him or her and others who provided information. Address each of the following:

- Description**.** Include age, sex, ethnicity, physical appearance, communication methods, and mobility methods.
- Personality characteristics and attributes**.** Include descriptors of general disposition, temperament, activity level, and alertness to environment.
- Likes and dislikes**.** Include what the individual identifies. Also include other indicators and their source (e.g., informants' reports) and what is evident from observations of the individual and his or her environment.

- Behavior and reactions to others**.** Include how the individual interacts with others generally and under unusual circumstances or particularly pleasant or stressful situations.

2. Level of intellectual disability (choose one): Check the appropriate box.

3. Sensory impairments (mark all that apply): Check the appropriate boxes.

4. Related condition diagnosed by a licensed physician, if applicable: Enter a diagnosis by a licensed physician based on documentation attesting that the condition occurred before age 22 and that it resulted in substantial functional limitations in at least three of six major life skill areas. (For more information please see Approved Diagnostic Codes for Persons with Related Conditions at https://www.dads.state.tx.us/providers/guidelines/icd10-codes.pdf

5. Personal care needs: Identify level of independence or assistance needed for activities of daily living such as eating, dressing, grooming, and toileting.

6. Communication methods: Identify the means of communication used (e.g., verbal, facial expressions, gestures, signs, use of devices), fluency, and levels of comprehension by persons both familiar and unfamiliar with the individual.

7. Mobility methods: Identify means of mobility, level of assistance needed, use of devices, and circumstances where devices or assistance are needed.

8. Ability to self-direct: Identify level of ability of the individual to understand his or her own needs, express wishes, and execute or direct others to execute preferences and choices.

F. Physical health

1. **Height:** Self-explanatory.
2. **Weight:** Self-explanatory.
3. **Individual has a feeding tube:** Select Yes or No.
4. **Individual is ventilator dependent:** Select Yes or No.

G. Current physical health needs: Enter diagnoses for all current health conditions and select Yes for any that require medication or professional evaluation, treatment, medical judgment, or monitoring. In additional information, briefly describe the interventions in everyday language (e.g., type of treatment or medical equipment, positioning device, therapy). Do not use abbreviations without explanations.

H. Current behavioral health conditions: Include mental health diagnoses or behavioral needs and select Yes for any that require medication or professional evaluation, treatment, behavioral support strategies, counseling, therapy, or monitoring. In additional information, describe the nature of the needed interventions in everyday language (e.g., type of therapy, clinical treatment, or behavioral supports).

I. Additional medical information: Include any other health information or history not covered elsewhere that should be known and discussed before an individual moves out of the facility.

J. Individual’s preplacement history

1. Describe the circumstances that first prompted the family or LAR to seek a living situation for the individual outside the family or LAR home: Provide details about the family or LAR’s situation when placement out of the family or LAR home was sought. The circumstances should include those related to the individual’s disability (e.g., housing that could not accommodate a wheelchair, family discomfort with medical or mental health needs) as well as any unrelated to the disability but which may have affected caring for their child (e.g., poverty, rural location, number or age of other siblings, parent illness or disability).

2. What type of help or support did the family or LAR receive in caring for the individual at home and who provided it? What did and did not work? Provide details about the services and supports that the family or LAR needed when the child or young adult was living with his or her family or LAR and of those, which were and were not received.

3. Reasons that led to the individual’s initial facility placement (mark all that apply): Check boxes as appropriate to the child or young adult’s history.

4. Beginning with the first out of home placement, list all placement settings in chronological order. Include any interim placements in foster care or the family or LAR home.

- **Placement Setting:** Enter the name of the facility, agency, or provider, if applicable.
- **Dates Placement Began and Ended:** Indicate actual dates of admission and discharge if known. If unknown, indicate the closest approximation. Ensure the list covers all time periods following the first out-of-home placement to present.
- **Type of facility:** Identify the setting as an ICF/IID, SSLC, nursing facility, HCS supported living arrangement, foster home, residential treatment setting, CPS facility, or other residential facility. Temporary hospitalizations (both medical and psychiatric) are not considered residences, but may be noted if the individual had an extended stay (e.g., 30 days) and lost their residential placement during the hospitalization.
- **Reason Placement Ended:** Provide brief explanation for movement.

K. Individual’s relationships with family or LAR and significant others

1. **If the individual has been living out of the family or LAR's home, what has been the family or LAR's pattern of interaction with the individual**

(e.g., number of visits to the facility and back home, outings, letters, and telephone calls)? Identify interactions, participation, and availability of the responsible decision-maker as well as family members and significant others.

Pattern of interaction**.** Describe the extent of the family or LAR's interaction with the individual in the current facility. Identify impediments to the family or LAR's interaction including distance from the facility or transportation problems. Provide details about the level and frequency of interaction over the past six months:

- Contact frequency by family or LAR (e.g., new admission, daily, weekly, monthly, 1-3 times per quarter, or none)
- Number of visits by the family or LAR during the last six months
- Number of visits by the individual to the family or LAR's home during the last six months
- Describe the family or LAR's expectations for ongoing interaction.
- Note any discrepancies between the family or LAR's report of visits and the facility's report of visits.

Participation in permanency and service planning**.** Describe the extent of participation in service planning by the family or LAR within the past six months, including participation in meetings in person, by telephone, via email or through another means of communication. Provide details about the frequency and types of participation in planning. Indicate:

- Family or LAR participation in the development of a service plan within the past six months.
- Family or LAR participation in permanency planning.
- Whether the family has been able to be located in the last six months.
- Whether the family or LAR responded in the last six months to requests for participation in permanency planning, annual meetings to discuss the plan of care, or when medical consents were needed.
- Describe the family or LAR's expectations for participation.
- Describe the family or LAR's participation in any prior residential settings.

Available to the facility**.** Describe the extent to which the family or LAR has been responsive to the facility. Responsive means the family or LAR responded in a timely manner to the facility's requests and provided input either verbally or in writing.

- If the family or LAR has not visited, add details about any factors that may contribute to the lack of visits, such as, distance, lack of reliable transportation, or inability to afford transportation. Where distance is a factor, identify the miles from the family or LAR's home to the facility and the time it would take to travel there.
- If the family or LAR indicates unwillingness to participate in permanency planning provide details.
- If the family or LAR is unavailable to the facility, indicate steps taken to follow reporting requirements.

2. Has the family or LAR participated in service planning with the facility within the past year and been available to the facility when they were needed for medical or other decisions? Check the appropriate Yes or No response.

3. Identify the people in the individual's life, including caregivers, service providers, or others, with whom he or she has (or has had) a significant relationship of affection and attachment. Describe the nature, duration, and continuity of each relationship and potential for sustaining each relationship. Identify relationships with family members including immediate family as well as extended family. Identify relationships with significant others including people who are currently part of the individual's life as well as those who have been important in the past. Be particularly alert to relationships with caregivers or service providers, both current and past, that have extended beyond their employment responsibilities, especially those that provide an opportunity to become an alternate family. Identify how the individual knows the identified person (e.g., is a blood or step relative, through a previous placement or service), how long the relationship has existed, and whether the relationship has been continuous or has been interrupted by periods without contact.

L. Goals for the future

1. Goal: Select the goal preferred by the family or LAR.

- Goal 1: Return home or move to own home with access to needed services
- Goal 2: Family based alternative with access to needed services

If neither goal is preferred, select the "best fit" permanency goal the system can work toward on behalf of the individual.

2. Does the family or LAR support accomplishing Goal 1 or 2 within the next year? Check the appropriate Yes or No box. Family or LAR support of the goal should be interpreted as support for achieving the goal within one year. If the family or LAR is not supportive of movement to one of the two family options within the next year, the answer should be "No" and their views explained in the summary section. The summary section should indicate if there is agreement with a family-based goal but with a longer timeframe, or indicate the nature of their lack of agreement with the goal. In the case of a young adult without a guardian, his or her preference should guide the selection of a goal and his or her agreement with the goal of a family option should be used to answer the question about support of the goal. For a young adult with a guardian, the guardian's preference should guide the selection of a goal and the extent of support of a family-based goal. In either case, both party's preferences should be noted in the summary section.

3. Does the family or LAR acknowledge an understanding that their legal rights are not lost or negatively affected by choosing a family-based option? Check the appropriate Yes or No box.

4. Summarize the discussion with the individual and family or LAR. Include the family or LAR's level of support for the selected goal; all information on family-based option provided to the individual and family or LAR; family-based options the individual and family or LAR visited or expressed interest in visiting; and any issues, concerns, and questions identified by the family or LAR. Provide details about your discussions with the individual and family or LAR and describe your understanding of their perspectives. Be sure to address all the prompts.

M. Supports needed to accomplish Goal 1 or 2. Mark all that apply and explain each marked item. In identifying supports needed for the individual to live successfully in a family or on his own, do not limit the selection to only services for which there is known funding, existing programs, or current availability. Support needs are to be identified whether or not they represent services provided under Medicaid or a waiver program. Include a brief description that is unique to the individual's need for each identified support that indicates why it is needed. Refer to the CARE instructions for definitions of the support categories.

N. Waiver program options. Check all boxes that apply and enter the waiver program name, if applicable.

O. Action plan for next six months to achieve goal. Actions should reflect steps to achieve movement to a family living arrangement. Actions should take into account the level of agreement of the family or LAR with family-based options and the supports needed for the individual to live with a family or in his or her own home if an adult. If a goal for family life is not preferred at this time, actions may reflect ways to increase support of the family and LAR with that possibility in the future. Actions may also reflect ways to assist the family or significant others to remain actively engaged while the individual remains in the facility.Identify specific activities regarding:

1. Movement to a preferred family option—return home or move to an alternate family
2. Continuing or increasing interaction between the individual and family members or significant others
3. Any other action that will further achievement of a permanency goal
4. Referrals to achieve a preferred living arrangement other than a family option

P. Permanency plan contributors. Identify all persons who participated in the permanency plan and who is responsible for taking each identified action. Indicate participants in the planning process by entering their names and titles or relationships to the individual for whom the permanency plan is written. Enter the method(s) and date(s) of each person's participation. Examples include: participation in a planning meeting in person/face-to-face, via telephone or by mailing or emailing comments and concerns.

RESOURCES FOR PERMANENCY PLANNERS

Visit the HHSC Permanency Planning Webpage for additional information on permanency planning and helpful links to legislative reports, brochures, forms, and technical assistance tools.

If you have questions or need additional information please email:

- LocalAuthoritiesCAO@hhsc.state.tx.us about:
    - Permanency planning for individuals in HCS and ICF/IID
    - LIDDA roles and responsibilities

- info@everychildtexas.org about:
    - Permanency planning for individuals in nursing facilities
    - Family based alternatives