



TEXAS
**Department of Family
and Protective Services**

Child Protective Services

**Home and Community-
Based Services (HCS) Resource Guide**

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Resource Guides

The purpose of Resource Guides is to provide information that helps you do your job better. This information includes reference material, procedures, and guidelines that help you complete the tasks you are required to do by policy.

It's important to remember that the information in Resource Guides *does not substitute for policy*. We may sometimes include policy statements, but only to show you the policy to which the information is related. We will highlight any policy that actually appears in the Resource Guide, and will almost always include a link to the actual policy. For example:

Per [4222.2 Re-Allowing Placement](#):

If the caseworker learns of a detailed justification for changing the status of and considering placements in a foster family that is on Disallowed Placement status, the caseworker must elevate this consideration through the regional chain of command to the regional director.

The policy in the handbook always takes precedence over what is in the Resource Guide. We try to keep policy and Resource Guides synchronized, but sometimes there is a delay. **If you have questions, always follow the policy in the Policy Handbook.**

Resource Guides provide important information on a range of topics, for the purpose of assisting and guiding staff to:

- Make essential decisions.
- Develop strategies to address various issues.
- Perform essential procedures.
- Understand important processes.
- Identify and apply best practices.

The information in the Resource Guides is not policy (except where noted), and the actions and approaches described here are not mandates. You should adapt the way you perform critical tasks to the individual needs and circumstances of the children and families with whom you work.

State office and field staff are working together to identify Resource Guide topics, define the content, and develop the appropriate guides. CPS will regularly post Resource Guides as they are developed, and update them as needed. Check the Resource Guides page, in the CPS Handbook, to see new or revised Guides.

We hope these Guides provide useful information to guide and assist CPS staff in effectively performing their job tasks. These Guides, combined with clear and concise policy in the Handbook, should help staff provide a high level of service to children in Texas.

HOME AND COMMUNITY-BASED SERVICES (HCS)

There are several steps that must be taken before a child with an intellectual or developmental disability (IDD) can be considered for a Home and Community-Based Services (HCS) waiver.

Caseworkers should ensure that the regional developmental disability specialist (DDS) is included throughout the process when considering HCS, as the DDS has specific training and understanding of the HCS program.

See [4118.2](#) Home and Community-Based Services (HCS).

WHAT IS HCS?

HCS stands for Home and Community-Based Services. HCS is a Medicaid long-term care waiver for persons with intellectual and developmental disabilities, which provides community-based medical and non-medical supports and services over the lifetime of an individual who would otherwise end up in an institution, nursing home, or hospital.

Individuals gain access to the HCS waiver program through the HCS interest list or by being a member of one of the several targeted groups identified by the Health and Human Services Commission (HHSC). Children and youth in DFPS conservatorship are one of the identified targeted groups. The regional DDS can help determine eligibility and appropriateness for an HCS waiver.

WHAT IS THE MEDICAID LONG-TERM CARE INTEREST LIST AND HOW DOES A CHILD GET ON IT?

When a child with a suspected or diagnosed intellectual or developmental disability comes into care, the child must be placed on the Medicaid long-term care interest list. Individuals who are placed on the interest list receive services on a first come, first served basis when services are available. Being on the HCS interest list is not the same thing as having an HCS waiver.

To have a child placed on the Medicaid long-term care interest list, please contact the regional DDS, who will provide assistance locating and contacting the Local Intellectual and Developmental Disability Authority (LIDDA).

Per [4118 Additional Actions for Placing Children with Intellectual or Developmental Disabilities](#):

Regardless of where a child with intellectual disabilities or related conditions is placed, DFPS must immediately seek to place the child on all Medicaid Waiver lists for which the child is eligible.

DFPS Rules, 40 TAC [§700.1313\(c\)](#)

HOW DO I DETERMINE IF A CHILD MEETS CRITERIA FOR INTELLECTUAL AND DEVELOPMENTAL DISABILITY SERVICES FROM THE LOCAL AUTHORITY?

The child must participate in a Determination of Intellectual Disability (DID) to determine if the child meets criteria for IDD services, such as HCS.

Once the child under the conservatorship of DFPS is assessed and diagnosed with an intellectual or developmental disability, the caseworker must contact the Regional DDS to assist with scheduling a DID with the [Local Intellectual and Developmental Disability Authority](#) (LIDDA) in the region the child is currently placed.

The DID:

- Must be conducted before the date of the child's 16th birthday for any child under the conservatorship of DFPS prior to their 16th birthday; and
- Must be conducted within 90 days after their initial diagnostic assessment, if the child is placed in DFPS managing conservatorship after their 16th birthday.

Please note, if a child moves out of the LIDDA's catchment area before the DID can be conducted, the DID may need to be re-scheduled with a different LIDDA. Staff who contract with the LIDDA complete the DID and will assess the child's IQ and adaptive behavior level.

WHO IS ELIGIBLE FOR HCS?

In addition to obtaining a DID, a child in DFPS conservatorship must meet one of the following criteria to access an HCS CPS waiver:

- A child currently residing in a General Residential Operation (GRO) serving Children with Intellectual and Developmental Disabilities (Mission Roads Development Center or Casa Esperanza) ¹; or

- A youth who is Aging Out of Care.
- Is age 16 ½ or older.
- Has an IQ of 69 or less, or an IQ 70-75 with a related condition.

Contact your regional DDS, who must assist you in accessing a CPS HCS slot.

There are also HCS waivers called "diversion slots" that identify other target populations such as those at risk of being placed in a nursing facility or those at risk of being placed in a State Supported Living Center ². There is an extensive application process for these diversion slots. The regional DDS must be included to assist in determining what type of slot may be most appropriate.

(¹HCS slots funding may change based on recommendations by the legislature. . During the 2019-2020 legislative session both the Aging Out of Care and GRO slots were not funded therefore are not available at the present time. Please consult your regional DDS for other options.)

(² Funding for some diversion slots may change based on recommendations by the legislature. Currently, some diversion slots are not funded, please consult your regional DDS.)

WHAT HAPPENS IF A CHILD RECEIVES AN HCS WAIVER SLOT?

Once an HCS slot is released to a child, the LIDDA sends a Verification of Freedom of Choice form to the DDS and caseworker. Staff uses this form to accept or decline the waiver slot and grant permission to begin the enrollment process. The caseworker may not accept or decline a waiver slot without consulting the DDS. A caseworker must never accept or decline an HCS slot without consulting your regional DDS.

See:

[4118.2](#) Home and Community-Based Services (HCS)

[4118](#) Additional Actions for Placing Children with Intellectual or Developmental Disabilities

WHAT ARE THE TYPES OF RESIDENTIAL PLACEMENTS AVAILABLE TO A CHILD IN HCS?

HCS is the only Medicaid long-term care waiver that provides non-emergency residential placement. The residential options include:

- **Foster/Companion Care/Host home** – Also known as a Support Family. This is where a child lives with an HCS-licensed family in their home. A family cannot have more than three HCS foster clients in the home.
- **Group home** options:

- **Residential Support Services** – This is a group home option where staff needs to be awake at all times. This type of group home allows four clients maximum in the home.
- **Supervised Living** – This is a group home option where staff can be asleep at night. This is also referred to as a “Live In” model. There is always staff in the home, and though staff will be sleeping during the night, they must be available in case clients need them. This type of group home allows three clients maximum in the home.
- **Supported Home Living** – This option is when a client lives in their family or own home. They could also be living in an adoptive home. Supported Home Living (SHL) involves having a staff coming into the home to assist with caregiving. SHL staff is able to take the client out of the home for outings in the community. SHL staff also comes into the home to assist with personal hygiene and other client- related activities. Families can be provided with Respite services only when using this option. Both Respite and SHL services can be Consumer Directed Services, meaning the family or the client hires and fires staff.

The regional DDS can provide guidance in choosing the best option for a child based on the child’s specific needs.

WHAT SERVICES ARE COVERED UNDER HCS?

Many services are available with the HCS waiver. A child will be assessed for appropriateness of services they might require.

Services can include:

1. **Adaptive Aids** – An adaptive aid is an item or service that enables an individual to perform daily living activities or control the individual's environment.
2. **Audiology Services** – Providing audiology as defined in Texas Occupations Code, [Chapter 401](#).
3. **Behavioral Support Services** – Specialized interventions that assist an individual in developing or modifying behaviors so that the individual can successfully participate in the community. This service looks somewhat different for each HCS Provider.
4. **Cognitive Rehabilitation Therapy** – Assists an individual in learning or relearning cognitive skills lost or altered as a result of damage to brain cells or brain chemistry, in order to enable the individual to compensate for lost cognitive functions. It also includes reinforcing, strengthening or reestablishing previously learned patterns of behavior, or establishing new patterns of cognitive activity or compensatory mechanisms for impaired neurological systems.

5. **Dietary Services** – Providing nutrition services as defined in Texas Occupations Code, [Chapter 701](#).
6. **Occupational Therapy Services** – Providing occupational therapy as described in Texas Occupations Code, [Chapter 454](#).
7. **Physical Therapy Services** – Providing physical therapy as defined in Texas Occupations Code, [Chapter 453](#).
8. **Social Work Services** – The practice of social work as defined in Texas Occupations Code, [Chapter 505](#).
9. **Speech and Language Pathology Services** – Providing speech-language pathology as defined in Texas Occupations Code, [Chapter 401](#).
10. **Day Habilitation** – The day habilitation service helps an individual acquire skills to reside, integrate and participate successfully in the community (typically for individuals age 18 or older).
11. **Dental** – At age 21, Medicaid no longer picks up dental bills. Beginning at age 21, there is up to \$1,000 yearly to cover dental services. Major dental work or orthodontics should be done before the individual's 21st birthday.
12. **Minor Home Modifications** – A minor home modification is a physical adaptation to an individual's residence, necessary to address the individual's specific needs and enable the individual to function with greater independence in the individual's residence or to control the environment.
13. **Nursing** – There are two nursing services, performed by either an RN or LVN. Nurses need to complete an annual nursing report at a minimum. Nurses should assist with navigating medical services that are not HCS. Nurses also ensure families are HCS-compliant on administering medications or other medical tasks.
14. **Employment Assistance and Supported Employment** – This service will not be used until the child is at least 18 years of age. The individual will first need to exhaust services provided by the Texas Workforce Commission (TWC).

HOW DO I SELECT AN HCS PROVIDER?

There are several necessary questions and steps that must be considered before selecting an HCS provider. The regional DDS must be included to provide guidance in this process. Some of the questions that must be considered, and steps to take, are:

- What type of residential placement does the child require, if any?
- Where in the state would the child like to reside?
- Contact the providers for availability.
- Ask questions (see appendix).
- Conduct background checks, according to HCS policy.
- Conduct a home visit.

- Schedule a pre-placement visit.
- Set up an enrollment meeting.

The caseworker generally receives an HCS provider list from the Local Intellectual and Developmental Disability Authority (LIDDA). If the caseworker does not receive one, the caseworker should ask the regional DDS. The caseworker will want to ensure that the provider list covers the area where the child is expected to be living. The caseworker consults the regional DDS for assistance in selecting and verifying a provider.

See [4118.2](#) Home and Community-Based Services (HCS).

WHAT IS THE CASEWORKER'S RESPONSIBILITY TO CONDUCT FACE-TO-FACE VISITS FOR A CHILD IN HCS?

The caseworker is required to continue twice monthly face to face visits for children placed in HCS until the youth reaches their permanency goal, the youth ages out of care, or receives an HHSC guardian.

See:

[6411.32](#) Frequency of Face-to-Face Visits

[4118](#) Additional Actions for Placing Children with Intellectual or Developmental Disabilities

WHAT ROLE DOES SSI PLAY IN HCS?

Per [4118.2](#) Home and Community-Based Services (HCS):

SSI covers the room and board for the HCS placement. Once the caseworker, supervisor, and developmental disability specialist agree a child should be considered for HCS, the regional DDS must immediately contact the SSI coordinator, and copy the caseworker, to determine if the youth has active SSI benefits.

SSI is Supplemental Security Income. SSI is a government program that provides monthly cash assistance to low-income people who are disabled and unable to participate in substantial gainful activity by reason of physical or mental impairment.

If the youth does not have active SSI benefits, the SSI coordinator works with the Social Security Administration (SSA) to reinstate or apply for SSI benefits that may require that an application for SSI benefits be submitted to the SSA. The SSI coordinator notifies the caseworker and the DDS of the benefit status or whether an application was submitted.

Per [1575](#) Placement in Home and Community-Based Services (HCS) Homes:

Children eligible for an HCS waiver slot placement must have active Supplemental Security Income (SSI) eligibility before placement. When the child is placed, the agency allows the HCS home provider to become the representative payee of the child's SSI benefit. The HCS home provider uses the child's SSI monthly benefit to pay for room and board. The CPS worker placing the child notifies the HCS provider of the need to become the child's representative payee for the child's SSI benefits. When the child is placed, the worker records the child's HCS placement as a "Non-FPS Paid" placement type, as the agency does not pay for the child's cost of care in these settings.

A CHILD'S CURRENT HCS PLACEMENT IS NOT WORKING OUT, HOW DO I TRANSFER THE CHILD TO A NEW HCS PROVIDER?

See [4118.2](#) Home and Community-Based Services (HCS).

The caseworker contacts the regional DDS to assist in setting up a transfer meeting with the LIDDA and new provider agency.

Health and Human Services (HHS) requires an individual's transfer to be planned in order for the receiving provider to be knowledgeable about the individual's needs and to be prepared to deliver necessary services. Therefore, the transfer effective date must be a future date to allow for adequate planning. DFPS may make an exception to this requirement when a transfer meets the criteria for an emergency.

WHAT DOES PUTTING A CHILD'S HCS ON SUSPENSION MEAN?

There are situations that may cause a child to become temporarily ineligible or unavailable for HCS waiver program services. The following are valid reasons for suspending an individual's waiver program services. Suspensions can last up to 290 days before loss of the HCS waiver.

- **Loss of Financial Eligibility** – This reason is used only when an individual no longer meets the program's financial eligibility requirements.
- **Hospitalization (Medical)** – This reason is used only when an individual has been admitted to a medical hospital. (The individual's waiver program services must be suspended.) The HCS provider is not responsible for providing a sitter or remaining with the child once the child is admitted to the hospital.
- **Elopement (Unable to locate)** – This reason is used when a program provider has been unable to locate an individual or when an individual or the legally authorized representative (LAR) refuses to allow the program provider to provide waiver program services.

- **Crisis Stabilization** – This reason is used only when an individual has been admitted to a non-state operated psychiatric treatment center. (The individual's waiver program services must be suspended.)
- **Hospitalization (Psychiatric)** – This reason is used only when an individual has been admitted to a state-operated psychiatric hospital. (The individual's waiver program services must be suspended.)
- **Vacation/Furlough** – This reason is used when an individual is out of town, out of state or away on a vacation.
- **Incarceration** – This reason is used only when an individual has been incarcerated. (The individual's waiver program services must be suspended.)
- **State Supported Living Center** – This reason is used when an individual has been admitted to a state supported living center. (The individual's waiver program services must be suspended.)
- **Nursing Facility** – This reason is used when an individual has been admitted to a nursing facility or rehabilitation center. (The individual's waiver program services must be suspended.)
- **ICF/ID** – This reason is used when an individual has been admitted to a community intermediate care facility for persons with intellectual disability (ICF/ID). (The individual's waiver program services must be suspended.)

IF I SEE SOMETHING CONCERNING IN AN HCS HOME OR WITH A CHILD, HOW DO I REPORT OR MAKE A COMPLAINT?

If you have a specific complaint about an HCS agency, you can contact the Local Intellectual and Developmental Disability Authority (LIDDA) that serves the catchment the child is currently living in and speak with the child's service coordinator. Contact the regional DDS if you need assistance locating this information.

If you do not feel the LIDDA satisfactorily resolved your concern you may call or write HHSC.

Call

Agents answer the phones Monday-Friday, 7am to 7pm. You may leave a message if after hours.

1. Call 1-800-458-9858
2. Choose your language
3. Choose Option 2 to report a complaint
4. Choose Option 4 to report a complaint about an HCS provider When leaving a message,

please:

- State and spell your name.
- Provide your daytime phone number, with area code.

- Briefly tell them your complaint.

Write

You can make a complaint by mail or fax, but HHSC prefers that people call so they can get all the information right away to investigate and resolve a complaint.

If you need to send something through the mail or via fax, please send it to:

Texas Department of Health and Human Services

Consumer Rights and Services — Complaint Intake Unit

Mail Code E249

P.O. Box 149030

Austin, TX 78714-9030

Fax: 512-438-2724 or 512-438-2722

Please make sure to include:

- Your name, address and daytime phone number.
- Your relationship to the person on whose behalf you are making a complaint.
- The names of person(s) involved.
- Name and address of the HCS program provider.
- Briefly tell them your complaint.

Please note, all abuse and neglect allegations need to be reported to the abuse hotline at 1-800-252-5400. All HCS cases will be handled through Adult Protective Services.

APPENDIX

FINDING AN HCS PROVIDER: QUESTIONS TO ASK

Every provider is required to offer all HCS services. How they provide the service may differ. Ask how they differ from other providers – what do they see as their strengths?

Find out about the provider's organization.

- How long have they been serving persons with intellectual and/or developmental disabilities?
- How many consumers does their HCS Program serve in the county at the present time, and what is their capacity?

Who the provider hires is crucial

- Ask about the staff selection process.
- Ask about staff training.
- Ask about how they screen staff.
- What type and/or length of experience does their staff have serving individuals with intellectual disabilities; special problems, i.e., mental health (MH), pervasive developmental disorder (PDD), or autism spectrum disorder?
- Ask about the level of training, experience, and credentialing, for staff providing services to consumers.
- What procedures will staff implement in a crisis situation?
- Does the provider have staff who speak other languages? If not, will an interpreter be made available?
- What are the provider's staff-to-consumer ratios?
- What screenings does the provider require, when staff are hired (e.g., drug screen, criminal background check, abuse/neglect registry check)?

What specific questions should I ask if I'm interested in residential services?

- What are your policies regarding visitors?
- What are your policies regarding privacy?
- What type of leisure/recreational activities will be available?
- Does the resident choose the resident's own daily routine?
- What type of transportation does your company provide? How many vehicles do you have? Is there a vehicle for each home?

- How do you accommodate non-ambulatory individuals?
- How do you accommodate non-verbal individuals? Are staff trained in sign language, use of picture schedules, picture books, augmentative communication devices?
- What provision will your company make to attend the religious services of the individual's choice?
- What are your emergency back-up procedures, when there is a crisis or the home is short staffed?
- Is the staff available to support additional activities in the community (i.e., Girl Scouts, religious activities, sports teams, etc.)?
- How and where will the individual be cared for when the individual is ill?
- Do you have medical staff on site or on call, for medical issues? Are medical staff willing to practice or rehearse with the individual about what to expect when going to the doctor or hospital?
- Describe how staff train consumers in daily living skills.
- Will the home be located in close proximity to the school, day program, or place of employment?
- How does your agency build community awareness about persons with disabilities moving into their neighborhood? How does your agency resolve concerns?
- Do you lease or own your residential homes? Do you have short-term or long-term leases?
- Can the consumer choose the consumer's roommates?
- How will the provider support the individual with maintaining personal relationships?
- How does your agency develop Behavioral Support Plans? Who approves and signs off on them?