



Emergence Health Network

**Local Intellectual Developmental Disabilities Authority
(LIDDA)**

**Local Service Area Plan
FY2025 and FY2026**

Table of Contents

- I. Vision, Mission, Guiding Principles
 - A. Mission
 - B. Common Purpose
 - C. Inspire Change Standards

- II. Agency Overview
 - A. History and Organizational Overview
 - B. El Paso Catchment Area/Region
 - C. Emergence Health Network IDD Services Demographics
 - D. Populations Served
 - E. IDD Services and Supports
 - 1. Screening
 - 2. Eligibility Determination
 - 3. Service Coordination
 - 4. Habilitation Coordination
 - 5. Continuity of Services
 - 6. IDD Community Services
 - 7. Crisis Intervention Services
 - a. Crisis Respite
 - 8. Medicaid Waiver Programs
 - a. Home and Community Based Services (HCS)
 - b. Texas Home Living (TxHmL)
 - 9. Intermediate Care Facilities for Individuals with Intellectual and Disabilities (ICF/IID)
 - 10. Other Programs
 - a. PASRR
 - b. Benefits Eligibility
 - c. Permanency Planning
 - d. HCS and TxHmL Interest List Maintenance
 - e. Community Living Options Information Process (CLOIP)

- III. Local Planning
 - A. Local Planning
 - B. Community Needs & Service Gaps
 - C. Community Partnerships
 - D. Strategic Initiatives

I. VISION, MISSION, PHILOSOPHY & VALUES AND GOALS

Mission

Emergence Health Network provides person-centered health care for El Paso and the surrounding communities with a specialty in aiding individuals with behavioral health, intellectual or developmental disabilities, and related conditions.

Common Purpose

We empower our community by delivering exceptional care to enhance well-being.

Inspire Change Standards

Safety – We promote a safe place where we strengthen the well-being of our community.

Connection – We build relationships to help promote belonging, understanding, and empowerment.

Innovation – We embrace change through creative approaches to help ourselves and our clients grow.

Efficiency – We streamline moments that matter to create high-quality, sustainable results.

Compassion – We demonstrate compassion by providing a safe environment to promote open and authentic communication, by actively listening to others with empathy, by collaborating toward personalized solutions, and by being respectful of others' time, resources, and commitments.

II. AGENCY OVERVIEW

A. History and Organizational Overview

El Paso Emergence Health Network (EHN) and its dedicated staff are committed to assisting El Paso's most vulnerable citizens, residents with mental illness, intellectual/development disabilities and/or substance abuse disorders. At EHN we help individuals, and their families find the resources and treatments needed to help improve their quality of life and function as independently as possible.

EHN is proud to have created impactful change in the delivery of mental health, IDD, and addiction services in the West Texas region. In 2021, EHN celebrated its 55th year anniversary and although we have undergone name changes, our commitment to our residents has remained a top priority. As the Local Mental Health and IDD Authority in El Paso County, it is our responsibility to meet the needs of our residents through service delivery and planning, policy, and resource development.

We believe the quantity and quality of services we provide is unmatched in our area. EHN has dedicated employees and staff leaders who have contributed to the growth of the organization and expansion of services benefiting our residents. As the largest mental health, IDD and substance use treatment provider in El Paso, we have multiple service locations and clinics where we assist a wide array of our population to include adults, children, veterans, the homeless and justice-involved individuals.

In 1966, the Local Mental Health Authority (LMHA) was opened in El Paso and Emergence Health Network born. EHN is now one of 39 LMHA in Texas. As the largest mental health provider in El Paso County, we currently have 18 service locations where we assist a wide array of our population to include adults, children, veterans, the homeless and justice-involved individuals.



B. El Paso County Catchment Area/Region

Most recent information from the U.S. Census Bureau

County	El Paso
Population estimates- July 1, 2024	869,880
Median Income 2019 - 2023	58,859
Average Persons per Household 2016-2020	3.00
White	91%
Hispanic	82.8%
African American	4.5%
Number of Individuals in Poverty	152,355
Percentage in County	17.6%
High School Graduate	683,869
Percentage in County	79%
Bachelor's Degree or above	207,757
Percentage in County	25.4%

**Source: U.S. Census Bureau,
<https://www.census.gov/quickfacts/fact/table/elpasocountytexas,US/PST045221>.
 Accessed July 1, 2024.*

C. Emergence Health Network IDD Services Demographics

Total People Served in FY24

Program	Total Served
HCS	882
TxHmL	48
GR	132
PASRR (Nursing Facilities)	41
Crisis Intervention	293
ICF	6

D. Populations Served

Intellectual and Developmental Disabilities, eligibility definition:

The priority population for intellectual and developmental disabilities (IDD) services includes those persons who request and need services and possess one or more of the following conditions:

- Intellectual Disability, as defined by §591.003, Title 7, Health and Safety Code; *the IQ requirement has been lowered from 70 or below to 69 or below as of April 1, 2016. Individuals found eligible with an IQ of 70 prior to April 1, 2016, remain eligible despite the change.*
- Autism Spectrum Disorder as defined in the Diagnostic and Statistical Manual (DSM-V), which encompasses all previous sub-types (autistic disorder, Asperger’s Disorder) of the DSM IV-TR category “pervasive developmental disorder (PDD).
- Nursing facility residents eligible for PASRR mandated services for individuals with intellectual disabilities or a related condition per federal guidelines.

For persons with IDD and autism, the priority population includes only those individuals whose needs for services can be most appropriately met through programs currently or potentially offered by the IDD services division of HHSC.

E. IDD Services and Supports

Intellectual and Developmental Disability Services (IDD)/Center for Developmental Services (CDS):

The EHN IDD department serves individuals with IDD beginning with Eligibility Determination at Intake, Service Coordination, and a variety of community services intended to promote independence. In addition, EHN IDD department is responsible for Continuity of Services, including implementing the Community Living Options Information Process (CLOIP) for residents of the El Paso State Supported Living Center (SSLC), Permanency Planning for children in residential facilities, Home and Community Based Services (HCS) and Texas Home Living (TxHmL) interest list maintenance, enrollment into Intermediate Care Facilities (ICF), and the TxHmL and HCS Programs. The Center provider functions include TxHmL, HCS, ICF, and PASRR programs. EHN is the HUB for Money Follows the Person Transition Support Team. EHN provides TST support in the designated service area that consists of MHMR Services for the Concho Valley, Permian Care, West Texas Centers.

HCS & TxHmL provides an array of services; transportation, respite, personal assistance to support the individual with individual needs and preferences. The HCS program contracts with numerous individuals to provide host homes (foster care) for individuals interested in that service. In the ICF/ID program, the Center operates two homes serving a capacity of twelve individuals. The day habilitation program serves individuals across HCS, TxHmL, GR, and ICF programs. Day Habilitation offers a wide variety of activities including individualized and group activities designed to enhance independent living skills, social and/or adaptive skills, and to accommodate individual needs for community integration.

Summary of IDD services currently provided:

- 1. Screening** - Gathering information to determine a need for services. Screening includes the process of documenting individual's initial and updated preferences for services and the LIDDA's biennial contact of individuals on the HCS and TxHmL Interest List. For individuals who will not be eligible for services, referrals to the most appropriate service resource are made.
- 2. Eligibility Determination** - An interview and assessment or an endorsement conducted in accordance with Texas Health and Safety Code, §593.005, and 40 TAC Chapter 5, Subchapter D, and in conjunction with HHSC Eligibility Determination Best Practices Guidelines to determine if an individual has an intellectual disability or is a member of the IDD priority population.
- 3. Service Coordination** - Assistance in accessing medical, social, educational, and other appropriate services and supports that will help an individual achieve a quality of life and community participation acceptable to the individual as described in the Plan of Services and Supports. Service Coordination is provided to people in the General Revenue, HCS, TxHmL, and Community First Choice (CFC) programs. Service coordination functions are assessment, service planning and coordination, monitoring, and Crisis prevention and management.

The plan of services and supports is based on a person-directed discovery process that is consistent with the HHSC's Person and Family Directed Services Planning Guidelines and describes the individual's desired outcomes, services and supports including service coordination services to be provided to the individual in order to meet the desired outcomes.

4. Habilitation Coordination - Assistance for a designated resident residing in a Nursing Facility (NF) to access appropriate specialized services necessary to achieve a quality-of-life band level of community participation acceptable to the designated resident and Legally Authorized Representative (LAR) on the designated resident's behalf.

5. Continuity of Services - Activities performed in accordance with:

- 40 TAC Chapter 2, Subchapter F, for an individual residing in a SSLC whose movement to the community is being planned or for an individual who formerly resided in a state facility and is on community-placement status, or;
- Article II. B. 6 of the current HHSC Contract for an individual enrolled in the ICF/ID program to maintain the individual's placement or to develop another placement for the individual;
- HHSC-LIDDA Performance Contract, which requires the completion of PASRR Level II evaluations and the implementation of Habilitation Coordination to residents of Nursing Facilities.

6. IDD Community Services in the General Revenue Program - Services provided to assist an individual to participate in age-appropriate, community-integrated activities and services. The type, frequency, and duration of support services are specified in the individual's Person-Directed Plan and the Implementation Plans specific to the services provided. The Local IDD Authority (LIDDA) ensures that an array of support services is available in the local service area. Some IDD Community Services are required by HHSC contract; others are optional based on the ability to provide the service. The services that *may be available* include Community Support, Respite, Employment Assistance, Supported Employment, Behavioral Supports, Nursing, and day habilitation.

7. Crisis Intervention Services - Crisis Intervention Services, including IDD Crisis Respite, are mandated and funded through the HHSC Performance Contract. These services are intended to be used in a way that allows people with challenging behaviors the support they need to avoid interactions with law enforcement and subsequent admission to emergency rooms or inpatient mental health treatment facilities.

8. Medicaid Waiver Programs - Home and community-based programs providing services and supports to persons with IDD who live in their own or their family home or in other home-like settings in the community. They are called "waivers" because certain ICF/IDD requirements are "waived." In most situations an individual who is eligible for the ICF/IDD Program is also eligible to participate in one of the waiver programs. An important and distinguishing feature of funding provided in the waiver program is the ability to move that funding source with the individual to any part of the state. For example, if an individual enrolled in a waiver program in El Paso, then moves to Houston, they can continue to participate in the waiver program in Houston. An individual also can change providers within the same city or county. Public or private entities may provide waiver program services and supports. All waiver providers are certified by HHSC initially who then reviews each provider at least annually to ensure the provider continues to meet the program certification principles. The two waiver programs are:

- a. Home and Community-based Services (HCS) Program:** The HCS Program provides services to individuals with IDD who live with their family, in their own home, in a foster or companion care setting, or in a residence with no more than four individuals who also receive services. The HCS Program provides services to meet an individual's needs so that they can maintain themselves in the community and have opportunities to participate as a citizen to the maximum extent possible. Services consist of adaptive aids, minor home modifications, counseling and therapies, dental treatment, nursing, residential assistance, respite, day habilitation, employment assistance and supported employment. In the HCS Program, individuals who are in a residential program contribute to their room and board. Service coordination is provided to the individual by the Local Authority. There is a cost-cap to the yearly cost of services provided through the HCS Program.
- b. Texas Home Living (TxHmL) Program:** The TxHmL Program provides essential services and supports so that individuals with IDD can continue to live with their families or in their own homes in the community. TxHmL services are intended to supplement instead of replace the services and supports an individual may receive from other programs, such as the Texas Health Steps Program, or from natural supports such as his or her family, neighbors, or community organizations. Services consist of community support, nursing, adaptive aids, minor home modifications, specialized therapies, behavioral support, dental treatment, respite, day habilitation, employment assistance, and supported employment. Service coordination is provided to the individual by the Local Authority. Like HCS, TxHmL Program services are limited to an annual cost cap. The cap is lower because there is no residential option in TxHmL.
 - An individual is typically on both the TxHmL Waiver IL and the HCS IL. If the individual accepts an offer to enroll in the TxHmL program, their name will remain on the Interest List for the HCS program.

- If an individual is offered an opportunity to enroll in either the HCS or TxHmL Program, the Center will provide information about the applicable timelines for enrollment.
- If an individual receiving services in the General Revenue program is offered either TxHmL or HCS and declines participation, the Local Authority will terminate General Revenue services in accordance with the rules governing the HCS and TxHmL programs.
- A review of the Medicaid Estate Recovery Program is provided by the Center's enrollment staff in accordance with Texas Administrative Code, Title 1, Part 15, Chapter 373 Medicaid Estate Recovery Program (MERP), to all individuals and their legally authorized representatives, who seek enrollment in a SSLC, a community ICF/ID, HCS or TxHmL

9. Intermediate Care Facilities for Individuals with an Intellectual and Developmental Disability (ICF/IDD) - The ICF/IDD program is a residential program providing habilitation, medical, skills training, and adjunctive therapies such as dietary, speech, occupational or physical therapy, audiology, and behavioral health services. Group homes provide a home environment for individuals who are in need of a more structured environment to live in the community. Individuals receive training and assistance as needed in performing basic self-help and home management skills. Individuals are also involved in activities outside of the home such as day habilitation, vocational services, supported employment, and community activities. Each home provides twenty-four-hour supervision. To qualify for ICF services, an individual must have a determination of an intellectual developmental disability, meet specific level of care criteria, and be Medicaid eligible.

10. Other Programs

- PASRR Evaluations** – LIDDA developmental services is mandated by Title 26. HHS, Part 1. HHSC, Chapter 303, the PASRR IDD Handbook and the FY2020-2021 HHSC Performance Contract to complete Level 2 PASRR Evaluations for individuals residing in Nursing Facilities who are identified as possibly eligible for IDD Specialized Services. The intent of this requirement is to identify those individuals with IDD in Nursing Facilities that need additional advocacy and support to assure they receive the services they need and to possibly transition from the nursing facility to a community setting.
- Benefits Assistance Program** – EHN provides individuals with assistance in completing applications for Medicaid, Medicare, Medicare Part D, and other third-party assistance. The initial and annual fee assessment identifies individuals who may be eligible for benefits, but who are not currently receiving benefits. Identified individuals are referred to the Benefits Assistance department and staff work through the entire process of application, approval, and when necessary, appeal.

- c. **Permanency Planning Requirements** – EHN conducts and documents that permanency planning for persons under the age of 22 years who is enrolling in or currently residing in an ICF/IDD or HCS residential setting is completed in accordance with HHSC rule 40 TAC, Chapter 9, Subchapter D (HCS) and 40 TAC, Chapter 9, Subchapter E – ICF/IDD – Contracting.
- d. **HCS and TxHmL Interest List Maintenance** – The Local Authority is responsible for managing and updating the local TxHmL and HCS Interest Lists, which connect to the state-wide HCS and TxHmL Interest Lists. The Local Authority adds people to the list and makes biennial contacts with individuals on the list to confirm their continued interest in the HCS and TxHmL Waiver programs.
- e. **Community Living Options Information Process (CLOIP)** – In FY 2009, DADS added CLOIP requirements to those Centers with a State Supported Living Center (SSLC) within its local service area. The CLOIP Coordinator on an annual basis provides specific community living program and resource information to residents of the SSLC or their LAR, and to help facilitate provider tours and transition activities.

III. LOCAL PLANNING PROCESS

A. Local Planning

EHN has successfully implemented planning processes since its inception in 1966. Both informal and formal planning takes place on a continuing basis at all levels of the organization through staff meetings, management meetings, case reviews, staff supervision, workgroups, the Planning Network and Advisory Committee (PNAC), and the Board of Trustees.

Formal planning typically takes place as one fiscal year is concluding, and the Center is preparing for the next fiscal year. The Center's performance, community needs, anticipated changes in state contracts, data analysis, budget analysis, and input from stakeholders are considered in the planning process that develops the current strategic initiatives and the Center's specific work plans derived from the strategic initiatives.

Most ongoing planning takes place through workgroups and committees which address specific issues in the Center's work plan, or needs that have been identified through data, surveys, interviews, advisory committees, community involvement, client rights, departmental directives, and budget issues.

EHN values the meaningful participation of individuals, family members, community stakeholders, and current and past employees into the development and improvement of Center programs. Input is gathered in a variety of ways including meeting with

stakeholders in regular group meetings with individuals in service and their families, distribution of satisfaction surveys, informal individual interviews, community collaborative committees, provider network meetings, etc., and feedback received from other community organizations, such as the HHSC Regional Legacy DADS Services, the Heart of Texas Council of Governments and the Area Agency on Aging, and the Region 12 Education Service Center and individual school districts.

B. Community Needs & Service Gaps

The Center has a history of meeting with stakeholders and community partners to identify needs and to collaborate on services.

C. Community Partnerships

The Center values its relationship with stakeholders, collaborators, and partners in the community. The following is a summary of the Center's interaction with them.

The Planning and Network Advisory Committee (PNAC) is composed of nine members who are family members of persons served, individuals who receive or have received services, representatives from sister agencies, and other professionals with experience and a continued interest in mental health and/or IDD service provision. The PNAC reviews and advises the Center on plans for and implementation of the various programs. The Committee meets at least once each FY quarter.

February 2024 - In January and February Emergence Health Network met with members of the State Delegation to discuss IDD legislative budget priorities for the IDD community. Emergence Health Network held the first IDD Community Collaborative meeting with a goal to identify key leaders to advocate on behalf of the IDD community and policy changes.

March 2024 - IDD divisions provided a briefing to staff with State Senator Blanco's office, CEO and Chief of Staff were guests on KTEP radio show (NPR) at UTEP to talk about our mental health and IDD services.

April 2024 - IDD staff met with education staff at the El Paso Museum of History to implement tours that accommodate individuals with IDD.

IDD Community Collaborative took place and Emergence Health Network identified three priorities for the collaborative, Hourly Rate Increase for Direct Care Workers, Opportunities to Expand Employment and Higher Education (Technical Training and Licensing).

July 2024 - Analyzing internal data for better understanding, EHN partnered with PHIX to track data of IDD client experience when they present to local emergency rooms. The results of this show a strong need for clearer communication between Emergency Room

staff, clients with IDD, their families, and Emergence Health Network social service support staff to improve the health outcomes in those situations. EHN Legislative updates: Representative Joe Moody, EHN CEO Kristi Daughtery, and two parents of individuals with IDD will be on the IDD Town Hall panel.

August 2024 - EHN partnered with El Paso Matters to host the IDD Legislative Town Hall that took place on July 2024. Emergence Health Network collaborated with Community Stakeholders to participate in the town hall and host a table with educational information. Community Stakeholders present were El Paso State Supported Living Center, Paso Del Norte, Arc of El Paso, Gigi's Playhouse, Autism Society.

D. Ongoing and Revised Strategic Initiatives

1. IDD services will provide goal-oriented, person-directed care coordination services that are efficient, effective, and that maximize the potential and quality of community life for persons with intellectual or developmental disabilities or related conditions.
2. EHN will facilitate access to, monitor participation in, and follow-up to assess the value of services and supports to each individual.
 - a. To assess the effectiveness and thoroughness of current resources and service provision, regular opportunities for public feedback will be offered throughout the year to individuals receiving services, local HHSC agencies, private waiver service providers, the programs within the El Paso Local Area, area school districts, nursing facilities, behavior support providers, peer and family support organizations, and other individuals and entities that serve the IDD population.
 - b. IDD Crisis response procedures and services will be assessed through systematic outreach to and analysis of data from Mental Health crisis response teams, law enforcement, hospital emergency departments, and private waiver providers. Feedback from these entities will drive the strengthening of IDD crisis response services.
3. Individuals with IDD who need relocation or transition from one living situation to another will be placed in the least restrictive environment appropriate to their care.
 - a. Through the Community Living Option Information Process (CLOIP), SSLC and NF Diversion, Enhanced Community Coordination, Habilitation Coordination, and other means, EHN will continue to provide education regarding community living options to individuals and families considering more restrictive residential settings than may be required.
 - b. Through the PASRR process, EHN will ensure that individuals in a nursing facility receive necessary services and supports, will receive education regarding

community living options, and will be diverted or transitioned from Nursing Facility placement when possible.

4. EHN will identify opportunities for innovation in services and service delivery, with a focus on the effects of services and service delivery in Managed Care for people with IDD.
 - a. The Center routinely engages with other local social service providers to understand resources and better coordinate the multiple service needs of individuals including CRCG, Transition Planning with ISDs, Volar Independent Living for Individuals with IDD, The Arc of El Paso, Autism Society of El Paso, Project Amistad, and Project Higher.
5. EHN will continue to improve the variety of services and supports to individuals in their home or in the community to fill service gaps and continue the focus on individual independence.
 - a. Providing case consult, educational opportunities, and technical assistance through the Money Follows the Person Transition Support Services.
 - b. Continuing education and awareness information regarding individuals with Intellectual Disabilities and Autism Spectrum Disorders to EHN MCOT team, emergency room personnel, Crisis Intervention Team (CIT), cadets, and Sheriff departments.
 - c. Expand IDD crisis respite services for individuals with challenging behavioral issues, with the intent on serving internal and external service providers.