



# Health and Human Services

## Policy Council for Children and Families

March 12, 2026

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*This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.*

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[Policy Council for Children and Families](#) works to improve the coordination, quality, efficiency and outcomes of services provided to children with disabilities and their families through the state's health, education and human services systems.

Members:

**Dr. Ebony Beaudoin**

Physician Representative  
Houston

**Lawanda Brown**

Family Representative  
Rosharon

**Dr. Thelma Green**

Family Representative  
Katy

**Jessica Gutierrez**

Family Organization Representative  
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**Dr. Lana Harder**

Mental Health Expert and At-Large  
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**Laura Kender**

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**Krystal LaDay**

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**Dr. Shailen Singh**

Family Representative  
Jarrell

**Stephanie Tower**

Advocacy Organization Representative  
for Autism Spectrum Disorder  
Houston

**Elizabeth Tucker**

Advocacy Organization Representative  
Austin

[Texas Policy Council for Children and Families Recommendations for Improving Services for Children with Disabilities 2024](#)

**1. Welcome, call to order, roll call, and introductions.** The meeting was convened by Elizabeth Tucker, presiding officer. A quorum was not immediately available but was established later in the meeting.



**2. Consideration of February 12, 2025, and May 14, 2025, draft meeting minutes.** The minutes for both meetings were approved as drafted.

**3. Presentation: Medically Dependent Children Program Nursing Facility Diversion Slots** Renée Lombardo Medicaid and CHIP Services.

**Summary.** MDCP serves medically fragile children/young adults (birth through age 20) meeting nursing facility/hospital level of care while living in the community. Current access pathways described: interest list; Money Follows the Person; limited stay process; diversion slots.

The new rule will replace the limited stay process with an anticipated effective date: December 1, 2026. "Crisis diversion slots" were described as reserved waiver slots allowing priority enrollment and aiming to reduce reliance on short nursing facility stays as an access pathway.

Implementation steps:

- CMS approval via 1915(c) waiver amendment;
- updates to the waiver handbook;
- managed care organization contract amendments;
- Texas administrative rule changes;
- technical guidance to providers and MCO service coordinators.

Stakeholder input process:

- Public hearing confirmed for March 26 (hybrid), at 9:00 AM, in the John H. Winters Public Hearing Room for in-person participation.
- Stakeholders can provide verbal comments, electronic comments, mailed comments, and participate in informal comment processes.

There was hearing date confusion with the slides and other communications referencing March 24, but presenters confirmed March 26.

Council discussion/feedback highlights:

- Request that informal draft rules be posted early enough before the March 26 hearing for meaningful feedback; HHSC indicated rules were expected to go to



the Rules Coordination Office on March 16 and would be posted prior to informal comment periods; exact posting timing was unclear.

- Dr. Van Ramshorst stated crisis diversion clinical criteria in rules would be similar to current limited stay criteria (Form 2406) but more precise/uniform; stakeholders were encouraged to provide feedback.
- Ms. Tucker emphasized the need for criteria that recognize not only medical fragility but also “family crisis” and caregiver readiness, especially post-hospital discharge.
- Ms. Tucker shared operational concerns with limited stay (travel burden, costs to families, and mismatch with goal of keeping children out of nursing facilities) and urged broad criteria and clinical judgment beyond “checkboxes.”
- Public/SME Catherine Carlton voiced strong support for removing limited stay and for the new pathway.
- Dr. Singh requested clear guidelines/flowcharts so families can understand whether their child fits criteria and avoid “falling between the cracks.”

**Presentation.** The Medically Dependent Children Program (MDCP) is authorized under a 1915(c) waiver and an 1115 waiver and serves people birth through age 20 who require a nursing facility (NF) or hospital level of care. Children and youth in MDCP are often medically fragile. There is currently an interest list for services.

**Ways to Access a Waiver**

|                                |  |
|--------------------------------|--|
| Interest List                  | Potential enrollee waits until a waiver slot becomes available and, if determined eligible, enrolls        |
| Money Follows the Person (MFP) | Eligible individual residing in an institution uses the MFP process to transition to the community.        |
| MDCP Limited Stay              | Eligible individual is admitted to a NF for 24 hours and transitions to MDCP, bypassing the interest list. |
| Reserved Capacity Slots        | Eligible individuals use a reserved slot to bypass the interest list. Examples include NF diversion slots. |

**Nursing Facility Diversion Slots** The 89th Texas Legislature appropriated funds that allow the Health and Human Services Commission (HHSC) to improve access to MDCP by establishing NF diversion slots.



The diversion slots for MDCP will require the following:

- 1915(c) waiver amendment
- Waiver handbook amendment
- Managed care organization (MCO) contract amendment
- Rule amendment
- Technical guidance to providers and MCO service coordinators as needed

**HHSC will seek external stakeholder comments.** A hybrid (virtual and in-person) public hearing will be held on March 26, 2026 at the John H. Winters Public Hearing Room. Feedback can be submitted verbally, electronically, or by mail.

**Medically Dependent Children Program Nursing Diversion Slots**

The Health and Human Services Commission (HHSC) will conduct a hybrid public hearing, March 26, 2026, 9:00 a.m., at John H. Winters Building, Public Hearing Room 125, First Floor, 701 West 51<sup>st</sup> Street, Austin, Texas 78751, to solicit feedback and public comment on the development of nursing facility diversion slots, as related to Texas Administrative Code, Title 1, Part 15, Chapter 353, Subchapter M, Section 353.1155. These diversion slots will allow certain individuals who are at risk of nursing facility admission to access the Medically Dependent Children Program. Additional information can be found [here](#). Email questions to [MDCPPolicy@hhs.texas.gov](mailto:MDCPPolicy@hhs.texas.gov).

## Discussion

The date seems to have changed from the 24<sup>th</sup> to the 26<sup>th</sup>. HHSC confirmed the 26<sup>th</sup>.

You were putting out rules ahead of the March hearing. HHSC said that the rules will be posted after the 16<sup>th</sup>. They are in the approval process. Ms. Tucker stated that there should be sufficient lead time for people to look at the rules.

This replaces the current minimum stay. HHSC stated that the criteria will be posted as part of the rule. This is the informal process and there will be a more formal process.



Form 2406 ([2406.pdf \(SECURED\)](#)) is used to document the medical fragility of an applicant requesting the Money Follows the Person option to apply for the Medically Dependent Children Program (MDCP) with a limited stay in a nursing facility.

**When to Prepare**

Community Services Interest List (CSIL) staff complete Form 2406 when an applicant, applicant's parent or guardian requests a limited nursing facility stay.

**Transmittal**

CSIL staff mail the original form to the applicant, applicant's parent or guardian when an applicant requests a limited nursing facility stay within one calendar day of the contact.

Program Support Unit (PSU) staff upload a copy to the Health and Human Services Enterprise Administrative Report and Tracking System (HEART).

**Retention**

HEART is PSU's repository for the electronic case record. Paper copies of Form 2406 are not retained. PSU staff open a case record in HEART and upload a copy of the completed form to the system.

**Supply Source**

This form may be found in the STAR Kids Handbook or STAR Health Chapter 16.2 of the Uniform Managed Care Manual (UMCM).

The changes in the rule are a bit more precise but very similar to the present rule.

Stakeholders were hoping for addressing children and families in crisis that currently may not meet the fragility standards but still need medical oversight. We should be addressing how to keep families intact.

**[4. Presentation: Opportunities to Strengthen ECI and Early Childhood Systems in Texas](#)** [Home - Texans Care for Children](#)

**Summary**

ECI updates and concerns:

- Legislature approved \$18M over the biennium for ECI enrollment growth.
- Federal changes (referred to as H.R. 1 / "One Big Beautiful Bill") expected to impact Medicaid, SNAP, and ACA; concern about increased uninsured rates in Texas.



- Key risk: declining percentage of ECI children enrolled in Medicaid (reported as 68% in 2024 to 60% in Q1 2026), affecting a major ECI funding source.

Texans Care interim work includes: engaging families and ECI providers/directors to identify pain points (referral/enrollment, service delivery, Part C to Part B transition), staffing/turnover/retention issues, and budget impacts of Medicaid changes.

Childcare and early childhood education:

- Highlighted historic \$100M investment for childcare scholarships.
- Senate Bill 462: prioritizes childcare educators with children on scholarship waitlists.
- House Bill 2310: strategic planning across agencies to improve early learning for young children with disabilities.
- House Bill 117: established the Governor’s Task Force on Governance of Early Childhood Education and Care.

Texans Care focus includes sustainable childcare financing beyond unspent TANF dollars; exploring inclusion in base budget. It was noted that the present Sunset Review is another avenue to provide input (including for Texas Workforce Commission).

Forward-looking policy opportunities:

- Strengthen supports/incentives for childcare providers serving children with disabilities in inclusive settings.
- Revive House Bill 175 (did not pass; likely timing) to create a badge/certification and grant program for exemplary childcare providers serving children with disabilities.
- Continue advocacy for expanding public school full-day pre-K eligibility to include 3 and 4 year-olds with disabilities (a provision removed from House Bill 2).

Discussion points included:

- Clarification needed on differences between early childhood special education services and “full-day pre-K” eligibility.
- Medicaid eligibility changes and renewal delays affect ECI program budgets, and that ECI per-child funding/cost methodology remains restrictive even with enrollment-growth funding.
- PCCF interest in using the presentation to strengthen recommendations for the council’s report, expected to be voted on in May.



## Presentation

### Texans Care for Children [Home - Texans Care for Children.](#)

As a statewide non-profit organization, Texans Care for Children conducts research and engages communities to identify ways that state policies should change to ensure Texas kids and families succeed. We then work with legislators, state officials, partners, the media, and everyday Texans to build support for those policy solutions and ensure state leaders implement them. Our work focuses on maternal and child health, child protection (including foster care), early learning, and children's mental health.

#### **Extending health coverage for new moms**

The maternal mortality rate in Texas is too high — and Black women in Texas are at a particularly high risk of pregnancy-related deaths. To reduce maternal deaths and support healthy moms and babies, we led the advocacy effort to successfully pass House Bill 12 in 2023. Now Texas moms who have their health insurance through Medicaid can keep their health coverage — and keep seeing their doctors and taking their medications — for a full year after their pregnancy instead of getting kicked off after just two months.

#### **Securing funding for voluntary full-day pre-kindergarten**

The research is clear. When children have access to high-quality, full day pre-k, they are better prepared for kindergarten and stronger readers by third grade. Yet, traditionally, the Legislature only provided funding for half-day pre-k. The Texans Care for Children team, spent years building bipartisan momentum for full-day pre-k, and when the Legislature passed an historic school finance bill in 2019, we helped ensure they included early learning funding to support full-day pre-k.

#### **Protecting Early Childhood Intervention (ECI) services for toddlers with disabilities**

Crunching the numbers and listening to community groups that provide ECI services, our team has shined a light on the way state cuts hurt toddlers with Down syndrome, speech delays, autism, and other disabilities and delays. In fact, our research found that Black children disproportionately lost ECI services after the Legislature cut funding. Fortunately, working with our partners, we were able to stop the Legislature from passing a proposed cut to ECI funding in 2021 and secure a significant funding increase from the Legislature in 2023.

#### **Helping emergent bilingual students succeed in school**

After gathering input from teachers, families, researchers, and other Texans across the state, we launched the Texas Early Childhood English Learner Initiative to help emergent bilingual students become strong readers by third grade and master both

English and their home language. In 2021, we successfully worked with legislators and partners to pass several of the Initiative’s recommendations, including improved support for emergent bilingual students with disabilities and a limit on the number of pre-k students in a single classroom.

**Supporting financial independence for kids exiting foster care**

During the pandemic, youth who aged out of foster care received federal stimulus checks to help them keep their electricity on or avoid eviction. But without a parent to help them set up a bank account, many had nowhere to deposit their checks. And without a bank account, young people can’t set up direct deposits for a new job, meaning some jobs are off limits to them. So, in 2023 we passed legislation to help youth in foster care set up bank accounts and learn basic financial skills — one of many bills we’ve helped pass to support youth in foster care or keep kids safely with their own families.

**4 Areas of Focus**



**Early Childhood Intervention. 2025 Policy Decisions**

- The Legislature approved HHSC’s request for \$18 million over the biennium.
- Federal changes under H.R. 1 are expected to reduce Medicaid enrollment, potentially decreasing the number of children in ECI with Medicaid coverage.

**In the Interim**

**Family Engagement** Understanding families’ experience with ECI and ESCE in Texas

- Referral & Enrollment
- Program Challenges
- Part C to Part B Transition

**ECI Director Engagement** Assess how contract funding levels and declines in Medicaid enrollment are impacting ECI programs in Texas.

- Staffing
- Medicaid Enrollment
- Caseload Growth



**Adequately Fund ECI for Toddlers with Disabilities** ECI funding is not keeping pace with program needs. (The % of kids served who are enrolled in Medicaid has decreased from 68% in 2024 to 60% in 2026).

Inadequate funding means kids enroll late, miss ECI entirely, or receive fewer visits/hours than needed. The Legislature should fully fund ECI to reflect enrollment growth, support outreach and workforce retention, and begin improving per-child funding.

### **Child Care & Early Childhood Education**

89th Legislative Session Recap

- **\$100** million for more childcare scholarships
- **SB 462** by Sen. Kolkhorst [SB00462F.pdf](#), relating to establishing a child-care services waiting list priority for the children of certain child-care workers.
- **HB 2310** by Rep. Ordaz, [HB02310F.pdf](#), relating to developing a strategic plan for the improvement and expansion of early learning and educational opportunities for young children with disabilities
- **HB 117** by Rep. Schoolcraft, [HB00117F.pdf](#), relating to the establishment of the governor's task force on the governance of early childhood education and care.

### **In the Interim**

**Child Care Funding** Building on last session's investment, work to ensure more substantial and sustainable funds to get more childcare scholarships to eligible families.

**Provider Engagement** Bringing together childcare providers who focus on children with disabilities to inform Governor's task force and HB 2310 strategic plan

### **Increase Access to High-Quality Early Learning for Preschoolers with Disabilities.**

Increase funding to the Child Care Services program to help more eligible families, including those of children with disabilities who are prioritized, access scholarships.

Improve access to childcare services for families of children with disabilities.

Create an inclusion badge recognizing childcare programs that go above and beyond in serving children with disabilities or developmental delays and establish a grant program for providers who earn these optional certifications.

Add children with disabilities to Texas pre-k eligibility.

## Discussion

HB175 did not pass. What was the reason for failure to pass? The speaker stated she would follow-up. (*The Bill passed the house on May 8<sup>th</sup> and was not considered in the Senate*)

Are the Scholarships through TWC? The speaker answered in the affirmative.

I thought ECI children already got pre-K. The presenter stated she would follow-up.

On ECI, the impact of Medicaid reduction will impact ECI. There can be a delay in the renewal process and the cost per child is still prohibitive.

**5. Presentation: Update on House Bill 1188 from the 89th Texas Legislature (2025) (Implementation) [HB01188F.pdf](#)** (relating to the provision of information regarding a local intellectual and developmental disability authority to the parents or guardians of certain special education students)

## Summary

Background: Caitlin Hanley (self-advocate) and her family waited 18 years for an HCS waiver slot and wanted families to learn earlier about waivers/interest lists. The interest list context was shared (January 2026): there is an unduplicated count across six interest lists (CLASS, DBMD, HCS, MDCP, STAR+PLUS, Texas Home Living) reported as 196,495 with typical wait times cited as 17–18 years for HCS and CLASS.

New requirements (effective 2025–2026 school year): districts must provide information on services/public benefits offered by the local IDD authority (LIDDA), including Medicaid waiver programs.

Timing: information must be provided at the first ARD meeting for a student identified with an intellectual disability or developmental delay.



Implementation resource: TEA, in collaboration with HHSC, produced a resource document (available via link/QR code) explaining LIDDAs, interest lists, and waiver programs that is available in 32 languages.

**Presentation**

**Connecting Families to Longterm Services & Supports** • The Handley Family became inspired to pass the Caytlin Handley Act after their own experience of waiting 18 years for an HCS waiver for their daughter Caytlin. The unduplicated count across all six Interest Lists is: 196,495 as of January 2026. (Source: HHSC Interest List Reduction Monthly Reporting: January 2026 Report) , <https://www.hhs.texas.gov/about/recordsstatistics/interest-list-reduction>

| Current Interest List Counts As Of January 2026 |        |       |         |       |        |         |         |
|---|--------|-------|---------|-------|--------|---------|---------|
|   | CLASS  | DBMD  | HCS     | MDCP  | STAR+  | TXHML   | Total   |
| Interest List Counts                            | 96,547 | 2,447 | 130,764 | 6,825 | 15,144 | 117,175 | 368,902 |

House Bill 1188 (The Caytlin Handley Act): Effective beginning with the 2025-2026 school year, Texas Education Code §29.030 was added to specify requirements for school districts to provide information about services and public benefits provided by the local intellectual and developmental disability authority (LIDDA) that serves the county in which the student resides, including information on long term services and supports provided through Medicaid waiver programs. The services are required to be provided at the first Admission, Review, and Dismissal (ARD) committee meeting to the parent or legal guardian of a student who has been identified as having an intellectual disability or a developmental delay.

Texas Education Agency (TEA), in collaboration with Texas Health and Human Services (HHSC), created a resource document for school districts to use to comply with HB 1188. [Connecting to Community Supports | Texas SPED Support](#)

**Discussion.**



First time ARDS can be overwhelming. Is there any further discussion to get this information in front of parents on a regular basis. The presenter stated that connecting with local partners and other education for parents is possible.

Even if a child gets on the list, it is complicated figuring out what to do when the child is finally at the top of the list. The speaker stated this has been brought to their attention before. Enrollment and eligibility is a different process and can be overwhelming for families. If services are turned down the child's name goes to the bottom of the list.

There may be a way for HHSC to use the website to educate parents. Having on place to apply for waivers would be a positive step. The presenter stated that simplification is the goal of the legislation and the agency comp[lately agrees that streamlining the process is important.

EI has a requirement about notifying parents about the waivers. Id the bill requirements only relating to LIDDAs or can it be broadened to include all the waiver programs? The presenter stated that all the waiver programs are listed in the link for families through the implementation of this bill.

### **Summary points**

- Parents noted the first ARD meeting can be overwhelming; suggested value in repeated exposure to the information over time.
- It was noted families can be confused at the point their name comes up on a list and may mistakenly decline; suggested a "roadmap" for what to do at each stage.
- Bianca Ramirez raised concerns about annual "still interested" letters and risk of removal if families don't respond (especially with moves/mail issues); Arc noted Your Texas Benefits now allows online access to interest list status and updating information.
- It was suggested that a school-to-agency referral/warm handoff and a streamlined "one place" to register for multiple waivers.
- the need includes: getting on the list, managing the list, and decision-making at the top of the list.
- Ms. Tucker confirmed the TEA/HHSC document includes multiple waivers (including YES and MDCP) via QR codes and suggested adding educational prompts within Your Texas Benefits and/or related sites (e.g., Navigate Life Texas).



## **6. Review and Consideration of PCCF Draft Bylaw Revisions.** [Present bylaws](#)

The bylaw review process was done in coordination with HHS Office of Chief Counsel and the Advisory Committee Coordination Office, to align with current statutory requirements and operational best practices.

Key change included quorum language changes to align with the applicable Texas Administrative Code and statute. The prior quorum language was more restrictive than needed and contributed to challenges meeting quorum; the update is expected to make it easier to conduct council business.

Revisions were described as largely administrative/standardizing across HHSC councils and committees, and the updated bylaws have undergone legal review and program leadership approval.

**MOTION:** Approve bylaws as drafted/update prevailed

## **7. PCCF subcommittee planning and discussion**

PCCF 2024 Subcommittee

- 1- Integrated Health Homes/Health Care Transition/ Access to Care Subcommittee
- 2- Child Care and ECI Subcommittee
- 3- Education and Employment Subcommittee
- 4- Long term services and support Subcommittee
- 5- Mental health Subcommittee
- 6- Juvenile/Criminal Justice

The Committee discussed issues and recommendations from the [Texas Policy Council for Children and Families Recommendations for Improving Services for Children with Disabilities November 2024](#). The Council discussed using the prior legislative report as a base, then deciding what remains relevant, what needs tightening/clarification, what should be removed, and what new issues should be added. The emphasis is on keeping recommendations focused and actionable (not “throwing in the kitchen sink”) and getting the report to the legislature on time (last report arrived too late in session to gain traction).

**Early Childhood** Early high-quality service to children with significant developmental delays and their families vastly improves the future outcomes for children and offers families the information and skills they need to help increase their child’s potential. Therefore, the PCCF Council members have made recommendations under three sub-headings:

- 1)Childcare
- 2)Early Childhood Intervention
- 3)Pre-K programs

Discussion focused on

- Inclusive, high-quality childcare access for children with disabilities and developmental delays.
- Family awareness of rights related to childcare access.
- Pre-K eligibility expansion to include children with disabilities (including eligibility via 504 plans or IEPs).
- Bolstering ECI funding and improving access to ECI in natural environments like childcare.
- Improving transitions from ECI to public school early learning opportunities.
- Additional emphasis suggested: ensure “childcare” framing includes after-school and summer care for school-age children with disabilities.
- Potential additional focus: strengthen expectations and supports for childcare provider professional development and collaboration with ECI (integration in the classroom vs. pull-out therapy).

**Education** Parents of a child diagnosed with a disability or special need have an intense need to find information that can help their child and family. For many families, the place to go to search for information is the Internet, which provides an overwhelming volume of complex information that is not easily accessed. The Texas system of state and private services for children with special needs is fragmented and difficult to navigate, even for those parents who know what they are looking for. Hence the following recommendations are made to address those concerns, spanning three sub-headings:

- 1)School and Special Education Funding
- 2)School Health and Related Services
- 3)Family Information and Access to Non-educational Funds

Discussion focused on:

- Special education funding concepts (multi-tiered service intensity funding).
- SHARS: consider supplemental payment to offset loss of \$300M in reimbursements.
- Family engagement/monitoring in classrooms.
- Access to non-educational supports/dollars and clarity around what is being requested.
- New/urgent issues to monitor: utilization/impact of education savings accounts for students with disabilities and impacts of recent school discipline legislation.
- Concern raised that behavioral/school discipline changes are being used in ways that may discriminate against disability-related behaviors, increasing suspension/expulsion.
- Concern raised about expensive, prolonged IDEA-related legal battles and a desire for more transparency on district spending (supports vs. litigation).

**Post Secondary Education and Transition** Good health lays the foundation for all areas of transition planning – higher education, employment, vocational training, and independent living. Hence the following recommendations are made under three sub-headings:

- 1)Health Care Transition Training and Information in Schools
- 2)Improve Secondary Opportunities
- 3)Access to Meaningful Days Post School

Discussion focused on:

- Improve access to post-secondary opportunities for students with disabilities by improving data sharing between TEA and the Texas Higher Education Coordinating Board.
- Promote awareness of post-secondary opportunities for students with disabilities.
- Strengthen interagency coordination and stakeholder involvement to support post-secondary pathways.
- Appropriate funds to increase the amount of money provided to districts for students with disabilities who are graduate, career, and military ready.
- Add off-site individualized skills and socialization to all waivers.
- Ensure waivers are funded adequately to support individuals with very significant behavioral or medical support needs.
- Provide legislative direction to fund a set-aside number of Texas Home Living Waivers for children graduating high school.

- It was noted that there were no recommendations included around supported employment; it was flagged as a missed opportunity and an area for the subcommittee to revisit because supported employment is seen as underutilized in Texas.
- Concern was raised that after K-12 there is “stratification” by support needs, limiting meaningful post-secondary, employment, and community engagement opportunities for individuals with high support needs; discussion focused on leveling the playing field, so opportunities are available regardless of support needs.
- Legislative intent for House Bill 2081: created the Building Better Futures grant program framework within the Higher Education Coordinating Board to incentivize higher ed institutions to create comprehensive transition programs (including IPSE-style programs) for students with intellectual disability.
- A key problem is the Building Better Futures program framework exists, but the legislature did not allocate funding, creating an opportunity for future investment.

**Child, Parent, and Family Support** It is the policy of the state to strive to ensure that the basic needs for safety, security, and stability are met for each child in Texas. A successful family is the most efficient and effective way to meet those needs. Local communities and the state must work together to provide encouragement and support for well- functioning families and ensure that each child receives the benefits of being a part of a successful permanent family as soon as possible. Therefore, the following recommendation are suggested under the following categories

- 1)Support parents to care for their children with disabilities at home while continuing to meet the needs of their families.
- 2)Prevent unnecessary out-of-home placement of children with disabilities by reducing the wait time for Home and Community- Based Services waivers.
- 3)Provide funding and legislative direction for children with disabilities to move and be diverted from institutions to live with families.

Discussion focused on:

- Expand/create respite care programs via a flexible funding pool (similar to prior In-Home and Family Support program).
- Make respite in waiver programs more flexible and better defined (not arbitrarily capped, expand options like host families in HCS, ensure adequate provider networks).



- Prevent unnecessary out-of-home placement; address waiver eligibility changes (including Texas Home Living waiver eligibility alignment and removing the related-conditions IQ <75 requirement).
- MDCP: reduce interest lists and divert from nursing facilities; explore “no wait” pathway for SSI-income children meeting functional eligibility, plus additional funding to reduce long waitlists.
- Increase funding for local IDD authorities/entities that complete eligibility determinations to reduce delays.
- Strengthen in-home workforce: increase attendant wages, ensure rates support overtime.
- Consider allowing certain family/household members to provide home health services under 1915(c) waivers due to workforce shortages.
- Consider allowing licensed health aides to support medically fragile children (address nursing shortage).

**Healthcare** Children with complex needs including multiple diagnoses are reliant on an array of healthcare providers which require extensive coordination, often placing a tremendous responsibility on families to manage. Therefore, recommendations to address these needs of our children with extensive and complicated needs include:

- 1) Access to Health Insurance
- 2) Better Healthcare Data
- 3) Integrated and Coordinated Healthcare
- 4) Improved Network Adequacy in Medicaid
- 5) Improved access to Applied Behavior Analysis
- 6) Continuum of Supports and Services for Children with Mental Health Concerns

Discussion focused on:

- Expand access to health insurance; noted Texas has the highest number of uninsured children in the country.
- Prior report recommendations included expanding the Family Opportunity Medicaid buy-in income limit (federal allowance up to 300% with disregards; Texas below that).
- Prior report recommendation included adopting the TEFRA option for children meeting an institutional level of care to access Medicaid.
- Exploring state-based premium subsidies to supplement reduced federal ACA subsidies, especially for working/middle-income families who don't qualify for Medicaid but struggle with affordability.



- Better healthcare data: leverage the all-payers claims database to understand costs/outcomes and to support improved care models for children with complex medical needs.
- Integrated/collaborative care models: appropriately funded complex-care clinics and health homes, value-based payments recognizing added time/effort, improved billing mechanisms (including for FQHCs and rural health clinics), and removal of restrictions on certain CPT codes.
- Dual diagnosis emphasis: better integration of IDD and mental health supports so families don't have to navigate multiple systems.
- Autism services noted as an area to tie in (including ABA and service array/prescriptiveness).
- Dental care access was raised as a healthcare priority: coverage and affordability for dental anesthesia/sedation for children with developmental disabilities; council plans to tweak recommendations to include the cost/coverage element.

**Community** Research indicates that youth involved in the justice system experience disabilities at a rate approximately three times higher than that of youth without disabilities. For addressing these areas, the following recommendations are made under the three major headings to enhance support for children with or at risk of juvenile justice system involvement:

- 1)Bolster mental health and behavioral health services in schools and the community to divert youth and young adults with disabilities away from juvenile justice system involvement.
- 2)Provide coordinated mental health or other potential services upon re-entry to reduce recidivism.
- 3)Increase the utilization of peer support specialists for justice- involved youth and young adults.

Discussion focused on:

- Prevention, diversion, and coordinated supports for youth with IDD and co-occurring mental health needs.
- Expand school/community-based mental health services; trauma-informed and person-centered training.
- Mentorship to prevent first-time justice involvement; coordinated identification of at-risk youth with DFPS/other agencies.



- Strengthen reentry supports (planning for return to school/home/community; person-centered supports to reduce recidivism).
- Expand peer supports and peer specialist roles, including alternative credentialing pathways and enabling work in detention settings; leverage HB 1486 for Medicaid-reimbursable peer services.
- Improve law enforcement responses: specialized training, pre-arrest diversion/crisis alternatives, and use of trained mental health responders.
- Concern raised about families calling police during crisis and resulting escalation/arrest/injury; interest in expanding youth/mobile crisis outreach and transition support teams.
- Address gaps for youth already in the juvenile system (disconnect between required and delivered services).

#### **2026 PCCF Subcommittees**

1. Early Childhood / Child Care
2. Education, Post-Secondary Education, and Transition
3. Child, Parent, and Family Support
4. Healthcare
5. Community and Housing

#### **Relevant Links Main Policy Council for Children and Families Webpage Link:**

[Policy Council for Children and Families | Texas Health and Human Services tx-children-policy-council-recs-impr-svcs-nov-2024.pdf](#)

#### **Timeline and next steps**

- Members send in their subcommittee preference
- Subcommittee meetings and “Hold the date” calendar invite will be sent

#### **Future meetings:** May 14, 2026; August 20, 2026; October 15, 2026

- May 14, 2026: recommendations should be solidified and ready for council vote.
- Aug 20, 2026: report should be in near-final draft form for full council review.
- Oct 15, 2026: final report submitted to HHSC in time for the January 2027 legislative session.

Subcommittees will meet virtually, generally aiming for 1-hour sessions, potentially every two weeks until May to draft recommendations.

#### **8. Public comment** No public comment was offered.

## 9. Action items for staff and member follow-up

- Subcommittee choices
- Preferred dates for subcommittees (possibly 2 times per month)
- Draft recommendations drafted by May 14 meeting
- Election of Chair

### PCCF Advisory Council Legislative Report Timeline

| Milestones   | Due Date   |
|--|------------|
| PCCF Committees provide preliminary recommendations to full Council                                    | 5/14/2026  |
| Preliminary Draft Report submitted by PCCF members to council liaison                                  | 7/20/2026  |
| Draft report prepared for review by council liaison and sent to HHSC SMEs                              | 7/27/2026  |
| HHSC SMEs complete content review and feedback (5 days). Draft Report routed to committee.             | 8/3/2026   |
| Draft Report finalized by PCCF committee members and submitted to council liaison                      | 8/10/2026  |
| Draft Report reviewed by QDAR Director/ VBI Manager and returned to liaison                            | 8/14/2026  |
| Draft Report reviewed and finalized by committee members for distribution before full council meeting. | 8/18/2026  |
| Draft report approved by PCCF members at full council meeting  | 8/20/2026  |
| Draft sent to DAC for review (5-7 days)  | 8/21/2026  |
| Draft sent to DEC for review (5days)   | 9/3/2026   |
| Draft sent to SMD for review (20 business days)  | 9/21/2026  |
| Draft sent to EC (10 business days)  | 10/19/2026 |
| Report published and posted to website   | 11/1/2026  |

Future meetings:

- May 14, 2026
- August 20, 2026
- October 15, 2026



**10. Adjourn.** There being no further business, the meeting was adjourned.

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