



*"Helping People Achieve Dignity,
Independence and Their Dreams"*

LOCAL IDD PLAN

FY 2026-2027

Table of Contents

- I. Mission and Agency History
- II. Demographic Profile
- III. Priority Population Definitions
- IV. IDD Service Array
- V. Local Planning Process
- VI. Satisfaction Results
- VII. Interest List Information
- VIII. Accomplishments & Opportunities
- IX. Network Planning

Appendix

- Appendix A – Contact Information
- Appendix B – Catchment Area
- Appendix C – Network Table

M I S S I O N - H I S T O R Y

Mission

Mission:

The mission of Community Healthcore is to help people achieve dignity, independence and their dreams.

We will do this by:

- Serving as the Local Intellectual & Developmental Disabilities Authority serving Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk and Upshur counties.
- Assisting people with intellectual & developmental disabilities and their families achieve maximum independence in all aspects of their lives.
- Helping people access appropriate community resources through information and referral services.
- Networking with other groups and organizations that share our goals.
- Demonstrating our commitment to our mission in all we say and do.

Agency History

Community Healthcore originally established in 1970, known as the Gregg/Harrison MHMR, was created as a result of the efforts and in response to the identified need for services for people with mental illness and intellectual & developmental disabilities within the community. The original local service area, Gregg – Harrison Counties, was expanded in September 1976 to include services to Marion, Panola, Rusk and Upshur Counties. On November 6, 1993, the Executive Director executed an Assumed Name Certificate that authorized the Center to conduct and transact business as Sabine Valley Center. During FY 1997 Community Healthcore joined the Burke Center, The Gulf Coast Center, Life Resource and Tri-County MHMR Services as charter members of a consortium called the East Texas Behavioral Health Network. The mission of the consortium is to provide a vehicle to act jointly for the enrichment of the service systems they represent and to develop opportunities for expanding participation in managed care provider and at-risk contracts.

In October 2006, Sabine Valley Center made application to affiliate with Northeast Texas Mental Health Mental Retardation Center. Northeast Texas Mental Health Mental Retardation Center was originally funded from federal community MHMR center development funds in the 1960s. It served Bowie County in Texas along with several counties in Arkansas. In 1973 it reorganized with the Arkansas portion becoming a separate entity and the Texas side becoming Northeast Texas Mental Health Mental Retardation Center serving Bowie and Red River Counties. In 1978 Cass County was added to their service area. In May 2007 the State of Texas approved the affiliation plan combining counties of both Centers into one Community Center. To reflect this change the Center operates under the dba Community Healthcore.

Having recently celebrated forty-eight years serving individuals, Community Healthcore's scope of service and areas of responsibility has steadily expanded. Community Healthcore maintains relationships with diverse agencies including the Health and Human Service Commission, Texas Department of Family and Protective Services, and Texas Department of

Criminal Justice. Community Healthcore is designated as a Local Intellectual & Developmental Disabilities Authority (LIDDA). This designation carries with it the delegation of the State's authority for planning, policy development, coordination, resource allocation and resource development for and oversight of the intellectual & developmental disabilities services in the local service area.

Community Healthcore achieved a major milestone for all of its programs including those serving persons with intellectual and developmental disabilities (IDD). In 2007 the Center achieved Joint Commission Status. This achievement comes by meeting established guidelines in Key Areas. It is Community Healthcore's commitment to reach a higher level of quality than required and ensure that level across all programs operated by the Center. Community Healthcore has maintained that higher level of care ever since.

In serving the local area Community Healthcore has expanded from a service system of 12 staff members and an operating budget of \$2,180,000 in 1970 to employing over five hundred staff positions, full time and part time, and a current budget in excess of \$38 million (Fiscal Year 2022). Community Healthcore manages performance agreements with public, private for-profit and private non-profit providers.

D E M O G R A P H I C S

Demographic Profile

Estimated Total Population of Community Healthcore service area and all persons served:

	Population	Projected Prevalence of Intellectual Disabilities
Bowie	92,893	1,876
Cass	28,454	575
Gregg	124,239	2,510
Harrison	68,839	1,391
Marion	9,725	196
Panola	22,491	454
Red River	11,587	234
Rusk	52,214	1,055
Upshur	40,892	826
Total		9,117

In FY25, Community Healthcore served a total of 1,440 unique persons who had a diagnosis of intellectual or developmental disabilities.

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Priority Population Definitions

Intellectual & Developmental Disabilities:

The Texas Department of Health & Human Services Commission (HHSC) provide contractual definitions for which Community Healthcore is able to provide intellectual & developmental disabilities services when utilizing State Funding. This is sometimes referred to as the priority population.

The HHSC intellectual & developmental disabilities priority population consists of:

- Individuals with intellectual & developmental disabilities, as defined by Texas Health and Safety Code 591.003;
- Individuals with a pervasive developmental disorder, as defined in the current edition the Diagnostic and Statistical Manual, including autism;
- Individuals with a related condition who are eligible for services in the ICF/MR Program, Home and Community-based Services (HCS) Program, or Texas Home Living (TxHmL) Program;
- Nursing facility residents who are eligible for specialized services for intellectual & developmental disabilities or a related condition pursuant to Section 1919(e)(7) of the Social Security Act; and
- Children who are eligible for Early Childhood Intervention services through the Department of Health and Human Services Commission.

The determination of intellectual & developmental disabilities and the diagnosis of pervasive developmental disorder and related condition must be made through the use of assessments and evaluations performed by qualified professionals. Individuals who are members of the HHSC intellectual & developmental disabilities priority population are eligible to receive intellectual & developmental disabilities services from the HHSC service system. Each individual is not necessarily eligible to receive all intellectual & developmental disabilities services funded by HHSC. For example, an individual may not be eligible for a service because it is not appropriate for the individual's level of need.

S E R V I C E A R R A Y

IDD Array of Services

As the designated Local Intellectual & Developmental Disabilities Authority (LIDDA) Community Healthcore provides IDD services to persons living in its nine-county catchment area and who have a qualifying diagnosis as defined by the Texas Department of Health and Human Services Commission (HHSC).

AUTHORITY SERVICES

- ACCESS services provide a single point of entry into services and provide community referrals when necessary. Activities include intake and determination of intellectual disabilities.
- Continuity of Care provides continuous services for individuals transitioning to and from state facilities and the Community
- Permanency Planning for children and adolescents living in Nursing Facilities.
- Preadmission Screening and Resident Review (PASRR)
- Service Coordination helps persons access medical, social, educational, and other services and supports that will help them achieve an acceptable quality of life and community participation. Service coordination is provided by LIDDA staff who are referred to as service coordinators.

For a full description of all available services, please request the most recent copy of the [Explanation of Services and Supports](#) published by HHSC and available through Community Healthcore.

PROVIDER SERVICES

Community Healthcore also serves as a Provider of Services. The following are services provided directly by the Center.

Residential & Waiver Services

Home and Community based Services (HCS)

Special Medicaid waiver (1915(C)) program which includes:

- Residential homes which offer 24 hour supervision for up to three persons.
- Specialized supports to persons living in their own homes or family's home.
- Supports to individuals living in foster home settings.
- Respite services.

Individualized Skills and Socialization (ISS)

ISS services provide assistance with getting, keeping or improving self-help, socialization and adaptive skills necessary to live successfully in the community and to participate in home and community life.

- Carthage, Texas

LOCAL
PLANNING
PROCESSES

Comprehensive Planning Advisory Committee

The functions of the Comprehensive Planning Advisory Committee are to assist the Board of Trustees in an advisory capacity, making recommendations concerning local service delivery and the development of the local strategic plan. The Comprehensive Planning Advisory Committee also identifies community needs, make recommendations for new programs, services, or improvements of services and stimulate financial support and public interest in the community for the Center. Providing local, state and federal governmental bodies with information in support of the Center and educating the community about the kinds of services offered and means of availing oneself of services further assist the community in achieving mental health and intellectual & developmental disabilities services. The Comprehensive Planning Advisory Committee also recommends and participates in special studies at the request of the Board of Trustees. The Comprehensive Local Planning Advisory Committee, which is part of the Center feedback loop and support the infrastructure, reviewed the mental health and intellectual & developmental disabilities services and produced reports and/or surveys, which form the basis for this Local Planning Strategy.

The Community Healthcore IDD Program Director or her designee reports at each Comprehensive Planning Advisory Committee. This provides the Planning Committee information regarding the activities of the IDD program and provide input on the various projects and reports. Survey results are shared as well as any follow up action taken. The IDD Program Director's report also allows the identification of potential threats and any work being completed to address them. This report as well as the Comprehensive Planning Advisory Committee's recommendations are provided to the Community Healthcore Board of Trustees.

Beginning with November 2017, the IDD Director's report to the Comprehensive Planning Advisory Committee and to the Board of Trustees are provided in Appendix B.

SATISFACTION RESULTS

All persons receiving services through Community Healthcore are mailed a Satisfaction Survey. Persons are encouraged to respond and return to Community Healthcore. All comments are reviewed, tracked and addressed to the degree possible. Below are the most recent results from the survey conducted for FY25.

Program	Sent Out	Received Back	Survey Comments
CFC	29	12	1.Need help paying someone to go back and forth to work.
CLASS	59	31	1.Need respite, counseling and bills. 2.Wheelchair
ECC	21	0	
GR	130	20	1.Need transportation and food. Help with money, I want to get into Broken Ridge. 2. Mental Health for grandchild. 3.Housing program. 4.Childcare and visual aids to help with communication. 5.Dental services.
HCS	903	154	1. Need someone to come 2-3 hrs a month to provide a break for care provider. 2. Employment, Physical health, healthier food options. Rude group home staff. 3. Part-time employment. Needs to get out of the house more often. 4. More outings and day hab not in the home. 5. Food shortage over the last 12 months and housing need 6. Can I keep HSC if I move to a different service area. 7. I need a new laptop so I can practice reading, typing and operations in the world.
HCS Provider	56	12	1. I am upset the day hab is closing.
ICF	9	9	No comments
TxHmL	54	10	1.Transportaion and housing.
PASRR	179	34	No comments

INTEREST LIST INFO

Interest List Information

Intellectual & Developmental Disabilities Services

- Community Healthcore has 1229 individuals living in the nine-county catchment area who are on the HCS Interest List.

ACCOMPLISHMENTS & OPPORTUNITIES

RECENT ACCOMPLISHMENTS

- **Achieved NCQA Recertification for IDD Service Coordination – 3 years recertification**
- **Hosted First Developmental Disabilities Awareness event – March 2025**
- **Participated in Night to Shine International Event at three locations- Marshall, Texarkana and Longview, February 7, 2025.**
- **Participated in Annual IDD Crisis Conference July 23-25, 2025**
- **Hosted Coffee, Tea and IDD meetings with Individuals and Families**
- **Hosted Provider Meetings to discuss key issues and support the HCBS settings rule. Meetings were held on October 2024 and August 2025. August 2025 was hosted at OCEANS Psychiatric Center, Longview, Texas.**
- **Successfully transitioned four of the five Individualized Skills & Socialization facilities to private providers.**

OPPORTUNITIES

- Provide training to existing staff on NCQA requirements
- Community Education with the Public and legislative representatives regarding IDD Services.
- Continue to host the Provider Meetings
- Retain staff

NETWORK PLANNING

Network Planning

A specific role for the local authority is the development and maintenance of a network of service providers that allow consumers to have increased options for service providers, increased accessibility of services and continuous quality monitoring.

Once needs are identified the local authority may utilize one of several methods for ensuring that the identified services are provided. An RFP, or request for proposal, may be sent to interested providers and upon review by both local authority staff and the Regional Network Advisory Committee, an award is granted to the provider(s) of best value. For services which require many providers, an Open Enrollment may be issued in which specific information relating to the service(s) to be provided and the rate of reimbursement is provided to which all qualified providers who apply must be placed in the network of providers. Informal Solicitation may also be used where bids are obtained from at least 3 service providers if the total amount of funds paid out over the course of the year is under \$25,000.

It is the priority of Community Healthcore to develop an efficient and effective network of providers to ensure choice of provider, quality of service and accessibility to services. Community Healthcore's most current provider network at this publishing is listed in Appendix C.

A P P E N D I X

Appendix A – Contact Information

For more information, contact Community Healthcore via the most appropriate method.

- **Crisis 24-hour hot-line**

- 800-832-1009

- **Intake/Admission**

- 800-4-INTAKE

- **Administration**

- 903-758-2471

- **Internet/Web Site**

- www.communityhealthcore.com

- **Mailing Addresses**

- Community Healthcore
Post Office Box 6800
Longview, TX 75608
- East Texas Behavioral Health Network
Mailing Address:
4101 South Medford Drive
Lufkin, Texas 75901

Appendix B- Quarterly Reports to the Comprehensive Planning Advisory Committee

February 6, 2025

1. Home and Community Based Services (HCBS) Annual recertification held 12/16/2024 - Following findings:

No pet vaccination

Onsites visits

Finances

Fire Drills

Community Healthcore's Corrective action for these findings were submitted and accepted on 1/6/2025

2. Concord Manor- Intermediate Care Facility (ICF) staff participated in Mock Review week of December 9, 2024. Two new Surveyors were in training, they were supervised by an experienced trainer.
3. Plans are underway to celebrate Disabilities Awareness Month. Event scheduled for Tuesday, March 25, 2025 at Maude Cobb, Longview, Texas. Speakers, games, prizes will be presented. Comprehensive Planning Advisory Committee members are invited to attend.

4. Case Management

Complaints – October, November, December Complaint Log Report

Individuals Initial's	Program	Date of complaint	Person filing complaint	Complaint Made	Resolution to Complaint
J. G	HCS	10/08/2024	Parents	Parent of individual contacted LIDDA	Coordinated with CDSA provider and

				regarding issues on IPC renewal. Billing issues were impacted by CDSA not billing to correct contracts for regions. This was preventing renewal IPC to be entered and transfer to add provider services	Program Improvements (HHSC) to identify steps to correct billing issues so transfer could be properly processed, and renewal IPC be entered.
S. P	HCS	10/21/2024	Provider	Provider reported that transfer has not been processed/complete of individual who transferred in 10/1/24. Transfer status was at Pending DADS Review.	LIDDA contacted PES for request to review and process submitted transfer.
T. W	TxHmL	10/14/2024	Parent	Ms. W reported that T.W. spoke in a "certain way"...too casual. SC used the term "Ok girl". She also reported that T.W. forgot about an appt in September and didn't show us for the scheduled appt in Oct.	T. W will be assigned to a new Service Coordinator.
Provider	HCS	11/16/2024	Provider	How units are calculated for entry onto IPC.	Supervisor reviewed with PACE case manager about how units are measured as 1 hour, not 15 minutes as they interpreted documentation.
C. L	TxHmL	11/22/2024	Aunt	Aunt called to ask how often the SC is supposed to meet with their clients. She was informed that the SC needs to meet monthly and make additional follow-up calls. She stated that her current SC "gets on my nerves", "she's annoying" and doesn't	Cedric will be assigned to the chosen SC.

				<p>like how she talks. The SC attempted to schedule the in person visit to December as she has been instructed to do. Ms. S stated she couldn't schedule that far in advance. She said that the SC said "I got to" regarding scheduling appts at the beginning of the month and Ms. S stated she did not like how she said it. The appointment today was rescheduled from earlier in the month when the family cancelled the in person visit with the SC due to illness. Ms. S requested a "younger SC". She said she does not like the "older SC" s as they "demand stuff". She said in regard to the SC, "don't call and tell me what I gotta do". She reported that she was aware that a previous SC of theirs was back with CHC and asked if she could be assigned at C.L. new SC.</p>	
L.B	HCS	12/18/2024	Parent	Mother of individual did not agree with UR decreasing PAS/HAB and transportation hours.	SC completed updated PAS/HAB and transportation assessments with clearer justifications to agreement of individual's mother
J. D-G	HCS	12/23/2024	Parent	Mother of individual expressing frustration with Medicaid as difficulties arose from	SC assisted faxing in required forms with 1746 A to Medicaid. Family

				trying to submit Medicaid renewal application.	was also encouraged to go to local Medicaid office for additional assistance.
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Participation Rates- Targeted Case Management

IDD Authority receives a monthly A (Face to Face) and B (Collateral) report from the Billing Department. In addition, the IDD Authority Service Manager and HCS Authority Service Manager pull a weekly Anasazi report. This report is shared with staff in each of their departments. The report is a detailed listing of all individuals who have received an A contact.

The IDD Director, ID Authority Service Manager, and HCS Authority Service Manager discuss monthly strategies to encourage participation.

For example:

1. Ensure individuals know their service coordinators' phone numbers since face-to-face contacts can be made by phone. The Service Coordinator states individuals have become reluctant in answering their phone calls.
2. Send a letter to the individuals to schedule the phone visit
3. Make unannounced visits- Be observant of individual's living condition
4. Encourage service coordinators to make 4 face to face contacts each day and six collateral contacts each day.

5. IDD Needs and Concerns

Intermediate Care Facilities (ICF) homes – 3-bed vacancy

Community Healthcore Board of Trustees met on January 23, 2025, and reviewed the report from the CPAC dated November 7, 2024. No questions or comments from the Board of Trustees.

Presented by Sandra Taylor, IDD Director

Presented by Sandra Taylor, IDD Director

May 1, 2025

1. Home and Community Services (HCS) Financial Audit – February 6, 2025 - 98.96%

2. Program Closures – Intermediate Care Facility – Concord Manor – impacted 9 clients – 7 transferred to Private Provider; 2 received HCS slots – Closure date 3/1/2025

Hazel Individualized Skills and Socialization (ISS) facility; Texarkana, Tx – Closure date 2/28/2025

Dimples Edwards Individualized Skills and Socialization (ISS) facility; Longview, Tx – Closure date 2/28/25

Terminated Community Living Assistance & Support Services(CLASS) – Lufkin contract – Closure date 5/1/2025

Total staff impacted - 25

3. Celebrated Disabilities Awareness Month. Tuesday, March 25, 2025 at Maude Cobb, Longview, Texas. Speakers- Inman White, Executive Director Community Healthcore; Honorable Gregg County Judge – Judge Stoudt; Special Guest Speaker, Cazzie, Rapper from Atlanta, Tx, games (Sucker Toss, Wheel of Prizes, Fishing, Ladder Ball Toss, Human Slot Machine, Solo Cup, Parachute, Temporary Tattoos, Corn Hole, Musical Oranges, prizes will be presented. Over 200 guest in Attendance

4. NCQA- recertification – brief review of Need Assessments and Health Disparities Reports (Akua Mensah, Quality Analyst, Christy Cravey, Director, Quality Management and Sandra Taylor, IDD Director)
5. Carthage ISS visited Howdy Ice Cream Shoppe in Shreveport, LA, Friday, April 25. This shop is managed by IDD individuals, who also make the ice cream.

6. Case Management

Complaints – January, February, March Complaint Log Report

Individuals Initials	Program	Date of complaint	Person filing complaint	Complaint made	Resolution to complaint
D.S.	HCS	03/05/2025	D.S.	Requested to keep current SC	Honored D.S. request to keep current SC.
B.A.	HCS	03/10/2025	Parent	Requested to keep current SC	IDD Director provided ombudsman contact information
Educare	HCS	01/29/2025	Provider	The receiving provider wanted an effective date for transfer to be changed from 1/31 to 2/1, per LAR's request.	HHCC will resubmit overpayment to transferring provider for amount that was paid for 1/31.
ICARE	HCS	01/30/2025	Provider	Provider stated that there was a disagreement on completion of transfer documents due to them questioning SC of knowledge of process, which led to SC becoming argumentative.	HCS Supervisor addressed SC response with SC and reminded them that it is not an SC's place to become argumentative with providers.
S.F.	GR	03/20/2025	Parent	Requested to keep current SC	Supervisor explained the reason for the change in SC and asked the parent to give the new SC a chance.
L.S.	CLASS	03/10/2025	Parent	L.S., Mother called to voice her feelings/concern that she is having to transfer to a new CMA, since CHC will no longer be serving the Lufkin Catchment area.	Sandra Taylor, IDD Director spoke to Mrs. S. and explained that CHC had to cancel the contract due to no reimbursement increase in over 20 years for the CLASS Program. Luna understood but still hated to leave CHC and her current CM.

Participation Rates- Targeted Case Management

IDD Authority receives a monthly A (Face to Face) and B (Collateral) report from the Billing Department. In addition, the IDD Authority Service Manager and HCS Authority Service Manager pull a weekly Anasazi report. This report is shared with staff in each of their departments. The report is a detailed listing of all individuals who have received an A contact.

The IDD Director, ID Authority Service Manager, and HCS Authority Service Manager discuss monthly strategies to encourage participation.

For example:

1. Ensure individuals know their service coordinators' phone numbers since face-to-face contacts can be made by phone. The Service Coordinator states individuals have become reluctant in answering their phone calls.
2. Send a letter to the individuals to schedule the phone visit
3. Make unannounced visits- Be observant of individual's living condition
4. Encourage service coordinators to make 4 face to face contacts each day and six collateral contacts each day.

7. IDD Needs and Concerns – None at this time

Community Healthcore Board of Trustees met on January 23, 2025, and reviewed the report from the CPAC dated November 7, 2024. No questions or comments from the Board of Trustees.

Presented by Sandra Taylor, IDD Director

August 7, 2025

Sandra Taylor reviewed the Intellectual & Developmental Disabilities (IDD) Quality Report

1. Managers and Crisis Intervention Staff visited Holy Angels gift store, Shreveport, LA on Friday, July 11 – all items in store made by IDD(Intellectual Developmental Disabilities) individuals (arts/craft, clothing, dinner ware, jewelry, furniture, etc)
2. Program Closures – Plans to terminate Community Living Assistance & Support Services(CLASS) – Longview Contract- Closure date 11/1/2025

Total staff impacted – 4

3. 8th IDD Crisis Conference held July 23-25 Lakeway, Texas. 4 speakers; 1 panel discussion. 4 Staff and 2 Longview Police Officers attended the conference from Community Healthcore.
4. NCQA- recertification – Review began July 7- Chart review scheduled for Monday/Tuesday August 25 and 26.

5. Crisis Intervention staff presented or participated in the following events:

Panola/Harrison County CRCG(Community Resource Coordination Group) (5/6 and 7/1)

East Texas Behavior Summit(Tyler 5/6/);

Bowie/Cass Co CRCG (Community Resource Coordination Group) (5/13);

Upshur Co CRCG (Community Resource Coordination Group) (5/22)

Gregg Co CRCG (Community Resource Coordination Group) (6/18)

Marshall ISD- Teacher Orientation(7/30),

Region 7(6/23),

Texarkana ISD Convocation(7/31);

Longview Police Academy (7/16) –

Monthly activities at Community Connections, Longview for IDD individuals and staff : How to identify AI generated images/videos; Spring into Healthy habits, provided hygiene bags; Dance for exercise

Participation Rates- Targeted Case Management

IDD Authority receives a monthly A (Face to Face) and B (Collateral) report from the Billing Department. In addition, the IDD Authority Service Manager and HCS Authority Service Manager pull a weekly Credible report. This report is shared with staff in each of their departments. The report is a detailed listing of all individuals who have received an A contact.

The IDD Director, ID Authority Service Manager, and HCS Authority Service Manager discuss monthly strategies to encourage participation.

For example:

1. Ensure individuals know their service coordinators' phone numbers since face-to-face contacts can be made by phone. The Service Coordinator states individuals have become reluctant in answering their phone calls.
2. Send a letter to the individuals to schedule the phone visit
3. Make unannounced visits- Be observant of individual's living condition
4. Encourage service coordinators to make 4 face to face contacts each day and six collateral contacts each day
5. **April 2025, May 2025 and June 2025 met targeted case management revenue target**

IDD Needs and Concerns – None at this time

Community Healthcore Board of Trustees met on April 24, 2025, and reviewed the report from the CPAC dated February 6, 2025. No questions or comments from the Board of Trustees.

Presented by Sandra Taylor, IDD Director

Appendix C – IDD Network Table

Service	# of providers	Amount of money spent to provide this service by contract (estimated cost FY 25)
ACCESS & 24/7Crisis Services	1	\$29,160
Determination of Intellectual Disabilities	1	\$43,500
Crisis Respite	1	\$10,000
ISS	1	\$32,000
Dietitian	1	\$6,000
Behavioral Health Plans	1	\$500

Open Enrollment or Informal Solicitation are the two primary means of Competitive Procurement being utilized in FY26 for IDD Services.