



TEXAS

**Department of Family
and Protective Services**

**Foster and Licensed Facility
Placements Resource Guide**

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Resource Guides

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

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

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

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

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

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

- make essential decisions
- develop strategies to address various issues
- perform essential procedures
- understand important processes

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

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

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

Foster and Licensed Facility Placements

The Regional Placement Team

Components of the Regional Placement Team

The Regional Placement Team contains the:

- Centralized Placement Unit,
- Residential Treatment Placement Coordinators, and
- Developmental Disability Specialists.

Centralized Placement Unit (CPU)

The Child Placement Coordinators (CPCs) make up the CPU. The CPU uses the General Placement Search (GPS) to identify the following types of placements:

- initial and subsequent placement of all children in care who are not placed with relatives or fictive kin but are placed into a foster home or general residential operation (GRO), including a GRO providing emergency services but excluding foster home and GRO placements facilitated by the residential placement treatment coordinators or developmental disability specialists.
- placement of children with primary medical needs. Note: Placement moves between foster homes verified by the same CPA are considered placement changes that must be routed through the CPU.

Residential Treatment Placement Coordinators (RTPC)

Residential Treatment Placement Coordinators use the Child Placement Vacancy Database (CPV) to seek placement for children in CPS conservatorship who require a more structured setting.

This includes placements such as:

- Intensive foster homes,
- General Residential Operations including GRO Emergency Care Services,
- GRO Multiple Services, and
- GRO Residential Treatment Centers.

Developmental Disability (DD) Specialists

The Developmental Disability Specialists seek placement for children diagnosed with Intellectual and Developmental Disabilities (IDD). Such placements include:

- DFPS-licensed General Residential Operations serving children with Intellectual and Developmental Disabilities (IDD)
- Intermediate Care Facilities for Individuals with intellectual disabilities (also known as ICF/IID), previously known as ICF/MR
- Home and Community-based Services (HCS) homes
- Nursing Facilities

- State Supported Living Centers (SSLC)

Types of Placements Made with Assistance from the Regional Placement Team

The Regional Placement Team works with CPS staff to make placements into facilities that are:

- paid placements (whether CPS-paid or paid through another funding source), and
- placements that are either:
 - regulated, or
 - operated by a government agency, including placements regulated by DFPS Child-Care Licensing.

The RTPC works with CPS staff to make such placements inside and outside of Texas. The types of placements and settings described in these policies are generally those in Texas, though they would apply to similar settings outside of Texas.

Seeking Placement Through the Regional Placement Team

See [4211](#) Seeking Placement Through the Regional Placement Team.

RPT Staff Searches for Placement Options

Depending on the child's needs, the following coordinate concurrent (dual) placement searches, using the Child Placement Vacancy Database and performing history checks:

- residential treatment placement coordinators (RTPC),
- centralized placement units, or
- developmental disability (DD) specialists.

Child Placement Vacancy Database

The Child Placement Vacancy Database (CPV) is a resource for identifying provider vacancies within the state. Providers regularly access the CPV through the DFPS Website to update vacancies.

CPU or RTPC Provide Confirmation of Selected Placement

Once the child's caseworker and supervisor make the selection, the CPU or RTPC completes and provides the caseworker with [Form 2105](#) Placement Confirmation. The form provides the following information:

- contact information for the residential provider, child-placing agency, and foster home or FPS foster home;
- why the placement was selected; and
- what other placement options were attempted. The caseworker and placement staff jointly:

- contact the placement selection,
- provide information concerning placement time and date,
- confirm all pertinent information regarding the child’s behaviors, mental health and medical needs, as well as medications and expectations for visitation. Admission to Hospital Begins with Discharge from the Placement

If the caseworker is working with the RPT, the caseworker must follow the policies and steps in [4210](#) The Regional Placement Team.

When children are admitted to psychiatric or medical hospitals and the CPS Caseworker determines that the child will not return to the prior placement, the CPS Caseworker should within 24 hours or next business following hospitalization:

- Send a request for a placement to the Regional Centralized Placement Unit Mailbox indicating that the child is currently hospitalized;
- Reference the date of psychiatric hospitalization and estimate the planned discharge date after consulting with medical personnel; or
- Reference the date of medical hospitalization and estimate the planned discharge of the child after consulting with medical personnel.

Placements into DFPS-Regulated Facilities

See [4220](#) Placements into DFPS-Regulated Facilities and its subitems.

Types of DFPS-Regulated Facilities

Type of Facility	Description
DFPS Foster or Adoptive Home	Foster and adoptive homes verified or approved by CPS that are: the foster parents' primary residence; and verified to provide basic care for six or fewer children up to age 17
Child-placing agency (CPA)	An agency, organization, or person (other than a child’s parent) that places or plans to place the child in a foster or adoptive home.

Private CPA foster family home	A home regulated by a child-placing agency that is: the foster parents' primary residence; and verified to provide care for six or fewer children up to age 18.
Treatment Foster Family Care	<p>The Treatment Foster Family Care Program (TFFC) provides intensive, multi-disciplinary treatment services to children up to age 17 in a highly structured home environment.</p> <p>The program is intended for children at risk of psychiatric hospitalizations or RTC placements.</p> <p>These placements are not intended to last more than 9 months.</p>
Private CPA adoptive home	A home approved by a child-placing agency for the purpose of adoption.
General residential operation (GRO)	<p>An operation that provides child care for 13 or more children up to age 18.</p> <p>The care may include treatment and other programmatic services. Residential treatment centers are a type of general residential operation and may also include emergency shelters.</p>

Types of Services Provided by CPS-Regulated Facilities

Child-Care Services – Services that meet a child’s basic need for shelter, nutrition, clothing, nurture, socialization and interpersonal skills, care for personal health and hygiene, supervision, education, and service planning.

Treatment Services – In addition to child-care services, a specialized type of child-care services designed to treat and/or support children with:

1. *Emotional Disorders*, such as mood disorders, psychotic disorders, or dissociative disorders, and when the child demonstrates three or more of the following:
 - a Global Assessment Functioning of 50 or below;
 - a current DSM diagnosis;
 - major self-injurious actions, including recent suicide attempts;
 - difficulties that present a significant risk of harm to others, including

- frequent or unpredictable physical aggression; or
 - a primary diagnosis of substance abuse or dependency and severe impairment because of the substance abuse.
2. *Intellectual and/or Developmental Disability*, when the child has an intellectual functioning of 70 or below and is characterized by prominent, significant deficits and pervasive impairment in one or more of the following areas:
 - conceptual, social, and practical adaptive skills to include daily living and self-care;
 - communication, cognition, or expressions of affect;
 - self-care activities or participation in social activities;
 - responding appropriately to an emergency; or
 - multiple physical disabilities, including sensory impairments.
 3. *Pervasive Developmental Disorder*, which is a category of disorders (e.g. Autistic Disorder or Rett's Disorder) characterized by prominent, severe deficits and pervasive impairment in one or more of the following areas of development:
 - conceptual, social, and practical adaptive skills to include daily living and self-care;
 - communication, cognition, or expressions of affect;
 - self-care activities or participation in social activities;
 - responding appropriately to an emergency; and
 - multiple physical disabilities including sensory impairments; or
 4. *Primary Medical Needs*, a category of individuals who cannot live without mechanical supports or the services of others because of non-temporary, life-threatening conditions, including the:
 - inability to maintain an open airway without assistance. This does not include the use of inhalers for asthma;
 - inability to be fed except through a feeding tube, gastric tube, or a parenteral route;
 - use of sterile techniques or specialized procedures to promote healing, prevent infection, prevent cross-infection or contamination, or prevent tissue breakdown; or
 - multiple physical disabilities including sensory impairments.
 5. **Additional Programmatic Services, which include:**
 6. **Emergency Care Services** – A specialized type of child-care services designed and offered to provide short-term (up to 90 days) child care to children who, upon admission, are in an emergency constituting an immediate danger to the physical health or safety of the child or the child's offspring;
 7. **Transitional Living Program** – A residential services program designed to serve children 14

years old or older for whom the service or treatment goal is basic life skills development toward independent living. A transitional living program includes basic life skills training and the opportunity for children to practice those skills. A transitional living program is not an independent living program;

8. **Assessment Services Program** – Services to provide an initial evaluation of the appropriate placement for a child to ensure that appropriate information is obtained to facilitate service planning; and
9. **Respite Child-Care Services** – Planned alternative 24-hour care an operation provides for a child as part of the regulated child care.

10. Foster Homes

11. See [4222](#) Foster Homes and its subitems.

Foster Family-Homes Definition

A home that is the foster parent's primary residence and provides care for six or fewer children or young adults, under the regulation of a child-placing agency.

Types of Services

Depending on license and verification, foster family-homes can provide any of the following services:

- child care;
- treatment services, which include treatment for emotional disorder, pervasive developmental disorder, intellectual and developmental disability; and
- transitional living.

Additional Programmatic Services include:

- respite child-care services; and
- services for children with primary medical needs. Treatment Foster Family Care

Definition

A Treatment Foster Family Care home is a short-term individualized therapeutic placement in a highly structured home environment for youth with intense and complex needs.

Types of Services

- TFFC homes provide the following services: Individualized, strengths-based therapeutic services and case management
- 24/7 in-home crisis intervention and placement stabilization services for the child and/or family

- Strong clinical supervision
- Formal respite system
- Treatment service planning, with a review occurring every 60 days
- Discharge planning, transition services, and aftercare support
- Preparation and training for adulthood, social skills training, and normalcy activities based on age and maturity
- Transportation Appropriateness

Treatment Foster Family Care homes are appropriate for children and adolescents who:

- Have history of multiple, unsuccessful placements
- Were placed in or recommended for residential placement
- Were placed in and are discharging from a psychiatric hospital
- Have history of aggressive or antisocial behavior

Disallowing Placement

If a caseworker has a serious concern and is considering disallowing new placements with a particular foster family, the caseworker thoroughly documents the reasons to consider disallowing new placements and submits this documentation to his or her direct supervisor.

Staff follows these steps to review and approve the recommendation.

1. Each level in the chain of command, up to the regional director, must approve the recommendation and the reasons for disallowing new placements.
2. If the regional director approves the recommendation, the regional director must submit the recommendation and documentation to the CPS director of placement or designee.
3. The Placement division and fellow divisions, Residential Child Care Contracts, and Legal, confer to make a final determination whether to disallow further placements into the identified foster home. CPS may consult with Residential Child Care Licensing to obtain the compliance history of the CPA and foster home.
4. If the final determination is to disallow further placements, the director of Placement must notify the director of Residential Child Care Contracts and director of Residential Child Care Licensing of this determination.
5. In coordination with the Legal division and in collaboration with RCCL, Residential Contracts and CPS Program, the CPS State Office Director of Placement or designee must draft a notification letter to the foster family's CPA outlining CPS's concerns. This notification must include an opportunity for the CPA staff to meet and attempt to resolve these concerns. This meeting would include representatives of Program, Residential Child Care Contracts, or Legal staff, as appropriate. CPS may invite Residential Child Care Licensing to the meeting to consult on the compliance history

of the operation and foster home.

6. After representatives from state office Division of Placement and Residential Child Care Contracts formally notify the CPA, the director of Placement or designee must notify the regions that they cannot officially conduct further placements into the identified foster family.
7. A representative from the state office Placement division must notify all key DFPS staff of this action. The representative shares the Disallowed Placement status with regional placement staff, so that placement is discontinued to the identified foster family.

If the identified foster family has current placements, CPS evaluates whether to remove any children on a case-by-case basis according to the individual child's needs. For these placements, staff reviews each individual child's situation with the chain of command to make a placement decision that is in the best interest of that child.

Re-Allowing Placement

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

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

If the regional director agrees, the regional director discusses the consideration with the director of Placement or designee to make a final determination on whether to change the Disallowed Placement status and to consider placing foster children. Staff must complete the following procedures before reallowing (re-opening) placements into the foster home:

1. The caseworker must thoroughly document the reasons to consider re-allowing new placements and submit this documentation to his or her direct supervisor.
2. Each level in the chain of command, up to the regional director, must discuss and approve the recommendation and the reasons for re-allowing new placements.
3. If the regional director approves the recommendation, the regional director must submit the recommendation and documentation to the CPS director of Placement or designee.
4. Representatives from Placement, Residential Child Care Contracts, and Legal must review the situation and make a final determination on whether to re-allow further placements into the identified foster family. CPS may consult with Residential Child Care Licensing to obtain information on the compliance history of the operation and foster home.
5. If the final determination is to re-allow placements, the director of Placement must notify the director of Residential Child Care Contracts and the director of Residential Child Care Licensing of this determination.

6. In coordination with Legal staff, Residential Child Care Contracts staff must draft a notification letter to the foster family's CPA outlining the reasons why CPS wants to re-allow placements into the foster home.
7. After representatives from Placement and Residential Child Care Contracts have formally notified the CPA, the director of Placement or designee must notify the regions that they can officially proceed with re-allowing placements into the identified foster family.
8. A representative from Placement must notify all key DFPS staff of this action. The representative shares the re-allowed placement status with regional placement staff, so that staff can make placements into the identified foster family home.

General Residential Operations

See [4223](#) General Residential Operations and its subitems.

General Residential Operations: Overview

A General Residential Operation (GRO) is an operation that provides child care for 13 or more children up to age 18. The care may include treatment and other programmatic services. GRO is a broad designation that includes many different types of facilities and settings from cottage homes to shelters to Residential Treatment Centers. Because they are so varied this section provides a broad overview of some of the different types.

Types of Services

Depending on license and verification, General Residential Operations can provide any of the following services:

- child care;
- treatment services, which include treatment for emotional disorder, pervasive developmental disorder, intellectual and developmental disability,
- transitional living;
- primary medical needs; and
- emergency care services.

Additional Programmatic Services

Additional programmatic services include:

- transitional living program – A residential services program designed to serve children 14 years old or older for whom the service or treatment goal is basic life skills development toward independent living. A transitional living program includes basic life skills training and the opportunity for children to practice those skills. A transitional living program is not an independent living program;
- assessment services program – Services to provide an initial evaluation of the appropriate placement for a child to ensure that appropriate information is obtained in order to

facilitate service planning;

- respite child-care services; and
- services for children with primary medical needs. GRO: Basic Childcare Services

This type of GRO provides services that meet a child's basic need for shelter, nutrition, clothing, nurture, socialization and interpersonal skills, care for personal health and hygiene, supervision, education, and service planning.

Shelters as Assessment Centers

Some emergency shelters function as assessment centers. They provide short-term emergency residential care and rapid medical, psychological, and developmental assessments to help the caseworker select an appropriate caregiver at the start of a child's stay in substitute care.

GRO: Multiple Services

General Residential Operations under this license type provide a wide range of services including but not limited to child care services, emergency care services, transitional living services, and treatment services, within the same setting.

GRO: Residential Treatment Centers (RTC)

Residential Treatment Centers (RTCs) are general residential operations that provide child-care and treatment services to children with emotional disorders. RTCs, by definition, must always comply with the relevant Minimum Standards as if 100% of the children in their care require treatment services for emotional disorders. This includes, but is not limited to, services to individual children, personnel requirements, and child/caregiver ratio requirements.

GRO: Serving Children with Intellectual or Developmental Disabilities

The procedures and requirements for placing children with intellectual or developmental disabilities is covered in [4118](#) Additional Actions for Placing Children with Intellectual or Developmental Disabilities.

Nursing Facilities

A nursing facility is a privately operated, residential group care facility where nurses and nurse aides provide custodial, personal, and nursing care for persons who are unable to adequately care for themselves or their medical needs. Persons included in this population may include, but are not limited to the aged, disabled, and chronically ill.

Alternatives to Nursing Facilities

Supportive Services in a Home and Family Environment

Optimal placement for most children who have complex medical issues is a home and family environment that provides needed support services to maintain or improve the child's level of functioning. These services may be funded by Texas Medicaid through STAR Health, other

agencies, community resources, or organizations.

Support services may include, but are not limited to:

- medical care;
- respite;
- homemaker services;
- home modifications;
- skilled nursing care;
- caregiver training; and
- transportation.

Foster Home Versus Nursing Facility Admissions

An optimal placement may be a foster home for children with primary medical needs that meets DFPS's Minimum Standards for Child-Placing Agencies.

However, a nursing facility may be appropriate for a child whose needs cannot be met in a less restrictive environment, or who has serious or life-threatening medical conditions.

When Placement in a Nursing Facility May be Appropriate

A nursing facility may be appropriate for a child with severe medical issues whose needs cannot be met in a less restrictive environment, such as a child who is comatose, in a vegetative state, anencephalic (missing all or parts of the brain), or with other serious or life-threatening medical conditions. A child may be considered for placement in a nursing facility when:

- the child's health needs cannot be met in a foster home, even with intensive support services; the child requires 24-hour nursing supervision and frequent medical intervention to sustain life;
- the child's physician recommends nursing facility placement as the most appropriate setting to meet the child's medical needs;
- All of the Department of Aging and Disability Services requirements for placing a child in a nursing facility are met, including, as applicable:
 - a determination of medical necessity has been granted;
 - a Pre-Admission Screening and Resident Review (PASARR) determination for eligibility for specialized services has been made for children with intellectual disabilities, mental illness, or a related condition;
 - a Community Resources Coordination Group (CRCG) staffing has been held to pursue alternatives to placement in a nursing facility; and
- the program director, program administrator and associate commissioner of CPS approve the placement. If a court has ordered the placement, a memorandum of approval is required to document the basis for the placement, but CPS must comply with the court's order or work

with the attorney representing DFPS to contest the order if appropriate.

DFPS Rules, 40 TAC [§700.1315](#)

For more information regarding working with children with disabilities, see [Appendix 4000-1: Placement Checklist for Children With Disabilities](#).

Obtaining a Determination of Medical Necessity

To be eligible for placement in a nursing facility a child must have a determination of medical necessity made by the HHSC contractor for determining medical necessity. This determination applies to children both with and without an intellectual disability, mental illness, or a related condition.

Children with Intellectual Disabilities, Mental Illness or a Related Condition

If the child has a diagnosis of intellectual disability, mental illness, or a related condition, a PASARR must be completed before the child is placed in a nursing facility. The PASARR helps determine medical necessity and eligibility for specialized services provided by the local authority (LA).

Caseworkers need to contact their regional disability specialist for assistance in ensuring children receive all benefits identified for this population.

Children Without Intellectual Disabilities, Mental Illness, or a Related Condition

The process for obtaining a medical necessity determination for a child without an intellectual disability, mental illness, or a related condition is as follows:

1. The CPS caseworker initially must notify the nursing facility that a placement is being sought in that facility.
2. The nursing facility applies for a medical necessity determination for the child.
3. The caseworker must coordinate with the nursing facility to obtain the medical necessity determination. The nursing facility may request the medical necessity determination.
4. If the child obtains a determination of medical necessity, then he or she is eligible for nursing facility placement.
5. If the child does not obtain a determination of medical necessity, the child is not eligible for nursing facility placement, and alternate placement is required.

Pre-Admission Screening and Resident Review (PASARR)

The PASARR is a screening test that allows a determination of medical necessity to be made. The process is as follows:

1. A hospital, prospective nursing facility, parent, or CPS worker makes a request to Health and Human Services Commission contractor for determining medical necessity.
2. If the PASARR screening determines that the child's placement into a nursing facility is medically necessary, then he or she is eligible for nursing facility placement.
3. If the PASARR screening also determines that the child qualifies for specialized services, then he or she is eligible for case management from the local authority (LA) or local mental health authority (usually the local MHA community center). If the child could benefit from alternate placement, the child is referred to the LA or LMHA for such.
4. If the PASARR screening determines that the child is not eligible for specialized services, the child is not eligible for case management from the LA or LMHA.
5. If the PASARR screening determines that the child does not have a medical necessity, the child is not eligible for nursing facility placement and alternate placement is required.

CPS Associate Commissioner Approval Process

Placement in a Nursing Facility requires obtaining approval from the CPS associate commissioner or designee.

1. The CPS program administrator (PA) from the child's conservatorship region must send a memo addressed to the CPS associate commissioner and route the memo through the regional developmental disability specialist (DDS). The regional DDS must forward the memo to the state office developmental disability specialist. The memo must include:
 - basic information regarding the child, such as the name, birth date, level of care, and IQ;
 - the child's medical (and other) conditions that require nursing facility services and placement;
 - documentation that the child's physician has recommended nursing facility placement and services;
 - the date and determination of medical necessity;
 - the date and determination of the PASARR (if applicable);
 - alternate placement options pursued (such as foster care or GRO) and reasons why these were not appropriate;
 - resources explored to support community placement;
 - the date a CRCG staffing was held to discuss alternatives to nursing facility placement and the results of that staffing;
 - reasons that placement in a nursing facility is the best placement for the child and

- how the placement meets the child's specific needs; and
- program administrator and program director's approvals.
2. The state office developmental disability specialist must review the memo, request clarification or additional information as needed, and route the memo to the CPS associate commissioner or designee for review and approval.
 3. The CPS associate commissioner or designee approves or disapproves the child's placement in a nursing facility. The CPS associate commissioner or designee sends a written response to the state office developmental disability specialist who must notify the regional developmental disability specialist and PA of the decision.

Resources for Placement Assistance

If a caseworker needs assistance with any of the above procedures, including seeking placement for a medically fragile child, the caseworker may use the following resources:

- regional centralized placement unit (CPU) coordinator;
- local hospital staff;
- Regional Well-Being Specialist;
- CPS Regional Nurse Consultant;
- local Community Resource Coordination Group (CRCG);
- regional developmental disability staff; and
- state office developmental disability specialist.

Nursing Facility Complaint Hotline

To report complaints regarding a nursing facility, the caseworker may call DADS at 1-800-458-9858. Staff can also use this number to obtain the complaint history of a nursing facility being considered for a child's placement.

Educational Services for Children in Nursing Facilities

Staff can find additional information in the Disability Rights Texas publication entitled

[*Individuals with Disabilities Education Act \(IDEA\) Manual*](#).

Staff can obtain a copy of this document from the local school district or from Disability Rights Texas.

Educational issues to be addressed with the nursing facility include:

- What school and school district will provide educational services?
- Will educational services be delivered at the nursing facility or on the school campus?
- How will transportation to and from school be provided?

For further assistance with education related matters contact the [regional education specialist](#).

Home and Community-Based Services (HCS) Program

To place an individual in the Home and Community-Based Services (HCS) program, a regional developmental disability specialist needs to coordinate with the state office developmental disability specialist to request a CPS HCS slot and confer with the region if SSI is in place. Once an HCS slot is received, the regional developmental disability specialist is responsible for coordinating with the Local Authority (LA) in the child placement region to find a provider and complete enrollment activities.

The HCS program is a Medicaid waiver program approved by the Centers for Medicare and Medicaid Services (CMS) pursuant to §1915(c) of the Social Security Act. It provides community-based services and supports to eligible individuals as a least restrictive alternative to the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) program.

The Department of Aging and Disability Services (HHSC/DADS), under the authority of the Health and Human Services Commission (HHSC), operates the HCS program. HHSC limits enrollment in the HCS program to the number of individuals in specified target groups and to the geographic areas approved by CMS in the waiver and legislative appropriations.

HHSC/DADS requires a designated Local Authority to conduct the HCS enrollment process. There are 39 LAs in Texas. HHSC/DADS authorizes the LA to offer HCS services, complete eligibility assessments, and develop a Person Directed Plan with the individual and his or her conservator. The individual or conservator selects a provider from the list of contracted HCS providers serving the contract area where the individual will receive services.

The Local Authority:

- develops the HCS Plan of Care with the selected provider and the individual or conservator;
- develops the Individual Plan of Care with the HCS provider that CPS selected;
- submits enrollment documents to HHSC/DADS.

DADS must approve enrollment before services begin.

An individual's plan of care (IPC) will include HCS service components selected from the list below. Staff selects the appropriate components to:

- ensure the individual's health and welfare in the community,
- supplement rather than replace that individual's natural supports and other community services for which the individual may be eligible, and
- prevent the individual's admission to institutional services.

The following service components are defined in the HCS program service definitions, available at the HHSC/DADS website.

HCS Service Components

Service components available under the HCS program include:

Specialized Therapies

Specialized therapies provided by appropriately licensed or certified professionals. These therapies include:

- physical therapy;
- occupational therapy;
- speech and language pathology;
- audiology;
- social work;
- behavioral support;
- dietary services; and
- nursing provided by licensed nurses.

Residential Assistance

Four types of residential assistance are available:

- Supported home living – supports in the form of someone coming to the individual’s own home or the individual’s family home.
- Foster or companion care – a foster or companion care provider provides HCS foster or companion care. The provider lives in the residence in which:
 - no more than three individuals are living at any one time, and
 - the program provider does not hold a property interest.
- Three-person group home.
- Four-person group home (requires CPS associate commissioner approval if the child is under the age of 18; see approval process outlined below).

Residential assistance excludes room and board.

Individuals who receive HCS services cannot live in licensed facilities or facilities subject to licensure.

Respite

HCS can provide respite services either in the individual’s home or outside of the individual’s home. When HCS provides respite outside the individual’s home, the individual does not pay room and board for the time they are in out-of-home respite. In order to be eligible for respite services, the individual cannot receive foster or companion care or group home services through HCS.

Day Habilitation

Day Habilitation assists individuals with acquiring, retaining, or improving self-help, socialization, and adaptive skills necessary to live successfully in home and community-based settings. Day habilitation provides individualized activities in environments designed to develop skills and behavior that support greater independence and personal choice and that help to achieve the outcomes identified in the individual’s service plan.

Supported Employment

Supported employment provides ongoing individualized support services in an integrated setting that enables individuals for whom competitive employment at or above the minimum wage is unlikely without provided supports and who, because of their disabilities, need supports to perform in a regular work setting.

Adaptive Aids

Adaptive aids might include communication boards, wheelchairs, hearing aids, and other devices to assist the individual in managing his or her environment.

Minor Home Modifications

Minor home modifications might include ramps, lifts, and other modifications to allow the person to remain in his or her home.

Dental Treatment

Dental treatment is available under the HCS program.

Eligibility for the HCS Program

When a child comes into foster care the regional developmental disability specialist or caseworker should contact the Local Authority to put a child with disabilities on a Medicaid waiver interest list, like HCS.

An individual is eligible for HCS program services if he or she:

- qualifies for care in an intermediate care facility for individuals with an intellectual disability or related conditions (ICF/IID),
- has a determination of an intellectual disability in accordance with state law of 69 or below or has a diagnosis of a related condition with an IQ of 75 or below,
- is not enrolled in another waiver program,
- has income and resources that do not exceed specified limits of the SSI program, and
- is eligible and receiving SSI.

There is no age restriction for eligibility.

A child may also access HCS waiver services through a priority population slot. CPS has been allotted a number of HCS slots that the State Office Developmental Disability Specialist manages. Staff can request these slots through the regional developmental disability specialist. Children who are eligible for these specific slots must meet the following criteria:

- Aging Out of Care HCS slots:
- eligible and receives SSI benefits or other sources of income;
- has Medicaid;
- 17-22 years old;
- currently in care;
- has a determination of an intellectual disability in accordance with state law of 69 or

below or have a diagnosis of a related condition with an IQ of 75 or below.

- General Residential Operation HCS slots:
- under age 17;
- resides in either Casa Esperanza or Mission Roads Developmental Center GRO;
- Eligible and receiving SSI;
- has Medicaid;
- has a determination of an intellectual disability in accordance with state law of 69 or below or have a diagnosis of a related condition with an IQ of 75 or below;

To access one of the above HCS slots or for further questions contact the regional developmental specialist.

For more information regarding working with youth with disabilities, see [Appendix 4000-1: Placement Checklist for Children With Disabilities](#).

CPS Associate Commissioner Approval Process for a Child Under 18

If a child under age 18 is considered for HCS group home 1-4 placement, a State Office memo, with approval from the associate commissioner or their designee, is required before placement.

1. The CPS program administrator (PA) from the child's conservatorship region must send a memo addressed to the CPS associate commissioner and route the memo through the regional developmental disability specialist (DDS). The regional DDS must forward the memo to the state office developmental disability specialist. The memo must include:
 - basic information regarding the child, such as name, birth date, level of care, and IQ;
 - the factors that require placement in a four-person HCS setting, including the child's diagnosis, conditions, and behaviors;
 - any alternate placement options pursued (such as DFPS foster care) and the reason why these were denied or not appropriate;
 - the date a CRCG staffing was held to discuss alternatives to the four-person HCS group home placement and the results of those recommendations;
 - reasons why the four-person HCS group home placement is the best placement for the child and how the placement meets the child's specific needs; and
 - the program administrator's approval.
2. The state office developmental disability specialist must review the memo, request clarification or additional information as needed, and route the memo to the CPS associate commissioner or designee for review and approval.
3. The CPS associate commissioner or designee approves or disapproves the child's placement in a

four-person HCS group home. The CPS associate commissioner or designee must send a written response to the state office developmental disability specialist. The state office developmental disability specialist must notify the regional developmental disability specialist and PA of the decision.

Resources for Placement Assistance

If staff requires assistance with HCS, staff may use the following as resources:

- regional developmental disability specialist;
- local authority (LA);
- local community resources coordination group (CRCG); and
- state office developmental disability specialist.

Background checks for HCS placement for adults in CPS conservatorship

Young adults placed in HCS homes under the HCS waiver may choose to change homes or providers. If the youth is over age 18 and their own guardian, they are responsible for making decisions related to their placement since the youth is a legal consenting adult. If the case does remain open, DFPS can offer guidance in this decision making and supporting their decision as to where the young adult would like to live. DFPS will not complete background checks for adults in HCS placements looking to move or change providers.

Complaints Regarding an HCS Provider

Complaints regarding an HCS provider may be reported to the Texas Department of Aging and Disability Services, Consumer Rights and Services at 1-800-458-9858.

Immediate Care Facilities for Individuals with Intellectual Disabilities or Related Conditions (ICF-IID)

Definitions

ICF-IID

The ICF-IID program is a federal Title XIX (Medicaid funded) program which provides residential and habilitative services to persons with intellectual disabilities or a related condition. Facilities range in size from small group homes (six to eight beds) to very large institutions (such as state supported living centers). The state, a Local Authority (LA), or a privately organization may operate an ICF-IID. The Texas Department of Aging and Disability Services licenses private ICF-IIDs. Some ICF-IIDs specialize in certain disabilities (such as cerebral palsy, autism spectrum disorder) or in serving individuals with challenging behavior problems.

Intellectual Disability

Intellectual disability is a condition characterized by sub-average general intellectual functioning (for example, a full-scale IQ of 69 or below), existing alongside deficits in adaptive behavior, and

demonstrated during the developmental period. Individuals with intellectual disabilities often have difficulty learning and applying what they learn in different situations.

Related Condition

A related condition is a severe and chronic disability attributed to:

- cerebral palsy or epilepsy; or
- any other condition, excluding mental illness, found to be closely related to intellectual disability. The condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with intellectual disabilities and requires
- treatment or services similar to those required for individuals with intellectual disabilities.
- In addition, a related condition:
 - is manifested before the person reaches age 22;
 - is likely to continue indefinitely; and
 - results in substantial functional limitations in three or more of the following areas of major life activity:
 - self-care;
 - understanding and use of language;
 - learning;
 - mobility;
 - self-direction; or
 - capacity for independent living.

For more information regarding related conditions see the [DADS Approved Diagnostic Codes for Persons with Related Conditions](#).

Least Restrictive Placement

The least restrictive placement for most children with intellectual disabilities or a related condition is a community-based setting like a family (birth, foster, adoptive, or relative) home in which support services are provided as needed to assist the child in functioning as independently as possible within his community. Support services include, but are not limited to:

- respite;
- homemaker services;
- home modifications;
- transportation;
- habilitative therapies;
- speech therapy;

- caregiver training.

If a community-based setting is not available, and other least restrictive options have been exhausted, an ICF-IID may be appropriate. The most desirable ICF-IID for most children with intellectual disabilities or a related condition is a small group home, with the least desirable being a large institution.

Resources for Placement Assistance

If staff need assistance in seeking placement for a child with intellectual disabilities or a related condition, staff may use the following resources:

- regional developmental disability specialists;
- state office developmental disability specialist;
- Local Authority (LA);
- local community resources coordination group (CRCG).

For more information regarding working with children with disabilities, see:

[Appendix 4000-1: Placement Checklist for Children with Disabilities](#)

[Appendix 4000-2: ICF-ID/RC Levels of Care](#)

Eligibility for Placement in an IFC-ID/RC

The ICF-ID/RC program has its own level-of-care system, which differs from DFPS's service level system. Each child has an individual level of care. There are two levels of care (LOC I & LOC VIII) related to ICF-ID/RC placement:

To meet the **LOC I criteria**, a child must be determined by the Local Authority to:

- have a full-scale intelligence quotient (IQ) score of 69 or below, obtained by administering a standardized individual intelligence test; or
- have a full-scale IQ score of 75 or below, obtained by administering a standardized individual intelligence test, and have a primary diagnosis by a licensed physician of a related condition that is included on the DADS Approved Diagnostic Codes for Persons with Related Conditions; and
- have an adaptive behavior level of I, II, III, or IV (that is, mild to extreme deficits in adaptive behavior), obtained by administering a standardized assessment of adaptive behavior.
- If a person has a sensory or motor deficit for which a specially standardized intelligence test or a certain portion of a standardized intelligence test is appropriate, the appropriate test or portion and the score is used.
- If a full-scale IQ score cannot be obtained from a standardized intelligence test because of age, functioning level, or other severe limitations, an estimate of a person's intellectual functioning is documented with clinical justification. To meet the LOC VIII criteria, a child must:
- have a primary diagnosis by a licensed physician of a related condition that is included on the DADS Approved Diagnostic Codes for Persons with Related Conditions; and

- have an adaptive behavior level of II, III, or IV (that is, moderate to extreme deficits in adaptive behavior) obtained by administering a standardized assessment of adaptive behavior.

Referring a Child to an ICF-ID/RC

ICF-IDs typically serve persons over the age of 18; however, some but very few serve children age 17 and under. A person may enter an ICF-ID or may transition from foster care into an ICF-ID group home upon aging out of CPS care. However, because ICF-ID facilities typically have waiting lists for admissions, referrals must be made as soon as possible.

The LA may or may not have a complete listing of all ICF-ID facilities in the child's geographical area. A better resource might be the [HHSC Help for Texans](#) website.

CPS Associate Commissioner Approval Process for Placement of a Child Under 18

The process for obtaining approval from the CPS associate commissioner is as follows:

1. The CPS program administrator (PA) from the child's conservatorship region must send a memo addressed to the CPS associate commissioner and must route the memo through the regional developmental disability specialist (DDS). The regional DDS must forward the memo to the state office developmental disability specialist. The memo must include:
 - basic information regarding the child, such as name, birth date, level of care, and IQ;
 - the factors that require the ICF-ID placement, including the child's diagnosis, conditions, and behaviors;
 - any alternate placement options pursued (such as foster care or GRO) and the reason why these were denied or not appropriate;
 - the resources explored to support community placement;
 - the date a CRCG staffing was held to discuss alternatives to ICF-ID placement and the results of those recommendations;
 - reasons why the ICF-ID placement is the best placement for the child and how the placement meets the child's specific needs; and
 - the program administrator's approval.
2. The state office developmental disability specialist must review the memo, request clarification or additional information as needed, and route the memo to the CPS associate commissioner for review and approval.
3. The CPS associate commissioner or disapproves the child's placement in an ICF-ID facility or home. The CPS assistance commissioner must send a written response to the state office developmental disability specialist, who must notify the regional developmental disability specialist and PA of the decision. DFPS-Licensed Institutions Serving Children with Intellectual or Developmental Disabilities

A licensed institution serving children with intellectual or developmental disabilities is a residential facility licensed by DFPS, that serves more than 12 children or adolescents who:

- are significantly below average in general intellectual functioning;
- and have deficits in adaptive behavior.

Care and treatment are provided 24 hours per day.

Licensing Standards

Institutions serving children with intellectual or developmental disabilities must meet Licensing Standards.

Funding

Foster care money funds children placed in DFPS's licensed institutions serving children with intellectual or developmental disabilities.

Specialized Populations

Each institution for children with intellectual or developmental disabilities may serve a specialized population of children. For example, the institution may serve children with: severe to profound intellectual or developmental disabilities who have medical disabilities;

- moderate to mild intellectual or developmental disabilities;
- any level of intellectual disabilities but no other significant disability; or
- dual diagnosis with intellectual or developmental disabilities and emotional disturbance.

Additional Information

For more information regarding working with children with disabilities, see [Appendix 4000-1: Placement Checklist for Children With Disabilities](#).

CPS Associate Commissioner Approval for Placement

The caseworker must obtain written approval from the CPS associate commissioner before placing a youth under the age of 18 in a DFPS Institution Serving Children with Intellectual or Developmental Disabilities.

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

To obtain approval from the CPS associate commissioner, staff must complete the following steps:

1. The CPS program administrator (PA) from the child's conservatorship region must send a memo addressed to the CPS associate commissioner and route it through the regional developmental disability specialist (DDS). The regional DDS must forward the memo to the state office developmental disability specialist. The memo must include the following:
 - i. basic information regarding the child, such as name, birth date, level of care,

IQ;

- ii. the child's diagnosis, conditions, and behaviors that require the services of and placement in an institution for children with intellectual or developmental disabilities;
 - iii. a list of alternate placement options pursued (such as foster care or GRO) and specific reason each placement was denied or not appropriate;
 - iv. the date a Community Resource Coordination Group (CRCG) meeting was held to discuss alternatives to an institutional placement and the results of those recommendations;
 - v. resources explored to support community placement;
 - vi. reasons the placement in an institution for children with intellectual or developmental disabilities is the best placement for the child and how the placement meets the child's specific needs; and
 - vii. the program administrator's approval.
2. The state office developmental disability specialist must review the memo, request clarification or additional information as needed, and route the memo to the CPS associate commissioner for review and approval.
 3. The CPS associate commissioner approves or disapproves placement of the child in an institution for children with intellectual or developmental disabilities. The CPS associate commissioner must send a written response to the state office developmental disability specialist and PA indicating the decision. Resources for Placement Assistance

When a caseworker needs assistance in seeking placement and services for a child with intellectual or developmental disabilities into a DFPS licensed General Residential Operation for children with intellectual and developmental disabilities, he or she may use the following as resources:

- regional developmental disability specialist staff;
- state office developmental disability specialist;
- regional placement coordinator (RPC);
- local Community Resource Coordination Group (CRCG). The IPTP Program: Short-Term Therapeutic Placement

See [4240](#) The Intensive Psychiatric Transition Program: Short-Term Therapeutic Placement and its subitems.

The Intensive Psychiatric Transition program offers a short-term mental health treatment and placement option for children in DFPS conservatorship with acute, intensive psychiatric needs at the time of release from a psychiatric hospitalization or as an alternative to a psychiatric hospitalization. The purpose is to provide enriched services and supports to stabilize children and youth and promote successful transitions to less restrictive placements.

Short-term, therapeutic placement allows children to:

- stabilize following their psychiatric hospitalization; and
- maximize their chance of succeeding when placed in a less-restrictive setting.

The program may also be used as an alternative to imminent psychiatric hospitalization.

IPTP Definitions

IPTP

The DFPS Intensive Psychiatric Transition Program

Imminent risk

A child at imminent risk displays behavior that would ultimately result in psychiatric hospitalization, including:

- being actively suicidal;
- displaying suicidal ideation, with an intent or plan;
- showing signs of being a risk to self or others.

Crisis

A crisis is an unstable condition, an emotionally stressful event, or a traumatic change. (See *Stabilization*, above.)

Discharge planning

The process of preparing a child for placement into a less-restrictive setting.

Less-restrictive setting

A home-like, less institutionalized Substitute Care placement that meets the child's needs.

Eligibility for IPTP Placement

To be eligible for short-term placement in a therapeutic setting through the DFPS Intensive Psychiatric Transition Program (IPTP), a child must: be in DFPS conservatorship;

- have had at least one psychiatric hospitalization in the preceding 12 months;
- either be ready for discharge from a psychiatric hospital or at imminent risk of a psychiatric hospitalization; and
- have been determined by the Associate Commissioner of CPS or the Associate Commissioner's designee to be in crisis and in crisis and in need of acute stabilization.

DFPS Rule, 40 TAC [§700.2383](#), [700.2385](#)

See:

[4243](#) Referring a Child for IPTP Placement

[4244.2](#) Discharge from IPTP Placement

[4245](#) Requesting Extension of an IPTP Placement

Qualified Residential Treatment Program (QRTP)

General Program Description

The Qualified Residential Treatment Program (QRTP) is a time-limited clinical intervention, including placement into and service delivered by qualified accredited residential facilities with highly trained and qualified staff to meet the needs of children/youth with complex mental, emotional, and behavioral health needs.

The QRTP works in collaboration with foster family members, biological family, other relatives, fictive kin or supportive persons who are invested in helping the child/youth. QRTP's goal is to discharge to a less restrictive setting and maintain their treatment progress beyond residential care by providing aftercare support services for a minimum of six months post-discharge.

Length of Treatment

All placements into a QRTP are limited to specific time frames; for a youth age 13 and up, the length of treatment in a QRTP cannot exceed 12 consecutive months or 18 non-consecutive months; for a child under the age of 13, the time frame cannot exceed 6 consecutive or nonconsecutive months.

In circumstances where continued treatment may be necessary, and is therapeutically recommended by the treatment team, there is a process to request extension. *The process and timeline for requesting an extension is described below in "Requests for Granting an Extension."*

Eligibility for Placement

Child Characteristics

To be eligible for this program, a child/youth must meet the following characteristics:

- Are under the age of 18; (**Youth who are 12 or younger must have approval by CPS Regional Program Administrator prior to referral for placement into a QRTP*); and
- Have documented emotional diagnosis which must include complex mental and behavioral health needs identified; and
- Have been, or will be assessed by the designated and approved QRTP independent assessment and recommended for QRTP within 30 days of start of placement; and
- Have been, or will be reviewed by the Court which approved the placement of the child/youth in a QRTP setting within 60 days of start of placement; and
 1. Have had unsuccessful placements in lesser restrictive environments such as foster homes and relative/fictive kinship placements; or
 2. Have had multiple instances of being defined as a child without placement which is directly associated to their emotional, mental and behavioral health needs; or
 3. Have been placed in and are being discharged from acute or sub-acute psychiatric hospital settings; or

4. Have history of juvenile justice involvement (*Must have other characteristics present); or
5. Have been diagnosed with an emotional disorder, including, but not limited to, bipolar affective disorder, depression, post-traumatic stress disorder, reactive attachment disorder, disruptive mood dysregulation disorder, or have a serious intellectual or emotional disability; or
6. Exhibit child sexual aggression, sexual behavior problems or been diagnosed with a sexual behavior disorder; or
7. Are aggressive/violent with serious behavioral disorders; or
8. Exhibit self-injurious behaviors; or
9. Any combination of 1-8. Eligibility for Continued Placement

QRTP Assessment

For any child/youth to remain in a QRTP placement, they must have been assessed through the approved QRTP assessment process with recommendations for placement into a QRTP setting. The assessment may be completed prior to or after placement occurs but must be completed and written results received within 30 calendar days of initial placement date.

Court Review and Approval

For any child/youth to remain in a QRTP placement, they must have been reviewed by the court and the court approved placement of the child/youth into a QRTP. Court review and decision to approve or disapprove must be made within 60 calendar days of start of the initial placement into a QRTP.

Referring a Child for Placement into a QRTP: Referral Process and Required Documentation

Submitting to Youth for Tomorrow for QRTP Assessment and Clinical Recommendations for QRTP placement.

When requesting a QRTP assessment and Clinical Recommendations for purpose of initial placement of a child/youth into a QRTP, the following **must** be submitted with Clinical Record requirements:

- [QRTP Referral Form K902-2355](#) ; ([QRTP Referral Form Instructions K902-2355i](#)) and
- Initial CANS assessment; and
- Child Plan of Service (must have been established during QRTP Permanency Team Meeting as outlined above)

A complete clinical record includes the following:

- Form 2089 Level of Care Authorization, (Requesting a QRTP Assessment), in IMPACT;
- Progress notes, daily logs, case management notes, and incident reports from the child/youth's previous 30 days in care, if applicable;
- Assessments and evaluations, including any of the child/youth's diagnostic assessments,

educational assessments, psychiatric or psychological evaluations, and medical or dental documentation;

- The child/youth's current treatment or stabilization plan;
- The child/youth's current education documentation;
- A list of the child/youth's current medications, including the dosage, the frequency taken, and the reason that the medication was prescribed;
- Treatment records for a physical condition that is in progress and requires continuing or follow-up medical care;
- Therapy notes from the previous 30 days;
- Initial and/or subsequent CANS assessments.

Requesting Child and Adolescent Needs Strengths & Assessment (CANS) for a Child in QRTP Placements

When requesting a CANS assessment for purpose of placement of a child/youth into a QRTP, the following must be submitted:

- [QRTP Referral Form K902-2355](#); and
- The Family Strengths and Needs Assessment (FSNA), when applicable.

Timeline for Initial CANS requests

The CANS assessment is part of a three-part assessment process required for placement into a QRTP, therefore, it is necessary for the caseworker to have the CANS results available prior to the QRTP Permanency Planning Meeting and to create the Child Plan of Service. Caseworker **must** complete the tasks below according to specific time frames. Timelines are determined after DFPS removes the child/youth, and/or, from the time that a QRTP becomes a consideration for the child/youth.

Within 2 Calendar Days the caseworker must complete the following:

1. Contact the caregiver to confirm that the caregiver has scheduled the CANS assessment. If an appointment has not been scheduled, the caseworker helps schedule one by contacting Star Health for help finding a CANS-certified clinician.
2. Document the contact in IMPACT.
3. Complete the Family Strength & Needs Assessment (FSNA) ([See CPS Policy 6330 for steps for completing the FSNA](#)).
4. If the caseworker receives a request to resubmit the FSNA, the caseworker responds to the request within one business day
5. Within 14 calendar days the caseworker ensures the CANS assessment is available in Health Passport or will follow up with the CANS-certified clinician to receive the CANS assessment.

Timeline for Subsequent CANS requests

In order to ensure the fidelity of the CANS assessment tool, while any child/youth is placed in a QRTP, a CANS assessment must be completed every 90 days. After placement into a QRTP, it will be the responsibility of the QRTP provider to ensure that a new request is made within the 90-day period following the previous CANS.

Discharge Planning

Before discharging a child/youth from QRTP, it is important to prepare the child/youth for the transition into a less-restrictive environment. Since the program is time-limited, discharge planning must begin at the time of placement and should include the QRTP provider, child/youth's family or subsequent caregiver support. Discharge planning must address post-discharge aftercare services which will be for a minimum of 6 months.

The assessment process includes YFT's initial QRTP clinical assessment, review and recommendations, subsequent YFT quality assurance reviews, and the CANS for every 90-day period. If at any point the assessment determines QRTP is no longer recommended, the QRTP provider initiates the discharge process, including submitting an appropriate discharge notice on DFPS Form K902-2109, in coordination with the child/youth's family and casework team to prepare for the most appropriate placement to meet the child/youth's needs in a less-restrictive environment within 30 days.

No later than the 3rd month of a QRTP placement for a child under 13 years old and no later than the 9th month of a youth between 13 – 18 years old, the QRTP provider and the child/youth's casework team shall begin the discharge process.

Unplanned Discharges

When a child or youth is placed in a QRTP and provider has determined there is cause to discharge, provider must submit discharge notice with supporting documentation that will be reviewed by the Director or Associate Director of Placement Services, or their designee, for approval or denial of the discharge. The supporting documentation must include the following:

- Current Child Plan of Service
- Therapist Recommendations
- Therapy Notes (Last 90 days)
- Incident Reports (Last 90 days)
- Treatment Team Recommendations
- Family Recommendations
- Permanency Team Recommendations
- Clinical Notes
- Psychological (Current within 14 months)
- Psychiatric Assessment, if applicable
- Child Adolescent Needs & Strengths (CANS) (within last 90 days)

After submission and review of all information, Director or Associate Director of Placement

Services, or their designee, has 2 business days to provide decision for approval or denial of the discharge and the timeframe for discharge provider has requested. If approved, discharge of child or youth will fall into the appropriate category for timeframes of discharge from residential placement as listed on the Residential Child Care Discharge Form [Residential Child Care Discharge Form](#). If denied, provider must continue to provide placement and QRTP treatment services for the child.

Discharge planning information must be updated in the child/youth's plan of service within 10 calendar days of any court hearings and provided to the court for review. The updated plan of service must include input given by the QRTP provider for family-based aftercare and support for a minimum of six months post discharge. At the time of physical discharge from the QRTP program a copy of the updated plan of service shall be given to all members of the child/youth's casework team, including: caseworker, biological, adoptive, foster or kinship family members, supportive persons, next placement provider and legal parties.

Requesting Extension of a QRTP Placement

All placements into a QRTP must be limited to specific time frames. If the child/youth has not stabilized within specified periods for their applicable age, the caseworker can request an extension. For a youth placed in a QRTP for more than 12 consecutive months or 18 non- consecutive months (if younger than 13 years old, this is reduced to 6-months), the caseworker shall submit documentation and information, including the qualified individual assessment information and court approval for continued QRTP placement through their chain of command to the QRTP Program Specialist by submitting the extension request packet to DFPSQRTP@dfps.texas.gov. The QRTP Program Specialist will then send to Associate Director of Placement to obtain final approval from the DFPS Commissioner.

To request an extension, the following steps must be completed at least 90 calendar days before the child/youth's date of discharge from QRTP:

1. The QRTP Program Specialist consults the child/youth's treatment team, family, fictive kin and the caseworker to determine whether the child/youth requires additional time to stabilize.
2. If the child/youth's treatment team determines that the child/youth is not ready to be discharged, the caseworker completes a waiver requesting an extension to allow the child/youth additional time to stabilize and indicates the length of extension being requested.

To request a waiver, the caseworker must take the following actions:

1. Complete [QRTP Extension Wavier Request Form](#); then
2. Send the completed form and all supporting documentation, which **must** include a detailed statement from the Clinical or Treatment Director at the facility, to the CPS Program Administrator for approval; then
3. Program Administrator grants approval; then
4. Caseworker forwards the extension request and all supporting information and approvals to the QRTP Program Specialist by submitting the packet to DFPSQRTP@dfps.texas.gov; then
5. If the QRTP Program Specialist approves the waiver request, the QRTP Program

Specialist must forward it within one working day to the Associate Director of placement for approval; then

6. If the Associate Director of placement approves the extension request, the Associate Director for placement must forward the approved request to the Associate Commissioner.
7. CPS Associate Commissioner requests final approval to the DFPS Commissioner who will provide final approval/denial in writing.

Extension Granted

If an extension of the QRTP placement is granted, the caseworker and QRTP provider must follow the process for discharge to occur at the end of the extension period requested. QRTP Program Specialist will track extension requests and share with Youth for Tomorrow and Federal and State Support monthly.

Extension Not Granted

If an extension is not granted, the caseworker must update the placement in IMPACT to reflect the QRTP end date at the end of the initial approved time period and proceed with discharge planning processes.

If the caseworker and supervisor decide to seek a new contracted placement for the child/youth, the caseworker must follow the [placement process](#).

QRTP – Court Requirements

When children are placed into a QRTP, the courts are required to review the recommendations of the initial QRTP assessment within 60 calendar days of the start of the placement and the court must either approve or disapprove the placement.

(Note: All decisions, whether approval or denial of placement into a QRTP must be entered into the child's plan of service within 10 days of the determination.)

1. Within 10 calendar days of the initial QRTP placement, the DFPS caseworker will send notice to all legal parties of a child/youth placed into a QRTP; and
2. Within 10 calendar days of the initial QRTP placement, the DFPS attorney will file a motion requesting a hearing occur within 45 calendar days of initial placement; and
3. The court will set a hearing date within 45 calendar days of the initial QRTP placement.
4. Within 30 calendar days of the initial QRTP placement, the required QRTP assessment will be completed; and
 - a. the department shall provide the court and all legal parties with the required assessment documents (CANS, YFT clinical review and recommendations and Child's Plan of Service) and any additional documents.
5. Within 45 days of the initial QRTP placement, the court shall hold a placement review hearing unless court ruling is made before that time.
6. Within 7 calendar days from provision of the QRTP assessment and applicable documents any objection to the placement must be made in writing to the court.

- a. If objection is made or the court determines a hearing necessary, the court shall proceed with hearing previously scheduled within 45 calendar days.
7. If no timely objection is made the court may approve or disapprove the placement relying upon the documentation submitted.
8. If no timely objection is made, the court has until the date of hearing previously set to review and make determination and notify all parties of ruling for approval or disapproval of placement.
9. If the placement is approved with or without hearing no further action is required at that time and caseworker places the signed court order into the child/youth's record upon receipt.
10. If the placement is disapproved, then the Department determines next steps from the following:
 - a. A new placement is requested within 24 hours of the court's decision through the Regional Placement Team and discharge planning occurs to move the child/youth out of QRTP placement within 30 calendar days of the disapproval.
 - b. The department will follow proper procedure of the court, including request for rehearing if appropriate;
 - c. If hearing on reconsideration, both the hearing and decision by court must be completed by 60th day after initial QRTP placement

The court shall provide a ruling of the decision within 60 days of initial placement.

So long as the child/youth remains in a QRTP, the court must review and approve or disapprove of continued placement at each status review hearing and each permanency hearing held.

10 days prior to the scheduled status review hearing or permanency hearing, the DFPS caseworker must file all required assessments, documentation and court reports for consideration of continued QRTP placement which will be heard by the court during the scheduled status review or permanency hearing.

After reviewing all evidence, the court shall make a finding during each status review or permanency hearing to approve or disapprove continued QRTP placement.

The review of the child/youth's placement into a QRTP may be conducted through a remote proceeding. Remote proceeding means a proceeding before a court in which one or more of the participants, including a judge, party, attorney, witness, court reporter, child/youth or other individual, attends the proceeding remotely through the use of technology and the internet

Intense Foster Family Care Services

Child Placing Agencies who have verified foster family homes licensed to provide services to children with Intense Service Level needs must comply with the Intense Foster Family Initiative (IFFI) CPS Policy and be referred to the CPS State Office Program Specialist managing IFFI.

The purpose of verifying foster family homes to accept placements of these children is to:

- assist and encourage moving children out of institutional settings into foster family settings;

- reduce placement disruptions; and
- prepare the child for his or her permanency plan.

The IFFI Program Specialist is responsible for ensuring that the home is ready to meet children's Intense Service Level needs through an established protocol. Children who have Intense Service Levels and are selected for placements into foster homes must be referred to the IFFI Program Specialist in the CPS State Office Placement Division for review and approval before placement.

Requesting Intense Foster Family Care Placement

The child's caseworker must make a referral to place a child with *Intense* service level needs using the following steps:

1. The CPS child's caseworker sends a complete placement packet to the regional residential treatment placement coordinator (RTPC).
 - The placement packet contains a psychological evaluation completed within the last 14 months, an updated Common Application, and the child's authorized service level.
2. The RTPC ensures the placement packet is complete and forwards it to the placement program specialist in state office within two business days.
3. The program specialist reviews the packet within two business days and works with child-placing agencies (CPAs) to identify the best placement for the youth.
4. The program specialist considers the issues outlined in the [4114](#) Required Factors to Consider When Evaluating a Child's Possible Placement, to ensure an appropriate placement is selected.
5. The program specialist notifies RTPC staff when placement has been secured.

Placements and Living Arrangements for Youth and Young Adults

The Centralized Placement Team can assist in searching available placements for some youth and young adults and provide guidance for the process in older youth and young adult placements.

Definitions, requirements and policy for these placement types are located in:

- [10000](#): Services to Older Youth in Care.
- [10400](#) Extending Foster Care for Youth Who Are Age 18 or Older
- [10460](#) Supervised Independent Living (SIL)
- [10500](#) Trial Independence and Return for Extended Foster

Care

Independent Living Arrangements

See [4300](#) Independent Living Arrangements and its sub-items.

Authorized Arrangements

An authorized independent-living arrangement consists of a residential arrangement in which a youth lives independently of a foster caregiver as part of the youth's planned preparation for adult living.

DFPS Rules, 40 TAC [§700.1307\(4\)](#)

These are not foster care placements.

When an Authorized Independent Living Arrangement Is

Appropriate An authorized independent-living arrangement may be appropriate if:

- the youth is 16 or older, and
- the arrangement is a planned aspect of the youth's participation in the PAL program.

Unauthorized Arrangements

An unauthorized independent living arrangement consists of a residential situation in which a youth lives independently without CPS's or the court's permission.

When a youth in CPS's managing conservatorship begins living in an unauthorized independent-living arrangement, CPS cannot approve or pay for the arrangement. The youth's caseworker, however, must try to remain involved enough in the youth's plans to ensure the youth's safety and welfare.