Joint Letter from Commissioner and CEO

January 2, 2019

Dear Staff and Partners,

Welcome to the Region 8a (Bexar County) Community-Based Care Joint Protocols Operation Manual. We are very appreciative of the work that went into the development of this manual. The manual represents a significant strengthening of our partnership and our commitment to working together to improve the lives of the children, youth, and families that we serve.

It is anticipated that these joint protocols will evolve over time, as we continue to develop improved ways to serve children, youth, and families within our communities. We expect to learn considerably more over the next year and as with any change of this scale, we understand there will be challenges and successes. We encourage you to work closely in this partnership to resolve any difficulties, and take time to celebrate successes together. Through all our efforts, we will ensure that the continuum of care for the children in our community will be strengthened.

We encourage Family Tapestry to take this opportunity to be creative and innovative through collaborations and partnerships in our efforts to meet the goals of caring for our children. We are looking forward to a long and productive relationship together in our efforts to redesign the Texas Foster Care System through Community-Based Care.

Sincerely,

H. L. Whitman, Jr
DFPS Commissioner

Annette Rodriguez
President/CEO
The Children’s Shelter/Family Tapestry
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The CPS Mission
The mission of Child Protective Services is to protect children and to act in the children’s best interest. To seek active involvement of the children’s parents and other family members to solve problems that lead to abuse and neglect.

The CPS Vision
Children First: Protected and Connected

CPS Values
Respect for Culture • Inclusiveness of Families, Youth and Community • Integrity in Decision Making • Compassion for All • Commitment to Reducing Disproportionality
1.0 WHAT IS COMMUNITY-BASED CARE?

This operations manual gives CPS and Family Tapestry staff a more in-depth look at the protocols for case actions in CPS cases involving paid foster care placements that are affected by Community-Based Care in Region 8a (Bexar County). To begin, staff must understand Community-Based Care.

Community-Based Care is a new way of providing foster care and case management services. It's a community-based approach to meeting the individual and unique needs of children, youth, and families. Within a geographic catchment area, a single contractor (officially a Single Source Continuum Contractor or SSCC) is responsible for finding foster homes or other living arrangements for children in state care and providing them a full continuum of services.

DFPS began expanding the community's role to meet the challenges of serving children in foster care under Foster Care Redesign. Under Foster Care Redesign, a SSCC was responsible for:

- Developing foster care capacity.
- Building a network of providers.
- Engaging the community to help.
- Foster care placement services.
- Coordinating and delivering services to children in foster care and their families.

In 2017, the Texas Legislature directed DFPS to expand this model to include both foster care and relative or "kinship" placements, and give the SSCC sole responsibility for case management - rather than sharing that responsibility with DFPS.

As Community-Based Care takes shape statewide, CPS’ focus will shift to ensuring quality oversight of foster care and services for children and families. The SSCC will be responsible for case management and services that move children from foster care or kinship care into a permanent home.

1.1 Community-Based Care has 12 Quality Indicators:

1. Children and youth are safe from abuse and neglect.
2. Children and youth are placed in their home communities.
3. Children and youth are appropriately served in the least restrictive environment.
4. Children and youth have stability in their placements.
5. Connections to family and others important to the child are maintained.
6. Children and youth are placed with their siblings.
7. Services respect the child's culture.
8. Children and youth are provided opportunities, experiences, and activities similar to those available by their peers who are not in foster care.

9. Youth are fully prepared for successful adulthood.

10. Youth have opportunities to participate in decisions that affect their lives.

11. Children and youth are reunified with their biological parents when possible.

12. Children and youth are placed with relative or kinship caregivers if reunification is not possible.

Community-Based Care is intended to allow a SSCC and the community more flexibility to innovate to meet the unique needs of the children, youth, and families in each designated service area. This increased flexibility comes with greater responsibility and accountability for overall safety, permanency, and well-being outcomes.

1.2 Single Source Continuum Contract: Family Tapestry

On August 1, 2018, DFPS awarded a Community-Based Care contract in Bexar County to Family Tapestry, a division of the Children’s Shelter. The Children’s Shelter is a nationally accredited community-based organization with a history of serving Bexar County and San Antonio since 1901. It delivers trauma-informed care for children and families through a continuum of services that include residential, foster care, mental health, and community-based services. Family Tapestry will serve as the Single Source Continuum Contractor (SSCC) for DFPS Region 8a (Bexar County).

Family Tapestry Mission:

The mission of Family Tapestry is to weave together our community to transform the foster care experience.

Family Tapestry Vision:

Our vision is to create transformational change to the foster care system by aligning and connecting the community around the shared principles of safety, permanency and well-being for children.

Family Tapestry Background:

Family Tapestry is a community-based care Single Source Continuum Contractor (SSCC) organization that is established pursuant to Texas Statutes to provide for safety, reunification, well-being, and permanency for children entering out-of-home care following a confirmed incident of abuse or neglect reported to Texas Department of Family and Protective Services (DFPS). Individualized and coordinated services will be provided by the Bexar County Network of contracted child and family services providers (hereafter referred to as the Network) resulting in a foster care experience that is enveloped in care, support, and healing, with the end goal of securing a permanent and stable home. Our strength-based and trauma sensitive approach will provide children
with the strong foundation needed to become successful members of the community and to have a positive transition to adulthood.

In alignment with Family Tapestry’s operational philosophy of community engagement and community care, the SSCC organizational design leverages the strengths of community providers to best meet the needs of children, youth and families in our catchment area. Operating under Family Tapestry’s present governance and organizational structure, the network administration body will build upon the significant relationships The Children’s Shelter has established in its 100+-year history with community and legislative leaders and partnering organizations.

Family Tapestry’s Network Providers are outcome-focused, data-informed, and fiscally sound. Family Tapestry has designed the Network development process to improve provider availability in a manner that is responsive to the needs and demographics found across Bexar County communities.

1.3 Operating Policies and Rules

The protocols detailed in this operations manual are for children from Region 8a (Bexar County) placed with and/or receiving services through Family Tapestry as the Single Source Continuum Contractor.

The CPS Handbook policies and rules remain in effect, unless specifically waived. However, if differences or conflicts in CPS Handbook policy are present, this manual will govern the operations in Region 8a (Bexar County). CPS and Family Tapestry staff should refer to the Community-Based Care Texas Administrative Code (TAC) Rules Waiver for more information.

Additionally, since this operations manual identifies responsibilities for the SSCC that include access to sensitive information in the DFPS IMPACT system, the SSCC has adopted policies and procedures to minimize risk of data breaches which can be found in Family Tapestry Provider Manual.

If you have questions about any information in this manual, please contact your supervisor or Guy Hanson, Region 8a (Bexar County) Community-Based Care Program Administrator at DFPSRegion8CommunityBasedCare@dfps.state.tx.us

For more information about Community-Based Care, go to: Community Based Care Website
2.0 NEW REFERRALS FOR PLACEMENTS

Region 8a (Bexar County) DFPS staff will work directly with Family Tapestry upon determining that a child in DFPS conservatorship requires placement in a paid foster care setting.

DFPS staff must follow DFPS Handbook policy related to the assessment, consideration, and selection of the least restrictive placement for every child’s initial or subsequent placement (new placement or placement change) in substitute care. For more information, see DFPS Handbook policy:

- 4114 Required Factors to Consider When Evaluating a Child’s Possible Placement
- 4114.4 Preference for the Least Restrictive Setting

Since Family Tapestry will be paid one blended foster care rate for all children placed within Family Tapestry’s provider network, DFPS will no longer submit service level requests to Youth for Tomorrow (YFT). Regardless of the child’s needs or services to meet those needs, Family Tapestry is responsible for providing a continuum of care to each child placed within their provider network. DFPS handbook policy items related to requesting a service level for a child, therefore, is waived. See Community-Based Care Texas Administrative Code (TAC) Rules Waiver for more information.

2.1 General Requirements for all SSCC Placements:

In situations where the DFPS Caseworker has identified that a child may require a paid foster care placement, the Program Director (PD) may direct the DFPS Caseworker to provide Family Tapestry advance notification of a child’s need for possible paid foster care placement. The DFPS Caseworker will notify Family Tapestry by email or phone within 1 hour if it is determined that paid foster care placement is not needed.

If the court should order anything regarding the placement of a child (i.e. a placement move or for a child to remain in a particular foster home), DFPS will notify Family Tapestry immediately and provide a copy of the court order to Intake@familytapestry.org as soon as possible. When possible, DFPS will notify Family Tapestry prior to any anticipated court rulings that may affect the placement of a child or sibling group.

DFPS will notify Family Tapestry immediately of any discharge from a SSCC paid foster care placement and follow-up with an email to Intake@familytapestry.org.

If Family Tapestry’s placement option is to separate a sibling group, DFPS must obtain approval from a DFPS Program Director.

2.2 New Placements
After DFPS determines, with supervisor approval, that the child requires placement in a paid foster care setting, the DFPS Caseworker must decide if the child needs emergency or non-emergency placement.

Before any non-emergency placement change, the caseworker must contact the following people and ask for their recommendations on the subsequent placement:

- the attorney ad litem (AAL);
- the guardian ad litem (GAL); and
- the court appointed special advocate (CASA).

If an emergency placement change does not allow time for the required consultations, the caseworker must notify the AAL, GAL, and CASA as soon as possible, but no more than three working days after the change.

2.3 Emergency Placement Process

The emergency placement process is used when DFPS makes a referral to Family Tapestry for a child or youth who is in immediate need for paid foster care placement and services and is not currently served by Family Tapestry. This process, therefore, will be used for all emergency removals as well as any child requiring immediate paid foster care placement and services.

2.3.1 Notification & Referral

Family Tapestry will accept referrals for paid foster care services 24-hours per day, 365 days per year. Family Tapestry’s policy is to accept all referrals (No Reject) made by DFPS and continue to meet the individual needs of the children referred (No Eject) until DFPS determines the child/youth is no longer eligible for Family Tapestry paid foster care services.

1. DFPS Caseworker will provide a courtesy phone call to the Family Tapestry Intake Department (210-503-4545). The call should include:
   - DFPS Caseworker contact information: Name, Phone, Email
   - DFPS Caseworker back-up contact information (i.e. supervisor)
   - General information on the number of children, ages, etc. (IMPACT PID/Case Number)
   - Any significant concerns needed to find placement
   - Approximate arrival time to the Whataburger Center for Children and Youth located at 4040 High Ridge Circle, San Antonio, TX 78229 (or agreed upon location.)
2. Family Tapestry will send a follow up email with documentation requirements to DFPS Caseworker and Supervisor, no later than 30 minutes after the initial call. This email should include:

- **The Subject line:** “Emergency Placement Needed, Last Name of Oldest Child.”
- Include name of Family Tapestry Intake Specialist who DFPS will assign the SSCC IMPACT Referral to. *DFPS can assign one or two Family Tapestry staff as secondary on referral.*

3. DFPS Caseworker will transport child to the Whataburger Center for Children and Youth located at 4040 High Ridge Circle, San Antonio, TX 78229 (or agreed upon location after confirming with Family Tapestry during the courtesy call).

- DFPS Caseworkers will continue current best placement practices by triaging children with known emergency or exceptional medical/healthcare needs (scabies, lice, prescribed medications, etc.) at local medical facilities prior to transporting children to Whataburger Center for Children and Youth located at 4040 High Ridge Circle, San Antonio, TX 78229. DFPS must discuss and cooperatively work with Family Tapestry Intake workers to identify and properly have treated any known medical/healthcare needs. DFPS Caseworkers will attempt to locate and secure prescription information and all medications prior to placement. Failure to locate and secure prescriptions is not grounds for rejecting placement referrals.
- Once at Whataburger Center for Children and Youth located at 4040 High Ridge Circle, San Antonio, TX 78229 or agreed upon location, Family Tapestry Intake Specialist will provide trauma-informed, appropriate space and supervision to meet the child’s basic care needs. Family Tapestry has agreed to provide some nursing services during the intake processes, as can be arranged. Whataburger Center for Children and Youth located at 4040 High Ridge Circle, San Antonio, TX 78229 will have designated workspace for DFPS staff to complete required documentation for the intake referral and removal documentation.

4. DFPS Caseworker will complete and email the [Family Tapestry Referral Form for Placement](#) and completed [Alternative Application for Placement of Children in Residential Care Form](#) 2087ex to Family Tapestry Intake using the same email chain started by Family Tapestry (See step 2, continuing to CC DFPS Supervisor) within **two (2) hours** of email from Family Tapestry.

5. Family Tapestry Intake Specialist will review the forms and send a confirmation email back to the DFPS Caseworker on the same email chain. This response should be made as soon as possible, but no later than **30 minutes** after initial email
request, confirming that the referral has been accepted. The official referral begins with this confirmation email from Family Tapestry accepting the referral.

*If the referral needs additional information, Family Tapestry Intake Specialist will communicate via email chain of what is still needed to accept the referral.*

**Please note that for a referral to be accepted it must include this three part process:**

1. DFPS referral for placement to the SSCC in IMPACT (for each child),
2. Completed Documentation:
   - [Alternative Application for Placement of Children in Residential Care](#) (form 2087ex; excluding level of care) (for each child)
   - [Authorization to Furnish Information](#) (form 1505) and
3. An email from Family Tapestry to DFPS Caseworker accepting the referral(s) in a single email.

**The completion of this three part process begins the placement search process and timeframes.**

*DFPS Caseworker and Family Tapestry Intake Specialist are to maintain all documentation and communication as part of case record.*

### 2.3.1a Reminders for DFPS Staff:

- Kinship placements will remain **first** priority for placement. If paid placement is needed, DFPS will continue to seek out all possible kinship placements.
- DFPS Caseworker will need to communicate any paid placement needs with Family Tapestry Intake Specialist at the time of initial call (i.e. place near/with siblings currently in paid placement, court ordered paid placement, court ordered placement type).
- If DFPS is unable to provide any of the information required by the [Alternate Application for Placement of Children in Residential Care](#) (Form 2087ex) then explanation of why that information is missing is required. If a section does not apply, then mark N/A. Do not leave blank spaces on the form.
- DFPS should continue to discuss placement with each child, and obtain additional input on child’s placement wishes (based on the child’s age and level of understanding). This will be documented on the 2087ex under Section: *Child’s Immediate Needs, Problems, Reason for Emergency, and/or Basic Placement.*
- Based on the child’s needs, DFPS will notify relevant regional DFPS Subject Matter Experts (i.e. Nurse, Developmental Disability Specialists, Well-Being Specialist,
Educational Specialist, etc.). For additional guidance, see Placing Children Who Have Intellectual and Developmental Disabilities or Primary Medical Needs.

2.3.2 Placement Approval Process

1. Using IMPACT, CLASS, and provided documentation from DFPS Caseworker, Family Tapestry Intake Specialist will enter all information regarding the child into the CareMatch™ system. This system will generate a list of potential placements.
   - If circumstances present a placement opportunity in which the top matched placement in CareMatch™ is not the best choice for the child (i.e. placing child with a sibling, proximity to a sibling/family member, court order), then Family Tapestry Intake Specialist will inform Family Tapestry’s Assistant Director of Placement Coordination of the reason to override the system’s match.

2. Family Tapestry Intake Specialist will contact the possible placement and discuss the child and appropriateness of the placement.

3. If possible placement (Network Provider) does not answer Family Tapestry’s call, a message informing provider of the match and potential placement is to be left. Family Tapestry Intake Specialist will move on to the next provider after 15 minutes with no response from the best match. Once the Network Provider is contacted, the provider will have 1 hour to contact Family Tapestry with approval for placement within their network.

4. No later than 7 hours from the accepted referral of need for emergency placement, Family Tapestry Intake Specialist will provide DFPS Caseworker with:
   - Notification of a recommended placement and medical consenter by phone, followed by an email to the DFPS Caseworker and Supervisor.
   - Information about the recommended placement will include:
     o Placement Name, Address, Phone and Resource ID
     o Provider Name
     o Provider Case Manager name, if known
     o Medical Consenter name and PID, if known

5. DFPS Caseworker will evaluate and approve Family Tapestry’s recommended placement option and medical consenter within 1 hour of receipt of notification from Family Tapestry.
   - DFPS Caseworker will provide verbal approval of the placement and medical consenter and
• DFPS Caseworker must follow-up with written approval of the placement by responding to the email from Family Tapestry with the placement option that it is approved.

*Approval of the placement will be assumed if denial is not received within 1 hour.*

If Family Tapestry has not established a placement for a child within **7 hours** of accepted referral, Family Tapestry will utilize placement availability in the Whataburger Center for Children and Youth. Family Tapestry will notify via email the DFPS Caseworker and Supervisor the status of the emergency placement to include:

- Temporary location of the child
- Contact information - person name, phone, email
- Planned strategy for finding a more appropriate stable placement

Once Placement is identified, follow the steps above for approval.

### 2.3.3 Placement Discrepancies

If an issue regarding placement recommendation to DFPS Caseworker by Family Tapestry Intake Specialist arise, please follow these steps:

**If DFPS Does Not Agree with Placement:**

1. DFPS Caseworker will staff with Supervisor. DFPS Caseworker will contact Family Tapestry Intake Specialist by phone (or if at Whataburger Center for Children and Youth located at 4040 High Ridge Circle, San Antonio, TX 78229 in person) to discuss/review the case details. This conversation would ensure all information was clear (i.e. placement types needed, special needs of child, etc).

2. If unresolved, DFPS Caseworker and DFPS Supervisor will staff denial of placement with Program Director. *All placement denials must be approved by a Program Director.*

3. DFPS Program Director will contact Family Tapestry Senior Director of Placement Coordination with the decision and notify CBC administrator via email.
   - Denial justification must be included and provided to Family Tapestry by responding to referral email and including the DFPS Program Director, Supervisor, and CBC Administrator.

4. Once denial is received from DFPS, the Family Tapestry Intake Specialist will return to the list generated and continue on to the next provider listed.

**If Placement Option Separates Siblings:**

If a placement recommendation is made to separate siblings, then DFPS Caseworker must obtain approval from a Program Director within the given approval timeframe. This approval/denial will be communicated back to Family Tapestry via phone or email.
**If Placement is outside 50 miles of Bexar County Courthouse**

DFPS Caseworker will staff with DFPS Supervisor and if agreed upon, initiate a request for the court approval for placements outside of 50 miles of Bexar County courthouse. Per Standing Court Order #61791: “Good cause and with prior permission from the Children’s Court, as per current protocol, a child may be placed outside the area designated in this Order”.

If a placement within 50 miles is not located, then Family Tapestry provides to DFPS Caseworker and supervisor in the placement recommendation email an exhaustive placement search list, acceptable to the court.

**DFPS Supervisor (CPS/CPI) will seek out approval or denial from the judge regarding placement outside the 50 mile per established internal memo.**

Upon receipt of email from the court, the placement acceptance/rejection is emailed to Family Tapestry and placement arrangements are finalized if placement is found, or the search continues by Family Tapestry until placement is located and approved.

### 2.3.4 Placement of Child

If placement is located **within the 4 hours** of documented emergency placement referral:

1. Family Tapestry Intake Specialist will coordinate placement of the child with DFPS, and Family Tapestry’s designee (i.e. Network Provider Case Manager).
2. DFPS Caseworker will physically transport the child to the approved placement.
3. DFPS Caseworker will provide four (4) copies of the following documents at placement to Family Tapestry or their designee:
   - Signed [Placement Authorization for Foster Residential Care](#) (form 2085fc) - with Family Tapestry as placement and returned to DFPS electronically
   - Signed [Designation of Medical Consenter](#) (form 2085b) - to be signed by consenter and returned to DFPS electronically
   - Signed [Education Decision-Maker (form2085-e)](#) - to be signed by decision maker and returned to DFPS electronically
   - Signed [Placement Documentation (form 1509)](#) – to be signed by Family Tapestry or Network Provider and returned to DFPS electronically

*Note: If Family Tapestry designee is at the placement, they will be responsible for ensuring Family Tapestry receives the required documentation to meet licensing standards.*
4. DFPS Caseworker will complete the child placement process, including signing all required paperwork.

   Note: Upon executing placement with Family Tapestry and their contracted Network Providers, Family Tapestry assumes responsibility for completing placement paperwork for subsequent placements for that child.

If placement is identified **outside the 4 hours** of documented accepted referral:

1. At the 4th hour, DFPS Caseworker will transfer physical custody of child to Family Tapestry at Family Tapestry’s Intake Center (or other previously agreed upon location.)

   Note: DFPS Caseworker and child’s location from Family Tapestry will need to be factored into the four hours.

2. DFPS Caseworker will provide four (4) copies of the following documents to Family Tapestry:
   - Signed Placement Authorization for Foster Residential Care (form 2085fc) - with Family Tapestry as placement - to be signed by Family Tapestry and returned to DFPS electronically
   - Signed Designation of Medical Consenter (form 2085b) - to be signed by consenter and returned to DFPS electronically
   - Signed Education Decision-Maker (form 2085e) to be signed by decision maker and returned to DFPS electronically
   - Signed Placement Documentation (form 1509) - Allowing Family Tapestry to complete all other placement paperwork.

3. Family Tapestry will have an additional three hours (for a total of 7 hours) to place child/youth. If a placement cannot be found, child/youth will be placed at the Whataburger Center for Children and Youth located at 4040 High Ridge Circle, San Antonio, TX 78229.

### 2.3.5 Documentation

**At the time of placement**, DFPS Caseworker will provide four (4) copies Family Tapestry or their authorized representative with:

- Signed Placement Authorization for Foster Residential Care (form 2085fc) - with Family Tapestry as placement
- Signed Designation of Medical Consenter (form 2085b) - to be signed by consenter and returned to DFPS electronically
• Signed **Education Decision-Maker** (form 2085e) - to be signed by decision maker and returned to DFPS electronically

• **Signed Placement Documentation (form 1509)** – to be signed by Family Tapestry or Network Provider and returned to DFPS electronically

  *For a child's initial placement (brand new removal), when a placement has **not** been identified, DFPS Caseworker will remain medical consenter until a placement is identified.

Within **2 hours** of referral to Family Tapestry, DFPS Caseworker will:

• Update Person Information and open FSU and SUB stages in IMPACT;

• Enter referral information in each child’s SUB stage in IMPACT. Enter referral information for each child needing paid-foster care. **NOTE:** Unless the FSU/SUB stages are open, the IMPACT referral to Family Tapestry cannot be transmitted.

Within **12 hours** of referral, Family Tapestry will:

• Create a placement entry under the SSCC Options tab (under the Placement tab) in IMPACT

• When entry is complete the Family Tapestry will check the box indicating the documentation is complete and the child has been placed (this will send the entry to DFPS and reflect the status of “placed”).

Then, DFPS staff will need to review and validate the entry with save to placement information page, add additional information or comments needed, and save and submit to DFPS supervisor.

If DFPS has not received the placement information in IMPACT from Family Tapestry within 12 hours of the referral:

• DFPS Caseworker will call the Family Tapestry Intake Specialist and request placement be documented.

• If placement information is not documented in IMPACT within 1 hour of contact with Family Tapestry Intake Specialist, DFPS Caseworker will notify DFPS Supervisor.

• The DFPS Supervisor will contact the Family Tapestry Assistant Director of Placement Coordination for immediate resolution and will notify DFPS Program Director and CBC Administrator.

**DFPS Caseworker is responsible for ensuring all placement documentation is entered in IMPACT within current policy timeframes.** See DFPS Handbook policy **4142 Enter the Placement Change Information** in IMPACT.
By 5:00 pm the next business day, the DFPS Supervisor will review and approve the placement and medical consenter documentation in IMPACT.

The next business day after the child’s placement, Family Tapestry will send to DFPS via email relevant child’s placement information, including the signed Designation of Medical Consenter (form 2085b) and Designation of Education Decision-Maker (form 2085e).

2.3.6 Visitation

1. **24 Hour Follow-up Visit:** DFPS Caseworker will continue to conduct the face-to-face child visit within 24 hours of placement.

2. **Family Visit (72 hour from removal):** Family visits are court-ordered within 72 hours of removal/hearing. DFPS will continue to maintain responsibility for arranging and communicating via phone and email the visitation plan/schedule with Family Tapestry and Network Providers within 24 hours. As current policy, DFPS (or DFPS contracted designee) must monitor parent-child visits. Family Tapestry or Family Tapestry designee are NOT permitted to supervise parent-child visits. Family Tapestry or Family Tapestry designee ARE permitted to supervise sibling only visits.

Upon placement of the child into Family Tapestry’s care, Network Providers assume responsibility for transporting child to ALL visits. This includes every sibling (if not placed together) and every parent visit. If Network Provider cannot transport to visits, then Family Tapestry assumes responsibility to transport.

2.3.7 Within 3 Days of Placement

**Within 3 days of placement,** Family Tapestry will:

- Ensure the caregiver or network residential provider obtains the 3 day medical screening for all children.

Additionally, Family Tapestry will ensure any child under age 3 years is referred to Early Childhood Intervention (ECI) if the child is suspected of having a disability or developmental delay as a result of exposure to illegal substances, or the disability or developmental delay requires evaluation prior to their scheduled TX Health Steps check-up.

2.3.8 Within 7 Days of Placement

**Within 7 days of placement,** or by the Initial Coordination Meeting (ICM) or 7th day, if an ICM is not held, DFPS Removal Worker will provide/completed any remaining placement documentation, if not provided at placement, including:

- Birth verification/certificate;
- Social Security card or number (if available);
• Education portfolio;
• Medicaid and STAR Health cards or qualifying information (if available);
• Any external documentation (i.e. assessments, evaluations, or therapy notes) related to the care of the child;
• Removal affidavit
• Update person characteristics in IMPACT;
• Update education log in IMPACT (with as much information as available); and
• Update medical/dental page in IMPACT, as applicable

2.3.8 Within 30 Days of Placement

Within 30 days of placement referral, DFPS Caseworker will:

• Complete the Common Application for Placement of Children in Residential Care (form 2087; excluding level of care information) in IMPACT; and
• Notify Family Tapestry by email within 1 business day that the Common Application for Placement of Children in Residential Care (form 2087) is complete and accessible in IMPACT.

2.4 Non-Emergency Placement Process

The non-emergency placement process is used when DFPS makes a referral to Family Tapestry for a child or youth in DFPS conservatorship who is moving from a non-paid placement (i.e. Kinship) to a paid foster care placement in Family Tapestry’s provider network. For other situations, see section 3.0 Placement Changes.

Before any non-emergency placement change, the caseworker must staff with their supervisor and if agreed upon, contact the following people and ask for their recommendations on the subsequent placement:

• the attorney ad litem (AAL);
• the guardian ad litem (GAL); and
• the court appointed special advocate (CASA).

2.4.1 Notification & Referral

For DFPS Initiated Placement Changes (Non-Emergency Referral)

1. Within 72 hours of identifying a need for paid placement and no less than two weeks from when the placement is needed (if applicable), DFPS Caseworker will contact Family Tapestry Intake Department via email to Intake@familytapestry.org and provide:
- **Subject line:** “Non-Emergency Placement Needed– Last name of oldest child being referred”
- Updated [Common Application for Placement of Children in Residential Care](#) (form 2087)
  - Include information regarding the child/youths input regarding placement preferences in the Common Application for Placement of Children in Residential Care, Section: Child’s Needs, Problems, Reason for Emergency, and/or Basic Placement
- [Family Tapestry Referral Form for Placement](#)
- [Authorization to Furnish Information](#) (form 1505)
- Include Psychological evaluation (if available)
- Include if any other Kinship placement is being looked into
- Include any other information available that would aid in securing placement
- Include DFPS Supervisors name as back up contact and also person that placement approval would need to be submitted to.

2. Family Tapestry will provide DFPS Caseworker with the name of the Family Tapestry Intake Specialist to make secondary within 1 business day of the email referral notification.

3. DFPS Caseworker will complete an IMPACT referral and assign identified Family Tapestry staff as secondary to referral.

4. **OPTIONAL:** Placement Change Staffing may be requested by DFPS or Family Tapestry, the initiating party will coordinate, facilitate, and take notes on the placement change staffing.
   - DFPS will ensure all legal parties (parents, parents’ attorneys, AAL, GAL, CASA) are consulted about the placement change prior to the placement change occurring whether a placement change staffing is held or not. *Standing Court Order #61793*

### 2.4.2 Approval of Placement

1. Family Tapestry Intake Specialist will enter all information regarding the child into the CareMatch™ system, using IMPACT, CLASS, and provided documentation from DFPS Caseworker. This system will generate a list of potential placements.

2. Family Tapestry Intake Specialist will contact the possible placement and discuss the child and appropriateness of the placement.
5. The Network Provider will have two business days to discuss the potential placement and return an acceptance or denial to Family Tapestry. If the Provider does not accept within two business days, the Intake Specialist will contact the next matched Provider.

6. **No less than 3 days prior to placement needing to occur**, Family Tapestry Intake Specialist will notify DFPS Caseworker and Supervisor, through email of recommended placement and medical consenter. Information about the recommended placement will include:
   - Placement Name, Address, Phone and Resource ID if known
   - Provider Name
   - Provider Case Manager name, if known
   - Medical Consenter name and PID if known

   **DFPS Caseworker will notify CBC Administrator of failure of Family Tapestry to identify placement no later than 3 days prior to placement needing to occur.**

7. DFPS Caseworker contacts the current caregiver from which the child will be moved to gather relevant information about the child and services they are receiving to ensure a smooth transition and continuity of services.

8. Family Tapestry will coordinate with DFPS Caseworker to arrange pre-placement visit to engage the child/youth in placement decision. DFPS Caseworker is responsible for transporting child to and from the recommended placement and processing the placement option with the child/youth.

9. DFPS will:
   - evaluate and approve recommended placement and medical consenter:
     - provide written approval of the placement by: responding to the email from Family Tapestry with the placement option that it is approved;
     - will evaluate and approve Family Tapestry’s recommended placement option and medical consenter within 1 business day of receipt

Approval will be assumed if approval/denial is not received within **1 business day** from DFPS.

Based on the child’s needs, notify relevant regional DFPS Subject Matter Experts (i.e. Nurse, Developmental Disability Specialist, Well-Being Specialist, Education Specialist, etc.). For additional guidance, see [Placing Children Who Have Intellectual and Developmental Disabilities or Primary Medical Needs](Placing%20Children%20Who%20Have%20Intellectual%20and%20Developmental%20Disabilities%20or%20Primary%20Medical%20Needs). If there are concerns about the placement recommendation DFPS will follow protocol outlined in [Section 2.3.3 Placement Discrepancies](Section%202.3.3%20Placement%20Discrepancies).
DFPS and Family Tapestry or their authorized representative will decide on the:

- Designated location to exchange the completed placement documentation, including:
  - Designation of Medical Consenter (form 2085b) - to be signed by consenter and returned to DFPS electronically
  - Placement Authorization for Foster Residential Care (form 2085fc) - with Family Tapestry as placement
  - Education Decision-Maker (form 2085e) - to be signed by decision maker and returned to DFPS electronically
  - Placement Documentation (form 1509)
  - Birth verification/certificate;
  - Social Security card (if available);
  - Education portfolio;
  - Medicaid and STAR Health ID cards or qualifying information (if available);
  - Most recent child service plan (if applicable);
  - Any relevant external documentation (i.e. assessments, evaluations, or therapy notes) related to the care of the child; and
  - Any requested intake forms from the residential provider.

Physical transfer of the child is based on the child's best interest. DFPS will arrange for transportation for the child if current provider is unable to transport. Family Tapestry will **not** transport child from current placement since the child is not being served by Family Tapestry until after placement is made into their network.

DFPS will ensure all legal parties receive required post placement notification within 48 hours (child’s attorney ad litem, guardian ad litem, and CASA, if assigned).

*Standing Court Order #61793.*

### 2.4.3 Documentation

Within **12 hours** of placement, Family Tapestry will:

- Create a placement entry under the SSCC Options tab (under the Placement tab) in IMPACT
- When entry is complete Family Tapestry will check the box indicating the documentation is complete and the child has been placed (this will send the entry to DFPS and reflect the status of “placed”).
• DFPS staff will need to review and validate the entry with save to placement information page, add additional information or comments needed, and then save and submit to DFPS supervisor.

If DFPS has not received the placement information in IMPACT from Family Tapestry within 12 hours of the placement:

• DFPS Caseworker will call the Family Tapestry Intake Specialist and request placement be documented.
• If placement information is not documented in IMPACT within 1 hour of contact with Family Tapestry Intake Specialist, DFPS Caseworker will notify their supervisor.
• The DFPS Supervisor will contact the Family Tapestry Assistant Director of Placement Coordination for immediate resolution and will notify CBC Administrator.

5. **DFPS Caseworker is responsible for ensuring all placement documentation is entered in IMPACT within current policy timeframes.**

*DFPS Handbook Policy [4142: Enter the Placement Change Information in IMPACT](#).*

By **5:00pm the next business day** DFPS Supervisor will approve the placement and medical consenter documentation in IMPACT.

DFPS Caseworker will provide/complete any remaining placement documentation **within 7 days**, if not provided at placement, including:

• Birth verification/certificate;
• Social Security card or number (if available);
• Education portfolio;
• Medicaid and STAR Health cards or qualifying information (if available);
• Any external documentation (i.e. assessments, evaluations, or therapy notes) related to the care of the child;
• Update person characteristics in IMPACT;
• Update education log in IMPACT (with as much information as available); and
• Update medical/dental page in IMPACT.
• Any requested intake forms from the residential provider.

The next business day after the child’s placement, Family Tapestry will send to DFPS via email relevant child’s placement information, including the signed [Designation of Medical Consenter](#) (form 2085b), and [Designation of Education Decision-Maker](#) (form 2085e).
3.0 PLACEMENT CHANGES

Placement changes in Region 8a (Bexar County) will likely take place with children/youth who are placed in a paid foster care setting within the Family Tapestry network and require a new foster care placement within the Family Tapestry network. Family Tapestry must make all reasonable attempts to prevent placement changes.

Placement changes, initiated by DFPS, are typically non-emergency in nature. **DFPS Caseworkers must obtain Supervisor approval to request a placement change from Family Tapestry.**

Emergency placements may only be initiated when there is a perceived or actual threat to the safety or well-being of the child. Non-emergency placements may need to be initiated based on a variety of reasons. All the above must be justified by Family Tapestry or DFPS depending on who is requesting the change.

It should be noted that if Family Tapestry receives a request from an external party for a placement change (i.e. AAL, GAL or CASA) then Family Tapestry will notify the DFPS Caseworker. If DFPS decides a placement change is needed, then the DFPS initiated placement change process must be followed.

3.1 Emergency Placement Change Process

3.1.1 Notification

For Emergency Placement Changes initiated by DFPS, upon identifying the circumstances requiring a placement change and receiving Supervisory approval, the DFPS Caseworker will:

1. DFPS Caseworker will provided a courtesy phone call to Family Tapestry Intake Department *(210-503-4545)*. The call should include:
   - DFPS Caseworker contact information: Name, Phone, Email
   - DFPS Caseworker back-up contact information (i.e. supervisor)
   - General information on number of children, ages, etc. (IMPACT PID/Case Number)
   - The reason for emergency placement change request

2. Family Tapestry Intake Specialist will send follow-up email to DFPS Caseworker and cc DFPS Supervisor, within 30 minutes of call using Subject line "Emergency Placement Change – Last Name of Oldest Child":

3. DFPS Caseworker will respond to email within 2 hours providing:
   - Updated Common Application for Placement of Children in Residential Care (form 2087; excluding level of care information),
• Family Tapestry Referral Form for Placement
• Authorization to Furnish Information (form 1505) and
• Updated Psychological Evaluation, if applicable.
• Any other requested documentation

For Emergency Placement Changes initiated by Family Tapestry, upon identifying the circumstances requiring a placement change, Family Tapestry will provide to the DFPS Caseworker:

1. Family Tapestry Intake Specialist contact information
2. Family Tapestry Intake Specialist back-up contact information (i.e. supervisor)
3. The reason for emergency placement change needed,
4. Family Tapestry will provide an Updated Common Application for Placement of Children in Residential Care (form 2087)

In situations where CPS may have physical supervision of the child, Family Tapestry will immediately begin the placement search. DFPS and Family Tapestry will coordinate for the transition of the child into Family Tapestry supervision.

Based on the child’s needs, notify relevant regional DFPS Subject Matter Experts (i.e. Nurse, Developmental Disability Specialist, Well-Being Specialist, Education Specialist, etc). For additional guidance, see Placing Children Who Have Intellectual and Developmental Disabilities or Primary Medical Needs.

### 3.1.2 Approval of Placement

Protocols outlined in Emergency Placements Section 2.3.2 Placement Approval Process should be followed.

Family Tapestry will ensure the child is involved and the child/youth’s input is considered in the decision as appropriate to the child’s age and level of understanding, as identified in DFPS Minimum Standards.

Note: Family Tapestry or their authorized representative will complete the physical placement of the child or youth with the new placement and provide all completed placement forms to DFPS.

If there are concerns about the placement recommendation DFPS will follow protocol outline in Section 2.3.3 Placement Discrepancies.

DFPS Caseworkers will ensure all legal parties (parents, parents’ attorneys, AAL, GAL, CASA) are consulted prior to placement change and notified of the placement change within 48 hours. Standing Court Order #61793

### 3.1.3 Documentation
Within **12 hours** of referral, Family Tapestry will:

- Create a placement entry under the SSCC Options tab (under the Placement tab) in IMPACT.
- When entry is complete Family Tapestry will check the box indicating the documentation is complete and the child has been placed (this will send the entry to DFPS and reflect the status of “placed”).
- DFPS staff will need to review and validate the entry with save to placement information page, add additional information or comments needed, and then save and submit to DFPS supervisor.

If DFPS has not received the placement information in IMPACT from Family Tapestry within 12 hours of the placement:

- DFPS Caseworker will call the Family Tapestry Intake Specialist and request placement be documented.
- If placement information is not documented in IMPACT within 1 hour of contact with Family Tapestry Intake Specialist, DFPS Caseworker will notify DFPS Supervisor.
- The DFPS Supervisor will contact the Family Tapestry Care Management Supervisor for immediate resolution and will notify CBC Administrator.

**DFPS Caseworker is responsible for ensuring all placement documentation is entered in IMPACT within current policy timeframes.**

*DFPS Handbook policy 4142 Enter the Placement Change Information in IMPACT.*

By 5:00 pm the next calendar day after the child’s placement, DFPS Supervisor will review and approve placement information (entered by Family Tapestry) and medical consenter in IMPACT.

DFPS Caseworker will provide/complete any remaining placement documentation including:

- Update person characteristics in IMPACT;
- Update education log in IMPACT (with as much information as available); and
- Update medical/dental page in IMPACT.
- Any requested intake forms from the residential provider.

The next business day after the child’s placement, Family Tapestry will send to DFPS via email the relevant child’s placement information, including the signed Designation of Medical Consenter (form 2085b), and Designation of Education Decision-Maker (form 2085e).

**3.2 Non-Emergency Placement Change Process**

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Non-Emergency Placement Changes could be initiated by either DFPS or Family Tapestry. Before any non-emergency placement change, the caseworker must contact the following people and ask for their recommendations on the subsequent placement:

- the attorney ad litem (AAL);
- the guardian ad litem (GAL); and
- the court appointed special advocate (CASA).

If an emergency placement change does not allow time for the required consultations, the caseworker must notify the AAL, GAL, and CASA as soon as possible, but no more than three working days after the change.

### 3.2.1 Notification

For DFPS initiated Placement Changes, within 72 hours of identifying placement need and no less than 2 weeks from when the placement is needed, DFPS Caseworker will:

- Staff the situation with their Supervisor;
- If placement is needed, obtain Supervisor approval for the placement change; and
- Contact Family Tapestry Intake Specialist and provide the following information:
  - “Non-Emergency Placement Change – Last name of oldest child being referred”
    - DFPS Caseworker contact information
    - DFPS Caseworker back-up contact information (i.e. Supervisor)
    - The reason for placement change request,
    - Establish if there is a need for a placement change staffing and propose date and time,
    - Copy Supervisor, Program Director, and CBC Administrator in “cc” line on email,
    - Provide updated Common Application for Placement of Children in Residential Care (form 2087)
    - Family Tapestry Referral Form for Placement
    - Authorization to Furnish Information (form 1505) and
    - Provide updated psychological evaluation, if applicable

Note: the DFPS Caseworker will update the Common Application for Placement of Children in Residential Care in IMPACT and notify the Family Tapestry Intake Specialist once assigned.
For Family Tapestry initiated Non-Emergency Placement Changes, upon identifying the circumstances requiring a placement change and within 14 days of needing the placement change, the Family Tapestry Intake Specialist will provide to DFPS:

- Family Tapestry Intake Specialist contact information
- Family Tapestry Intake Specialist back-up contact information (i.e. supervisor)
- The reason non-emergency placement change needed,
- Family Tapestry will update Common Application for Placement of Children in Residential Care (form 2087)

All Network Providers will be expected to deliver foster parent support services to minimize placement disruptions, including contact (with child and caregiver) within one (1) business day and not to exceed 72-hours of any placement as well as ongoing capacity for crisis support 24/7/365.

Prior to the placement change, Family Tapestry will ensure that the child or youth’s substitute care provider completes the Family Tapestry Residential Child Care Discharge Form and provides copies to the child’s new provider and to Family Tapestry. Family Tapestry must keep copies of the Family Tapestry Residential Child Care Discharge (form 2109) and provide such copies to DFPS upon request.

### 3.2.2 Placement Change Staffing (optional)

Placement change staffing is optional and determined jointly by Family Tapestry Intake Specialist and DFPS Caseworker.

Placement change initiating party, whether DFPS or Family Tapestry, will coordinate and facilitate the placement change staffing. The initiating party will also take notes of the staffing and provide copies to participants within 2 days of the staffing.

Participants will include:

- DFPS Caseworker
- Family Tapestry
- Network Provider Case Manager
- Current caregivers
- Former Caregivers
- Child/Youth over age 10 unless therapeutically contraindicated. (If unable to participate Network Provider Case Manager or current caregiver will identify and provide alternate methods for child/youth to provide input.

- If older youth decline to participate, the Network Provider Case Manager will
  - Ascertain the reason for the youths choice to decline to participate
Ensure the youth fully understands the purpose of the staffing, and
Ensure the youth understand the importance of them having a voice in planning for their future

DFPS will ensure all legal parties (parents, parents' attorneys, AAL, GAL, CASA are consulted about the placement change prior to the placement change occurring whether a placement change staffing is held or not.

Family Tapestry must coordinate all Pre-Placement activities with the child, including but not limited to pre-placement visits.

3.2.3 Approval of Placement

No later than 3 days prior to placement needing to occur, Family Tapestry Intake Specialist will notify DFPS Caseworker and Supervisor, through email of recommended placement and medical consenter.

- Information about the recommended placement will include:
  - Placement Name, Address, Phone and Resource ID if known
  - Provider Name
  - Provider Case Manager name, if known
  - Medical Consenter name and PID if known
- Contact the current caregiver from which the child will be moved to gather relevant information about the child and services they are receiving to ensure a smooth transition and continuity of services.
- Arrange pre-placement visit opportunities to engage the child/youth in placement decision.
- DFPS Caseworker will evaluate and approve recommended placement option and medical consenter.
- DFPS Caseworker will provide written approval of the placement by: responding to the email from Family Tapestry with the placement option that it is approved;
- DFPS Caseworker will evaluate and approve Family Tapestry’s recommended placement option and medical consenter within 1 business day of receipt of notification from Family Tapestry
- Approval will be assumed if denial is not received within 1 business day.
- DFPS Caseworker will also notify CBC Administrator of failure of Family Tapestry to identify placement no later than 3 days prior to placement needing to occur
- Family Tapestry Case Care Specialist will ensure continuity of care for a child whose placement has changed by:
Notifying each specialist treating the child of the placement change to include Clinicians, Specialty Medical Professionals, etc., and

Coordinating the transition of care from the child’s previous treating primary care physician and treating specialists to the child’s new treating primary care physician and treating specialists, if any.

If there are concerns about the placement recommendation DFPS will follow protocol outline in Section 2.3.3 Placement Discrepancies.

Family Tapestry or their authorized representative will complete the physical placement of the child with the new placement and provide all completed placement forms.

DFPS Caseworker will provide Family Tapestry or their authorized representative with the signed Designation of Medical Consenter (form 2085b), Designation of Education Decision-Maker (form 2085e), and Placement Documentation (form 1509).

### 3.2.4 Documentation

Within **12 hours** of placement occurring, Family Tapestry will

- Create a placement entry under the SSCC Options tab (under the Placement tab) in IMPACT

- When entry is complete Family Tapestry will check the box indicating the documentation is complete and the child has been placed (this will send the entry to DFPS and reflect the status of “placed”).

- DFPS staff will need to review and validate the entry with save to placement information page, add additional information or comments needed, and then save and submit to DFPS supervisor.

If DFPS Caseworker has not received the placement information in IMPACT from Family Tapestry within 12 hours of the placement:

- DFPS Caseworker will call the Family Tapestry Intake Specialist and request placement be documented.

- If placement information is not documented in IMPACT within 1 hour of contact with Family Tapestry Intake Specialist, DFPS Caseworker will notify their supervisor.

- The DFPS supervisor will contact the Family Tapestry Care Management Supervisor for immediate resolution and will notify CBC Administrator.

**DFPS Caseworker is responsible for ensuring all placement documentation is entered in IMPACT within current policy timeframes.** See DFPS Handbook policy 4142 Enter the Placement Change Information in IMPACT.
By 5:00pm the next calendar day after the child’s placement, DFPS Caseworker and supervisor review and approve placement information (entered by Family Tapestry) and medical consenter in IMPACT.

DFPS Caseworker will provide/complete any remaining placement documentation including:

- Update person characteristics in IMPACT;
- Update education log in IMPACT (with as much information as available); and
- Update medical/dental page in IMPACT.
- Any requested intake forms from the residential provider.

The next business day after the child’s placement, Family Tapestry will send to DFPS via email relevant child’s placement information, including the signed Designation of Medical Consenter (form 2085b) and Designation of Education Decision-Maker (form 2085e).

### 3.3 Placing Children Who Have Intellectual and Developmental Disabilities (IDD) or Primary Medical Needs

Placing children who have IDD or primary medical needs requires careful consideration in order to make the best placement matches to serve the special needs of these children. The Primary Medical Needs Resource Guide describes the needs of children who have Primary Medical Needs (PMN). The Foster and Licensed Facility Placements Process Resource Guide describes the needs of children who have IDD needs.

### 3.3.1 Emergency Placement Process

DFPS Caseworkers should follow the process outlined in New Placements/Emergency Placements when requesting an emergency paid foster care placement from Family Tapestry for a child with Intellectual and Developmental Disabilities (IDD) or Primary Medical Needs (PMN).

In addition to the emergency placement process, the DFPS Caseworker will:

- Upon placement referral or prior to the removal when possible, coordinate a telephone staffing with the DFPS Supervisor and Program Director, regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Well-Being Specialist), and Family Tapestry Intake Specialist to discuss:
  - The specific needs of the child or youth; and
• The ability of available placement options to meet the child or youth’s specific needs.

• After a placement for a child with PMN has been recommended by Family Tapestry and approved by DFPS, contact the Well Being Specialist to request a PMN Staffing to develop a plan to address the medical services, equipment and other needs during the transition to the new caregivers.

  o The staffing will include the new caregivers, their provider, medical staff, Family Tapestry Intake Specialist, Nurse Coordinator, DFPS staff, STAR Health and previous caregivers (when appropriate).

  o When there is no time for a PMN Staffing prior to placement, contact the Well Being Specialist and/or Nurse Consultant to plan for a safe transfer of the child. When the WBS and NC are not available, consult with the Primary Medical Needs Resource Guide and notify the Well Being Specialist and Nurse Consultant as soon as possible.

  o NOTE: Hospitalization of a child may be the best option if caregivers are not fully trained on the child’s care or the child requires medical equipment, supplies or medication that cannot be provided at the time of placement.

• After a placement for a child with IDD has been recommended by Family Tapestry and approved by DFPS, work with the Family Tapestry Intake Specialist to coordinate a telephone staffing with the chosen caregivers, their provider, medical staff (if applicable), Family Tapestry Intake Specialist, DFPS Supervisor and Program Director, and the appropriate regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Education Specialist, Well-Being Specialist) to:

  o discuss the specific needs of the child or youth,

  o discuss the expectations of placement, and

  o develop a plan to move the child or youth and establish services in the new placement.

  If possible, the staffing should occur prior to the child or youth arriving in his or her new placement, but no later than two business days after the child or youth's placement.

### 3.3.2 Non-Emergency Placement and Placement Change Process

DFPS Caseworkers should follow the process outlined in New Placements/Non-Emergency Placements or Placement Changes (depending on the type of placement needed) when requesting a non-emergency paid foster care placement or placement change from
Family Tapestry for a child with Intellectual and Developmental Disabilities (IDD) or Primary Medical Needs (PMN).

In addition to the non-emergency placement or placement change processes, the DFPS Caseworker will:

- Within 24 hours of the placement referral, coordinate a telephone staffing with the DFPS Supervisor and Program Director, regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Well-Being Specialist), CVS Program Director, and Family Tapestry Intake Specialist and Director to discuss:
  - The specific needs of the child or youth; and
  - Available times for a pre-placement staffing.

- Work with Family Tapestry Intake Specialist to coordinate the pre-placement staffing, including relevant DFPS staff, regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Well-Being Specialist), CASA, GAL, Family Tapestry Intake Specialist, and current caregivers.

- After a placement for a child with IDD has been recommended by Family Tapestry and approved by DFPS, work with the Family Tapestry Intake Specialist to coordinate a telephone staffing with the chosen caregivers, their provider, medical staff (if applicable), DFPS Supervisor and Program Director, and the appropriate regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Education Specialist, Well-Being Specialist), to:
  - discuss the specific needs of the child or youth,
  - discuss the expectations of placement, and
  - develop a plan to move the child or youth and establish services in the new placement.

- After a placement for a child with PMN has been recommended by Family Tapestry and approved by DFPS, contact the Well Being Specialist to request a PMN Staffing. The Well Being Specialist will schedule and facilitate the staffing.
  - The purpose of the staffing is to develop a plan to address the medical services, equipment and other needs during the transition to the new caregivers.
  - The staffing will include the new caregivers, their provider, medical staff, Family Tapestry Intake Specialist, Nurse Coordinator, appropriate DFPS staff, STAR Health and current caregivers (when possible).

The staffing will be completed prior to placement, except in emergency situations.
3.4 Placement of Children When CVS is Not Obtained
/Temporary Placement is Needed

Under special situations, a child may need a temporary, paid foster care placement in Region 8a (Bexar County). The child may or may not be legally from the Region 8a (Bexar County). When this occurs, Region 8a (Bexar County) removal staff will refer the child needing paid foster care placement to Family Tapestry per current protocols outlined in New Referrals for Placement.

Family Tapestry will then secure temporary, paid foster care placement for the child with the following considerations:

- If the child has emergency medical needs, then the DFPS Caseworker will ensure written consent is received from the child's parent/managing conservator, as needed;
- If the child is hospitalized, the DFPS Caseworker will work with STAR Health (Superior) to cover the expenses related to the days spent in the hospital.
  - If a child needs a hospital sitter, DFPS will request and pay for this service.
  - If a foster parent needs to be trained or needs time to bond with the child while the child is in the hospital, DFPS will notify Family Tapestry and Family Tapestry will determine a proper course of action.

Family Tapestry will request payment for placement through current regional processes established with local child welfare boards. If payment is denied by a local child welfare board, then Family Tapestry will request a Manual Payment (form 4116) from DFPS.

3.5 Placing Children in Certain Institutions

DFPS and Family Tapestry will work together when considering and requesting placement of a child or youth in one of the following settings:

- DFPS-Licensed Institutions for children with intellectual and developmental disabilities;
- State Supported Living Centers;
- Home and Community-Based Services (HCS) Residential Placements;
- Nursing Facilities; or
Placing a child or youth in a certain institution should only take place when no other less restrictive placement is available that can meet the child or youth’s needs.

Placement in a certain institution requires careful consideration, assessment, and justification. DFPS and Family Tapestry Intake Specialist will coordinate with the regional Developmental Disability Specialist to carefully assess the child or youth’s specific needs and exhaust all least restrictive placement options before recommending a child or youth's placement in a certain institution.

Depending on the type of institutional placement requested for the child or youth, the DFPS Caseworker must follow current DFPS processes outlined in The Foster and Licensed Facility Placements Process Resource Guide.

If a child or youth is placed in a certain institution, the DFPS Caseworker must notify the Family Tapestry Intake Specialist to discharge the child from the SSCC in IMPACT. See Discharge Planning for more information.

### 3.6 Psychiatric Hospitalization of Children/Youth in DFPS Conservatorship

There may come a time when a child/youth in DFPS conservatorship is determined to be a danger to himself, herself or others and is admitted to a psychiatric hospital. Hospitalization is an intervention designed to meet the child/youth’s acute mental health needs and is not a long-term intervention. Admission to a psychiatric hospital is not a placement and should not be treated, or referred to, as such. In order to ensure a child/youth’s needs are met during this time, there are very specific steps DFPS caseworkers must take immediately following notification of hospitalization. Those steps are outlined in this document, but it is important to note that all other policies and procedures must still be followed. The steps outlined in this protocol apply to both children in DFPS conservatorship at the time of hospital admission and children who are admitted to a psychiatric hospital during the course of an investigation that results in DFPS taking conservatorship.

### 3.6.1 DFPS Required Actions (Initial)

**Immediately, but no later than one business day** after notification that a child/youth on DFPS caseworker caseload has been admitted to a psychiatric hospital, the primary DFPS Caseworker must send an email to those who have a role in ensuring the youth’s needs are met, as outlined below. DFPS staff must also follow requirements for notification to the legal parties of the case as described in 6151.3 Notification Requirements and Schedule.
The Subject line must state: Psychiatric Hospital Admission – Child/Youth’s Last Name, First Initial and PID. The body of the email must include the following information:

- Hospital name
- Patient Access Code
- Date of admission
- Reason for hospitalization
- Indication of whether or not the child/youth will be returning to the placement after discharge from the hospital

The email must be sent to:

- Psychiatric Hospital Referral Mailbox for the Region where the hospital is located – For children/youth hospitalized out of state, the email must be sent to the Psychiatric Hospital Referral mailbox for the child’s legal region and will be routed as appropriate.
- Single Source Continuum Contractor (SSCC) - If the child/youth is being served by a Single Source Continuum Contractor (SSCC) as part of Community-Based Care, notification must be sent to the assigned SCC staff person at Intake@familytapestry.org.
- Education Specialist - If the child/youth remains admitted to a psychiatric facility for more than three days, the education specialist will coordinate educational services for the child/youth.
- Well-Being Specialist - If the child/youth has complex behavioral healthcare needs, the Well-Being Specialist is available to assist in placement staffings, referral to internal and external resources, etc. See the Medical Services Resource Guide for detailed information.
- If the child/youth appears to have a developmental disability, the caseworker must also notify the Developmental Disability Specialist. The DDS will assist the caseworker with making referrals to community resources.
- If the child/youth has been assigned to a Local Permanency Specialist (LPS), the caseworker must notify the LPS mailbox for the Region of the assigned worker so the assignment can be placed on hold pending hospitalization.

Immediately but no later than one business day after notification that a child/youth on your caseload has been admitted to a psychiatric hospital, the DFPS Primary Caseworker must call STAR Health Member Services or the child/youth’s Behavioral Health Service Manager at 1-866-218-8263, if the child/youth is enrolled in STAR Health.
You will need to inform them that the child is hospitalized and provide the following information:

- Child/Youth’s name
- Child/Youth’s PID
- Legal Region
- Hospital name
- Date of admission
- Reason for hospitalization
- Indicate the child will be returning to the placement unless a discharge notice has been received

### 3.6.2 When the Child/Youth is Not Returning to Placement

If the child/youth is not expected to return to their placement, the Primary Caseworker* must send the assigned placement staff all items required for a placement search within 24 hours of receiving notification. Those items include:

- Updated common application
- Psychological or Psychiatric Evaluation
- Level of Care
- CANS, if completed
- Current therapy notes
- Letter from psychiatric hospital stating child/youth is no longer a danger to self or others
- See Placement Process Resource Guide

*If the child/youth is being served by the SSCC as part of Community-Based Care, the SSCC assigned staff person will obtain the above items as outlined in the catchment area’s Operations Manual.

### 3.6.3 Required Actions during Hospitalization

While the child/youth is in the psychiatric hospital, the **Psychiatric Hospital Worker, LPS or Other Designated Caseworker** must:

- Make face to face contact with the youth at the facility within 1-3 business days of becoming aware of the admission and weekly thereafter;
• Request treatment plans, progress notes, individual/group therapy notes, and medication status and/or changes;

• Document weekly face to face contact in IMPACT; and

• Send weekly emails, including any records collected from the hospital, to the primary caseworker and assigned placement staff or SSCC staff.

• coordinate and facilitate internal multidisciplinary staffings to assist with placement and securing services

While the child/youth is in the psychiatric hospital, the Primary Caseworker must:

• Notify the child/youth’s parent within 24 hours of notification (unless an exception listed under 6151.1 exists). As soon as possible, but no later than 10 days after admission, notify the GAL, AAL, parent’s attorney and CASA.

• Update the common application with the weekly progress/participation/therapy notes/medication compliance, etc.

  o If this child/youth is being served by the SSCC as part of Community-Based Care, the assigned SSCC staff person will update the common application as described.

• Conduct Required Monthly FTF contact if child/youth is hospitalized in legal region.

### 3.6.4 Educational Needs

Within the first three days of the child/youth being admitted to the psychiatric hospital, the Regional Education Specialist must:

• Collect all education-related information from the CPS caseworker.

If the student is receiving special education services, the Education Specialist will contact the Special Education Director at the child/youth’s home school and the Special Education Director at the psychiatric or medical facility’s school district for IEP and ARD information. The Regional Education Specialist must:

• Contact the psychiatric/medical facility’s education representative to make arrangements for continuation of student’s education programming under current IEP if the student was previously identified as eligible for special education services.

• Consult with child/youth’s caseworker, caregiver for school withdrawal/enrollment process.
If the child/youth is not receiving special education services, the Education Specialist must:

- Consult with caseworker and relevant stakeholders to determine if a referral for eligibility for special education services is appropriate.
- Contact the local ISD to make a written referral for determination of eligibility for hospital or homebound services.

If the child/youth is not eligible for special education services, the Education Specialist must:

- Consult with the local school district on its policy for providing education services to children and youth who do not receive special education services or are not eligible for special education service when the student is confined at home or at a psychiatric or medical facility.

The Education Specialist should confer with their supervisor and the Education Program Specialist at State Office as soon as possible if efforts to obtain educational services for a child/youth are unsuccessful.

### 3.6.5 When Placement is Identified

As soon as a placement is identified, the DFPS Primary Caseworker* will send an email with the new placement’s name, address, date of discharge from hospital/date of placement, transportation plan, and the name of the worker who will facilitate the placement to all of the following:

- Psychiatric Hospital Worker or LPS responsible for weekly contact
- Well-Being Specialist
- Primary Caseworker’s supervisor
- Education Specialist
- Regional Placement Mailbox
- Psychiatric Hospital to prepare child for discharge and so that hospital can share information about child with the identified placement

*If the child/youth is being served by the SSCC as part of Community-Based Care, the SSCC assigned staff person will follow the placement process as outlined in the catchment area’s Operations Manual.
### 3.7 Emergency Transition Plan Meeting – “Wrap Around Meetings”

These meetings are to engage a youth returning from runaway status and their identified support in creating a plan to address the youth’s fears and concerns and increase the likelihood of them remaining in a safe placement.

#### 3.7.1 Process

As soon as the foster youth is located and in CPS Care, the CVS Caseworker/CVS Supervisor will immediately notify all legal parties (DFPS Attorney or ADA, CASA, Ad-Litem, Legal Parents and Parent’s Attorney(s).)

Notification will also be sent to FGDM Staff to organize an Emergency Transition Plan Meeting (Wrap-Around Meeting). During this meeting the team will work with the youth to process the reason for running away, concerns about their experience in foster care, and any solutions to prevent them from running away in the future.

These meetings will be scheduled as soon as possible. The goal is to hold the meeting within 48 to 72 hours from the time the youth returned to CPS Care.

The following individuals should be invited to participate in these meetings:

- Youth
- CVS Caseworker
- CVS Supervisor
- DFPS Legal or ADA
- Attorney Ad-Litem
- CASA (Guardian Ad-Litem)
- Legal Parents (if no TPR)
- Parent Attorney(s)
- Placement (if one has been secured)
- PAL Caseworker
- PAL Supervisor
- Youth Specialist
- Family Tapestry Intake Specialist or Child Advocate if assigned.

#### 3.7.2 Subsequent Meeting
In the event a youth runs away after their initial Emergency Transition Plan Meeting, the caseworker, supervisor, and program director should evaluate the previous goals and tasks developed to assess whether another meeting should be held to develop new strategies. If there is more follow-up required on the goals and tasks of the previous Emergency Transition Plan Meeting, another meeting may not be necessary. The child welfare team should make attempts to get the youth to recommit to the current plan, and continue making efforts toward accomplishing the goals and tasks.

**3.8 When A Youth in Substitute Care is Parenting**

The following is to address a minor in DFPS’s managing conservatorship who has a baby while in care or enters into care with a baby.

The term *baby* refers to any youth parent’s child regardless of the child’s age.

**3.8.1 When DFPS Does Not Have Conservatorship of the Baby**

When DFPS does not have conservatorship of the baby, the baby may be placed in the same placement as the youth parent. This placement could be either paid by DFPS or unpaid.

If DFPS does not have conservatorship of the baby, a child’s service plan is not needed for the baby. The caseworker should address in the youth’s own Plan of Service the youth’s parenting issues, including any past concerns of abuse or neglect by the parent, and any needs of the baby.

**3.8.2 Baby Is in a Placement Paid by DFPS**

When DFPS is paying for the placement for a baby who is not in DFPS conservatorship, the caseworker must:

- Refer the baby to Family Tapestry as either an emergency or non-emergency placement depending on the circumstances.
- Select the youth parent as a primary medical consenter in IMPACT and enter no backup medical consenter.

See Appendix for **Form 2450 Procedures for IMPACT Data Entry Associated with Youth Parents in DFPS Conservatorship**
4.0 INITIAL COORDINATION MEETING

The Initial Coordination Meeting (ICM) is an internal, collaborative process between DFPS and Family Tapestry that focuses on the unique, individualized needs of the child and outlines services to address those needs. The ICM process seeks to share all relevant information about a child in DFPS conservatorship who require a new emergency placement within Family Tapestry’s provider network. Relevant information includes assessments, evaluations, medical reports, recommended services, and all other information that pertains to the child’s individual needs. During the ICM, DFPS and Family Tapestry jointly identify the child’s initial and concurrent permanency goals.

The ICM takes the place of the traditional post-removal staffing.

4.1 ICM Timeframes

Within 7 days of a new emergency placement referral to Family Tapestry, DFPS Family Group Decision Making (FGDM) or Family Team Meeting (FTM) staff will host, coordinate, participate in, and document the Initial Coordination Meeting (ICM).

The ICM may be extended up to 3 days if an emergency placement occurs on a holiday or weekend day (Saturday or Sunday) or inclement weather prevents the ICM from occurring as scheduled. All other extensions to an ICM must be approved by the Program Administrator.

4.2 ICM Coordination

The DFPS Coordinator or designee will coordinate all meeting logistics, including:

- schedules with participants a meeting date and time;*
- reserves a scan call line;
- ensures all relevant participants are invited to the meeting; and
- provides notice (2 business days) of the ICM to all participants.

To begin the coordination process, by the next business day following a removal, DFPS Family Group Decision Making (FGDM) or Family Team Meeting (FTM) Supervisors are notified by courts of removal of child(ren). FGDM or FTM Supervisors assign staff to facilitate ICM Meetings. FGDM or FTM staff will coordinate with the Removing Caseworker that required activities are completed. This includes the ICM Form 1502 Community-Based Care Form with the Removal Worker required sections completed that includes information about how to contact the family. The Removing Caseworker must
provide this critical information promptly after removal to allow sufficient time in coordinating ICM meetings and Plan of Service meetings.

The DFPS ICM Coordinator will compile the list of staff to be invited that includes Family Tapestry at CaseCare@Familytapestry.org, all appropriate DFPS staff and Network Provider designee. The DFPS ICM Coordinator will send notification of the upcoming ICM with email subject line “Initial Coordination Meeting”.

**4.4 ICM Participants**

At a minimum, the following participants will be notified of the upcoming ICM:

- Family Tapestry Intake Specialist;
- Family Tapestry Case Care at CaseCare@Familytapestry.org
- Removing Caseworker and Supervisor (and administrative staff as necessary);
- Conservatorship Caseworker and Supervisor (and administrative staff as necessary);
- Family Group Decision Making (FGDM) or Family Team Meeting (FTM) Specialist;
- Network Provider Case Manager;
- Other DFPS staff or subject matter experts as needed (i.e. Developmental Disabilities Specialist, Nurse, Education Specialist, Well Being Specialist); and
- Additional DFPS staff may be included in the notification email, but may not need to participate in the ICM.

**4.5 ICM Documentation:**

**4.5.1 Before the ICM**

Before the ICM, the Removal Caseworker will:

1. Complete as much of the removal staffing checklist as possible, which has been updated per Community Based Care Protocols
2. Complete the beginning sections of the Initial Coordination Meeting (Form 1502) and stops at the “Discussion Points” section.
3. Provide the ICM form electronically within 1 business day of removal to the ICM coordinator for their area
4. Complete the Child Caregiver Resources Form (Form 2625), Affidavit for Removal and Temporary Visitation Schedule (if complete).
5. Email a copy of the removal checklist and ICM form to the designated FGDM staff prior to the meeting.

### 4.5.2 During the ICM

1. The DFPS Removal Caseworker will provide to Family Tapestry Case Care Specialist and the DFPS Conservatorship Caseworker and Supervisor:
   - Child Caregiver Resources Form (Form 2625)
   - Affidavit for Removal and
   - Temporary Visitation Schedule (if complete)

2. The FGDM staff will record notes from the meeting discussion on the ICM form, including but not limited to, the primary and concurrent permanency goals for the child

3. Family Tapestry and DFPS staff will share and exchange copies (with each other) of all external documentation gathered thus far related to the child’s needs, including but not limited to, Affidavit for Removal, diligent search results for relatives and/or parents, immunization records, birth records, birth certificates, social security cards, medical/dental reports or records, school records, progress notes, assessments, evaluations and so on.

4. From the ICM notice and accompanying ICM form, the FGDM staff member will gain information about the family in order to engage the family in a Single Plan of Service and provide the status, if any, of the family’s agreement to participate in a Single Plan of Service meeting.

5. FGDM staff will identify the date of the Single Plan of Service meeting prior to ending the ICM.

6. If identifying the date of the Single Plan of Service meeting is not possible at the ICM, within 3 calendar days of the ICM, the FGDM staff member will notify the DFPS Caseworker and Family Tapestry Intake for the date of the Single Plan of Service meeting to be held with the family.

### 4.5.3 After the ICM

1. After the ICM, the Family Group Decision Making Facilitator will email to all attendees copies of the completed ICM Form and any other available documentation provided during the meeting.

2. The DFPS Conservatorship Caseworker or their designee will
   - record the ICM as a contact in the FSU stage, Contact Detail page in IMPACT
   - ensure the notes from the meeting are recorded in the Contact Detail narrative
• Share the notes with Family Tapestry and Network Provider Case Manager via email, if not provided by the facilitator.
5.0 CHILD AND YOUTH SERVICE PLANNING

Child and youth service planning is a collaborative and inclusive process between CPS, Family Tapestry, the Network Provider, the child and the family that focuses on developing and reviewing plans to meet the individualized and unique needs of the child. Under Community-Based Care, service planning with children and youth will occur with all:

- children placed within the Family Tapestry network upon removal, and
- children currently placed in foster care who require a placement change into the Family Tapestry network
- children who have transitioned into the Family Tapestry network via model implementation activities.

Upon placement with Family Tapestry, children are identified as receiving:

- Child Care Services; or
- Therapeutic Services.

Upon designating the type of service the child will receive, Family Tapestry determines the frequency by which the child's service plan will be reviewed.

5.1 Service Planning Meetings and Child Service Plans

Child service plans will be developed and reviewed through service planning meetings. Child service plans must be developed with children/youth in accordance with Texas Family Code timeframes and applicable licensing standards. Primary and concurrent permanency goals for the child/youth will be reviewed at each service planning meeting.

CPS staff must adhere to the following CPS Handbook policy:

- 6241 Child Service Plan
- 6241.22 Child Plan Review

Whenever possible, sibling groups will have combined service planning meeting, which may require additional time allotted for the meeting. Children age five and older must participate in his/her service planning.

DFPS and Family Tapestry, with the Network Providers, will work collaboratively to develop service plans and, working jointly with DFPS, Network Provider Case Manager will schedule the initial service planning meeting.

- The initial service planning meeting for current placements (new to Family Tapestry network/legacy transfer) is to be held within 21 days from removal date.
• A service plan meeting will be held according to the timeframes below;
• A comprehensive CANS assessment be completed annually unless a child is receiving therapeutic foster care services, in which case the child would require a CANS every 90 days.

5.2 Timeframes

The DFPS and the Network Provider Case Manager will share responsibility for scheduling and conducting service planning meetings in accordance with the following Child Service Plan timeframes:

The initial Child Service Plan meeting will be completed within 21 days from removal date.

The Child Service Plan will be reviewed at the following intervals:

<table>
<thead>
<tr>
<th>Legal Status</th>
<th>Review</th>
<th>Services Needed</th>
<th>Timeframe</th>
<th>Coordination and Facilitation Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>TMC</td>
<td>1st Review</td>
<td>Child Care</td>
<td>Within 90 days following initial plan completion date</td>
<td>Network Provider Case Manager</td>
</tr>
<tr>
<td></td>
<td>All future reviews</td>
<td>Child Care</td>
<td>Every 180 days following review plan completion date</td>
<td>Network Provider Case Manager</td>
</tr>
<tr>
<td>TMC</td>
<td>1st Review</td>
<td>Therapeutic</td>
<td>90 days following initial plan completion date</td>
<td>Network Provider Case Manager</td>
</tr>
<tr>
<td></td>
<td>All future reviews</td>
<td>Therapeutic</td>
<td>Every 90 days</td>
<td>Network Provider Case Manager</td>
</tr>
<tr>
<td>PMC</td>
<td>All reviews</td>
<td>Child Care</td>
<td>Every 180 days</td>
<td>Network Provider Case Manager</td>
</tr>
<tr>
<td>PMC</td>
<td>All reviews</td>
<td>Therapeutic</td>
<td>Every 90 days</td>
<td>Network Provider Case Manager</td>
</tr>
</tbody>
</table>

Child service plans will be updated or reviewed more frequently when a child’s circumstances change or significant events occur that dramatically alter the child’s needs.

5.4 Coordination
The Network Provider Case Manager (See chart above) (with quality oversight by Family Tapestry) will ensure the coordination of all service planning meeting logistics, including:

- scheduling with participants a meeting date and time;
- reserving a conference room and scan call line;
- all relevant participants are invited to the meeting;
- coordination with CVS Worker to ensure barriers to parent and/or family member participation are mitigated (i.e. transportation needs); and
- notice is provided to all participants of the service planning meeting:
  - will ensure that invitations for scheduled service planning meetings are sent via email to CPS and other relevant professionals;
  - will ensure that participants receive 14 days’ notice of service planning meetings;
  - will ensure parents, family members, and other participants (who may not have access to email) receive timely notice of service planning meetings.

CVS Caseworker will ensure the Network Provider Case Manager knows how to contact the parents and other family members.

All service planning meetings will be hosted in a venue that allows for maximum participation either in-person or through conference call.

### 5.5 Participants

Service planning meeting participants will generally include, at a minimum:

- the child or youth’s parents and the parents’ attorney, who must be invited when the parents have been invited,
- child(ren) or youth (Network Provider is responsible for ensuring child/youth participation including transportation to the meeting),
- family members,
- current caregiver,
- Network Provider Case Manager,
- CPS Conservatorship Worker and Supervisor,
- Local Permanency Caseworker (if assigned)
- Kinship Caseworker (if assigned)
- legal representatives (i.e. CASA, ad litem, etc.),
• relevant subject matter experts (i.e. Developmental Disability Specialist, Nurse, Education Specialist, Well-Being Specialist) as needed,
• other relevant professionals,
• other persons identified in the case who can contribute to service planning with the child, and
• Family Tapestry Case Care Specialist

The Family Tapestry Case Care Specialist will attend service planning meetings as deemed necessary or as requested by CPS or the Network Provider Case Manager.

### 5.6 Documentation

#### 5.6.1 During the Meeting

- During the service planning meeting, the Network Provider Case Manager will complete the child/youth’s Service Plan, accept for the sections designated for CPS completion (see below).
- The Network Provider Case Manager will ensure all participants sign the Service Plan.
- The Network Provider Case Manager will send via email the CVS Caseworker and Family Tapestry Intake Specialist a copy of the completed and signed Service Plan within 5 days after the service planning meeting.
- The CVS Caseworker is responsible for ensuring the family service plan is developed, reviewed, and/or updated during each service planning meeting. See 6242 The Family Service Plan.
- Family Tapestry, the Network Provider Case Manager, and CPS will share and exchange with each other any relevant external assessments, evaluations, progress notes, medical/dental forms, diligent search results for relatives and/or parents, and other documents related to care of the child.

#### 5.6.2 After the Meeting

Within 5 days after the service planning meeting, the CVS Caseworker will complete the Child Service Plan or Child Service Plan Review in IMPACT as follows:

1. Complete the following sections:
   - Permanency Goals,
• Prior Adoption Information,
• Child History,
• Family/Genetic History,
• Permanency Efforts,
• Visitation/Contact, and
• Child's Cultural Heritage.

2. In all other Child Guide Topic sections, the CVS Caseworker will document: "Please see Service Plan attached and filed in external documentation."

3. In the Child Plan Participation section, the CVS Caseworker will include any participants that are not already included on the Service Plan developed by the Network Provider Case Manager.

4. In the Other Assessments comment box, the CPS Caseworker will document: "Child Plan developed in collaboration with [foster care provider name] on [date]."

5. After the Child Plan of Service is received from the Network Provider Case Manager, the CVS Caseworker will provide a copy of the plan to the CVS Supervisor and save and submit the Child Service Plan or Child Service Plan Review to the CVS Supervisor for approval.

Within 10 days after the service planning meeting, the CVS Caseworker will send a final, approved and signed copy of the IMPACT Child Service Plan or Child Service Plan Review with Providers portion of the plan attached to all meeting participants, including participants who were unable to attend the meeting.

CPS will document the service planning meeting and participants in IMPACT on the contact detail page.

If a service planning meeting is held in conjunction to a CPS Permanency Conference (PC), the CPS Caseworker is responsible for documenting the service planning meeting in each child’s PPM detail page in IMPACT.

See CPS Handbook Appendix item 1121: Documentation Requirements for Models of Family Group Decision Making (FGDM).

5.7 Medical/Dental/Vision Examinations

A person consenting to medical care for a child must participate in each appointment set for the child with the healthcare provider. Texas Family Code 266.004
Participation must be in person or, if it is appropriate and acceptable to the provider, by telephone. The level of participation depends on the nature of the medical care the child is receiving, except that medical consenter must attend in person any appointments when a child may be prescribed psychotropic medications. Healthcare providers may have varying requirements for participation. Medical consenter and residential providers must discuss with healthcare providers their expectations for participation. See 11131 Participating in Each Medical Appointment.

When a child is placed with Family Tapestry, Family Tapestry will ensure substitute care providers receive the DFPS Medical/Dental/Vision Examination (form 2403) with Instruction Document in order for the caregiver (usually the medical consenter) and doctor to complete the form at a child’s medical, dental, or vision appointments. The form is filled out jointly by the person taking the child or youth to the appointment (usually the caregiver) and doctor/dentist.

Within 5 days from the date of the child's appointment, the Network Provider Case Manager will send a copy of the completed DFPS Medical/Dental/Vision Examination (form 2403) to the CPS Caseworker and Family Tapestry.

Within 2 days of receipt of the completed DFPS Medical/Dental/Vision Examination (form 2403), the CVS Caseworker will enter the information into IMPACT as outlined in CPS Handbook item 6133.4 Documenting Health Information.

Family Tapestry will ensure that youth ages 16 to 22 are advised of their right to request to become their own Medical Consenter.

5.8 3 in 30

5.8.1 What is 3 in 30?

The “3 in 30” combines three separate, yet critical, tools for assessing the medical, behavioral, and developmental strengths and needs of children and youth entering DFPS conservatorship. Texas statute requires each component and together the three assessments chart the path for services of children and youth from the beginning of their time in care.

5.8.2 What are the components of 3 in 30?

3-Day Medical Exam: In 3 business days, children entering DFPS care must see a doctor to be checked for injuries or illnesses and get any needed treatments. Family Tapestry will require Network Providers to ensure all children or youth in paid foster care
placement receive an initial standardized medical screening within three (3) business days from removal.

**Texas Health Steps Checkup:** In 30 days of entering DFPS care, children must see a doctor for a complete check-up with lab work. Network Providers will ensure children or youth receive all follow-up medical exams, Early and Periodic Screening and Diagnostic and Treatment (EPSDT) exams, including Early Childhood Intervention (ECI) referral, and dental exams in accordance with STAR Health and DFPS Policy timeframes.

**Child and Adolescent Needs and Strengths (CANS) Assessment:** In 30 days of entering DFPS care, children (ages 3-17) must get a CANS assessment. The CANS is a comprehensive trauma-informed behavioral health evaluation. It gathers information about the strengths and needs of the child and helps in planning services that will help the child and family reach their goals.

### 5.8.3 Psychotropic Medication Appointments

Family Tapestry will ensure that all substitute care providers and employees who serve as medical consenters for a child who is prescribed psychotropic medications facilitate an office visit with the prescribing physician, physician assistant, or advanced practice nurse in the STAR Health Network at least once every 90 days to allow the practitioner to:

- Appropriately monitor the side effects of the drug;
- Determine whether the drug is helping the child achieve the treatment goals; and
- Determine whether continued use of the drug is appropriate.

For all children receiving psychotropic medication, Family Tapestry must assess the extent to which the child:

- Has been provided appropriate psychosocial therapies, behavior strategies, and other non-pharmacological interventions; and
- Has been seen by the prescribing physician, physician assistant, or advanced practice nurse in the STAR Health Network at least once every 90 days.

In the event that a CPS staff member is designated as the medical consenter for a child, the CPS staff member must attend in person any appointments where psychotropic medication may be prescribed and all medication review appointments as described in 11131.4 Psychotropic Medication Appointments.

### 5.8.4 Consenting to Psychotropic Medication
When a healthcare provider initially prescribes a psychotropic medication, Family Tapestry will ensure that all substitute care providers and employees who serve as medical consenters for a child:

- Notify the CVS Caseworker in writing of any initial psychotropic medications and subsequent dosage changes by the next business day;
- Complete and sign the **Psychotropic Medication Treatment Consent** (form 4526) with the healthcare provider; and
- Provide a copy of the form to the CVS Caseworker within 5 business days. Form 4526 is not required for changes in dosage or for refills of the same medication.

The CVS Caseworker will file a copy of the form 4526 in the child's section of the case file.

The CVS Caseworker will notify a child's parents of the initial prescription of a psychotropic medication and any change in dosage of the psychotropic medication at the first scheduled meeting between the parents and the child's worker after the date the psychotropic medication is prescribed or the dosage is changed.

See [11000 Health Care – Medical and Behavioral](#) for more information.

### 5.8.5 Foster Daycare Services

Family Tapestry will ensure initial daycare requests and daycare renewals are submitted to DFPS. Foster Child daycare is available for children in a Foster Home when:

- the child does not turn 6 by September 1,
- is at the basic level of care in the DFPS system,
- all caregivers are employed outside the home and work at least 40 hours per week (daycare is available for children up to age 13 for school summer breaks), and

When foster daycare services are needed for a child, who is legally from Region 8a (Bexar County) and placed within Family Tapestry provider network the Family Tapestry Case Care Specialist will provide to the regional daycare coordinator:

- **Foster/Relative & Other Designated Caregiver Daycare Verification** (form 1809) for each foster parent household each time application for daycare services are requested. Note this form is required for both initial requests and renewals.

**Note**: Foster parent e-signatures are acceptable (completed/signed/scanned copy of the 1809 or on-line completion of the 1809 with foster parent approval in return email).
• The Family Tapestry Case Care Specialist will need to verify caregiver employment. Acceptable verification includes:
  o copies of the caregivers last 3 paystubs,
  o statement from the employer attesting to being employed full-time for 40 hours a week; or
  o in the case of self-employment, a completed Form 1806 Caregiver Statement of Self-Employment Income

• Send an email to the DISTRICT1DC@dfps.state.tx.us mailbox and the primary caseworker
  • Subject line: Region, Caregiver’s Name, Child’s Name, Case ID, CPS Unit #, (do not only enter the foster parents name, the child’s name must be included)
    o If only 1 child’s name is entered in the subject line but there are multiple children that requests were completed for, all of their names must be provided in the body of the email, and
    o The body of the email must have the Family Tapestry workers supervisor’s approval must be in the body of the email. If we do not have supervisor approval in the body of the email we cannot process the impact daycare requests.
      ▪ A statement regarding what verification has been provided for the employment verification and the number of hours each caregiver works (note employment verification must also be provided for renewals),
    o Attach the following:
      ▪ Completed Foster/Relative & Other Designated Caregiver Daycare Verification (form 1809) unless an exception is met as described below:

• The Family Tapestry Case Care Specialist will complete the Daycare Request in IMPACT.

Exception:
For the initial daycare authorization, the requirement for the foster parent to complete the form may be waived if it is determined the verification would prevent an emergency placement in the child’s best interest. Such an emergency placement would be one where the placement cannot be sustained or is unlikely to be sustained if the person requesting daycare were required to verify the unavailability of community resources. The waiver of the requirement must be approved by the Program Director (PD) and should only be utilized where the foster parent has exercised reasonable diligence but has been unable
to verify community resource unavailability. If such a waiver is approved, the foster parent will be required to verify the unavailability of community resources at the time of the first daycare renewal.

After receiving the daycare request email and the daycare request in IMPACT the Daycare Specialist will:

- Create the service authorization in IMPACT and send to CCMS

Within 10 business days of receipt of the approved daycare request in IMPACT, the Regional Daycare Specialist will process the daycare request. See 8235.4 Foster Child Daycare.

### 5.9 Discharge Planning (from Paid Foster Care)

CPS and Family Tapestry will work jointly together to determine when a child is ready for discharge from paid foster care placement and services with Family Tapestry. This section does not include discharge planning for a child from CPS conservatorship.

The child’s Discharge Planning will be discussed when appropriate at Family Group Conference (FGC), Circle of Support (COS), service planning meeting, or internal staffing.

Both parties (Family Tapestry and CPS) understand that should the court order discharge unexpectedly, there may not be time for a family meeting to be held.

The section below reflects the specific tasks CPS and Family Tapestry must take in order to facilitate the discharge of a child from placement and services with Family Tapestry:

#### 5.9.1 Discharge and End Referral due to Monitored Return

- CVS Caseworker will notify Family Tapestry Intake Specialist via email when a child needs to be discharged from placement and services ended with Family Tapestry.
- CVS Caseworker will complete Planned End Referral Notification in IMPACT on the SSCC Referral Page.
- CVS Caseworker, in conjunction with CVS Supervisor, determine the type of family meeting that will be most beneficial to the family for discussion and planning the discharge from Family Tapestry.
- CVS Caseworker to initiate coordination of family meeting including submitting FGC or COS referral to relevant FGDM staff. Work cooperatively with Family Tapestry and Network Providers to ensure an all parties are notified.
- If an unplanned discharge occurs (i.e. through a court order), immediately notify Family Tapestry and the Child Placing Agency.
5.9.2 Discharge and End Referral due to Planned Relative Placement

- CVS Caseworker will notify Family Tapestry Case Care Specialist via email to discharge mailbox at discharge@familytapestry.org with **Subject Line:** “DFPS Discharge to Relative” when a child needs to be discharged from placement and services ended with Family Tapestry due to need to place with relative.
- CVS Caseworker will complete planned End Referral Notification in IMPACT on the SSCC Referral page.
- CVS Caseworker in conjunction with CVS Supervisor will determine a date and time for staffing to plan for the relative placement and discharge from Family Tapestry.
- If an unplanned discharge occurs (i.e. through a court order), DFPS Caseworker will immediately notify Family Tapestry Case Care Specialist and the Provider Case Manager.

See CPS Handbook policy:

- 1121 Family Group Decision Making
- 6250 Permanency Planning Meetings
- 6252 Permanency Planning Meetings for Youth 14 and Older
6.0 TRANSITIONAL LIVING SERVICES

CPS and Family Tapestry will work together to prepare older youth in DFPS conservatorship who are transitioning from substitute care to adulthood. Family Tapestry, in general, will take the lead in the provision of transitional living services for older youth. During Family Tapestry’s provision of transitional living services with youth, CPS will:

- determine a youth’s eligibility for all transitional living services and financial benefits;
- track all transitional living services for youth; and
- utilize transitional living services information from Family Tapestry for the completion of court reports.

The following sections outline the specific responsibilities of CPS and Family Tapestry as it relates to transitional living services for older youth in DFPS conservatorship.

6.1 Transition Plan Development

Beginning when the youth turns age 14, the transition plan is enhanced over time until the youth leaves substitute care or ages out of care. The plan must address the issues that are important for the youth as he or she leaves care and enters the adult world.

CPS and Family Tapestry will work together to initiate the discussion and development of the youth’s transition plan:

6.1.1 CPS Caseworker

During service planning meetings, when the youth turns age 14:

- Introduce the Transition Plan (form 2500) and Circles of Support (COS) process to the youth;
- Ensure the transition plan is discussed and developed with the youth during their service plan meeting; and
- Inform the youth that a Family Group Decision Making staff member will discuss COS with them further when he or she turns age 16.

Approve and sign the youth’s transition plan each time the plan is developed, reviewed and updated at subsequent service planning meetings or Circles of Support (COS).

6.1.2 Family Tapestry and/or Network Provider Case Manager

- Beginning when the youth turns age 14, the Network Provider Case Manager discusses and develops the Transition Plan (form 2500) with the youth through service planning meetings.
• The youth will have the opportunity to invite two people of their choosing, who are not the youth's foster parent or caseworker, to all service planning meetings and Circles of Support.
• The Network Provider Case Manager records the transition plan discussion on the plan document (i.e. goals, strengths, fears, etc.).
• The Network Provider Case Manager continues to discuss and document the transition plan and progress with the youth overtime during face to face visits, subsequent service planning meetings, and Circles of Support (COS).

6.2 Circles of Support (COS)
Circles of Support (COS) will be generally coordinated and facilitated according to current CPS policy. Some exceptions apply and are noted within the chart below. If the youth declines a COS, a subsequent service planning meeting will be scheduled instead.

See CPS Handbook policy:
• 6252 Permanency Planning Meetings for Youth 14 and Older; and
• Youth and Young Adults/Transitional Living Circle of Support (COS).

6.2.1 CPS Caseworker
• When the youth turns age 16 and when they are 17, submit referral for COS to the appropriate Family Group Decision Making (FGDM) area contact and cc Family Tapestry Independent Living/PAL Specialist at PAL@FamilyTapestry.org.
• The FGDM staff will coordinate the COS per policy 6252 Permanency Planning Meetings for Youth 14 and Older.
• Family Tapestry must ensure the youth is able to attend the COS, even if Family Tapestry is not invited to the COS.
• Work with FGDM staff to prepare and schedule the COS with the youth.
• Within 7 days before the COS, FGDM staff will send a copy of the transition plan to Family Tapestry Independent Living/PAL Specialist at PAL@FamilyTapestry.org.
• If the youth declines a COS, the FGDM staff member will notify the CPS worker and Family Tapestry Independent Living/PAL Specialist via email PAL@FamilyTapestry.org.
• If the youth declines a COS, Family Tapestry will schedule a subsequent service planning meeting instead.
• Participate in the COS or subsequent service planning meeting.
• Approve and sign the youth’s transition plan each time the plan is reviewed and updated at subsequent service planning meetings or COS.

• Ensure documentation of COS in IMPACT per CPS policy Appendix item 1121: Documentation Requirements for Models of Family Group Decision Making (FGDM).

6.2.1 Family Tapestry and/or Network Provider Case Manager

• Work jointly with FGDM staff and CPS Caseworker to engage youth, family, Network Provider Case Manager, and other caring adults in the COS or subsequent service planning meetings.

• Work with the youth, the Network Provider Case Manager, the caregivers and other significant individuals to identify caring adults and other lifelong connections that can be sustained once the youth transitions to adulthood.

• Network Provider will provide to Family Tapestry documentation of goals, services, challenges and progress the youth has made towards independence 7 days prior to COS or service planning meetings.

• Ensure youth attends the COS or subsequent service planning meeting.

• Ensure the Network Provider Case Manager participates in the COS or subsequent service planning meeting.

• Ensure that the Network Provider Case Manager documents the transitional plan and continues to discuss and document the transition plan with the youth over time during face to face visits, subsequent service planning meetings, and Circles of Support (COS).

• Ensure the transitional living services section of the child service plan is updated by the Provider Case Manager.

6.3 Preparation for Adult Living (PAL)

CPS (CVS/PAL) staff will refer and ensure the SSCC or its subcontractor delivers PAL Life Skills Training for youth in DFPS-paid substitute care who are age 16 or older utilizing the curriculum topics found in CPS Handbook, Policy 10222, Life Skills Training. Under Stage 1, only youth in paid foster care placements will be referred to the SSCC for PAL services.

As part of the delivery of PAL training, Family Tapestry will ensure the arrangement for the Casey Life Skills Assessments and its interpretation to be shared and discussed with the youth and caregiver. Family Tapestry will ensure that experiential and community-based learning is included in all PAL training and services.
As part of the CBC model, PAL staff, Family Tapestry, and Network Providers will work together based on the responsibilities outlined below:

**Network Provider:**

1. Network Provider Case Manager will refer youth for PAL services within 30-days of new placements and when the youth turns 14 and no later than their 16th birthday.

2. Network Provider Case Manager will arrange and ensure that youth and their caregivers complete the Ansell Casey Life Skills assessment for youth who are age 14 or older. The youth will only be assessed one time.

3. The Network Provider Case Manager will review the assessment prior to submission to ensure it has been completed correctly and in its entirety.

4. Network Provider Case Manager will send an email to DFPS PAL Caseworker and Family Tapestry Independent Living/PAL Specialist at PAL@familytapestry.org with the **Subject line “Life Skills Assessment-Placement Name, Youth Name, PID”** and attach Ansell Casey Life Skills assessment results.

5. Network Provider Case Manager will identify and provide the identified services to youth to assist with their transition from substitute care to adulthood.

6. Network Provider Case Manager will assist youth with applying for and securing services that will aid in their transition to adulthood.

7. Network Provider Case Manager will ensure PAL Caseworker and DFPS Caseworker are kept updated on the youth’s participation in any PAL related activities.

8. Network Provider Case Manager will document the youth’s progress and status of PAL Life Skills Training as well as experiential life skills learning in the child’s service plan.

9. Network Provider Case Manager is responsible for transportation of the youth to all life skills and experiential training/activities.

10. Network Provider Case Manager will communicate to youth and caregiver the interpretation of the Ansell Casey Life Skills assessment and the identified strengths needs and goals, which the Network Provider Case Manager will document in the youths service plan.

11. Network Provider Case Manager must in conjunction with caregiver ensure that youth receive the following:
   
   a. Instruction on basic living and social skills.
   
   b. Maximize opportunities for learning through the use of Basic Life Skills activities.
c. Access to Experiential Life Skills Activities provided by community resources.
d. Taught how to appropriately care for themselves and function in the community.
e. Teach youth ages 14 or older who have a source of income how to establish a saving plan and/or savings account to manage their money.
f. Youth ages 18 to 22 who have a source of income are taught how to obtain a savings or checking account with a financial institution in accordance with Texas Finance Code 201.101.
g. Provide access to age-appropriate normalcy activities, which are suitable for the child's level of maturity and age including activities not listed in the Child's Service Plan. Providers must train caregivers and use a "Reasonable and Prudent Parent Standard" to decide whether a child may participate in an unsupervised activity. Activities can include, but are not limited to:
   • Participating in academic and non-academic extracurricular activities within the child's school;
   • Allowing the child to visit with friends or attend regular social events;
   • Support a child's employment efforts; and
   • Participating in other activities agreed upon by the caregiver and the child, without the need to seek initial approval from the department.

12. On the 10th of the month following the month of service, Network Provider Case Manager will submit a monthly report via email to Family Tapestry Independent Living/PAL Specialist to PAL@familytapestry.org with a Subject line of "Life Skills Training" that includes:
   a. Youth’s status, progress and status of PAL training;
   b. Services provided to the youth to assist with their transition into adulthood; and
   c. Assistance provided to the youth applying for and securing services to aid in their transition to adulthood.

Driver’s License:
Network Provider Case Manager must ensure that the following are made available to youth to facilitate driver license fee waiver-residency affidavit requirements:
   a. A DFPS Foster Youth Driver License Fee Waiver Letter;
   b. A Texas Department of Public Safety (DPS) Texas Residency Affidavit (Form DL-5), which is completed and signed by the Child and a Representative;
c. For Children under age 18, a representative to accompany the child to the DPS driver license office to provide acceptable proof of residency; and
d. Inform children who have applied for a driver license of the need to notify DPS of a new address change within 30 days of a change in placement.

Family Tapestry Independent Living/PAL Specialist:

1. Independent Living/PAL Specialist will facilitate service authorization approval from DFPS.
   a. When Family Tapestry Independent Living/PAL Specialist receives email from Network Provider Case Manager titled “Life Skills Assessment” and assessment results, Case Care Specialist will initiate service authorization from DFPS.
   b. Family Tapestry Independent Living/PAL Specialist will notify DFPS PAL Worker and DFPS Caseworker when services need to be authorized in IMPACT for youth.
   c. Family Tapestry Independent Living/PAL Specialist will access the completed service authorization (form 2054) from IMPACT.
   d. When Family Tapestry Independent Living/PAL Specialist receives notification that service authorization has been approved in IMPACT by DFPS. Family Tapestry Independent Living/PAL Worker will send an email to Network Provider Case Manager that service authorization has been approved.
   e. Family Tapestry Independent Living/PAL Specialist will review monthly report provided by Network Provider Case Manager on the 10th of the month and will document the youth’s progress and status of PAL Life Skills Training as well as experiential life skills learning.
   f. Family Tapestry Independent Living/PAL Specialist will submit by the 15th of the month, following the month of service, a Network Provider PAL Report that includes all preparation of adult life skills training that was completed by youth to the PAL Supervisor and PAL Program Director via email with a subject line of “Life Skills Training – Monthly (XXX, year) Report”.
   g. More frequent reports may be required if youth is engaged in National Youth in Transition. Case Care Specialist will inform Network Provider Case Manager when additional reporting is required.

DFPS PAL Case Worker:

1. PAL Worker will document the youth’s Case Life Skills Assessment results in IMPACT once the “Life Skills Assessment” email notification is received from Family Tapestry.
2. PAL Caseworker will complete the following within five (5) business days of receiving email request for PAL service authorization from Family Tapestry:
   a. Complete the service authorization (form 2054) for PAL services to Family Tapestry in IMPACT; and
   b. Send email notification to Family Tapestry at PAL@familytapestry.org when the service authorization (form 2054) for PAL services has been approved in IMPACT.

Family Tapestry will access the completed service authorization (form 2054) for PAL services from IMPACT.

3. PAL Caseworker will document:
   a. The youth’s completion of PAL training in IMPACT
   b. All PAL related information in IMPACT according to policy.

6.4 Extended Care and Return to Extended Care

CPS and Family Tapestry will work together to identify youth (whose legal region is Bexar County) for either Extended Care or Return to Extended Care programs. Participation in the Extended Care or Return to Extended Care programs will be discussed and planned with the youth during regularly scheduled service planning meetings (90 day reviews), during the youth’s Circle of Support or Transition Plan Meeting, or upon the youth’s request.

The following sections outline the responsibilities of CPS and Family Tapestry if a youth requests participation in either the Extended Care or Return to Care program:

6.4.1 Extended Care

- Family Tapestry will ensure that the youth is assisted in maintaining necessary documentation for the Extended Care program. If DFPS eligible youth is interested in Extended Care, the Network Provider will initiate request 30 days prior to the youth’s 18th birthday when possible, and when this is not possible, no later than the 30th day before the youth’s 18th birthday. This may be court ordered or without court order.
- Network Provider Case Manager will provide assistance completing the Voluntary Extended Foster Care Agreement (Form 2540) to all youth that are eligible and interested in Extended Care services.
- Network Provider Case Manager will provide the completed Voluntary Extended Foster Care Agreement (Form 2540) to Family Tapestry Case Care Specialist.
- Upon receiving from Network Provider Case Manager the completed Voluntary Extended Foster Care Agreement (Form 2540). The Case Care Specialist will provide the documentation to DFPS Caseworker to complete the process.
• DFPS Caseworker will review the completed Voluntary Extended Foster Care Agreement (Form 2540), including signature, and distribute according to policy.

• DFPS Caseworker will follow current policy as it relates to Extended Foster Care.

• Once Case Care Specialist receives notification of approval or denial, the Case Care Specialist will notify the Network Provider.

• If the youth is approved for Extended Care the Network Provider Case Manager will ensure that they youth is assisted in maintaining necessary documentation for the Extended Foster Care Program.

• Network Provider Case Manager will provide to Family Tapestry Case Care Specialist necessary documentation of youths continued compliance with Extended Care and Requirements.

• Network Provider Case Manager will document all discussions regarding youth’s eligibility, services, and report progress during subsequent service planning meetings (depending on child service level; refer to Service Planning meeting for chart for schedule), youths Circle of Support or Transition Plan Meetings.

See Handbook policy

10400 Extending Foster Care for Youth Who Are Age 18 or Older

10530 Roles and Responsibilities of Staff Helping a Young Adult Return for Extended Foster Care

6.4.2 Return To Extended Care

• If Family Tapestry learns of a youth’s desire to Return to Extended care, they will notify regional PAL Worker of youth’s request.

• CVS Caseworker will work with PAL Caseworker to determine eligibility of any youth desiring to Return to Extended Care according to current guidelines.

• If youth is eligible, CVS Caseworker will complete a referral for placement with Family Tapestry.

• If eligible, Family Tapestry will assist youth with completing the Voluntary Extended Foster Care Agreement (form 2540).

• Family Tapestry will provide completed Voluntary Extended Foster Care Agreement (form 2540) to CVS Worker.

• CVS Caseworker will review the completed Voluntary Extended Foster Care Agreement (form 2540), including signature, and distribute according to policy.

• CPS will follow current policy as it relates to Return to Extended Foster Care.

• Family Tapestry will ensure that the youth is assisted in maintaining necessary
documentation for the Return to Extended Care program.

See DFPS Handbook policy:

10400 Extending Foster Care for Youth Who Are Age 18 or Older
10530 Roles and Responsibilities of Staff Helping a Young Adult Return for Extended Foster Care

6.5 Supervised Independent Living (SIL)

Supervised independent living (SIL) placement settings are living arrangements offered through the Extended Foster Care program that allow young adults to reside in a less restrictive, non-traditional foster care setting while continuing to receive casework and support services to become independent and self-sufficient.

To be eligible for SIL, young adults must be able to live independently in a setting with minimal to no supervision. Through conversations with the young adult and the initial assessment, the young adult will be placed in the setting which best meets his or her needs. In order to maintain placement in the SIL program, young adults must comply with the Voluntary Extended Foster Care Agreement (form 2540). Young adults can move through the settings offered based on behaviors, enhancement of skills, or overall progress made in the young adult’s current setting. The SIL case managers will maintain documentation of the young adult’s progress in case notes, as well as in the subsequent service planning meetings, which will be filed in the young adult’s case record.

The following sections outline the responsibilities of CPS and Family Tapestry if a youth (who is legally from Bexar County) requests a SIL placement setting:

6.5.1 Extended Care and SIL

- Prior to the youth’s 17th birthday, the DFPS Caseworker and PAL Caseworker will provide information regarding SIL to the young adult during permanency staffings, COS, etc.
- DFPS Caseworker may coordinate a meeting with the Network Provider Case Manager and the youth adult to provide information to the youth about their SIL options.
- DFPS will determine eligibility according to current Extended Care Guidelines. To be eligible for SIL the youth must:
  - Be able to live independently with minimal to no supervision
  - Comply with the Voluntary Extended Foster Care Agreement (Form 2540)

FORM 2540
• Network Provider Case Manager will coordinate with DFPS Caseworker and DFPS PAL Caseworker to assist the youth in completing the Voluntary Extended Foster Care Agreement (Form 2540) and submit the completed form to Family Tapestry Case Care Specialist who will coordinate with DFPS PAL Caseworker on submitting via email. The Extended Care Form is sent to DFPS Eligibility staff for processing.

• If the youth identified as being eligible for SIL is approved, the Network Provider and youth will attend and participate in a meeting coordinated by DFPS Caseworker to provide information to the youth regarding their SIL options.

• The approved youth will be placed in the SIL setting that best meet their needs.

• If SIL Placement is secured, Network Provider Case Manager will ensure that the youth is assisted with completing the Voluntary Extended Foster Care Agreement (form 2540) within 30 days prior to the youth’s 18th birthday. This form 2540 must be submitted prior to the youth’s 18th birthday to insure continuity of services.

• Family Tapestry Independent Living/PAL Specialist will provide the completed Voluntary Extended Foster Care Agreement (form 2540) to DFPS Worker and PAL Worker.

• If the youth chooses SIL placement and services either in Region 8a (Bexar County) or outside of Region 8, the Family Tapestry Independent Living/PAL Specialist will contact the DFPS worker with the transitional living placement recommendation for their approval.

• DFPS Eligibility Staff will review and process the Voluntary Extended Foster Care Agreement (form 2540) completed including signature, and distribute according to policy.

• When Network Provider Case Manager receives SIL approval, the Network Provider Case Manager will initiate transfer of youth to SIL placement.

• At the time of the youth’s placement into SIL, the Network Provider Case Manager will complete discharge paperwork and submit to Family Tapestry Care Specialist.

6.5.2 Return To Care & Placement Searches

• Family Tapestry will notify regional PAL Caseworker of young adult’s request to Return to Extended Care and interest in SIL placement if they are the first to learn of the youth’s desire.

• PAL Caseworker to determine eligibility according to current guidelines for Return to Extended Care and notify Family Tapestry

• If eligible, PAL Program Director will identify what CVS Caseworker should be assigned to the child.
• If eligible, refer the young adult to Family Tapestry Intake Specialist for appropriate SIL program placement.

• Family Tapestry Intake Specialist will work with young adult to seek appropriate SIL program placement. This includes collecting any information from youth needed to seek SIL program placement.

• If SIL placement is secured, Family Tapestry will ensure that the young adult is assisted with completing the **Voluntary Extended Foster Care Agreement** (form 2540)

• Family Tapestry will provide completed **Voluntary Extended Foster Care Agreement** (form 2540) to CVS Caseworker.

• If the young adult chooses SIL placement & services either in Region 8a (Bexar County) or outside of Region 8a (Bexar County), the Family Tapestry Intake Specialist contacts the CVS Caseworker with the SIL placement recommendation for their approval.

• Once CVS Supervisor approval has been received, the Family Tapestry Intake Specialist will make the referral to the SIL program chosen by the young adult.

### 6.6 National Youth in Transition Database (NYTD)

CPS will take the lead on identifying youth (ages 17, 19, and 21) who will participate in surveys for the National Youth in Transition Database (NYTD). CPS will inform Family Tapestry of the youth who will participate in NYTD surveys via email with subject line of “NYTD Survey Participant.”

Once notified, Family Tapestry will assist CPS in obtaining NYTD surveys from identified youth. Youth must be allowed to take the NYTD survey on their own without assistance from others. Family Tapestry will maintain current contact information for youth placed within their provider network and inform CPS when updated information becomes available.

• Family Tapestry will inform Network Providers of eligible youth for the survey via an email titled “NYTD Survey Participant.”

• Family Tapestry will ensure Network Providers maintain contact with regional PAL Staff to determine if a Child has been selected to take the survey. PAL Staff contact information can be found on the Texas Youth Connection website at: [www.texasyouthconnection.org](http://www.texasyouthconnection.org);

• Family Tapestry, along with Network Providers, will assist DPFS in obtaining NYTD surveys from identified youth at ages 17, 19 and 21.
  
  o Ensure the youth register with NYTD on the Texas Youth Connection website at: [www.texasyouthconnection.org](http://www.texasyouthconnection.org);
  
  o Ensure that the youth complete the NYTD survey within the required timeframe
as specified on the Texas Youth Connection website at: www.texasyouthconnection.org.

- Youth will complete survey without assistance.

- Family Tapestry will ensure Network Providers maintain current contact (email) information on youth placed within the network. Family Tapestry will inform DFPS of any updates and/or changes as the information becomes available.

  - Ensure that the youth enter NYTD contact updates to the Texas Youth Connection website at: www.texasyouthconnection.org;
7.0 COURT REQUIREMENTS
CPS will take the lead on all court and legal activities (court hearings and court reports) for children in CPS conservatorship and placed within Family Tapestry provider network.

See Region 8a (Bexar County) Jurisdictional Expectations in Appendix.

7.1 Court Hearings and Reports

7.1.1 DFPS Worker or Designees

- As soon as the court hearing notification is received from the court, DFPS Caseworker will notify Family Tapestry of scheduled court hearings by adding Family Tapestry to the e-file notification by using the mailbox court@familytapestry.org.
- This will ensure that Family Tapestry has information about scheduled court hearings and also has a copy of all court orders, settings, notices, court reports, including CASA or guardian ad-litem reports and other relevant court information
  - *If date and time of a court hearing is announced during court, this shall serve as notice to both CPS and Family Tapestry.
- If not provided via E-filing, DFPS will provide Family Tapestry a copy of court orders, settings, notices, court reports, including CASA or guardian ad-litem reports and other relevant court information
- Notify children and caregivers within 5 days prior to the court hearing whether the child’s presence is required or excused by the presiding judge, except in the case that DFPS receives a last minute request from the court, at which point notify immediately
- Attend and testify in court hearings.
- Prepare court reports

7.1.2 Family Tapestry

- Family Tapestry will notify the Network Provider of upcoming court hearing(s) via email immediately upon being notified by DFPS.
- If the date and time of next court hearing is announced during court, Family Tapestry will notify Network Provider by the next business day, if not present. Family Tapestry will request Network Provider alert Family Tapestry in the same fashion, if Family Tapestry is not present at court when announcement is made.
• Upon receipt of notification of required presence at court hearing from CPS, ensures CPS is sent via email notification of who will be attending the court hearing.

• The Network Provider Case Manager must notify the Family Tapestry Case Care Specialist of who will be attending court within two (2) business days of notification of court hearing. If an emergency court hearing is scheduled, then the Provider will share the attendee list as soon as possible.

• Family Tapestry will request the Network Provider, who has been identified as the most appropriate staff member (i.e. Provider Case Manager) with personal knowledge of the case, attend court hearings and/or preparation meetings as requested by CPS, CASA, attorney ad litem, or other members of the judiciary. **Attendance at Adversary Hearings (14-day hearings) is not expected**

• Family Tapestry and/or their Network Provider will attend court hearings and/or preparation meetings as requested by DFPS, CASA, child's attorney or other members of the judiciary.

• Upon receipt of notification of required presence at court hearing from DFPS, Family Tapestry will ensure DFPS is sent via email notification who will be attending the court hearings by next business day.

• Please refer to jurisdictional expectations document for additional information regarding which courts require attendance and under what circumstances.

• When requested, Family Tapestry will provide information necessary for preparation of court reports within 5 days of receiving the email request for information.

• Family Tapestry will provide supplemental information for inclusion in court report when significant events occur prior to scheduled hearings.

• Family Tapestry or their Network Provider will provide notice to the caregiver of all court hearings.

• Family Tapestry will request Network Provider to inform Family Tapestry if they (Network Provider) or their designee is required for any legal process (i.e. subpoena, summons, discovery notices). This includes any service of legal process delivered to the Provider agency, employees, caregiver or child/youth related to the child’s court case or any contract compliance issues.

• Family Tapestry will in turn notify DFPS immediately by contacting CPS legal mailbox at Reg08subs@dfps.state.tx.us

• Ensure children attend court hearings, unless excused by the presiding judge prior to the court hearing.
• DFPS will provide no less than 5 days’ notice of need to have child attend court, unless DFPS receives a last minute request from the court at which point will notify Family Tapestry immediately.
  o *Attendance may occur through video conference and/or teleconference when appropriate and approved by the court.
  o *Attendance at Adversary Hearings (14-day hearings) is, generally not expected, unless the child’s attorney ad litem requests the child’s attendance.
• Maintain documentation of all court orders received from CPS.
• Maintain documentation of child attendance at court for performance reporting.
8.0 PERMANENCY CARE ASSISTANCE

When a child or youth's (from Bexar County) permanency plan calls for a change to permanent managing conservatorship by a relative or fictive kin (regardless of the relative/fictive kin's location) with intent to pursue permanency care assistance, CPS Caseworker must follow current CPS Handbook policy 6680 Permanency Care Assistance.

The CPS Kinship Caseworker must obtain supervisor approval before referring a kinship caregiver to Family Tapestry for verification as a foster parent. Before referring kinship caregivers to Family Tapestry for verification, CPS Caseworker must ensure that:

- The kinship caregiver has been approved by CPS to provide care for a child in CPS conservatorship; and
- An approved kinship home assessment, with kinship safety evaluation (if applicable), has been completed on the kinship caregiver.

Once supervisor approval is obtained, the CPS Kinship Caseworker must follow CPS Handbook policy 6660 Kinship Caregivers Interested in Becoming Verified as Foster Parents in order to refer the kinship caregiver to Family Tapestry for verification as a foster parent.

Upon referral, the Kinship Caseworker will provide Family Tapestry via email to the adoptions@FamilyTapestry.org mailbox the following:

- Subject line of email should read: “Kinship Verification Referral: Last Name of Caregiver”
  - Email should include:
    - Caregiver Name
    - Caregiver Address
    - Caregiver Phone
    - Caregiver Email
    - Caregiver County of residence
    - Kinship caseworker
    - Kinship Caseworker Phone
    - Names of children placed by DFPS in home
    - Permanency goals
    - Type of license family desires: Foster – Foster/Adopt – Adopt only
    - Any additional information or comments
- A copy of the kinship family’s approved kinship home assessment.
8.1 Seeking Referral Recommendations for Kinship Families Out of Region

- When a kinship family is outside Region 8a (Bexar County) and they express interest in becoming a verified home, DFPS Caseworker will ask the Courtesy Kinship Caseworker to alert the DFPS Caseworker so that Family Tapestry can be consulted for a referral recommendation. This will help facilitate the ability of the child to receive services from Family Tapestry once they are in a paid foster care placement. This process will also be included on the kinship referral when kinship courtesy services are sought from another region.

- DFPS Caseworker will email the Family Tapestry Adoptions Department at adoptions@FamilyTapestry.org mailbox with the following:
  - **Subject line**: Out of Region Kinship Verification Referral Recommendation: (last name of caregiver)
  - Email should include the same information identified for a referral within the region

- Family Tapestry Adoption Specialist will identify child placing agencies they would like to recommend in the kinship caregivers area and provide that information to the DFPS Caseworker.

- DFPS Caseworker will provide the information to the caregiver and to the Courtesy Kinship Caseworker.

8.2 Monitoring the Progress of the Kinship Verification

- CPS Kinship Program Director and Family Tapestry Adoption Specialist will host Fostering Connections Staffing Calls monthly to monitor the progress families are making in becoming verified. A family will be placed on the staffing call 60 days post referral for verification to Family Tapestry. The purpose of the staffing is to monitor the family’s progress in completing verification and to identify any barriers or areas where the family may need assistance.

- Participants on the call include:
  - Kinship Caseworker
  - Kinship Supervisor
  - CVS Caseworker
  - CVS Supervisor
Network Provider Case Manager

Family Tapestry Intake Specialist

Note: Family Tapestry may not attend all staffing’s but would like to participate in those where there is a concern or if the home not progressing)

8.3 Placing a Child/Youth with a Verified Kinship Caregiver

- Network Provider Case Manager will notify Family Tapestry, CVS Caseworker and Kinship Caseworker on the day the verified family was submitted to CLASS as an approved foster home. Although the Network Provider Case Manager is to notify Family Tapestry of verification, should CPS learn first, they will notify the Family Tapestry Intake Supervisor so that the process of placement can be initiated.

- CVS Caseworker should complete the referral process on all the children placed in the kinship home. CVS Caseworker and Family Tapestry Intake Specialist will follow the New Placements/Non-Emergency Placement or Placement Change process (depending on the child’s current placement type).

- Family Tapestry Intake Specialist will verify that the family is in CLASS and will ensure that the CVS Caseworker and Kinship Caseworker are notified.

- Upon notification from Family Tapestry that the kinship family is approved as a foster home in CLASS, the Kinship Caseworker and Supervisor, CVS Caseworker and Supervisor, and Family Tapestry Intake Specialist will determine an official start date for the child's placement in the foster home and follow the relevant placement process.

- The CVS Caseworker will not initiate placement until approval from Family Tapestry is given.

Foster care maintenance payments to a verified kinship family (foster home) begin once CPS and Family Tapestry have completed the relevant placement process described below.

8.3.1 Non-Emergency Placement of a Child/Youth with a Verified Kinship Caregiver

When a child or youth is placed with an unverified kinship caregiver and the kinship caregiver later becomes verified as a kinship foster home within the Family Tapestry network, then the New Placement/Non-Emergency Placement process will be used to place the child or youth with Family Tapestry.
8.3.2 Placement Change of a Child/Youth with a Verified Kinship Caregiver

The Placement Change process will be used when a child or youth is placed in a paid foster care setting within the Family Tapestry provider network and requires a placement change to a verified kinship caregiver (kinship foster home) within the Family Tapestry network.

8.4 Applying for Permanency Care Assistance

When a prospective permanent managing conservator is nearing completion of the required six consecutive months as a verified foster parent, the child’s primary CVS Caseworker and Family Tapestry must begin working with the caregiver to apply for assistance. The CPS Caseworker must follow current CPS Handbook policy 6685 Applying for Permanency Care Assistance.

At least three (3) weeks prior to submitting the permanency care assistance packet to the adoption assistance eligibility unit, the CVS Caseworker will:

- Obtain necessary documentation from Family Tapestry to complete Level of Care (LOC) review for the child; and
- Complete LOC review.
9.0 ADOPTION

Family Tapestry will take primary lead on all adoption recruitment and matching activities for referred children in DFPS conservatorship in Region 8a (Bexar County)

The following sections outline what Region 8a (Bexar County) DFPS staff can expect from Family Tapestry, as well as the responsibilities that DFPS staff will maintain during the adoption process.

It is crucial to maintain placements within the Region 8a Bexar County area. Family Tapestry will collaborate with DFPS and the Provider network to expand Adoption Services.

9.1 Legal and Court Activities

DFPS conservatorship staff will continue to be responsible for all legal and court activities related to:

- termination of parental rights,
- all court hearings (see Court Requirements),
- adoption (giving or withholding consent to adoption and waiving service to adoption hearings), and
- eligibility for and authorization of post-adoption subsidies and services.

Post-Termination

1. DFPS will conduct a goodbye visit with the child and his/her birth parents.
2. DFPS will request certified copy of birth certificate/verification.
3. DFPS will ensure current compliance with IMPACT narratives, service plans, and medical/dental information.
4. DFPS will complete the HSEGH/Adoption Readiness Summary (ARS) when available, make contract request
5. Family Tapestry will ensure a minimum of 3 adoption preparation visits take place with the child/youth (at least 1 visit for child 0-18 months). Network Providers will conduct.
6. Meaningful discussion must occur during visits per guidelines/standards. Lifebook work is included in visits.
7. DFPS will check the court records to ensure an appeal did not occur. If an appeal did occur, DFPS will notify Family Tapestry via email timely.

9.2 Recruitment
1. Family Tapestry will conduct general and child-specific recruitment activities for adoption-motivated homes for children from and referred to Region 8a (Bexar County). Family Tapestry is fully responsible for all general and child-specific adoption recruitment activities.

2. In order for Family Tapestry to conduct general and child-specific recruitment, CPS will provide via email Family Tapestry with:
   - Access to various adoption recruitment tools, such as Heart Gallery, Wednesday’s Child, TARE, etc
   - Completed Family Tapestry Adoption Broadcast Request Form
   - Child-specific profiles
   - Notice of any adoption events hosted by DFPS
   - General or child-specific adoption inquiries as they are received; and
   - Redacted case file when requested. (DFPS will request the redacted family case file upon termination of parental rights (TPR).

3. Family Tapestry will partner with provider network to create foster care/adoption plan.

4. Family Tapestry will track all child-specific adoption inquiries.

5. Family Tapestry Adoption Specialist will register the child on TARE within 60 days of termination orders if no family identified.

   *TARE inquiries must be responded to by Adoption Specialist within 7 calendar days from the inquiry.*

6. Family Tapestry Adoption Specialist will coordination adoption coalitions meetings held monthly to discuss recruitment efforts.

7. Family Tapestry Adoption Specialist will do Regional and State Broadcasts.

8. Family Tapestry Adoption Specialist will do National Recruitment.

9. Family Tapestry will conduct other match efforts: Heart Gallery, Match meetings (currently every 2nd Tuesday of every month), Filmings (Wednesday’s Child, Forever Families, etc.).

**9.3 Home Studies**

Family Tapestry will ensure that home studies on all potential adoptive homes (including Kinship) within Region 8a (Bexar County) are conducted and approved.

To request an adoption home study, DFPS staff will send an email to Family Tapestry Adoption Specialist at Adoptions@FamilyTapestry.org with subject line of “Adoption Referral”
DFPS will provide the following information:

- Family Name
- Family Address
- Family Phone
- Agency who has licensed family, if applicable
- Case Manager for family, if applicable
- Phone number and email for Case Manager, if applicable
- Any supporting documentation, such as kinship home assessment

Family Tapestry Adoption Specialist will respond to requests as soon as a Network Provider CPA is assigned and will send email to CPA and CC: DFPS Caseworker.

### 9.3.1 Home Selection and Staffing

**Selection Process:**

1. DFPS will update/supplement HSEGH/ARS: Annually and within 3 months before adoptive placement
2. Family Tapestry Adoption Specialist will
   - a. Receive and review screenings
   - b. Narrow down selection and select top picks;
   - c. Discuss with child regarding desired family and wishes
3. Family Tapestry Adoption Specialist will ensure home is approved:
   - a. Adoption only Home screening-current within 1 year
   - b. Foster/adoptive homes- no update required
4. Family Tapestry Adoption Specialist will review inquiries and home studies from TARE
5. Family Tapestry Adoption Specialist will schedule and conduct selection staffing and invite parties. Parties will include DFPS, CASA, Ad item, Provider Case Manager, Foster parents (as appropriate) and guardian ad litem.
6. Family Tapestry Adoption Specialist will provide recommended home studies to staffing participants 5 business days prior to selection staffing for review.
7. Family Tapestry Adoption Specialist will host and facilitate this staffing and will ensure all parties will have the opportunity to review the home studies in advance.
8. A decision regarding the selection of the family will be made during the staffing.

9. By next business day after the staffing, DFPS will send official notification to Family Tapestry Adoption Specialist via email confirming the decision made during the staffing and approving the plan to proceed with the selected family, if one was identified.

10. Once an adoptive home is approved, Family Tapestry will allow selected adoptive family to review appropriate redacted information: Edited HSEGH, psychological evaluation, etc. TAC 749.3395 (may also be done prior to selection staffing)

11. DFPS will provide Family Tapestry with redacted record.

12. Family Tapestry will ensure the family is provided the opportunity to review the redacted case record in a supervised setting.

13. When the prospective family notifies Family Tapestry they agree to proceed with the adoption process, Family Tapestry will notify DFPS and DFPS will:
   • DFPS will provide Family Tapestry with the redacted file previously prepared
   • Request a supplement to redacted file and provide when completed

14. When an adoptive home recommendation is denied, Family Tapestry will continue the recruitment of adoptive homes to find a match for a child.

9.3.2 Presentation Staffing

After the prospective family has reviewed the child’s case file, Family Tapestry will ensure a Presentation Staffing is held with the prospective family, current family, CASA, ad litem, and guardian ad litem, Network Provider Case Manager, DFPS and any additional appropriate identified individuals (i.e. Clinician). A Presentation Staffing is an opportunity for the prospective family to ask questions, for the current family to discuss the child’s daily care, and for the attendees to collectively develop an appropriate transition plan. The transition plan should include adoption preparation activities, pre-placement visits and transportation, among other tasks. For more information, see Adoption Resource Guide.

1. Family Tapestry will send an email to DFPS Caseworker upon hearing the adoptive family’s decision after the Presentation Meeting, with the subject line of “Adoptive Family Decision”.

2. Family Tapestry will schedule and conduct presentation staffing

3. Adoption Specialist will invite the following people to the presentation staffing:
   a. Prospective family
   b. Current family CASA
c. Ad litem Guardian  
d. ad litem  
e. DFPS  

4. Adoption Specialist will ensure that the prospective family is able to ask questions of the current family as well as any other members of the child’s team.  

5. Adoption Specialist and DFPS will develop a transition plan for the child into the adoptive home collaborating with the current and prospective family.  

6. DFPS will:  
   - Discuss Adoption Assistance with the family; and  
   - Provide the family with information about Post Adoption Services  

7. DFPS will complete Inter-Regional Child Placement Agreement-Child Placed Across Regional Lines-Adoption (Form 2077) for supervision of the child ONLY if a child is placed out of Region 8a (Bexar County)  

8. Family Tapestry will ensure child has a Psychological or Developmental Evaluation:  
   - 0-18 months: within 30 days of adoption placement  
   - 18 months - 4 years: within 3 months of adoption placement (ECI)  
   - Age 5 and older: Within 6 months  

9. DFPS Caseworker will ensure a discussion with the child(ren) is held about prospective family for their input, thoughts and feelings.  

### 9.3.3 Pre-Adoptive Placement  

1. 3 weeks prior to submitting adoption assistance packet to adoption assistance eligibility unit, DFPS will:  
   a. Obtain necessary documentation from Family Tapestry to complete Level of Care review; and  
   b. Complete LOC review or verification of current LOC  

2. DFPS will ensure that the entire adoption assistance packet is complete and provided to the adoption assistance eligibility unit per DFPS handbook 1560 and regional protocol. Obtain necessary documentation from Family Tapestry to complete the adoption assistance packet.  

3. Family Tapestry will ensure the adoptive family is registered in CLASS in order to establish a VIN for the family in IMPACT
4. DFPS will create a 2054 to Family Tapestry and provide a copy of the 2054 to Family Tapestry (see CBC Adoption Placement and Service Authorization Process) by end of next working business day of consummation.

9.3.4 Placement of the Child

When placement of the child with the adoptive family is determined, Family Tapestry will coordinate the placement of the child/youth in the home. See Region 8a (Bexar County) – Region 8a Adoption Checklist for more detail.

Family Tapestry will coordinate with the Network Provider and adoptive family to facilitate the placement of the child into the home.

9.3.5 Post Placement of the Child

1. DFPS will provide Network Provider with an adoption placement packet with all applicable signed forms, including:
   a. Adoptive Placement Agreement (Form 2226)
   b. Adoptive Assistance Agreement (Form 2253c)
   c. Medical Consenter (form 2085b)
   d. Child’s medical and education records
2. All household members must be present at adoption placement and best practice to visit quarterly
3. DFPS will discuss and provide copies of the placement packet to the adoptive family.
4. DFPS will notify eligibility specialist that the adoptive placement is complete and the foster care eligibility needs to end.
5. Family Tapestry will send notification to end daycare
6. DFPS will ensure monthly home visits with child/youth and adoptive family.
7. Family Tapestry will conduct quarterly home visits with the child in the adoptive home.
8. Networker Provider Case Manager will provide support to adoptive family: therapy/specialist referrals, referrals to local adoptive parent support groups, etc.

9.3.6 Consummation

1. Family Tapestry Network Provider will ensure the family is advised to retain an attorney for the consummation.
2. DFPS requests from attorney the Petition for Adoption to be provided to DFPS
3. Network Provider will ensure the family is provided with information about Post Adoption Services.
4. Network Provider will ensure the Adoption Court Report is completed and turned into DFPS. Post Placement report and home study are up to date.
5. DFPS will send the family’s attorney/ensure family’s attorney has:
   a. Termination order
   b. Family’s home screening(s)
   c. Child’s birth certificate
   d. HSEGH
   e. Homestudy update
   f. Waiver of consent
   g. Affidavit concerning Interstate Compact
6. DFPS and Family Tapestry will attend Consummation hearing and DFPS brings waiver of consent. DFPS Caseworker, Kinship Caseworker, Network Provider and CASA will be invited.
7. DFPS will enter legal status, legal action and narratives in IMPACT within 24 hours
8. DFPS will discharge Family Tapestry from placement and services in IMPACT within 48 hours
9. DFPS will close case within 30 days unless outstanding 2054.
10. DFPS will send entire redacted file to adoptive family at consummation and no longer than 30 days after.

9.3.7 Adoption Services

In order to ensure placement stability, Family Tapestry is responsible for obtaining and delivering services to children placed with adoptive families prior to consummation of the adoption. Family Tapestry is responsible for managing all services (including but not limited to monthly post-placement supervision) to prepare and support adoptive placements. Family Tapestry will provide documentation of these services to the CPS Caseworker.

CPS Caseworker will continue to provide quarterly supervision of children who are placed with adoptive families until consummation is achieved and CPS is dismissed as the child’s conservator. CPS Caseworker should seek supervisor guidance if more frequent supervision of children in adoptive placements is needed.
9.3.8 Authorization of Adoption Services

As requested by Family Tapestry, the CPS Caseworker will:

- complete the service authorization (form 2054) for the identified adoption service to Family Tapestry in IMPACT;
  - In the comments section of the 2054, add the following:
    - The licensing agency (CPA) name
    - Whether the 2054 is for a sibling set; if so, how many siblings
    - The type of adoption (ie. Foster-to-adopt/kinship/matched)
    - The Youth for Tomorrow (YFT) Level of Care (LOC) Determination for the child

- send email notification to Family Tapestry at Adoptions@FamilyTapestry.org and attach the following:
  - Completed and approved service authorization (form 2054); and
  - Completed and signed Adoption Placement Agreement (form 2226).

See CBC Adoption Placement and Service Authorization Process for more information.
10.0 Interstate Compact on the Placement of Children (ICPC) Situations

Interstate Compact on the Placement of Children (ICPC) Situations

The Interstate Compact on the Placement of Children (ICPC) is the means we have to ensure protection and services to children who are placed across state lines for foster care or adoption. The Compact is a uniform law that has been enacted by all 50 states, the District of Columbia, and the U.S. Virgin Islands. It establishes orderly procedures for the interstate placement of children and fixes responsibility for those involved in placing the child.

The following regional protocols have been developed to manage Interstate Compact on the Placement of Children (ICPC) specific situations in the Region 8a (Bexar County).

The Compact applies to four types of situations in which children may be sent to other states:

- Adoptions; Placement preliminary to an adoption (independent, private, or public adoptions)
- Licensed or approved foster homes (placement with related or unrelated caregivers)
- Placements with parents and relatives when a parent or relative is not making the placement.
- Group homes/residential placement of all children (including adjudicated delinquents in institutions in other states)

ICPC compact lists specific protocols to be followed by the sending and receiving state.

In the state of Texas, all ICPC requests (sending and receiving) are handled by the state office ICPC division and funneled through ICPC Regional Coordinators (RC). Texas ICPC Regional Coordinators’ primary responsibilities are to process ICPC requests within the compacts given timeframes.

Please see Appendix for flow charts of this process.

If Sending State Requests Foster or Adoption Verification and Placement

ICPC foster or adoption requests for children, legally from another state, into the Region 8a (Bexar County) area, the request will be referred to Family Tapestry to facilitate the licensing of the home through their provider network.

Children who require standard placement services:

- Regional ICPC Coordinator will provide initial screening by completing background checks on the family to identify if there are any obvious bars to licensure before referring for initial home assessment.
• If no bars are identified, Regional ICPC Coordinator will refer the family to Family Tapestry for home study completion and verification.
  o Regional ICPC Coordinator or their designee will send the ICPC packet to Family Tapestry at Intake@familytapestry.org for home study completion and verification through Family Tapestry’s provider network.
  o Family Tapestry will refer the family to a provider within their network to complete the home study and verification process.
  o Once the home study is completed and submitted to DFPS, the Regional ICPC Coordinator will complete a 2054 to Family Tapestry for payment of the home study expense only.
  o The Regional ICPC Coordinator will track the verification completion process for each family referred to Family Tapestry.
• Once the verification process is complete, Family Tapestry will notify the Regional ICPC Coordinator.
• The Regional ICPC Coordinator will review the completed verification process and:
  o approve or deny placement into Region 8a (Bexar County), and
  o notify the sending state, Family Tapestry and CBC Regional Administrator of the decision and next steps.
• The final verification/approval of the home must be completed within 4 to 6 months unless an expedited request is received. If that is the case, the expected time frame for completion will be adjusted.
• If the sending state places in a verified foster or adopt home located in Region 8a (Bexar County):
  o CPS will conduct supervision of the child, and
  o Family Tapestry’s network provider that licensed the home will monitor the family for placement and licensing purposes.
  o Any associated foster care reimbursement or adoption subsidy will be paid directly to the licensed caregiver by the sending state.

If Sending State Requests a Home Assessment/Study (not verification) and Placement

• Regional ICPC coordinator will provide initial screening by completing background checks on the family to identify if there are any obvious bars to placement before referring the family to the regional home study provider for home assessment or study.
• If no bars are identified, Regional ICPC Coordinator will send referral to the regional home study provider for the home assessment or study to be completed.
• The Regional ICPC Coordinator will review the completed home assessment or study and:
  o approve or deny placement into the Region 8a (Bexar County) and
  o notify the sending state.
• If the sending state places in the home located in Region 8a (Bexar County), CPS will conduct supervision of the child.
Out-of-State Placements
The following out-of-state placement protocols involve children who are legally from the Region 8a (Bexar County) and placed with Family Tapestry.

Foster or Adopt Placements
If a potential out-of-state foster or adopt placement is identified for a child served by Family Tapestry:

- CPS Caseworker will begin the ICPC process by completing the necessary request forms and routing the request through the Regional ICPC Coordinator and the State Office ICPC Division.
- Family Tapestry will provide all required information for the ICPC packet to the CPS caseworker.
- The Regional ICPC Coordinator will send the completed ICPC packet to the state office ICPC division for review and routing to the receiving state.
- Once the receiving state has completed and approved the verification process for the out-of-state family, the Regional ICPC Coordinator will notify Family Tapestry.
- The CPS caseworker and Family Tapestry will jointly plan for the placement of the child with the out-of-state family, including discussion of the plan with the child, current caregivers and new caregivers.
- The CPS caseworker will be responsible for the physical placement of the child with the out-of-state family.
- Once the CPS caseworker has completed the physical placement of the child with the out-of-state family, CPS will notify Family Tapestry.
- The CPS caseworker will submit form 100 B indicating that the child is placed to their supervisor for approval and routing.
  - The receiving State Child Welfare Agency will provide supervision of the child.
  - The CPS caseworker will set up the FAD stage, VIN #, and enter the out-of-state placement in IMPACT.
  - Foster care or adoption subsidy payments will be routed directly to the out-of-state family.
- Once the child is placed with the out-of-state family, the CPS caseworker will discharge the child from the Family Tapestry network in IMPACT.
- If the adoptive placement is identified by Family Tapestry, CPS will pay Family Tapestry for adoption placement services (form 2054) only.
- If the placement is a relative identified by CPS, Family Tapestry will not be paid for adoption services.
- The state office ICPC division is responsible for setting up a contract for supervision of the child while in the out-of-state placement.
- If a placement disruption occurs while the child is in the out-of-state home, CPS is responsible for securing possession of the child from the out-of-state home and submitting a New Referral for paid placement to Family Tapestry in IMPACT.
If the child is placed with an out-of-state family who is licensed through a private provider for foster care or adoption:

- Family Tapestry will sub-contract directly with the private out-of-state provider for placement and post placement supervision.
- CPS will pay Family Tapestry for both adoption placement services (form 2054) and post placement supervision (form 2054).

**Residential Treatment Center (RTC) Placements**

When Family Tapestry seeks an out-of-state Residential Treatment Center (RTC) placement for a Region 8a child:

- Once an out-of-state RTC is located, Family Tapestry will initiate and create a sub-contract with the out-of-state Residential Treatment Center;
- Once the sub-contract is secured:
  - Family Tapestry will notify via email the Community Based Care Contract Administration Manager (CAM), the CBC Regional Administrator, CPS caseworker and Regional ICPC Coordinator;
  - The Community Based Care CAM will notify via email the State Office Foster/Adopt Division Administrator.
- The CPS caseworker will submit the ICPC Residential Treatment Center out-of-state placement request through IMPACT;
- If the placement is a new placement into the Family Tapestry network, the CPS caseworker is responsible for the placement of the child.
- If the placement is a placement change for a child who is already placed with Family Tapestry, then Family Tapestry is responsible for the placement of the child.
- The state office ICPC division is responsible for setting up a contract for supervision of the child in the out-of-state RTC.
- Family Tapestry is responsible for monitoring the out-of-state RTC based on the sub-contract with the RTC.
- If a placement disruption occurs after a child has been placed in an out-of-state RTC and the child requires a new paid placement, Family Tapestry is responsible for securing possession of the child and facilitating the new placement.

For detailed ICPC processes and information, see CPS Handbook policy [9000 Interstate Placements](#).
11.0 CASE DISPUTE RESOLUTION

There may be times when CPS and Family Tapestry (and Network Providers) may not agree on a case decision or what should happen with a child and/or family.

The following outlines the protocol to resolve any type of case disputes between CPS and Family Tapestry:

11.1 Step 1

- CPS workers and supervisors, Family Tapestry and/or a provider (who are closest to the issue in dispute) will work together to resolve case specific issues informally. This will be done through an objective, solution-driven discussion or meeting.

- If a mutually agreeable solution is not achieved in 3 business days, the individual will notify the other individual with whom they have a concern that they plan to involve their chain of command. The disputed issue will be elevated to the Program Director and then the Program Administrator level in CPS and the Director level in Family Tapestry for attempted resolution. The disputed issues will be elevated in writing.

11.2 Step 2

- Disputes proceeding to Step 2 will be elevated to a knowledgeable, neutral CPS staff member (Community-Based Care Administrator) who understands the philosophy and goals of community-based care and is not a direct supervisor of the individual involved in the appeal.

- Family Tapestry will ensure continuity of services, as defined by CPS, to the child or family affected while seeking to resolve case-specific disputes.

11.3 Escalation

- The escalating party will send an email with supporting documentation to the Community Based Care Administrator and Family Tapestry Chief Operating Officer (COO) with the subject line of “Dispute Resolution.”

11.4 Resolution

- Once a dispute is escalated (appeal), the Community Based Care Administrator will provide a written decision to the appeal within 5 business days. The written decision will be emailed to the Family Tapestry COO and Director of Consumer Affairs with the subject line of “Dispute Resolution Appeal Decision.”

- If the Family Tapestry COO chooses, they will have 3 business days from receipt of the notification from the Community Based Care CPS Regional Director will have 5 business days to make a decision on the COO’s appeal.
• If the COO chooses not to appeal, they will notify the Community Based Care Administrator. The Community Based Care Administrator will distribute the decision to the appropriate staff and management.

• If the Family Tapestry COO appeals the decision of the Community Based Care Administrator to the CPS Regional Director, the CPS Regional Director will distribute their decision to Family Tapestry CEO for review and discussion, once consensus is reached, the final decision will be distributed to the appropriate staff and management.
12.0 SITUATIONS REQUIRING IMMEDIATE NOTIFICATION BETWEEN FAMILY TAPESTRY AND DFPS

Situations that require immediate notification between Family Tapestry and DFPS include:

- When a child, who is referred or placed with Family Tapestry, is in a life threatening situations, and/or
- Any time the media is involved with a child placed with Family Tapestry (regarding non-positive scenarios).

Depending on which party is notified first, the following protocol will take place any time immediate notification is required between Family Tapestry and DFPS:

- If DFPS is notified of the situation first:
  1. The CPS Program Administrator or CPI Program Administrator will contact and inform the Regional Director of the situation;
  2. Regional Director will contact and inform the Regional Media Specialist and Community-Based Care Administrator of the situation;
  3. Community-Based Care Administrator will contact and inform the Family Tapestry Director of Care Management or Executive Director of the situation; and
  4. Regional Media Specialist will:
      - Contact and inform the Media Relations Manager of the situation; and
      - Contact and coordinate media message with Family Tapestry prior to releasing any information or comments to the media about the situation.

- If a Residential Provider is notified of the situation first:
  1. Residential Provider will contact and inform the Family Tapestry Director of Care Management or Executive Director of the situation;
  2. Family Tapestry will contact and inform the Regional Director of the situation;
  3. Regional Director will contact and inform the Regional Media Specialist and Community-Based Care Administrator of the situation; and
  4. Regional Media Specialist will:
      - Contact and inform the Media Relations Manager of the situation; and
- Contact and coordinate media message with Family Tapestry prior to releasing any information or comments to the media about the situation.

- If Family Tapestry is notified of the situation first:
  1. Family Tapestry will contact and inform the Regional Director of the situation;
  2. Regional Director will contact and inform the Regional Media Specialist and Community-Based Care Administrator of the situation; and
  3. Regional Media Specialist will:
     - Contact and inform the Media Relations Manager of the situation; and
     - Contact and coordinate media message with Family Tapestry prior to releasing any information or comments to the media about the situation.
13.0 Request for Placement into a Community-Based Care Catchment Area

CPS staff (Investigative, FBSS, and CVS (including FAD) caseworkers) must follow the Request for Placement into a Community Based Care Catchment Area process in order to request a paid foster care placement for a child, who is legally from another part of the state, into a CBC catchment area. Caseworkers must complete each section of Form 1508, and receive approval from his/her chain of command (supervisor, program director, program administrator) through the Regional Director.

If the Regional Director approves the child’s placement located in the CBC catchment area, the Regional Director will send the completed Form 1508 to the respective Regional Director from the CBC catchment area or designee. If the Regional Director from the CBC catchment area is in agreement with the placement, he/she will contact the Single Source Continuum Contractor (SSCC) to discuss the placement decision. The Regional Director from the CBC catchment area will notify the requesting Regional Director of the final decision.
REGION 8A (BEXAR COUNTY) COMMUNITY-BASED CARE CASE FLOW CHART

Description: the chart below describes the case flow for children in DFPS conservatorship, who are legally from Region 8a (Bexar County) and are placed with Family Tapestry.
GLOSSARY

As used in this Agreement, the following terms and conditions have the meanings assigned below:

**Adoptive Placement:** Begins when a child is placed with an adoptive family and includes post-placement supervision and assistance in completing the adoption consummation process. Ends when the adoption is consummated and the case is closed.

**Alternative caregiver:** A person who is not the foster parent of the child and who provides temporary care for the child for more than 12 hours but less than 60 days.

**Authorized Service Level (ASL):** A Basic, Moderate, Specialized, or Intense service level determined by the third party contractor or, a Basic service level determined by the DFPS caseworker and supervisor. The authorized service level is based on information regarding the child or youth's service needs.

**Awaiting Adoption:** A child who is legally free for adoption; the child's Permanency Goal is Adoption; and the child is not in an Adoptive Placement or own home placement.

**Blended Foster Care Rate:** Foster care rate paid to the SSCC for each day of service provided to a child or youth in paid foster care, equal to the weighted average rate paid across all placement types.

**Casey Life Skills Assessment:** An assessment of a youth's independent living skills designed to be completed by both the youth and the caregiver. The youth and caregiver results are combined into a report which provides an indication of the skill level and readiness of the youth to live independently and creates the opportunity for the caregiver and youth to talk about the youth's strengths and challenges.

**Catchment area:** A geographic service area for providing child protective services that is identified as part of community-based care.

**Child and Adolescent Needs and Strengths Assessment (CANS):** A comprehensive and developmentally appropriate child welfare assessment required by Texas Family Code § 266.012. This definition does not refer to the CANS assessment used to determine eligibility for mental health rehabilitative services and mental health targeted case management services. It is a multi-purpose tool that links the assessment and service planning process. It was developed with the goal of improving permanency, safety, and improved quality of life. This structured assessment of the youth and their caregiver assists in the identification of appropriate actions to address a need or to support a strength. In this way, the CANS provides decision support for the service planning process. Available subsequent reassessments using the CANS tool also provide information about the appropriateness of the service plan and whether individual goals and outcomes are being achieved.

**Child’s Placement Information:** CPS shares information about a child with Family Tapestry in order for Family Tapestry to assess and make recommendations for the
child’s placement in a paid foster care setting. Placement information may vary between CPS and SSCC initiated placement referrals, but, in general, the following placement information is shared with Family Tapestry based on timeframes set within the Operations Manual:

- Alternative Application for Placement of Children in Residential Care (form 2087ex; excluding level of care information);
- Common Application for Placement of Children in Residential Care (form 2087; excluding level of care information);
- Court orders/affidavit
- Visitation plans with siblings, parents, or other family member and fictive kin (if established);
- Birth verification/certificate;
- Social Security card or number (if available);
- Education portfolio;
- Medicaid and STAR Health cards or qualifying information (if available);
- Any relevant external documentation (i.e. assessments, evaluations, or therapy notes) related to the care of the child;
- Signed Placement Authorization (2085fc);
- Signed Medical Consenter (2085b);
- Signed Education Decision-Maker (2085e);
- Region 8a (Bexar County) Placement Documentation;
- Authorization to Furnish Information (1505).

Caregiver: A person whose duties include the supervision, guidance, and protection of children and youth.

Case Information: Case information is all abuse and neglect records, including records relating to reports, investigations, legal actions, and the provision of services to adults, children and families.

Case Management: In accordance with Texas Family Code §264.151, the provision of case management services to a child for whom the department has been appointed Temporary Managing Conservator or Permanent Managing Conservator or to the child's family, a young adult in extended foster care, a relative or kinship caregiver, or a child who has been placed in the catchment area through Interstate Compact on the Placement of Children, and includes, but is not limited to:

1. Caseworker visits with the child, family and caregivers;
2. Convening and conducting permanency planning meetings;
3. Development and revision of child and family plans of service, including a permanency plan and goals for a child or young adult in care;
4. Coordination and monitoring of services required by the child & the child's family;
5. Assumption of court-related duties regarding the child; and
6. Any other function or service that the department determines necessary to allow a Single Source Continuum Contractor to assume responsibility for case management.

**Caseworker:** A CPS or SSCC employee who provides casework services to children and youth in Substitute Care under the conservatorship of the State.

**Child(ren)/Youth:** A person(s) eligible and referred by DFPS to the SSCC for services under this contract from birth through the end of the month in which the individual turns 22 years of age.

**Children/Youth in DFPS Legal Responsibility:** All children for whom a court has appointed DFPS legal responsibility through temporary or permanent managing conservatorship or other court ordered legal basis. DFPS legal responsibility terminates upon court order or when a youth turns 18, whichever comes first.

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

**Child Placing Agency:** A person, including an organization, other than the natural parents or guardian of a child who plans for the placement of or places a child in a child-care facility, agency foster home, agency group home, or adoptive home.

**Community-Based Care:** As required by the 85th Legislative Session, Senate Bill 11, a community-based model where DFPS purchases case management and substitute care services from a Single Source Continuum Contractor (SSCC) to meet the individual and unique needs of children, youth and families in Texas. Substitute care includes both foster care and relative/kinship placements. Purchasing substitute care and case management services from the provider community allows CPS to focus on child safety by investigating reports of abuse and neglect, providing in-home family-based safety services, and ensuring quality oversight of the foster care system. Ensuring individual children achieve timely permanency will be the responsibility of the SSCC.

**Confidential Information:** Personally Identifiable Information (PII), Protected Health Information (PHI), Case Information, Criminal History Record Information (CHRI), or Sensitive Personal Information.

**Consortium:** A group of providers who propose to jointly develop and implement a Single Source Continuum Contract proposal with different providers responsible for different parts of the proposal and resulting network. DFPS will only contract with one of the providers of a Consortium who will be directly responsible to DFPS for all services and performance outcomes under the SSCC Contract. DFPS will also contract with a separate business entity formed by Consortiums that all members have an ownership interest in.

**Contract:** A promise or a set of promises, for breach of which the law gives a remedy, or the performance of which the law in some way recognizes as a duty. It is an agreement between two or more parties creating obligations that are enforceable or otherwise recognizable at law. The term also encompasses the written document that describes the
terms of the agreement. For state contracting purposes, it generally describes the terms of a purchase of goods or services from a vendor or service provider.

**Criminal History Record Information (CHRI):** CHRI is arrest-based data and any derivative information from that record, such as descriptive data, FBI number, conviction status, sentencing data, incarceration, and probation and parole information.

**Designated Victim:** A child determined as such by an investigation resulting in a disposition of Reason to Believe (RTB) and entered in the data system.

**Disproportionality:** The over representation of a particular race or cultural group in a program or system.

**Disparity:** The inequitable or different treatment or services provided to one group as compared to another group. It is how one is treated or the types, quality, and quantity of services made available.

**eCANS:** The eCANS portal is an online system that will be able to house CANS assessment results, deliver a suite of reports containing aggregate data, and provide system functionality that ties HHSC and DFPS efforts together.

**Education and Training Voucher (ETV) Program:** A federally-funded (Chafee) and state-administered program. Under this program, Youth and young adults ages 16 to 23 years old may be eligible for up to $5,000.00 financial assistance per year to help them reach their post-secondary educational goals.

**Education Portfolio:** The updated and maintained separate education binder that contains important school documents and is designed to follow school-age children and youth to each placement. This allows for the review of the most current educational records and documentation by school officials, residential child-care contractors, foster parents, family caregivers, children and youth.

**Emergency Behavior Intervention:** An intervention used in an emergency situation, including personal restraint, mechanical restraint, emergency medication, or seclusion.

**Exceptional Foster Care Rate:** Based on a pro forma approach which involves using historical costs of delivering similar services, where appropriate data are available, and estimating the basic types and costs of products and services necessary to deliver services meeting federal and state requirements.

**Experiential Life Skills Activities:** Activities which engage children and youth in learning new skills, attitudes, and ways of thinking through hands-on learning opportunities. Experiential life-skills training is tailored to the child or youth’s skills and abilities and may include training in practical activities that include grocery shopping, meal preparation and cooking, using public transportation, performing basic household tasks, balancing a checkbook, and managing personal finances.

**Extended Foster Care:** A program for youth and young adults ages 18 to 22 years old that are eligible, and have signed an agreement to participate in this program. A youth who turns 18 years of age while in the conservatorship of DFPS who is continuing to
receive Extended Foster Care services under the Extended Foster Care is eligible for
Extended Foster Care services through the end of the month in which the Youth or young
adult reaches the age limit referenced in A) through F), so long as sufficient
documentation is provided on a periodic basis as required by the terms of the youth or
young adult's Extended Foster Care Agreement to demonstrate that the Youth or young
adult is:

1. Regularly attending high school or enrolled in a program leading toward a high school
diploma or GED up to the youth or young adult's 22nd birthday;

2. Regularly attending an institution of higher education or a post-secondary vocational
or technical program up to the youth or young adult's 21st birthday. These can
remain in care to complete vocational-technical training classes regardless of whether
or not the Youth or young adult has received a high school diploma or GED certificate.
(40 TAC §700.316)

3. Actively participating in a program or activity that promotes, or removes barriers to
employment up to the youth or young adult's 21st birthday;

4. Employed for at least 80 hours per month up to the youth or young adult's 21st
birthday;

5. Incapable of doing any of the above due to a documented medical condition up to the
youth or young adult's 21st birthday; or (40 TAC §700.316);

6. Accepted for admission to a college, or vocational program that does not begin
immediately. In this case, the youth or young adult's eligibility is extended three and
a half months after the end of the month in which the youth or young adult receives
his/her high school diploma or Graduate Equivalency Diploma (GED) certificate.

**Face-to-Face Contact:** An in-person meeting or visit that does not require video
conferencing or similar technology.

**Family:** For purposes of this contract, family is defined as the parents or other relatives
(including fictive kin) of children in paid foster care who are referred by DFPS to the
SSCC for services. Families may remain eligible for the SSCC service coordination and
delivery after children have exited paid foster care so long as DFPS remains the legal
conservator.

**Fictive Kin:** For purposes of this contract, fictive kin is an individual who has a
longstanding and significant relationship with a child in DFPS conservatorship, or with
the child's family and provides, or is anticipated to provide, care to the child.

**Financial Literacy Education Program:** Education, training and experiential support
that includes:

1. obtaining and interpreting a credit score;

2. protecting, repairing, and improving a credit score;

3. avoiding predatory lending practices;
4. saving money and accomplishing financial goals through prudent financial management practices;
5. using basic banking and accounting skills, including balancing a checkbook;
6. using debit and credit cards responsibly;
7. understanding a paycheck and items withheld from a paycheck; and
8. protecting financial, credit, and identifying information in personal and professional relationships.

**Form 2054:** DFPS Form which initiates invoicing process and contains, at a minimum the following information:

1. Name of the contractor and contract number;
2. Service Code;
3. Names of client or Family members who are to receive services;
4. Types services requested;
5. Number of units for each service requested; and
6. Time limit for the service.

**Foster Care:** A placement paid by DFPS or other public facility. Placements include foster homes, foster group homes, basic child care facilities, residential treatment centers, and shelters. This is a subset of children in Substitute Care.

**Foster Family Home:** an independent licensed operation or a home under the regulation of a child-placing agency that is the primary residence of the foster parents and provides residential child care for six or fewer children up to the age of 18 years.

**Full Continuum of Care:** An array of least restrictive, most-family like placement services that meet the residential and treatment service needs of all children and youth in the care of a contractor.

**General Residential Operation:** A child-care facility that provides care for more than 12 children for 24 hours a day, including facilities known as children’s homes, residential treatment centers, and emergency shelters.

**IMPACT:** Information Management Protecting Adults and Children in Texas, a computer application used by DFPS staff for case management.

**Initial Coordination Meeting (ICM):** Convened by DFPS and held within 7 days of referral to the SSCC for placement and/or services to a child or youth (Stages I-III) and/or family (Stages II-III). Purpose of ICM is to review child or youth/families history and identify service needs to be included in the child or youth and/or family plan(s) of service.
Intermittent Alternate Care: A planned alternative 24-hour care provided for a child or youth by a licensed Child-Placing Agency or Independent Foster Home as part of the agency or home’s regulated child care and that lasts more than 72 consecutive hours.

Least Restrictive Placement: Most family-like setting (e.g. parent or legal family of origin, non-custodial parent, kinship care, foster family home, adoptive home or cottage-style general residential operation (GRO)) based on the child's or youth's individual needs.

Legacy System: Foster care system where DFPS delivers placement and case management services and utilizes the service level system as the method in which to pay for residential services for children and youth in DFPS conservatorship or who voluntarily agree to remain in care. In addition, current purchased client services funding mechanisms to access family services that are coordinated and authorized through DFPS.

Level(s) of Need: Array of services (including both licensed child care and treatment services) required by an individual Child who resides in substitute care, and are designed to support the achievement of safety, permanency and well-being.

Legal Conservator: Also known as the managing conservator, is an entity responsible (either temporarily or permanently) for a child or youth as the result of a district court order pursuant to the Texas Family Code Chapter 153. [TAC §700.501(9)]

Minimum Standards: DFPS rules which are the minimum requirements for permit holders and which are enforced by DFPS to protect the health, safety, and well-being of children and youth. DFPS provides publications that contain the Minimum Standards and guidelines for compliance for each type of operation.

National Youth in Transition Database: The data collection system developed by the Administration for Children and Families (ACF) to track the independent living services provided to children and youth and to develop outcomes that measure the States' performance in preparing children and youth for their transition from foster care to independent living. More information is available at: National Youth in Transition Database

No eject/no reject: Contract requirement that a contractor may not refuse to accept a properly referred client for services under this contract nor may a contractor cease to serve, or request DFPS remove a child, youth, or family from its referred client list.

Outcome: A measure that reflects or reveals change or impact.

Performance-Based Contract: A contract that ties payment, financial incentives and remedies to performance. Additional performance measures may be included and used to make decisions to renew or terminate the contract.

Permanency Care Assistance: The Permanency Care Assistance program gives financial support to kinship caregivers who want to provide a permanent home to children who can't be reunited with their parents.
**Permanency Goal:** The Department's permanency goals are subcategories of the four goals identified by the Texas Family Code §263.3026. The categories are as follows:

1. Family Reunification;
2. Adoption by a relative or suitable individual (Relative Adoption or Unrelated Adoption);
3. Permanent Managing Conservatorship to a relative or suitable individual (Relative Conservatorship or Unrelated Conservatorship);
4. Another planned permanent living arrangement (Foster Family -DFPS Conservatorship, Other Family DFPS Conservatorship, Independent Living or Community Care).

**Permanency Planning:** The identification of services for a child or youth (and usually to the child or youth's family), the specification of the steps to be taken and the time frames for taking those steps so as to achieve the following goals:

1. A safe and permanent living situation for the child or youth;
2. A committed Family for the child or youth;
3. An enduring and nurturing family relationship that can meet the child or youth’s needs;
4. A sense of security for the child or youth; and
5. A legal status for the child or youth that protects the rights of the child or youth.

(40 TAC §700.1201 and DFPS policy §6200)

**Permanent Managing Conservatorship (PMC):** When a court orders DFPS as PMC, it can be either with a child's parental rights terminated or parental rights intact. The rights and duties of DFPS are generally the same as with TMC.

**Personal Contact:** A meeting, either face-to-face or by telecommunication, during which the parties' discussion and actions are not directed.

**Personally Identifiable Information (PII):** Any information that can be used alone or in conjunction with any other personal information to identify a specific individual. PII includes any information that can be used to search for or identify individuals, or can be used to access their records. Examples include name, SSN, DOB, Social Security benefit data, and state or government issued driver's license number.

**Placement Change:** Any change in placement location except for temporary breaks in service as further defined in the contract.

**Preparation for Adult Living (PAL) Activities:** Benefits and services provided to children and youth in DFPS-paid Substitute Care who are age 14 or older and likely to remain in foster care until at least age 18, who can qualify for services up to their 21st birthday. Services and benefits may include:
1. Casey Life Skills Assessment to assess strengths and needs in life skills;
2. Life Skills training in core areas including financial management;
3. Job readiness and life decisions/responsibility;
4. Educational/vocational services;
5. Coordination of the Transitional Living Allowance (TLA) up to $1000 (distributed in increments up to $500 per month for children and youth who participate in PAL Life Skills training, to help children and youth with initial start-up costs in adult living);
6. Coordination of After Care Room and Board (ACRB) assistance, based on need, up to $500 per month for rent, utility deposits, food, etc. (not to exceed $3000 of accumulated payments per child or youth)
7. Case management to help children and youth with self-sufficiency planning and resource coordination;
8. Teen conferences;
9. Leadership development activities; and
10. Additional supportive services, based on need and availability of funds, such as mentoring services and driver's education.

Protected Health Information (PHI): individually identifiable health information that is transmitted or maintained in any form or medium. Individually identifiable health information is data, including demographics, that relates to:

1. the individual’s past, present, or future physical or mental health or condition;
2. the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual; and
3. information that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual.

As a general rule, health information linked with any one of the following direct or indirect identifiers of the individual, relatives, employers, or household members is considered protected health information:

1. Name
2. Street address, city, county, precinct, zip code, and equivalent geocodes
3. All elements of dates (except year) for dates directly related to an individual and all ages over 89
4. Telephone number
5. Fax number
6. Electronic mail address
7. Social Security number
8. Medical record numbers
9. Health plan ID numbers;
10. Account numbers
11. Certificate and license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web addresses (URLs)
15. Internet IP addresses
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code

**Purchased Client Services:** Services designed to remedy abuse, neglect and exploitation of DFPS clients. For purposes of this contract, these services are purchased by the SSCC (through an allocation of funds) and offered to children and youth in the Department’s conservatorship and their families to support the achievement safety, permanency and well-being.

**Reason to Believe:** Abuse or neglect occurred based on a preponderance of the evidence. This means when all evidence is weighed, it is more likely than not that abuse or neglect occurred.

**Referral:** Process by which DFPS notifies the SSCC of need to initiate placement and/or other services to eligible children, youth and/or families.

**Residential Child Care:** The care, custody, supervision, assessment, training, education, or treatment of an unrelated child or youth for 24 hours a day that occurs in a place other than the child or youth's own home.

**Return to Care:** A program designed for youth and young adults 18 to 22 years old that are eligible and sign an agreement to participate in this program. Eligible participants must have been in DFPS conservatorship at the time they turned 18 years old (or were on run away status at the time they turned 18 years old and their conservatorship case had not been dismissed), and want to return to foster care, and:

1. Attend high-school or a program leading toward a high school diploma and have not reached their 22nd birthday;
2. Are enrolled at or within 30 days of placement in a course of instruction to prepare for the GED and have not reached their 21st birthday;
3. Attend and, within two years, complete a certified vocational or technical program and have not reached their 21st birthday; or

4. Return on a break from college or a technical or vocational program for at least one month, but no more than 4 months and have not reached their 21st birthday. (40 TAC 700.316)

The return to care program does not include youth and young adults over 18 years old who are overnight visitors or living in the homes of foster parents, and the foster parents are not receiving a foster care payment for the care of these youth and young adults. (40 TAC §745.601, §745.615, and §749.2653)

**Reunification:** Identification of a child’s own home as the safe and permanent living situation towards which services are directed. Reunification means that (1) DFPS has removed the child from the home and (2) DFPS has determined that the child’s parents are willing and, after completing services, able to provide the child with a safe living environment. Reunification occurs when the child has returned to the home.

**Sensitive Personal Information:** Sensitive personal information means an individual's first name or first initial and last name in combination with any one or more of the following items, if the name and the items are not encrypted:

1. Social Security number
2. Driver's license number or government-issued identification number
3. Account number or credit or debit card number in combination with any required security code, access code, or password that would permit access to an individual's financial account

Sensitive Personal Information also includes data revealed directly or indirectly relating to:

1. Natural persons concerning their racial or ethnic origin;
2. Political opinion;
3. Trade union membership;
4. Religious or philosophical beliefs;
5. Physical and mental health including state of health, illness, handicaps, pathological defects or medical treatments;
6. Sexual orientation or activity;
7. Criminal records, including convictions, decisions of penalties and fines, or other information collected in judicial or administrative proceeding to ascertain an offense or regarding an alleged or suspected commission of an offense;
8. Biometric or genetic data;
9. Social welfare needs or benefits or other social welfare assistance received.
Sensitive information does **not** include publicly available information that is lawfully made available to the public from the federal, state, or local government.

**Serious Incident:** Any non-routine occurrence that has an impact on the care, supervision, or treatment of a child or youth. This includes, but is not limited to, suicide attempts, injuries requiring medical treatment, runaways, commission of a crime, and allegations of abuse or neglect or abusive treatment.

**Service Plan:** The contractor’s developed plan that addresses the services that will be provided to a child or youth to meet the child, youth and/or family member’s specific needs while served by the contractor.

**Service Area:** The designated area in which the SSCC will provide all services described in this contract. The SSCC will provide all services described in this contract in Region 8a (Bexar County).

**Siblings:** Children, youth, and young adults who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child, youth or young adult lived before his or her substitute care placement, or with whom the child, youth or young adult would be expected to live if he or she were not in substitute care. Counted as any child in the same CPS case with another child.

**Sibling Group:** Any CPS case with two or more children in paid foster care.

**Single Source Continuum Contract/Contractor (SSCC):** Entity with whom DFPS enters into a contract for the provision of the full continuum of care in a catchment area, as required in this contract.

**STAR Health:** Statewide managed care program that provides comprehensive health care to children and youth in foster care and relative care, including medical, behavioral health, dental and vision care.

**Start Up Period:** A one time, initial period of months (6) months that will begin on the date the contract is signed during which the Contractor will perform necessary readiness activities and build its system of service prior to the first Client referral from DFPS.

**Substitute Care:** All children who are living in a DFPS out of home placement (kinship or paid foster care). It does not include children living in a return and monitor placement. Unless noted otherwise, it does include youth over 18 who are in Extended Foster Care but are not in DFPS custody.

**Supervised Independent Living (SIL):** A type of voluntary Extended Foster Care placement where young adults can live on their own, while still getting caseworker and support services to help them become independent and self-sufficient. The SIL program allows young adults to live independently under a supervised living arrangement provided by a contracted provider. A young adult in SIL is not supervised 24-hours a day by an adult and has increased responsibilities. Through SIL a young adult has increased responsibilities, such as:

- managing their own finances,
• buying groceries or personal items, and 
• working with a landlord.
• SIL also helps transition young adults to independent living by teaching them to:
• achieve identified education and employment goals, 
• access community resources, 
• engage in needed life skills training, and 
• establish important relationships.

Temporary Managing Conservatorship (TMC): When a court orders DFPS as TMC, DFPS can exercise specific rights including but not limited to the right to have physical possession of the child along with specific responsibilities, including but not limited to the duty of care, control and protection of a child, the right to designate the primary residence of the child and the right to make decisions concerning the child's health-care and education.

Texas Adoption Resource Exchange (TARE): TARE website is the leading recruitment tool for prospective adoption homes for DFPS. The purpose of TARE is to expedite permanency for available waiting children by increasing the number of prospective adoptive home resources.

Therapeutic Services: In addition to child care services, a specialized type of child-care services designed to treat and/or support children:
• With Emotional Disorders, such as mood disorders, psychotic disorders, or dissociative disorders;
• With Intellectual Disabilities, who have an intellectual functioning of 70 or below and are characterized by prominent, significant deficits and pervasive impairment;
• With 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;
• With Primary Medical Needs, who cannot live without mechanical supports or the services of others because of life-threatening conditions; and/or
• Determined to be a trafficking victim.

Trauma Informed Care: An approach to understanding the biological, developmental, relational and social effects of trauma and violence on children, youth and families which integrates the understanding based perspective to care.

Treatment Services: A specialized type of child-care services designed to treat and/or support children or youth with Emotional Disorders, Mental Retardation, Pervasive Developmental Disorder, and Primary Medical Needs as described in 40 TAC §748.61.
**Verified Kinship Care**: A kinship caregiver who has become verified as a foster parent to provide residential care in accordance with child care licensing regulations.

**Voluntary Extended Foster Care Agreement Form 2540**: The Department's form which documents the youth or young adult's agreement to voluntarily remain in foster care and outlines the categories of activity which qualify a child or youth to remain in foster care.

**Voluntary Return to Foster Care Agreement Form 2560**: The Department's form which documents the youth or young adult's agreement to voluntarily return to foster care and outlines the categories of activity which qualify a child to return to foster care.
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<thead>
<tr>
<th>Email Address</th>
<th>Email Subject Line (if applicable)</th>
<th>Purpose</th>
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<tr>
<td><a href="mailto:qa@familytapestry.org">qa@familytapestry.org</a></td>
<td></td>
<td>Inquiries regarding enrolling providers who have not formerly provided services in the identified specific catchment area; Inquiries regarding quality assurance issues; Inquiries regarding monitoring/compliance</td>
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<td><a href="mailto:consumeraffairs@familytapestry.org">consumeraffairs@familytapestry.org</a></td>
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<td>Submission of complaints or concerns. If concerns arise related to the provisioning or quality of service provided.</td>
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<td>Emergency Placement- Initial Email to intake team at FT</td>
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<td>Emergency Referral- Email to intake team at FT that includes COMPLETED Common App 2087ex and FT referral form</td>
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</tr>
<tr>
<td><a href="mailto:casecare@familytapestry.org">casecare@familytapestry.org</a></td>
<td>Initial Coordination Meeting</td>
<td>Notification of Initial Coordination Meeting</td>
</tr>
<tr>
<td>Email Address</td>
<td>Email Subject Line (if applicable)</td>
<td>Purpose</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td><a href="mailto:PAL@familytapestry.org">PAL@familytapestry.org</a></td>
<td>Life Skills Assessment- Placement Name, Youth Name, PID</td>
<td>Provider will Attach Ansell Casey Life Skills Assessment</td>
</tr>
<tr>
<td></td>
<td>Life Skills Training- Monthly mo/year report</td>
<td>Progress and status of PAL Life Skills training; services provided to transition to adulthood</td>
</tr>
<tr>
<td></td>
<td>COS, Last name of child</td>
<td>COS referral and/or denial of COS request by youth</td>
</tr>
<tr>
<td></td>
<td>2054, Last name of child</td>
<td>Approved 2054 for PAL services</td>
</tr>
<tr>
<td></td>
<td>2054, Last name of child</td>
<td>Extended Foster Care Request to have Form 2540 completed</td>
</tr>
<tr>
<td><a href="mailto:adoptions@familytapestry.org">adoptions@familytapestry.org</a></td>
<td>Kinship Verification Referral: (last name of caregiver)</td>
<td>Kinship caregivers interested in becoming verified as foster parents within Region 8a (Bexar County)</td>
</tr>
<tr>
<td></td>
<td>Out of Region Kinship Verification Referral Recommendation: (last name of caregiver)</td>
<td>Kinship caregivers interested in becoming verified as foster parents outside of Region 8a (Bexar County)</td>
</tr>
<tr>
<td></td>
<td>Adoption Referral</td>
<td>Potential adoptive home studies, including kin</td>
</tr>
<tr>
<td></td>
<td>2054 Last name of child</td>
<td>Completed and approved service authorization (form 2054); and Completed and signed Adoption Placement Agreement (form 2226).</td>
</tr>
<tr>
<td></td>
<td>Staffing decision, Last name of child</td>
<td>Confirmation of the decision made during the staffing and approving the plan to proceed with the selected family, if one was identified.</td>
</tr>
<tr>
<td><a href="mailto:court@familytapestry.org">court@familytapestry.org</a></td>
<td>Court Report, Last name of child</td>
<td>Court hearing information to be sent along with court orders, settings, notices, court reports. DFPS will notify Family Tapestry of the court report due date.</td>
</tr>
<tr>
<td>Email Address</td>
<td>Email Subject Line (if applicable)</td>
<td>Purpose</td>
</tr>
<tr>
<td>------------------------</td>
<td>------------------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td><a href="mailto:daycare@familytapestry.org">daycare@familytapestry.org</a></td>
<td>Daycare Approved, Last name of child</td>
<td>Foster Day Care Approval</td>
</tr>
</tbody>
</table>

**Email Types/Subject Line Headings**

*Email Encryption: All CPS staff must follow the DFPS email encryption policy when communicating electronically with Family Tapestry.*

**“Emergency Placement Needed, Last Name of Oldest Child.”** – Used when sending emergency placement referral information to Family Tapestry via email.

**“Emergency Placement Change – Last Name of Oldest Child”** – Used when either Family Tapestry or CPS has an emergency placement change request.

**“Non-Emergency Placement Needed – Last name of oldest child being referred”** DFPS Initiated Placement Changes (Non-Emergency Referral – e.g. Kinship to paid placement)

**“Non-Emergency Placement Change – Last name of oldest child being referred”** – Used when either Family Tapestry or CPS has a non-emergency placement change request.

**“Kinship Verification Referral with last name of caregiver”** – Used when CPS is sending a referral to Family Tapestry to verify a kinship family.

**Out of Region Kinship Verification Referral Recommendation: (last name of caregiver)**

**“Foster/Adoptive Inquiry”** – Used when CPS is sending a completed Foster/Adoptive Parent Inquiry Form to Family Tapestry via email.

**“Adoption Referral”** – Used when CPS is sending a completed Adoption Referral Form to Family Tapestry via email.

**“ICM Referral- Last name of oldest child being referred”** – Used to send information to Family Tapestry regarding date/time of ICM meeting, as well as sending notes after the meeting.

**Psychiatric Hospital Admission – Child/Youth’s Last Name, First Initial and PID.** – Used when CPS is sending notification to Family Tapestry via email.
“DFPS Discharge to Relative” - Used when CPS is sending notification to Family Tapestry via email.

“Dispute Resolution” and “Dispute Resolution Appeal Decision.” Used when CPS is sending notification to Family Tapestry via email.
CPS Community-Based Care

Program Administrator: Guy Hanson, (210) 337-3310, cell (210) 268-2395
DFPSRegion8CommunityBasedCare@dfps.state.tx.us
Guy.Hanson@dfps.state.tx.us

Contracts Administrator: Theresa Moran, (210) 304-3938, Theresa.Moran@dfps.state.tx.us

Region 8a (Bexar County) CPS Subject Matter Experts:

Developmental Disability Specialists: Refer by Child’s Last Name Initial.
8 (A-K) Jeremy Gunn (210) 337-3203 (210) 289-9219 3635 Jeremy.Gunn@dfps.state.tx.us
8 (L-Q) Arnoldo "Ernie" Borjas 210) 304-3947 (210) 273-9720 Arnoldo.Borjas@dfps.state.tx.us
8 (R-Z) Tamysha Hill (210) 275-3963 Tamysha.Hill@dfps.state.tx.us

Educational Specialist: Felicia Penn (210) 337-3262 (210) 284-3489 (cell)
Felicia.Penn@dfps.state.tx.us

Well Being Specialist: Shelly Allen (903) 533-4345 Shelly.Allen@dfps.state.tx.us

Nurse Consultant: Albert Weaver, RN. (956) 412-4687 Albert.Weaver@dfps.state.tx.us

Region 8a (Bexar County) ICM Coordinators:

CPI Supervisor– Conny Garza O (210) 337-3289 C (210) 410-9529
Conny.Garza@dfps.state.tx.us. Covers all INV ICM/Family Team Meetings.

CPS Supervisor– Tammi Roesch O (210) 337-3210 C (210) 232-6037
Tammi.Roesch@dfps.state.tx.us

Covers all FBSS ICM/Family Team Meetings.
Covers all CVS Family Group Decision Making Conferences.
Family Tapestry Contact Information

Address: 612 Nogalitos, San Antonio, TX 78204
Main Phone: 210-503-4480
Family Tapestry Website: Family Tapestry.org

Referrals and Placement

(For Referrals, Placement Information, ICM Notifications, Pre-Placement Staffing Notifications)

Intake phone number: (210-503-4545).

Email address: See Subject Line below for routing email to correct staff.

Intake
Email address: Intake@Family Tapestry.org

Court Related
Email address: court@Family Tapestry.org

Adoption Department
Email address: adoption@Family Tapestry.org

Complaints and Concerns
Email address: ombudsman@Family Tapestry.org

Finance Department
Email address: finance@Family Tapestry.org

Quality Improvements and Contracts
Email address: CMD@Family Tapestry.org

Foster-Adopt and Kinship Inquiries
Email address: adoption@Family Tapestry.org

Serious Incident Reports
Email address: CMD@Family Tapestry.org

Daycare Requests
Email address: CMD@Family Tapestry.org

Preparation for Adult Living
Kane Jaggers: kjaggers@familytapestry.org
Michelle Cammack: mcammack@familytapestry.org
**Community-Based Care**

**Purpose:** Use this form to request placement for a child, who is legally from another part of the state, into a Community-Based Care (CBC) catchment area.

**Instructions:** Complete each section of this form.

**Directions:** Email the completed form to the designated contact in the CBC catchment area for review and approval/denial.

**Note:** Requesting a paid foster care placement for a child into a Community-Based Care catchment area should occur on rare occasions, as a placement of last resort, and must be based on the best interest of the individual child.

<table>
<thead>
<tr>
<th><strong>CASEWORKER INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Request:</td>
</tr>
<tr>
<td>Caseworker Name:</td>
</tr>
<tr>
<td>Supervisor Name:</td>
</tr>
<tr>
<td>CPU Supervisor or RTPC Name:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>PLACEMENT TYPE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Emergency</td>
</tr>
<tr>
<td>If Emergency, please explain:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CHILD(REN) INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>------</td>
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</tbody>
</table>
PLACEMENT RECOMMENDATION

Date placement recommended by CPU/RTPC:

Explain why the recommended placement is in each individual child's best interest, specifically:

- Why is this the best placement for the child?
- How does this placement meet the child's needs

ALTERNATIVE PLACEMENT OPTIONS PURSUED

<table>
<thead>
<tr>
<th>Provider &amp; Family Name</th>
<th>Address, County</th>
<th>Date(s) Contacted</th>
<th>Reason(s) Placement Denied or Not Appropriate</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

*Attach documentation of additional alternative placement options pursued as needed
<table>
<thead>
<tr>
<th>Date:</th>
<th>Name:</th>
<th>Placement Request Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Comments:
Children in Residential Care Form 2087ex may be completed at admission to obtain emergency placements only.

The "Emergency Common Application," Form 2087ex is a two-page form that may be used in the situations described above. This form expires within 30 days of the child's admission to the placement. Prior to the form expiring, the DFPS caseworker must provide the residential child care contractor a fully completed "Common Application for Placement of Children in Residential Care," Form 2087.

**Common Application for Placement of Child in Residential Care: Form 2087**

**Alternative Application for Placement in Residential Care Form 2087ex**
COMMUNITY-BASED CARE AUTHORIZATION TO FURNISH INFORMATION - FORM 1505

This is an example of Form 1505. Please use the forms located on the Smiley Forms webpage.

Community-Based Care

Purpose: Use this form to allow a Single Source Continuum Contractor access to information related to a child in DFPS conservatorship.

AUTHORIZATION

I authorize any persons or organizations, having information or records concerning (name of person(s))

living at

(address)

to furnish such information to a representative of the Single Source Continuum Contractor (SSCC):

(name of the SCC)

who, as an agent of the Texas Department of Family and Protective Services (DFPS), is responsible for ensuring the full continuum of paid foster care services of the person named on this form while he or she is in DFPS legal conservatorship.

As an agent of the Texas Department of Family and Protective Services, I grant permission for the Single Source Continuum Contractor to obtain information regarding the circumstances of the person named above.

SIGNATURE OF DFPS REPRESENTATIVE

Print Name: Date:
### RETURN TO SINGLE SOURCE CONTINUUM CONTRACTOR (SSCC)

<table>
<thead>
<tr>
<th>Name of SSCC:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Tapestry</td>
<td></td>
</tr>
</tbody>
</table>
## MEDICAL CONSENTER CHART

### Chart 1: Medical Consenter

<table>
<thead>
<tr>
<th>Child's Placement</th>
<th>Recommended Designee First and Second Primary</th>
<th>Recommended Back Up First and Second Back Up</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GRO Providing Emergency Care Services</strong></td>
<td>Two Professional employee(s) of the GRO</td>
<td>• 3rd professional employee of the GRO;</td>
</tr>
<tr>
<td><strong>CPA Foster family home</strong></td>
<td></td>
<td>or</td>
</tr>
<tr>
<td>CPA Foster group home with foster parents (without shift staff)</td>
<td></td>
<td>• CPS caseworker;</td>
</tr>
<tr>
<td>CPA Pre-consummated adoptive home</td>
<td></td>
<td>• Supervisor of primary/assigned caseworker.</td>
</tr>
<tr>
<td><strong>GRO offering child care services only (children's home with cottage model)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Home and community-based (HCS) family home</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GRO Residential Treatment Center</strong></td>
<td>1. 1st Primary: the CPS caseworker or Local Permanency caseworker</td>
<td>Any combination of the following individuals may be selected as the 1st and 2nd backup:</td>
</tr>
<tr>
<td>GRO Therapeutic Camp</td>
<td>2. 2nd Primary: second CPS caseworker or Local Permanency caseworker</td>
<td>• CPS caseworker;</td>
</tr>
<tr>
<td>GRO Child Care Facility (Group Setting with Shift Staff)</td>
<td></td>
<td>• Local Permanency caseworker;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• CPS Supervisor;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Local Permanency Supervisor.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* In rare situations and with approval from the Local Permanency Supervisor or designee, a Human Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Technician (HST) specially trained to consent to psychotropic medication.</td>
</tr>
<tr>
<td><strong>HCS-based group home (with shift staff)</strong></td>
<td>1. CPS Caseworker</td>
<td></td>
</tr>
<tr>
<td>Nursing home</td>
<td>2. 2nd CPS Caseworker or CPS Supervisor</td>
<td>• 3rd CPS Caseworker or CPS Supervisor</td>
</tr>
<tr>
<td>Intermediate care facilities for Individuals with Intellectual Disabilities (ICF-IID)</td>
<td></td>
<td>• CPS Supervisor</td>
</tr>
<tr>
<td><strong>GRO offering treatment services for individuals with intellectual disabilities</strong></td>
<td>1. Developmental disability (DD) specialist assigned as secondary worker</td>
<td></td>
</tr>
<tr>
<td>State Supported Living Centers (SSLC)</td>
<td>2. Primary CPS Caseworker or Caseworker’s Supervisor</td>
<td>• 2nd Developmental disability (DD) specialist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 3rd Developmental disability (DD) specialist or Primary CPS Caseworker</td>
</tr>
<tr>
<td>Placement with Relative or Kinship Caregiver</td>
<td>Primary live-in caregiver(s) for the child</td>
<td>Another person, relative or kinship individual that knows the child and has knowledge of his/her medical condition and needs</td>
</tr>
</tbody>
</table>
DESIGNATION OF MEDICAL CONSENTER-FORM 2085

This is an example of Form 2085. Please use the forms located on the Smiley Forms webpage.

SECTION 1: Medical Consenters (Primary and Back Up)

The Texas Department of Family and Protective Services (DFPS), managing conservator of:

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Child's DFPS IMPACT Person ID</th>
<th>Medicaid No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>County</th>
<th>Court No.</th>
<th>Cause No.</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Judge</th>
<th>Phone Number of Court</th>
<th>Medical consenter's DFPS IMPACT Person ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

hereby designates _____ as the Primary medical consenter(s) to consent to the medical care including physical, dental, behavioral health, vision and allied health care (e.g., physical therapy, occupational therapy, speech therapy, dietetic services, etc.) for this child.

DFPS hereby designates _____ as Back Up medical consenter(s) for this child in the event the primary medical consenter is unavailable.

SECTION 2: Acknowledgement, Agreement and Signatures

As Primary/Backup medical consenter, I acknowledge and agree that:

- I have received training on informed consent and have presented a Certificate of Completion of Medical Consent Training to the child's DFPS caseworker.
- I will cooperate with DFPS as stated in the Medical Consenter/Caregiver Responsibilities (Section 3 below).
- Failure to cooperate with DFPS may be a basis for revoking the designation.
I will provide a copy of this Form 2085-B "Designation of Medical Consenter" to the child's health care providers along with the Medicaid ID Card and STAR Health ID if applicable.

I will regularly provide information about the child's medical care to DFPS to include: preventive care, major medical care, emergency care and medical care for common childhood illnesses and minor injuries, such as ear infections or a minor laceration, for inclusion in required reports.

I will participate in each health care appointment for the child, or I will provide written permission for the provision of preventive care (Section 5) when I am unable to participate by providing optional Section 6 below with my signature.

<table>
<thead>
<tr>
<th>Primary medical consenter</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Primary medical consenter</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Backup</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Second Backup</th>
<th>Date</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
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</table>

<table>
<thead>
<tr>
<th>Representative of Residential Provider for Primary or Backup medical consenter if affiliated with residential provider</th>
<th>Date</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>DFPS caseworker</th>
<th>Date</th>
<th>Telephone Number</th>
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<td></td>
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<table>
<thead>
<tr>
<th>DFPS supervisor</th>
<th>Date</th>
<th>Telephone Number</th>
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</table>

With this designation, a 2085–A, B, C, or D previously issued for this child is hereby revoked.

**Note to Health Care Providers:** The medical consenter is authorized to access, receive, and review the child's medical records or other Protected Health Information (PHI), and may authorize the release of the child's medical records to the extent necessary to obtain services for the child. If you have any medical concerns regarding this child or concerns about the decisions of the medical consenter, please contact the DFPS caseworker or supervisor. The judge may also be contacted.

**SECTION 3: Medical consenter/caregiver responsibilities - Medical Consent**
### The medical consenter MAY consent to the following:

<table>
<thead>
<tr>
<th>Preventive care: Texas Health Steps/Early Periodic Screening, Diagnosis and Treatment (EPSDT)/well-child exams</th>
<th>Ongoing medical care (acute, chronic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental checkups &amp; treatment (fillings, braces)</td>
<td>Immunizations</td>
</tr>
<tr>
<td>Behavioral health (therapy, psychological assessments)</td>
<td>Vision/Hearing screening</td>
</tr>
<tr>
<td>Treatment provided (including psychotropic medications) once child is admitted to an inpatient mental health facility (psychiatric hospital)</td>
<td>Developmental screening</td>
</tr>
<tr>
<td>Allied health services: Physical, Speech and Occupational Therapy, dietary, etc.</td>
<td>Lab testing, including HIV testing</td>
</tr>
</tbody>
</table>

### The medical consenter must notify the DFPS caseworker and/or supervisor by the next business day after consenting to the following: Psychotropic medications and Schedule II-V drugs.

Schedule II-V drugs are prescription drugs that are controlled due to their high abuse potential, including: Some psychotropic medications (e.g., stimulants, barbiturates, benzodiazepines), sleeping pills (e.g., Seconal, Ambien, Restoril), pain medications (e.g., narcotics, non-narcotics, opiates, methadone), anabolic steroids (Testosterone derivatives).

Notification of the initial prescription for psychotropic medications or Schedule II-V drugs and any dosage changes must be in writing, by email or other written communication. Include any questions or concerns you may have about any of these medications prescribed for the child after discussing the questions or concerns with the prescribing doctor.

### An individual may obtain medical care for a child in an emergency without the consent of the medical consenter if the medical consenter is unavailable and the physician determines that the child's condition requires emergency care.

If time allows, provide prior notification and obtain prior consent before treatment is provided. If the medical consenter is not available the physician can decide whether the child's condition is an emergency condition as defined by law and may provide medical care without consent. Notify the DFPS caseworker or caseworker's supervisor as soon as possible of any emergency treatment provided to the child.

### The medical consenter must consult with the DFPS caseworker and/or supervisor prior to consenting to major medical care, defined as:

- any surgical procedure that requires administration of general anesthesia;
- any treatment the child's physician considers dangerous;
- or any other medical treatment that may be threatening to the child's life or long-term health.

### The caregiver, medical consenter or residential provider must notify the child's DFPS caseworker or the caseworker's supervisor immediately or by the next business day of:

- any significant medical conditions so DFPS can notify a child's parents whose rights have not been terminated. Examples of a significant medical condition include injuries or illnesses that are life threatening, or have potentially serious long-term health consequences, including hospitalization for surgery or care other than a minor emergency.
The medical consenter may NOT consent to the following, and must notify the child’s DFPS caseworker or the caseworker’s supervisor in writing immediately or by the next business day if a health care provider recommends any of these treatments/services: Extraordinary medical procedures which include withholding or withdrawing life sustaining treatment, organ donation, abortion, electroconvulsive therapy, aversion therapy, or any experimental treatment or clinical trial.

Special Situations/Exceptions

Medical consent by youth. A youth in foster care who is at least 16 years old may consent to some or all his/her own medical care when the court with continuing jurisdiction issues a court order authorizing the youth to consent. If the court authorizes the youth to consent to some, but not all, of the youth’s own medical care, the court order will specify the types of medical care the youth may consent to. The medical consenter will continue to consent to any medical care the youth has not been authorized by the court to consent to.

Inpatient mental health treatment (psychiatric hospital). The medical consenter does not have the authority to consent to the voluntary admission of a child to a facility for inpatient mental health treatment. The child may be admitted on a voluntary basis with the consent of both the child (regardless of age) and a representative of DFPS. A child who is at least 16 years old may seek voluntary admission in an inpatient mental health facility and be admitted without DFPS consent.

Consent for health care and medications after admission for inpatient mental health treatment (psychiatric hospital). Unless the youth has been authorized to consent to his or her own medical care, the medical consenter must consent to the provision of any health care or administration of psychotropic medications once the youth is admitted.

Inpatient or outpatient substance abuse treatment. The medical consenter does not have the authority to consent to the voluntary admission of a child to a facility for substance abuse treatment. The child may be admitted on a voluntary basis with the consent of both the child (regardless of age) and a representative of DFPS. A child who is at least 16 years old may seek substance abuse treatment without the consent of DFPS or the medical consenter.

Counseling. Any child may consent to counseling for suicide prevention, chemical addiction or dependency, or sexual, physical, or emotional abuse without requiring the consent of DFPS or the medical consenter.

Early Childhood Intervention (ECI) and special education. Federal law governing ECI and special education services prohibit an individual that is an employee of DFPS from being the consenter for ECI or special education services for children in conservatorship. A foster parent, or "surrogate parent" (appointed by ECI, the school district, or a judge) if there is no foster parent available, must make ECI and special education decisions regarding consent to those services.

Education portfolio. The medical consenter is entitled to access the child’s education portfolio as needed to become knowledgeable of health care services provided by the independent school district. The medical consenter may obtain this information from the child’s DFPS caseworker or caregiver.

SECTION 4: Medical coverage
STAR Health

STAR Health Member Services: 1-866-912-6283

(Call this number for information about medical, dental, vision, and behavioral health services.)

Mandatory enrollment: STAR Health is the Medicaid managed care health plan for children in foster care and is mandatory for most children in CPS conservatorship including children and youth placed in foster, relative and kinship homes, and DFPS contracted residential facilities. The medical consenter must seek medical care for an eligible child from a STAR Health provider.

Medications: Prescription medication is a Medicaid benefit covered by the Texas Medicaid /Children's Health Insurance Program (CHIP) Vendor Drug Program.

A Medicaid ID card should be presented to the Medicaid participating pharmacy when filling a prescription. In the event there is no Medicaid ID card or Temporary Medicaid ID, the Form 2085-B with a child's DFPS IMPACT Person Identification number (PID), may be presented.

If a pharmacy refuses to accept the alternative forms, the caregiver or medical consenter should request that the pharmacy contact the Health and Human Services Commission (HHSC) Vendor Drug Help Desk. The pharmacy should be aware of the phone number for the Vendor Drug Help Desk. The pharmacy may submit claims using the child's DFPS PID if the child has not yet been assigned a Medicaid number.

Denial of STAR Health services. The medical consenter must notify the child’s DFPS caseworker or the caseworker’s supervisor by the third business day after the receipt of a letter from STAR Health denying or reducing a health care service and offering the right to appeal. The caseworker will notify the DFPS Well-Being Specialist.

Access to medical records and Protected Health Information (PHI). The medical consenter is entitled to obtain PHI maintained by STAR Health. To obtain PHI, the medical consenter must provide his or her DFPS PID. The medical consenter's PID is available in Section 1 of this form or may be obtained from the child's DFPS caseworker or the caseworker's supervisor.

Health Passport. The medical consenter is authorized to access the child's Health Passport. The Health Passport is a web-based health information tool (but not a full medical record) located at www.fostercaretx.com

When accessing the Health Passport for the first time, the medical consenter must register using his or her DFPS PID and other identifying information. The medical consenter's PID is found in Section 1 above or may be obtained from the child’s DFPS caseworker or the caseworker’s supervisor. When entering the Health Passport for the first time, the medical consenter will create a password and will no longer need his/her PID for access thereafter.
Once registered and logged in using his/her password, the medical consenter may access the child’s health information by entering the child’s social security number, Medicaid number, or DFPS PID (also in Section 1 above). For technical assistance or difficulty accessing the system, the medical consenter may email Tx_PassportAdmin@centene.com or call the Health Passport Help Desk at 1-866-714-7996.

Health Passport users must be responsible for maintaining the physical security and confidentiality of Health Passport Information as follows:

- Medical consenters may only share information from the Health Passport with someone who has a direct need to know the information for the purpose of providing health care services for the child.
- Medical consenters must only share the minimum amount of information necessary to aid in the provision of health care services.
- Medical consenters who are not DFPS staff may only access the Health Passport for a child for whom they are currently the medical consenter or risk losing access to the system.
- Medical consenters who are not DFPS staff may not give a copy of the Health Passport or sections of the Health Passport to other persons or entities.

Children in the following placements or programs are NOT enrolled in STAR Health, but will receive healthcare according to the rules for the specific placement or program:

- Adjudicated and placed in a Texas Youth Commission (TYC) or Texas Juvenile Probation Commission (TJPC) facility
- Placed out-of-state
- Placed in Texas from other states
- Placed in Medicaid-paid facilities such as nursing homes, State Supported Living Centers (SSLC - formerly known as state schools) or Intermediate Care Facilities for Mentally Retarded Persons (ICF-MR)
- Determined dually eligible for Medicaid and Medicare
- Admitted to Hospice
- Adopted or receiving adoption subsidies
- Court ordered into the Permanent Managing Conservatorship (PMC) of a relative/kinship caregiver and receiving Permanency Care Assistance (PCA)

Note: Contact your child’s caseworker for questions about healthcare coverage or assistance with accessing services.

SECTION 5: Preventive care

EPSDT, known as Texas Health Steps in Texas, applies to children in DFPS conservatorship in paid placements as well as with relative or kinship caregivers.
The medical consenter must ensure and/or coordinate with the child's caregiver to ensure that the child receives these Texas Health Steps or EPSDT medical checkups from a licensed and enrolled Texas Health Steps or qualified EPSDT provider in another state as follows:

An initial checkup within 30 days after a child's initial placement in substitute care (considered overdue 31 days after removal)

Ongoing checkups must be obtained annually, unless required more frequently by the child's medical provider, and must be scheduled one year after the previous checkup and no later than the child's next birthday. Children who are younger than 36 months of age will receive Texas Health Steps medical checkups more frequently, as outlined in the Texas Health Steps periodicity schedule.

The medical consenter must ensure that a child six months of age or older receives dental checkups by licensed and enrolled Texas Health Steps or EPSDT providers as follows:

- An initial dental checkup scheduled within 30 days after placement and completed within 60 days of entering DFPS conservatorship (considered overdue 90 days after removal)
- A subsequent dental checkup six months after the month in which the child received the previous checkup (overdue at nine months)

A Texas Health Steps checkup (full definition and periodicity schedule found at www.dshs.state.tx.us/thsteps/about.shtm or from your state's local Medicaid office) includes:

SECTION 6: (Optional - Replaces Form 2085-D)
Approval by medical consenter for preventive care of a child in DFPS conservatorship

(Also provide Page 1 of Form 2085-B when utilizing this section) The Texas Department of Family & Protective Services (DFPS), managing conservator of the child listed in Section 1 Form 2085-B above, has designated me ("the medical consenter") to consent to the medical care for this child. As medical consenter, I am providing my written consent for the provision of preventive care for this child, unless the health care provider directs me to participate in the appointment in person or by phone.

Preventive Care. Early Periodic Screening, Diagnosis and Treatment (EPSDT), known as Texas Health Steps in Texas, applies to children in DFPS conservatorship in paid placements as well as with relative or kinship caregivers, both in and out of state.

A Texas Health Steps (or EPSDT) checkup (full definition and periodicity schedule found at www.dshs.state.tx.us/thsteps/about.shtm or from your state's local Medicaid office) includes:

- Well-child examinations by a licensed and enrolled Texas Health Steps or qualified EPSDT provider;
- Sensory screening (e.g., vision, hearing);
- Developmental/behavioral assessment;
- Immunizations;
- Laboratory testing for screening purposes (e.g., blood work, urinalysis, TB testing, STD screening, pelvic exam, lead toxicity, HIV testing);
- Anticipatory guidance; and
- Dental checkups by a licensed and enrolled Texas Health Steps or qualified EPSDT provider.

**NOTE:** For children placed in TYC, TJPC, Nursing Homes, State Supported Living Centers or Intermediate Care Facilities for IDD Persons, preventive care rules for these specific facilities apply.

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<th>Medical Consenter Signature</th>
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<td>Date</td>
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<td>Telephone Number</td>
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**Note to Health Care Providers:** If you have any medical concerns regarding this child or concerns about the decisions of the medical consenter, please contact the DFPS caseworker or supervisor. The judge may also be contacted.
This is an example of Form 2085FC. Please use the forms located on the Smiley Forms webpage.

**Purpose:** Use this form to authorize placement in a foster care setting.

**Instructions:** To complete this form, see 2085FCins.

**Directions:** After completing this form and obtaining signatures, give the original to the caregiver and file a copy in the case record.

**Help:** Contact your supervisor for issues regarding use of this form with foster care placements.

The Texas Department of Family and Protective Services (DFPS), managing conservator of

<table>
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<tr>
<th>Child's Name</th>
<th>Person ID.</th>
<th>Medicaid No.</th>
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<td>Date of Birth</td>
<td>County</td>
<td>Court No.</td>
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hereby authorizes to serve as this child's caregiver under the following terms and conditions:

1. **Daily Care.** The caregiver must provide the child’s daily care, protection, control and reasonable discipline. Physical discipline, including spanking may not be used on a child that is in the conservatorship of DFPS. Reasonable discipline should be related to the child's specific misbehavior, age, developmental level, previous experiences, reactions to previous discipline, and any other relevant factors. The caregiver must comply with any applicable court orders and must provide care for the child which conforms to all applicable DFPS rules and standards and any specific instructions from DFPS. The child's placement with the caregiver is based on the caregiver's compliance with the requirements set forth in the contract with DFPS. DFPS, at its sole discretion, may transfer the child to another placement at any time.

2. **Education.** The caregiver must enroll the child in public school and / or other educational program(s) as directed by the child's caseworker or the caseworker's supervisor. The caregiver may sign any documents needed to enroll the child in a school or other educational program to implement DFPS's decisions about the child's education. The caregiver may also receive and review all the child's educational records. The caregiver may not consent to corporal discipline.
3. School Programs and Extracurricular Activities. The caregiver may authorize the child to participate in routine school programs and extracurricular activities that do not involve an unusual risk of injury to the child. The caregiver must inform the child's caseworker of all such activities.

4. Foster children who are the legal responsibility of the State or formally placed with a caregiver by the court are categorically eligible for free meals/milk in the National School Lunch Program/School Breakfast Program (NSLP/SBP), Special Milk Program (SMP), Summer Food Service Program (SFSP), and Child and Adult Care Food Program (CACFP). A caregiver who wants free meals/milk for their foster child/children need only present this document to the school, the summer feeding site, or their child care provider. No further application is required.

5. Travel. The caregiver may provide routine transportation for the child, including transportation for medical and dental care. The caregiver may also travel with the child within the state of Texas and remain away from the caregiver's facility for as long as 72 consecutive hours, or may arrange for the child to travel within the state of Texas and remain away from the caregiver's facility for as long as 48 consecutive hours.

If the travel is within the state of Texas and for more than three 3 calendar days (72 consecutive hours), the caregiver must obtain prior written approval from the Department's caseworker or DFPS staff in the caseworker's chain of command. When the caregiver desires to take a child outside the state or country, the caregiver shall work with the Department’s caseworker to follow policies and procedures.

Prior to allowing any trip, activity, or visit to the home of any non-related person during which the caregiver will not be present, excluding Intermittent Alternate Care, for a period of time exceeding 48 consecutive hours, the caregiver must obtain written approval from the Department’s caseworker or caseworker’s chain of command.

Written approval for travel and visits is not required when:

- The Department’s caseworker arranges for the child to visit with members of the child’s own family or with relatives; or
- The Department’s caseworker authorizes the child to travel in specified circumstances (usually routine trips or visits.).

In cases where approval is required, the caregiver must seek approval from the child’s caseworker or the caseworker's supervisor at least 10 days in advance of the trip, if possible.
6. Photographs and videotapes. The caregiver may take photographs and record videotapes of the child for the child's and the caregiver's personal use and for purposes of identification. The caregiver generally may not release any photographs or videotapes of the child for public use without DFPS's prior written permission. Prior DFPS written permission is not necessary if the child gives permission and the use of the photograph is in the child's best interest, no reference is made to the fact that the child is in the conservatorship of DFPS, and the release is in the course of normal school or extracurricular activities or to the child's friends or the caregiver's friends and family.

7. Medical Care. The caregiver has been provided with current information as to who has authorization to consent to healthcare (medical, dental, vision, and behavioral healthcare) for the child. DFPS will notify the caregiver if this information changes. Healthcare for children in foster care in Texas is provided through Superior Health Plan Network (STAR Health 1-866-912-6283). For out-of-state placements, contact the child’s caseworker for questions about healthcare coverage. The medical consenter for a child placed in Texas must select a STAR Health Primary Care Physician (PCP) from the STAR Health Provider Directory located at www.fostercaretx.com. Only the medical consenter can select a PCP. If the caregiver is not the medical consenter, the caregiver must coordinate with the medical consenter to select a PCP for the child. If you have any questions at any time, please contact the caseworker named below.

8. Confidentiality. Under penalty of law, the caregiver must not release information about the child to anyone without the prior authorization of the child's caseworker or the caseworker's supervisor, except as specified below:

- To the extent the information is needed for the child's education or medical, dental, or psychological treatment, the caregiver may provide information about the child to the child's school and other DFPS authorized educational programs; to doctors, dentists, and other medical providers; and to counselors and therapists.
- The caregiver must give DFPS unrestricted access to information about the child at all times.

9. Contact with the Family. The caregiver must permit the child and the child's family (as well as other individuals who are significant to the child) to maintain contact through direct visitation, telephone calls, mail, and gifts under the terms and conditions specified by DFPS and the court.

10. Contact with Court Appointed Individuals.

- The caregiver must give an individual appointed by a court of competent jurisdiction (such as a Guardian ad Litem, an Attorney ad Litem, or a CASA staff or volunteer) access to the child's information. A contractor or caregiver must ensure that the individual has a valid court order and a notification letter of volunteer assignment and acceptance that clarifies the individual's appointment to the child.
• The contractor or caregiver must give an individual appointed by a court of competent jurisdiction access to the child. Parties will exercise reasonable attempts to plan and coordinate visits but unannounced visits will not be prohibited as long as it does not disrupt the child’s routine, including school, therapy, family visitation, or outings.

• If the contractor or caregiver cannot readily determine the identity or authority of an individual appointed by a court of competent jurisdiction, then the contractor or caregiver must obtain approval from the Department prior to granting the individual access to the Child.

11. Reason for Placement    Briefly discuss the reason for the child’s out-of-home placement below

12. Time in Care           How long is the child expected to be in care

Authority of the Department of Family and Protective Services.  DFPS, at its sole discretion, may remove the child from the caregiver at any time, subject to applicable court orders.

Important:  Forms in the 2085 series are the only caregiver authorizations that the child’s caseworker and the caseworker’s supervisor may sign.  If either of them has signed any other caregiver authorization, that authorization is null and void.

Signature – Caregiver  Date  Telephone No.  

Signature - DFPS Caseworker  Date  Telephone No.  

Signature - DFPS Supervisor  Date  Telephone No.  

Program Director    (Printed name only)  Telephone No.  

Community Based Care Region 8a (Bexar County) Operations Manual
PLACEMENT DOCUMENTATION

**CHILD PROTECTIVE SERVICES (CPS) – COMMUNITY BASED CARE**

**Purpose:** Use this form when placing a child from DFPS with SSCC. This form is intended to acknowledge that DFPS gives permission for the SSCC representative to review and sign any of the below placement related forms. The SSCC representative should place a check indicating the forms and materials received that outline the policies presented to the client who is five years or older during orientation according to Minimum Standards 748.1209 & 749.1111. The completed form will be returned to the DFPS representative the next business day following the child’s placement.

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**CHILD’S INFORMATION**

Child’s Full Name | Child’s Date of Birth | Date of Placement

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**PARENT OR MANAGING CONSERVATOR INFORMATION**

Parent or Managing Conservator’s Name

Child’s Parent or Managing Conservator: X

Date Signed:

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**PLACEMENT INFORMATION**

I hereby acknowledge that at time of placement the following information was reviewed with me. Materials received outline policies that will be presented to the client who is five years or older during orientation according to Minimum Standards 748.1209 & 749.1111.

- [ ] Notice of Privacy Practices - 748.1211(a) 749.1113(a)
- [ ] Consent for Services and Treatment - 748.1211(a) 749.1113(a)
- [ ] Use of Volunteers or Sponsoring Families - 748.1211(b)(2)(A) 749.1113(b)(2)(A)
- [ ] Notification to Parents - 748.1211(b)(2)(B) 749.1113(b)(2)(B)
- [ ] Publicity and Fundraising Participation - 748.1211(b)(2)(C) 748.1211(b)(3)(B)

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<th>749.1113(b)(2)(C)</th>
<th>749.1113(b)(3)(B)</th>
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<tr>
<td>□ Research Program/Participation - 748.1211(b)(3)(A)</td>
<td>749.1113(b)(3)(A)</td>
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<td>□ Visitation (family and overnight) - 748.1209(b)(1)</td>
<td>749.1111(b)(1)</td>
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<td>749.1111(b)(2) &amp; (3)</td>
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<td>□ Gifts Policy - 748.1209(b)(4)</td>
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<td>□ Clothing and Personal Possessions - 748.1209(b)(5)</td>
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<tr>
<td>□ Discipline Practices and/or Emergency Behavior Intervention Policy</td>
<td>748.1209(b)(6) &amp; (7)</td>
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<td>749.1111(b)(6) &amp; (7)</td>
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<td>□ Religious and Cultural Experience - 748.1209(b)(8)</td>
<td>749.1111(b)(8)</td>
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<td>□ Educational Program - 748.1209(b)(9)</td>
<td>749.1111(b)(9)</td>
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<td>□ Trips Away from Home - 748.1209(b)(10)</td>
<td>749.1111(b)(10)</td>
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<tr>
<td>□ Program's Information – Expectations, Rules, Routines - 748.1209(b)(11) &amp; (12)</td>
<td>749.1111(b)(11)</td>
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<tr>
<td>□ Grievance Procedures - 748.1209(b)(13)</td>
<td>749.1111(b)(12)</td>
</tr>
<tr>
<td>□ Client's Rights and Responsibilities – Rights of Children and Youth in Foster Care</td>
<td>DFPS Form 2530</td>
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</tbody>
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**SIGNATURES**

SSCC/Designee Representative: X

Date Signed: 
PROCEDURES FOR IMPACT DATA ENTRY ASSOCIATED WITH YOUTH PARENTS IN DFPS CONSERVATORSHIP- FORM 2450

Listed below are the various approaches/situations (click on the link to navigate to that section for procedures):

1. **Youth parent and baby live together in the youth parent’s placement, DFPS does not pay for the baby’s placement**

2. **Youth parent and baby live together in the youth parent’s placement, and DFPS pays for the baby’s placement**

3. **Youth parent and baby live together in youth parent’s placement, DFPS pays for the placement, and there are some low risk concerns about youth parent’s ability to care for and protect the baby**

4. **DFPS obtains conservatorship of the baby but does not remove baby from the youth parent**

5. **DFPS obtains conservatorship and removes baby from the youth parent**

**NOTE:** Term "baby" refers to any youth parent's child regardless of the child's age.

**Situation #1: Youth parent and baby live together in the youth parent’s placement, DFPS does not pay for the baby’s placement**

- Baby lives with the youth parent in a non-paid placement and
- There are no allegations the youth parent has abused or neglected or poses a risk to the baby, and
- DFPS has not obtained legal custody of the baby, and
- **DFPS is not paying for the baby’s placement.**

  A. **IMPACT stage for baby:** No separate SUB stage is needed. Address the baby's issues in the youth parent’s SUB stage and the youth parent's FSU stage if still open. Add the baby to the person list in the youth parent’s SUB and FSU stages.
B. **Service plan issues:** No child service plan is needed to address the baby’s needs. If desired, the baby’s needs can be addressed in the youth parent’s child service plan. If appropriate, the non-custodial parent could be added. If it is determined a family service plan must be completed for the youth parent, a second family assessment and second family service plan can be completed in the FSU stage.

C. **Medical Consenter issues:** No medical consenter is entered because the child’s youth parent retains conservatorship of the child.

D. **Medicaid issues:** The baby may be eligible for newborn or traditional Medicaid. The caseworker must provide the youth parent with assistance in applying for Medicaid benefits through HHSC.

E. **STAR Health issues:** The baby may be eligible for STAR Health. Please contact your Regional Foster Care Eligibility Specialist for verification of Star Health coverage.

### Situation #2: Youth parent and baby live together in the youth parent’s placement, and DFPS pays for the baby’s placement

(Note: As long as the baby lives with the youth parent in DFPS conservatorship, Title IV-E regulations allow CPS to pay for the baby’s placement without DFPS obtaining conservatorship of the baby. The payment is at the basic service level.)

- **Baby lives with the Youth parent in a paid placement, and**
- **There are no allegations the Youth parent has abused or neglected or poses a risk to the baby, and**
- **DFPS has not obtained conservatorship of the baby, and**
- **DFPS pays for the baby’s placement in a paid placement.**

A. **IMPACT stage for baby:** A SUB stage with “C-PB” as stage type (a form of Case Related Special Request) will allow for the payment of the baby’s placement. In the SUB C-PB stage, the following must be recorded:

- **Legal Status (enter “Other Legal Basis for Resp” for the initial date, then record “CVS Not Obtained” for the day after the initial date with a discharge reason of “Reunification with home of removal”),**
Refer to Smiley Face Form 2451 "Creating a C-PB Stage" for a step-by-step process

B. Service plan issues: No child service plan is needed for the baby. The youth parent’s parenting issues if any can be addressed in the youth parent’s child service plan.

C. Medical Consenter issues: The youth parent is entered as a primary medical consenter and no back up medical consenter is entered. When the question "Has there been a court hearing where the court authorized a medical consenter?" appears, select "NO". Click on the drop-down arrow next to "Court Authorized" and select "NA-Youth Parent".

Refer to Smiley Face Form 2452 "Step-by-Step Process to Select Youth Parent as Medical Consenter in SUB C-PB Stages For Children Not in DFPS Conservatorship"

D. Medicaid issues: Contact the Regional Foster Care Eligibility Specialist for assistance in determining medical coverage for this child.

E. STAR Health issues: The baby may be eligible for STAR Health. Please contact your Regional Foster Care Eligibility Specialist for verification of Star Health coverage.

Situation #3: Youth parent and baby live together in youth parent’s placement, DFPS pays for the placement, and there are some low risk concerns about youth parent’s ability to care for and protect the baby.

- Baby lives with the youth parent in a paid placement, and
- There are allegations the youth parent has abused or neglected or poses a low level of risk of abuse or neglect to the baby, and
- DFPS has not obtained conservatorship of the baby, and
- DFPS pays for the baby’s placement in a paid placement.
A. **IMPACT stage for baby:** A SUB: C-PB stage must be created for the baby to enable DFPS to pay for the baby’s placement. See Situation #2 A.

**IMPACT case to investigate abuse or neglect of baby by youth parent:** If the youth parent is alleged to have abused or neglected the baby or placed the baby at risk of abuse or neglect, a new intake is required. The Intake worker will use the relate function to bring the person IDs of the baby, youth parent, and any other relevant persons (e.g. grandparents, aunts, uncles, etc.) into the new intake. The Intake worker will record the allegations and process the intake as abuse or neglect intakes are normally handled.

After progressing the new case to the INV stage, DO NOT case merge until the investigation is closed.

If the results of the investigation indicate:

- **Risk of abuse or neglect:**
  Fill out a Safety Plan as needed if DFPS has not obtained conservatorship of the baby from the youth parent.

**Whether to seek conservatorship of the baby or remove the baby from the youth parent:**

- If the situation does not warrant seeking conservatorship of the baby or removing the baby from the youth parent, close the investigation stage and case using the code in the Recommended Action drop down box that best applies. Merge the new case after it is closed to the case with the SUB: REG stage on the youth parent.
- If it is determined DFPS will seek conservatorship (but the baby stays with the youth parent), see Situation #4 below. NOTE: the SUB: C-PB stage must be closed before a SUB: REG stage can be opened in the investigation which is done by completing a Conservatorship Removal of the baby.
- If DFPS has determined it is necessary to seek conservatorship and place the baby apart from the youth parent, see Situation #5 below. NOTE: the SUB: C-PB stage must be closed before a SUB: REG stage can be opened in the investigation stage, which is done by completing a Conservatorship removal of the baby.

**No significant risk factors or risk controlled:**
Close the investigation, and merge it into the case with the SUB stage on the youth parent.
B. Service Plan Issues: No Service plan is needed for the baby. The baby’s needs and the youth parent’s parenting issues are addressed in the youth parent’s child service plan.

C. STAR Health issues: The baby may be eligible for STAR Health. Please contact your Regional Foster Care Eligibility Specialist for verification of Star Health coverage.

Situation #4: DFPS obtains conservatorship of the baby but does not remove baby from youth parent.

- Baby lives with the youth parent in a paid placement, and
- There are allegations the youth parent has abused or neglected or poses a risk to the baby, and
- DFPS obtains conservatorship of the baby, and
- DFPS pays for the baby’s placement in a paid placement.

A. IMPACT stage for baby: A SUB REG stage must be created for the baby. IMPACT case to investigate abuse or neglect of baby by youth parent: If the youth parent is alleged to have abused or neglected or placed the baby at risk of abuse/neglect, see the process described in Situation #3 A for requesting the abuse/neglect INT and INV stages, but do not merge the cases until the INV stage is closed.

If the investigation results are “risk indicated” and DFPS determines legal custody will be sought and the baby will not be removed from the youth parent.

Keeping two cases open:

After requesting a new intake and opening the INV stage in a new case, the conservatorship removal should be recorded from the INV stage, which results in a new SUB: REG stage and FSU stage in the new case. The INV case is NOT merged to the case with the SUB stage on the youth parent. The end result is 2 separate cases, with the youth parent and baby in both cases.

This allows for a clearer tracking of the 2 family groups and helps keep the relationships clear.

REMEMBER, the SUB C-PB stage must be closed before a SUB: REG stage can be opened for the baby.
DFPS obtains conservatorship of baby for reasons other than abuse, neglect, or risk: If DFPS determines conservatorship must be sought and the baby will be removed from the youth parent for reasons not related to abuse/neglect:

- Close the baby’s SUB: C-PB stage entering "Service Completed" as the closure reason.
- Document the conservatorship removal in the FSU stage of the case with the SUB: REG stage on the youth parent, which will result in a SUB: REG stage for the baby, and
- Document the legal action and the baby’s new legal status in the baby’s SUB: REG stage.

IMPACT case to investigate abuse or neglect of baby by youth parent: If the youth parent is alleged to have abused or neglected the baby or placed the baby at risk of abuse or neglect, see the process described in Situation #3 for creating the abuse/neglect INT and INV stages and not case merging while the INV stage is open.

If the investigation results indicate risk of abuse/neglect, and DFPS determines conservatorship must be sought in order to ensure the child’s safety while the baby stays with youth parent, fill out a Safety Plan to document how the risk of abuse or neglect is being controlled. Close the INV stage/case and merge the new case after it is closed to the case with the SUB stage on the youth parent.

DFPS obtains conservatorship of baby for reasons other than abuse, neglect, or risk: If DFPS obtains conservatorship of the baby for reasons not related to abuse/neglect (e.g. the court orders it) while the baby stays with the youth parent, if open, close the C-PB stage, request an intake and open a REG SUB stage.

- **Service plan issues:** The child and family plans of service are required.
- **STAR Health issues:** The baby may be eligible for STAR Health. Please contact your Regional Foster Care Eligibility Specialist for verification of Star Health coverage.

**Situation #5: DFPS obtains conservatorship and removes the baby from the youth parent**

- Baby does not live with the youth parent, but rather DFPS has obtained conservatorship of the baby from the youth parent, and
- There are allegations that the youth parent has abused or neglected or poses a risk to the baby, and
- DFPS has conservatorship of the baby, and
- DFPS pays for the baby’s placement in a paid placement.
A. **IMPACT stage for baby**: Create a SUB: REG (derived from an investigation case or from the FSU stage of the case with the SUB: REG stage on the youth parent). See **Situation #4**. **NOTE**: the SUB: C-PB stage must be closed before a SUB: REG stage can be opened in the investigation, which is done by completing a Conservatorship Removal of the baby.

B. **Service plan issues**: The child and family plans of service are required.

C. **STAR Health issues**: The baby may be eligible for STAR Health. Please contact your Regional Foster Care Eligibility Specialist for verification of Star Health coverage.

### Additional Issues

#### 1. CLOSURE OF STAGES

**A. Opened for the Baby in Error**

When a SUB C-PB stage or a SUB REG stage is opened in error the following must be completed:

- Notify the Regional Foster Care Eligibility Specialist before the case is closed.
- If a SUB REG or SUB C-PB stage is opened in error for a baby of a youth parent, call the IMPACT Help Desk for assistance.

**B. When the Youth parent and baby leave paid foster care**

If the youth parent and the baby leave a paid foster care setting (e.g., independent living setting, return to the youth parent's home, move to a non-licensed kinship placement), the baby's SUB C-PB stage is closed. If the case has progressed to an FRE stage, there should not be an open SUB C-PB stage regarding the baby of a CVS youth parent.

**C. When the baby's placement in DFPS paid foster care ends**

- The SUB C-PB stage on the baby is closed when the baby's placement in DFPS paid foster care ends.
- When the youth parent leaves a DFPS paid foster care placement with their baby, the Youth parent can seek Medicaid for the baby through HHSC, if the baby does not already have medical insurance coverage.

#### 2. RUNAWAY

**A. Pregnant Teenager GAVE BIRTH while on runaway status**
• If a pregnant teen on runaway status gives birth NO SUB C-PB stage is created for the baby, unless the mother and baby enter a DFPS paid foster care placement and DFPS pays for the baby's placement.

B. Runaways and Unauthorized Placements

• If the baby is in a paid foster care placement with the youth parent and the youth parent leaves the placement without permission (runaway) and takes the baby with her/him, enter a Placement Type of Unauthorized Placement for the baby in the SUB C-PB stage.

For additional direction on the youth parents' placement refer to CPS Policy 1542.7, Eligibility During Absences from the Foster Care Facility.

3. RETURN TO CARE

A. WHEN THE YOUTH PARENT IS IN THE RETURN TO CARE PROGRAM

• If the youth parent is in the Return to Care program (youth parent has a SUB C-RC stage) the child will not be eligible for DFPS Medicaid.

• In the child's C-PB stage, the foster care eligibility specialist adds eligibility as State-paid eligible but with a Medicaid Eligibility Type of "None".

• The youth parent is responsible for applying with the Department of Health and Human Services Commission to provide Medicaid coverage for their child.
This is an example of Form 1502. Please use the forms located on the Smiley Forms webpage.

Community-Based Care

Purpose: This form is to document communication between the SSCC and CPS during the Initial Coordination Meeting (ICM). The ICM is convened by CPS and held within 7 days of referral to the SSCC for placement and/or services to a child/youth (Stage I-III) and/or family (Stages II-III). The ICM is to review child/youth/family history and identify service needs to be included on the child/youth and/or family plan(s) of service.

Directions: Prior to the ICM, the removal worker completes beginning sections of the form and stops at the “Discussion Points” section. The removal worker brings this form to the ICM along with the Child Caregiver Resources Form (Form 2625), Affidavit for Removal and Temporary Visitation Schedule (if complete). After the ICM, the worker will file the completed form under the Family Services tab of the conservatorship case file and email a copy to the SSCC. (Please Note: process is subject to change. Please refer to specific SSCC’s Operations Manual for additional guidance.)

### STAFFING INFORMATION

<table>
<thead>
<tr>
<th>Date: Click here to enter a date.</th>
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<tbody>
<tr>
<td>Case Name:</td>
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<tr>
<td>Removal Worker:</td>
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<td>Removal Supervisor:</td>
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<tr>
<td>Court/County:</td>
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<tr>
<td>Removal Date: Click here to enter a date.</td>
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<td>Cause Number:</td>
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<tr>
<td>Placement Name:</td>
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<td>Placement Address:</td>
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### STAFFING PARTICIPANTS

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship to Child:</th>
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</table>
### CHILD'S INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>Age:</th>
<th><strong>Current Placement:</strong></th>
<th>Placement Type:</th>
<th>Placement Date:</th>
<th><strong>Current Photo in IMPACT:</strong></th>
<th>Day Care Requested:</th>
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<tr>
<td></td>
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<td>- Caregiver Name (foster or kinship)</td>
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<td>- Agency name (if appropriate)</td>
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<td>Choose an item.</td>
<td>Click here to enter a date.</td>
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<td>Yes ☐ No ☐</td>
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<td>Choose an item.</td>
<td>Click here to enter a date.</td>
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<td>Yes ☐ No ☐</td>
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<td>Choose an item.</td>
<td>Click here to enter a date.</td>
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<td>Yes ☐ No ☐</td>
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<td>Choose an item.</td>
<td>Click here to enter a date.</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
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<td>Choose an item.</td>
<td>Click here to enter a date.</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
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</tbody>
</table>

### PARENT or GUARDIAN INFORMATION

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<thead>
<tr>
<th>Name:</th>
<th>Relation:</th>
<th>Address/Phone:</th>
<th><strong>Native American or Alaska Native:</strong></th>
<th><strong>Parent Served:</strong></th>
<th>Referral for Paternity Test Completed?</th>
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<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐ N/A ☐</td>
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<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐ N/A ☐</td>
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</table>
### RELATIVES and SIGNIFICANT OTHERS
**(INCLUDING SIBLINGS NOT IN CARE)**

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<thead>
<tr>
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<th>Relationship:</th>
<th>Address:</th>
<th>Phone:</th>
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### LEGAL PARTIES

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<tr>
<th>Legal Party:</th>
<th>Name:</th>
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<th>Email:</th>
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<tbody>
<tr>
<td>Attorney for CPS:</td>
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<td></td>
<td></td>
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<tr>
<td>Attorney for Mother:</td>
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<td></td>
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<tr>
<td>Attorney for Father:</td>
<td></td>
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<tr>
<td>Attorney Ad Litem:</td>
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<tr>
<td>Guardian Ad Litem/CASA:</td>
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<td>Other:</td>
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<td>Other:</td>
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<tr>
<td>Other:</td>
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</table>

### FAMILY INFORMATION

Primary language of the children and family:
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Will any translation service(s) be needed?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>If yes, what service(s) will be needed?</td>
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<tr>
<td>Who will receive the service?</td>
<td></td>
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<tr>
<td>Has a home assessment been requested?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Has an ICPC home assessment been requested?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Does a home assessment need to be requested?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>If yes, provide information on family to be assessed</td>
<td></td>
<td></td>
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<tr>
<td>Has a kinship referral been made?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Has a Permanency Plan Meeting been scheduled?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>If yes, date scheduled:</td>
<td></td>
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<tr>
<td>Type of meeting:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Family Group Conference</td>
<td>Family Team Meeting</td>
<td>Circle of Support</td>
<td>Single Child Plan of Service Meeting</td>
</tr>
<tr>
<td>Have all the caregivers been notified of the 3 in 30 requirements?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>Was any child born outside of the United States?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>If yes, who/where:</td>
<td></td>
<td></td>
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<tr>
<td>If yes, has the case been assigned as secondary to the Immigration Specialist?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Does any child have any medical or complex behavioral healthcare needs?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>If yes, has a consultation been held with the Well-Being Specialist?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Does the case need additional referral(s)?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>If yes, what type:</td>
<td></td>
<td></td>
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<tr>
<td>Subject matter experts</td>
<td>Local permanency specialist</td>
<td>Courtesy worker parent</td>
<td>Other</td>
</tr>
<tr>
<td>If any checked: Person the referral is for:</td>
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<tr>
<td>Who is responsible for the referral(s)?</td>
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<tr>
<td>Facilitator will ensure discussion is held regarding each of the sections below at the time of the ICM staffing and all information is documented on this form.</td>
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<tr>
<td>Reason(s) for Removal. What SDM danger indicator(s) is present:</td>
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<tr>
<td>Parent:</td>
<td>Danger Indicator(s):</td>
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<tr>
<td>Parent:</td>
<td>Danger Indicator(s):</td>
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<tr>
<td>What parental behavior changes are necessary to achieve reunification:</td>
<td></td>
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<tr>
<td>Parent:</td>
<td>Behavior Change(s) Needed:</td>
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<tr>
<td>Parent:</td>
<td>Behavior Change(s) Needed:</td>
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<tr>
<td>Prior CPS history:</td>
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</table>
## DISCUSSION POINTS

**Required Weekly Visitation Schedule:**

(Parents and Siblings placed separately in substitute care)

<table>
<thead>
<tr>
<th>Visitor Name/Relationship:</th>
<th>Child/ren to Visit:</th>
<th>Days/Time of Visit: (E.g., Mon, Wed/5p-7p)</th>
<th>Location of Visit:</th>
<th>Type of Visitation:</th>
</tr>
</thead>
<tbody>
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</table>

**Services for Parent:**

Name/Relationship: 

Recommended Services: 

Name/Relationship: 

Recommended Services: 

**Permanency Plan:**

Family Service Plan Complete: Yes☐ No☐

Date Approved in IMPACT: Click here to enter a date.

Date to be Filed with Court: Click here to enter a date.

**Legal Issues for Case:**

Notes/Other:
## CHILD’S NEEDS

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Needs/Concerns:</th>
<th>Services Received or Needed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-E.g., TB test, educational, medical, mental, behavioral, therapeutic, developmental, dental, vision, hearing needs</td>
<td>-E.g., ARD, ECI, therapy, medical/dental, vision, hearing, extra-curricular, medications to address identified needs, include progress/barriers</td>
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<tr>
<td></td>
<td></td>
<td>Child Sexual Aggressive Sexual Behavior Problem:</td>
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<tr>
<td></td>
<td></td>
<td>Yes☐ No☐</td>
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<table>
<thead>
<tr>
<th>ASSESSMENT SERVICES TO BE OBTAINED</th>
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</table>

<table>
<thead>
<tr>
<th>Child₁:</th>
<th>3-Day Exam:</th>
<th>CANS:</th>
<th>Texas Health Steps Medical Checkup:</th>
<th>Psychological Evaluation:</th>
<th>Psychiatric Evaluation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Within 3 Business Days of Removal</td>
<td>Ages 3-17</td>
<td>Within 30 Days of Removal</td>
<td>If Needed</td>
<td>If Needed</td>
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<table>
<thead>
<tr>
<th>Instruction/Time Frame:</th>
<th>Provider:</th>
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</thead>
<tbody>
<tr>
<td>3-Day Exam:</td>
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<tr>
<td>CANS:</td>
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<tr>
<td>Texas Health Steps Medical Checkup:</td>
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<tr>
<td>Psychological Evaluation:</td>
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<td>Psychiatric Evaluation:</td>
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| Date Scheduled: | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |
| Date Completed: | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |

| Responsible for Completion: |

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<th>Child₂:</th>
<th>3-Day Exam:</th>
<th>CANS:</th>
<th>Texas Health Steps Medical Checkup:</th>
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<tr>
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<td><strong>Within 3 Business Days of Removal</strong></td>
<td><strong>Ages 3-17</strong></td>
<td><strong>Within 30 Days of Removal</strong></td>
<td><strong>If Needed</strong></td>
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<td><strong>Provider:</strong></td>
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<td><strong>Date Scheduled:</strong></td>
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<td><strong>Date Completed:</strong></td>
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<td><strong>Responsible for Completion:</strong></td>
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<th><strong>Ages 3-17</strong></th>
<th><strong>Within 30 Days of Removal</strong></th>
<th><strong>If Needed</strong></th>
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<td><strong>Provider:</strong></td>
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<td><strong>Date Scheduled:</strong></td>
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<td><strong>Date Completed:</strong></td>
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<td><strong>Responsible for Completion:</strong></td>
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<th><strong>CANS:</strong></th>
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<th><strong>Psychological Evaluation:</strong></th>
<th><strong>Psychiatric Evaluation:</strong></th>
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<tr>
<th><strong>Instruction/Time Frame:</strong></th>
<th><strong>Within 3 Business Days of Removal</strong></th>
<th><strong>Ages 3-17</strong></th>
<th><strong>Within 30 Days of Removal</strong></th>
<th><strong>If Needed</strong></th>
<th><strong>If Needed</strong></th>
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<tbody>
<tr>
<td><strong>Provider:</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Date Scheduled:</td>
<td>Date Completed:</td>
<td>Responsible for Completion:</td>
<td>Childs:</td>
<td>3-Day Exam:</td>
<td>CANS:</td>
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</table>

**Instruction/Time Frame:**
- **Childs:**
  - Under 3 Days of Removal
  - Ages 3-17
  - Within 30 Days of Removal

**Provider:**

<table>
<thead>
<tr>
<th>Date Scheduled:</th>
<th>Date Completed:</th>
<th>Responsible for Completion:</th>
<th>3-Day Exam:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click here to enter a date.</td>
<td>Click here to enter a date.</td>
<td>Click here to enter a date.</td>
<td>Within 3 Business Days of Removal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CANS:</th>
<th>Texas Health Steps Medical Checkup:</th>
<th>Psychological Evaluation:</th>
<th>Psychiatric Evaluation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 3-17</td>
<td>Within 30 Days of Removal</td>
<td>If Needed</td>
<td>If Needed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Instruction/Time Frame:</th>
<th>Provider:</th>
<th>Date Scheduled:</th>
<th>Date Completed:</th>
<th>Responsible for Completion:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 3 Business Days of Removal</td>
<td>Click here to enter a date.</td>
<td>Click here to enter a date.</td>
<td>Click here to enter a date.</td>
<td>Click here to enter a date.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Initial Service Planning Meeting:</th>
<th>Who is Responsible?</th>
<th>Date to Complete:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click here to enter a date.</td>
<td></td>
<td>Click here to enter a date.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Next Steps:</th>
<th>Other:</th>
<th>Date to Complete:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is Responsible?</td>
<td>Click here to enter a date.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other:</th>
<th>Date to Complete:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Click here to enter a date.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other:</th>
<th>Date to Complete:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Click here to enter a date.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other:</th>
<th>Date to Complete:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Click here to enter a date.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOCUMENT VERIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents To Be Completed:</td>
</tr>
<tr>
<td>Placement Authorization (Form 2085)</td>
</tr>
<tr>
<td>Designation of Medical Consenter &amp; Education Decision-Maker Forms Completed with Signatures. (Form 2085b)</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Copies of Signed Designation of Education Decision-Maker Form (K-908-2085-E) Provided to the: E.g., School, Caregiver/Facility, Parents, Managing Conservator, attorneys, any other person named by the court to have an interest in the child’s welfare</td>
</tr>
<tr>
<td>Education Portfolio Started and Provided</td>
</tr>
<tr>
<td>Copy of Rights of Children (form K-908-2530) given to child, caregiver, and parent.</td>
</tr>
<tr>
<td>Signature of Child/youth age 5 and older on CPS Rights of Children (form 2350)</td>
</tr>
<tr>
<td>Temporary Visitation Schedule (form K-908-2640) developed with parents</td>
</tr>
<tr>
<td>While Your Child Is In Care Pamphlet Given</td>
</tr>
<tr>
<td>Placements Entered &amp; Approved</td>
</tr>
<tr>
<td>Medical Consenter Entered</td>
</tr>
<tr>
<td>Foster Care Application Completed</td>
</tr>
<tr>
<td>Birth Certificate</td>
</tr>
<tr>
<td>Birth Verification from DHS</td>
</tr>
<tr>
<td>Social Security Card</td>
</tr>
<tr>
<td>Shot Records</td>
</tr>
<tr>
<td>Common Application (Form 2087) completed within 30 days of paid placement referral</td>
</tr>
</tbody>
</table>
3 IN 30 CAREGIVER HELP GUIDE

Accessible version of the 3 in 30 Caregiver Help Guide located on the DFPS Public Website.

<table>
<thead>
<tr>
<th>1</th>
<th>3-Day Initial Medical Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 3 business days, children entering DFPS care must see a doctor to be checked for injuries or illnesses and get any treatments they need.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>CANS Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 30 days, children (ages 3-17) must get a CANS assessment. This review helps us understand how trauma is affecting a child, and how the child is doing. CANS tells us which services may help the child, such as counseling. It also shows strengths we can build on, like good relationships.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>Texas Health Steps Medical Check-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 30 days, each child must see a doctor for a complete check-up with lab work. This makes sure:</td>
<td></td>
</tr>
<tr>
<td>• We address medical issues early.</td>
<td></td>
</tr>
<tr>
<td>• Kids grow and develop as expected.</td>
<td></td>
</tr>
<tr>
<td>• Caregivers know how to help the child grow and develop.</td>
<td></td>
</tr>
</tbody>
</table>

Call **STAR Health Member Services** at **866-912-6283**

Ask for a nurse outside of normal business hours.

For help with:
- Finding a doctor for the exam, assessment, or check-up
- Learning if your current doctor can do the 3-Day exam and Health Steps checkup
- Questions about Medicaid ID cards
- Problems with pharmacy refills
- Medical, dental, behavioral health or vision services

For more information:
- Search “3 in 30” on the DFPS website at [www.dfps.state.tx.us](http://www.dfps.state.tx.us)
- Send questions to [DFPSStarHealth3In30@dfps.state.tx.us](mailto:DFPSStarHealth3In30@dfps.state.tx.us)
<table>
<thead>
<tr>
<th>Appointment</th>
<th>Date/Time/Location of Appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-Day Initial Medical Exam</td>
<td></td>
</tr>
<tr>
<td>Due:</td>
<td></td>
</tr>
<tr>
<td>CANS Assessment</td>
<td></td>
</tr>
<tr>
<td>Due:</td>
<td></td>
</tr>
<tr>
<td>Texas Health Steps Medical Check-Up</td>
<td></td>
</tr>
<tr>
<td>Due:</td>
<td></td>
</tr>
</tbody>
</table>

What should I bring to the appointment?
- A fully signed and approved Medical Consent Form 2085-B (a form that shows the child has STAR Health and immediate coverage)
- Texas Benefits Medicaid ID Card, if available.
- Superior Health Plan ID Card, if available.
PSYCHOTROPIC MEDICATION TREATMENT CONSENT - FORM 4526

This is an example of Form 4526. Please use the forms located on the Smiley Forms webpage.

Purpose: The person legally authorized to consent to medical care on behalf of a child in DFPS conservatorship uses this form to document informed consent for a new psychotropic medication. This form does not replace or substitute for any consent form required or used by a medical provider for their records or purposes.

Directions: After completing this form, the medical consenter provides a copy of the form to the DFPS caseworker for the child. The caseworker files it under the child's section in the case record.

I am providing consent for:

__________________________________________
Child’s name

To receive treatment for:

__________________________________________
Condition being treated

With the following Psychotropic Medication:

- I received information describing:

  (A) the specific condition to be treated;
  (B) the beneficial effects on that condition expected from the medication;
  (C) the probable health and mental health consequences of not consenting to the medication;
  (D) the probable clinically significant side effects and risks associated with the medication; and
  (E) the generally accepted alternative medications and non-pharmacological interventions to the medication, if any, and the reasons for the proposed course of treatment.

- I have been given the opportunity to ask questions.
- This consent is given voluntarily and without undue influence.
- I am the child's Medical Consenter.
- I understand that I have the right to choose not to consent to the initiation of this medication. If I choose not to consent to medication recommended by the medical professional, I must notify the child's caseworker within 24 hours.
- I understand that I have the right to withdraw consent for this treatment at any time, after consulting with the prescribing provider and the child’s caseworker.
FOSTER/RELATIVE & OTHER DESIGNATED CAREGIVER DAYCARE VERIFICATION – FORM 1809

This is an example of Form 1809. Please use the forms located on the Smiley Forms webpage.

FORM 1809

Purpose: This form is required for foster parents, relatives and other designated caregivers requesting day care.
Instructions: Complete all sections of the form.
Directions: Once signed, the original must be turned in to the caseworker processing your day care request. Please contact your kinship or conservatorship caseworker if you have any questions.

I, , am the caregiver for the following child(ren) in Choose an item.

Caregiver name

DFPS conservatorship:
I have sought daycare services from the following the community resources:

Check all that apply:
- Head Start Programs
- Pre-kindergarten Program
- Public School Early Education Programs
- Other

Please provide the following information:

Number of persons living in the home:
Excluding children in DFPS conservatorship

Monthly Gross Family Income:
Excluding income of children in DFPS conservatorship living in your home
See below for additional instructions

The above information is true, correct and complete. I understand that giving false information to DFPS is considered fraud.
For completion by CPS staff if waiver is granted

☐ DFPS has waived completion of the above information based on the fact that verification of this information would prevent an emergency placement that is in the child's best interest.

<table>
<thead>
<tr>
<th>Caseworker Signature</th>
<th>Date</th>
<th>Program Director Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name:</td>
<td></td>
<td>Print Name:</td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL DAYCARE SERVICES SOUGHT:

CALCULATING MONTHLY INCOME: Check the appropriate column next to the type of income that you or any member of your household receives. Include when calculating monthly income.

SOURCE OF INCOME: Check all that Apply

- ☐ Gross Wages
- ☐ Child Support
- ☐ Alimony
- ☐ SSI - Supplemental Security Income
- ☐ Social Security Benefits
- ☐ Veteran's Benefits
- ☐ Retirement Benefits
- ☐ Other Disability Benefits
- ☐ Adoption Subsidy
- ☐ Other Income Type (contributions,
TRANSITION PLAN - YOUR LIFE, YOUR DREAMS, YOUR FUTURE - FORM 2500

This is an example of Form 2500. Please use the forms located on the Smiley Forms webpage.

Welcome to transition planning! This process will help you identify where you want to live now as well as get you ready to enter adulthood. Planning for your future a few years before becoming a young adult gives you more power and control over your life.

So, where do you start? First, you will receive a blank transition plan when you turn 14 just like the one attached to this letter.

What is a transition plan?

A completed transition plan is like a road map to adulthood. It covers all the main topics about your life. This includes your hopes, dreams, concerns, strengths; goals for your education, health, permanency, housing, and transportation; and, getting a job. Some of these topics you will review when you turn 14 while other topics won’t be addressed until you turn 16. All of these topics will be covered in a Permanency Conference, Circle of Support, or Transition Plan Meeting.

What is a Permanency Conference, Circle of Support or Transition Plan Meeting?

Shortly after you turn 14, CPS will begin reviewing your transition plan with you. At first, you will do this in a Permanency Conference or Transition Plan Meeting. Once you turn 16 you will have a Circle of Support or Transition Plan Meeting. All of these meetings allow you to bring together the people who are the "caring adults" in your life. You may want to invite your foster parent or caregiver to the meeting but you can choose as many other caring adults as you want. These caring adults can be your teachers, biological parents, brothers or sisters (any age), relatives, church members, mentors, or others. You and the caring adults in your life will meet with CPS to create your transition plan.

The caring adults who come to your Permanency Conference, Circle of Support, or Transition Plan Meeting will commit to how they can help you reach your short and long term goals for permanency and eventually living on your own. After the first meeting, you will have more meetings to update your transition plan until you either leave care with a family or you age out of care.
What can I do now and who can help me?

You might look over the transition plan with your foster parent or caregiver, your caseworker, or other caring adult. Try filling in as much as you can in each topic area. And, don't worry. You won't be alone. Your caring adults and others will continue to help you develop your plan during one or more Permanency Conferences, Circles of Support or Transition Plan Meetings.

So, how do you begin? Let's look at the basics...

Guidelines to the transition plan:

The first two pages of the plan cover basic information about you. If you don't understand what is being asked, talk to your foster parent or caregiver, caseworker, or if you're 16, PAL staff. You can also ask questions at your first Permanency Conference, Circle of Support or Transition Plan Meeting. You can use these guidelines to help you complete the plan's first two pages:

- **Personal information about you:** Include basic information about you and any other plans that may have been created with or for you. It's important that your plan includes plans that you or others have made regarding permanency and about your transition to adulthood.
- **Hope and Dreams:** Describe your hopes and dreams for your life as an adult.
- **Strengths:** Describe your strong points and the traits that will help you reach your hopes and dreams, and your short and long term goals.
- **Fears, Needs, and Concerns:** Describe your fears, needs, or concerns about leaving foster care. Starting life as an adult can be scary. If you describe your needs, fears, or concerns before leaving foster care, we can help you make a plan to meet your needs.
- **Permanency Goal:** Describe what you want your permanency goal to be and anything you feel is getting in your way. The most common permanency goals (also called a permanency plan) are: reunification with biological family, living with a relative, being adopted, or independent living.

The rest of the Transition Plan starts on page 5. The plan will help you identify what you have now and what you will need to meet your short and long terms goals. The plan is divided into 12 main topics. Each topic has a section to identify your short and long term goals for that topic, and a section for steps to take to meet those goals. Some topics you will complete starting at age 14 while others will be added when you turn 16. Once you identify a need, you, with help from your caseworker or caregiver, will plan how that need will be met. For example, if your long term goal is to go to college, you may need to find out what college you want to go to, the SAT/ACT scores that the college requires, among other things.

Don't worry if you can't fill it all out right now. Do as much as you can. This will help you get ready for your Permanency Conference, Circle of Support, or Transition Plan Meeting in a few months.

You can use these guidelines to help you complete the different life topics:

- **Family/Supportive Adult Relationship:** Describe your family and the caring adults in your life, and who you may want in your life now and in the future.
- **Immigration/Citizenship:** Describe your United States citizenship or immigration status.
- **Judicial/Legal Involvement.** Describe any other juvenile or adult legal involvement that you may have. This section also lists resources that may help you.
- **Community/Culture/Social Life:** Describe activities (community, cultural, spiritual, school-related, etc.) that you do or want to do.
- **Education:** Describe basic information about your education and list resources that may help you.
- **Required Documents:** List the documents you need before you leave foster care.
- **Housing:** Describe basic information about where you live now, anyone that you would want to live with now instead of remaining in foster care, and where you plan to live after foster care. This section also lists resources that may help you.
- **Job and Career:** Describe basic information about your jobs and employment needs. This section also lists resources that may help you.
- **Financial Management:** Describe basic information about your money, bank accounts, and income.
- **Transportation:** Describe your transportation needs.
- **Life Skills:** Describe information about your Casey Life Skills Assessment and PAL classes, as well as any life skills you may still need to learn.
- **Self Care and Health:** Describe your current physical and mental health, as well as any health education you may need. This section also lists resources that may help you.
- **Signature page:** Complete this at the end of your Circle of Support or Transition Plan Meeting. By signing, you and those who helped create the plan commit to help you meet your goals.

Additional information on these topics can be found at:

http://www.dfps.state.tx.us/Child_Protection/Youth_and_Young_Adults/default.asp. This site includes links to all types of information about Transitional Living Service items.


Good luck, and remember you can contact your caseworker, their supervisor, or your PAL staff at any time for help:

Caseworker name & number:

Supervisor name & number:
PAL Staff name & number:
REGION 8A (BEXAR COUNTY) JURISDICTIONAL EXPECTATIONS – BEXAR COUNTY STANDING COURT ORDERS SUMMARY

**Bexar County Courts have Standing Court Orders in effect until rescinded.**

**61914 Amended Standing Order 61794 Regarding Placement in RTC.**
- Ordered CPS shall notify all parties, prior to change of placement, of intent to place any child under the Court’s jurisdiction in an RTC.
- Further ordered that CPS may place a child/children in an RTC in an emergency situation without prior notice, but shall provide notice to all parties within 48 hours.

**61793 Special Standing Order Regarding Notification to Attorneys.**
- Ordered CPS shall notify the child/children’s Attorney/Guardian Ad Litem, Attorneys for Parents, all Attorneys of record, and CASA, of all significant events involving a child/children within 48 hours. (events include, but are not limited to, doctor appointments, school events, ARD’s, illnesses, behavior problems, change of medications, change of case workers, etc.)
- Ordered that CPS, upon making a change of a child/children’s placement, shall notify child’s/children’s Attorney and Guardian Ad Litem, the Parents’ Attorneys, all Attorneys of record, and CASA within 48 hours.
- Ordered that CPS provide only to child/children’s Attorneys Ad Litem and CASA the name, location, and contact data for the child/children within 48 hours as per Chapter 263.301 of the TFC.
- Ordered that CPS, prior to change in placement, shall consult with the child/children’s Attorney and Guardian Ad Litem, and CASA as per Chapter 264.107 Sub section (e)
- Ordered that if an emergency necessitates an immediate change in placement, PS shall provide notice prior to the end of the next business day to the Court, child/children’s Attorney and Guardian Ad Litem, the Parents’ Attorneys, all Attorneys of record, and CASA.
- Ordered, in an effort to maximize efficiency, CPS shall provide notice, as herein required, by email to Attorneys and CASA with receipt confirmation.

**61915 Amended Standing Order 61796 Regarding Staffings.**
- Ordered that CPS, shall conduct staffings on ALL cases under the Court’s jurisdiction, both TMC cases and PMC cases, prior to all hearings required by statute.
61795 **Special Standing Order Regarding Change of Level of Care.**
- Ordered that CPS shall notify all parties in the case within 24 hours when any request for LOC change is requested. Timing is of the essence regarding compliance with this ORDER to allow any party to appeal, if so desired, the LOC decision within 10 days of change, therefore strict compliance is required.

61792 **Special Standing Order Regarding Pictures.**
- Ordered that CPS shall take photographs of all children in care and their caregivers at each monthly visit. CPS shall also obtain identifying data from caregivers, such as TDL, DOB, SS#.

61791 **Special Standing Order Regarding Placement of Children within 50 miles.**
- Ordered that in any case in which CPS is named managing conservator or temporary managing conservator of children, CPS shall:
  1. Place child/children in an appropriate sub care placement facility within 50 miles of the Bexar County Courthouse.
  2. With good cause shown and with prior permission from the Children’s Court as per current protocol, a child may be placed outside the area designated in this Order.

61798 **Special Standing Order Regarding Consent for Psychotropic Medication.**
- Ordered that in any case in which CPS is designated, by the Court, as the exclusive medical consent for psychotropic medications, CPS shall obtain all pertinent information directly from the prescribing physician, by phone or in person, providing medical consent for medication and/or for a change in medication.

**Standing Order Regarding Placements**
- The court issues this order to promote school stability. The Court finds, as a general rule, that it is in the best interest of foster children to remain in the same school despite changes in placement.
- Ordered that CPS placement team shall immediately change the search methods and establish the list of Foster Homes organized by High School, Middle School and Elementary school zones.
• Ordered that CPS placement team search for foster home/placement vacancies, primarily by inquiring of foster home in the current school zone for the foster child and secondarily search adjacent school zones in an effort to maintain foster child in their current school.

• Ordered that when a change of placement is required for a foster child, the primary choice will be a foster placement in same school zone where child currently resides. If Foster Homes in same school zone is not available then CPS shall search in adjacent school zones for placement closest to child’s current school.

• Ordered that CPS shall prepare and complete the new search list of foster homes organized by school zones for Bexar County and adjacent Counties as follows: A) in 60 days for High School; B) in 70 days for Middle School; C) in 80 days for Elementary School.
**Region 8a (Bexar County) Community Based Care**

**ADOPTION PERMANENCY PLAN CHECKLIST: PRE- AND POST-TERMINATION**

**CHILD PROTECTIVE SERVICES (CPS) - PLACEMENT**

**Purpose:** This checklist contains the rules, policies, and best practice steps that must be completed when a child’s goal becomes adoption. Regions may have additional requirements that must be completed due to local court requirements.

**Directions:** Included in this checklist are the required tasks to meet federal law and licensing minimum standards for adoption. Minimum Standards and CPS policy should be reviewed for complete details of specific tasks. This checklist does not specify which stage of service is responsible for each task, as this varies across the state. The goal is to ensure timely progression to permanency.

<table>
<thead>
<tr>
<th>Type of Referral: Choose an item.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case Name:</strong> Click here to enter text</td>
<td><strong>Case ID:</strong> Click here to enter a date</td>
</tr>
<tr>
<td><strong>Parents’ Name:</strong> Click here to enter text</td>
<td><strong>Child’s Name:</strong> Click here to enter text</td>
</tr>
<tr>
<td><strong>Caseworker Name:</strong> Click here to enter text</td>
<td><strong>Caseworker Unit:</strong> Click here to enter text</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Pre-Termination</th>
<th>Date(s) Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete 9 Months Staffing</td>
<td>Complete 9 Months Staffing – Invite Family Tapestry and Network Provider/Child Placing Agency (CPA) Case Manager</td>
<td></td>
</tr>
<tr>
<td>Within 10 days of goal changed to adoption</td>
<td>CPS will change child plan of service permanency plan to adoption; Texas Administration Code (TAC) 700.1205</td>
<td></td>
</tr>
<tr>
<td>Within 10 days of goal changed to adoption</td>
<td>CPS will indicate in IMPACT whether or not child is in intended to be permanent placement in the placement detail window</td>
<td></td>
</tr>
<tr>
<td>Ongoing from placement in out- of-home care</td>
<td>Family Tapestry will ensure: Lifebook preparation; Obtain pictures of birth family; Ensure</td>
<td></td>
</tr>
<tr>
<td>Time Frame</td>
<td>Post-Termination</td>
<td>Date(s) Completed</td>
</tr>
<tr>
<td>------------</td>
<td>------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td><strong>Within 2 weeks of goal changed to adoption</strong></td>
<td>CPS and Family Tapestry will discuss adoption with current placement caregiver(s) and document their desire to adopt or not adopt in IMPACT; File the signed intent to adopt form in the child’s case record</td>
<td></td>
</tr>
<tr>
<td><strong>Within 2 weeks of goal changed to adoption</strong></td>
<td>CPS and Family Tapestry: If child not in intended to be permanent placement, ensure all possible relatives, kinship, or homes with siblings adopted previously have been evaluated; Request and review possible legal risk placement, if applicable</td>
<td></td>
</tr>
<tr>
<td><strong>Within 2 weeks of goal changed to adoption</strong></td>
<td>If child is in relative/kinship home, CPS will refer the home to Family Tapestry to begin the adoption process; or request interregional request if placement is out of region</td>
<td></td>
</tr>
<tr>
<td><strong>Within 30 days of goal changed to adoption</strong></td>
<td>CPS will update/complete medical &amp; developmental history in IMPACT</td>
<td></td>
</tr>
<tr>
<td><strong>Within 30 days of goal changed to adoption</strong></td>
<td>CPS will confirm all birth (hospital), medical, and school records are in the case file; Family Code (FC) 162.005</td>
<td></td>
</tr>
<tr>
<td><strong>Within 30 days of goal changed to adoption</strong></td>
<td>CPS will confirm compliance with Indian Child Welfare Act; ICWA P.L 95-608; indicate in person detail</td>
<td></td>
</tr>
<tr>
<td><strong>Within 30 days of goal changed to adoption</strong></td>
<td>CPS and Family Tapestry will discuss the change of the goal to adoption and pending termination with the child when appropriate; involve a therapist in the discussions, when possible</td>
<td></td>
</tr>
<tr>
<td><strong>Before termination</strong></td>
<td>CPS will if not already on file, ensure birth verification is obtained before a termination trial; Policy 1541.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>This is needed to verify the child’s accurate name, citizenship and parents. Need to ensure terminating on the correct child and that the child is actually registered with vital statistics. Need to ensure the termination decree has the child’s accurate name, citizenship, and appropriate parent listed before the Judge signs off.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If decree/orders not correct, request or file a nun pro tunc, per regional protocol.</td>
<td></td>
</tr>
<tr>
<td><strong>Before termination</strong></td>
<td>CPS will contact the regional immigration specialist if the child is not a United States citizen, to ensure the Lawful Permanent Resident (LPR) process has been initiated</td>
<td></td>
</tr>
<tr>
<td><strong>Other regional protocols:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Post-Termination**

**Termination of Parental Rights (TPR)**

- **As soon as termination achieved**
  - CPS and Family Tapestry will discuss with child the termination of his/her parent’s rights; involve the therapist to ensure processing of grief and loss for the child

- **As soon as termination achieved**
  - CPS will set up and complete a good-bye visit between child and biological parents, when appropriate

- **As soon as termination order is available**
  - CPS will request Certified copy of birth certificate; Policy 1541.5
  - *Hospital birth certificate does not qualify as an official document*
<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Child Is Intended To Be In Permanent Placement</th>
<th>Date(s) Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 10 days of TPR</td>
<td>CPS will invite Family Tapestry ADO staff adoption transfer staffing, if regionally applicable</td>
<td></td>
</tr>
<tr>
<td>Within 20 days of TPR</td>
<td>CPS will ensure current compliance with IMPACT narratives, service plans, and medical/dental information</td>
<td></td>
</tr>
<tr>
<td>No later than 45 days from the date of the termination of all parental rights</td>
<td>CPS will complete the HSEGH/ARS (when available, make contract request)</td>
<td></td>
</tr>
<tr>
<td>Within 5 days of supervisory approval of HSEGH and ARS</td>
<td>CPS will request redaction of HSEGH and ARS to RMG</td>
<td></td>
</tr>
</tbody>
</table>
| Within 30 days TPR             | CPS will ensure adoption transfer staffing  
  - Case should be ready to transfer within 30 days of TPR  
  - Discuss mediated settlement orders  
  - Prior to staffing, confirm all documentation is available and complete |                   |
| Within 90 days TPR             | Family Tapestry will ensure network providers completed a minimum of 3 adoption prep visits (at least 1 visit for child 0-18 months); meaningful discussion during visits per guidelines/standards; visits include Lifebook work; TAC 749.3341, 749.3343, 749.3345 |                   |
| At 46th day after TPR          | CPS will check the court records to ensure an appeal did not occur. If an appeal did occur, ADO unit retains the case management piece. Once appeal resolved, refer to Family Tapestry. |                   |
| Other specific regional protocols: |                                                                                                              |                   |

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Child Is Intended To Be In Permanent Placement</th>
<th>Date(s) Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 20 days of TPR</td>
<td>Request record redaction; follow instructions provided by the records redaction program</td>
<td></td>
</tr>
<tr>
<td>Within 20 days of TPR</td>
<td>If home is a foster only home, request the home’s agency to update home to adoption if the agency has an adoption contract or refer to regional FAD or private CPA. Foster/adoptive homes: No update required</td>
<td></td>
</tr>
<tr>
<td>Once TPR order available</td>
<td>Initiate ICPC process if adoptive parent(s) live out of state: complete ICPC Placement Request Packet per CPS Policy 9311 and 9314</td>
<td></td>
</tr>
<tr>
<td>Or as soon as available</td>
<td>Allow adoptive parent(s) to review documents: edited HSEGH/ARS, psychological evaluations, etc.</td>
<td></td>
</tr>
<tr>
<td>Or as soon as redacted file available</td>
<td>Allow the adoptive parent(s) to review the redacted case record in a supervised setting. If adoptive parent(s) are out of the area, arrange with CPS or CPA staff in the area to have the adoptive parent(s) review record at a local office.</td>
<td></td>
</tr>
</tbody>
</table>
| As outlined                    | Ensure child has psychological or developmental evaluation:  
  - 0-18 months: within 30 days of ado placement  
  - 18 months - 4 yrs. old: within 3 months of ado. placement (ECI)  
  - Age 5 and older: within 6 months TAC 749.3349 |                   |
Other specific regional protocols: Skip to pre-adoptive placement section

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Child NOT Intended To Be Permanent Placement</th>
<th>Date(s) Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 60 days of TPR; ongoing</td>
<td>Family Tapestry will use recruitment efforts to target and identify prospective adoptive home matches for a child during the first 60 days following Termination of Parental Right</td>
<td></td>
</tr>
<tr>
<td>By the 60th day after TPR</td>
<td>Family Tapestry will register child on TARE - if no family identified</td>
<td></td>
</tr>
<tr>
<td>Ongoing until home identified</td>
<td>Family Tapestry will review TARE inquiries at least once monthly; ensure child’s TARE profile is updated per TARE Manual</td>
<td></td>
</tr>
<tr>
<td>Ongoing until home identified</td>
<td>Family Tapestry and CPS will conduct other match efforts: National broadcasts to CPAs, Heart Gallery, match parties, filmings (Wednesday’s child, Forever Families, etc.)</td>
<td></td>
</tr>
<tr>
<td>Ongoing until home identified</td>
<td>CPS will re-evaluate biological family for possible placement options</td>
<td></td>
</tr>
<tr>
<td>Within 6 months of TPR; ongoing until home identified</td>
<td>Conduct a Permanency Round Table if no placement has been identified within 6 months of termination despite recruitment efforts</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Selection Process</th>
<th>Date(s) Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annually/within 3 months</td>
<td>CPS will update/Supplement HSEG/ARS: annually and within 3 months before adoptive placement</td>
<td></td>
</tr>
</tbody>
</table>
| Within 30 days of initiating recruitment efforts | FAMILY TAPESTRY will:  
- Receive and review screenings-respond to family TARE request within 7 business days.  
- Email pre-approved listings/packets to CPS same day; Discussion with child regarding desired family and wishes |  |
| During screening reviews | FAMILY TAPESTRY will ensure home study is approved:  
- Adoption only Home screening- current within 1 year Foster/adoptive homes- no update required |  |
| Ongoing until selection | FAMILY TAPESTRY will review of inquiries from TARE & Home studies received within 7 business days. |  |
| Within 30 days of worker selecting top choices | Home Screenings reviewed by supervisor & other appropriate parties (CASA, Ad Litem) |  |
| Within 2 weeks of supervisor and others review of screenings | FAMILY TAPESTRY will schedule and conduct selection staffing & invite parties within 30 days for inquiry. Invitations must include:  
- CASA, if assigned.  
- Attorney/Guardian Ad Litem  
- CPA  
- CPS ADO caseworker & supervisor |  |
| Within 24 hours of selection | CPS will provide the redacted case record to FAMILY TAPESTRY. |  |
| Within 48 hours of selection | FAMILY TAPESTRY will allow selected adoptive family to review de-identified case documents (i.e. edited HSEG, psychological evaluations)  
TAC 749.3395 (may also be done prior to selection staffing) |  |
FAMILY TAPESTRY will ensure the family is provided the opportunity to review the redacted case record in a supervised setting.

FAMILY TAPESTRY & CPS will coordinate family review of record so any questions can be answered.

FAMILY TAPESTRY will provide the prospective adoptive parents with:

1. Research, reading materials and/or websites, on how any known health issue that the child has and/or any trauma the child has experienced (i.e. abuse or neglect) may impact child development and the family's ability to maintain permanency;

2. Information about DFP Services (DFPS) adoption assistance programs, if the family may be eligible for such assistance;

3. Information about community services and other resources available to support a parent who adopts a child; and

4. The options available to the adoptive parent if the parent is unable to care for the adopted child, including working with the parent's post adopt provider about the possibility of post adoption substitute care services or working with the child placing agency that placed the child for adoption regarding any additional services. You should also inform the adoptive parents that the Texas Family Code, §162.026 makes it illegal to informally transfer the custody of an adopted child to a person, unless the person is a relative or stepparent of the child or an adult who has a significant long-standing relationship with the child, or the transfer of custody is a formal

<table>
<thead>
<tr>
<th>CPS will initiate ICPC process if family lives out of state: complete ICPC Placement Request Packet per CPS policy 9311 and 9314</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Practice TIP: Give family 72 hours to digest information and consider decision presented during post-selection staffing.</td>
</tr>
</tbody>
</table>

### Conduct Selection Staffing

<table>
<thead>
<tr>
<th>Within 24 hours of decision</th>
<th>Inform FAD worker and/or private CPA case managers of selection decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 24 hours of selection</td>
<td>Complete &amp; submit request for record redaction; follow instructions provided by the records redaction program</td>
</tr>
<tr>
<td>Within 48 hours of selection</td>
<td>Allow selected adoptive parent(s) to review documents: edited HSEGh, psychological evaluations, etc. TAC 749.2205 (may also be done prior to selection staffing)</td>
</tr>
<tr>
<td>Or as soon as redacted file available</td>
<td>Allow the adoptive parent(s) to review the redacted case record in a supervised setting. If family is out of the area, arrange with CPS or CPA staff in the area to have adoptive parent(s) review record at a local office.</td>
</tr>
</tbody>
</table>
Within 45 days of selection Discussion with prospective adoptive parent(s) about information regarding the child, the case record, and answer any questions. Allow adoptive parent(s) to speak to the therapist and foster parents. TAC 749.3395

Once family has read record and committed Discussion with child(ren) about prospective adoptive family for their input, thoughts, feelings

Once family has read record and committed Initiate ICPC process if family lives out of state: complete ICPC Placement Request Packet per CPS policy 9311 and 9314; ensure the out-of-state child placing agency has a contract to accept placement of Texas children.

Other specific regional protocols:

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Presentation</th>
<th>Date(s) Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 30 days of selection</td>
<td>Schedule presentation staffing and invite appropriate parties</td>
<td></td>
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</tbody>
</table>

Conduct Presentation Staffing

During meeting Discuss adoption assistance; provide adoptive parent(s) with information about post adoption services; TAC 749.3461 Must document what is presented at staffing. AlloFa

During meeting or within 1 week Develop transition plan; TAC 749.3371

Within 3 days Submit Form 2229 to have child removed from TARE when child is no longer available for adoption, per TARE Manual

Within 2 weeks Out of region: complete the Universal Request Form and send to adoptions

As outlined Ensure child has psychological or developmental evaluation

• 0-18 months - within 30 days of ado placement
• 18 months - 4 yrs. old: within 3 months of ado. placement (ECI)
• Age 5 and older: within 6 months TAC 749.3349

Ensure child has current medical exam

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Pre-Adoptive Placement</th>
<th>Date(s) Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 10 working days before placement Ensure that the entire adoption assistance packet is complete and provided to the adoption assistance eligibility unit, per CPS handbook 1560 and regional protocol; TAC Chapter 700, Subchapter H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least 2 weeks before placement Request Vendor ID number (VIN) for adoptive parent; create FAD stage for private CPA home or out of state home for placement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within 2 weeks before placement Create 2054 for private CPA placement and provide a copy of the 2054 to the private CPA straight adopt only.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Other specific regional protocols: Codes 88B or 88G, pg. 65 manual. SSCC will not pay for both. 1) med/wellness exam prior to ado, current w/in a year-current annual exam per Texas Health Steps in conjunction with periodicity table 2) psych eval addendum w/in 12 months (Medicaid issue) 3) CPS will create new 2054 if needed. 4) Federal-All ADO family members must be in the home and present for all visits.
### POST-PLACEMENT

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Post-Placement</th>
<th>Date(s) Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>At placement</td>
<td>CPS will provide Network provider and cc Family Tapestry with all applicable signed forms noted below within no more than 30 days of placement: Form 2226, Adoptive Placement Agreement, with the adoptive parents and have them sign it; provide family a copy; TAC 749.3372</td>
<td></td>
</tr>
<tr>
<td>At placement</td>
<td>The worker discusses each item on Form 2253C, Adoptive Assistance Agreement, with the ADO parents and have them sign it, if applicable; provide family a copy at placement.</td>
<td></td>
</tr>
<tr>
<td>At placement</td>
<td>Complete Medical Consent form 2085B with family; provide family a copy upon placement.</td>
<td></td>
</tr>
<tr>
<td>At placement</td>
<td>Give the family all medical and education records</td>
<td></td>
</tr>
<tr>
<td>Within 24 hours before or after placement</td>
<td>Notify Day Care Coordinator (or regional designee) to end day care <a href="mailto:DISTRICT1DC@dfps.state.tx.us">DISTRICT1DC@dfps.state.tx.us</a></td>
<td></td>
</tr>
<tr>
<td>On the day of the placement or by 7 p.m. on the next calendar day</td>
<td>Enter adoptive placement in IMPACT- this will automatically trigger eligibility</td>
<td></td>
</tr>
<tr>
<td>For a minimum of 6 months; until consumption</td>
<td>CPS Monthly home visits to adoptive placement in a private CPA adoptive home or CPS FAD Adoptive home; TAC 749.3421, 749.3425 until consumption occurs.</td>
<td></td>
</tr>
<tr>
<td>Ongoing; during the monitoring period</td>
<td>Family Tapestry or Network provider will provide support to family: therapy/specialist referrals, referrals to local adoptive parent support groups, etc.; TAC 749.3423</td>
<td></td>
</tr>
<tr>
<td>Prior to consummation</td>
<td>If child has Lawful Permanent Residence (LPR) status, inform family about procedure to obtain the child’s citizenship after the adoption is finalized</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other specific regional protocols:</td>
<td></td>
</tr>
</tbody>
</table>

### CONSUMMATION

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Consummation</th>
<th>Date(s) Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 60-90 days of consummation</td>
<td>Network Provider under Family Tapestry will Advise adoptive parent(s) to retain an attorney for the consummation</td>
<td></td>
</tr>
<tr>
<td>Within 30 days of consummation</td>
<td>CPS will Request the Petition for Adoption from the adoptive parents’ attorney</td>
<td></td>
</tr>
<tr>
<td>Within 30 days of consummation</td>
<td>Network Provider under Family Tapestry will provide ADO parent(s) with information about post adoption</td>
<td></td>
</tr>
<tr>
<td>Within 2 weeks of consummation</td>
<td>Family Tapestry or Network Provider will Complete Adoption Study Update; TAC 749.3741-3753</td>
<td></td>
</tr>
</tbody>
</table>
| Within 2 weeks of consummation | CPS to send to adoptive parents' attorney/ensure family’s attorney and Network Provider has:  
- Termination order  
- Family’s home screening(s)/Home study update  
- Child’s birth certificate  
- HSEGH  
- Social study  
- Waiver of consent  
- Affidavit concerning Interstate Compact (if needed)  
CPS and Family Tapestry will Attend Consumption Hearing-bring waiver of consent (& affidavit if needed).  
ADO worker will also invite CVS worker to consummation hearing |
|---|---|
| Within 1 week of consummation | Provide family the redacted case record and have family sign: Acknowledgement (Form 2221) (be cautious of mailing the file to ensure the file is not lost)  
****best practice take this file to consummation hearing, provide copy and obtain signatures at hearing |
| Within 24 hours of consummation | CPS will enter legal status, action, and narratives in IMPACT.  
CPS will discharge Family Tapestry from placement & services in IMPACT. |
| Within 30 days of consummation | Close ADO case, to include 2054s. After closure is approved, assign PAD stage to child’s adoption assistance eligibility specialist. |
**CBC Adoption Placement and Service Authorization Process**

<table>
<thead>
<tr>
<th>Prior to entering child’s placement:</th>
<th>Is the child in a foster-to-adopt placement who is ready to adopt the child?</th>
<th>Is the child in an approved kinship-to-adopt placement who is ready to adopt the child?</th>
<th>Is the child in a foster placement and ready to be placed in a NEW adoptive placement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPS supervisor will open the ADO stage in IMPACT in order to get subsidy paperwork ready.</td>
<td>CPS supervisor will open the ADO stage in IMPACT in order to get subsidy paperwork ready.</td>
<td>CPS supervisor opens the ADO in IMPACT in order to get subsidy paperwork ready.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>At the time of placement in the adoptive home:</th>
<th>CPS worker completes a 2054 service authorization in the ADO stage for Post-placement supervision (pays for costs associated with seeing the family through consummation.)</th>
<th>CPS worker completes a 2054 service authorization in the ADO stage for Adoptive placement services.</th>
<th>CPS worker completes a 2054 service authorization in the ADO stage for Adoptive placement services and Post-placement supervision.</th>
</tr>
</thead>
</table>

| Once the adoption placement is completed: | CPS worker ends the placement in the child’s SUB stage and enter the child’s placement in the ADO stage in IMPACT. Both placement actions occur on the same day. * Leave the SUB stage open. | CPS worker ends the placement in the child’s SUB stage and enter the child’s placement in the ADO stage in IMPACT. Both placement actions occur on the same day. * Leave the SUB stage open. | Once the child is physically placed in the NEW adoptive home, CPS worker ends the placement in the child’s SUB stage and enters the child’s new placement in the ADO stage in IMPACT. Both placement actions occur on the same day. *Leave the SUB stage open. |
# Types of Adoption Services

<table>
<thead>
<tr>
<th>Pre-Consummation Services (2054 = Placement services)</th>
<th>Post-Consummation Services (2054 = Post-placement supervision)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Foster-to-New Adopt Home</strong></td>
<td>Supervision of the Adoptive Placement</td>
</tr>
<tr>
<td>Case Review</td>
<td>Facilitate Sibling Contact</td>
</tr>
<tr>
<td>Pre-Placement Visits (between the child &amp; prospective adoptive family)</td>
<td>Progression to Consummation (supervision of placement, written reports, legal &amp; policy requirements)</td>
</tr>
<tr>
<td>Adoption Placement Documentation</td>
<td>Delays in Consummation (review of placement with CPS &amp; contractor and develop a revised Plan of Service)</td>
</tr>
<tr>
<td>Home Screening</td>
<td>Discussed above</td>
</tr>
<tr>
<td>Household Members Background Checks</td>
<td></td>
</tr>
<tr>
<td>Training for Adoptive Homes</td>
<td></td>
</tr>
<tr>
<td>Court Related Services:</td>
<td></td>
</tr>
<tr>
<td>• Testimony (judicial hearings, court depositions &amp; admin reviews)</td>
<td></td>
</tr>
<tr>
<td>• Court Related Assistance (assist adoptive family &amp; their attorney to complete consummation process)</td>
<td></td>
</tr>
<tr>
<td>Adoption Service Plan</td>
<td></td>
</tr>
</tbody>
</table>
CPS/SSCC Adoption Protocols

Key Points:

- SSCC functionality only exists in SUB stage currently = SSCC can only document in specified sections of SUB stage;
- SSCC can have secondary, view-only access to ADO stage, as they can to the FSU stage; there is no SSCC functionality in the ADO or FSU stages;
- The SSCC Child Placement Referral requires that the reference SUB stage be open for the referral to remain active;
- Summary of ADO functionality in IMPACT:
  - **Pre-Adoptive SSCC Placement Services** (pre-consummation services): Requires SUB stage to remain open. Includes ADO recruitment activities & placement supervision (up to subsidy). The relevant system areas were:
    - Placement (initial recording of the Placement as SSCC as licensed adoptive home scenario) until the subsidy kicks in.
    - Child Plan (Adoption Plan in the SUB stage before child is placed in adoptive home).
    - Service Authorization (recording of SSCC pre-adoptive placement services in the ADO stage): As it stands now, similar to PAL Trainings provided by the SSCC, DFPS Staff must continue to complete these Service Authorizations
    - Contacts (SSCC recording of adoptive services activities in SUB stage is part of future IT enhancement)
  - **Post-Adoptive SSCC Placement Supervision Services** (post-consummation services). Requires SUB stage to remain open as long as service documentation and input by the SSCC is required/desired. The relevant system areas would be:
    - Child Plan (Adoption Plan in the SUB stage after child is placed in adoptive home)
    - Contacts (SSCC recording of post-adoptive placement supervision services in the SUB stage)
    - Service Authorization (recording of SSCC post-adoptive placement supervision services in the ADO stage)

- What are the implications if the adoption service plan is created from the SUB stage (ADO stage is open & the child's placement has been entered in ADO stage)?
It is considered best practice to enter the adoption service plan in the ADO stage when the child's placement has been entered in the ADO stage; however, if the adoption service plan is completed in the SUB stage with the ADO stage is open, all service plans completed during the case, regardless of the stage, can be viewed in the ADO stage under the "case service plans" tab.

- 2054 service authorizations for Adoption Services in the ADO stage of service:
  - Always issued to the SSCC (not to the individual CPA);
  - Issued by service type;
  - Units = 1;
  - Check all children that will receive the service (the amount the SSCC receives differs depending on the size of the sibling group);
  - Dates of authorization are usually issued for 3 months or more depending on how long services are desired by the SSCC.
# Referral Form for Placement

Complete as thoroughly as possible based on the information available

<table>
<thead>
<tr>
<th>Child Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PID #:</td>
<td>Age:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Medical Needs:</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Part of Sibling Group:</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>List siblings name(s) and ages:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you wish for this sibling group to be placed together?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Upcoming Visitations:</th>
<th>Does the child have any upcoming visitation?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please list date, time, duration and location of upcoming visits:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please note any 72 hour visitation scheduled (new removal) include date, time, duration and location:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safe Baby/Baby Moses Case</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Level of Care (if applicable)</th>
<th>Basic</th>
<th>Moderate</th>
<th>Specialized</th>
<th>Intense</th>
<th>Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>American Indian or Alaska Native</th>
</tr>
</thead>
</table>
### Ethnicity
- [ ] Asian
- [ ] African American
- [ ] Native Hawaiian or Pacific Islander
- [ ] Other
- [ ] White

- [ ] Hispanic
- [ ] Non-Hispanic

### Behavioral

<table>
<thead>
<tr>
<th>Behavioral Issue</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Allergies</td>
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</tr>
<tr>
<td>Autism Spectrum Disorder</td>
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</tr>
<tr>
<td>Chemical dependency</td>
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</tr>
<tr>
<td>Cruelty to animals</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Destruction of property</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Eating disorder</td>
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<tr>
<td>Enuresis</td>
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<tr>
<td>Encopresis</td>
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<tr>
<td>Fire starter</td>
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<tr>
<td>Gang involvement</td>
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<tr>
<td>History of chronic lying</td>
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<tr>
<td>History of theft</td>
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<tr>
<td>Human trafficking victim</td>
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<tr>
<td>Public masturbation</td>
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<tr>
<td>Running away- FROM PLACEMENT</td>
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<tr>
<td>Self-mutilation</td>
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</table>

- If yes, list:
- If yes, list drug type:
- If yes, list last known usage:
- How often:
- Medication prescribed:
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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<tbody>
<tr>
<td>Sexual offender</td>
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<td>Sexually abused</td>
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<tr>
<td>Sexually active</td>
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<tr>
<td>Sibling or peer relations</td>
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<tr>
<td>Special dietary needs</td>
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<tr>
<td>Special medical needs</td>
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<tr>
<td>SI's</td>
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<tr>
<td>Suicidal threats</td>
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<td>Truancy</td>
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<td>Verbal aggression</td>
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<td>HIV AIDS</td>
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<td>Homicidal threats</td>
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<td>Intellectual or developmental disability</td>
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<tr>
<td>LGBTQ</td>
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<td>Medically fragile</td>
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<tr>
<td>Mental health issues</td>
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<tr>
<td>Physically aggressive to adults</td>
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<tr>
<td>Physically aggressive to peers</td>
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<tr>
<td>Physically challenged non-ambulatory</td>
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<tr>
<td>Pregnant</td>
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<tr>
<td>Has a child</td>
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</table>
ICPC PROCESS FLOW CHARTS

Texas as Sending State:

OUT OF STATE
KIN/FOSTER/ADO

Texas as Sending State (ICPC Outgoing)
Stage I

OUT OF STATE
RESIDENTIAL TREATMENT CENTER

This process only applies to a child who is
legally from the SSOC catchment area AND
currently placed within the SSOC

CPS begins ICPC process and notifies SSOC of
possible placement change. (Joint Protocols should be followed)

Placement will continue to remain with SSOC
during the ICPC process, SSOC will assist with
preparing ICPC paperwork.

CPS will provide timely updates to the SSOC
during the ICPC process.

The SSOC will provide timely updates to child's
current placement.

If out of state placement is approved, CPS will
notify SSOC of the approval.

CPS and SSOC will develop a plan of the placement
change, and discuss plan with child, current placement,
and new placement.

CPS will be responsible for the physical placement of
child.

Once CPS has completed the physical placement of
the child in the out of state placement, CPS will
notify SSOC of the success of placement.

The child will then be discharged via MPACT from
the SSOCs care and CPS will see case through till
completion.

Follow print protocol for requesting placement
change.

CPS continues to approve all placement
changes.

The SSOC will initiate and create a sub-contract
with the out of state Residential Treatment Facility selected.

Once the sub-contract is secured, SSOC will notify
via email the Regional Community Based Care Administrator
and Contract Manager; Texas CPS caseworker and ICPC Regional Coordinator;

The Regional Community Based Care Contract Manager will notify via email the State Office
Foster/Adopt Division Administrator.

The Texas CPS caseworker will submit the ICPC
Residential Treatment Center out of state
placement request through MPACT.

Physical Placement of the child follows current
referral process: New Referral/Out of Network
remains with CPS or if Change of Placement/In
Network remains with SSOC.

Texas CPS is responsible for setting up a contract
for supervision of the child in the out of state
placement.

The SSOC is responsible for monitoring the out of
state placement for the timeframe specified
within the sub-contract with the out of state
Residential Treatment Facility.

Community Based Care Region 8a (Bexar County) Operations Manual

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Texas as Receiving State:

**VERIFIED**

Request processed through State Office ICPC, then sent to ICPC Regional Coordinator.

ICPC Regional Coordinator sends Referral to SSCC ICPC Coordinator.

SSCC conducts an initial assessment and sends back to ICPC Regional Coordinator within **30 days** of assignment.

If favorable, SSCC is responsible for approval verification process of family.

SSCC will be reimbursed for all home studies. The current blended rate and FAD resources offset cost of monitoring.

If Sending state approves placement:
RC confirms with SSCC & assigns CVS courtesy worker for monthly FTF and quarterly reports.

Sending State is responsible for placement of child.

SSCC will be responsible for ongoing monitoring of licensed home.

**NON-VERIFIED**

ICPC Regional Coordinator contracts out the Initial Assessment (study).

Request processes through State ICPC to Regional Coordinator.

If child placed, CVS courtesy worker assigned for monthly FTF and quarterly reports.