



TEXAS
Department of Family
and Protective Services

24-Hour Residential Child Care Requirements

Residential Contracts (RCC)

Table of Contents

24-Hour Residential Child Care Requirements 8

Section 1000: Contract Compliance 9

 1100 CPS Prerogatives 9

 1110 Child Protective Services Right of Placement..... 9

 1115 Continuous 24-Hour Awake Supervision..... 10

 1120 CPS Approval Requirements for Travel and Visits 12

 1130 Foster Home Screenings for Foster/Adopt Kinship Caregivers..... 13

 1200 Provider’s Obligations..... 14

 1210 Provider Representation..... 14

 1220 Foster Family Recruitment Prohibitions 14

 1300 Service Levels..... 15

 1400 Notifications..... 16

 1410 Notifications Made to DFPS by the Provider 16

 1411 Reporting Serious Incidents to DFPS..... 16

 1412 Notifying DFPS of Significant Changes affecting the Contractor’s Residential
Childcare Program 17

 1413 Reporting Breaches of Confidential Records to DFPS..... 17

 1414 Reporting the Child’s Absence to the School..... 17

 1415 Notifying DFPS of Changes to Authorized Health Passport Users 17

 1416 Reporting Complaints to DFPS..... 18

 1417 Reporting an Application to Foster by a Relative or Fictive Kin 18

 1420 Notifications Related to the Child..... 18

 1421 Reporting Service Level Issues to DFPS..... 18

 1422 Notifying DFPS of Meetings Related to the Child 18

 1430 Notifications Related to the Older Child or Young Adult..... 19

 1431 Reporting Incomplete Voluntary Extended Foster Care Agreement..... 19

 1432 Reporting Violations of the Extended Foster Care Program..... 19

 1433 Reporting a Child Needing to Enroll in PAL 19

 1434 Reporting a Child Entering the Transitional Living Program 19

 1440 Notifications Made to the Provider by DFPS 19

1441 Notification of Discharge.....	19
1442 Notifying the Provider of Changes in the Child’s Permanency Goal.....	20
1443 Notifying the Provider of Changes in Funding.....	20
1444 Notifying the Provider of a Delay in Service Level Evaluation.....	20
1500 Use of Department Forms.....	20
1510 Non-Emergency Placements.....	20
1520 Emergency Placements.....	21
1530 Unaccompanied Emergency Placements.....	22
1540 Reviewing the Childs’ Rights with the Child.....	22
1550 Disclosure of Medical Information.....	22
1560 Medical Consent.....	23
1561 Training for Medical Consenter.....	23
1562 Training for the Child Who Is the Medical Consenter.....	23
1600 Disaster and Emergency Response Plan.....	24
1610 Content of the Plan.....	24
1620 Preserving Records in a Disaster.....	25
1630 Providing Service to Children During and After a Disaster.....	25
1640 Maintaining Communications During a Disaster.....	26
1650 Post-Disaster Plans.....	26
1660 Reviewing and Updating the Disaster Plan.....	26
1670 Distribution of the Disaster Plan.....	27
1700 Retention, Access, and Confidentiality of Records.....	27
1720 Providing Access to Records.....	27
1721 Providing Access to DFPS.....	27
1722 Providing Access to the STAR Health Contractor.....	28
1730 Confidentiality.....	28
1731 Confidentiality of All Records.....	28
1732 Confidentiality of Health Passport Records.....	28
1733 Confidentiality of Children’s Photos.....	29
1740 Providing Records to Persons Appointed by the Court.....	30
1750 Providing Records to Schools.....	31

1800 DFPS Information Security Requirements.....	31
1810 Providing IT Information to DFPS	32
See the Information Security Requirements in Section II of the DFPS Vendor Supplemental and Special Conditions.	32
1820 Providing Certification of Compliance to DFPS	32
Section 2000: Services to Caregivers.....	32
2100 Providing Support and Supervision of Foster Families	32
2110 Communication Plan.....	32
2120 Who May Become Foster Parents.....	33
2121 Conflicts of Interest	33
2200 Materials Provided to Foster Families.....	33
2210 Texas Health Steps.....	33
2220 Medicaid Medical Transportation Program	34
2230 Providing Intermittent Alternate Care for Foster Families	34
2300 Intermittent Alternate Care	34
2310 Duration of Intermittent Alternate Care	35
2320 Provider Responsibilities Regarding Intermittent Alternate Care	35
2330 Qualifications of Intermittent Alternate Care Providers.....	36
Section 3000: Provider’s Obligation to Children	37
3100 Providing Testimony	37
3200 Provider’s Responsibility to Participate in Meetings.....	37
3300 Children’s Rights.....	37
3310 Court Attendance	38
3400 Providing Access to Children.....	38
3410 Planning Visits With a Child.....	38
3500 Cultural Competence.....	38
3600 Maintaining the Child’s Connections.....	39
3610 Maintaining the Child’s Contact with Siblings	39
3620 Providing Transportation.....	39
Section 4000: Services to Children	40
4100 Assessment, Service Planning, and Coordination.....	40

4110 Diagnostic Assessments.....	40
4120 Assessing a Child’s Readiness for Their Successful Transition to Adult Living.....	40
4200 Service Planning and Coordination.....	40
4210 Participants in Service Planning.....	41
4220 Developing the Service Plan	41
4230 Documentation of the Service Plan	42
4300 Changing Placements for Children with Primary Medical Needs	42
4310 Primary Medical Needs (PMN) Staffing	43
4400 Routine Recreational and Normalcy Activities	43
4410 Normalcy Activities.....	44
4500 Basic Life Skills and Social Skills.....	44
4510 Children’s Income	45
4600 Routine 24-Hour Child Care.....	45
4610 Food	45
4620 Clothing and Personal Items.....	45
4630 Room, Board, and Furnishings	46
4700 Discipline and Crisis Management.....	47
4710 Discipline	47
4720 De-Escalation and Crisis Management.....	47
4721 Emergency Behavior Intervention	48
4800 Early Childhood Intervention (ECI) Program.....	48
4810 Applying for ECI Services	49
4820 Addressing Concerns About the Child’s Development.....	49
4830 Disagreement About ECI Services	49
4840 Continuing ECI Services.....	50
4850 Maintaining Documentation.....	50
4900 Runaway Prevention.....	50
Section 5000: Behavioral Health and Healthcare Services	51
5100 Medical Services.....	52
5200 Dental Services	53
5300 Behavioral Health Services	53

5310 If Medicaid Denies Coverage for Behavioral Health Services	54
5320 Information Provided By the Medical Consenter	54
5330 Child and Adolescent Needs and Strengths (CANS) Assessment	54
5400 Psychotropic Medications.....	55
5410 Responsibilities of the Medical Consenter	55
5420 Documentation of Psychotropic Medication	56
5430 Required Training on Psychotropic Medication	56
5440 Child is the Medical Consenter.....	57
5500 Trauma-Informed Care	57
5510 Pre-Service Trauma-Informed Care Training Requirement.....	57
5520 Annual Refresher Trauma-Informed Care Training Requirement.....	57
5530 Documentation of Trauma-Informed Care Training.....	57
5540 Supplemental Trauma-Informed Care Training	57
5600 Sexual Abuse Caregiver Training	58
5610 Documentation of Sexual Abuse Caregiver Training.....	58
5620 Sexual Abuse Caregiver Training Reporting Requirements	58
5700 Documentation of Health Care	58
Section 6000: Educational and Vocational Activities	59
6100 Enrolling the Child in School	59
6110 Scheduling Appointments for the Child	59
6200 Reporting Changes to the CPS Caseworker	60
6300 Providing Notice of Withdrawal to the School.....	60
6400 Home Schooling	60
6500 Pre-School Requirements	60
6600 Child is Placed in a Residential Facility	60
6700 Education Portfolio	61
6800 Education Decision-Maker.....	61
6810 Discussing Education With the Child.....	61
6820 Maintaining the Education Portfolio	61
6830 Contents of the Education Portfolio.....	62
6840 Providing the Education Portfolio	62

6900 Post-Secondary Educational, Employment and Vocational Activities.....	63
6910 Driver License or State Identification Card	63
Section 7000: Transferring a Child from One Foster Home to Another.....	64
Section 8000: Discharge of Children.....	64
8100 Avoiding the Need for Removal or Discharge	64
8200 Procedures for Discharge or Removal Excluding Community-Based Care Areas.....	65
8210 Time Frames for CPS to Remove the Discharged Child	66
8220 Discharge	66
8230 Child Is Admitted to a Psychiatric Hospital.....	68
8231 Child is Placed in Jail or a Juvenile Detention Facility	69
8232 Child is on Runaway	69
8240 Documentation Provided Upon Discharge.....	70
8241 Documentation Provided by the Provider Discharging the Child.....	70
8242 Documentation Provided by the Provider Receiving the Child	70
8250 Transferring Information About the Child	71
8300 The Child’s Transition From Substitute Care.....	71
8400 National Youth in Transition Database (NYTD)	72
8500 Voluntary Extended Foster Care and Return for Extended Foster Care.....	73
Appendices	74
Appendix I: Residential Child-Care Contract Glossary	74
Appendix II: HHSC 24-Hour Residential Child-Care Rates.....	92
24-Hour Residential Child Care Rates.....	92
Minimum Daily Amount to be Reimbursed to a Foster Family *.....	93
Supervised Independent Living Rates.....	93
Appendix III: Service Level Descriptions	94
100 – Supervision	94
B100 Basic Service Level: Supervision	94
M100 Moderate Service Level: Supervision.....	95
S100 Specialized Service Level: Supervision.....	95
I100 Intense Service Level: Supervision	96
IP100 Intense Plus Service Level: Supervision	96

101 – Child-To-Caregiver Ratios..... 96

 B101 Basic Service Level: Child-To-Caregiver Ratios..... 96

 M101 Moderate Service Level: Child-To-Caregiver Ratios 97

 S101 Specialized Service Level: Child-To-Caregiver Ratios 97

 I101 Intense Service Level: Child-To-Caregiver Ratios 97

 IP101 Intense Plus Service Level: Child-To-Caregiver Ratios 97

200 – Medical 98

 B200 Basic Service Level: Medical and Dental Services 98

 M200 Moderate Service Level: Medical and Dental Services..... 98

 S200 Specialized Service Level: Medical and Dental Services..... 99

 I200 Intense Service Level: Medical and Dental Services..... 99

 IP200 Intense Plus Service Level: Medical and Dental Services 99

300 – Recreation..... 100

 B300 Basic Service Level: Recreational and Leisure-Time Services..... 100

 M300 Moderate Service Level: Recreational and Leisure-Time Services 100

 S300 Specialized Service Level: Recreational and Leisure-Time Services 100

 I300 Intense Service Level: Recreational and Leisure-Time Services 100

 IP300 Intense Plus Service Level: Recreation and Leisure-Time..... 101

400 – Education..... 101

 Basic, Moderate, Specialized and Intense Service Levels Schooling..... 101

 B400 Basic Service Level: Educational Services..... 101

 M400 Moderate Service Level: Educational Services 102

 S400 Specialized Service Level: Educational Services 102

 I400 Intense Service Level: Educational Services 102

 IP400 Intense Plus Service Level: Educational Services 102

500 – Casework and Support Services 103

 B500 Basic Service Level: Casework and Support Services 103

 M500 Moderate Service Level: Casework and Support Services..... 103

 S500 Specialized Service Level: Casework and Support Services..... 104

 I500 Intense Service Level: Casework and Support Services 104

 IP500 Intense Plus Service Level: Casework and Support Services 105

501 – Service Plans	105
B501 Basic Service Level: Service Plan Requirements	105
M501 Moderate Service Level: Service Plan Requirements.....	105
S501 Specialized Service Level: Service Plan Requirements.....	106
I501 Intense Service Level: Service Plan Requirements	106
IP501 Intense Plus Service Level: Service Plan Requirements	107
502 – Training	107
B502 Basic Care Level: Training Requirements.....	107
M502 Moderate Service Level: Training Requirements	109
S502 Specialized Service Level: Training Requirements.....	109
Intense Plus Service Level: Training Requirements	110
503 – Personnel.....	110
B503 Basic Service Level: Personnel Requirements	110
M503 Moderate Service Level: Personnel Requirements.....	110
S503 Specialized Service Level: Personnel Requirements.....	111
I503 Intense Service Level: Personnel Requirements.....	111
IP503 Intense Plus Service Level: Personnel Requirements	112
APPENDIX IV: 24-Hour Awake Supervision Supplemental Payment.....	113
APPENDIX V: 24-Hour Awake Supervision Progressive Intervention and Liquidated Damages	115

24-Hour Residential Child Care Requirements

This publication contains requirements for child-placing agencies (CPAs) and general residential operations (GROs) that contract with the Department of Family and Protective Services (DFPS) to provide residential child care.

In this publication CPAs and GROs are referred to as providers. The term Caregiver refers to individuals who deliver services directly to the Child, such as Foster Parents, adoptive parents, or residential Facility staff.

[Minimum Standards for Child-Placing Agencies \(26 TAC\) Chapter 749](#)
[Minimum Standards for General Residential Operations \(26 TAC\) Chapter 748](#)

Section 1000: Contract Compliance**1100 CPS Prerogatives****1110 Child Protective Services Right of Placement****24-Hour Residential Child Care Requirements March 2019**

The Department of Family and Protective Services (DFPS) reserves the right to place a Child only in a Facility that it believes can meet the needs of the Child. CPS is under no obligation to place or continue a placement of any Child with a particular provider. Placement is always at the sole discretion of CPS.

The Contractor must comply with the Department's placement processes. The Contractor will not engage in practices used to circumvent these placement processes. The provider does not have the right to place or maintain the placement of any Child without the authorization of CPS.

Contractor must comply with the Department's placement processes, including regular data entry or updates of vacancy status into the Department's Child Placement Vacancy Database. To access the database and a list of State holidays select Update Provider Vacancies in the Child Care Licensing Provider Portal at: [Child Care Provider Login](#).

The Contractor will not engage in practices used to circumvent these placement processes. No part of this Contract will be construed to create any legal or equitable right on behalf of the Contractor to receive any such placements or to continue any particular placements. The provider must comply with all applicable federal and state laws, including:

- The Multiethnic Placement Act, as amended by the Interethnic Adoption Act of 1996 ([42 USC Chapter. 21 §1996b](#));
- The Indian Child Welfare Act ([25 USC Chapter 21 §1915](#));
- The [Adoption and Safe Families Act of 1997](#) (42 USC Sec. 629 et seq. and Sec. 670 et seq.);
- The Adam Walsh Child Protection and Safety Act of 2006 ([42 USC §671](#)); and
- Comparable state laws regarding the placement of Children.

Foster Care Ombudsman

The provider must post the Foster Care Ombudsman's sign in English and Spanish in a location where it is easily accessible and legible to the Child population served.

The provider must allow a Child to contact the Foster Care Ombudsman's office upon request and must allow the Child to communicate with the Foster Care Ombudsman's office privately if the Child requests to do so.

The DFPS Statewide Intake hotline's phone number must be readily available and displayed prominently in all foster care residential Facilities. Foster

Children must be allowed telephone access to reach out to this 24-hour system, free from observation. The [Foster Care Ombudsman](#) poster must be displayed prominently.

Child's Access to Caseworker, Attorney ad-Litem, and CASA

The provider must allow a Child to contact his or her CPS Caseworker, Attorney ad-Litem, CASA supervisor or volunteer upon request. The provider may not establish any rules or requirements that would prohibit a Child from contacting the CPS Caseworker, the Attorney ad-Litem, CASA supervisor or volunteer, or the Abuse Hotline and must allow the Child to make these phone calls in private.

1115 Continuous 24-Hour Awake Supervision

24-Hour Residential Child Care Requirements September 2020

(Definition)

For the purpose of this section, Continuous 24-Hour Awake Supervision means caregivers are awake to supervise children continuously, 24 hours a day; children means children and youth under the age of 18.

Contractor Emergency On-Call Contact. The Contractor must provide and maintain a current designated emergency on-call contact during the overnight hours. The current contact information must be provided to the DFPS contract manager and must be available to contractor staff responsible for supervision. The Contractor will ensure the emergency on-call contact is readily accessible and is able to implement an immediate plan for compliance with supervision requirements.

24-Hour Awake Supervision contract violations, subject to liquidated damages, are those violations validated through Contractor self-reported incidents or unannounced monitoring visits. Unannounced monitoring visits will be conducted during the overnight hours.

On-site monitoring violations are defined as below:

- Failure to provide supervision. This is defined as staff assigned to supervise are not awake or supervision is not continuous. This includes but is not limited to, caregiver reported, instances of staff sleeping or having been sleeping, or awake staff not present in the building.
- Failure to provide access. This includes but is not limited to, DFPS monitoring staff's inability to access the facility. Including access that is denied; access that is delayed by more than 10 minutes; or there is no response to DFPS staff's attempt to obtain access to the facility or foster home.
- Failure to properly document supervision. This includes, but is not limited to, Contractor staff prefilling or not completing the supervision chart or other system such as an electronic system, that fails to record

and therefore support the supervision rounds were conducted as required by the Contractor's supervision policy.

24-Hour Awake Supervision violation identified during a monitoring visit.

DFPS staff will:

- Contact the Contractor's emergency on-call staff and request an immediate plan for ensuring supervision will be in place for the night,
- Remain on premises until compliance is met,
- Notify the Contractor in writing of the unannounced visit, the nature of the contract violation identified, and they or their designee will be contacted by the DFPS staff and given the option to provide supporting information as to why a noncompliance should not be cited, and
- Consider any additional information the contractor provides.

Self-Reported 24-Hour Awake Supervision violation. When a Contractor self-report is received the contractor will be contacted by the DFPS staff, and given the option to provide supporting information as to why a noncompliance should not be cited, and consider any additional information the contractor provides.

Monitoring Disposition. DFPS will notify the contractor in writing of:

- A monitoring disposition of compliance, with no further action needed, or
- A monitoring disposition of a contract violation, requiring:
 - A Contractor's written response within 3 business days of receipt of the written monitoring findings correspondence, the Contractor's analysis of the cause of the violation, and a plan for correction and the elimination of the risk for repeat findings.

Requirements for General Residential Operation

All providers serving more than six children in their facility must provide Continuous 24 – Hour Awake Supervision. Provider's supervision policies and procedures must consider and address the ages, needs, living arrangements, and levels of service of the children and youth placed at a facility in addition to the physical environment and layout of the facility.

The Provider must notify DFPS when this condition is not met in the format provided by DFPS below. This report will be submitted within 24 hours of the occurrence and include Contractor actions. All reports should be documented at:

<https://www.surveymonkey.com/r/ZFV9X65>

The Provider must obtain approval from DFPS prior to modifying its policies and procedures for Continuous 24-Hour Awake Supervision.

Requirements for Foster Family Homes with more than 6 children

For the purpose of this section, *children* means children under the age of 18.

Any Foster Family Home that exceeds the limit of 6 children, for any reason, must immediately notify DFPS.

If a foster family home is granted a variance or completes a Foster Family Home Capacity Exception Form allowing for the placement of a 7th or 8th child into a foster family home, the provider must:

- Complete an addendum on the family indicating how the caregiver will meet the additional children's needs including safety and supervision needs;
- Submit the home study and the home study addendum to the CPS Director of Placement prior to the placement of the additional child(ren) into the foster home;
- Submit a [24 Hour Awake Caregiver Supervision Plan](#); (Form 2128);
- Submit the Foster Family Home Capacity Exception Form; and
- Obtain approval from CPS prior to the placement of any additional children.

1120 CPS Approval Requirements for Travel and Visits**24-Hour Residential Child Care Requirements March 2019**

The provider develops and maintains a written policy regarding overnight travel and overnight visits.

For the purpose of this section, *Child* means Children under the age of 18.

See the [When a Child or Youth in CPS Conservatorship Travels Resource Guide](#)

Approval Required for Travel Out of State

In the *Child Protective Services Handbook*, see [6471.2](#).

If the Child is traveling outside of Texas in the bordering states and if the travel is less than 72 hours the Caregiver is not required to obtain Caseworker approval. The Caregiver must notify the Caseworker of the travel by text, phone, or email.

If the Child is traveling outside of Texas in the bordering states for more than 72 hours, Caseworker or supervisor approval is required.

If the Child is traveling outside of Texas to the states that do not border Texas, Caseworker or supervisor approval is required and notice to the court, or the courts written approval if the court has jurisdiction over the case requires it, or both.

If the Child is traveling outside of the United States, CPS State Office and court approval are both required, so the provider completes and submits [Caregiver Declaration Regarding Out-of-Country Travel](#) (Form 2069).

Approval Required for Travel Within the State

In the *Child Protective Services Handbook*, see [6471.1](#).

If the Child's travel is routine and fewer than 48 hours away from the Facility or home there is no required approval.

If the Child's travel is more than 72 hours with the Caregiver, away from the Facility or home, written approval by the Caseworker or the supervisor is required.

If the Child's travel is more than 48 hours with a person who is not a Caregiver or Relative, written approval is by the Caseworker or supervisor is required.

1130 Foster Home Screenings for Foster/Adopt Kinship Caregivers

24-Hour Residential Child Care Requirements March 2019

Contractor Foster/Adopt Home Screenings will ensure compliance with Minimum Standards and the following contract requirements:

- **General Instructions:** If the Foster Home Screening is being completed on a Kinship Caregiver, it is necessary to address information only if it relates to caring for the kinship Child(ren).
- **References:** If there was a kinship assessment, the provider may not use the references completed at that time for the Foster/Adopt Home Screening. New or updated references must be completed.
- **Motivation:** If this is a kinship home, describe how long the Children have been in the home, briefly describe why the Children are in care, and address each prospective parent's motivation as it relates to the kin of the Child.
- **Previous child placement experience:** If this family is a kinship home and the Child already resides in the home, you should already be in possession of or can obtain the kinship assessment. Address the information that is in the kinship assessment. Discuss any concerns noted in the kinship assessment and the resolution of those concerns.
- **Sensitivity to biological Families:** For kinship families, the provider must explore and describe the prospective parent's feelings regarding

both the Children's maternal and paternal Relatives, including the Child's parents.

- Additional Information: If the kinship assessment was denied and this denial was not discussed in the child placement experience section above, document the reason for denial here and how the issues were addressed to mitigate the concerns.
- Contractor has the option to utilize the DFPS [Foster/Adoptive Home Screening](#) kinship home study template (Form 2191, with Instructions available on [Form 2191ins](#)) as tools for development of the Foster Home Screenings.

Note: This will most likely occur in Relative families who already have the Child placed in their home.

1200 Provider's Obligations

1210 Provider Representation

[24-Hour Residential Child Care Requirements December 2017](#)

When a Contractor accepts a Child, the Contractor represents that:

- it has the expertise and is licensed to provide Programmatic Services to meet the Child's current needs based on the background information provided by DFPS;
- it will accept the service level unit rates as payment and meet the service level unit rate requirements; and
- It will deliver services and meet requirements in a manner that meets high standards of professional quality.

1220 Foster Family Recruitment Prohibitions

[24-Hour Residential Child Care Requirements December 2017](#)

Contractor will ensure that its staff, volunteers, subcontractors, authorized agents, or any affiliated entities will not contact the verified family of another CPA for the purpose of recruitment or transfer of a foster home. If the Contractor believes that another DFPS Contracted CPA has violated this provision, then both parties will work together independently for the purposes of making a good faith effort to privately resolve the dispute within 21 business days. If the parties to the dispute cannot resolve the conflict, then they will elevate the dispute by requesting a peer review of the matter to the CPS State Office Program Specialist. The Peer Review Committee (Committee) will meet either in person or via teleconference within 30 days of DFPS referring the complaint in order to hear, review, and render a recommendation resolving the dispute. Committee decisions are based on a majority vote of the Committee and they will forward their recommendations to the Office of the Associate Commissioner of Child Protective Services for

review. At its sole discretion, the Office of the Associate Commissioner of Child Protective Services can choose to adopt, amend, or reverse the recommendations of the Committee. If the Office of the Associate Commissioner of Child Protective Services does not render a final action on the recommendation of the Committee within ten business days, then the recommendation of the Committee becomes final. DFPS reserves the right to use any and all available Contract remedies if the final recommendation includes a determination that a DFPS Contracted CPA has violated this provision.

1300 Service Levels

24-Hour Residential Child Care Requirements December 2017

DFPS determines the minimum services to be provided to each Child based on the Child's level of need. DFPS designates the level of need as Basic, Moderate, Specialized, Intense, or Intense Plus, as described in [Service Levels for Foster Care](#) on the DFPS website.

A CPA may submit a request for a Service Level evaluation directly to the Service Level Monitor (third party contractor) within the first 45 days of admitting a Child who has not had an Initial Authorized Service Level during the current paid foster care stay. All other requests for Service Level evaluations must be directed to the Caseworker, who will forward any approved requests to the Service Level Monitor.

CPAs requesting an Initial Authorized Service Level within the first 45 days of admitting a Child may be paid the new initial Service Level rate up to 60 days in the past when the following conditions are met:

- The retroactive initial Service Level must be submitted for authorization to the Service Level Monitor within 45 days of admitting a Child who does not have an Initial Authorized Service Level;
- Upon admission to the CPA, the Child must remain in the same foster home or have been in Intermittent Alternate Care within the same CPA that is requesting the Initial Authorized Service Level; and
- The Child:
 1. Remained less than 30 days in a general residential operation providing emergency care services placement immediately prior to placement with a CPA; or
 2. The Child was placed in any other setting.
- CPAs serving Children at Specialized or Intense Service Levels must:
 1. Be licensed to provide Treatment Services; and
 2. Before placing a Child with a Specialized or Intense Service Level, ensure that the foster home in which the Child will be placed is verified to provide Treatment Service(s) appropriate to the Child's needs.

If a Contractor disagrees with the Service Level determination by the Service Level Monitor and the Contractor chooses to appeal the determination, the Contractor must utilize the administrative and peer review processes through

the Service Level Monitor. These processes are outlined on the Service Level Monitor's website at: <http://www.yft.org>.

See the [Texas Service Levels Resource Guide](#)

The Contractor must comply with the Department's Intense Foster Family Care Services policy and procedures if applicable. In the *Child Protective Services Handbook*, see [4250](#).

1400 Notifications

24-Hour Residential Child Care Requirements December 2017

Maintaining an Email Account

The provider must maintain at all times at least one active email address so the provider can receive communications from DFPS. It is the provider's responsibility to monitor this email address for information from DFPS.

If the email address changes the provider notifies the DFPS residential contract manager using the Residential Contract mailbox (DFPSRESIDENT@dfps.state.tx.us) within five calendar days of the change.

1410 Notifications Made to DFPS by the Provider

24-Hour Residential Child Care Requirements September 2020

In addition to Minimum Standards notifications, the Contractor will:

Notify the CPS Caseworker, the CPS Supervisor, and the Regional Placement unit for the Child's legal region within 24 hours, when the Contractor knows that a Child placed by the Department and in the Contractor's care requires hospitalization;

If an onsite psychiatrist evaluates a child or youth for concerns of needing acute psychiatric hospitalization and determines that a hospital assessment is not necessary, the Contractor will notify the CPS Caseworker and the CPS Supervisor within 24 hours of the onsite psychiatrist's determination.

Notify the residential contract manager within 10 calendar days if there are payment issues which cannot be resolved by the applicable regional foster care billing coordinator.

Texas Family Code §264.018, Required Notifications; and DFPS Rules, 26 TAC, Chapter 700, Subchapter M, [Division 2](#)

1411 Reporting Serious Incidents to DFPS

24-Hour Residential Child Care Requirements September 2019

Within the timeframe mandated by Minimum Standards and in accordance with Reporting Abuse, Neglect or Exploitation requirements in Section II of the DFPS Vendor Supplemental and Special Conditions, the provider must

notify the CPS Caseworker and Chain of Command of any Serious Incident, including but not limited to:

- A Child running away;
- A Child's death; and
- A Child's abuse, neglect, or exploitation.

Minimum Standards for CPAs, 26 TAC, Chapter 749, Subchapter D, [Division 1](#)
Minimum Standards for GROs, 26 TAC, Chapter 748, Subchapter D, [Division 1](#)

The provider may report Serious Incidents to the DFPS Statewide Intake hotline at 1-800-252-5400.

1412 Notifying DFPS of Significant Changes affecting the Contractor's Residential Childcare Program

[24-Hour Residential Child Care Requirements December 2017](#)

The provider must notify the DFPS residential contract manager within 10 calendar days of any significant changes affecting the provider's residential child care program. These changes include, but are not limited to:

- the addition, replacement, or termination of the administrator or board president;
- any change in ownership of the Facility;
- a change in the provider's status as a for-profit or non-profit entity;
- any change to the provider's admissions policy; and
- Significant changes to the scope and coverage of the services provided by Contractor or Subcontractors.

1413 Reporting Breaches of Confidential Records to DFPS

[24-Hour Residential Child Care Requirements September 2019](#)

See Section II (Records – Access, Audit & Retention) of the DFPS Vendor Uniform Terms and Conditions.

1414 Reporting the Child's Absence to the School

[24-Hour Residential Child Care Requirements December 2017](#)

The provider must notify the school the same day of any change that will affect the Child's attendance at school and, where possible, the length of time a Child may be absent.

1415 Notifying DFPS of Changes to Authorized Health Passport Users

[24-Hour Residential Child Care Requirements December 2017](#)

The provider must send notification to the residential.passportaccess@dfps.state.tx.us email box within 48 hours of any additions or deletions of Health Passport Authorized Users.

1416 Reporting Complaints to DFPS

24-Hour Residential Child Care Requirements September 2019

See Section IV (Notice) of the DFPS Vendor Uniform Terms and Conditions.

1417 Reporting an Application to Foster by a Relative or Fictive Kin

24-Hour Residential Child Care Requirements December 2017

If a person applies to a child-placing agency to be verified as a foster home, and that person is a Relative or Fictive Kin of the Child, the CPA notifies DFPS within two business days of accepting the application. Notification is made at the [Child-Care Provider Login](#) page of the DFPS website.

If the provider verifies the person as a Foster Parent, the provider notifies the Child's CPS Caseworker in writing within two business days of the verification, and provides a copy of the Foster Home Screening.

If the provider does not verify the person as a Foster Parent, the provider notifies the Child's CPS Caseworker in writing and explains why the person was not verified at the [Child-Care Provider Login](#) page of the DFPS website within two business days of determining that the home will not be verified.

1420 Notifications Related to the Child

1421 Reporting Service Level Issues to DFPS

24-Hour Residential Child Care Requirements December 2017

The provider must notify the DFPS residential contract manager within 10 calendar days if there are:

- Service level issues that cannot be resolved by DFPS's third-party contractor.

1422 Notifying DFPS of Meetings Related to the Child

24-Hour Residential Child Care Requirements September 2019

Within three business days of receiving notice of certain meetings related to the Child, the provider must notify the CPS Caseworker or the Caseworker's Chain of Command in writing about the meeting in writing. These meetings are:

- Upcoming ARD team meetings; and
- Any meetings regarding student disciplinary actions that may lead to in-school or out-of-school suspension, expulsion, or placement at an alternative education setting.

1430 Notifications Related to the Older Child or Young Adult**1431 Reporting Incomplete Voluntary Extended Foster Care Agreement****24-Hour Residential Child Care Requirements December 2017**

The provider must notify the Child's CPS Caseworker in writing within 2 calendar days when:

- A Voluntary Extended Foster Care Agreement signed by the Child has not been completed within 10 calendar days prior to the Child's 18th birthday; or
- A Voluntary Extended Foster Care Agreement has not been received for a Child 18 to 22 years of age participating in Extended Foster Care.

Efforts made to obtain a copy of the signed agreement must be documented in the Child's record.

1432 Reporting Violations of the Extended Foster Care Program**24-Hour Residential Child Care Requirements September 2019**

When a Child 18 to 22 years of age has requested Extended Foster Care or Return for Extended Foster Care, but is not participating in the required school, work or other activity, the provider must notify the CPS Caseworker of this in writing within 30 calendar days.

1433 Reporting a Child Needing to Enroll in PAL**24-Hour Residential Child Care Requirements December 2017**

If the provider is updating the service plan of a Child 16 years of age or older, and there is not yet a plan in place for the Child to enroll in or receive PAL Life Skills training, the provider must notify the Child's CPS Caseworker. Plans for enrolling the Child in PAL and to attend Life Skills training must be included in the Child's service plan.

1434 Reporting a Child Entering the Transitional Living Program**24-Hour Residential Child Care Requirements December 2017**

When a minor is accepted into the provider's transitional living program, the provider notifies the Child's CPS Caseworker in writing within 24 hours. If the provider does not know the Child's CPS Caseworker, the provider notifies the regional Preparation for Adult Living (PAL) staff. See the [Regional Preparation for Adult Living \(PAL\) Coordinators](#) page of the DFPS website.

Texas Family Code §32.203

1440 Notifications Made to the Provider by DFPS**1441 Notification of Discharge****24-Hour Residential Child Care Requirements December 2017**

DFPS notifies the provider 30 calendar days before discharging a Child from placement. An emergency care services provider is notified 5 calendar days before discharging a Child from placement.

No notification is required for removal when:

- The removal is court ordered;
- There is an immediate threat to the health, safety or well-being of a Child; or
- After the provider requests removal.

However, when DFPS determines the removal to be in a Child's best interest, DFPS will make every effort to afford the Child and the provider reasonable notice.

If DFPS discharges a Child with less than 30 days' notice, the provider may request a discharge document signed by the DFPS program director responsible for the Child. At DFPS's discretion the discharge document may be signed by a higher management level if the discharge is not for one of the reasons above. The discharge document describes DFPS's reasons for the discharge and the reasons for discharging with less than 30 days' notice.

1442 Notifying the Provider of Changes in the Child's Permanency Goal

[24-Hour Residential Child Care Requirements December 2017](#)

DFPS keeps the provider informed of any significant changes in the Child's circumstances in a timely manner including legal status, family situation, and factors related to the Child's Permanency Goal.

1443 Notifying the Provider of Changes in Funding

[24-Hour Residential Child Care Requirements December 2017](#)

DFPS notifies the provider when it knows that funds for the provider's contract will be reduced or eliminated.

1444 Notifying the Provider of a Delay in Service Level Evaluation

[24-Hour Residential Child Care Requirements December 2017](#)

DFPS notifies the provider within 10 calendar days when a request for a service level evaluation will not be forwarded to the Service Level Monitor.

1500 Use of Department Forms

1510 Non-Emergency Placements

[24-Hour Residential Child Care Requirements September 2019](#)

For Children at the Moderate service level or higher, CPS completes and provides to the provider at or before placement the Common Application for Placement of Children in Residential Child Care as the uniform application for admission.

The provider accepts Children for placement by CPS only after receiving one of the following completed forms, as appropriate:

- 2085-B Designation of Medical Consenter
- 2085FC Placement Authorization Foster Care/Residential Care
- 2085-E Education Decision-Maker Form
- 2085SIL Placement Authorization - Supervised Independent Living
- 2279 Placement Summary Form
- The provider can obtain all of the above forms from the [Find a Form](#) page on the DFPS website.

If the Child's service level is Moderate or higher, the provider must also receive:

- 2087 Application for Placement
- 2089 Youth for Tomorrow Request for Initial Level of Care Authorization

This section does not apply to IPTP service providers when stepping down a Child into their own GRO.

1520 Emergency Placements

24-Hour Residential Child Care Requirements September 2019

In an emergency placement, CPS will make every effort to complete and provide to the provider at or before placement the Common Application for Placement of Children in Residential Child Care (Form 2087ex) as the uniform assessment form and application for admission. The form may be incomplete at admission but will contain all available information.

Changing From an Emergency to a Non-Emergency Placement

The provider accepts Form 2087 or Form 2087ex as the uniform assessment form and application for admission for placement of CPS Children.

The provider accepts CPS Children for placement only after receiving one of the following completed forms, as appropriate:

- 2085-B Designation of Medical Consenter
- 2085FC Placement Authorization Foster Care/Residential Care
- 2085-E Education Decision-Maker Form
- 2085SIL Placement Authorization - Supervised Independent Living
- 2279 Placement Summary Form
- The provider can obtain all of the above forms from the [Find a Form](#) page on the DFPS website.

1530 Unaccompanied Emergency Placements**24-Hour Residential Child Care Requirements December 2017**

In the event an unaccompanied Child in the care of CPS presents him or herself at a provider's location, the provider must immediately notify the CPS Caseworker and the Abuse Hotline.

1540 Reviewing the Childs' Rights with the Child**24-Hour Residential Child Care Requirements December 2017**

At the time of admission and any placement change, the CPS Caseworker provides the Caregiver and Child a copy of the [CPS Rights of Children and Youth in Foster Care](#) (Form 2530). The Caseworker will review the CPS Rights of Children and Youth with the Child and Caregiver.

The Caregiver must review the CPS Rights of Children and Youth in Foster Care with the Child, upon request, and explain the CPS Rights of Children and Youth in Foster Care, if appropriate.

The Child and Caregiver sign and date the CPS Rights of Children and Youth in Foster Care.

The provider maintains a copy of the signed CPS Rights of Children and Youth in Foster Care in the Child's record.

At the time of placement, the immediate Caregiver reviews the foster home or placement's rules and expectations with the Child.

This section does not apply to IPTP service providers when stepping down a Child into their own GRO.

Medications

A provider may not develop any policies that prohibit a Child's placement based upon the amount of medication the Child has at the time of placement. The provider must work with the Caseworker and [STAR Health](#) to obtain medications prescribed to the Child.

1550 Disclosure of Medical Information**24-Hour Residential Child Care Requirements December 2017**

If it becomes necessary for the provider to obtain and disclose health information on a Child the provider must still comply with the federal Health Insurance Portability and Accountability Act of 1996 ([HIPAA](#)).

If the provider encounters problems obtaining and disclosing health information on a Child, the provider works with the CPS Caseworker and the DFPS residential contract manager to obtain any additional permissions that are necessary.

1560 Medical Consent

24-Hour Residential Child Care Requirements December 2017

The Medical Consenter is authorized by the court to access, receive, and review all of the Child's medical records. The Medical Consenter may also authorize the release of the Child's medical records to obtain services for the Child under *Texas Family Code* §[266.010](#).

The provider will advise Children ages 16 and 17 years of age of their right to request the court to authorize them as their own Medical Consenter under *Texas Family Code* §[266.010](#).

The Medical Consenter follows the requirements and responsibilities of the Medical Consenter listed in [Designation of Medical Consenter](#) (Form 2085-B) located on the [Find a Form](#) page on the DFPS website.

If the Medical Consenter or backup Medical Consenter is a Caregiver affiliated with a residential provider:

- The Caseworker must discuss the designation with a Representative of the residential provider; and
- The Representative also signs the appropriate section of [Form 2085-B](#) Designation of Medical Consenter.

See the [Medical Consent Resource Guide](#)

1561 Training for Medical Consenter

24-Hour Residential Child Care Requirements December 2017

Caregivers and employees who serve as Medical Consenters submit the completed [Acknowledgement and Certificate of Completion of Medical Consent Training](#) (Form 2759) to the CPS Caseworker each time a Child is placed or a Caregiver is designated as Medical Consenter for a Child.

Medical Consenters must complete this initially and Annually thereafter.

1562 Training for the Child Who Is the Medical Consenter

24-Hour Residential Child Care Requirements December 2017

Children ages 16 and 17 years of age may be designated by the court as their own Medical Consenters. Within seven days of the court's designation the Child must complete the DFPS computer-based training on Informed Consent by clicking the Take the Training button on the [Medical Consent Training for Caregivers](#) web page of the DFPS public website.

No less than 120 days before the Child's 18th birthday, the Child must take the training, and within 5 days of completing it submit the completed Acknowledgment and Certificate of Completion of Medical Consent Training ([Form 2759](#)) to the CPS Caseworker.

If the Child has a non-emergency appointment with a health or Behavioral Health care provider within those 7 days the Child must take the training before the appointment. The Child submits the completed Acknowledgement and Certificate of Completion of Medical Consent Training (Form 2759) to the CPS Caseworker within five days of completion.

1600 Disaster and Emergency Response Plan

24-Hour Residential Child Care Requirements December 2017

The provider must maintain at all times a written disaster and emergency response plan.

The provider must also develop and maintain policies and procedures to address internal and external emergencies and disasters that include, but are not limited to:

- Acts of nature (such as flood, hurricane, fires, and tornadoes);
- Chemical or hazardous material spills;
- Critical equipment failure;
- Weapons of mass destruction events; and
- Acts of terrorism.

In the event of an emergency requiring evacuation or quarantine, the provider is responsible for maintaining the safety and placement of all Children in its care.

All staff and subcontractors of the provider must be aware of the disaster plan requirements and be prepared to fulfill their role in executing the plan.

*Minimum Standards for CPAs, 26 TAC §[749.2907](#) and [749.2908](#)
Minimum Standards for GROs, 26 TAC, Chapter 748, Subchapter O, [Division 6](#)*

1610 Content of the Plan

24-Hour Residential Child Care Requirements December 2017

The disaster and emergency response plan and procedures must address the following:

- Mandatory evacuation if directed by local officials;
- Emergency evacuation;
- Emergency response;
- Disaster planning training for all staff and Caregivers; and
- Arrangements for adequate provision of:
 - Staffing;
 - Shelter;

- Food;
- Transportation;
- Education;
- Supplies;
- Emergency equipment;
- Emergency services; and
- Medically necessary equipment and supplies, or access to these items for the Child during an emergency.

1620 Preserving Records in a Disaster

[24-Hour Residential Child Care Requirements December 2017](#)

The provider must ensure that contact information for the CPS Caseworker and the Caseworker's supervisor is available.

The provider must identify and track each Child and be aware of each Child's location.

Each Child's records and important paperwork must be protected or recovered. This includes but is not limited to:

- Electronic records;
- Placement information;
- Medical authorizations;
- Medicaid cards;
- STAR Health cards; and
- The Child's Education Portfolio.

1630 Providing Service to Children During and After a Disaster

[24-Hour Residential Child Care Requirements December 2017](#)

The provider must ensure that each Child receives regular and crisis-response services during and after a disaster.

The provider must have plans in place for maintaining any services required by a court order or the Child's service plan, for any Child in care both during and after a disaster.

Counseling Services

The provider must ensure that each Child receives services such as crisis counseling, to meet the crisis-related needs of the Child in care during and after the disaster.

Medical Services

The provider must ensure that each Child receives medical services to each Child throughout the disaster. Such services include, but are not limited to:

- Providing the Child with medication as prescribed (including insulin and asthma-related treatments);
- Emergency care; and
- Medical Care if a Child has Primary Medical Needs (as defined in the glossary).

1640 Maintaining Communications During a Disaster

[24-Hour Residential Child Care Requirements December 2017](#)

The provider must ensure that communication with DFPS and CPS is maintained.

The provider must provide DFPS with the names and telephone numbers of two emergency contacts who will be available to DFPS at all times in the event of an emergency or disaster.

Unless otherwise instructed by DFPS, during a disaster, providers with multiple Facilities and CPAs must contact CPS at a minimum once a day until all Children in the provider's care are accounted for.

To report the location and condition of each Child in care as soon as the Child has reached the evacuation destination, the provider uses the online reporting feature on the DFPS website. This feature is enabled during times when mass evacuation of part of Texas is anticipated. If the website is not available, the provider calls the Statewide Intake hotline at 1-800-252-5400.

Child-placing agencies must have methods by which their individual foster homes can contact the CPA administration to inform them of the location and condition of each Child in care as soon as possible upon reaching an evacuation destination.

1650 Post-Disaster Plans

[24-Hour Residential Child Care Requirements December 2017](#)

The provider must include post-disaster needs in the disaster plan. This includes planning to:

- Provide emergency power, food, water, and transportation; and
- Return after an evacuation.

1660 Reviewing and Updating the Disaster Plan

[24-Hour Residential Child Care Requirements December 2017](#)

The provider must ensure that the disaster plan remains current and is reviewed at least:

- Every two years; and
- When changes in administration, construction, or emergency phone numbers occur.

1670 Distribution of the Disaster Plan

24-Hour Residential Child Care Requirements December 2017

Child-placing agencies must provide a copy of their disaster plan to Foster Parents and ensure that each home has a written disaster plan specifically for that home. The home's plan is updated as necessary and at each re-evaluation required by Minimum Standards.

Minimum Standards for CPAs, 26 TAC §[749.2801\(b\)](#)

The CPA maintains a copy of each home's disaster plan in its records.

1700 Retention, Access, and Confidentiality of Records

24-Hour Residential Child Care Requirements December 2017

The provider must comply with Section II (Records – Access, Audit & Retention) of the DFPS Vendor Uniform Terms and Conditions and maintain comprehensive and legible records of all actions performed by the provider's personnel

The records management requirements in this section remain in effect even if the contract with DFPS is terminated, or if services cease to be performed by the provider.

1720 Providing Access to Records

1721 Providing Access to DFPS

24-Hour Residential Child Care Requirements December 2017

DFPS has absolute right of access to, and copies of, Child case records or other information relating to a Child served by the provider.

The provider makes available any and all records and information concerning the Child to DFPS upon written request. The provider must forward legible records and information to DFPS within 14 calendar days of receiving the request.

Emergency Access

The provider makes available any and all records and information concerning the Child to DFPS upon verbal request in emergency situations. Upon verbal request from DFPS, the provider submits all records and information within DFPS's specified time frame. Emergency requests for records can include, but are not limited to:

- The need to review the Child's service level in order to make a placement change;
- Emergency Behavior Intervention (EBI) Reports and Serious Incident Reports;
- Court ordered requests; or
- Attorney requests.

1722 Providing Access to the STAR Health Contractor

[24-Hour Residential Child Care Requirements December 2017](#)

Psychotropic Medication Utilization Review

The provider gives the STAR Health contractor (Superior/Cenpatico) information for a specific Child upon written request, if it is for the purposes of a Psychotropic Medication Utilization Review (PMUR). This information includes the:

- Last three months of physician's notes;
- Last three months of medication logs; and
- Most recent psychological evaluation.

Other Requests

If the provider receives a written request for information from the STAR Health contractor that does not involve PMUR, the provider notifies the STAR Health contractor to contact the CPS Caseworker for assistance.

1730 Confidentiality

1731 Confidentiality of All Records

[24-Hour Residential Child Care Requirements December 2017](#)

See Section II (Records – Access, Audit & Retention) of the DFPS Vendor Uniform Terms and Conditions.

1732 Confidentiality of Health Passport Records

[24-Hour Residential Child Care Requirements December 2017](#)

The provider may designate an employee, with DFPS approval, to have access to the Child's [Health Passport](#). This staff member is referred to as the Authorized User. Health Passport is a patient centered internet based health record that gives STAR Health medical and Behavioral Health professional's information about care received outside their office so they can coordinate care and make the best decisions for each Child. Health Passport is available to the person authorized to consent to Medical Care for a Child in DFPS Managing Conservatorship as well as the providers of Medical Care, DFPS workers and authorized Superior HealthPlan staff. The Authorized User must

comply with all operative restrictions of the Health Passport user agreement as it exists now or may later be amended.

The Authorized User must not share information from the Health Passport with anyone who does not have a direct need to know the information for purposes of providing health care to the Child, including Behavioral Health care. The Authorized User shares the minimum amount of information required.

The Authorized User is responsible for maintaining the physical security and confidentiality of Health Passport information. This includes information that the Authorized User may view on a computer, print to paper, copy or download to other formats. The Authorized User does not allow physical access to people who do not need the information. This may involve locking the computer, blanking the screen, and picking up printed materials promptly from shared printers.

The Authorized User must not share passwords. If the provider becomes aware that a password has been shared, he or she is required to change their password through the Forgot Password/Unlock Account on the Health Passport sign in page.

The provider informs Authorized Users that DFPS may restrict or deny access to - Health Passport if they are in violation of the user agreement or terms and conditions described in this section.

Sharing Health Passport Information with the Child

The Authorized User limits access to Health Passport records to:

- Children who are served by the provider; or
- Children with whom the Authorized User has a relationship for which Health Passport access is authorized.

1733 Confidentiality of Children's Photos

24-Hour Residential Child Care Requirements December 2017

The provider may release or otherwise use a photo or image of a Child only under certain circumstances.

Releasing or otherwise using a photo or image of a Child must:

- Be in the best interest of the Child;
- Pose no threat to the Child's health or safety; and
- Not be used for any commercial use, publicity, pecuniary benefit, or similar gain for the provider or anyone else.

If a Child's photo or image is released, no reference may be made to the fact the Child is in the Managing Conservatorship of DFPS. The use of the photo or image must not stigmatize the Child in any way.

If the Child is old enough and developmentally able to read and write, the Child must approve of the release or use of the photo or image.

Prior Written Approval from CPS

In almost all cases the release or use of a photo or images of a Child must be approved in writing by the CPS Caseworker.

When Written Approval is not Required

The provider is not required to receive prior written permission from the CPS Caseworker in the following situations:

- The photo or image is released or otherwise used by the Child or immediate Caregiver to share with the Child's friends or the Caregiver's friends or family. This includes but is not limited to school pictures traded with peers or a family photo sent in a holiday card.
- The photo or image is released by the Child or Caregiver to the Child's biological family.
- The photo or image is used as a normal part of a school or extracurricular activity, including but not limited to:
 - Photos published in the school yearbook or a church newsletter,
 - Photos of honor roll students published in the local newspaper,
 - A group photo of a scout troop distributed to all the troop members and posted on a community youth center bulletin board, or
 - Photos of the sports team posted in a school showcase.

1740 Providing Records to Persons Appointed by the Court

24-Hour Residential Child Care Requirements September 2018

The provider gives access to all records and information concerning the Child to properly identified individuals appointed by a court of competent jurisdiction. These individuals may be:

- Volunteers or employees of Court Appointed Special Advocates (CASA);
- Guardians ad litem;
- Attorneys ad litem; or
- Staff with the Texas Juvenile Justice Department (TJJD) or a county Juvenile Probation Department (JPD).

Records and information available to these individuals may include, but are not limited to:

- Documentation of Face-to-Face visits with the Child by the provider's Case Manager staff;
- The Child's service plan;
- Documentation of services provided to a Child;
- Discipline logs;
- Medical and dental information;
- Educational documentation; and
- Narratives.

If an individual asks for confidential records and claims to be with CASA, the provider or individual Caregiver must confirm this.

If the individual claims to be an employee of CASA, request a court order and review it to be sure it is valid.

If the individual claims to be a CASA volunteer, request:

- A court order and review it to be sure it is valid; and
- A notification letter of volunteer assignment and acceptance that clarifies the individual's appointment to the Child.

If the provider or individual Caregiver cannot readily determine the person's identity or authority, they must obtain approval from the Child's CPS Caseworker before granting the individual access to the Child.

1750 Providing Records to Schools

[24-Hour Residential Child Care Requirements December 2017](#)

The provider does not provide the documents below to a Public School:

- Common Application for Placement of Children in Residential Child Care (Form 2087)
- Alternative Application for Placement of Children in Residential Care (Form 2087ex)
- The Education Portfolio.

The provider ensures that documents and information in the Education Portfolio are kept confidential and only shared with school personnel as necessary to facilitate school activities.

1800 DFPS Information Security Requirements

[24-Hour Residential Child Care Requirements September 2019](#)

See the Information Security Requirements in Section II of the DFPS Vendor Supplemental and Special Conditions.

1810 Providing IT Information to DFPS[24-Hour Residential Child Care Requirements September 2019](#)

See the Information Security Requirements in Section II of the DFPS Vendor Supplemental and Special Conditions.

1820 Providing Certification of Compliance to DFPS[24-Hour Residential Child Care Requirements December 2017](#)

If DFPS requests it, the provider must promptly give DFPS written certifications of compliance with controls and provisions relating to information security. This includes, but is not limited to, those related to confidential data transfers and the handling and disposal of personally identifiable information (PII).

Acceptable forms of written compliance may be, but are not limited to:

- Statement on Auditing Standards No.70, Service Organizations (SAS-70) Report;
- General Security Controls Audit;
- Application Controls Audit;
- Vulnerability Assessment; and
- Network/Systems Penetration Test.

Section 2000: Services to Caregivers**2100 Providing Support and Supervision of Foster Families**[24-Hour Residential Child Care Requirements December 2017](#)

The provider develops and implements a plan to provide support services as needed to the foster families caring for Children placed by CPS.

A Case Manager must be available at all times to assist and support Foster Parents providing Treatment Services. Treatment Services are specialized types of Child-Care Services designed to treat and support Children with emotional disorders, intellectual and developmental disabilities, pervasive developmental disorder, and Primary Medical Needs.

DFPS Rules, 26 TAC §[748.61](#)

The provider develops and implements a written plan to monitor foster homes every quarter for compliance with Minimum Standards and service level standards. The provider makes this plan available to CPS upon request.

The provider maintains documentation of all contact with foster families.

2110 Communication Plan[24-Hour Residential Child Care Requirements December 2017](#)

The provider must develop and implement a written foster family communication plan for disseminating information to the provider's foster families. The communication plan must be available to CPS upon request; and must include, at a minimum, specific type of information provided, including but not limited to the following:

- Updates to the Minimum Standards and residential contracts;
- Notices from DFPS;
- Available training opportunities;
- How often the information will be provided, including routine and emergency notices;
- Methods for providing the information through Telecommunication or other appropriate means; and
- Processes for evaluating the implementation of any required actions that must be taken in accordance with the communication plan notices.

2120 Who May Become Foster Parents

[24-Hour Residential Child Care Requirements December 2017](#)

The provider approves and uses as Foster Parents only U.S. citizens, permanent residents, or other qualified aliens as defined in [8 U.S.C. §1641\(b\)](#).

2121 Conflicts of Interest

[24-Hour Residential Child Care Requirements December 2017](#)

The provider avoids financial and other conflicts of interest by prohibiting the following individuals from being a Foster Parent verified by the provider:

- Any person authorized to sign a residential contract on behalf of the provider, or any board member, officer, or employee of the CPA;
- Any individual or person working in the day-to-day operations of the provider, either as an employee or contractor;
- An owner of the agency; and
- A member of the governing body.

If these individuals want to become Foster Parents they must be verified by other CPAs.

2200 Materials Provided to Foster Families

2210 Texas Health Steps

[24-Hour Residential Child Care Requirements December 2017](#)

The provider distributes Texas Health Steps materials to verified foster homes. The [Texas Health Steps Resource Catalog](#) website contains these

materials. The following items must be sent to each foster home at least Annually:

- *Don't Miss a Beat* brochure EPSDT-05;
- *Checkups Help Children Stay Healthy* EPSDT-08;
- *Good Health Takes More Than an Apple a Day* EPSDT-16; and
- *Case Management* CM1-182.

2220 Medicaid Medical Transportation Program

24-Hour Residential Child Care Requirements December 2017

The provider distributes information about the Medicaid Medical Transportation program. The [Texas Health Steps Resource Catalog](#) website contains these materials.

Medical Transportation Brochure | [English](#) | [Spanish](#)

2230 Providing Intermittent Alternate Care for Foster Families

24-Hour Residential Child Care Requirements December 2017

The provider makes emergency Caregivers available to provide Intermittent Alternate Care, commonly known as respite care, when Foster Parents show signs of needing a break from fostering.

*Minimum Standards for CPAs, 26 TAC, Chapter 749, Subchapter M, [Division 8](#)
Minimum Standards for GROs, 26 TAC §[748.73](#) and [748.75](#)*

2300 Intermittent Alternate Care

24-Hour Residential Child Care Requirements December 2017

Intermittent Alternate Care is a planned alternative 24-hour care provided for a Child by a licensed Child-Placing Agency as part of the agency or home's regulated child care. During an episode of Intermittent Alternate Care a Child is removed from the foster home for a few days to provide relief to the primary Caregiver.

DFPS allows contracted Child-Placing Agencies to use Intermittent Alternate Care to:

- Provide Foster Parents additional supports for child-care responsibilities;
- Increase the retention of Foster Parents;
- Decrease the number of moves a Child experiences; and
- Promote the overall development and permanency needs for the Child in foster care.

The CPS Caseworker or Chain of Command must approve a Child to go into Intermittent Alternate Care in advance of the decision being made and the Child being removed from the foster home for any amount of time.

2310 Duration of Intermittent Alternate Care**24-Hour Residential Child Care Requirements December 2017**

An Intermittent Alternate Care episode lasts more than 72 hours and no longer than 14 days. The provider must contact the Caseworker and receive approval prior to any Child going into Intermittent Alternate Care.

If Intermittent Alternate Care is needed for more than 14 days, the provider contacts the CPS Caseworker to secure a new placement for the Child.

When a Child completes an Intermittent Alternate Care episode, the Child may not return to Intermittent Alternate Care for at least 10 days.

A foster home providing Intermittent Alternate Care services must allow a minimum of 10 days between the completion of one Intermittent Alternate Care episode and the beginning of the next episode, unless the home is verified exclusively to provide Intermittent Alternate Care.

DFPS reserves the right to permit an increased length of stay when it determines that it is in the Child's best interest and has been approved in writing by the CPS Caseworker's supervisor or designee.

2320 Provider Responsibilities Regarding Intermittent Alternate Care**24-Hour Residential Child Care Requirements December 2017**

When providing Intermittent Alternate Care, the child-placing agency must document that the respite care provider is appropriate to ensure the health and safety of each Child in Intermittent Alternate Care.

The provider must ensure that Intermittent Alternate Care is not detrimental to the Child.

The provider must approve each episode of Intermittent Alternate Care provided in its homes, and each time one of its homes uses Intermittent Alternate Care.

Before arranging for Intermittent Alternate Care services for the Child, the provider must obtain written approval from the CPS Caseworker.

The provider must ensure that applicable Licensing Minimum Standards are met.

The provider must ensure that each Child receiving Intermittent Alternate Care services in one of the provider's homes has appropriate sleeping arrangements. This includes comfortable bedding and living arrangements that are behavioral, gender, and age appropriate. Appropriate supervision must be provided at all times to ensure the Child's health and safety.

To ensure continuity of care, the provider must ensure that the following information about the Child's specific needs is provided to the Intermittent Alternate Care provider:

- Medical Care that is currently being provided;
- Psychiatric care that is currently being provided;

- The Child’s medication regimen and instructions;
- Psychological care that is currently being provided;
- Sleeping information;
- Discipline instructions;
- Relevant appointments such as family and sibling visits;
- Other pertinent information that would benefit the Intermittent Alternate Care provider; and
- Any expectations that the provider may have of the Intermittent Alternate Care provider.

2330 Qualifications of Intermittent Alternate Care Providers

24-Hour Residential Child Care Requirements December 2017

The provider must ensure that all Intermittent Alternate Care providers used by the provider are within one of the following categories:

- Foster Parents verified by DFPS or a licensed child-placing agency;
- Foster Parents licensed by the DFPS Child-Care Licensing division;
- Facilities that provide residential Child-Care Services and have been licensed or verified through the DFPS Child-Care Licensing division;
- Businesses that have a Home and Community-Support Services certificate from or are verified through the Texas Health and Human Services; or
- An approved individual who meets a minimum set of requirements. These requirements include:
 - Criminal Background History checks on all individuals or persons living in the home 14 years of age and older;
 - Background checks on all household members age 14 years old and older;
 - Proof that the person providing respite care has a current infant/child/adult CPR and first aid certification;
 - Proof of negative tuberculosis tests for all household members; and
 - An agreement that the person providing respite care agrees to follow the provider’s Discipline and confidentiality policies. In the *Child Protective Services* handbook, see [7462.1](#) Texas Department of Public Safety.

Section 3000: Provider's Obligation to Children

3100 Providing Testimony

[24-Hour Residential Child Care Requirements December 2017](#)

If CPS requests it, the provider must appear and testify in judicial proceedings, depositions, and administrative hearings relating to the Child.

If past employees or subcontractors are needed to appear and testify, the provider helps CPS to locate and notify them that they must come to court.

The provider pays for costs associated with providing testimony.

3200 Provider's Responsibility to Participate in Meetings

[24 Hour Residential Child Care Requirements December 2017](#)

The provider must make every effort to attend and participate in:

- Conferences required by DFPS that include, but are not limited to, medical, school, Single Case Plan meetings, Family Group Conferences, Permanency Conferences, Circles of Support Conferences, CPS Transition Plan Meetings, STAR Health Case Conferences, and legal staffings;
- Meetings as required by the court;
- Preparation for Adult Living (PAL) activities, consistent with the Child's service plan and/or CPS Transition Plan, if applicable;
- Any other meetings and activities required by DFPS or the court; and
- Any meetings necessary to ensure that the Caregiver is complying with a Child's plan of service.

3300 Children's Rights

[24-Hour Residential Child Care Requirements September 2020](#)

The provider must give all Children a written copy of the [CPS Rights of Children and Youth in Foster Care](#) (Form 2530) at the time of placement. The provider or Caregiver must review the document with the Child and explain the Child's rights. If the Child is 5 or older the Child MUST sign the document.

The provider must not deny or restrict, through action or policy, any of the rights listed in the [CPS Rights of Children and Youth in Foster Care](#) or the [Extended Foster Care Rights and Responsibilities](#).

The DFPS Statewide Intake hotline's phone number must be readily available and displayed prominently in all foster care residential Facilities. Foster Children must be allowed telephone access to reach out to this 24-hour system, free from observation. The [Foster Care Ombudsman](#) poster must be displayed prominently.

3310 Court Attendance**24-Hour Residential Child Care Requirements December 2017**

The provider must give the Child copies of court hearing notices.

The provider must ensure that Children ages 4 and older attend permanency court hearings, unless prohibited by court order. If the Child cannot attend the court hearing in person, the provider must ensure the Child is available to participate through Telecommunication, or other means allowed by the court.

3400 Providing Access to Children**24-Hour Residential Child Care Requirements December 2017**

The provider permits, at all times, access to each Child placed in its care by CPS.

The provider ensures that these visits with the Child are private, without any Caregivers or staff present, and that during this time the Child is not monitored by an open intercom, video, or other monitoring system.

This access is provided to:

- DFPS employees and designees;
- DFPS third-party contractor for the Texas Service Level System and its employees;
- Foster care ombudsman officer;
- Properly identified individuals appointed by a court of competent jurisdiction, such as volunteer or Court Appointed Special Advocates (CASA), guardians ad litem, and attorneys ad litem;
- Staff with the Texas Juvenile Justice Department (TJJD) or a county Juvenile Probation Department (JPD); and
- Individuals on the Child's contact list.

3410 Planning Visits With a Child**24-Hour Residential Child Care Requirements December 2017**

All parties will exercise their right of access in a reasonable manner and attempt to plan and coordinate such visits in cooperation with the provider. The visits must be planned to minimize disruption of the Child's care.

DFPS staff may still make unannounced visits to the provider's Facilities or to a foster home verified by a CPA.

3500 Cultural Competence**24-Hour Residential Child Care Requirements December 2017**

Cultural Competence is the ability to provide services effectively to people of various cultures, races, ethnic backgrounds, and religions in a manner that

respects the worth of the individuals and preserves their dignity. This includes providing services and materials in the Child's primary language.

The provider ensures that the Caregiver provides services to each Child in an equally culturally competent manner.

The Caregiver attends ongoing education in the form of training, workshops, and other educational opportunities to understand the impact race, culture, and ethnic identity has on themselves and others, and how they impact services to Children and families.

3600 Maintaining the Child's Connections

24-Hour Residential Child Care Requirements December 2017

The provider makes and documents efforts to ensure that the Child is able to preserve desired and appropriate Connections to family, friends, and community members unless expressly prohibited by the CPS Caseworker. This includes friends, peers, Family Members, religious or spiritual Connections, and Connections through school and organizations. The provider enables the Child to meet with these and any other groups or people to which the Child is bonded and which help the Child have normal interactions and experiences.

The provider documents names and contact information for these Connections and provides them to the Child's Family Members, potential permanency resources, and DFPS, as requested.

3610 Maintaining the Child's Contact with Siblings

24-Hour Residential Child Care Requirements December 2017

If the Child and siblings are separated but within 100 miles of each other, the provider arranges, at a minimum, one monthly Face-to-Face meetings in which the Children are left to visit without having their conversation or actions directed by the Caregiver.

Sibling visits may not be denied, unless:

- A court order exists prohibiting contact;
- Contact is contrary to the best interest of the Child as determined by CPS; or
- The Child refuses contact (the provider must document that CPS approved or acknowledged that the Child refuses contact).

3620 Providing Transportation

24-Hour Residential Child Care Requirements December 2017

The provider provides or arranges all travel to ensure the Child's access to:

- Behavioral Health, medical, dental, vision, and pharmacy services;
- Recreational, educational, and after-school activities, sibling visits, family visits, court hearings, Preparation for Adult Living (PAL)

activities, Aging-Out Seminars, Youth Leadership Council activities, Permanency Conferences, CPS Transition Plan Meetings, Single Case Plan meetings, Family Group Conferences, Circles of Support Conferences, local Texas Workforce Solutions offices, Transition Centers (if available in the area), tours of post-secondary institutions of higher learning, youth's place of employment, other normal childhood activities;

- Court hearings; and
- Any other services necessary to fulfill the tasks on a Child's plan of service or CPS Transition Plan.

Section 4000: Services to Children

4100 Assessment, Service Planning, and Coordination

4110 Diagnostic Assessments

[24-Hour Residential Child Care Requirements December 2017](#)

The provider performs assessments to determine the Child's needs.

4120 Assessing a Child's Readiness for Their Successful Transition to Adult Living

[24-Hour Residential Child Care Requirements December 2017](#)

To determine whether the Child is ready for their successful transition to adult living, the provider coordinates with DFPS or a Preparation for Adult Living (PAL) contract provider to complete the Casey Life Skills Assessment at age 15 for youth in Permanent Managing Conservatorship starting in fiscal year 2018 and age 14 starting in fiscal year 2019.

If a youth was not eligible to receive the assessment at age 14 or 15, an assessment must be provided at age 16 or older. The youth will be assessed one time.

The provider ensures that the Caregiver guides and supports Children 14 to 18 years of age to assume progressively greater responsibility for implementing service plan strategies that are designed to meet their needs and achieve their goals for a successful transition to adult living.

The provider ensures that the Caregiver provides guidance and support to older Children (18 to 22 years of age) to help them assume *primary* responsibility for implementing their service plan strategies.

See the [Transitional Living Services Resource Guide](#)

4200 Service Planning and Coordination

[24-Hour Residential Child Care Requirements December 2017](#)

The provider develops, coordinates, and implements a service plan that supports the DFPS Permanency Goal for the Child and complies with all

required Minimum Standards for service planning. The plan specifies the services that will be provided to the Child to meet the Child's specific needs and any progress the Child has made.

Minimum Standards for CPAs, 26 TAC, Chapter 749, Subchapter I,
[Division 1 & 2](#)

Minimum Standards for GROs, 26 TAC, Chapter 748, Subchapter I,
[Division 4 & 5](#)

4210 Participants in Service Planning

24-Hour Residential Child Care Requirements December 2017

The provider invites the CPS Caseworker to participate in service planning meetings and, and the provider must make reasonable efforts to send a Representative to participate in DFPS Permanency Planning meetings.

The provider must offer Children, youth, families, and supportive adults an opportunity to participate in the service planning meeting to help identify needed services and contribute to development of the service plan. Including extended and supportive network members, such as teachers, coaches, scout leaders, etc. in service planning can contribute to a Child's permanency and well-being.

4220 Developing the Service Plan

24-Hour Residential Child Care Requirements December 2017

The service plan must incorporate and be consistent with:

- The Child's Permanency Planning and Permanency Goals, as identified by DFPS;
- The Child's plans for Normalcy, including social, extracurricular, recreation and leisure activities (see 4400 Routine Recreational and Normalcy Activities in this document);
- Plans to integrate the Child into the community and community activities which respect and include the Child's culture; and
- Any short term and long term behavioral goals.

If appropriate, the service plan must also include components of the Child's Individual Education Plan (IEP) and the Individual Transition Plan (ITP). These are developed by the school's Admission, Review, and Dismissal (ARD) committee.

If a Child between ages 14 and 22 has taken the Casey Life Skills Assessment to determine his or her readiness for a successful transition to adult living, the service plan must include the results of the assessment. The provider must review the results of the original assessment and ensure the independent living skills the youth has learned and needs to prepare them for their successful transition to adulthood are documented through ongoing updates to the youth's plan of service with input from the youth, Caseworker,

Caregiver, and PAL staff. The service plan should be consistent with the Early Childhood Education (ECI) Individual Family Service Plan (IFSP), if applicable.

The provider must collaborate with STAR Health and other medical professionals to ensure the Child's medical information is accurate, and that the service plan accommodates any special medical needs.

If the plan for the Child is that he or she should transition to a new living arrangement or to new provider services, the service plan must specify how the provider will help the Child make the transition.

4230 Documentation of the Service Plan

24-Hour Residential Child Care Requirements December 2017

The provider must use [Single Child's Plan of Service](#) (Form 3300) to document the Child's Single Plan of Service.

The provider sends a copy of the service plan to CPS within 10 days of completing it, documenting the date the plan was sent.

4300 Changing Placements for Children with Primary Medical Needs

24-Hour Residential Child Care Requirements December 2017

The provider ensures that the Child is enrolled in the Service Management program when the STAR Health contractor (Superior/Cenpatico) determines the Child meets the criteria for the program.

The provider requests coordination services from STAR Health Service Management before requesting a placement change for a Child with Primary Medical Needs.

When the placement change is requested, the provider provides the Child's CPS Caseworker with information about the Child's:

- Medical conditions and diagnoses;
- Current health care needs;
- Current services in place that must be continued at the new placement (for example, private duty nursing, personal care services, speech Therapy, physical Therapy, occupational Therapy, etc.);
- Standing or scheduled future appointments, including those with any specialist providers; and
- Special transportation requirements.

The Child's CPS Caseworker will also need a list of purchased or rented durable medical equipment (DME) or supplies to ensure all purchased equipment goes with the Child to the new placement and rented equipment is returned to the durable medical equipment provider, as well as information on any training the next Caregiver will require. Any medical equipment purchased for the Child must go with the Child to his or her next

placement. The provider must return all rented medical equipment to the DME provider and notify CPS, in writing, when that is completed.

See the [Primary Medical Needs Resource Guide](#)

4310 Primary Medical Needs (PMN) Staffing

24-Hour Residential Child Care Requirements December 2017

The provider participates in a Primary Medical Needs (PMN) staffing facilitated by the CPS regional Well-Being Specialist to ensure that all information needed for safe transition of the Child has been provided.

If a PMN meeting cannot be held before the placement change, the current provider:

- Coordinates with the Child’s CPS Caseworker to participate in a PMN meeting as soon as possible following the placement change in order; and
- Ensures there is a plan to address any unmet medical needs and provide information about services to support the new Caregiver in meeting the Child’s special healthcare needs including the requirement to provide the Child with a medical exam by a health care professional within seven days before or three days after admission.

Minimum Standards for CPAs, 26 TAC §[749.1151\(b\)](#)

Minimum Standards for GROs, 26 TAC §[748.1223\(b\)](#)

4400 Routine Recreational and Normalcy Activities

24-Hour Residential Child Care Requirements December 2017

The provider ensures that the Child has opportunities to participate in indoor, outdoor, school, community, cultural, and religious or spiritual activities, including unsupervised activities that are:

- Developmentally- or Age-Appropriate;
- Varied;
- Interactive with peers; and
- Of interest to the Child.

The provider ensures that the Caregiver supervises these activities according to Minimum Standards and the Child’s [service level](#) requirements.

The provider ensures that the Caregiver uses a “reasonable and Prudent Parent Standard” to decide whether a Child may participate in an unsupervised activity and intervenes, as necessary, to reduce the risk of injuries.

There is no exception for participation in Normalcy activities. This expectation applies to all Children.

Minimum Standards for CPAs, 26 TAC, Chapter 749, Subchapter M, [Division 7](#)
Minimum Standards for GROs, 26 TAC, Chapter 748, Subchapter E, [Division 6](#)

4410 Normalcy Activities

24-Hour Residential Child Care Requirements December 2017

The provider must offer, or ensure that the Caregiver offers, Age-Appropriate activities suitable for the Child's level of maturity and age, including activities not listed in the Child's service plan. Child-placing agencies must train Caregivers and use a reasonable and Prudent Parent Standard to decide whether a Child may participate in an unsupervised activity. It is not necessary to obtain prior approval from DFPS for the Child to participate in normal activities.

Activities can include, but are not limited to:

- Participating in academic and non-academic extracurricular activities at school;
- Visiting with friends or attending regular social events;
- Working at a job; or
- Volunteering in the community.

4500 Basic Life Skills and Social Skills

24-Hour Residential Child Care Requirements September 2020

The provider must ensure that the Caregiver teaches the Child Basic Life and Social Skills, so that the Child can care for him or herself and function in the community. The Child must be offered a variety of experiential learning opportunities through the use of two or more Basic Life Skills Activities a month whether in the home or the community. Caregiver must document opportunities provided to the child in the child's Plan of Service and any logs maintained by the Contractor.

Basic Life Skills Activities are skills, attitudes, and new ways of thinking that the Child is exposed to through hands-on learning opportunities.

Life-skills trainings are tailored to a Child's skills and abilities and must include, at a minimum:

- Performing basic household tasks;
- Maintaining personal hygiene;
- Mental Health services;
- Doing laundry;
- Grocery shopping;
- Meal preparation and cooking;

- Learning about nutrition to promote healthy food choices;
- Using public transportation (when appropriate);
- Balancing a checkbook;
- Managing personal finances in accordance with the Financial Literacy Education Program Expectations developed in collaboration with the Office of Consumer Credit Commissioner and the State Securities Board (Refer to Resources to Aid Caregivers below); and
- Establishing a savings account for youth and young adults who have a source of income.

See [Resources to Aid Caregivers in Providing Experiential Life Skills Training, Financial Literacy Education Program and Normalcy Activities to Foster Youth](#) on the DFPS website.

4510 Children's Income

24-Hour Residential Child Care Requirements December 2017

The provider must offer, or ensure that the Caregiver offers, to assist:

- Children ages 14 or older who have a source of income to establish a savings plan and, if available, a savings account that the Child can manage independently; and
- Children ages 18 up to 22 years of age who have a source of income to obtain a savings or checking account with a financial institution.

Texas Finance Code §[201.101](#)

4600 Routine 24-Hour Child Care

4610 Food

24-Hour Residential Child Care Requirements December 2017

The provider must ensure that the Caregiver provides food in accordance with Minimum Standards requirements, which state that each Child must receive fresh fruits, vegetables, and dairy products at least once a day.

Children should have input into meal planning.

The provider may not restrict food as a form of punishment.

4620 Clothing and Personal Items

24-Hour Residential Child Care Requirements December 2017

The provider maintains an inventory of the Child's clothing and Personal Items that are of substantial medical, monetary, or sentimental value by:

- completing an inventory of clothing and Personal Items at admission;
- updating the inventory of clothing and Personal Items quarterly and at discharge;

- ensuring that the Child (if able) and the provider sign and date the clothing and Personal Item inventory; and
- sending the clothing and Personal Item inventory with the CPS Caseworker at discharge.

The provider must provide each Child with Appropriate Clothing (see the Glossary for the definition of *Appropriate* Clothing). The provider ensures that the Caregiver makes reasonable efforts to ensure the Child wears Appropriate Clothing.

In sufficient quantity such that there are an adequate number of the following: T-shirts, undershirts, underwear, bras, socks, shoes, pants, shirts, skirts, blouses, coats/jackets, sweaters, pajamas, shorts and other clothing necessary for a Child to partake in daily activities:

- Gender and Age-Appropriate;
- Proportionate to the Child's size;
- In good condition, and is not worn-out with holes or tears (not intended by the manufacturer to be part of the item of clothing);
- Clean and washed on a regular basis;
- Comfortably fitting;
- Is similar to clothing worn by other children in their community; and
- Adequate to protect Children against natural elements, such as rain, snow, wind, cold, sun and insects.

The Child must be allowed to label his or her clothes and other items with the Child's name or initials.

The provider ensures that the Caregiver provides each Child with the appropriate Grooming Products necessary to meet his or her hygiene and personal grooming needs. The Caregiver encourages the Child to use the items by:

- Ensuring that Grooming Products meet the Child's ethnic hygiene and individual hair care needs;
- Ensuring sufficient hot water is available for daily baths or showers; and
- Providing training and education as necessary to ensure the Child understands the concepts of personal hygiene and grooming and what he or she needs to do on a daily basis to achieve and maintain good hygiene and grooming.

4630 Room, Board, and Furnishings

[24-Hour Residential Child Care Requirements December 2017](#)

The provider ensures that the Caregiver provides each Child with a bed, sheets, towels, blankets, bedspreads, pillows, mattresses and other

furnishings necessary to meet the Child's needs. The Caregiver ensures that the items are kept clean and in good repair.

The Caregiver ensures that the Child has personal storage space for his or her clothing and Personal Items. If the Child is able to look after his or her own needs the Caregiver provides individual storage space in the bedroom for clothing and Personal Items.

The Caregiver provides behavioral, gender, and Age-Appropriate living arrangements for each Child in accordance with Minimum Standards. Exceptions may be made for Sibling Groups to keep them together.

Minimum Standards for CPAs, 26 TAC, Chapter 749, Subchapter O, [Division 4](#), and [§749.2551](#)

Minimum Standards for GROs, 26 TAC [§748.3351](#), [748.3361](#), and [748.3363](#)

4700 Discipline and Crisis Management

4710 Discipline

24-Hour Residential Child Care Requirements December 2017

The provider ensures that the Caregiver uses appropriate authority and Discipline practices, demonstrating trauma-focused techniques as necessary, to set limits for behavior and help the Child develop the capacity for self-control.

Discipline policies must be consistent with the Minimum Standards.

Minimum Standards for CPAs, 26 TAC, Chapter 749, Subchapter K, [Division 6](#)

Minimum Standards for GROs, 26 TAC, Chapter 748, [Subchapter M](#)

The provider ensures the Caregiver must not:

- Use, give permission to use, or threaten to use physical Discipline with any Child;
- Threaten the Child with loss of visits or any type of contact with family or siblings as a punishment or deterrent to behavior;
- Threaten the Child with loss of placement as a punishment or deterrent to behavior; or
- Use unproductive work as a form of punishment.

Minimum Standards for CPAs, 26 TAC [§749.1955](#)

Minimum Standards for GROs, 26 TAC [§748.2305](#)

4720 De-Escalation and Crisis Management

24-Hour Residential Child Care Requirements September 2018

The provider ensures that the Caregiver develops and implements Emergency Behavior Intervention policies that are consistent with the Minimum Standards.

*Minimum Standards for CPAs, 26 TAC, Chapter 749, Subchapter L,
[Foster Care Services: Emergency Behavior Intervention](#)
Minimum Standards for GROs, 26 TAC, Chapter 748, Subchapter N
[Emergency Behavior Intervention](#)*

The provider ensures that the Caregiver:

- Uses de-escalation techniques until all are exhausted before using more restrictive and intrusive behavior intervention;
- Uses trauma-informed interventions in all behavior management de-escalation and crisis management techniques;
- Uses Developmentally- and Age-Appropriate Emergency Behavior Intervention techniques, as described in the Minimum Standards, to resolve emergencies; and
- Manages the home in a manner that minimizes disruption during a crisis.

4721 Emergency Behavior Intervention

[24-Hour Residential Child Care Requirements December 2018](#)

Develop and implement Emergency Behavior Intervention policies, procedures and techniques that are consistent with Minimum Standards set by the IV-E Licensing entity of the State of placement in which the Contractor's Facility is located. In addition to Minimum Standards, the Contractor will, at a minimum, ensure the following:

- The Child will not be subject to mechanical restraints;
- All reportable restraints/seclusions of the Child are documented and submitted to the Caseworker and the residential contract manger within 48 hours of the occurrence of the restraint and/or seclusion; and
- The Contractor will ensure that they conduct a regular evaluation regarding the frequency, patterns of use, and effectiveness of the types of Emergency Behavior Intervention techniques that are used for the Child and develop specific strategies to minimize the need for Emergency Behavior Interventions for the Child.

4800 Early Childhood Intervention (ECI) Program

[24-Hour Residential Child Care Requirements December 2017](#)

A Child from birth to age 3 is eligible for Early Childhood Intervention (ECI) services. The provider ensures that the Caregiver fully participates in the Child's ECI evaluation and process for developing an Individualized Family Service Plan (IFSP) for ECI services.

Texas Education Code, [§29.012](#)

4810 Applying for ECI Services**24-Hour Residential Child Care Requirements December 2017**

The provider sends written notice to the local ECI program not later than the third calendar day after the date a Child is placed into care.

Texas Education Code, §[29.012](#)

The notice must include, at a minimum:

- The Child's name and date of birth;
- The name of the Caregiver;
- The Child's address; and
- Contact information for the provider.

The Caregiver also has the option of using the DFPS [Sample Letter to ECI Program](#) for this notification, available on the [Residential Child Care Contracts and Required Forms](#) page of the DFPS website.

See the [Education for Children Resource Guide](#)

4820 Addressing Concerns About the Child's Development**24-Hour Residential Child Care Requirements December 2017**

If the provider has a concern about the physical or mental development of a Child under the age of 3, the provider notifies the CPS Caseworker and Primary Care Physician (PCP).

If the Caseworker or physician determine a referral is necessary, the provider applies for ECI services.

Written verification of the Child's enrollment is provided to the Caseworker within five calendar days of the Child's enrollment.

4830 Disagreement About ECI Services**24-Hour Residential Child Care Requirements December 2017**

If the provider consents to the Child's recommended and additional ECI Program services, the provider must fully participate in and support such services.

If the provider declines to consent to any of the Child's recommended and additional ECI Program services, the provider must immediately submit a detailed written report to the CPS Caseworker explaining why the declined services are not in the best interest of the Child.

If the provider disagrees or has a concern with any matter related to the identification, evaluation, placement, or provision of ECI services, the provider has the right to file a complaint and request a hearing.

4840 Continuing ECI Services**24-Hour Residential Child Care Requirements December 2017**

If the Child was receiving ECI services before placement, the provider ensures that the services continue.

4850 Maintaining Documentation**24-Hour Residential Child Care Requirements December 2017**

The provider enters written consent for the Child's ECI information into the Child's Health Passport.

The provider also gives written consent to the Child's CPS Caseworker to directly access ECI records from the ECI program if necessary.

4900 Runaway Prevention**24-Hour Residential Child Care Requirements September 2020**

Contractors must develop and implement policies and practices that support Runaway Prevention for the children and youth placed in their operation.

The policies and practices should consist of the following.

- An evaluation of behaviors indicating a higher likelihood of running away to identify children at risk of running away.
- Treatment planning which includes a discussion and documentation of efforts to prevent the child or youth from running away when they have risk factors that indicate they are at a higher risk for running away.
- Strategies for working with the child or youth to prevent runaway behaviors.
- The use of de-escalation techniques for staff and foster parents when working with a child or youth who have risk factors for running away behaviors.

The policies and practices must:

- Be trauma-informed;
- Use the reasonable and prudent parent standard for decision making about the child or youth;
- Use a Runaway Prevention Plan when a child or youth:
 - Has a recent episode of running away or human trafficking victimization; or
 - Has verbalized a serious desire to run away or their behaviors have escalated indicating the need for intervention.

The Runaway Prevention plan can be developed by the operation or they can use DFPS FORM 2882.

Runaway Prevention Plans must contain the following.

- Be completed within 48 hours of identification of a child or youth who is at higher risk of running away as indicated by a history of running away within in the last 6 months, recent threats to run away, or human trafficking history.
- Be child-centered.
- Be strengths-based.
- Be proactive in planning for if the child does run away.
- Present alternatives for the child to use as an outlet for frustrations that are a result of the risk factors for running away.
- Plan for the child's safety and well-being.
- Explore reasons for past runaway episodes and triggers.
- Be evaluated monthly to ensure updates are made or if the plan can be ended due to runaway risk being mitigated.
- Include child's input.
- Have Caseworker be invited to contribute to the plan, but contractor can proceed without caseworker if contractor is unable to get a hold of the caseworker or caseworker is unable to attend.

Note: When an operation implements a Runaway Prevention Plan the child's assigned caseworker and supervisor need to be informed in writing and provided a copy of the Runaway Prevention Plan within 24 hours.

Staff assigned to provide supervision for the child must be informed of the child's risk for running away.

Training should be provided to staff and foster parents that builds skills in de-escalation.

Section 5000: Behavioral Health and Healthcare Services

24-Hour Residential Child Care Requirements December 2017

The provider accesses Medicaid through STAR Health for covered medical, dental, vision, and pharmacy services available to the Child.

See [*STAR Health - A Guide to Medical Services at CPS*](#)

If STAR Health Denies Services

No later than the third business day after the Child's provider receives a STAR Health Denial Letter, the provider emails a scanned copy of the STAR Health Denial Letter and the date it was received to the CPS Caseworker and the regional Well-Being Specialist.

If Services are Not Available

If neither community nor Medicaid resources are available to fund recommended medical, dental, vision, or pharmaceutical services, the provider requests assistance from the CPS Caseworker. The CPS Caseworker must be contacted as soon as practicable but no later than the third business day the provider realized services were not available. Help may also be provided by STAR Health and the regional Well-Being Specialist.

If the Provider Has Questions About Treatment

If the provider has any questions or concerns regarding the prescribed recommendations for follow-up treatment, CPS will assist the provider with a resolution.

If a Child is Hospitalized

If a Child is hospitalized for medical needs (as opposed to psychiatric needs), the provider must support the Child in accordance with the Child's medical needs and supervisory requirements. The provider will provide relief as needed for the Child's Caregiver.

5100 Medical Services

24-Hour Residential Child Care Requirements March 2019

The provider is responsible for ensuring that the Child receives Medical Care. STAR Health provides health care to Texas Children in the state's Foster Care Program. All healthcare services must be delivered by a STAR Health Network Provider.

See the [Medical Services Resource Guide](#)

All Children

Each Child must receive a 3-Day Medical Exam within three business days of the removal. The exam is a screening to provide a baseline of the Child's health, check for injuries/illnesses and ensure treatments and medications are available for the Child.

In the [3 in 30 Resource Guide](#), see 3-Day Medical Exam.

Each Child must receive an initial Texas Health Steps medical checkup within 30 days of entry into DFPS Managing Conservatorship.

Unless required more frequently by the Child's medical provider, for Children ages three-17, a subsequent Texas Health Steps medical checkup must be obtained one year after the month in which the previous checkup occurred and no later than the Child's next birthday. Children under 36 months are required to receive more frequent Texas Health Steps medical checkups in accordance with the [Texas Health Steps Periodicity Schedule](#).

Medical services must be provided by a licensed health care practitioner who is enrolled in Texas Medicaid as a Texas Health Steps provider.

Children with Primary Medical Needs

If a Child with Primary Medical Needs is unable to attend Texas Health Steps medical checkups in accordance with required time frames, the Caregiver requests written documentation from the Child's Primary Care Physician (PCP).

5200 Dental Services**24-Hour Residential Child Care Requirements September 2019**

The provider is responsible for ensuring that the Child receives dental care.

All Children

All Children six months of age or older must receive an initial dental exam, known as a Texas Health Steps dental checkup. The initial checkup must be scheduled within 30 days after placement in DFPS Managing Conservatorship and is considered overdue after 60 days.

Dental exams must be provided by a licensed dentist who is enrolled in Texas Medicaid as a Texas Health Steps provider or a dental hygienist who is working under the supervision of a licensed dentist who is enrolled in Texas Medicaid as a Texas Health Steps provider.

For all Children, a subsequent checkup must be scheduled six months after the month in which the Child received the previous checkup. Subsequent check-ups are considered overdue at nine months.

Children Under Six Months Old When Entering Conservatorship

All Children who entered DFPS Managing Conservatorship before they were six months old must have a Texas Health Steps dental checkup scheduled within 30 days of becoming six months of age and is considered overdue at 60 days.

Children Between Six and Thirty-Five Months Old

All Children 6 to 35 months of age who have been determined by a Texas Health Steps provider to be at risk for early tooth decay must have dental checkups as frequently as the Child's Texas Health Steps provider recommends.

Children with Primary Medical Needs

If a Child with Primary Medical Needs is unable to attend Texas Health Steps Dental Checkups in accordance with required time frames, the provider requests written documentation from the Child's Primary Care Physician (PCP).

5300 Behavioral Health Services**24-Hour Residential Child Care Requirements December 2017**

The provider ensures that Behavioral Health services are available and provided to the Child as needed by a STAR Health Network Provider.

The provider accesses Medicaid through STAR Health for Medicaid-covered Behavioral Health services, unless the court orders DFPS to provide Behavioral Health services for the Child from a non-Network Provider.

See the [Mental Health Resource Guide](#)

5310 If Medicaid Denies Coverage for Behavioral Health Services

24-Hour Residential Child Care Requirements December 2017

No later than the third business day after the provider receives a STAR Health Denial Letter for a Child, the provider emails a scanned copy of the STAR Health Denial Letter and the date the letter was received to the CPS Caseworker and the regional Well-Being Specialist.

The provider uses community resources to obtain Behavioral Health services not covered by Medicaid.

If community resources are not available for Behavioral Health services and/or Medicaid does not cover the services, the provider must pay to provide the services.

The provider complies with DFPS procedures to request access to the Health Passport for its employees that are not Network Providers.

5320 Information Provided By the Medical Consenter

24-Hour Residential Child Care Requirements December 2017

Within three business days of the Child being placed, the provider ensures that all Foster Parents and employees who serve as Medical Consenters provide relevant plans and information to the Behavioral Health clinicians providing Therapy to the Child.

5330 Child and Adolescent Needs and Strengths (CANS) Assessment

24-Hour Residential Child Care Requirements December 2017

The provider ensures that each Child age 3 through 17 entering DFPS Managing Conservatorship has an initial Child and Adolescent Needs and Strengths Assessment (CANS) completed within thirty days of entering DFPS conservatorship. When a Child turns 3 years old while in DFPS Managing Conservatorship, the initial CANS assessment should be completed within 30 days of the Child's 3rd birthday.

The provider schedules the CANS appointment with a STAR Health clinician who is a certified CANS assessor. The provider ensures transportation to the CANS appointment.

The Child's Substitute Caregiver should accompany the Child to the appointment so he or she can be interviewed by the STAR Health clinician.

CANS re-assessments must be completed Annually from the initial assessment date while an eligible Child remains in DFPS Managing Conservatorship.

After the CANS is completed, a CANS summary report will reside in the Child's Health Passport. The full CANS assessment report will be sent to the CPS Caseworker via email. The provider or Caregiver may request the full assessment from the Caseworker. The CANS assessment should be addressed in the Child's plan of service, including the identification and utilization of needs, strengths and service recommendations.

Refer to [Child Adolescent Needs and Strengths Assessment \(CANS\)](#) on the DFPS website.

5400 Psychotropic Medications

24-Hour Residential Child Care Requirements December 2017

The provider follows the guidelines in the [Psychotropic Medication Utilization Parameters for Foster Children](#).

The provider ensures that the Child receiving psychotropic medication:

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

The Medical Consenter must accompany the Child to each of these visits. Seeing the Child at least once every 90 days allows the medical practitioner to:

- 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.

5410 Responsibilities of the Medical Consenter

24-Hour Residential Child Care Requirements December 2017

If the Child is prescribed psychotropic medications, and the Caregiver is the Medical Consenter, he or she must discuss the risks and benefits of the medication with the prescribing provider.

If the Medical Consenter has additional questions or concerns about the medication regimen for the Child, he or she may:

- Request assistance from a STAR Health Service Manager by calling 1-866-912-6283; and
- Notify the CPS Caseworker.

See the [Medical Consent Resource Guide](#)

5420 Documentation of Psychotropic Medication

24-Hour Residential Child Care Requirements December 2017

New Medication

For each new psychotropic medication the provider submits the completed [Psychotropic Medication Treatment Consent](#) (Form 4526) to the Caseworker.

The provider does this as soon as possible, but no later than five business days from the date of the appointment at which the medication was prescribed.

Changes to Existing Medication Dosages

The provider notifies the Caseworker in writing, within one business day, of any prescribed psychotropic medication and dosage changes.

5430 Required Training on Psychotropic Medication

24-Hour Residential Child Care Requirements December 2017

The provider must ensure that the Caregiver who administers psychotropic medications completes the DFPS psychotropic medication computer-based training and the post-test available at [Psychotropic Medication Training](#) on the DFPS website.

The Caregiver retains documentation of successfully completing the DFPS Psychotropic Medication Training. This online training satisfies the requirements of Residential Child Care Licensing (RCCL) Minimum Standards noted below for pre-service training as long as Residential Child Care providers and Foster Parents also get instructor-led training at their operation that covers:

- Policies and procedures on administering medication;
- Who may consent to using psychotropic medications for Children who are not in DFPS Managing Conservatorship.

*Minimum Standards for CPAs, 26 TAC §[749.885](#)
Minimum Standards for GROs, 26 TAC §[748.885](#)*

This online training also satisfies the requirements for the additional Minimum Standards noted below, which require Residential Child Care providers and Foster Parents to get trained Annually by a health care provider on psychotropic medications as long as they also get instructor-led training at their operation that covers:

- Policies and procedures related to administering medication.
- Who may consent to using psychotropic medications for Children who are not in DFPS Managing Conservatorship.

*Minimum Standards for CPAs, 26 TAC §[749.945](#)
Minimum Standards for GROs, 26 TAC §[748.945](#)*

5440 Child is the Medical Consenter[24-Hour Residential Child Care Requirements December 2017](#)

A Child who is 16 or 17 years of age who has been designated by the court as his or her own Medical Consenter and has been prescribed psychotropic medications must complete the DFPS Psychotropic Medication computer-based training and the post-test available at [Psychotropic Medication Training](#) on the DFPS website.

The Child must complete the training within seven days of the court's designation. Within five days of completing the training successfully, the Child must submit documentation to the CPS Caseworker.

5500 Trauma-Informed Care[24-Hour Residential Child Care Requirements December 2017](#)

DFPS-approved Trauma-Informed Care training can be found at:

[Superior Health Plan Training](#)

[Trauma Informed Care Training](#) on the DFPS Website

5510 Pre-Service Trauma-Informed Care Training Requirement[24-Hour Residential Child Care Requirements December 2017](#)

Each Caregiver and employee who provides direct care must complete a minimum of eight hours of Trauma-Informed Care training before being the only Caregiver responsible for a Child in care.

Training must include at least one of the DFPS-approved Trauma-Informed Care trainings, a component on adverse child experiences (ACEs), and training and resources related to prevention and management of secondary traumatic stress (compassion fatigue).

5520 Annual Refresher Trauma-Informed Care Training Requirement[24-Hour Residential Child Care Requirements December 2017](#)

Each Caregiver and employee who provides direct care must complete at least two hours of Trauma-Informed Care training Annually.

Providers may select their own curriculum or model for the Annual refresher training, as long as it provides practical information that prepares the Caregiver to put into practice and build on what he or she has learned.

5530 Documentation of Trauma-Informed Care Training[24-Hour Residential Child Care Requirements December 2017](#)

Caregivers must keep in their records certifications of completed Trauma-Informed Care training in accordance with Minimum Standards.

5540 Supplemental Trauma-Informed Care Training[24-Hour Residential Child Care Requirements December 2017](#)

Additional Trauma-Informed Care training options can be found at

[National Child Traumatic Stress Network](#)

[Texas Health Steps](#)

5600 Sexual Abuse Caregiver Training

24-Hour Residential Child Care Requirements January 2020

Each caregiver and employee who provides direct care must complete the DFPS caregiver training on recognizing and reporting child sexual abuse: A Training for Caregivers or un capacitación para cuidadores, located at <https://www.dfps.state.tx.us/Training/>.

Training must be completed before being the only Caregiver responsible for a Child in care and on an Annual basis thereafter.

5610 Documentation of Sexual Abuse Caregiver Training

24-Hour Residential Child Care Requirements January 2020

Contractor must maintain a copy on file of the certificate of completion, generated by the training system, for each applicable individual Caregiver and employee.

5620 Sexual Abuse Caregiver Training Reporting Requirements

24-Hour Residential Child Care Requirements January 2020

The Contractor will submit a cumulative report in the format provided by DFPS, on a quarterly basis according to the following reporting periods and reporting frequencies:

Reporting Period	Time Included	Due to DFPS
Quarter 1	Oct, Nov, Dec	Jan 15
Quarter 2	Jan, Feb, Mar	April 15
Quarter 3	Apr, May, June	July 15
Quarter 4	July, Aug, Sept	Oct 15

5700 Documentation of Health Care

24-Hour Residential Child Care Requirements December 2017

The provider maintains written documentation of health care appointments for the Child, containing at a minimum:

- Child's name and date of birth;

- Reason for the visit;
- Date of the examination;
- Procedures completed;
- Examination results;
- Recommended follow-up treatment and scheduled appointments, if any;
- Medications and changes to medications;
- The Child's refusal to accept medical treatment, if applicable;
- The circumstances of an injury or medical incident, including date and time of the incident; and
- Whether the appointment was a Texas Health Steps medical or dental checkup, CANS, or a 3-Day Appointment.

The provider must also document that a Child with Primary Medical Needs had a medical examination within seven days before or three days after the date of placement.

The provider has the option of using the DFPS template for documentation purposes. See [Medical/Dental/Vision Examination](#) (Form 2403), available on the [Residential Child Care Contracts and Required Forms](#) page of the DFPS website.

Section 6000: Educational and Vocational Activities

6100 Enrolling the Child in School

[24-Hour Residential Child Care Requirements December 2017](#)

Each school age Child must be enrolled in a Public School district or a charter school, or be educated in a home school environment, within two school days of placement unless an exception has been granted in writing by CPS. (See Section 6400 of this document for home school requirements.)

The provider gives the school the [Placement Authorization](#) (Form 2085FC) and [Education Decision-Maker](#) (Form 2085-E) at the time of the Child's enrollment and at the beginning of each school year.

The provider gives written verification of the Child's enrollment to the CPS Caseworker within five calendar days of the Child's enrollment.

CPS may at any time require that a Child attend school in a regular Public School rather than in a charter school. In the *Child Protective Services Handbook*, see [Section 1500](#).

6110 Scheduling Appointments for the Child

[24-Hour Residential Child Care Requirements December 2017](#)

The provider schedules Therapy, visitation, and other appointments outside of school hours whenever possible.

6200 Reporting Changes to the CPS Caseworker

24-Hour Residential Child Care Requirements December 2017

The provider notifies the Child's CPS Caseworker of a major change in school performance or a serious disciplinary event at school within two business days of learning of the change or event.

6300 Providing Notice of Withdrawal to the School

24-Hour Residential Child Care Requirements December 2017

If a Child has to withdraw from a school because of a change in placement, the Discharging Contractor must notify the school within 3 school days of sending or receiving a Discharge Notice.

6400 Home Schooling

24-Hour Residential Child Care Requirements December 2017

If the Caregiver plans to educate the Child in a home setting, the provider contacts the CPS Caseworker within one business day of receiving notification from the Caregiver.

6500 Pre-School Requirements

24-Hour Residential Child Care Requirements September 2020

Each Child three, four, and five years of age must attend free a pre-kindergarten or early childhood education program unless CPS provides a written exception or no program is available in the Caregiver's community.

A pre-school program may be provided by a school district, Head Start, or some other early childhood program provider. To obtain a pre-kindergarten Verification Letter, email the child's full legal name and date of birth to

The Child may attend a private early childhood education program or pre-kindergarten program paid for by the provider or Caregiver, if an exception has been granted by CPS.

6600 Child is Placed in a Residential Facility

24-Hour Residential Child Care Requirements December 2017

If a Child age 3 or older is placed in a residential Facility rather than a home, the provider sends written notice to the school district in which the Facility is located. The notice must be sent not later than the third calendar day after the date the Child is placed in the Facility.

Texas Education Code, §[29.012](#)

The notice includes the following minimum information:

- the Child's name and date of birth;

- the name of the CPA and foster family or GRO;
- the Child's address; and
- contact information for the provider who is submitting the notice.

The provider also has the option of using the [Sample Letter to ISD](#) for this notification, available on the [Residential Child Care Contracts and Required Forms](#) page of the DFPS website.

The provider schedules Therapy, visitation, and other appointments, outside of school hours, whenever possible.

6700 Education Portfolio

[24-Hour Residential Child Care Requirements December 2017](#)

The Education Portfolio is a binder that contains important school documents. It is maintained by each provider and follows the School-Age Child to each placement.

6800 Education Decision-Maker

[24-Hour Residential Child Care Requirements December 2017](#)

The court authorizes CPS to appoint the Child's Education Decision-Maker. This is usually the Foster Parent or daily Caregiver, but may be a court appointed special advocate (CASA) or other person with knowledge of the Child. In some cases the biological parent may retain the right to make certain special education decisions. A Caseworker may be named the Education Decision-Maker for a Child placed in a residential Facility.

Whoever is designated as the Child's Education Decision-Maker, that person must follow the requirements and responsibilities of the Education Decision-Maker described in the [Education Decision-Maker](#) (Form 2085-E). The Education Decision-Maker must be allowed access to the Education Portfolio.

6810 Discussing Education With the Child

[24-Hour Residential Child Care Requirements December 2017](#)

The Caregiver discusses report cards, Education Plans, and progress reports and any special education services or 504 accommodations with the School-Age Child as appropriate considering the Child's age.

6820 Maintaining the Education Portfolio

[24-Hour Residential Child Care Requirements December 2017](#)

The provider maintains and updates the Education Portfolio for the School-Age Child in care. School-Age is defined as pre-kindergarten through grade 12. The Education Portfolio is kept where the Child resides.

If the Education Portfolio is not given to the provider at the time of placement, the provider must request it from the CPS Caseworker and keep documentation of those requests.

6830 Contents of the Education Portfolio

24-Hour Residential Child Care Requirements December 2017

The contents of the Education Portfolio must, where appropriate, include:

- Form 2085 Placement Authorization;
- Form 2085-E Designation of Education Decision-Maker;
- School enrollment documentation: birth certificate, Immunizations, and withdrawal notice from the last school;
- Special education documentation: referral forms, Admission, Review & Dismissal (ARD) team meeting notes, Individual Education Plan (IEP), Individual Transition Plan, documents related to Sections 504 and 508 of the Rehabilitation Act of 1973 regarding reasonable accommodations, full individual evaluations or other diagnostic assessments;
- Report cards, progress reports, and IEP progress reports;
- Transcripts;
- Standardized test results;
- Referrals, notices, notes excusing school absences, or correspondences;
- Certificates of achievement; and
- School pictures.

Not Included in the Education Portfolio:

- Form 2087 Common Application for Placement of Children in Residential Child Care; or
- Form 2087ex, Alternative Application for Placement of Children in Residential Care.

6840 Providing the Education Portfolio

24-Hour Residential Child Care Requirements December 2017

Making the Portfolio Available to Persons Concerned with the Child's Education

The provider must make the Education Portfolio readily available upon request to DFPS, the Child's Education Decision-Maker, any Caregiver involved in making special education decisions for the Child, and a Surrogate Parent (if applicable).

Making the Portfolio Available to DFPS Upon Discharge

The provider gives the School-Age Child's Education Portfolio to CPS when the Child is discharged from the provider's care.

The Education Portfolio must contain:

- The most current educational documents and records; and
- The Child's current school withdrawal paperwork.

6900 Post-Secondary Educational, Employment and Vocational Activities

24-Hour Residential Child Care Requirements December 2017

The provider gives the Child access to opportunities that are required by the Child's plan of service and CPS Transition Plan. These opportunities may include:

- Post-secondary education;
- Vocational or technical training programs;
- Employment opportunities; and
- Support services and activities, including:
 - Job readiness and skills training, and
 - Community volunteer and internship program opportunities.

The information about the opportunities must be Developmentally-Appropriate, so that the Child has access to:

- Community vocational and technical training programs;
- Volunteer opportunities;
- [Workforce services](#) provided by the local Texas Workforce Solutions offices (if available in the area);
- [Transition Centers](#) (where available);
- [Vocational rehabilitation services](#) for individuals with disabilities provided by the local Health and Human Services (if applicable and available in the area); and
- Post-secondary education programs, including dual college credit courses.

The provider offers the Child any assistance needed to maximize the benefit of these activities.

The provider helps the Child to obtain and complete documents and applications when required and requested for:

- Employment;
- The [State College Tuition and Fee Waiver Exemption](#); and
- The [Education and Training Voucher \(ETV\) Program](#).

See the [Accessing Personal Documents for Youth Resource Guide](#)

6910 Driver License or State Identification Card

24-Hour Residential Child Care Requirements December 2017

If a Child is nearing or at age 16, the provider must help the Child apply for a driver license or state identification card. The Child will need access to and help with completing:

- Documentation required by the Department of Public Safety (DPS) for a state identification card such as a social security card and birth certificate;
- A DFPS Foster Youth [Driver License Fee Waiver Letter](#) from the CPS Caseworker; and
- A Texas Department of Public Safety (DPS) Texas Residency Affidavit (Form DL-5), or other DPS approved form, which is completed and signed by the Child, staff and/or Caregiver, who, if the Child is under age 18, must accompany the Child to the DPS driver license office in person to provide acceptable proof of residency.

The provider explains that the Child who has applied for a driver license is responsible for notifying DPS of a new address change within 30 days of a change in placement.

See the [Driver Licenses Resource Guide](#)

Section 7000: Transferring a Child from One Foster Home to Another

[24-Hour Residential Child Care Requirements December 2017](#)

Before moving a Child from one foster home to another foster home the provider must obtain written approval from the CPS Caseworker.

In an emergency, and if prior approval cannot be obtained, the provider must notify CPS of the move within 24 hours.

If the provider has developed forms for transferring Children that the CPS Caseworker needs to sign, the forms must be reviewed by CPS. The forms may only be used after the provider has received written approval from the DFPS residential contract manager indicating CPS legal approval.

Section 8000: Discharge of Children

[24-Hour Residential Child Care Requirements December 2017](#)

The provider may not discharge a Child without following the procedures in this section.

The provider must inform the DFPS residential contract manager in writing of the names of employees who may approve discharge. CPS must receive this notice within 30 calendar days after the contract is signed.

8100 Avoiding the Need for Removal or Discharge

[24-Hour Residential Child Care Requirements December 2017](#)

The provider makes all reasonable attempts to meet the needs of the Child in order to prevent placement disruption.

Reasonable attempts include, but are not limited to:

- Providing a therapist's services to the Child and foster family;
- Contacting the local mental health authority and requesting services through the [YES waiver](#);
- Using all [STAR Health behavioral health resources](#) available through targeted management and crisis intervention;
- Providing Intermittent Alternative Care if the foster family needs it (see section 2300 Intermittent Alternative Care in this document); and
- Ensuring the Child has a [STAR Health Service Manager](#) assigned to assist in identifying and making referrals to all available services.

Documentation of Efforts to Avoid Removal or Discharge

The provider documents all efforts made to prevent placement disruptions.

Removal at CPS's Initiative

CPS, as Managing Conservator, may remove a Child whenever CPS determines it is in the best interest of the Child.

8200 Procedures for Discharge or Removal Excluding [Community-Based Care Areas](#)

24-Hour Residential Child Care Requirements March 2019

The provider must send notice as soon as possible upon determining that it is no longer in the Child's best interest to remain at the provider's Facility because the provider cannot meet the needs of the Child.

This notification is made using [Form 2109](#) Discharge Notice. Form 2109 documents the reasons for the discharge and the provider's recommendations regarding a future placement for the Child that would increase the Child's opportunities to attain a stable placement. Form 2109 is also submitted if a Child-Placing Agency is moving a Child from one foster home to another within the same agency. It is not used when a youth transitions from the Intensive Psychiatric Transition Program and remains in the provider's care. In those situations, the provider submits the [Intensive Psychiatric Transitional Program Discharge Notice](#) (Form 1105).

The provider sends Form 2109 to the CPS Caseworker, the CPS Supervisor, and the Regional Placement unit for the Child's legal region.

Mailbox links to the DFPS Placement Requests by Region:

Region 01: PLAREQ1@dfps.state.tx.us

Region 03: PLREQR03@dfps.state.tx.us

Region 04: PLREQR04@dfps.state.tx.us

Region 05: PLACEREQ05@dfps.state.tx.us

Region 06: PLREQR06@dfps.state.tx.us

Region 07: R07PLACE@dfps.state.tx.us

Region 08: PLACER08@dfps.state.tx.us

Region 09: dfpsreg9dischargenotifications@dfps.state.tx.us

Region 10: PLAREQ10@dfps.state.tx.us

Region 11: PLACER11@dfps.state.tx.us

8210 Time Frames for CPS to Remove the Discharged Child

24-Hour Residential Child Care Requirements December 2017

The time frame for requiring CPS to remove a Child who has been discharged varies according to the reason for removal documented in Form 2109.

8220 Discharge

24-Hour Residential Child Care Requirements September 2020

The following types of discharges are documented using Form 2109.

Twenty-Four Hour Discharge Notice

A Child or youth is arrested and the Child is in jail or a juvenile detention facility and the provider is not willing to allow the Child to return to the operation following release from jail or juvenile detention.

A Child or youth placed in a foster home is admitted to a psychiatric hospital because the Child poses a danger to self or others, or exhibits volatile, self-injurious, or inappropriate behaviors that the Caregiver is not equipped to manage and the provider is not willing for the Child to return to the placement after stabilization.

A Child or youth placed in a GRO that does not provide Treatment Services is admitted to a psychiatric hospital because the Child poses a danger to self or others, or exhibits volatile, self-injurious, or inappropriate behaviors that the Caregiver is not equipped to manage and the provider is not willing for the Child to return to the placement after stabilization.

A Child or youth placed in a GRO-ECS ONLY services is admitted to a psychiatric hospital because the Child poses a danger to self or others, or exhibits volatile, self-injurious, or inappropriate behaviors that the Caregiver is not equipped to manage and the provider is not willing for the Child to return to the placement after stabilization.

Two Day Discharge Notice – GRO-IPTP

This type of notice is for a GRO - IPTP services, when the GRO has determined the Child is successfully ready to transition to another program in their own organization.

72-Hour Discharge Notice

This type of notice may be used when a Child or youth is absent from the operation without permission and it is not suspected that the Child will return in the foreseeable future. If the Child or youth returns to the operation before the 72-hour discharge expires, then the provider must allow the child to remain at the operation and the discharge notice is no longer in effect. If the Child or youth returns prior to the 72 hours, the 72-hour discharge is voided.

Ten Day Discharge Notice – GRO-ECS

This type of notice is for a GRO - Emergency Care Services (ECS), when the GRO-ECS has determined that it is no longer in the Child's best interest to remain at the Facility, or that the GRO-ECS cannot meet the needs of the Child. After receiving notification, CPS will remove the Child within 10 calendar days.

Fourteen Day Discharge Notice

A Psychiatrist, licensed Psychologist, physician, LCSW or LPC has provided documentation showing that the Child consistently exhibits behavior that cannot be managed within the provider's licensed Programmatic Services. CPS will consult with the provider to determine a plan for removing the Child within 14 calendar days.

Thirty Day Discharge Notice

It is no longer in the Child's best interest to remain at the provider's Facility, or the provider cannot meet the needs of the Child.

Exception to 14 day or 30 day discharge notice

If a youth placed in a GRO offering Treatment Services is admitted to a psychiatric hospital and the Facility does not plan for the Child to return to the Facility following stabilization, the provider may request an exception to the 14 day or 30 day Discharge Notice.

In order for DFPS to consider an exception, the provider must demonstrate good faith efforts to serve the youth in the Facility by discharging the Child back to their Facility at least two times prior to the exception request. The provider must complete due diligence and demonstrate that all resources have been exhausted that would support the Child in the placement. This includes STAR Health options, creative solutions, resources from CPS including but not limited to education specialists. The Provider's Clinical Team is also required to meet with the Psychiatric Hospital's Clinical Team prior to considering an exception.

Circumstances that an exception would be considered for a Child to not return to the GRO RTC or GRO offering Treatment Services once stabilized and ready for discharge from psychiatric hospitalization:

1. Safety concerns for the Child, other Children in the placement, and/or staff.

2. If the Provider is not equipped to manage the Child's specific and unique needs and/or behaviors. Examples include: medical needs, significant change in behavioral needs, change in diagnosis.
3. Child's absolute refusal to return. Motivational interviewing is required prior to considering this exception.

Timeframes for Exception Process:

The licensed administrator for the operation must send a request to the CPS Program Director in the Caseworker's Chain of Command.

The exception request must include:

- Dates of the Child's hospitalization,
- Dates the Child returned to the operation,
- Services provided to the youth to support him/her following stabilization, and
- The reason the provider is unable to meet the Child's needs.

The CPS Program Director will review the exception request within three business days and notify the provider, in writing, of the decision to grant or not grant the exception.

If CPS Program Director approves exception, Child will be discharged from placement within 24 hours.

8230 Child Is Admitted to a Psychiatric Hospital

24-Hour Residential Child Care Requirements September 2019

This contract requirement does not apply to Emergency Shelters. See 8220 Discharge Twenty-Four Hour Discharge Notice for information about Children in emergency shelters admitted to a psychiatric hospital.

If a physician determines that a youth poses a danger to self or others and the Child is admitted to a psychiatric hospital, the Provider immediately notifies the CPS Caseworker.

If the Provider determines that the Child cannot return to the placement after stabilization, the provider emails Form 2109 and the physician's documentation to the CPS Caseworker, CPS supervisor, and the appropriate discharge mailbox.

NOTE: Children in placement with a General Residential Operation (GRO) offering Treatment Services (except Emergency Shelters) who are admitted to a psychiatric hospital must return to the GRO following stabilization and discharge from the hospital, as addressed in Section 8220.

A Medical Consenter who is not a CPS employee may not request or consent to the admission of a Child to a psychiatric facility. In the *Child*

Protective Services Handbook, see:

[11611 Admission to a Mental Health Facility](#)

[11611.2 Child or Youth Requests Admission](#)

8231 Child is Placed in Jail or a Juvenile Detention Facility

24-Hour Residential Child Care Requirements September 2019

Within 24 hours of a Child's detainment in a locked facility, jail or a juvenile detention facility the provider must:

- Notify the CPS Caseworker and CPS supervisor of the arrest and identify the whereabouts of the Child. The written notification must state if the provider will accept the Child back into placement upon release from a locked facility, jail or juvenile detention.
- DFPS will reimburse provider for up to 14 days of foster care to hold the Child's bed if the Child is in a locked facility, jail or juvenile detention center. These Foster Care Maintenance Payments during a Child's absence will only be made if each of the following conditions are met:
 - The Provider plans to accept the Child back to the same placement at the end of the absence;
 - The Provider is having frequent Face-to-Face contact with the Child on a regular basis as allowed;
 - The Provider is actively engaged in communicating with the facility care team regarding the Child's progress and discharge plan.

8232 Child is on Runaway

24-Hour Residential Child Care Requirements September 2019

Following the provider making the Serious Incident report to the Child's CPS Caseworker and Chain of Command (see RCC Requirements Section 1411) regarding a Child that has run from the operation, the provider must:

- Notify the CPS Caseworker and CPS supervisor of the situation in writing. The written notification must state if the provider will accept the Child back into placement upon return within a certain time frame.
- DFPS will reimburse an Emergency Shelter for up to 5 days, and a non-Emergency Shelter provider for up to 14 days of foster care to hold the Child's bed pending the Child's possible return.

Title 40, Texas Administrative Code, [Section 700.323](#)

These Foster Care Maintenance Payments during a Child's absence will only be made if each of the following conditions are met:

- The Provider plans to accept the Child back to the same placement at the end of the absence;

- DFPS staff have provided written approval for the appropriate time frames; and
- The Provider is actively engaged in efforts to locate the Child, in cooperation with the CPS Caseworker and law enforcement.

8240 Documentation Provided Upon Discharge

[24-Hour Residential Child Care Requirements December 2017](#)

This section is not applicable if the Provider is discharging a Child from their ITP program to another program in their milieu for services. It is applicable if the Child is moving to another overall Provider.

8241 Documentation Provided by the Provider Discharging the Child

[24-Hour Residential Child Care Requirements December 2017](#)

The Contractor will provide to the CPS Caseworker and CPS supervisor the following information for each discharge:

- Upon the effective date of the discharge:
 - the completed [Placement Summary](#) (Form 2279),
 - the Child's service plans,
 - the Education Portfolio, and
 - all items that belong to the Child as referenced in Form 2279.
- Within 15 calendar days after the discharge:
 - Discharge summary information not provided in the Placement Summary form;
 - Education records received after the Child's discharge; and
 - Any other information or items that belong to the Child that were not provided to the Department at the time of discharge.

8242 Documentation Provided by the Provider Receiving the Child

[24-Hour Residential Child Care Requirements December 2017](#)

Within five calendar days of the Contractor's receipt from the Department of the Form 2085-FC authorizing the placement of a Child with the Contractor, the Receiving Contractor must provide a copy of Form 2085-FC or 2085-LR and a written request to the Discharging Contractor for:

- Information not already received that is referenced in the Minimum Standards noted below, updates to the Education Portfolio, and a copy of the ECI Individual Family Service Plan (IFSP), if applicable; and
- An opportunity, if necessary, to communicate with the Discharging Contractor about the needs of the Child.

Minimum Standards for CPAs, 26 TAC §[749.1371](#) and [749.1373](#)

Minimum Standards for GROs, 26 TAC §[748.1437](#) and [748.1439](#)

8250 Transferring Information About the Child

[24-Hour Residential Child Care Requirements December 2017](#)

CPS authorizes the Discharging Contractor to share information about the Child with the Receiving Contractor after Form 2085-FC Placement Authorization Foster Care/Residential Care is received by the Child's new provider.

The Discharging Contractor must send information to the Receiving Contractor within 15 calendar days of discharge.

This information may include, but is not limited to:

- Documentation of Face-to-Face visits with the Child by the provider's Case Manager staff;
- The Child's service plan;
- Documentation of services provided to the Child;
- Discipline logs;
- Medical and dental information;
- Educational documentation; and
- Narratives.

Request for Direct Communication

If the Receiving Contractor requests that the Discharging Contractor communicate directly about the needs of the Child, the Discharging Contractor must comply with that request within three business days.

8300 The Child's Transition From Substitute Care

[24-Hour Residential Child Care Requirements December 2017](#)

The Child's transition from Substitute Care into adulthood is planned carefully by the CPS Caseworker, in coordination with the provider and other individuals involved in the Child's life. In the *Child Protective Services Handbook*, see [10120](#) Transition Planning for Older Youth.

The provider and CPS Caregiver coordinate to ensure that Children 14 years of age and older understand, and participate in the development of, a plan for transitioning out of care. The plan is documented in the CPS [Transition Plan](#) (Form 2500) located on the [Find a Form](#) page on the DFPS website.

The provider and CPS Caregiver ensure that the Child has access to the [Transitional Living Services](#) web page of the DFPS public website, which contains information related to:

- Aftercare services, benefits and provider contacts;
- Educational Supports, Services and Benefits;
- The Extended Foster Care and Return for Extended Foster Care programs;

- Preparation for Adult Living (PAL) services;
- [Texas Foster Care Handbook for Youth](#);
- Former Foster Care Children (FFCC) Program and STAR Health;
- The Child's Special Immigrant Juvenile Status, if applicable; and
- Other region-specific services available.

The provider and CPS Caregiver ensure that the Child has access to the [Texas Youth Connection](#) website. To find a list of transition service centers on this website, click the Contacts button in the left navigation panel.

The provider supports and facilitates computer access required for job search activities, career research, Texas Youth Connection, and approved social media.

Extended Foster Care

For Children ages 18 up to age 21 or 22, the provider keeps in the Child's records the completed:

- [Voluntary Extended Foster Care Agreement](#) (Form 2540); and
- [Trial Independence: Ability to Return for Extended Foster Care](#) (Form 2532).

8400 National Youth in Transition Database (NYTD)

24-Hour Residential Child Care Requirements December 2017

The National Youth in Transition Database (NYTD) is a system to study the independent living services offered to youth in and out of foster care. This information is gathered to help CPS get better at helping youth to move from foster care into a successful adulthood.

To get this information, CPS surveys youth who are in foster care when they are 17, then surveys some of those youth again at ages 19 and 21. CPS surveys a different age group each year. The survey is offered from October 1 to March 31, and April 1 to September 30.

The provider maintains contact with regional PAL staff to determine whether a youth has been selected to take the survey. PAL staff contact information can be found on the [Texas Youth Connection](#) website.

The provider assists any youth selected to complete the survey and provides any support necessary, including:

- Providing on-going computer access to the youth during the reporting period;
- Helping the youth register with NYTD on the Texas Youth Connection website;
- Helping the youth maintain a personal email address to receive NYTD updates;

- Helping the youth enter NYTD contact updates to the Texas Youth Connection website; and
- Helping the youth complete the NYTD survey within the required timeframe.

8500 Voluntary Extended Foster Care and Return for Extended Foster Care

[24-Hour Residential Child Care Requirements December 2017](#)

With DFPS approval, the provider may care for youth 18 to 22 years of age who meet eligibility criteria and voluntarily agree to participate in the Extended Foster Care program.

DFPS Rule, 26 TAC §[700.316](#) and [700.346](#)

The provider must offer, or ensure that the Caregiver offers, to help the youth to:

- Maintain documentation, such as school transcripts or pay stubs, to demonstrate that the youth is qualified to remain in the Extended Foster Care program; and
- Complete the [Voluntary Extended Foster Care Agreement](#) (Form 2540) if CPS requests it.

See the [Extended Foster Care Resource Guide](#)

If a youth under 21 seeks to return to the Extended Foster Care program during or after participating in the Trial Independence period, the provider directs the youth to contact regional [DFPS Preparation for Adult Living \(PAL\) staff](#).

See the [Trial Independence and Return Resource Guide](#)

The [Former Foster Care Children](#) (FFCC) Program provides healthcare coverage through age 25 to young adults who:

- Age out of DFPS foster care; and
- Were receiving Medicaid when they aged out of care.

Eligible young adults receive Medicaid services through one of the following FFCC healthcare programs, based on age:

- Young adults ages 18 through 20 are automatically enrolled in the STAR Health program; however, they may switch to a STAR member health plan, if they prefer, or the STAR Kids program if they meet STAR Kids requirements.
- Young adults' ages 21 through 25 choose the STAR member health plan of their choice or the STAR+PLUS program if they have a disability.

Appendices

Appendix I: Residential Child-Care Contract Glossary

24 Hour Residential Child Care Requirements September 2019

Age or Developmentally-Appropriate: Activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally-appropriate for a child, based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group; and in the case of a specific Child, activities or items that are suitable for the Child based on the developmental stages attained by the Child with respect to the cognitive, emotional, physical, and behavioral capacities of the Child.

Aging-Out Seminars: Seminars that focus on transitioning foster Children residing in DFPS licensed or verified foster care age 17 by offering an opportunity to enhance a youth's knowledge about the DFPS Transitional Living Services (TLS) programs, benefits, resources, and other relevant life skills topics.

Annual/Annually: As it relates to annual training, annual/annually is defined as once every 365 days.

Appropriate Clothing: Clothing that, at a minimum, is:

- In sufficient quantity such that there are an adequate number of the following: T-shirts, undershirts, underwear, bras, socks, shoes, pants, shirts, skirts, blouses, coats/jackets, sweaters, pajamas, shorts and other clothing necessary for a Child to partake in daily activities;
- Gender and Age-Appropriate;
- Proportionate to the Child's size;
- In good condition, and is not worn-out with holes or tears (not intended by the manufacturer to be part of the item of clothing);
- Clean and washed on a regular basis;
- Comfortably fitting;
- Is similar to clothing worn by other children in their community; and
- Adequate to protect the Child against natural elements, such as rain, snow, wind, cold, sun and insects.

Authorized User: An employee approved by the provider and identified to DFPS who has been granted access to view information in the Health Passport.

Background History Checks: Searches of different databases that are conducted on an individual. There are three types of background history

checks: criminal background checks conducted by the Department of Public Safety for crimes committed in the state, criminal history checks conducted by the FBI for crimes committed anywhere in the U.S., and central registry checks conducted by DFPS. The Texas Abuse/Neglect database includes people who have been found by Child Protective Services, Adult Protective Services, or Child Care Licensing to have abused or neglected a child. See Section VII (General Provisions) of the DFPS Vendor Uniform Terms and Conditions.

Basic Life Skills Activities: The Child must be engaged in learning new skills, attitudes, and ways of thinking through hands-on learning opportunities that are necessary for the Child to care for himself or herself and to function in the community. Life-skills trainings are tailored to a Child's skills and abilities and must include at a minimum, performing basic household tasks, maintaining personal hygiene, doing laundry, training in practical activities that include grocery shopping, meal preparation and cooking, nutrition education that promotes healthy food choices, using public transportation (when appropriate), balancing a checkbook, and managing personal finances in accordance with the Financial Literacy Education Program Expectations. Caregivers must assist youth and young adults who have a source of income with establishing a savings account, if appropriate. See the [Resources to Aid Caregivers in Providing Experiential Life Skills Training and Normalcy Activities to Foster Youth](#) page on the DFPS website.

Behavioral Health Services: Services for the treatment of mental, emotional, or substance related disorders.

Caregiver: A person whose duties include the supervision, guidance, and protection of a Child or Children.

Case Manager: A provider's employee who may provide services, including but not limited to:

- Placing a Child into a foster home or other substitute living arrangement;
- Orientating, assessing, and verifying Foster Parents;
- Monitoring and providing support services to Foster Parents, including the initiation of development plans, corrective actions, or adverse actions; and
- Managing the case of a Child, including:
 - Completing admission assessments or any other evaluation of a Child for placement;
 - Developing, reviewing, and updating of service plans;
 - Completing a discharge or transfer summary;
 - Stewarding direct contact with the Child and the Foster Parents or other Caregivers; and

- Performing any additional activities that may consist of planning and coordination of services to the Child and the foster family based on current needs and functioning.

Case Management Services: Any service referenced in the Case Manager definition or in services referenced in the Minimum Standards

Minimum Standards for CPAs, 26 TAC §[749.663](#)

Minimum Standards for GROs, 26 TAC §[748.561](#)

Caseworker: A DFPS employee who provides casework services to Children in Substitute Care under the Managing Conservatorship of the state. When the contract requires approval from or notification of the Caseworker but is unable to contact him or her, the provider may go through the Caseworker's Chain of Command.

Casey Life Skills Assessment: An assessment of a Child's independent living skills designed to be completed by both the Child and the Caregiver. The Child and Caregiver results are combined into a report which provides an indication of the skill level and readiness of the Child for their successful transition to adult living and creates the opportunity for the Caregiver and Child to talk about the Child's life skills.

Chain of Command: The administrative structure used in the event the provider is unable to communicate with the Caseworker. The typical DFPS Chain of Command is as follows: Caseworker, supervisor, program director, program administrator, and regional director. The DFPS Chain of Command is identified by the region in which the Caseworker is housed.

Child and Adolescent Needs and Strengths (CANS) Assessment: CANS is an evidence-based, trauma-informed, developmentally appropriate assessment and communication tool that helps decision-making, drives service planning, facilitates quality improvement, and allows for outcomes monitoring. DFPS uses CANS to gather information about the strengths and needs of the Child to plan for services that will help the Child and family reach their goals.

The Texas version of CANS was developed for Children in DFPS Managing Conservatorship.

Child and Children: A person or persons eligible for services under contract with DFPS, aged from birth through the end of the month in which the Child turns 22 years of age.

Child Care Licensing Account Portal: The [Child Care Provider Login](#) page for Child Care Licensing.

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

Child Placement Vacancy Database: The DFPS internet website used by providers to report, or confirm, the number of available openings, including applicable characteristics, and used by DFPS to assist in finding placements. On the [Child Care Provider Login](#) page, select *Update Provider Vacancies*.

Community-Based Care (CBC): A community-based approach to providing foster care and case management services, by contracting with a single contractor that is responsible for finding Substitute Care living arrangements and providing children a full continuum of services. DFPS Regions which are currently covered under CSBC include 3b (consisting of Tarrant, Palo Pinto, Parker, Johnson, Hood, Somervell and Erath counties), Region 8a (consisting of Bexar County), or Region 2 as referenced in the DFPS Counties by Region list located at http://www.dfps.state.tx.us/contact_us/counties.asp?r=all.

Connections: Relationships the Child has with extended Family Members, previous foster families, schools, communities, tribes or tribal customs, religions or religious observances, and other social networks.

Contracted Components of Care: Services documented in the Child's plan of service that are within the scope of the provider's license. The services are provided directly or procured on behalf of the Child. Components of care include, but are not limited to, the provision of routine 24-hour child-care, behavior counseling and supervision, educational and vocational activities, routine recreational activities, medical and dental care, travel, and activities that may require the provider's participation.

Corrective Action Plan: Specific corrective actions required of the provider by DFPS in order to maintain compliance with Service Levels, applicable federal or state regulations, and the terms and conditions of the provider's contract with DFPS. See Remedies in Section II of the DFPS Vendor Supplemental and Special Conditions.

Covered Behavioral Health Services: Medicaid-allowable behavioral health services eligible to be paid in response to claims processed through the Child's Medicaid health plan.

CPS Transition Plan: A plan to address the issues that are important for the Child age 14 and older as he or she prepares to leave care and enter the adult world. The plan helps the Child, providers, and CPS Caseworkers identify what services are needed to accomplish goals. The CPS Transition Plan is incorporated into the Child's plan of service.

Cultural Competence: The ability of individuals and systems to provide services effectively to people of various cultures, races, ethnic backgrounds, and religions in a manner that recognizes, values, affirms, and respects the worth of the individuals and protects and preserves their dignity. See Section VII (General Provisions) of the DFPS Vendor Uniform Terms and Conditions.

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. A designated victim will be counted when the disposition is made or, if an administrative review is requested, only after the disposition is upheld by the decision of the administrative review body. In the *Licensing Policy and Procedure Handbook*, see:

[6610](#) Time Frames for Completion of the Investigation

[7710](#) Administrative Reviews

Direct Service Delivery: Service providers who have direct access to providing services, supervision or delivery of treatment.

Discharge Notice: Notice provided to DFPS by a provider using [Form 2109](#) Residential Child Care Discharge Notice, upon determining that it is no longer in the Child's best interest to remain at the provider's Facility, or that the provider cannot meet the needs of the Child. The form includes the reason for the Child's discharge and the provider's recommendation regarding a future placement for the Child that would increase the Child's opportunity to attain a stable placement.

Discharging Contractor: The individual or legal entity designated by and contracting with DFPS that provided Residential Child Care to or was responsible for the care of a Child prior to the Child's placement with the Receiving Contractor.

Discipline: A form of guidance that is constructive or educational in nature and appropriate to the Child's age, development, situation, and severity of behavior.

Education Decision-Maker: The individual designated by DFPS, or the court, to make education decisions for a Child in DFPS Managing Conservatorship.

Education Plan: Identifies educational and ancillary services to meet the Child's educational goals.

Educational Supports, Services and Benefits: State and federal regulations regarding Children in DFPS Substitute Care that enable them to access services, such as counseling, college preparation services, mentoring and tutoring, driver's education, graduation items, college Tuition and Fee Waiver information and verification letters, and the Education and Training Voucher Program.

Education and Training Voucher (ETV) Program: A federally-funded (Chafee) and state-administered program. Under this program, Children ages 16 up to 23 years of age may be eligible for up to \$5,000.00 financial assistance per year to help them reach their post-secondary educational goals. Information about this program is available on the [Texas Education and Training Voucher \(ETV\) Program](#) page of the Baptist Child & Family Services (BCFS) website.

Education Portfolio: A binder that contains important school documents and is designed to follow each School-Age Child to each placement. The binder is maintained and updated by the provider.

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

Extended Foster Care: A program for Children 18 to 22 years old who are eligible, and have signed an agreement to participate in this program. A Child who turns 18 years of age while in the Managing Conservatorship of DFPS is eligible for extended foster care services through the end of the month in which the Child reaches the age limit. Sufficient documentation must be provided regularly, as required by the terms of the Child's extended foster care agreement, to demonstrate that the Child is:

- Regularly attending high school or enrolled in a program leading toward a high school diploma or GED up to the Child's 22nd birthday;
- Regularly attending an institution of higher education or a post-secondary vocational or technical program up to the Child's 21st birthday. The Child can remain in care to complete vocational-technical training classes regardless of whether the Child has received a high school diploma or GED certificate;
- Actively participating in a program or activity that promotes, or removes barriers to employment up to the Child's 21st birthday;
- Employed for at least 80 hours per month up to the Child's 21st birthday; or
- Incapable of doing any of the above due to a documented medical condition up to the Child's 21st birthday.

DFPS Rule, 26 TAC §[700.346](#)

Face-to-Face: A meeting held in person as opposed to videoconferencing or any other similar form of technology.

Facility: Any Residential Child Care operation including child-placing agencies and general residential operations.

Family Member(s): A person who is a Relative or Fictive Kin of the Child in DFPS Managing Conservatorship.

Fictive Kin: A person who has a significant, long-standing relationship with a Child in DFPS Managing Conservatorship or with the Child's family.

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

- Obtaining and interpreting a credit score;
- Protecting, repairing, and improving a credit score;

- Avoiding predatory lending practices;
- Saving money and accomplishing financial goals through prudent financial management practices;
- Using basic banking and accounting skills, including balancing a checkbook;
- Using debit and credit cards responsibly;
- Understanding a paycheck and items withheld from a paycheck; and
- Protecting financial credit and identifying information in personal and professional relationships.

Former Foster Care Children (FFCC) Program: A health care program administered by HHSC that provides continuous healthcare coverage for Children formerly in the Managing Conservatorship of DFPS at age 18, up to age 26. These Children receive health care coverage through either STAR Health or through the STAR plan of their choice.

Foster Home Screening: A written evaluation, prior to the placement of a Child in a foster home, of:

- The prospective Foster Parent(s);
- Family of the prospective Foster Parent(s); and
- Environment of the Foster Parent(s) and their family in relation to their ability to meet the Child's needs.

The foster home screening must document:

- Required information according to Minimum Standards;
- An assessment of the information obtained to determine whether the applicant meets the requirements for verification; and
- An evaluation of the information obtained in order to make recommendations about the applicant's capacity to work with Children, including but not limited to age, gender, special needs, and number of Children.

Minimum Standards for CPAs, 26 TAC §[749.2445](#) and [749.2447](#)

Foster Care Maintenance Payments: Payments to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a Child's personal incidentals, liability insurance with respect to a Child, and reasonable travel to the Child's home for visitation.

In the case of institutional care, this includes the reasonable costs of administration and operations for the institution.

If payments are being made on behalf of a Child in care, and that Child gives birth to or fathers a Child who also enters into care at the same

Facility, the foster care maintenance payment will extend to cover both the parent and the new Child.

Foster Parent: A person receiving foster care maintenance payments from a CPA. This term does not apply to provider staff from other programs and respite care providers. This term is specific to child-placing agency programs.

Grooming Products: Items or products provided to the Child to meet his or her personal and ethnic needs, including, but not limited to: haircuts, hair care products, hair care accessories, sensitive skin products, hypoallergenic products, and necessary headwear, where applicable.

Head Start: A national program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families. Caregivers may find local Head Start programs using the [Head Start Locator](#).

Health Passport: A Superior HealthPlan (STAR Health) electronic health information system for viewing the medical information of Children in the care or custody of DFPS. Health Passport is not a full medical record. Health Passport does contain information on diagnosis, immunization records, allergies, labs, patient history and medication history.

Healthy Racial and Ethnic Identity: A healthy sense of racial and ethnic identity is exemplified by an individual who:

- Identifies as a member of a particular racial or ethnic group or groups;
- Has generally positive attitudes about being a member of that group, but also has a balanced view of the strengths and challenges associated with it;
- Affiliates with members of his or her own group but is also generally accepting of people from other groups; and
- Is able to cope successfully with perceived or real racism and discrimination and has possibly shown some effective strategies for dealing with it.

Historically Underutilized Business (HUB): See Section VII (General Provisions) of the DFPS Vendor Uniform Terms and Conditions..

Individual Cultural Competence: The knowledge, skill or attribute a person has relative to cultures other than his or her own, that is observable in the consistent patterns of the person's behavior, interaction and work related activities over time, which contributes to the ability to effectively meet the needs of Children and families receiving services.

Individual Education Plan (IEP): A written statement for each child with a disability that is developed, reviewed, and revised according to the requirements of Individuals with Disabilities Education Act (IDEA).

Informed Consent: The Medical Consenter receives complete information about the proposed Medical Care, including benefits and risks, before making a decision. The goal is to ensure that the Medical Consenter makes the best decision about the Child's health care.

Initial Authorized Service Level: The first service level determined by the third-party contractor and based on information regarding the Child's service needs.

Interdisciplinary Team: A team of professionals that includes representation from at least three disciplines of study.

Intermittent Alternate Care (commonly known as respite): A planned alternative 24-hour care provided for a Child by a licensed child-placing agency as part of the agency or home's regulated child care and that lasts more than 72 consecutive hours.

Intermittent Interventions: Services provided by a licensed, credentialed, health specialist providing assistance to patients by physician orders for a pre-determined amount of time.

Kinship (Relative) Caregivers: Unlicensed Caregivers whom the court has approved for a Child's placement because they are related to the Child or have a Fictive Kin relationship to the Child.

Management Services: Peripheral services that do not include core programmatic components but include support of these services, which includes, but is not limited to the provision of:

- Quality assurance;
- Performance improvement;
- Oversight;
- Monitoring;
- Service-related policy and procedure development and enhancement;
- Development of Corrective Action Plans;
- Performance evaluation; and
- Disaster emergency response plan development.

Managing Conservator: A person responsible for a Child as the result of a district court order pursuant to the *Texas Family Code* [Chapter 153](#).

Medical Care: The prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions.

Medical Consenter: A person who has been given legal authority by DFPS or the court to make informed health care decisions for a Child in the custody of DFPS.

Medical/Healthcare Items: Medically necessary equipment, medical and surgical items, and personal devices or items prescribed or purchased for a Child to augment or enhance communication or speech functioning, vision, dental function or physical or medical functioning.

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

Monitoring: A systematic examination of the physical site, financial statements, records and procedures of a provider. It involves many of the techniques and procedures used in auditing, but differs both in scope and purpose. Functioning properly, the monitoring process serves as an early warning system, detecting potential problem areas before they become severe and providing Corrective Action Plans.

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 to develop outcomes that measure the States' performance in preparing Children for their successful transition from foster care to adult living. More information is available on the [National Youth in Transition Database \(NYTD\) in Texas](#) page of the DFPS website.

National Youth in Transition Database Survey: The survey developed to collect data for the National Youth in Transition Database. Children complete the National Youth in Transition Database Survey on the [National Youth in Transition Database \(NYTD\) in Texas](#) page of the DFPS website. The provider must ensure that the Child has access to a computer that has access to the internet.

Network Provider: A healthcare or behavioral healthcare provider enrolled and participating in the STAR Health network.

Non-Public School: A school that is not a public school but is accredited by the TEA for the purposes of contracting and providing special education classes.

Normalcy: The ability of a Child in care to live as normal a life as possible, including having normal interactions and experiences with a foster family and participating in foster family activities; and engaging in age and developmentally appropriate childhood activities, including unsupervised, as much as possible. Activities include but are not limited to extracurricular activities, social activities in and out of school, and employment opportunities. See [Resources to Aid Caregivers in Providing Experiential Life Skills Training and Normalcy Activities to Foster Youth](#) on the DFPS website.

Office Visit: Participation in a Child’s medical or behavioral health appointment(s) in person or by telemedicine in accordance with [HHSC TAC 1, Chapter 354](#) and [Texas Medical Board TAC 22, Chapter 174](#).

Organizational Cultural Competence: A set of values, behaviors, attitudes, and practices within a system, organization, program or among individuals, which enables staff and volunteers to work effectively with Children and families from other cultures. Furthermore, it refers to the staff’s ability to honor and respect the beliefs, language, interpersonal styles, and behaviors of individuals and families receiving services. See Section VII (General Provisions) of the DFPS Vendor Uniform Terms and Conditions.

Permanency Goal: DFPS’s Permanency Goals are subcategories of the four goals identified by the *Texas Family Code* [§263.3026](#). The categories are as follows:

- Family reunification;
- Adoption by a Relative or suitable individual (relative/kinship adoption or unrelated adoption);
- Permanent managing conservatorship to a Relative or suitable individual (relative/kinship conservatorship or unrelated conservatorship); and
- Another planned permanent living arrangement (that is, while the Child is under DFPS Managing Conservatorship he or she lives with a foster family, lives with a family that is not a foster family – or the Child leaves DFPS conservatorship for independent living or community care).

Permanency Planning: The identification of services for a Child (and usually to the Child’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:

- A safe and permanent living situation for the Child;
- A committed family for the Child;
- An enduring and nurturing family relationship that can meet the Child’s needs;
- A sense of security for the Child;
- A legal status for the Child that protects the rights of the Child; and
- In the case of a Child whose Permanency Goal is another planned permanent living arrangement, a connection to a caring adult who will be supportive into adulthood, during and after the transition to successful adulthood.

DFPS Rule, 26 TAC [§700.1201](#)

In the *Child Protective Services Handbook* see [6200](#) Permanency Planning in Substitute Care.

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

Personal Documents: Identification documents provided to the Child.

At 16 years of age, the CPS Caseworker provides a Child with a copy and certified copy or original of his or her birth certificate, social security card, and Texas identification card.

At 18 years of age, if not already provided, the Caseworker provides a Child with a certified copy of their birth certificate, social security card, Texas identification card, immunization records, information contained in his or her Health Passport, proof of enrollment in Medicaid, and information about a Medical Power of Attorney.

These documents are required to be provided per the *Texas Family Code §264.121* and *Patient Protection and Affordable Care Act (P.L. 111-148)*.

Personal Items: All objects and other materials in possession of the Child upon admission, given as a gift, prescribed for the Child, purchased by or for the Child, or purchased using the Child's Medicaid or other benefits, which include, but are not limited to, medication, medical and healthcare items, luggage, toys, money, gift cards, allowances, televisions, radios, and CDs and electronics.

Preparation for Adult Living (PAL) Activities: Benefits and services provided to Children in DFPS-paid Substitute Care who are age 16 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:

- Casey Life Skills Assessment to assess strengths and needs in life skills;
- Life skills training in core areas including financial management;
- Job readiness and life decisions/responsibility;
- Educational and vocational services;
- Transitional living allowance (TLA) up to \$1000 (distributed in increments up to \$500 per month for Children who participate in PAL life skills training, to help Children with initial start-up costs in adult living);
- 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);
- Case Management to help Children with self-sufficiency planning and resource coordination;

- Teen conferences;
- Leadership development activities; and
- Additional supportive services, based on need and availability of funds, such as mentoring services and driver's education.

Primary Care Physician (PCP): A physician or provider who has been designated by STAR Health to provide a medical home to members, and who is responsible for providing initial and primary care to patients, maintaining the continuity of patient care, and initiating referral for care.

Primary Medical Needs: A Child with Primary Medical Needs is one who cannot live without mechanical supports or the services of others because of non-temporary, life-threatening conditions.

Minimum Standards for CPAs, 26 TAC §[749.61](#)

Minimum Standards for GROs, 26 TAC §[748.61](#)

Principal: Includes the following individuals working at the operation that has contracted with DFPS: executive director, chief executive officer, comptroller or business manager, and chief financial officer.

Programmatic Services: Types of services licensed and regulated by the DFPS Licensing Division, which include Child-Care Services, Treatment Services, emergency care services, the Transitional Living Program, the Assessment Services Program, and respite care child-care services conditions.

Minimum Standards for CPAs, 26 TAC §[749.61](#)

Minimum Standards for GROs, 26 TAC §[748.61](#)

Prudent Parent Standard: The standard to apply when making day-to-day decisions regarding Child activities based upon the Child's age and development and guidelines set forth in Minimum Standards.

Psychiatrist: A licensed physician with advanced training in the diagnosis and treatment of mental and emotional disorders.

Psychologist: A person who holds a license to engage in the practice of psychology issued under *Occupations Code §[501.252](#)*.

Public School: A school accredited by TEA and receives state funding administered by TEA.

Reason to Believe (RTB): A finding of RTB means that a preponderance of evidence indicates that abuse, neglect, or exploitation occurred. If any allegation disposition is RTB, the overall case disposition is RTB.

Receiving Contractor: Any individual or legal entity designated by and contracting with DFPS, after having received [Form 2085FC](#) Placement Authorization, to provide or be responsible for the residential care of the Child.

Relative: A person connected to a Child by blood, marriage, or adoption.

Representative: A Foster Parent, Caregiver (including kinship caregiver), or Residential Child Care provider who, for purposes of the Texas Residency Affidavit, confirms that the Child resides or receives services at the address provided on the DPS Form DL-5.

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

Return for Extended Foster Care: Young adults who were in DFPS Managing Conservatorship when turning 18 years of age and left care on turning 18 or later for a period of Trial Independence can return to participate in extended foster care if eligibility criteria are met and there is an available placement.

School-Age Children: Children eligible for pre-kindergarten through 12th grade.

Serious Incident: Any non-routine occurrence that has an impact on the care, supervision, or treatment of a Child or Children. 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 Level Monitor: The Contractor engaged by DFPS to monitor the provider's performance and documentation related to the service level requirements.

Service Levels: An authorized structure that categorizes the Child's needs into a graduated scale from minimal intervention to severe intervention.

DFPS Rule, 26 TAC, Chapter 700, [Subchapter W](#)

Service Management: A clinical service performed by the STAR Health contractor (Superior/Cenpatico) to facilitate development of a health care service plan and coordination of clinical services among a member's Primary Care Physician and specialty providers to ensure members with special health care needs have access to, and appropriately utilize, medically necessary covered services.

Sibling Group: Children originating from the same household and in DFPS Managing Conservatorship. The following relationships are included within the definition of sibling: biological siblings, who may have either one or both parents in common; siblings who are related by adoption; and step-siblings, who are siblings in which the parents have had a significant relationship and have cohabitated as a family unit for a period of time. A sibling relationship continues even if the parental rights of the siblings have been terminated or otherwise disrupted.

Single Plan of Service: A plan developed by DFPS and the provider jointly that addresses the services that will be provided to each foster Child to meet the Child's specific needs while in Substitute Care.

Skilled Caregiver: A health service is determined to be skilled based upon whether or not clinical training is necessary for the service to be delivered safely and effectively and on the need for physician-directed Medical Care. Examples of individuals with clinical training include a registered nurse, licensed practical nurse, respiratory therapist, physical therapist, occupational therapist, and speech therapist. This list is not all-inclusive. Services provided by a certified nursing assistant or home health aide do not qualify as skilled care services.

Social Skills: Skills necessary to function in the community. Social Skills include, but are not limited to, the ability to communicate with others, knowledge of community resources, scheduling and attending medical appointments, interviewing for a job, cultural competency, and the ability to interact in various social situations.

Special Immigrant Juvenile Status: A designation that enables eligible undocumented Children in DFPS Managing Conservatorship to become permanent residents under the terms and conditions of U.S. Immigration and Customs Enforcement.

STAR Health: A statewide, comprehensive healthcare system that was designed to better coordinate and improve access to healthcare for:

- Children in DFPS Managing Conservatorship (under age 18);
- Young adults in CPS extended care or voluntary foster care agreements (ages 18 through the month of their 22nd birthday);
- Young adults who were previously in foster care and are living independently and receive either Former Foster Care Children's (FFCC) Medicaid (ages 18 through the month of their 26th birthday) or Medicaid for Transitioning Foster Care Youth (MTFCY) (ages 18 through the month of their 21st birthday); and
- Young adults who were previously in foster care who are participating in the Former Foster Care in Higher Education (FFCHE) program (ages 18 through the month of their 23rd birthday).

STAR Health Denial Letter: A letter informing a Child's Caregiver that a request for service authorization from a medical, dental, vision, or Behavioral Health care provider will be or has been either denied or reduced in full or in part. The letter should also describe the process for appealing any such determination.

Subsequent Move: Any placement change after the Child's initial placement; including movement from one foster home to another within the same child-placing agency.

Substitute Care: The residential care and support provided to a:

- Child in DFPS's Managing Conservatorship who has been placed in a living situation outside the Child's own home in order to protect the Child from abuse or neglect; or

- Young adult who has turned 18 years of age and has voluntarily agreed to participate in DFPS's Extended Foster Care program and meets the requirements of such.

Superior HealthPlan Network: The organization responsible for managing STAR Health.

Supervise (children): Awareness of and responsibility for a child's ongoing activity. Supervision requires Caregivers to have knowledge of program and Children's needs and to be accountable for service delivery. The operation is responsible for providing the degree of supervision indicated by a Child's age, developmental level; and physical, emotional, and social needs.

Surrogate Parent: A person appointed by the court or school district to make decisions regarding special education services for a Child who does not have a parent available. The law prohibits a CPS Caseworker or residential treatment center staff from serving as a Surrogate Parent. A Foster Parent may serve as a Surrogate Parent, if appointed.

Telecommunications: The transmission, emission, or reception of voice and/or data through any medium by wire, radio, other electrical, electromagnetic or optical means. Telecommunications includes all aspects of transmitting information, such as telephone, text messaging, videoconferencing, and any type of communication via the internet including Voice Over Internet Protocol (VOIP), e-mail, social networking, instant messaging, and wireless data exchange.

Texas Health Steps: All Children entering DFPS Managing Conservatorship must receive a preventive health care visit, known as a Texas Health Steps (or THSteps) medical checkup, within 30 days of entering DFPS conservatorship. Texas Health Steps medical checkups are periodic preventive health care services for Children birth through age 20 enrolled in Medicaid. Texas Health Steps medical checkups include:

- Comprehensive health and developmental history,
- Comprehensive unclothed physical exam,
- Appropriate immunizations (according to the Advisory Committee on Immunization Practices),
- Laboratory tests (including lead toxicity screening),
- Health Education (anticipatory guidance including child development, healthy lifestyles, and accident and disease prevention)

Therapy: The provision of assistance and guidance in resolving personal, social, or psychological problems and difficulties through a collaborative process that facilitates progress toward mutually determined treatment goals and objectives. Therapy is provided by a trained professional who

demonstrates competence in the ability to appropriately use treatment modalities for individuals, families and groups.

Trauma Informed Care (TIC) Training: Child-centered, strengths-based instruction that considers the unique culture, experiences and beliefs of the Child and ensures that training participants understand and can apply the following:

- The impact that traumatic and adverse experiences have on the lives of Children;
- The symptoms of childhood trauma;
- How to understand a Child's personal trauma history;
- How to recognize the Child's trauma triggers; and
- How to respond in ways that improve a Child's ability to trust, to feel safe, and to adapt to changes in the Child's environment.

Treatment Services: A specialized type of child-care services designed to treat and/or support Children with Emotional Disorders, Intellectual and Developmental Disabilities, Pervasive Developmental Disorder, and Primary Medical Needs.

Minimum Standards for CPAs, 26 TAC §[749.61](#)

Minimum Standards for GROs, 26 TAC §[748.61](#)

Trial Independence: Trial Independence is a period of time that allows a young adult who was in DFPS Managing Conservatorship when turning 18 years of age to leave care upon turning 18 or later for up to six months (or up to 12 months with a court order), to see if he or she can live independently. If necessary, the young adult can return to foster care during this period for extended foster care if eligibility criteria are met.

Tuition and Fee Waiver: A waiver of tuition and fees at state supported colleges, universities and vocational schools for eligible Children who are in DFPS Managing Conservatorship. See [Eligibility for the Tuition and Fee Waiver](#) on the DFPS website.

Unplanned Discharge: A discharge where DFPS has not given the provider advance notice of removal.

Upheld: A finding of *Reason to Believe* (RTB) was sustained through an administrative review.

Voluntary Extended Foster Care Agreement: DFPS's Form 2540 that documents the Child's agreement to voluntarily remain in foster care after his or her 18th birthday. The form outlines the categories of activity which qualify a Child to remain in foster care.

Well-being Specialists: DFPS liaisons to Superior, the company that operates the provider network for STAR Health, a Medicaid managed care health care program for Children in DFPS Managing Conservatorship and young adults who have aged out of care. Contact information for regional

Well-Being Specialists can be found on the [STAR Health – A Guide to Medical Services](#) page of the DFPS website.

Appendix II: HHSC 24-Hour Residential Child-Care Rates

24 Hour Residential Child Care Requirements September 2019

The Texas Health and Human Services Commission (HHSC) developed the following payment rates for the 24-Hour Residential Child Care (Foster Care) program operated by the Department of Family and Protective Services (DFPS). HHSC authorized DFPS to implement these recommended payment rates effective September 1, 2019.

24-Hour Residential Child Care Rates

Service Level	Type of Care	Rate
Basic	Child Placing Agency	\$49.54
	Foster Family	\$27.07
	General Residential Operation (excluding Emergency Shelters)	\$45.19
Moderate	Child Placing Agency	\$87.36
	Foster Family	\$47.37
	General Residential Operation (excluding Emergency Shelters)	\$108.18
Specialized	Child Placing Agency	\$110.10
	Foster Family	\$57.86
	General Residential Operation (excluding Emergency Shelters)	\$197.69
Intense	Child Placing Agency	\$186.42
	Foster Family	\$92.43
	General Residential Operation (excluding Emergency Shelters)	\$277.37
Intense Plus	General Residential Operation/Residential Treatment Center (GRO/RTC)	\$400.72
Other	General Residential Operation/Emergency Care Services (GRO/ECS)	\$137.30
	Intensive Psychiatric Transition Program (IPTP)	\$374.33

Service Level	Type of Care	Rate
	Treatment Foster Family Care	\$277.37

Minimum Daily Amount to be Reimbursed to a Foster Family *

Service Level	Dollar Amount
Basic	\$27.07
Moderate	\$47.37
Specialized	\$57.86
Intense	\$92.43

Supervised Independent Living Rates

The rates listed below are current as of September 1, 2019.

Setting	Type of Care	Rate
Host Home	Young Adult Only	\$35.21
	Young Adult Plus One (1) Child	\$47.29
Non-College Dorm	Young Adult Only	\$45.17
	Young Adult Plus One (1) Child	\$57.25
College Dorm	Young Adult Only	\$43.56
	Young Adult Plus One (1) Child	\$51.82
Shared Housing	Young Adult Only	\$45.17
	Young Adult Plus One (1) Child	\$57.25
Apartment	Young Adult Only	\$45.17
	Young Adult Plus One (1) Child	\$57.25

Appendix III: Service Level Descriptions

24 Hour Residential Child Care Requirements September 2018

Rules describing Service Levels are encoded in the *Texas Administrative Code, Part 19* (Department of Family and Protective Services). See:

Chapter 700 Child Protective Services, [Subchapter W](#) Service Level System

[Division 1](#) Basic Service Level

[Division 2](#) Moderate Service Level

[Division 3](#) Specialized Service Level

[Division 4](#) Intense Service Level

[Appendix III: Service Level Descriptions](#)

[100 – Supervision](#)

[101 – Child-To-Caregiver Ratios](#)

[200 – Medical](#)

[300 – Recreation](#)

[400 – Education](#)

[500 – Casework and Support Services](#)

[501 – Service Plans](#)

[502 – Training](#)

[503 – Personnel](#)

100 – Supervision

24 Hour Residential Child Care Requirements September 2018

B100 Basic Service Level: Supervision

B100.01 The caregiver provides a supportive setting, preferably a family that is designed to maintain or improve the child’s functioning by establishing clear rules appropriate to the developmental and functional levels of the child.

B100.02 The caregiver establishes a clear system of rewards and consequences.

B100.03 The caregiver supervises a child through guidance to ensure the child's safety and sense of security.

B100.04 The caregiver provides regular daily supervision. The caregiver will consider the following primary factors that impact supervision: Time, environment, activities, Caregivers, admission and service plans, age of Child, high-risk behaviors and any other factors important in assessing supervision.

B100.05 The caregiver provides a proper balance between supervision, autonomy and independence.

M100 Moderate Service Level: Supervision

The caregiver provides supervision that is required at the Basic Service Level

M100.01 The caregiver provides more than routine supervision with additional structure and support, preferably in a family-like setting. The supervision should include structured daily routines with limit setting.

M100.02 For a child with intellectual and or developmental disabilities, Primary Medical Needs or requires services that help a person keep, learn or improve skills and functioning for daily living, the caregiver provides regular daily supervision.

M100.03 For a child with Primary Medical Needs or requires services that help a person keep, learn or improve skills and functioning for daily living, the caregiver provides, as appropriate, intermittent interventions that typically consist of verbal guidance, assistance, and monitoring from a caregiver.

S100 Specialized Service Level: Supervision

In addition to the supervision required at the Moderate Service Level:

S100.01 The provider has a written policy statement describing how supervision is provided and explaining how the program is structured to stabilize or improve the child's functioning.

S100.02 The provider has specialized training to provide services that help a person keep, learn or improve skills and functioning for daily living and therapeutic support and interventions in a treatment setting.

S100.03 The provider has an adequate number of Caregivers available at all time to meet a child's needs, taking into account the child's age, medical, physical and mental condition, and other factors that affect the amount of supervision required.

S100.04 The provider has written plans for the direct, continuous observation of a child who presents a significant risk of harm to self or others.

S100.05 For a child with Pervasive Developmental Disorder or intellectual and developmental disabilities the caregiver provides close daily supervision.

S100.06 For a child with Primary Medical Needs or requires services that help a person keep, learn or improve skills and functioning for daily living, the caregiver provides constant supervision and, as appropriate, extensive intervention which typically consists of physical intervention, assistance, and monitoring from a caregiver.

I100 Intense Service Level: Supervision

In addition to the supervision required at the Specialized Service Level;

I100.01 The caregiver has specialized training to provide intense services that help a person keep, learn or improve skills and functioning for daily living and therapeutic support and interventions in a highly structured treatment setting with little outside access.

I100.02 An adequate number of caregivers are available to provide 24-hour supervision.

I100.03 For a child with intellectual and or developmental disabilities the caregiver provides 24-hour supervision.

I100.04 For a child with Primary Medical Needs or requires services that help a person keep, learn or improve skills and functioning for daily living, the caregiver provides 24-hour close supervision and, as appropriate, frequent and continuous interventions which typically consist of hands-on physical intervention, assistance, and monitoring from a caregiver.

IP100 Intense Plus Service Level: Supervision

In addition to the supervision required at the Intense Service Level:

IP100.01 An Interdisciplinary Team of professionals develop the child's individualized treatment plan which includes an individualized supervision plan.

P100.02 During sleeping hours, there is an awake employee who is able to provide immediate onsite response and intervention. The child-to-caregiver ratio must meet the applicable licensing standards.

101 – Child-To-Caregiver Ratios

[24 Hour Residential Child Care Requirements September 2018](#)

B101 Basic Service Level: Child-To-Caregiver Ratios

The child-to-caregiver ratio must meet the applicable licensing standards.

M101 Moderate Service Level: Child-To-Caregiver Ratios

The child-to-caregiver ratio must meet the applicable licensing standards.

S101 Specialized Service Level: Child-To-Caregiver Ratios

The child-to-caregiver ratio must meet the applicable licensing standards.

S101.01 There must be a written staffing plan documenting the ability to provide awake caregivers throughout the night whenever necessary to meet the needs of a particular child.

I101 Intense Service Level: Child-To-Caregiver Ratios

I101.01 During all waking hours the child-to-caregiver ratio must be no more than 5 to 1.

I101.02 During sleep hours the caregiver's child-to-caregiver ratio must meet the applicable licensing standards.

I101.03 There are enough caregivers to provide 24-hour supervision to ensure the child's safety and sense of security, which includes frequent one-to-one monitoring with the ability to provide immediate on-site response.

I101.04 The staffing patterns and assignments are documented in writing. The documentation includes the child-to-caregiver ratios, hours of coverage, and plans for providing backup Caregivers in emergencies.

I101.05 The written staffing plan documents the ability to provide 1 to 1 child to caregiver ratio for 24 hours whenever necessary to meet the needs of a particular child.

IP101 Intense Plus Service Level: Child-To-Caregiver Ratios

In addition to the supervision required at the Intense Service Level:

IP101.01 During waking hours there is an employee trained on the child's treatment and supervision plan who can monitor the child and provide 1:1 immediate on site supervision as needed.

IP101.02 The staffing patterns and assignments as a result of the treatment and supervision plan must be documented in writing. The documentation includes the child-to-caregiver ratios, hours of coverage and plans for providing backup caregivers in emergencies.

IP101.03 Staff working directly with a child at this level will receive information regarding the child's unique needs, treatment goals, and interventions prior to being assigned to work with the child. The staff will be updated anytime there is a change to the child's treatment plan, supervision needs, or recommended interventions.

200 – Medical

24 Hour Residential Child Care Requirements September 2018

B200 Basic Service Level: Medical and Dental Services

B200.01 The caregiver arranges for medical and dental services as determined by an agreement between the caregiver and DFPS. The medical and dental services include routine Texas Health Steps check-ups, Child and Adolescent Needs and Strengths (CANS) assessments, and services that are medically necessary.

All children entering conservatorship must have an initial Texas Health Steps medical checkup within 30 days of coming into the legal custody of DFPS. Following the initial medical checkup through Texas Health Steps, all children in DFPS conservatorship must continue to receive routine medical checkups in accordance with the Texas Health Steps Periodicity Schedule. All children six months of age or older must also receive an initial Texas Health Steps dental checkup within 30 days of entering conservatorship. Subsequent routine dental checkups are due six months after the month in which the child received the previous checkup. Children aged 3-17 must also have a Child and Adolescent Needs and Strengths (CANS) behavioral health assessment within 30 days of entering the legal custody of DFPS, and Annually thereafter while they remain in conservatorship.

B200.02 The caregiver documents in the child’s record that the child received these services.

B200.03 The caregiver ensures that all the medications the child needs are administered as prescribed by the physician.

B200.04 The caregiver ensures children are taught age and developmentally appropriate sex education. This can include reproductive health, healthy romantic relationships, being sexually responsible, provide access to appropriate pregnancy prevention information and discuss sexually transmitted infections

M200 Moderate Service Level: Medical and Dental Services

The caregiver arranges for or ensures the same medical and dental services that are required at the Basic Service Level.

M200.01 For a child, receiving psychotropic medication, a physician, as often as clinically necessary and appropriate, must monitor the child’s condition.

M200.02 For a child, with intellectual and or developmental disabilities, Primary Medical Needs or requires services that help a person keep, learn or improve skills and functioning for daily living, the caregiver arranges, as appropriate, for licensed nursing services, assistance with mobility, and routine adjustment or replacement of medical equipment.

S200 Specialized Service Level: Medical and Dental Services

The provider arranges for or ensures the same medical and dental services that are required at the Moderate Service Level.

S200.01 The provider has a written plan for medical personnel to provide routine medical, nursing and psychiatric services based on the needs of the child as identified in the child's service plan. The plan for medical, nursing and psychiatric services must include provisions for timely access to services in emergencies. The plan must also be sufficient to ensure appropriate monitoring of chronic but stable physical illnesses.

S200.02 For a child with intellectual and or developmental disabilities, Primary Medical Needs or requires services that help a person keep, learn or improve skills and functioning for daily living, the provider also arranges, as appropriate, for: consistent and frequent medical attention; a Skilled Caregiver to provide medical assistance; an on-call nurse to be available; assistance with mobility; and administering of life-support medications and treatments.

I200 Intense Service Level: Medical and Dental Services

The provider arranges for or ensures the same medical and dental services that are required at the Specialized Service Level.

I200.01 In addition, the provider has a written plan for medical personnel to provide 24-hour, on-call medical, nursing and psychiatric services based on the needs of the child as identified in the child's service plan. The plan for medical, nursing and psychiatric services must include provisions for timely access to services in emergencies. The plan must also be sufficient to ensure appropriate monitoring of chronic illnesses.

I200.02 For a child with intellectual and developmental disabilities, Primary Medical Needs or requires services that help a person keep, learn or improve skills and functioning for daily living, the provider also arranges, as appropriate, for 24-hour medical or nursing supervision; 24-hour availability of nursing, medical, and psychiatric services; and 1 to 1 supervision during the provision of medical and dental services.

IP200 Intense Plus Service Level: Medical and Dental Services

In addition to the supervision required at the Intense Service Level:

IP200.01 The child's behavioral health care, including emergency medication, is monitored weekly by a psychiatrist with regular medication management review.

IP200.02 The provider has a policy in place for administering emergency medication to ensure for the safety, well-being, and stability of the child. When emergency medication is given it is documented in the form of an incident report.

300 – Recreation

24 Hour Residential Child Care Requirements September 2018

B300 Basic Service Level: Recreational and Leisure-Time Services

B300.01 The caregiver ensures that opportunities to participate in community activities, such as school sports or other extracurricular school activities, church activities, or local social events, are available to the child.

B300.02 The caregiver organizes family activities that identify, recognize and reinforce the support that is available to the child.

M300 Moderate Service Level: Recreational and Leisure-Time Services

In addition to the recreation and leisure-time services required at the Basic Service Level also:

M300.01 The caregiver arranges and supervises structured daily routines for the child that includes recreational and leisure-time activities.

M300.02 The caregiver ensures the activities are designed to meet the child's therapeutic, developmental, and medical needs.

M300.03 The caregiver documents the daily routine and the recreational and leisure-time activities the child participated in.

M300.04 The caregiver allows enough flexibility in the daily routine and the activities for the child to manage his time based on his individual goals.

M300.05 The caregiver provides activities that are modified to meet any restrictions or limitations, due to a child's intellectual and or developmental disabilities or medical condition.

S300 Specialized Service Level: Recreational and Leisure-Time Services

In addition to the recreation and leisure time-services required at the Moderate Service Level:

S300.01 The structured daily routine and the recreational and leisure-time activities are designed to address the needs of the children in care.

S300.02 The therapeutic value of each activity based on the child's service plan is documented.

S300.03 If the child has Primary Medical Needs or requires services that help a person keep, learn or improve skills and functioning for daily living, recreational and leisure-time activities may require medical and physical supports.

I300 Intense Service Level: Recreational and Leisure-Time Services

In addition to the recreation and leisure-time services required at the Specialized Service Level,

IP300.01 An Interdisciplinary Team of professionals who are qualified to address the child's individual needs designs an individualized service plan. The individual recreation plan must specify the structured daily routine and the recreational and leisure-time activities and must be included in the child's service plan.

IP300.02 If the child has Primary Medical Needs or requires services that help a person keep, learn or improve skills and functioning for daily living, the recreational and leisure-time activities may require 1-to-1 medical and physical supports.

IP300 Intense Plus Service Level: Recreation and Leisure-Time

In addition to the recreation and leisure-time services required at the Intense Service Level:

IP300.01 The child receives one to one supervision as necessary for all recreational activities that provide a structured daily routine, including recreation and leisure time activities that are included in the child's service plan.

IP300.02 The Provider will ensure the approved individualized supervision plan addresses on and off-site recreation/leisure activity monitoring requirements.

IP300.03 The individual recreation plan must specify the structured daily routine and the recreational and leisure-time activities and must be included in the child's service plan.

400 – Education

[24 Hour Residential Child Care Requirements September 2018](#)

Basic, Moderate, Specialized and Intense Service Levels Schooling

A child needs:

B401.01 a public school accredited by the Texas Education Agency (TEA);

B401.02 a special "nonpublic-school" with an educational program approved by TEA;

B401.03 a private or other nonpublic school accredited under the requirements of the Texas Private School Accreditation Commission (TPSAC) a private or other nonpublic school that has applied for accreditation under the requirements of TPSAC.

B400 Basic Service Level: Educational Services

B400.01 Access to a free and appropriate education within the limits of state and federal law is arranged and ensured for each child.

B400.02 Reasonable support and assistance will be provided for each child who qualifies as a special education student under the Individual with Disabilities Education Act to ensure that the

appropriate educational and related services, including Early Childhood Intervention, are available in the least restrictive environment appropriate. This may include the necessity to participate in the Admission, Review and Dismissal Committee to develop the Individual Education Plan explaining how the student will be educated.

M400 Moderate Service Level: Educational Services

In addition to the educational services required at the Basic Service Level,

M400.01 Additional structure and educational support is provided.

S400 Specialized Service Level: Educational Services

In addition to the educational services required at the Moderate Service Level.

S400.01 The caregiver must coordinate the child's educational and related services with the child's service plan, and document their consistency.

S400.02 The caregiver must designate a liaison with the child's school.

S400.03 The caregiver must document the liaison's involvement in the child's schooling.

S400.04 The caregiver must document a written description of the relationship between the provider and the school district; or a written agreement between the provider and the school district outlining the responsibilities of each party; and including procedures for resolving conflicts.

I400 Intense Service Level: Educational Services

In addition to the educational services required at the Specialized Service Level,

I400.01 One to one support, as appropriate, is provided by caregivers knowledgeable and trained to deal with the child's special needs and to encourage the child to participate in the education process.

IP400 Intense Plus Service Level: Educational Services

In addition to the educational services required at the Intense Service Level:

IP400.01 Provide one to one supervision as necessary by caregivers or school staff who are trained on the appropriate therapeutic interventions for the child.

IP400.02 Provider will work with Treatment Team and appropriate educational personnel to determine the appropriate educational program for the child.

IP400.03 The approved supervision plan will include a written plan for school related emergency interventions.

500 – Casework and Support Services

24 Hour Residential Child Care Requirements September 2018

B500 Basic Service Level: Casework and Support Services

Services that are designed to maintain and improve the child's functioning are provided in a family setting.

B500.01 Assistance and support in developing or maintaining social skills appropriate to the child's age and development is provided.

B500.02 Affection, reassurance and involvement in activities appropriate to the child's age and development to promote the child's well-being must be provided.

B500.03 Support in helping the child adjust to the current placement must be provided.

B500.04 Access to services that help a person keep, learn or improve skills and functioning for daily living, therapeutic and medical support addressing the child's particular needs, as specified in the child's service plan must be provided. If services that help a person keep, learn, or improve skills and functioning for daily living, therapeutic and medical support services are provided, they must be documented.

M500 Moderate Service Level: Casework and Support Services

In addition to the casework and support services that are required at the Basic Service Level, additional structure and support is provided in a family-like setting.

M500.01 The provider also ensures that all caregivers receive support and direction from someone who is qualified to supervise their functioning as a caregiver.

M500.02 The provider also ensures completion of a diagnostic assessment on each child within 30 days of admission. The assessment must address the child's strengths and needs in the following areas: physical; psychological; behavioral; family; social; and educational.

M500.03 The provider ensures provision of intermittent services that help a person keep, learn or improve skills and functioning for daily living, therapeutic and medical interventions in an environment designed to help the child attain or maintain functioning appropriate to the child's age and development.

M500.04 The provider also ensures provision of individual, group, and family therapy for those children who need therapy by professional

therapists or counselors or paraprofessional staff under the direct supervision of professional therapists or counselors.

M500.05 The provider also ensures documentation of the provider's philosophy and program model governing therapeutic interventions and treatments and ensures that the services that help a person keep, learn or improve skills and functioning for daily living or therapeutic program addresses the child's individual needs.

M500.06 The provider ensures a written schedule of structured daily routines that is consistent with the provider's programs of therapeutic support.

M500.07 If the child qualifies for substance abuse services, the provider arranges for a substance abuse assessment and intensive therapeutic interventions. The therapeutic interventions may be provided on an outpatient basis and may include individual, family, or group therapy.

S500 Specialized Service Level: Casework and Support Services

In addition to the casework and support services that is required at the Moderate Service Level,

S500.01 Services that help a person keep, learn or improve skills and functioning for daily living, therapeutic and medical interventions that are regularly scheduled, and professionally designed and supervised to help the child attain functioning appropriate to the child's age and development must be provided.

S500.02 Individual, group, and family therapy by professional therapists or counselors for those Children who need therapy, must be provided.

S500.03 If the child qualifies for substance abuse services, the provider arranges for the child to participate in a substance abuse treatment program. The program may be either residential or nonresidential. Before arranging admission to a residential substance abuse treatment program, the contractor must obtain prior written approval from the CPS Caseworker and supervisor, and notify the Regional Placement Team.

I500 Intense Service Level: Casework and Support Services

In addition to the casework and support services required at the Specialized Service Level,

I500.01 The child is provided with frequent and intense services that help a person keep, learn or improve skills and functioning for daily living, therapeutic and medical interventions that are individually designed to stabilize the child's condition.

IP500 Intense Plus Service Level: Casework and Support Services

In addition to the casework and support services required at the Intense Service Level,

IP500.01 The provider ensures consistent individualized therapeutic interventions and structured supports to aid the child in attaining stabilization of the child's condition and connection to the child's environment.

IP500.02 There is a documented therapeutic intervention modality to meet the therapeutic needs of the child.

IP500.03 The therapeutic intervention modality is documented as either evidence based, promising practice or well supported.

IP500.04 Staff assigned to work with the child will be trained in the child's therapeutic interventions as documented in the treatment plan.

501 – Service Plans**24 Hour Residential Child Care Requirements March 2019****B501 Basic Service Level: Service Plan Requirements**

B501.01 A service plan must be developed within 45 calendar days of the child's admission, unless the child's current placement resulted from a Subsequent Move and there is an unexpired Service Plan from the previous Facility.

B501.02 The service plan must be based on the child's plan for permanency.

B501.03 The service plan must identify strengths and document strategies to address the child's medical and dental needs, developmental, educational and vocational needs, including life skills appropriate to the child's age and development, family contact needs; social needs; and emotional needs.

B501.04 The caregiver and the child, as appropriate, actively participate in the development, implementation, and periodic review of the service plan.

B501.05 The provider must periodically review service plans according to the appropriate licensing standard.

M501 Moderate Service Level: Service Plan Requirements

In addition to the service plan requirements at the Basic Service Level,

M501.01 The provider must have a Case Manager to coordinate implementation of the service plan.

M501.02 The provider must develop a service plan based on the diagnostic needs assessment for each child within 45 calendar days of the child's admission. This plan must include:

- A. An estimate of the length of time the child will remain in care;
- B. A description of the goals of service;
- C. Specific instructions for caregivers;
- D. A transition plan; and
- E. Documentation of:
 - i. The plan having been shared with the child and the child's parents or managing conservator; and
 - ii. The child's care to date.

M501.03 The provider must, when reviewing a service plan:

- A. Evaluate the services to date that have been provided to the child in each domain or function; and
- B. Identify any additional need that has arisen since the previous service plan was developed.

S501 Specialized Service Level: Service Plan Requirements

In addition to the service plan requirements at the Moderate Service Level,

S501.01 A preliminary service plan for each child is developed within 72 hours of the child's admission.

S501.02 The diagnostic needs assessment and service plan for each child are developed by an Interdisciplinary Team or a full-time staff member with three years of experience in treating children with similar characteristics who has a master's degree in a mental health field from an accredited college or university and is licensed as a therapist or counselor or has a professional medical license.

I501 Intense Service Level: Service Plan Requirements

In addition to the service plan requirements at the Specialized Service Level, the provider must expand the service plan to cover all of the child's waking hours and include:

I501.01 A description of the emotional, behavioral, and physical conditions that require intense services;

I501.02 A description of the emotional, behavioral, and physical conditions the child must achieve and maintain to be assigned to a lower Service Level;

I501.03 A description of the special treatment program and other services and activities that are planned to help the child achieve and maintain a condition allowing a lower Service Level;

I501.04 Criteria for re-evaluating the child's condition after 90 days and deciding whether to continue the placement at the Intense Service Level; continue the placement at a lower Service Level; transfer the child to a less restrictive setting; or refer the child to an inpatient hospital; and,

I501.05 The provider must ensure that an Interdisciplinary Team of professionals develop, review, and supervise each child's service plan.

IP501 Intense Plus Service Level: Service Plan Requirements

In addition to the service plan requirement at the Intense Service Level, the provider must:

IP501.01 Staff the child's case with the Interdisciplinary Team at a minimum of twice a month to assess stabilization and progress in treatment. Changes to the service plan will be updated as needed as a result of the staffing. If no updates are made as a result of the staffing then the treatment plan domains will be reviewed and updated monthly. The changes will be documented and shared with staff working with the child and with the child's Caseworker.

IP501.02 The child's service plan will include documentation of the child's progress and the goals to be achieved to be assigned a lower service level.

IP501.03 Include discharge planning that has recommendations for continued treatment.

IP501.04 The Provider will be available to the next receiving provider for post discharge aftercare support which may include therapeutic consultation.

IP501.05 Obtain DFPS state office approval before discharging a child who is referred to an inpatient hospital.

502 – Training

[24 Hour Residential Child Care Requirements September 2018](#)

B502 Basic Care Level: Training Requirements

B502.01 Each Caregiver receives, at a maximum, 35 hours of pre-service training prior to providing direct care services to a child, prior to home verification or approval of a foster home. Pre-service training components are referenced within Minimum Standards. Providers may exceed 35 hours of pre-service training based on the needs of the child being placed and whether the child is receiving treatment services including the treatment of emotional disorders, pervasive development disorder, primary medical needs, intellectual and developmental disabilities, physical disabilities, and child victims of human trafficking.

B502.02 Each family unit must receive at least 20 hours of training every year to help them understand the needs and characteristics of children in care; provide the care and emotional support that children need; and appropriately manage children's behavior.

Note: First-aid and cardiopulmonary-resuscitation training cannot be counted toward meeting this Annual training requirement. However, hours earned renewing First-aid and cardiopulmonary resuscitation may be counted toward the Annual requirement.

B502.03 When a Foster Parent is absent from the home for an extended time for military service or employment, training requirements may be adjusted, consistent with Minimum Standards [§749.951](#).

B502.04 Pre-Service Training Requirement – Each Caregiver and employee who provides direct care must complete at least eight hours of Trauma Informed Care Training prior to being the only Caregiver responsible for a child in care. Trauma Informed Care Training should provide practical information that prepares the caregiver to put into practice what they have learned. Training should include at least one of the DFPS approved Trauma Informed Care Trainings; a component on Adverse Child Experiences (ACEs) and training and resources related to prevention and management of Secondary Traumatic Stress (Compassion Fatigue).

Annual Refresher Training Requirement – Each caregiver and employee who provides direct care must complete at least two hours of Trauma Informed Care Training Annually. Trauma Informed Care Training should provide practical information that prepares the caregiver to put into practice and build on what they have learned. Contractors may select their own curriculum/model for the Annual refresher training.

Additional Requirements – Certification of completed Trauma Informed Care Training must be placed in staff and Foster Parent records and documented in accordance with Minimum Standards. See DFPS approved [Trauma Informed Care Training](#) on the Superior HealthPlan website, and [DFPS Trauma Informed Care Training](#). Contractors are encouraged to complement required Trauma Informed Care Training, with other training, to support the caregiver and employee in understanding Trauma Informed Care. Additional Trauma Informed Care Training options can be found at: [National Child Traumatic Stress Network](#) and [Texas Health Steps](#).

B502.05 Each caregiver and employee who serves as a Medical Consenter must complete the computer-based DFPS Medical Consent Training as part of pre-service training and Annually thereafter.

B502.06 After completion of the DFPS Medical Consent Training, the Acknowledgement and Certificate of Completion of Medical Consent Training Form 2759, available on the [Medical Consent Training for Caregivers](#) page of the DFPS website: must be completed and placed in staff and Foster Parent records. Copies of the completed Form 2759 must be provided to the Caseworker, each time a child

is placed, or the caregiver is designated as Medical Consenter for a child.

M502 Moderate Service Level: Training Requirements

In addition to the training requirements at the Basic Service Level,

M502.01 Each caregiver must receive pre-service training in areas appropriate to the needs and characteristics of children in care. At the conclusion of pre-service training, every foster family must have an individualized Annual foster family training plan based on the population of children that the foster family serves.

M502.02 The number of hours of Annual training required at the Moderate Service Level is 30 hours per caregiver. These hours of training must help the caregiver understand the provider's required services that help a person keep, learn or improve skills and functioning for daily living therapeutic and treatment modalities service programming and behavior management programs.

M502.03 Each caregiver and employee who administers psychotropic medications must complete the computer-based [DFPS Psychotropic Medication Training](#) as part of pre-service training and Annually thereafter.

M502.04 Each caregiver and employee who administers psychotropic medications must demonstrate competence by successful completion of the DFPS Psychotropic Medication Training post-test, contained within the training, and retain documentation of successful completion in staff and Foster Parent records.

Note: The training received on psychotropic medication may be counted toward the Annual training requirement.

S502 Specialized Service Level: Training Requirements

In addition to the training requirements at the Moderate Service Level,

S502.01 New caregivers without previous experience in a residential childcare may not be assigned sole responsibility for any child until the new caregiver has been supervised for at least 40 hours while conducting direct child-care duties. An experienced caregiver must be physically available to monitor and assist each new caregiver at all times, until the new caregiver acquires the supervised experience. The provider must document the supervised child-care experience of every caregiver who provides direct care to children. Documented verification of a minimum of one year relevant experience to the population that the caregiver would serve, such as children with Primary Medical Needs, pervasive development disorders, intellectual and developmental disabilities, emotional disorders and physical disabilities, may permit new caregivers to be waived from the 40-hour supervision requirement.

S502.02 All caregivers must receive 50 hours of training each year with the exception of caregivers in foster homes verified by child-placing agencies,

S502.03 Caregivers in foster homes verified by child-placing agencies must meet the following requirements: for homes with two or more caregivers, each caregiver must receive at least 30 hours of training; OR for homes with one caregiver, the caregiver must receive at least 30 hours of training.

Intense Plus Service Level: Training Requirements

In addition to the training requirements for Specialized Service Level:

IP502.1 Assigned staff will have training specific to each child's therapeutic interventions.

503 – Personnel

[24 Hour Residential Child Care Requirements September 2018](#)

B503 Basic Service Level: Personnel Requirements

Providers must ensure that all caregivers and staff members meet all appropriate licensing and contract requirements. Use of Forms at Admission.

When the child's service level has not been determined at the time of placement, the provider will be compensated at the Basic rate. The provider may request a retroactive initial service level authorization to change the child's service level. See 1320 Requesting a Retroactive Initial Service Level

M503 Moderate Service Level: Personnel Requirements

In addition to the personnel requirements at the Basic Service Level, the provider must also meet the following requirements:

M503.01 The staff includes at least one Case Manager.

M503.02 The casework and clinical supervisory staff have at least one year of experience in providing services to children who have been removed from their homes.

M503.03 Each staff member with primary administrative and clinical responsibility for managing the therapeutic interventions and programs:

- A. Is a Psychiatrist; or
- B. Is a Psychologist; or
- C. Has a master's degree in social work or another field of human services, and is an appropriately licensed and qualified paraprofessional or professional under the program model

governing the provider's therapeutic interventions and treatments; or

- D. Has a bachelor's degree in social work or another field of human services, and at least three years of experience in providing care to children who have been removed from their homes; or
- E. Has a bachelor's degree in a field other than human services, and at least five years of experience in providing care to children who have been removed from their homes, including at least two years of clinical supervisory experience.

M503.04 Professional therapists, or paraprofessional staff under the direct supervision of professional therapists, conduct interventions, such as individual, group, and family therapy.

M503.05 The provider documents the treatment-plan strategies developed for, and the hours of therapeutic services and types of intervention provided to, the children in care.

M503.06 The provider documents the number of paraprofessional or professional staff scheduled to provide therapeutic interactions.

M503.07 The provider has enough appropriately qualified paraprofessional or professional staff available on a full-time, part-time, or consulting basis to assess and address the needs of all the children in care.

M503.08 The provider has a professional-staffing plan that: includes a detailed description of the qualifications, responsibilities, and authority of every paraprofessional or professional position; indicates whether each such position is filled on a full-time, part-time, or consulting basis; and specifies the frequency and hours of service for each position.

M503.09 The provider has ensured that the professional-staffing plan assigns responsibilities for conducting diagnostic assessments, developing and reviewing service plans, and providing treatment services.

S503 Specialized Service Level: Personnel Requirements

In addition to the personnel requirements at the Moderate Service Level,

S503.01 The provider arranges for interventions such as individual, group, and family therapy to be conducted by professional therapists; or behavior or medical intervention as directed by the service plan.

I503 Intense Service Level: Personnel Requirements

In addition to the personnel requirements at the Specialized Service Level,

I503.01 The provider ensures that a physician recommends and approves services at the time of the initial diagnosis and at each review.

I503.02 The individual treatment program is developed by an Interdisciplinary Team to address the child's intense needs.

IP503 Intense Plus Service Level: Personnel Requirements

In addition to the personnel requirements at the Intense Service Level,

IP503.01 Staff working with a child at this level must be knowledgeable of the child's therapeutic needs, and trained in the child's therapeutic interventions as outlined in the child's individualized treatment plan as developed and monitored by the Interdisciplinary Team.

APPENDIX IV: 24-Hour Awake Supervision Supplemental Payment

24 Hour Residential Child Care Requirements September 2020

Effective November 8, 2019, a quarterly supplemental payment to assist with the cost of providing 24-Hour Awake Night Supervision to children in DFPS conservatorship, as provided for in the Open Enrollment, Section 3.2.11 Utilization and Payment. Child Specific Contracts and Temporary Emergency Placement (TEP) placements are excluded from supplemental payments.

The methodology is specific to GROs with 6 or more children in placement at either one of the following two GRO categories and at the associated ratios:

GRO Category	Ratio
Treatment or Emergency Care Services	1:15 staff to child FTE**
Child Care (Non-Treatment or Emergency Care)	1:7 staff to child FTE

Methodology: # of shifts X (\$15.46 X 8) = payment.

The hourly rate is \$15.46, for an 8-hour shift* in a 24-hour period.

Ex. 1. Child Care, ratio 1:7.

*80 placement days in a 30 day month (80/30) = 3 child FTEs = 1 shift a day
Payment = 1 shift X \$123.68 = \$123.68 a day X 30 day month = \$3,710.40
for one month in the quarter.*

Ex. 2. GRO – Treatment Services, ratio 1:15.

*560 placement days in a 30 day month (560/30) = 19 child FTEs = 2 shifts a day
Payment = 2 shift X \$123.68 = \$247.36 a day X 30 day month = \$7,420.80
for one month in the quarter.*

**Shift: A unit derived from applying the applicable ratio using child FTE placement days for quarterly payment purposes and child FTE paid days for end of fiscal year reconciliation.*

***Child FTE: Full time equivalent is calculated by:*

$$\begin{aligned} & \text{Number of placement days} \div \text{Number of days in the month} \\ & \text{or} \\ & \text{Number of paid days} \div \text{Number of days in the month} \end{aligned}$$

Payments to Contractors that utilized DFPS third-party staff will be calculated using the applicable formulas above and reduced by the number of shifts DFPS provided through a third party.

Contractors with multiple contracts to include contracts with Community Based Care SSCCs, may receive an aggregated payment and subsequent reconciliation processed under a specific DFPS Agency Account ID#.

APPENDIX V: 24-Hour Awake Supervision Progressive Intervention and Liquidated Damages

24 Hour Residential Child Care Requirements September 2020

DFPS will conduct unannounced visits necessary to confirm awake and continuous in-person supervision.

A finding of noncompliance results from a monitoring visit or a self-reported incident as documented in a DFPS final monitoring report.

Each instance of a self-reported violation occurring within any one eight-hour sleeping period is equal to one contract violation for failure to maintain awake and continuous supervision.

Non-Consecutive Findings

The Contractor will participate as detailed below when non-consecutive monitoring visits or self-reported supervision incidents result in findings subject to liquidated damages. The period will be a rolling 12-month period beginning with an instance of noncompliance.

Consecutive Findings & Liquidated Damages

The Contractor will participate as detailed below when consecutive monitoring visits or self-reported supervision incidents result in findings subject to liquidated damages. Liquidated damages will be assessed in the state fiscal year in which the first instance of non-compliance was identified and calculated using applicable instances of findings until compliance is satisfied. Liquidated damages will be collected during the end of year reconciliation process through an adjustment of the 2nd quarter payment or final payment if a contract should terminate prior to the end of the fiscal year.

DFPS staff will conduct the following contract actions associated with the conditions identified below:

Contract Action	Conditions	Process	Liquidated Damages
#1	Four or fewer, non-consecutive findings of failure to provide 24-hour awake and continuous supervision, are determined during on-sight monitoring visits or self-reported instances.	DFPS staff will: <ul style="list-style-type: none"> • Stay on premises until compliance is met, • Contact the facility leadership (ex. Director and Administrator) to address and identify cause contributing to 	NA

Contract Action	Conditions	Process	Liquidated Damages
		<p>the non-compliance, including challenges and barriers, and to provide technical assistance as needed to assist in identifying a solution, and</p> <ul style="list-style-type: none"> • Provide written notification of a contract violation of the 24-Hour awake and continuous supervision contract term in the form of a final monitoring report. 	
#2	<p>Five non-consecutive findings of failure to provide 24-hour awake and continuous supervision, are determined during on-sight monitoring visits or self-reported instances</p>	<p>DFPS staff will:</p> <ul style="list-style-type: none"> • Complete the interventions steps identified in Contract Action #1 above, and • Meet with the Contractor's Board President and contract signatory to address the identification of a pattern of violations and to explain the progressive intervention steps, and • Obtain reasonable assurance for compliance from the Contractor's representatives. 	NA
#3	<p>Condition 1: One finding is determined in each month in a consecutive 2 month period.</p> <p>OR</p>	<ul style="list-style-type: none"> • Follow Contract Actions #1&2. • DFPS Director of Placement will participate in Contractor contact. 	<p>* Withhold supplemental payments for 1 shift equal to $\\$15.46 \times 8 = \\123.68, for each instance of noncompliance beginning with the</p>

Contract Action	Conditions	Process	Liquidated Damages
	Condition 2: Two consecutive findings.		second instance of noncompliance.
#4	<p>Condition 1: One finding is determined in each month in a consecutive 3 month period.</p> <p>OR</p> <p>Condition 2: Three consecutive findings</p>	<ul style="list-style-type: none"> • Follow Contract Action #3 above • **Place facility on placement hold. 	<p>* Withhold supplemental payments for ALL shifts for each instance of noncompliance beginning with the third instance of noncompliance.</p> <p><i>Liquidated damages will continue until 2 unannounced visits within a 4-week period are conducted and sustained compliance is verified:</i></p>
#5	<p>Condition 1. One finding is determined in each month in a consecutive 5 month period.</p> <p>OR</p> <p>Condition 2. Five consecutive findings</p>	<p>Follow Contract Action #3 above.</p> <p>**Continue with placement hold, as DFPS seeks the federal District Court's permission to remove child(ren) and youth in PMC due to failure or inability to provide 24-hour awake night supervision and if approved, proceed with the removal of child(ren) after taking appropriate next steps with the state court with jurisdiction of the child or youth's SAPCR and relevant</p>	<p>Withhold supplemental payments for All shifts for each day beginning with the second instance of noncompliance until compliance is satisfied or children have been removed from the operation.</p>

Contract Action	Conditions	Process	Liquidated Damages
		interested stakeholders.	

Note: Kinship homes are excluded from placement changes.

* NA for CPA foster homes.

** If CPA, placement hold is specific to the foster home in violation of supervision. Placement hold will continue through attrition resulting in the number of children to 6 or fewer therefore no longer necessitating awake night supervision. Program will discontinue placements that will necessitate 24-Hour Awake Supervision in the specific foster home.