



**TEXAS**

**Department of Family  
and Protective Services**

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*Child Protective Services*

**Preparation for Long-  
Term Care or Support in  
Adulthood for Youth with  
Disabilities**

*Resource Guide*

TABLE OF CONTENTS

**OVERVIEW ..... 1**

DEVELOPING A PLAN ..... 1

RESEARCHING LONG-TERM CARE RESOURCES ..... 1

*Contacting Regional Staff and Other Agencies ..... 1*

*Other Resources ..... 1*

ENSURE FUNDING AND ELIGIBILITY FOR SERVICES ..... 2

*Supplemental Security Income ..... 2*

*Medicaid Waivers..... 2*

GUARDIANSHIP..... 3

*Alternatives to Guardianship ..... 3*

*Need for Guardian..... 3*

*How to Request the Appointment of a Guardian ..... 4*

*HHSC Referral Step 1: Initial Request for Information and Assistance ..... 4*

*HHSC Referral Step 2: DFPS Initiates the Request ..... 4*

*Helpful Hints for Submitting the Guardianship Referral Form ..... 5*

        Information Must Be Thorough ..... 5

        Synopsis of Critical Information ..... 5

        Nature of the Incapacity ..... 6

        How a Guardianship Would Meet the Youth’s Needs..... 6

        Status of the SSI Application ..... 6

        U.S. Citizenship or Type of Immigration Status..... 6

        Explanation of When Family Members Can Serve as Guardians..... 6

        Less Restrictive Options ..... 6

*Guardianship Referral Form IMPACT Guide ..... 6*

        Creating a Guardianship Referral Form..... 6

        Approval and Send Process..... 7

*HHSC Referral Step 3: Guardianship Assessment ..... 7*

*HHSC Referral Step 4: HHSC Decision, Notification, and DFPS Response ..... 8*

*HHSC Agrees to Become Guardian and Court Orders Guardianship ..... 8*

*HHSC Denies Request for Guardianship ..... 8*

        Joint Staffing Process ..... 8

*When HHSC office of Guardianship and DFPS Do Not Agree on Alternatives ..... 9*

*DFPS Foster Care Placement After HHSC Appointed as Guardian..... 9*

*Foster Parent Wishes to be Guardian ..... 10*

## **Resource Guides**

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

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

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

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

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

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

- make essential decisions
- develop strategies to address various issues
- perform essential procedures
- understand important processes
- identify and apply best practices

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

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

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



## OVERVIEW

Due to the significant needs of youth with disabilities that last throughout their lifetime, staff should consider planning for long-term placement, long-term supports and services, Supplemental Security Income (SSI), Medicaid waivers, extended foster care, and/or guardianship if applicable. Staff should begin planning for the long-term care needs of a youth with disabilities when the youth turns 16.

Starting the planning process early is vitally important to successfully aging out of care since DFPS conservatorship ends when a youth turns 18.

**Per [10341](#) Planning for Long-Term Care Needs:**

The regional developmental disability specialist (DDS) must be included throughout this process if the youth has an intellectual and/or developmental disability.

## DEVELOPING A PLAN

At age 16, the caseworker should be reviewing the child's case file to determine what services and supports need to be put in place before the child ages out of care. In all cases involving a child with intellectual and/or developmental disabilities, the regional DDS should be fully included in this process as they have special knowledge regarding services and supports for these youth and serve as the agency's Subject Matter Experts (SMEs).

Special consideration should be given to any youth placed at Mission Roads Development Center and Casa Esperanza, as these placements are considered temporary and should not be considered for long term placement.

## RESEARCHING LONG-TERM CARE RESOURCES

Access to adult long term services and supports is vital for any youth with a disability transitioning out of foster care. It is DFPS's responsibility to help prepare a youth with disabilities, by providing appropriate services and supports to help the youth address his or her disability needs and desire to live independently. Long term services and supports can range from assistance with activities of daily living (such as getting dressed, taking medication, preparing meals, and managing money) to establishing employment and housing. It is important to connect the youth to appropriate adult community resources.

## CONTACTING REGIONAL STAFF AND OTHER AGENCIES

See [10341.1](#) Researching Long-Term Care Resources.

## OTHER RESOURCES

Other helpful resources to explore long-term services and supports include:

- [Navigate Life Texas](#)
- [Texas Centers for Independent Living](#)
- [Think College: College Options for People with Intellectual Disabilities](#)
- [Health Care Transition Resources](#)
- [The Arc of Texas](#)

- [HHSC Office of Guardianship Website](#)

## ENSURE FUNDING AND ELIGIBILITY FOR SERVICES

### SUPPLEMENTAL SECURITY INCOME

It is important that the caseworker ensures that a youth with a disability either receives Supplemental Security Income (SSI) when the youth turns 17, or that the agency submits an application for SSI benefits once the youth turns age 17.

For youth who are eligible for Title IV-E assistance, the SSI coordinator contacts the foster care eligibility specialist to change the youth's eligibility for Title IV-E to eligibility for state-paid assistance.

#### ***Per [10341.2](#) Ensuring Funding and Eligibility for Services:***

When a youth turns 17, has a significant disability and, as an adult will require long-term care services or will be appointed a legal guardian, the caseworker must notify the SSI coordinator to determine whether the youth already receives SSI.

If the youth is not already receiving SSI, the SSI coordinator applies for SSI benefits on behalf of the youth. The coordinator sends the caseworker an SSI application and asks the caseworker to gather supporting documentation related to the youth's medical condition.

The caseworker must complete the application and return it to the SSI coordinator with all supporting documentation. The coordinator submits the application and supporting documentation to SSA.

Once the youth's SSI eligibility is established with the Social Security Administration (SSA), no further action is needed by DFPS. SSA will schedule an adult eligibility determination within the two years after the youth's 18th birthday. During that time, the youth continues to receive children's SSI until an adult determination is made.

SSI is essential for youth receiving a Home and Community-Based Services (HCS) waiver and for the HHSC Office of Guardianship to file an application with the court in favor of state-guardianship. SSI covers the costs of the youth's room and board while in an HCS (or other long-term) placement (see [Home and Community Based Services Resource Guide](#) for more information).

### MEDICAID WAIVERS

As early as possible, a youth with disabilities should be placed on the appropriate interest list for a Medicaid waiver, since it may take several years for the youth to be selected from the list. Medicaid waivers can provide a variety of services, depending on the type of waiver. The caseworker should contact the regional Developmental Disability Specialist for assistance with placing a youth on the Medicaid waiver interest list.

Youth with intellectual and/or developmental disabilities, age 16 ½ or older, may be eligible for a DFPS Home and Community Based Services (HCS) slot. Please refer to the [Home and Community-Based Services Resource Guide](#) for further details.

## GUARDIANSHIP

Guardianship is a legal process used when a person lacks the capacity, because of an intellectual or developmental disability, to provide for their own safety, health, food, clothing, shelter, and/or financial affairs. Establishing a guardianship is the most restrictive measure taken and removes considerable civil and constitutional rights and liberties from an individual. Because of this, it should only be considered after all alternatives to guardianship have been exhausted and determined ineffective or unavailable.

## ALTERNATIVES TO GUARDIANSHIP

The majority of people with disabilities, including those with intellectual and developmental disabilities, are able to make important decisions with or without the supports and services, and should be given the opportunity to avoid or limit guardianship through alternatives, including supported decision-making.

Some alternatives to guardianship are:

- a supported decision-making agreement that involves friends and family instead of specific court-appointed substitute decision-makers;
- a surrogate decision-making agreement that allows a team of volunteers to make medical decisions on behalf of an individual who lives in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IDD);
- appointment of a representative payee;
- a durable power of attorney;
- a special needs trust that allows an individual with disabilities to have funds available for certain expenses while protecting eligibility for public benefits and access to care and services;
- a management trust;
- alternate forms of decision-making based on person-centered planning, which is a process directed by the individual with support needs. It is intended to identify the individual's strengths, capacities, preferences, needs and desired outcomes;
- formal and informal services and supports that enable individuals to meet needs for food, clothing, or shelter, care for physical or mental health, manage financial affairs or make personal decisions regarding residence, voting, operating a motor vehicle and marriage;
- a declaration for mental health treatment;
- asset building accounts for individuals with disabilities under the Achieving a Better Life Experience Act of 2014 ([ABLE Act](#));
- an advanced directive;
- a joint bank account.

## NEED FOR GUARDIAN

A guardian is a court-appointed representative given the responsibility and authority to manage the health, well-being, personal, and financial needs of a person. Because guardianship removes many or all of the person's legal rights as an adult, and generally remains in effect for a lifetime, guardianship is the most restrictive solution to incapacitation and should only be considered as a last resort.

The possible need for a guardian should be discussed beginning no later than age 16 and should include the regional Developmental Disability Specialist. Typically, guardianship is sought if a youth has an IQ of <69; however, it's best to consult your regional Developmental Disability Specialist.

Guardianship is usually not appropriate for a youth whose primary diagnosis is a mental illness or a serious emotional disorder.

Additionally, a guardian:

- cannot prevent a youth from making poor decisions and choices;
- is not responsible for illegal acts the youth may commit;
- is not responsible for personally funding the youth's living expenses or for the youth's past debt;
- cannot force or make a youth take medication;
- does not provide direct or personal supervision of the youth;
- cannot place the youth in a mental health treatment facility without a Mental Health Commitment court order.

### **HOW TO REQUEST THE APPOINTMENT OF A GUARDIAN**

Any interested party may apply to the court to become Guardian over a person deemed incapacitated. The court will designate a court investigator or Attorney Ad Litem to investigate allegations of incapacity and to make a formal recommendation to the court on how to proceed.

For the HHSC Office of Guardianship to become involved, the proposed individual must be in a current state of abuse, neglect, and/or exploitation. Therefore, any referral to HHSC Office of Guardianship needs to be from APS, CPS, or a referral from the court.

The HHSC Office of Guardianship, after obtaining all required and relevant information and necessary documentation, will conduct an assessment to determine incapacity. The HHSC Office of Guardianship also exhausts all attempts to secure a Least Restrictive Alternative to guardianship.

If the HHSC Office of Guardianship determines that guardianship would be in the best interest of the proposed individual, an application is filed with the court and a hearing is set. The court determines whether or not an individual is legally incapacitated and maintains the sole authority to order an individual into guardianship.

### **HHSC REFERRAL STEP 1: INITIAL REQUEST FOR INFORMATION AND ASSISTANCE**

When the youth turns age 16, the caseworker determines:

- whether the youth will likely need a guardian, and either;
  - there are no potential guardians for the child that the child knows, such as a relative, or
  - the potential guardians may not commit to, follow through on, be appropriate, or be approved for guardianship.

#### **Per [10343.1](#) Preparing to Request Appointment of a Guardian:**

The caseworker must consult with the supervisor and the developmental disability specialist (DDS) to discuss making a referral to the HHSC Office of Guardianship before the youth's 17<sup>th</sup> birthday.

The DDS may contact the HHSC regional guardianship supervisor for information on whether the youth is a likely candidate for guardianship and, if not, what other resources might be available. This initial contact is not a formal referral for guardianship. The HHSC Office of Guardianship staff may offer ideas and suggestions for placement and services to assist the caseworker in considering less restrictive alternatives to guardianship.

See [10343.1](#) Preparing to Request Appointment of a Guardian.

### **HHSC REFERRAL STEP 2: DFPS INITIATES THE REQUEST**



**Per [10343.3](#) Initiating the HHSC Guardianship Referral:**

When a youth turns age 17, the caseworker must consult with the supervisor and the developmental disability specialist (DDS) to determine if HHSC guardianship is appropriate. If it is, the caseworker must begin the HHSC guardianship referral process.

The caseworker must contact the SSI coordinator to determine whether the youth has active SSI benefits.

If the youth does not yet have SSI in place, and will not have it in place before the youth's 18<sup>th</sup> birthday, DFPS should delay a referral to HHSC Office of Guardianship until the youth has SSI benefits confirmed via the SSA.

The HHSC Office of Guardianship will not begin the guardianship assessment process without a complete referral form submitted via the AOC stage in IMPACT and accepted in the Guardianship Online Database (GOLD). This referral must be accompanied by an email with all the required supporting documentation listed in [10343.3](#) Initiating the HHSC Guardianship Referral.

The caseworker sends the referral and required supporting documentation to the regional DDS, who verifies all of the documents, forwards the referral to GOLD and sends the supporting documents to the HHSC Guardianship Services supervisor.

The assigned DDS, caseworker, and DDS in state office receive an automatically generated email from GOLD indicating HHSC's receipt of the guardianship referral. The receipt date constitutes the official date the guardianship referral was sent to HHSC and all timelines begin effective that date.

The HHSC Office of Guardianship supervisor reviews the referral and provides the Final Notification of Assessment (FNOA) form via GOLD. The FNOA indicates that the referral:

- has been accepted by HHSC; or
- is being declined, and the reason why (for example, the individual lacks capacity, or required information or documents cannot be obtained within a reasonable timeframe).

## **HELPFUL HINTS FOR SUBMITTING THE GUARDIANSHIP REFERRAL FORM**

### **Information Must Be Thorough**

The caseworker provides in the guardianship referral all relevant information explaining the removal reason and summarizing the child's time in foster care. The Guardianship Specialist will base his or her assessment on:

- the information provided in the referral;
- supplemental documents;
- the physician's medical or incapacitation determination (either Certificate of Medical Examination or Determination of Intellectual Disability, as appropriate); and
- a face-to-face interview with the proposed ward.

The caseworker includes the Basic Family Tree Report.

### **Synopsis of Critical Information**

The caseworker states:

- that less restrictive alternatives to guardianship have been examined, and explains why alternatives are insufficient;
- that there is no willing, able, and suitable person or program to serve as guardian;
- that the youth is unable to make sound decisions regarding health, safety, finances, and living environment; and

- why there is a need to file for guardianship in the future.

**Nature of the Incapacity**

The caseworker explains how the youth is incapacitated, including any cognitive disability and significant physical or medical issues.

**How a Guardianship Would Meet the Youth's Needs**

The caseworker explains how guardianship will meet the youth's needs.

Example: The youth is incapable of giving informed medical consent because of a cognitive inability to understand the nature of an illness or injury and the risks and benefits of a proposed treatment.

**Status of the SSI Application**

The caseworker states whether SSA has determined that the youth has a disability and will receive SSI benefits for children or that an application for SSI is still pending with SSA. If SSA denies an applicant because the applicant's disability is not considered severe enough, it is unlikely the youth will meet the required criteria for guardianship. In addition, HHSC cannot accept guardianship for a youth who has no source of funding to pay for care.

**U.S. Citizenship or Type of Immigration Status**

The caseworker indicates whether the youth is a U.S. citizen or has an immigration status.

**Documentation of Permanent Residence Status**

If the youth has permanent residence status (green card) the caseworker includes the date it was issued and puts a copy of the card in the referral documentation.

**Permanent Residence and Eligibility for Medical Assistance Only**

A youth with permanent residence status who needs Medicaid long term care may be eligible for medical assistance only (MAO) through the Health and Human Services Commission (HHSC). This MAO type is not DFPS Foster Care Medicaid and the caseworker should contact the developmental disability specialist (DDS) in state office for more information.

HHSC has agreed to take guardianship of certain youths who have permanent residence status when the youth is eligible for MAO through HHSC.

**Filing for Citizenship When Youth Has Permanent Residence Status**

HHSC has agreed to file for citizenship for these youths when five years has passed after the youth receives permanent residence status, so the need to file for citizenship should be stated as a reason for guardianship. DFPS Office of General Counsel has agreed to assist HHSC with the citizenship process.

**Explanation of When Family Members Can Serve as Guardians**

By law, family members are preferred over HHSC to serve as guardian. Therefore, the caseworker explains why all known relatives are not suitable to serve as legal guardian, and lists any who might be suitable but have declined to serve. Parents whose parental rights have been terminated are not considered relatives by the Probate Code. However, adult siblings are considered relatives even if parental rights have been terminated.

**Less Restrictive Options**

The caseworker explains any other less restrictive options that have been considered but will not meet the needs of the youth, and why.

**GUARDIANSHIP REFERRAL FORM IMPACT GUIDE****Creating a Guardianship Referral Form**

Create a Guardianship Referral Form by following these steps:

1. Select an AOC stage from your workload in IMPACT.
2. Once you have located the AOC stage, select the desired stage.
3. From the *Case Summary* page of the AOC stage, navigate to the second level *Contact* tab and select the *CPS GUA Referral* form.
4. If an edit appears during Step 2 regarding the primary caseworker, verify that the developmental disability specialist (DDS) is listed as the primary caseworker and the conservatorship (CVS) caseworker as the secondary caseworker. Once this is complete, follow the directions again in Step 2 to create the *CPS Guardianship Referral Contact*.
5. From the *Contact Detail* page, select the *Narrative* button at the bottom of the page. The following message may display if collaterals need to be added to the *Person List* or the ward's address information needs to be updated: *These are required fields that must be addressed in IMPACT before creating the form.*
6. Once the form displays, many fields are pre-filled with information from IMPACT. Complete any editable fields as applicable, save the form, and close it.
7. After closing the form, return to the *Contact Detail* page. Select the *Save and Submit* button and submit according to normal process.

### Approval and Send Process

On the *Staff To-Do List*, the approver follows these steps:

1. Navigate to the applicable *To-Do* and select it to receive a *Task* for the *CPS Guardianship Referral Form*.
2. After selecting the *Task* for this case, the *Contact Detail* displays with the *Approval Status* button. Review the document and make any changes necessary. Save the document and select the *Approval Status* button to approve the form.
3. The *Approval* page opens and the approver is able to add comments, enter his or her password, and select the *Approval* button.
4. The *Send and Save* button displays. Select this button to transmit the form to HHSC into the GOLD system.
5. After selecting this button, two actions may occur:
  - You could receive an error message at the top of the *Approval* page, stating that there was not a successful transmission to HHSC; or
  - You automatically return to the *To-Do* page and receive a message that the form was sent successfully.
6. At this point, the approver is able to navigate to the third level *Contact Detail* page to return to the form. If an error message was received during Step 5 make the appropriate changes to the *CPS Guardianship Referral Form*, and follow the process in Step 4 for a successful transmission to HHSC. Once the form has been sent to HHSC, the form should be frozen and is no longer modifiable.
7. If a new form needs to be created, create a new contact or, select the *New Using* option and pull in data from the previous form. This allows you to make changes to the current data and send the form to HHSC.

Each time a form is created, it receives a new Form ID. Duplicate Form IDs cannot be sent to HHSC.

## HHSC REFERRAL STEP 3: GUARDIANSHIP ASSESSMENT

See [10343.4](#) Guardianship Assessment.

## **HHSC REFERRAL STEP 4: HHSC DECISION, NOTIFICATION, AND DFPS RESPONSE**

See [10343.5](#) HHSC Decision, Notification, and DFPS Response.

## **HHSC AGREES TO BECOME GUARDIAN AND COURT ORDERS GUARDIANSHIP**

DFPS remains the conservator until the youth turns age 18. If HHSC is appointed as guardian, the primary case management responsibility shifts from DFPS to HHSC on the date the letters of guardianship are issued, or the youth's 18th birthday if letters are issued before then.

## **HHSC DENIES REQUEST FOR GUARDIANSHIP**

See [10343.52](#) HHSC Denies Request for HHSC Guardianship.

### **Joint Staffing Process**

#### **Per [10343.52](#) HHSC Denies Request for HHSC Guardianship:**

The joint staffing must be conducted according to the Joint Staffing Process developed by DFPS and HHSC.

The supervisor must coordinate with the HHSC guardianship supervisor to schedule a joint staffing to review alternatives. The staffing must be held within five business days after DFPS receives the Final Notification of Assessment from HHSC or as agreed to by the supervisors.

The staffing must include:

- the HHSC guardianship supervisor;
- the HHSC guardianship services specialist;
- the CPS supervisor;
- the CPS caseworker; and
- the assigned developmental disability specialist (DDS).

If possible, all participants should be physically present at the meeting; if not possible, participants may participate by conference call.

The CPS and HHSC supervisors facilitate the discussion. The HHSC staff explains the reasons for HHSC denial to seek guardianship. CPS staff ensures that all the information indicating why a guardianship is needed is presented and considered. CPS staff also explains why the less restrictive alternative recommended by HHSC will not meet the primary needs of the youth who is aging out of care (AOC).

### **Outcome of Joint Staffing with HHSC**

Based on the discussion, one or more of the following may occur:

- DFPS may conclude that the referral to HHSC for guardianship is no longer needed or appropriate.
- HHSC may reconsider and decide to accept the DFPS referral.
- HHSC may decide to postpone its decision, and additional tasks may be developed for HHSC and/or DFPS to pursue.
- HHSC may decide to reject the request for guardianship because:
  - there is a less restrictive alternative to guardianship;
  - there is an alternative guardian to HHSC; or
  - it determines that:

- the youth has capacity and HHSC guardianship is not in the best interest of the youth; or
- guardianship is not appropriate.

### **WHEN HHSC OFFICE OF GUARDIANSHIP AND DFPS DO NOT AGREE ON ALTERNATIVES**

See [10343.52](#) HHSC Denies Request for HHSC Guardianship.

If the HHSC Guardianship Supervisor and the CPS Supervisor do not agree on the outcome of the referral, the matter is elevated to the CPS Program Administrator and the HHSC Regional Operations Manager (ROM) at State Office. The ROM and the CPS Program Administrator conduct a second level joint staffing to discuss the case and the initial joint staffing outcome. The HHSC ROM acts as the first level in the Review of Decision (ROD) process with HHSC Office of Guardianship Services. If, after the second level joint staffing, CPS staff still disagrees with the outcome, staff can request a Second Level ROD with the HHSC Office of Guardianship Services' Section Director. In rare situations, if CPS staff still disagrees, CPS staff can request a Guardianship Review Committee ROD.

### **DFPS FOSTER CARE PLACEMENT AFTER HHSC APPOINTED AS GUARDIAN**

DFPS may continue to provide a foster care placement for a young adult age 18 or older even when the young adult is receiving HHSC guardianship services. The young adult must meet the eligibility criteria for Extended Foster Care to remain eligible for foster care assistance, and:

1. the young adult's designated guardian must sign a Voluntary HHSC Guardianship Extended Foster Home Placement Agreement Form 2545, and
2. the young adult must meet at least one of the education or work-related eligibility criteria below or be incapable of performing all of those activities because of a documented medical condition.

DFPS may extend eligibility to age 21 for young adults who:

- attend an institution of higher learning or postsecondary vocational or technical program for a minimum six hours per semester;
- participate in a program or activity that promotes or removes barriers to employment;
- are employed at least 80 hours a month; or
- are incapable of performing the activities described above because of a documented medical condition.

DFPS may extend eligibility to age 22 for young adults who are regularly attending high school or enrolled in a program leading to a high school diploma or a high school equivalency certificate (GED).

See:

[10421](#) Eligibility for Extended Foster Care

[10400](#) Extended Foster Care for Youth Who Are Age 18 or Older

#### **Responsibility for Care**

If DFPS continues to fund the placement after the youth's 18th birthday and HHSC is appointed as the guardian, the primary case management responsibility for the youth shifts to HHSC on the youth's 18th birthday. The substitute care (*SUB*) stage in IMPACT is left open.

The HHSC guardianship specialist (GS) assumes the legal decision-making and casework management responsibilities by:

- providing service planning and client contacts;
- notifying DFPS when the youth leaves the placement; and

- providing information, when requested, to the CPS *SUB* stage conservatorship caseworker, who facilitates the maintenance of the placement, service level, and eligibility information in the *SUB* stage.

This includes information for the annual foster care assistance reviews and the information collected to justify a service level authorization, if requested.

Once a placement is found, the guardianship specialist:

- makes appropriate placement arrangements and places the youth; and
- furnishes the placement information to the CPS *SUB* stage caseworker so it can be entered in IMPACT.

The CPS *SUB* stage conservatorship caseworker continues to serve as the primary caseworker for the CPS *SUB* stage only to:

- facilitate the maintenance of the placement information;
- update IMPACT/Health Passport of the placement change; and
- assist with the annual foster care eligibility redeterminations, and assist with service level reauthorization issues if necessary in the *SUB* stage, related to payment issues.

The CPS *SUB* stage conservatorship caseworker contacts the HHSC guardianship specialist as needed for information about the youth. The CPS eligibility specialist continues to serve as the secondary caseworker for the *SUB* stage. DFPS remains the payee for SSI benefits, as permitted by the Social Security Administration (SSA), until the DFPS foster care placement ends. SSA decides who will be the representative payee for youth age 18 or older. If the youth lacks mental capacity, SSA normally allows DFPS to remain payee. Otherwise, SSA appoints the youth to be his or her own payee. In this situation, DFPS requires the youth to sign over the monthly benefit to accounting staff to use on the cost of his or her care.

If the youth's placement breaks down and the guardianship specialist requests another foster care placement, the CPS *SUB* stage conservatorship caseworker provides information to the guardianship specialist on how to contact the CPS placement team in the placement region.

For detailed information on Extended Foster Care, see:

[1530](#) Foster Care Assistance Eligibility Requirements for Children and Youth Who Are in DFPS Conservatorship

[10400](#) Extended Foster Care for Youth Who Are Age 18 or Older

In the *Guardianship Services Handbook*, see [3100](#) Case Management and Guardian of the Person Procedures.

## **FOSTER PARENT WISHES TO BE GUARDIAN**

Foster parents may not become a youth's legal guardian at the same time they are providing Extended Foster Care. Foster parents who want to become guardians are considered a less restrictive alternative to the HHSC guardianship program. If HHSC has already been appointed as the youth's guardian, the foster parents may work with an attorney to file a petition to become successor guardian. If the court appoints the foster parents as successor guardian, HHSC works with them to assure a smooth transition of the guardianship.

When the foster parents become guardian, the youth is no longer eligible for Extended Foster Care and the foster parents are no longer eligible for foster care payments. The foster parents apply to become the representative payee for the youth's SSI payments.