



TEXAS

**Department of Family
and Protective Services**

Child Protective Services

**Texas Service Levels
Resource Guide**

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Resource Guides

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

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

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

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

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

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

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

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

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

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

TEXAS SERVICE LEVELS SYSTEM

See [4400](#) Texas Service Levels System and its sub-items.

DEFINITIONS OF SERVICE LEVELS

BASIC SERVICE LEVEL

The *Basic Service Level* consists of a supportive setting, preferably in a family that is able to maintain or improve the child's functioning. The family should be able to provide:

- routine guidance and supervision to ensure the child's safety and sense of security;
- affection, reassurance, and involvement in activities appropriate to the child's age and development to promote the child's well-being;
- contact, in a manner that is in the best interest of the child, with family members and other persons significant to the child in order to maintain a sense of identity and culture; and
- access on an as-needed basis to therapeutic, habilitative, and medical intervention and guidance from professionals or paraprofessionals to help the child maintain functioning appropriate to the child's age and development.

DFPS Rules, 40 TAC [§700.2301](#)

Children Who Need Basic Services

Children who will benefit from basic services are those who are capable of responding to limit-setting or other interventions. Children whose needs are appropriate for basic services may exhibit:

- one or more of the following characteristics:
- temporary difficulties and occasional misbehavior,
- brief episodes of acting out in response to stress, or
- behavior that is minimally disturbing to others, but is considered typical for the child's age and can be corrected; or
- developmental delays or intellectual disabilities whose characteristics include minor to moderate difficulties with conceptual, social, and practical adaptive skills.

DFPS Rules, 40 TAC [§700.2303](#)

MODERATE SERVICE LEVEL

The *Moderate Service Level* consists of a structured supportive setting, preferably in a family, in which most activities are designed to improve the child's functioning, including:

- more than routine guidance and supervision to ensure the child's safety and sense of security;
- affection, reassurance, and involvement in structured activities appropriate to the child's age and development to promote the child's well-being;
- contact, in a manner that is in the best interest of the child, with family members and other persons significant to the child to maintain a sense of identity and culture; and
- access to therapeutic, habilitative, and medical intervention and guidance from professionals or paraprofessionals to help the child attain or maintain functioning appropriate to the child's age and development.

In addition to the description above, a child with primary medical or habilitative needs may require intermittent interventions from a skilled caregiver who has demonstrated competence.

DFPS Rules, 40 TAC [§700.2321](#)

Children Who Need Moderate Services

Children who need moderate services have problems in one or more areas of functioning, including:

- behaviors such as:
 - frequent nonviolent, anti-social acts,
 - occasional physical aggression,
 - minor self-injurious actions, or
 - difficulties that present a moderate risk of harm to self or others;
 - abuse of alcohol, drugs, or other conscious-altering substances, and:
 - the extent or frequency of the substance abuse places the child at risk for substantial problems, or
 - a historical diagnosis of substance abuse or dependency requires regular community support through groups or similar interventions;
- developmental delays or intellectual disabilities marked by:
 - moderate to substantial difficulties with conceptual, social, and practical adaptive skills, including daily living and self-care, and
 - moderate impairment in communication, cognition, or expressions of affect; or
- primary medical or habilitative needs including assistance with:
 - occasional exacerbations or intermittent interventions related to the diagnosed medical condition,
 - limited daily living and self-care skills,
 - ambulation, or
 - daily access to on-call, skilled caregivers with demonstrated competency.

DFPS Rules, 40 TAC [§700.2323](#)

SPECIALIZED SERVICE LEVEL

The *Specialized Service Level* consists of a treatment setting, preferably in a family, in which caregivers have specialized training to provide therapeutic, habilitative, and medical support and interventions including:

- 24-hour supervision to ensure the child's safety and sense of security, which includes close monitoring and increased limit-setting;
- affection, reassurance, and involvement in therapeutic activities appropriate to the child's age and development to promote the child's well-being;
- contact, in a manner that is in the best interest of the child, with family members and other persons significant to the child to maintain a sense of identity and culture; and
- therapeutic, habilitative, and medical intervention and guidance that is regularly scheduled and professionally designed and supervised to help the child attain functioning appropriate to the child's age and development.

In addition to the description above, a child with primary medical or habilitative needs may require regular interventions from a caregiver who has demonstrated competence.

DFPS Rules, 40 TAC [§700.2341](#)

Children Who Need Specialized Services

Children who need specialized services have severe problems in one or more areas of functioning, including:

- behaviors such as:
 - unpredictable nonviolent, anti-social acts,
 - frequent or unpredictable physical aggression,
 - marked withdrawal or isolation,
 - major self-injurious actions, including recent suicide attempts, or
 - difficulties that present a significant risk of harm to self or others;
- abuse of alcohol, drugs, or other conscious-altering substances that results in:
 - severe impairment, or
 - a primary diagnosis of substance abuse or dependency;
- developmental delays or intellectual disabilities marked by:
 - severely impaired conceptual, social, and practical adaptive skills, including daily living and self-care,
 - severe impairment in communication, cognition, or expressions of affect,
 - lack of motivation or the inability to complete self-care activities or participate in social activities,
 - inability to respond appropriately to an emergency, or
 - multiple physical disabilities including sensory impairments; or
- primary medical or habilitative needs that require assistance related to:
 - regular or frequent exacerbations or interventions related to the diagnosed medical condition,
 - severely limited daily living and self-care skills,
 - ambulation or confinement to a bed, or

- constant access to on-site, medically skilled caregivers with demonstrated competencies in the interventions needed by children in their care.

DFPS Rules, 40 TAC [§700.2343](#)

INTENSE SERVICE LEVEL

The *Intense Service Level* consists of a high degree of structure, preferably in a family, to limit the child's access to environments, as necessary to protect the child. The caregivers have specialized training to provide intense therapeutic and habilitative supports and interventions with limited outside access, including:

- 24-hour supervision to ensure the child's safety and sense of security, which includes frequent one-to-one monitoring and the ability to provide immediate on-site response;
- affection, reassurance, and involvement in therapeutic activities appropriate to the child's age and development to promote the child's well-being;
- contact, in a manner that is in the child's best interest, with family members and other persons significant to the child in order to maintain a sense of identity and culture;
- therapeutic, habilitative, and medical intervention and guidance that is frequently scheduled and professionally designed and supervised to help the child achieve functioning more appropriate to the child's age and development; and
- consistent and frequent attention, direction, and assistance to help the child achieve stabilization and connect appropriately with the child's environment.

In addition to the description above, a child with developmental delays or intellectual disabilities needs professionally directed, designed, and monitored interventions to enhance:

- mobility;
- communication;
- sensory, motor, and cognitive development; and
- self-help skills.

A child with primary medical or habilitative needs requires frequent and consistent interventions. The child may be dependent on people or technology for accommodation and require interventions designed, monitored, or approved by an appropriately constituted interdisciplinary team.

DFPS Rules, 40 TAC [§700.2361](#)

Children Who Need Intense Services

Children who need intense services have severe problems in one or more areas of functioning that present an imminent and critical danger of harm to self or others, such as:

- behaviors that include:
 - extreme physical aggression that causes harm,
 - recurring major self-injurious actions, including suicide attempts,
 - other difficulties that present a critical risk of harm to self or others, or
 - severely impaired reality-testing, communication skills, cognition, expressions of affect, or personal hygiene;

- abuse of alcohol, drugs, or other conscious-altering substances that involves a primary diagnosis of substance dependency in addition to being extremely aggressive or self-destructive to the point of causing harm;
- developmental delays or intellectual disabilities marked by:
 - impairments so severe in conceptual, social, and practical adaptive skills that the child's ability to actively participate in the program is limited and requires constant one-to-one supervision for the safety of self or others, or
 - a consistent inability to cooperate in self-care while requiring constant one-to-one supervision for the safety of self or others; or
- primary medical or habilitative needs that present an imminent and critical medical risk and require assistance with:
 - frequent acute exacerbations and chronic, intensive interventions related to the diagnosed medical condition,
 - inability to perform daily living or self-care skills, or
 - 24-hour on-site medical supervision to sustain life support.

DFPS Rules, 40 TAC [§700.2363](#)

INTENSE-PLUS SERVICE LEVEL

The *Intense-Plus Service Level* is only available in Residential Treatment Centers and consists of a high degree of structure to support the child in his or her environment while intervening as necessary to protect the child. The caregivers have specialized training specific to the child's characteristics. The therapists on staff have professional licensure or graduate level education to provide therapeutic services, intense therapeutic supports and interventions, including:

- 24-hour supervision to ensure the child's safety and sense of security, including constant one-to-one monitoring during waking hours by an employee trained on the child's therapeutic interventions and able to provide immediate on site response.
- Participation in individual and group therapy sessions that are research-supported, reimbursable by Medicaid, and readily available in the community. These include but are not limited to specialized therapies such as Eye Movement Desensitization and Reprocessing Therapy, Applied Behavior Analysis (certified), Treatment for Anorexia/Bulimia/Eating Disorders, and others as appropriate.
- Use therapeutic programs that are documented as either well supported, supported, promising practice or evidence based and are appropriate to the child's age and development to promote the child's well-being. Therapy must address trauma and the behaviors resulting in the need for Intense-Plus level of care.
- Contact with siblings, family members, and other persons significant to the child in order to maintain a sense of identity and culture.
- Services to help the child learn or improve skills and functioning for daily living.
- Medical intervention and therapy that is structured daily and professionally designed and supervised to help the child attain functioning more appropriate to the child's age and development and to address the behaviors resulting in the need for Intense-Plus services.
- Consistent and constant direction, intervention, and structured support to help the child attain stabilization and connect appropriately with the child's environment.

- Professionally directed, designed, and monitored interventions for a child with intellectual or developmental disabilities, to enhance mobility, communication, sensory, motor, cognitive development, behavioral and self-help skills.

DFPS Rules, 40 TAC [§700.2365](#)

Children Who Need Intense-Plus Services

A child needing *Intense-Plus* services has severe problems in two or more areas of functioning that present an extreme, imminent and critical danger of harm to self or others. A child needing *Intense-Plus* services may include more than one of the following characteristics:

- has extreme and reoccurring episodes of physical aggression that causes harm;
- has extreme and reoccurring episodes of sexually aggressive behaviors;
- has assaultive, homicidal, suicidal, recurring major self-injurious actions;
- has chronic runaway behaviors.
- has severely impaired reality testing, communication skills, and cognition;
- abuses alcohol, drugs, or other conscious-altering substances whose characteristics include a primary diagnosis of substance dependency or abuse in addition to being extremely aggressive or self-destructive to the point of causing harm;
- has eating disorders causing concerns for health and well-being;
- has intellectual or developmental disabilities whose characteristics include:
 - impairments so extreme in conceptual, social, and practical adaptive skills that the child's ability to actively participate in the program is limited and requires constant one-to-one supervision for the safety of self or others; and
 - a consistent inability or unwillingness to cooperate in self-care while requiring, constant one-to-one supervision for the safety of self or others;
- is actively psychotic and has acted out on the psychosis;
- is a survivor of human or sex trafficking;
- has chronic criminal behaviors that result in current or recent involvement with the justice system; or
- has displayed animal cruelty in the last 90 days.

DFPS Rules, 40 TAC [§700.2367](#)

DEFINITIONS

| Term | Definition |
|--|--|
| <p>Authorized service level (ASL)</p> | <ul style="list-style-type: none"> • A Basic, Moderate, Specialized, or Intense service level determined by the Third Party Contractor, or • A Basic service level determined by the CPS caseworker and supervisor. <p>The authorized service level is based on information concerning the child's service needs ,as presented by the Texas Administrative Code containing the characteristics and descriptions of children at the four Service Levels described here:</p> <p>Basic Service Level: 40 TAC §700.2301, §700.2303, Moderate Service Level: 40 TAC §700.2321, §700.2323, Specialized Service Level: 40 TAC §700.2341, §700.2343, Intense Service Level: 40 TAC §700.2361, and §700.2363. Intense-Plus Service Level: 40 TAC §700.2365, and §700.2367</p> |
| <p>Billing service level (BSL)</p> | <p>Determined by the third party contractor or CPS; establishes the foster care reimbursement rate to a child care facility.</p> |
| <p>Desk review</p> | <p>A scheduled utilization review that the third party contractor completes by mail instead of by an onsite visit.</p> |
| <p>Facility</p> | <p>In this section only, a facility is a contracted residential provider or a CPS foster home providing foster care to children in CPS conservatorship.</p> |
| <p>Non-scheduled utilization review</p> | <p>A utilization review, completed by the Third Party Contractor issuing an authorized service level that is outside of the scheduled utilization review when:</p> <ul style="list-style-type: none"> • a child's needs change and require a different service level; or • an authorized service level (ASL) is expiring before the next regularly scheduled utilization review (UR). <p>A facility may request a non-scheduled utilization review that requires a higher service level only through the child's CPS caseworker. A facility may request a non-scheduled utilization review if the child's ASL has expired or will soon expire.</p> |
| <p>Requested service level (RSL)</p> | <p>The service level a child's caseworker requests based on the caseworker's assessment of the child's service needs.</p> |
| <p>Service level</p> | <p>Basic, Moderate, Specialized, Intense or Intense Plus. See Characteristics and Definitions of Service Levels contained within:</p> <p>Basic Service Level: 40 TAC §700.2301, §700.2303. Moderate Service Level: 40 TAC §700.2321, §700.2323. Specialized Service Level: 40 TAC §700.2341, §700.2343. Intense Service Level: 40 TAC §700.2361, and §700.2363. Intense-Plus Service Level: 40 TAC §700.2365, and §700.2367</p> |

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| Third party contractor | An organization that contracts with CPS to: <ul style="list-style-type: none"> • monitor facilities for compliance with the service level system indicators, and • determine initial and subsequent authorized service levels. |
| Utilization review (UR) | A regularly scheduled review of a child’s authorized service level (ASL) that the third party contractor performs after the initial ASL is established. |
| UR report | A report the third party contractor issues for each child after the utilization review. Moderate Service Levels are authorized for 12 months; Specialized, Intense and Intense Plus Service Levels are authorized for 3 months. |

SERVICE LEVEL STANDARDS FOR FOSTER CAREGIVERS

DFPS Rules, 40 TAC §§[700.2301](#), [700.2303](#), [700.2321](#), [700.2323](#), [700.2341](#), [700.2343](#), [700.2361](#), [700.2363](#), [700.2365](#), and [700.2367](#)

| Term | Definition |
|------------------|---|
| Caregiver | The person responsible for the child's direct care. |
| Provider | The facility or agency responsible for supervising and training the caregivers. |

Supervision

| Service Level | Supervision Requirements |
|----------------------------------|---|
| Basic Service Level | The caregiver: <ul style="list-style-type: none"> • 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 child's developmental and functional levels; • establishes a clear system of rewards and consequences; and • ensures the child's safety and sense of security through supervision and guidance. |
| Moderate Service Level | In addition to the supervision required at the Basic Service Level, the caregiver provides: <ul style="list-style-type: none"> • more than routine supervision with additional structure and support, preferably in a family-like setting. The supervision should include structured daily routines with clearly defined expectations; • regular daily supervision for a child with developmental delays, intellectual disabilities, or primary medical or rehabilitative needs; and • intermittent interventions, as appropriate. Intermittent interventions typically consist of verbal guidance, assistance, and monitoring by a caregiver. |
| Specialized Service Level | In addition to the supervision required at the Moderate Service Level, the provider: <ul style="list-style-type: none"> • has a written policy statement that describes how supervision is provided and explains how the program is structured to stabilize or improve the child's functioning; |

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| | <ul style="list-style-type: none"> • has specialized training to provide therapeutic and habilitative support and interventions in a treatment setting; • has an adequate number of caregivers available at all time to meet a child's needs, taking into account: <ul style="list-style-type: none"> • the child's age, • the child's medical, physical, and mental condition, and • other factors that affect the amount of supervision required; • has written plans for the direct, continuous observation of a child who presents a significant risk of harm to self or others; • provides close daily supervision for a child with developmental delays or intellectual disabilities; and • provides constant supervision and, as appropriate, extensive intervention, for a child with primary medical or habilitative needs. Extensive intervention typically consists of physical intervention, assistance, and monitoring by a caregiver. |
| <p>Intense Service Level</p> | <p>In addition to the supervision required at the Specialized Service Level, the caregiver:</p> <ul style="list-style-type: none"> • has specialized training to provide intense therapeutic and habilitative support and interventions in a highly structured treatment setting with little outside access; • has an adequate number of caregivers available to provide 24-hour supervision; • provides 24-hour supervision for a child with developmental delays or intellectual disabilities; and • provides 24-hour close supervision and, as appropriate, frequent and continuous interventions for a child with primary medical or habilitative needs. These interventions typically consist of hands-on physical intervention, assistance, and monitoring. |
| <p>Intense-Plus Service Level</p> | <p>In addition to the supervision required at the Intense Service Level, the caregiver:</p> <ul style="list-style-type: none"> • has specialized training to provide intense therapeutic and habilitative support and interventions in a highly structured treatment setting with little outside access; • has an employee assigned to monitor and supervise the child one-to-one during waking hours, who is trained on the child's therapeutic interventions and can provide immediate on site response; and • provides 24-hour supervision for a child with developmental delays or intellectual disabilities. |

Child-To-Caregiver Ratio

Refer to the following sections of the Texas Administrative Code:
[§748.1003](#)
[§748.1007](#)
[§748.1013](#)
[§748.1019](#)

| Service Level | Child-To-Caregiver Ratio Requirements |
|-----------------------------------|---|
| Basic Service Level | The child-to-caregiver ratio must meet the applicable licensing standards. |
| Moderate Service Level | The child-to-caregiver ratio must meet the applicable licensing standards. |
| Specialized Service Level | The child-to-caregiver ratio must meet the applicable licensing standards. 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. |
| Intense Service Level | During all waking hours, the child-to-caregiver ratio must be no more than five to one. During sleep hours, the child-to-caregiver ratio must meet the applicable licensing standards. There must be 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. The staffing patterns and assignments must be documented in writing. The documentation includes the child-to-caregiver ratios, hours of coverage, and plans for providing backup caregivers in emergencies. The written staffing plan documents the ability to provide a one-to-one child-to-caregiver ratio for 24 hours whenever necessary to meet the needs of a particular child. |
| Intense-Plus Service Level | During waking hours, there is an employee assigned to monitor and supervise the child one-to-one, trained on the child's therapeutic interventions and able to provide immediate on site response. During sleep hours, the child-to-caregiver ratio must meet the applicable licensing standards. The staffing patterns and assignments must be documented in writing. The documentation includes the child-to-caregiver ratios, hours of coverage, and plans for providing backup caregivers in emergencies. <ul style="list-style-type: none"> • The written staffing plan documents the ability to provide one-to-one child-to-caregiver ratio for 24 hours to meet the needs of a particular child. |

Medical Care

| Service Level | Medical Care Requirements |
|----------------------------------|---|
| Basic Service Level | <p>The caregiver:</p> <ul style="list-style-type: none"> • arranges for medical and dental services as determined by an agreement between the caregiver and CPS. The medical and dental services include routine services, annual check-ups, and services that are medically necessary; • documents in the child's record that the child received these services; and • ensures that all the medications the child needs are administered as prescribed by the physician. |
| Moderate Service Level | <p>The caregiver arranges for or ensures:</p> <ul style="list-style-type: none"> • the same medical and dental services that are required at the Basic Service Level; • monitoring by a physician, for a child who is receiving psychotropic medication, as often as clinically necessary and appropriate; and • licensed nursing services, assistance with mobility, and routine adjustment or replacement of medical equipment for a child with developmental disabilities, intellectual disabilities, or primary medical or habilitative needs. |
| Specialized Service Level | <p>The provider arranges for or ensures:</p> <ul style="list-style-type: none"> • the same medical and dental services that are required at the Moderate Service Level; • a written plan, agreement, or contract with medical personnel to provide routine medical, nursing, and psychiatric services based on the child's needs identified in the child's service plan. The plan or agreement for medical, nursing, and psychiatric services must include provisions for timely access to services in emergencies. The plan or agreement must also be sufficient to ensure appropriate monitoring of chronic but stable physical illnesses; and • services, as appropriate, for a child with developmental disabilities, intellectual disabilities, or primary medical or habilitative needs, including: <ul style="list-style-type: none"> • 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. |
| Intense Service Level | <p>The provider arranges for or ensures:</p> <ul style="list-style-type: none"> • the same medical and dental services that are required at the Specialized Service Level; • a written plan, agreement, or contract with medical personnel to provide 24-hour, on-call medical, nursing, and psychiatric services based on the child's needs identified in the child's service plan. The plan or agreement for medical, nursing, and psychiatric services shall include provisions for timely access to services in emergencies. The plan or agreement must also be sufficient to ensure appropriate monitoring of chronic illnesses; and • services, as appropriate, for a child with developmental disabilities, intellectual disabilities, or primary medical or habilitative needs, including: <ul style="list-style-type: none"> • 24-hour medical or nursing supervision, |

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|-----------------------------------|---|
| | <ul style="list-style-type: none"> • 24-hour availability of nursing, medical, and psychiatric services, and • one-to-one supervision while medical and dental services are being provided. |
| Intense-Plus Service Level | <p>The provider arranges for or ensures:</p> <ul style="list-style-type: none"> • the same medical and dental services that are required at the Intense Service Level; • a written plan, agreement, or contract with medical personnel to provide 24-hour, on-call medical, nursing, and psychiatric services based on the child's needs identified in the child's service plan. The plan or agreement for medical, nursing, and psychiatric services shall include provisions for timely access to services in emergencies. The plan or agreement must also be sufficient to ensure appropriate monitoring of chronic illnesses; and • services, as appropriate, for a child with developmental disabilities, intellectual disabilities, including: <ul style="list-style-type: none"> • 24-hour availability of nursing, medical, and psychiatric services, and • one-to-one supervision while medical and dental services are being provided. <p>The child's behavioral health care, including emergency medication, is monitored monthly by a psychiatrist with regular medication management review.</p> |

Recreation

| Service Level | Recreation Requirements |
|----------------------------------|---|
| Basic Service Level | <p>The caregiver:</p> <ul style="list-style-type: none"> • ensures that opportunities are available to the child to participate in community activities, such as school sports or other extracurricular school activities, church activities, or local social events; and • organizes family activities that identify, recognize, and reinforce the support available to the child. |
| Moderate Service Level | <p>In addition to the recreation and leisure-time services required at the Basic Service Level, the caregiver:</p> <ul style="list-style-type: none"> • arranges and supervises structured daily routines for the child that include recreational and leisure-time activities; • ensures the activities are designed to meet the child's therapeutic, developmental, and medical needs; • documents the daily routine and the recreational and leisure-time activities the child participated in; • allows enough flexibility in the daily routine and activities for the child to manage his or her time based on individual goals; and • provides activities that are modified to meet any restrictions or limitations because of a child's developmental disability, intellectual disabilities, or medical condition. |
| Specialized Service Level | <p>In addition to the recreation and leisure-time services required at the Moderate Service Level, the caregiver:</p> |

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| | <ul style="list-style-type: none"> • designs the structured daily routine and the recreational and leisure-time activities to address the child's needs; • documents the therapeutic value of each activity based on the child's service plan; and • ensures medical and physical supports, if necessary, for a child with primary medical or habilitative needs during recreational and leisure-time activities. |
| <p>Intense Service Level</p> | <p>In addition to the recreation and leisure-time services required at the Specialized Service Level, the caregiver provides</p> <ul style="list-style-type: none"> • an individualized plan designed by an interdisciplinary team of professionals who are qualified to address the child's individual needs. 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; and • one-to-one medical and physical supports, if necessary, for a child with primary medical or habilitative needs during recreational and leisure-time activities. |
| <p>Intense-Plus Service Level</p> | <p>In addition to the recreation and leisure-time services required at the Intense Service Level, the caregiver provides:</p> <ul style="list-style-type: none"> • an individualized plan designed by an interdisciplinary team of professionals who are qualified to address the child's individual needs. 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; and • 1 one-to-one supervision 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. |

Education

Children at the Basic, Moderate, Specialized, Intense and Intense Plus Service Levels need:

- a public school accredited by the Texas Education Agency (TEA);
- a special "non-public school" with an educational program approved by TEA;
- a private or other non-public school accredited under the requirements of the Texas Private School Accreditation Commission (TPSAC); or
- a private or other non-public school that has applied for accreditation under the requirements of TPSAC.

| Service Level | Education Requirements |
|-----------------------------------|---|
| Basic Service Level | <p>The caregiver ensures access to a free and appropriate education within the limits of state and federal law.</p> <p>The caregiver provides reasonable support and assistance for each child who qualifies as a special education student under the Individuals with Disabilities Education Act, to ensure that the appropriate educational and related services are available in the least restrictive environment appropriate, including Early Childhood Intervention. This may include participation in the Admission, Review and Dismissal Committee to develop the Individual Education Plan explaining how the student will be educated.</p> |
| Moderate Service Level | <p>In addition to the educational services required at the Basic Service Level, the caregiver provides additional structure and educational support.</p> |
| Specialized Service Level | <p>In addition to the educational services required at the Moderate Service Level, the caregiver must:</p> <ul style="list-style-type: none"> • coordinate the child's educational and related services with the child's service plan and document their consistency; • designate a liaison with the child's school; • document the liaison's involvement in the child's education; and • 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, including procedures for resolving conflicts. |
| Intense Service Level | <p>In addition to the educational services required at the Specialized Service Level, one-to-one support, as appropriate, is provided by caregivers who are trained to deal with the child's special needs and to encourage the child to participate in the education process.</p> |
| Intense-Plus Service Level | <p>In addition to the educational services required at the Intense Service Level, one-to-one supervision provided by caregivers or school staff who are trained to deal with the child's special needs and to encourage the child to participate in the education process.</p> <p>A written plan is in place for school related emergency interventions.</p> |

Casework and Support Services

| Service Level | Casework and Support Services Requirements |
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| <p>Basic Service Level</p> | <p>The provider must ensure:</p> <ul style="list-style-type: none"> • services that are designed to maintain and improve the child's functioning in a family setting; • assistance and support in developing or maintaining social skills appropriate to the child's age and development; • affection, reassurance, and involvement in activities appropriate to the child's age and development, to promote the child's well-being; • support in helping the child adjust to the current placement; and • access to therapeutic, habilitative, and medical support addressing the child's particular needs, as specified in the child's service plan. If therapeutic, habilitative, and medical support services are provided, they must be documented. |
| <p>Moderate Service Level</p> | <p>In addition to the casework and support services that are required at the Basic Service Level, the provider also ensures:</p> <ul style="list-style-type: none"> • additional structure and support are provided in a family-like setting; • that all caregivers receive support and direction from someone who is qualified to supervise their functioning as caregivers; • a diagnostic assessment is completed on each child within 40 days of admission. The assessment must address the child's strengths and needs in the following areas: <ul style="list-style-type: none"> • Physical • Psychological • Behavioral • Family • Social • Educational • intermittent therapeutic, habilitative, and medical interventions are provided in an environment designed to help the child achieve or maintain functioning appropriate to the child's age and development; • individual, group, and family therapy is provided for those children who need therapy, by professional therapists or counselors or paraprofessional staff under the direct supervision of professional therapists or counselors; • the provider's philosophy and program model governing therapeutic interventions and treatments is documented. The provider also documents how the therapeutic or habilitative program addresses the child's individual needs; and • a written schedule of structured daily routines is created that is consistent with the provider's therapeutic support programs. <p>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.</p> |

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| Specialized Service Level | <p>In addition to the casework and support services required at the Moderate Service Level, the provider must ensure:</p> <ul style="list-style-type: none"> • therapeutic, habilitative, and medical interventions that are regularly scheduled and professionally designed and supervised to help the child achieve functioning appropriate to the child's age and development; • individual, group, and family therapy by professional therapists or counselors for those children who need therapy; and • the child's participation in a substance abuse treatment program, if the child qualifies for substance abuse services. The program may be either residential or nonresidential. |
| Intense Service Level | <p>In addition to the casework and support services required at the Specialized Service Level, the provider ensures frequent and intense therapeutic, habilitative, and medical interventions that are individually designed to stabilize the child's condition.</p> |
| Intense-Plus Service Level | <p>In addition to the casework and support services required at the Intense Service Level, the provider ensures consistent and constant 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.</p> |

Service Plans

| Service Level | Service Plan Requirements |
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| Basic Service Level | <p>A service plan must:</p> <ul style="list-style-type: none"> • be developed within 45 calendar days of the child's admission; • be based on the child's plan for permanency; • identify strengths; and • document strategies to address the child's: <ul style="list-style-type: none"> • 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. <p>The caregiver and the child, as appropriate, actively participate in the development, implementation, and periodic review of the service plan.</p> <p>The provider must periodically review service plans according to the appropriate licensing standard.</p> |
| Moderate Service Level | <p>In addition to the service plan requirements at the Basic Service Level, the provider must:</p> <ul style="list-style-type: none"> • have a case manager to coordinate implementation of the service plan; • develop within 45 calendar days of the child's admission a service plan based on the diagnostic needs assessment for each child. This plan must include: <ul style="list-style-type: none"> • the estimated length of time the child will remain in care, • a description of the goals of service, • specific instructions for caregivers, |

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| | <ul style="list-style-type: none"> • a transition plan, and • documentation of: <ul style="list-style-type: none"> • the plan having been shared with the child and the child's parents or managing conservator, and • the child's care to date; and • review a service plan by: <ul style="list-style-type: none"> • evaluating the services provided to date to the child in each domain or function, and • identifying any additional need that has arisen since the previous service plan was developed. |
| <p>Specialized Service Level</p> | <p>In addition to the service plan requirements at the Moderate Service Level:</p> <ul style="list-style-type: none"> • an initial service plan for each child is developed within 72 hours of the child's admission; and • the diagnostic needs assessment and service plan for each child are developed by an interdisciplinary team or a full-time staff member with: <ul style="list-style-type: none"> • three years of experience in treating children with similar characteristics, • a master's degree in a mental health field from an accredited college or university, and • a therapist or counselor license or a professional medical license. |
| <p>Intense Service Level</p> | <p>In addition to the service plan requirement at the Specialized Service Level, the provider must expand the service plan to cover all of the child's waking hours and include a description of:</p> <ul style="list-style-type: none"> • the emotional, behavioral, and physical conditions that require the Intense Service Level; • the emotional, behavioral, and physical conditions the child must achieve and maintain to be assigned to a lower service level; • 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; and • the criteria for reevaluating the child's condition after 90 days and deciding whether to: <ul style="list-style-type: none"> • 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. <p>The provider must ensure that an interdisciplinary team of professionals develop, review, and supervise each child's service plan.</p> |
| <p>Intense-Plus Service Level</p> | <p>In addition to the service plan requirement at the Intense Service Level, the provider must document in the treatment plan every two weeks to show (or demonstrate) how the child is stabilizing and progressing in treatment.</p> <p>The service plan must cover all of the child's waking hours and include a description of:</p> <ul style="list-style-type: none"> • the emotional, behavioral, and physical conditions that require the Intense-Plus Service Level; • the emotional, behavioral, and physical conditions the child must achieve and maintain to be assigned to a lower service level; |

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| | <ul style="list-style-type: none"> • the therapeutic treatment method and other services and activities that are planned to help the child achieve and maintain a condition allowing a lower service level; and • the criteria for reevaluating the child's condition after 90 days and deciding whether to: <ul style="list-style-type: none"> • continue the placement at the Intense-Plus Service Level, • continue the placement at a lower service level, • transfer the child to a less restrictive setting, with discharge planning and aftercare support for a minimum of three months. • refer the child to an inpatient hospital without discharging from the child's current placement without written approval from DFPS state office. <p>The provider must ensure that an interdisciplinary team of professionals develop, review, and supervise each child's service plan.</p> |
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Training

| Service Level | Training Requirements |
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| Basic Care Level | <p>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. Initial first-aid and cardiopulmonary resuscitation training cannot be counted toward meeting this annual training requirement. However, hours earned renewing first-aid and cardiopulmonary resuscitation training may be counted toward the annual requirement.</p> |
| Moderate Service Level | <p>In addition to the training requirements at the Basic Service Level, each caregiver must receive pre-service training in areas appropriate to the needs and characteristics of children in care. Thirty (30) hours per caregiver of annual training are required at the Moderate Service Level. These hours of training must help the caregiver understand the provider's therapeutic and habilitative treatment modalities, service programming, and behavior management programs.</p> <p>All caregivers who administer psychotropic medications must receive training on psychotropic medications. A licensed physician, a registered nurse, or a pharmacist must conduct training on psychotropic medication. After the psychotropic medication training, the trainer assesses each participant to ensure that the participant has learned the course content. The training course provided to caregivers must include:</p> <ul style="list-style-type: none"> • identifying psychotropic medications; • basic pharmacology (the actions, side effects, and possible adverse reactions regarding various medications); • techniques and methods of administering medications; and • related policies and procedures. <p>The training received on psychotropic medication may be counted toward the annual training requirement. A provider is exempt from this training requirement if the provider has a written policy statement specifying that the provider does not accept or maintain children on psychotropic medications.</p> |

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| <p>Specialized and Intense Service Levels</p> | <p>In addition to the training requirements at the Moderate Service Level, new caregivers without previous experience in 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 childcare duties. An experienced caregiver must be physically available to each new caregiver at all times, until the new caregiver acquires the supervised experience. The provider must document the supervised childcare experience of every caregiver who provides direct care to children.</p> <p>All caregivers, except caregivers in foster homes verified by child-placing agencies, must receive 50 hours of training each year.</p> <p>Caregivers in foster homes verified by child-placing agencies must meet the following requirements:</p> <ul style="list-style-type: none"> • For homes with two or more caregivers, each caregiver must receive at least 30 hours of training. • For homes with one caregiver, the caregiver must receive at least 50 hours of training. |
| <p>Intense-Plus Service Level</p> | <p>In addition to the training requirements at the Specialized and Intense Service Levels, caregivers will have specialized training specific to the therapeutic interventions needed for each child.</p> <p>New caregivers without previous experience in 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 childcare duties. An experienced caregiver must be physically available to each new caregiver at all times, until the new caregiver acquires the supervised experience. The provider must document the supervised childcare experience of every caregiver who provides direct care to children.</p> |

OBTAINING AN INITIAL SERVICE LEVEL AUTHORIZATION (ASL)

See [4422](#) Obtaining an Initial Authorized Service Level (ASL).

The initial service level is for children who are in CPS conservatorship for the first time. The provider's request must include the following forms and documentation:

- Form 2089 Service Level authorization form (IMPACT path – Child’s subcare stage, select placement tab, select service level tab)
- [Form 2087](#) Common Application
- For children with emotional disturbance: Psychological or psychiatric evaluations, completed within 14 months, are required on initial service level authorizations
- For children with primary medical needs: An evaluation by a physician (MD), physician's assistant, or nurse practitioner, describing medical conditions or disabilities
- (Optional) Information describing any extenuating circumstances, incident reports, and so on

RETROACTIVE SERVICE LEVEL AUTHORIZATION

See [4425](#) Retroactive Service Level Authorization.

OBTAINING A RETROACTIVE SERVICE LEVEL:

To start an initial service level authorization, the CPA or the CPS caseworker must submit a complete packet within the first 45 days of admitting the child to the foster home.

To enable the Third Party Contractor to process the initial service level, the CPA must submit the following documentation:

- Service Level Authorization Request Form 2089c from the provider or the 2089 from the caseworker (must include Person Identification Number)
- Common Application ([Form 2087](#)) completed by the Child Placing Agency or by the caseworker
- For children with emotional disturbance: Psychological or psychiatric evaluations, completed within 14 months, are required on initial service authorizations
- For children with primary medical needs: An evaluation by a physician (MD), physician's assistant, or nurse practitioner, describing medical conditions or disabilities
- (Optional) Information describing any extenuating circumstances, incident reports, and so on

The provider may access Forms 2089c and Form 2087 by visiting the [Youth for Tomorrow](#) web site.

APPEALING DISAGREEMENTS WITH ASLS

See [4435](#) Appealing Disagreements With ASLs.

If a residential child care provider or CPS caseworker disagrees with the service level determination by the Third Party Contractor and the residential child care provider or CPS caseworker chooses to appeal the determination, the residential child care provider or CPS caseworker must use the administrative and peer review processes through the Third Party Contractor. The Third Party Contractor's Web site outlines these processes.

The first step in the appeals process is for the facility's clinical director to request an administrative review. The facility must make the request in writing within 10 days of receiving the completed ASL.

If the facility disagrees with the results of the administrative review the facility may submit a written request to the Third Party Contractor, requesting that the Service Level Peer Review Committee examine the documentation presented to the Third Party Contractor during the utilization review (UR). The facility must submit the written request for a committee review no more than five days following the Third Party Contractor's administrative review.