TEXAS
Department of Family
and Protective Services

Child
Protective Services

Foster and Licensed Facility Placements Resource Guide

July 2024

Table of Contents

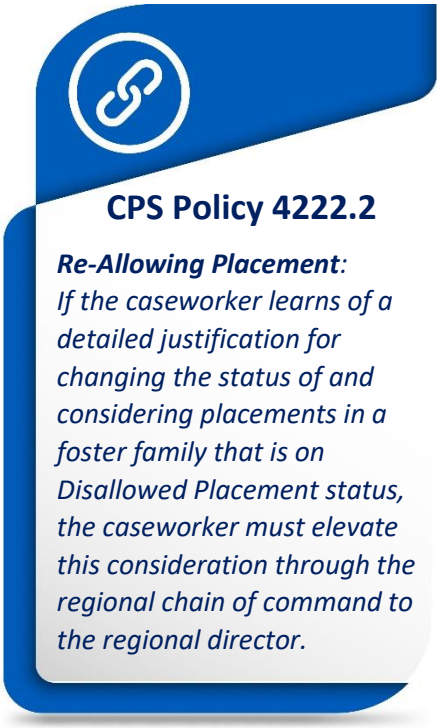
Introduction

The Foster and Licensed Facility Placements Resource Guide provides useful information to support Child Protective Services (CPS) staff in effectively performing their job duties. This information includes reference material, procedures, and guidelines that assist CPS staff in effectively performing their job tasks required by Department of Family and Protective Services (DFPS) policy.

This resource guide provides important information on a range of topics for the purpose of assisting and guiding CPS staff to:

- Make essential decisions;
- Develop strategies to address various issues;
- Perform essential procedures;
- Understand important processes; and
- Identify and apply best practices.

It is important to remember the information in this resource guide does not substitute for policy. Policy statements may sometimes be included, but only as references. Any policy appearing in this resource guide will be emphasized and include a link to the actual policy in the CPS Handbook or Texas Administrative Code (TAC) rule.



DFPS policy always takes precedence over any resource guide. DFPS strives to keep both synchronized; however, delays sometimes exist. If questions arise, always follow DFPS policy in the CPS Handbook.

While information in this resource guides is not policy, except where noted, the actions and approaches described here are also not mandates. CPS staff should adapt their performance of critical tasks to the individual needs and circumstances of the children and families with whom they work.

Combined with clear and concise handbook policy, this resource guide should help staff provide a high level of service to children in Texas.

1. Facilities and Services

When CPS is named temporary or permanent managing conservator of a child or youth, CPS staff become responsible for selecting a placement which keeps the child safe, supports the child's permanency plan, and best meets the child's needs. Placements take a variety of forms. Whenever possible, CPS emphasizes placements with non-custodial parents, kin, and other significant connections. When a placement with a non-custodial parent or kinship placement is not feasible, for whatever reason, the alternative is regulated foster care and licensed facilities. See **CPS Policy 4220**.

HHSC-Regulated Facilities

The Texas Health and Human Services Commission (HHSC) regulates certain types of health care facilities to protect consumer and patient health and safety by ensuring compliance with state laws and rules. Table 1 lists the types of HHSC-regulated facilities utilized by CPS for placement.

Table 1: Types of HHSC-Regulated Facilities

Facility Type	Description
DFPS Foster or Adoptive Home	Foster and adoptive homes verified or approved by CPS that are: • The foster parents' primary residence; and • Verified to provide basic care for 6 or fewer children up to age 17.

Facility Type	Description
Child-Placing Agency (CPA)	A person, including a sole proprietor, partnership, or business or governmental entity, other than the parents of a child, who plans for the placement of or places a child in a childcare operation or adoptive home. See **TAC Rule §745.21**. 
Private CPA Foster Family Home	A CPA-regulated home that is: • The foster parents' primary residence; and • Verified to provide care for 6 or fewer children up to age 18.
Treatment Foster Family Care (TFFC)	TFFC provides intensive, multi-disciplinary treatment services to children up to age 17 in a highly structured home environment. The program is intended for children at risk of psychiatric hospitalizations or residential treatment center (RTC) placements. These placements are not intended to last more than **nine months**.
Private CPA Adoptive Home	A CPA-approved home for the purpose of adoption.
General Residential Operation (GRO)	A residential child-care operation that provides childcare for seven or more children or young adults. The care may include treatment services or programmatic services. These operations include formerly titled emergency shelters, operations providing basic childcare, residential treatment centers, and halfway houses. See **TAC Rule §748.43**. 

General Service Array

Table 2 describes the services provided by HHSC-regulated facilities to children in DFPS conservatorship.

Table 2: Services to Children in DFPS Conservatorship

Service	Description
Childcare	Services that meet a child's basic need for shelter, nutrition, clothing, nurture, socialization and interpersonal skills, care for personal health and hygiene, supervision, education, and service planning.
Treatment	A specialized type of childcare services designed to treat and/or support children with:
Emotional Disorders	Current *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (DSM-5) diagnosis such as mood, psychotic, or dissociative disorders, and demonstration of three or more of the following: • Global Assessment Functioning of 50 or below; • Major self-injurious actions, including recent suicide attempts; • Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; or • Primary diagnosis of substance abuse or dependency and severe impairment because of the substance abuse.
Intellectual and/or Developmental Disabilities (IDD)	Intellectual functioning of 69 or below and characterized by prominent, significant deficits and pervasive impairment in one or more of the following areas: • Conceptual, social, and practical adaptive skills to include daily living and self-care; • Communication, cognition, or expressions of affection; • Self-care activities or participation in social activities; • Responding appropriately to an emergency; or • Multiple physical disabilities, including sensory impairments.

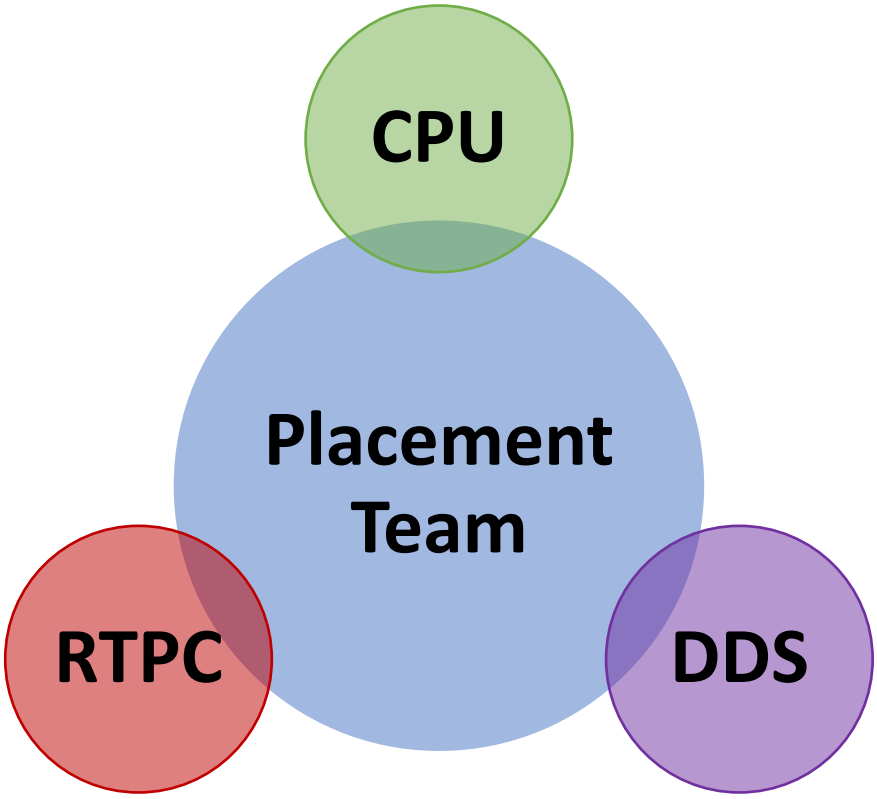
Service	Description
Pervasive Developmental Disorder	A DSM-5 diagnosis of Autism Spectrum Disorder characterized by prominent, severe deficits and pervasive impairment in one or more of the following areas of development: • Conceptual, social, and practical adaptive skills, including daily living and self-care; • Communication, cognition, or expressions of affection; • Self-care activities or participation in social activities; • Responding appropriately to an emergency; or • Multiple physical disabilities including sensory impairments.
Primary Medical Needs	A category of people who cannot live without mechanical supports or the services of others because of non-temporary, life-threatening conditions, including the: • Inability to maintain an open airway without assistance (does not include the use of inhalers for asthma); • Inability to be fed except through a feeding tube, gastric tube, or a parenteral route; • Use of sterile techniques or specialized procedures to promote healing, prevent infection, prevent cross-infection or contamination, or prevent tissue breakdown; or • Multiple physical disabilities including sensory impairments.
Additional Programmatic Services	
Emergency Care	A specialized type of short-term childcare (up to **90 days**) service for children who, upon admission, are in an emergency constituting an immediate danger to the physical health or safety of the child or the child's offspring.
Transitional Living Program	A residential services program (not an independent living program) designed to serve children 14 years old or older for whom the service or treatment goal is basic life skills development toward independent living, including basic life skills training and the opportunity for children to practice those skills.
Assessment Services Program	Services to provide an initial evaluation of the appropriate placement for a child to ensure appropriate information is obtained to facilitate service planning.
Respite Childcare	Planned alternative 24-hour care for a child provided as part of the regulated childcare.

2. The Placement Team

The caseworker must make a referral to the Placement Team when every effort made to find an appropriate noncustodial parent, relative, or kinship placement is unsuccessful.

The Placement Team is comprised of staff – the Centralized Placement Unit (CPU), residential treatment placement coordinators (RTPCs), and developmental disability specialists (DDS) – who specialize in specific types of placements as illustrated below in Figure 1.

Figure 1. Placement Team Staff



Centralized Placement Unit

The child placement coordinators make up the CPU and use the General Placement Search (GPS) to identify the following types of placements listed in Figure 2.

Figure 2. GPS-Identified Placements

GPS-Identified Placements

- **Initial and subsequent placement of all children in care who are not placed with relatives or fictive kin, but are placed into a foster home or GRO**, including a GRO providing emergency services but excluding foster home and GRO placements facilitated by the residential placement treatment coordinators or developmental disability specialists; and
- **Placement of children with primary medical needs.**

Note: Placement moves between foster homes verified by the same CPA are considered placement changes that must be routed through the CPU.

Residential Treatment Placement Coordinators

RTPCs use the GPS to seek placement for children in CPS conservatorship who require a more structured setting. This includes the placements listed in Figure 3.

Figure 3. Placements with More Structured Settings

Placements with More Structured Settings

- GROs, including GRO Emergency Care Services;
- GRO Multiple Services; and
- GRO Residential Treatment Centers.

Developmental Disability Specialists

The DDS seek placement for children diagnosed with IDD. Such placements are listed in Figure 4.

Figure 4. Placements for Children with IDD

Placements for Children with IDD

- DFPS-licensed GROs serving children with IDD;
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID);
- Home and Community-Based Services (HCS) homes;
- Nursing facilities; and
- State Supported Living Centers (SSLCs).

Types of Placements Made with Placement Team Assistance

The Placement Team works with CPS staff to make placements into facilities listed in Figure 5.

Figure 5. Placement Team Assistance Placement Types

GPS-Identified Placements

- Paid placements (CPS-paid or other funding source); and
- Placements that are either:
  - Regulated; or
  - Operated by a government agency, including placements regulated by DFPS Child-Care Licensing.

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

Seeking Placement Through the Placement Team

Placement Option Searches

Depending on the child's needs, the Placement Team coordinates concurrent (dual) placement searches, performing history checks and using the GPS, a resource for identifying provider vacancies within the state. Providers regularly access the GPS through the DFPS Website to update vacancies. See **CPS Policy 4211**.

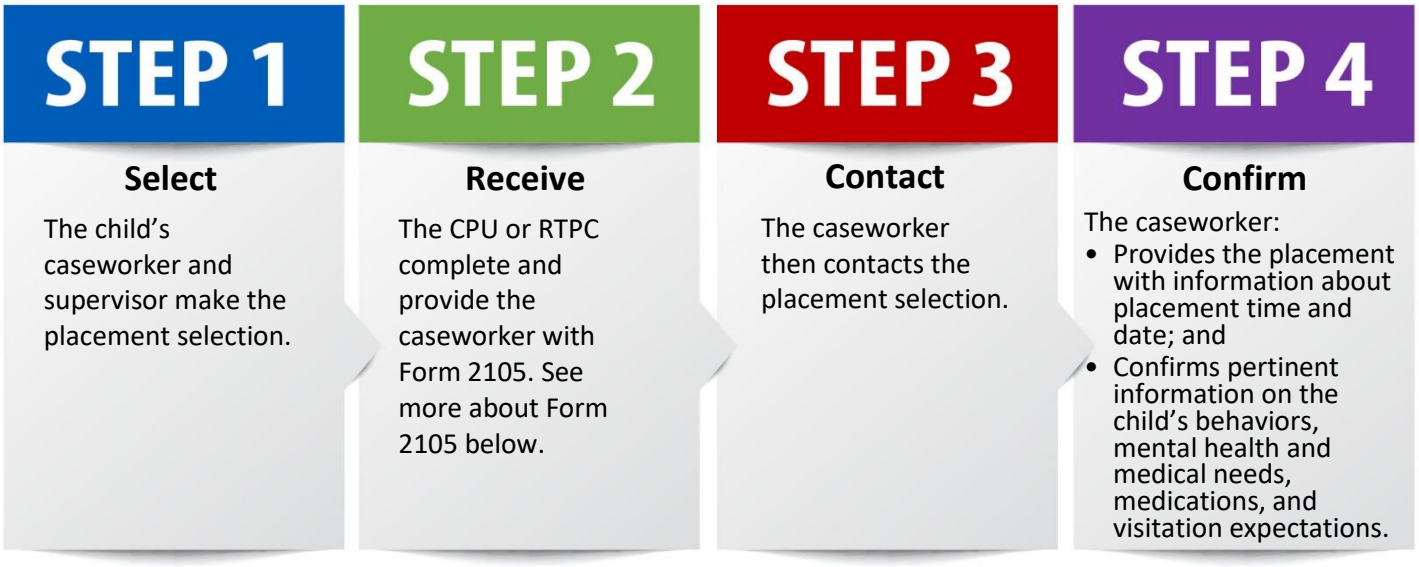
CPS Policy 4211

*See **Seeking Placement Through the Regional Placement Team**.*

Placement Confirmation

To ensure placement confirmation, the following steps in Figure 6 are followed.

Figure 6. Placement Confirmation Steps



The **Form 2105** Placement Confirmation provides the information listed in Figure 7.

Figure 7. Placement Confirmation Form 2105 Information

Information Contained in the Placement Confirmation Form 2105
• Contact information for the residential provider, CPA, and foster home or FAD (Foster and Adoptive Home Development) foster home; • Why the placement was selected; and • What other placement options were attempted.

Hospital Admission Begins with Discharge from Placement

When children are admitted to psychiatric or medical hospitals and the caseworker determines the child will not return to the current placement, the caseworker should within **24 hours or the next business day** following hospitalization:

- Send a request for a placement to the **regional CPU mailbox** indicating the child is currently hospitalized; and
- Reference the date of medical or psychiatric hospitalization and estimate the planned discharge date after consulting with medical personnel.

3. Foster Family Homes

A foster family home is a home that is the foster parent's primary residence and provides care for six or fewer children or young adults under CPA regulation.

Depending on license and verification, foster family homes can provide any of the following: childcare; treatment services, including treatment for emotional disorder, pervasive developmental disorder, intellectual and developmental disability; Transitional Living Program; respite childcare; and services for children with primary medical needs. See **General Service Array**.

Treatment Foster Family Care

A TFFC home is a short-term individualized therapeutic placement in a highly structured home environment for children with intense and complex needs. TFFC homes are appropriate for children and adolescents with:

- History of multiple, unsuccessful placements;
- Placement in or recommended for residential placement;
- Placement in a psychiatric hospital and are discharging; and
- Diagnosed emotional disorder.

TFFC Services

TFFC homes provide the following services listed in Figure 8.

Figure 8. TFFC Services

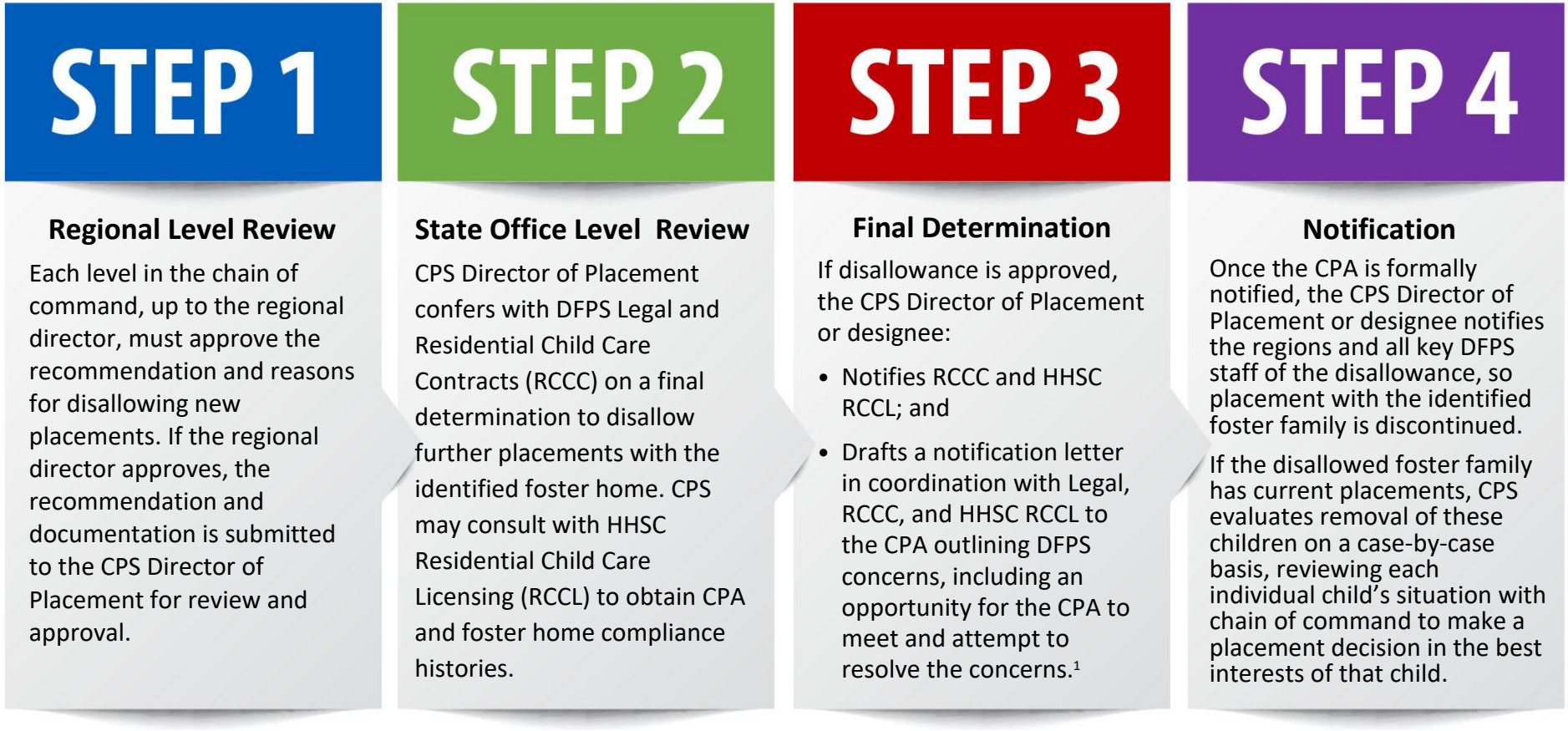
Services Provided by TFFC Homes

- Individualized, strengths-based therapeutic services and case management;
- 24/7 in-home crisis intervention and placement stabilization services for the child and/or family;
- Strong clinical supervision;
- Formal respite system;
- Treatment service planning with a review occurring every 60 days;
- Discharge planning, transition services, and aftercare support;
- Preparation and training for adulthood, social skills training, and normalcy activities based on age and maturity; and
- Transportation appropriateness.

Disallowing Foster Family Placement

If a caseworker has serious concerns and is considering disallowing new placement with a particular foster family, the caseworker thoroughly documents these reasons and submits a recommendation with this documentation to their direct supervisor. Staff must follow steps in Figure 9 to approve the disallowance recommendation.

Figure 9. Steps for Foster Family Placement Disallowance.



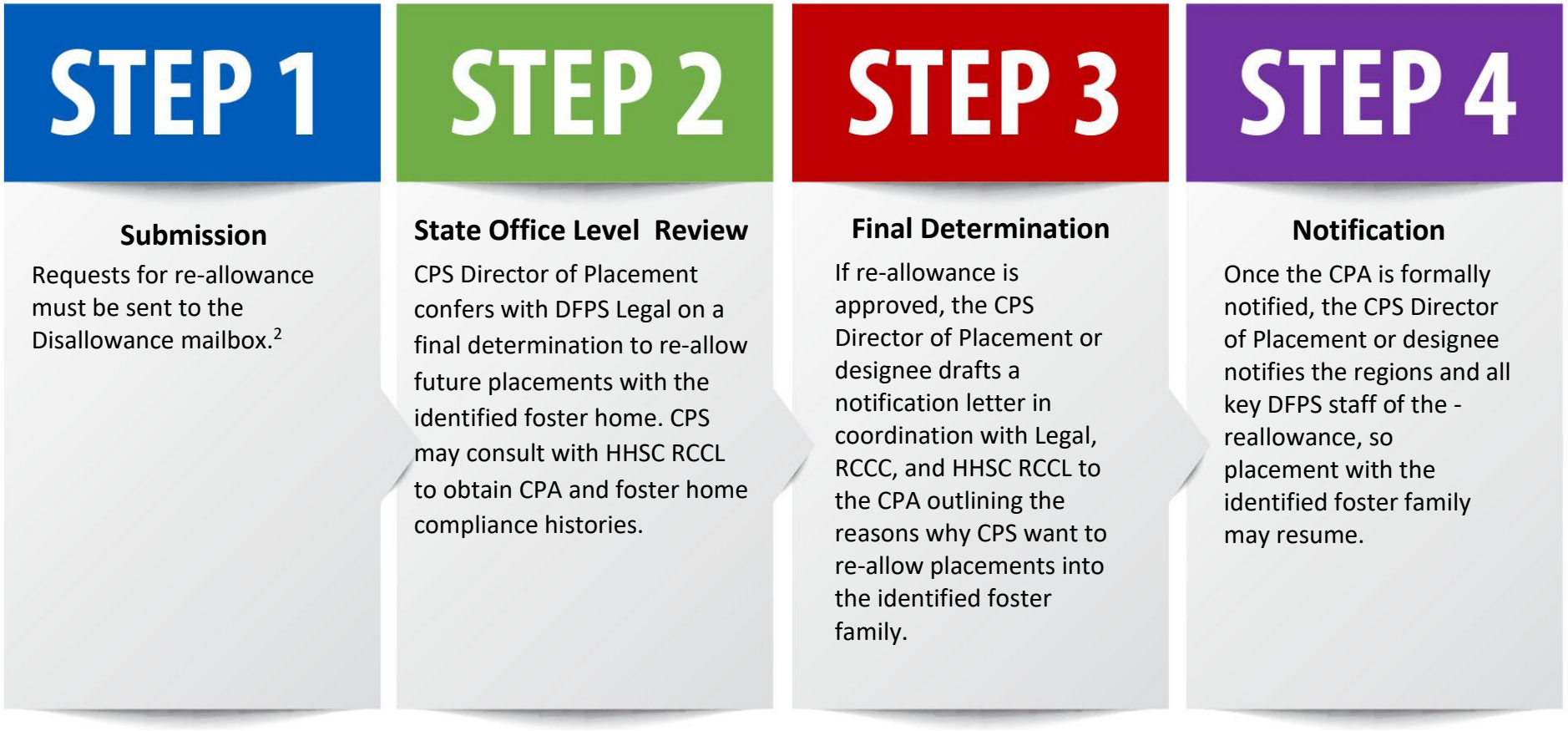
[1] This meeting should include CPS, RCCC, or Legal, as appropriate. CPS may invite HHSC RCCL to consult on compliance history of the CPA and foster home.

Re-Allowing Foster Family Placement

If detailed justification for changing the status of and considering placements in a foster family home on disallowed placement status is presented, the CPS Placement Director or designee will review to determine whether to change the disallowance status. See **CPS Policy 4222.2**.

The steps in Figure 10 must occur before re-allowing (i.e., re-opening) placements into the foster home.

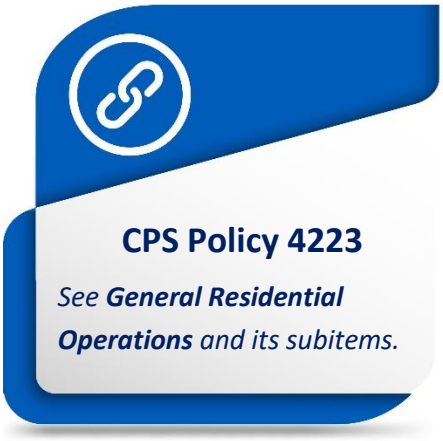
Figure 10. Steps for Foster Family Placement Re-Allowance



[2] DFPSDisallowances@dfps.texas.gov

4. General Residential Operations

A GRO is a residential childcare operation for seven or more children or young adults. The care may include treatment and other programmatic services. GRO is a broad designation that includes many different types of facilities and settings from cottage homes to shelters to RTCs. Because they are so varied this section provides a broad overview of some different types. See **CPS Policy 4223**.



GRO Licensed Facility Types

Table 3 lists the types of GRO licensed facilities utilized by CPS for placement.

Table 3: Types of GRO Licensed Facilities

Facility Type	Description
Basic Childcare Services	This type of GRO provides services that meet a child's basic need for shelter, nutrition, clothing, nurture, socialization and interpersonal skills, care for personal health and hygiene, supervision, education, and service planning.
Shelters as Assessment Centers	Some emergency shelters function as assessment centers. They provide short-term emergency residential care and rapid medical, psychological, and developmental assessments to help the caseworker select an appropriate caregiver at the start of a child's stay in substitute care.
Multiple Services	GROs under this license type provide a wide range of services including, but not limited to, childcare services, emergency care services, transitional living services, and treatment services within the same setting.
Residential Treatment Centers	RTCs provide childcare and treatment services to children with emotional disorders. RTCs must always comply with the relevant Minimum Standards as if 100 percent of the children in their care require treatment services for emotional disorders. This includes, but is not limited to, services to individual children, personnel requirements, and child/caregiver ratio requirements.

Facility Type	Description	
Serving Children with IDD	The caseworker must take additional steps before placing a child with IDD or a related condition. These procedures and requirements are covered in the CPS Handbook. See **CPS Policy 4118**.	

GRO Services

Depending on license and verification, GROs can provide any of the following: childcare; treatment services, including treatment for emotional disorder, pervasive developmental disorder, intellectual and developmental disability; services for children with primary medical needs; emergency care; Transitional Living Program; Assessment Services Program; and respite childcare. See **General Service Array**.

5. Nursing Facilities

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

Alternatives to Nursing Facilities

Supportive Services in a Home and Family Environment

Optimal placement for most children who have complex medical issues is a home and family environment that provides needed support services to maintain or improve the child's level of functioning. These services may be funded by Texas Medicaid through STAR Health, other agencies, community resources, or organizations. Support services may include, but are not limited to these listed in Figure 11.

Figure 11. Support Services for Children with Complex Medical Issues

Support Services May Include, But are Not Limited to:

- Medical care;
- Respite;
- Homemaker services;
- Home modifications;
- Skilled nursing care;
- Caregiver training; and
- Transportation.

Foster Home Versus Nursing Facility Admissions

An optimal placement may be a foster home for children with primary medical needs that meets DFPS CPA Minimum Standards.

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

When Nursing Facility Placement May Be Appropriate

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

A child may be considered for placement in a nursing facility when the circumstances listed in Figure 12 apply. See **TAC §700.1315** and **Appendix 4000-1**.

More Information

*See **TAC §700.1315** and **Appendix 4000-1: Placement Checklist for Children with Disabilities**.*

Figure 12. Circumstances for Nursing Facility Consideration

Circumstances for Nursing Facility Consideration

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

Medical Necessity Determinations

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

Pre-Admission Screening and Resident Review

The PASRR is a screening test that allows for a determination of medical necessity. To initiate the PASRR process, a hospital, prospective nursing facility, parent, or CPS caseworker makes a request to the HHSC contractor for determining medical necessity. See Figure 13 for service eligibility based on PASRR determinations.

Figure 13. PASSR Determinations and Resulting Service Eligibility

Medical Necessity

- Child is eligible for nursing facility placement.

No Medical Necessity

- Child is not eligible for nursing facility placement.
- Alternative placement is required.

Qualifies for Specialized Services

- Child is eligible for case management from the local intellectual and developmental disability authority (LIDDA).
- If the child could benefit from alternative placement, the child is referred to the LIDDA.

Does Not Qualify for Specialized Services

- Child is not eligible for LIDDA case management.

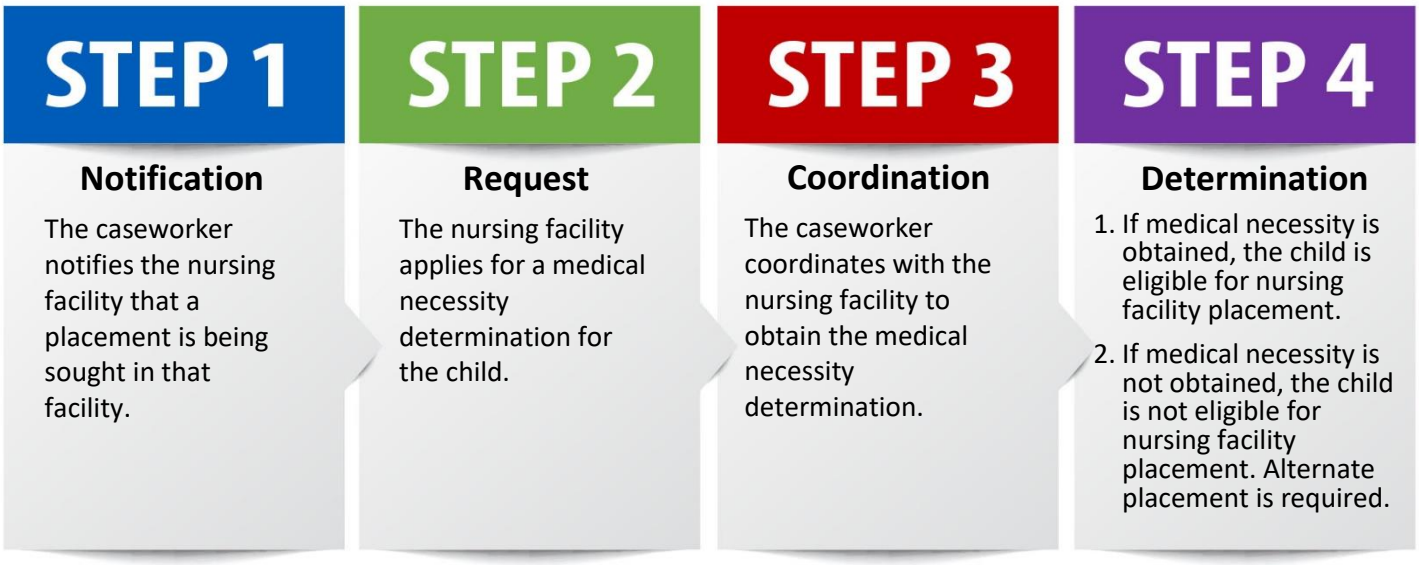
Children with Intellectual Disabilities, Mental Illness, or a Related Condition

If the child has a diagnosis of intellectual disability, mental illness, or a related condition, a PASRR must be completed before the child is placed in a nursing facility. The PASRR helps determine medical necessity and eligibility for specialized services provided by the LIDDA. Caseworkers need to contact their regional DDS for assistance in ensuring children receive all benefits identified for this population.

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

The process for obtaining a medical necessity determination for a child without an intellectual disability, mental illness, or a related condition is outlined in Figure 14.

Figure 14. Steps to Request a Medical Necessity Determination for Child without an Intellectual Disability, Mental Illness, or Related Condition



Resources for Placement Assistance

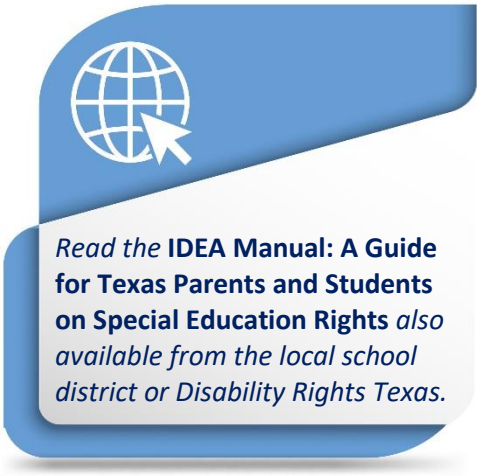
If a caseworker needs assistance with any of the above procedures, including seeking placement for a medically fragile child, the caseworker may use the following resources:

- Regional CPU coordinator;
- Local hospital staff;
- Regional well-being specialist;
- CPS regional nurse consultant;
- Local CRCG;
- Regional DDS; and
- State Office DDS.

Educational Services for Children in Nursing Facilities

Educational issues to address with the nursing facility include:

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

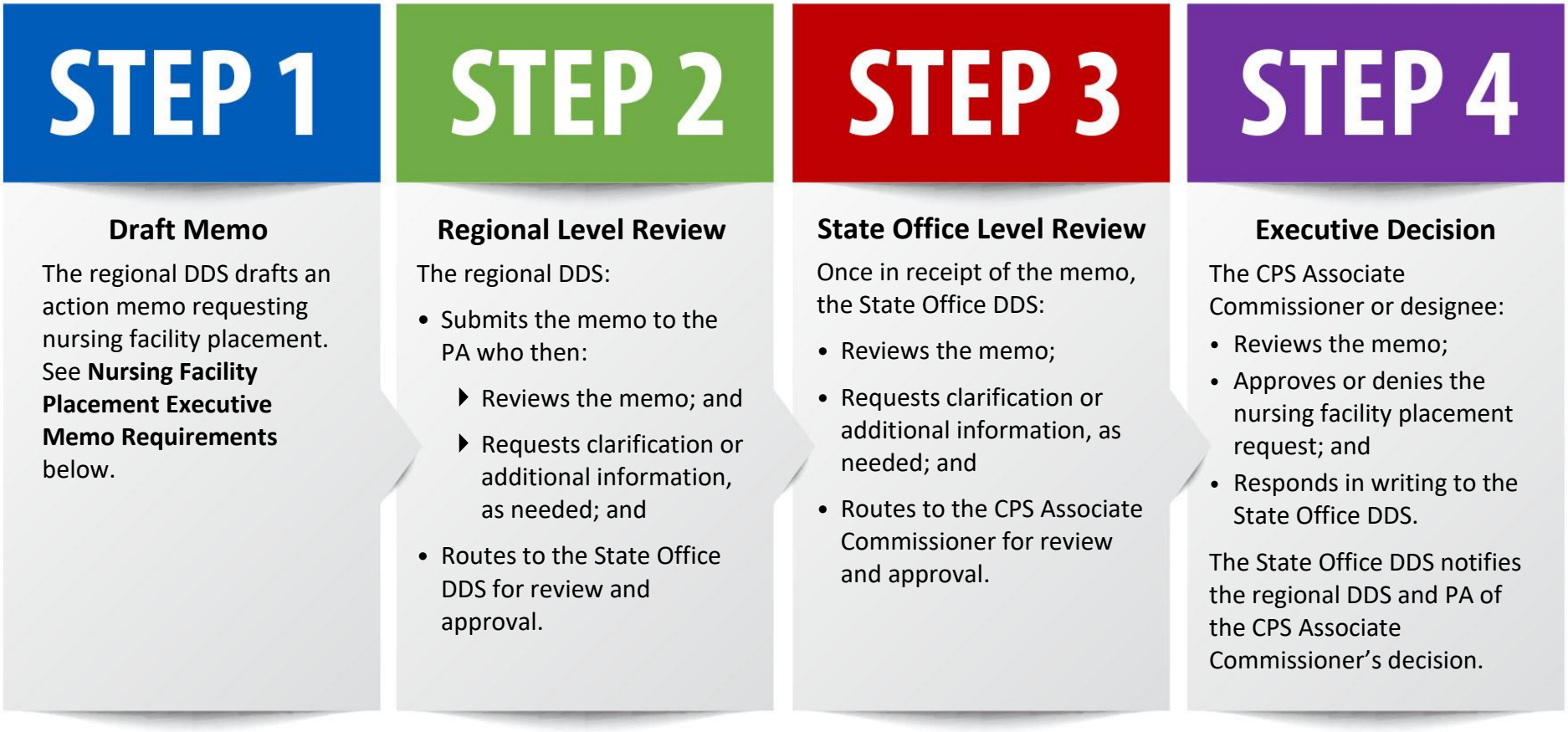


For further assistance with education related matters, contact the **regional education specialist**. See also the **IDEA Manual: A Guide for Texas Parents and Students on Special Education Rights**.

.Executive Approval Process

Placement in a nursing facility requires approval from the CPS Associate Commissioner or designee. Figure 15 lists the steps to follow.

Figure 15. CPS Associate Commissioner Approval Process for Nursing Facility Placements



Nursing Facility Placement Executive Memo Requirements

The nursing facility placement request memo requirements are listed in Figure 16.

Figure 16. Nursing Facility Placement Request Executive Memo

Nursing Facility Placement Request Memo Requirements

- Basic information (i.e., child's name, birth date, level of care, and intelligence quotient [IQ]);
- Medical and other conditions requiring nursing facility services and placement;
- Documentation of the physician's recommendation for nursing facility services and placement;
- Date and medical necessity determination;
- Date and PASRR determination, if applicable;
- Alternate placement options pursued (i.e., foster care or GRO) and specific reasons for denial or inappropriateness;
- Resources explored to support community placement;
- CRCG staffing date and results on alternatives to institutional placements and recommendations;
- Reasons a nursing facility is the best placement and meets the child's specific needs; and
- PA and program director's approval.

6. Home and Community-Based Services Program

The HCS program is a Medicaid waiver program that provides community-based services and supports to eligible people as a least restrictive alternative to the ICF-IID program. HHSC operates the HCS program on an enrollment limited to the number of people in specified target groups and the geographic areas approved by the Centers for Medicare & Medicaid Services in the Medicaid waiver, as well as legislative appropriations.

HCS Placement

To place a child in the HCS program, a regional DDS needs to coordinate with the State Office DDS to request a CPS HCS slot and confer with the region if Supplemental Security Income (SSI) is in place.

Once an HCS slot is received, the regional DDS is responsible for coordinating with the LIDDA in the child placement region to find a provider and complete enrollment activities.

Local Intellectual and Developmental Disability Authorities

HHSC requires a designated LIDDA to conduct the HCS enrollment process. The LIDDA offers HCS services, completes eligibility assessments, and develops a person-directed plan with the child and their conservator.

Find a LIDDA by county or zip code at this **search link** or view a complete **list of LIDDA contacts**.

The person or conservator selects a provider from the list of contracted HCS providers serving the contract area where the person will receive services.

The LIDDA:

- Develops the HCS Plan of Care with the selected provider and the child or conservator;
- Develops the Individual Plan of Care (IPC) with the HCS provider selected; and
- Submits enrollment documents to HHSC.

HHSC must approve enrollment before services begin.

Individual Plan of Care

An IPC will include HCS service components selected from the list below. Staff selects the appropriate components to:

- Ensure the child's health and welfare in the community,
- Supplement rather than replace the child's natural supports and other community services for which the child may be eligible, and
- Prevent the child's admission to institutional services.

HCS Service Components

Table 4 lists the service components and their descriptions available under the HCS program.

Table 4: HCS Services Available

Service	Description
Specialized Therapies	Specialized therapies are provided by appropriately licensed or certified professionals. These therapies include: • Physical therapy; • Occupational therapy; • Speech and language pathology; • Audiology; • Social work; • Behavioral support; • Dietary services; and • Nursing provided by licensed nurses.
Residential Assistance	Four types of residential assistance are available: 1. Supported home living where the provider comes to the person's own home or family home; 2. Foster or companion care where the provider lives in the residence in which no more than three people are living at any one time, and the provider does not hold a property interest; 3. Three-person group home; and 4. Four-person group home (requires CPS associate commissioner approval if the child is under the age of 18; see approval process outlined below). Residential assistance excludes room and board. People who receive HCS services cannot live in licensed facilities or facilities subject to licensure.

Service	Description
Respite	HCS can provide respite services either in or outside of the person's home. When HCS provides respite outside the home, the person does not pay room and board for the time they are in out-of-home respite. To be eligible for respite services, the person cannot receive foster or companion care or group home services through HCS.
Day Habilitation	Individualized Skills and Socialization (ISS) assists people with acquiring, retaining, or improving self-help, socialization, and adaptive skills necessary to live successfully in home and community-based settings. ISS provides individualized activities in environments designed to develop skills and behavior that support greater independence and personal choice and that help to achieve the outcomes identified in the person's service plan.
Supported Employment	Supported employment provides ongoing individualized support services in an integrated setting that enables people for whom competitive employment at or above the minimum wage is unlikely without provided supports and who, because of their disabilities, need supports to perform in a regular work setting.
Adaptive Aids	Adaptive aids might include communication boards, wheelchairs, hearing aids, and other devices to assist the person in managing their environment.
Minor Home Modifications	Minor home modifications might include ramps, lifts, and other modifications to allow the person to remain in their home.
Dental Treatment	Dental treatment is available under the HCS program.

HCS Eligibility

When a child comes into foster care, the regional DDS or caseworker should contact the LIDDA to put a child with disabilities on a Medicaid waiver interest list, such as HCS.

HCS program eligibility requirements are listed in Figure 17.

Figure 17. HCS Eligibility Criteria

A Person is Eligible for HCS Program Services if They:

- Qualify for care in an ICF/IID;
- Have a determination of an intellectual disability per state law of 69 or below or a diagnosis of a related condition with an IQ of 75 or below;
- Is not enrolled in another waiver program;
- Have income and resources that do not exceed specified limits of the SSI program; and
- Is eligible and receiving SSI.

Note: There is no age restriction for eligibility.

HCS Slots

A child may also access HCS waiver services through a priority population slot. CPS has been allotted HCS slots managed by the State Office DDS. Staff may request these slots through the regional DDS.

Children who are eligible for these specific HCS slots must meet the criteria for one of two categories in Figure 18.

Figure 18. HCS Slot Criteria for Children in DFPS Conservatorship

Aging Out of Care Slot Criteria

- Eligible and receiving SSI or other income;
- Has Medicaid;
- 16 and one-half to 22 years old;
- Currently in care; and
- Has a determination of an intellectual disability per state law of 69 or below or have a diagnosis of a related condition with an IQ of 75 or below.

GRO Slot Criteria

- Eligible and receiving SSI;
- Has Medicaid;
- Under age 17;
- Resides in either Cases Esperanza or Mission Roads Development Center GRO; and
- Has a determination of an intellectual disability per state law of 69 or below or have a diagnosis of a related condition with an IQ of 75 or below.

To access one of the above HCS slots or for further questions, contact the **regional DDS**.

GRO slot criteria is dependent on legislative funding. Please contact the **regional DDS** to determine if there is current funding for these types of slots.

The regional DDS can request crisis diversion waiver slots for a youth in DFPS conservatorship who is determined by HHSC to be in crisis. This is not tied to placement type or age.

Background Checks for Young Adults in CPS Conservatorship with HCS Placements

Young adults placed in HCS homes may choose to change homes or providers. If the youth is over age 18 and their own guardian, they are responsible for making decisions related to their placement since the youth is a legal consenting adult. If the case remains open, DFPS may offer guidance and support in this decision making as to where the young adult would like to live.

DFPS will not complete background checks for young adults in HCS placements looking to move or change providers.

Resources for Placement Assistance

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

- Regional DDS;
- LIDDA;
- CRCG; and
- State Office DDS.

Executive Approval Process

A four-person HCS group home placement requires approval from the CPS Associate Commissioner or designee. Figure 19 lists the steps to follow.

Figure 19. CPS Associate Commissioner Approval Process for Four-Person HCS Group Home Placements

HCS Placement Executive Memo Requirements

The four-person HCS group home placement request memo must include the following listed in Figure 20.

Figure 20. HCS Placement Executive Memo

HCS Placement Executive Memo Requirements

- Basic information (i.e., child's name, birth date, level of care, and IQ);
- Diagnosis, conditions, and behaviors requiring placement in a four-person HCS setting;
- Alternate placement options pursued (i.e., foster care or GRO) and specific reasons for denial or inappropriateness;
- CRCG staffing date and results on alternatives to institutional placements and recommendations;
- Reasons a four-person HCS group home is the best placement and meets the child's specific needs; and
- PA approval.

7. ICF-IID Program

The ICF-IID program is a federal Title XIX Medicaid-funded program which provides residential and habilitative services to persons with intellectual disabilities or a related condition. Facilities range in size from small group homes (i.e., six to eight beds) to very large institutions (i.e., SSLCs).

The state, a LIDDA, or a private organization may operate an ICF-IID. HHSC licenses private ICF-IIDs. Some ICF-IIDs specialize in certain disabilities (i.e., cerebral palsy, pervasive developmental disorder, etc.) or in serving people with challenging behavior problems.

Conditions

Intellectual Disability

Intellectual disability is a condition characterized by sub-average general intellectual functioning (e.g., a full-scale IQ of 69 or below), existing alongside deficits in adaptive behavior, and demonstrated during the developmental period. People with intellectual disabilities often have difficulty learning and applying what they learn in different situations.

Related Conditions

A related condition is a severe and chronic disability attributed to cerebral palsy, epilepsy; or any other condition, excluding mental illness, found to be closely related to intellectual disability.

The condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with intellectual disabilities and requires treatment or services similar to those required for people with intellectual disabilities. See the **HHSC Approved Diagnostic Codes for Persons with Related Conditions**.

In addition, related condition criteria are listed in Figure 21.

Figure 21. Related Conditions Associated with Intellectual Disability

Related Conditions Associated with Intellectual Disability

- Is manifested before the person reaches age 22;
- Is likely to continue indefinitely; and
- Results in substantial functional limitations in three or more of the following areas of major life activity:
  - Self-care;
  - Understanding and use of language;
  - Learning;
  - Mobility;
  - Self-direction; or
  - Capacity for independent living.

Least Restrictive Placement

The least restrictive placement for most children with intellectual disabilities or a related condition is a community-based setting like a family (i.e., birth, foster, adoptive, or relative) home in which support services are provided as needed to assist the child in functioning as independently as possible within their community.

Support Services

Support services for children with intellectual disabilities or a related condition are listed in Figure 22.

Figure 22. Community Support Services for Children with Intellectual Disabilities or a Related Condition

Community Support Services Include, But are Not Limited to:

- Respite;
- Homemaker services;
- Home modifications;
- Transportation;
- Habilitative therapies;
- Speech therapy; and
- Caregiver training.

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

Referring a Child to an ICF-IID Placement

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

The LIDDA may or may not have a complete listing of all ICF-IID facilities in the child's geographical area.

ICF-IID Program Eligibility

The ICF-IID program has its own level-of-care system which differs from DFPS' service level system. Each child has one of two individual levels of care (LOCs) – LOC-I and LOC VIII – determined by the LIDDA related to ICF-IID placement as described in Figure 23.

Figure 23. ICF-IID Program Level of Care Criteria

LOC I Criteria

- Full-scale IQ score of 69 or below obtained by administering a standardized individual intelligence test; or
- Full-scale IQ score of 75 or below obtained by administering a standardized individual intelligence test and a primary diagnosis by a licensed physician of a related condition included on the **HHSC Approved Diagnostic Codes for Persons with Related Conditions**; and
- Adaptive behavior level I, II, III, or IV (i.e., mild to extreme deficits in adaptive behavior) obtained by administering a standardized assessment of adaptive behavior.

LOC VIII Criteria

- Primary diagnosis by a licensed physician of a related condition on the **HHSC Approved Diagnostic Codes for Persons with Related Conditions**; and
- Adaptive behavior level II, III, or IV (i.e., moderate to extreme deficits in adaptive behavior) obtained by administering a standardized assessment of adaptive behavior.

Intelligence Test Alternatives

If a person has a sensory or motor deficit for which a specially standardized intelligence test or a certain portion of a standardized intelligence test is appropriate, the appropriate test or portion and the score is used.

If a full-scale IQ score cannot be obtained from a standardized intelligence test because of age, functioning level, or other severe limitations, an estimate of a person's intellectual functioning is documented with clinical justification.

Resources for Placement Assistance

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

- Regional DDS;
- LIDDA;
- CRCG; and
- State Office DDS.

See **Appendix 4000-1** and **Appendix 4000-2**.

Executive Approval Process

The placement of youth under the age of 18 in an ICF-IID facility requires approval from the CPS Associate Commissioner or designee. Figure 23 lists the steps to follow. Figure 10 lists the steps to follow.

Figure 23. CPS Associate Commissioner Approval Process for ICF-IID Facility Placement of Youth Under Age 18

ICF-IID Facility Placement Executive Memo Requirements

The ICF-IID facility placement of youth under age 18 request memo must include the following listed in Figure 24.

Figure 24. ICF-IID Facility Placement Executive Memo

ICF-IID Facility Placement Executive Memo Requirements

- Basic information (i.e., child's name, birth date, level of care, and IQ);
- Diagnosis, conditions, and behaviors requiring placement in an ICF-IID facility;
- Alternate placement options pursued (i.e., foster care or GRO) and specific reasons for denial or inappropriateness;
- Resources explored to support community placement;
- CRCG staffing date and results on alternatives to institutional placements and recommendations;
- Reasons an ICF-IID facility is the best placement and meets the child's specific needs; and
- PA approval.

8. Licensed Institutions Serving Children with IDD

A licensed institution serving children with IDD is a residential facility licensed by DFPS serving more than 12 children or adolescents who:

- Are significantly below average in general intellectual functioning; and
- Have deficits in adaptive behavior.

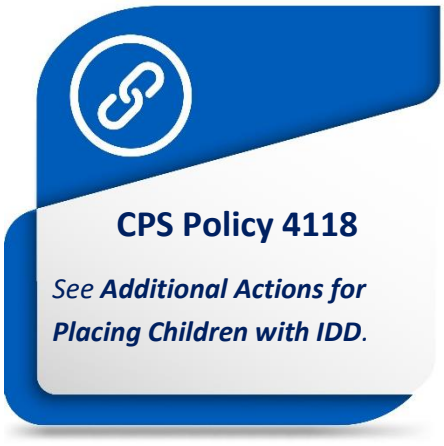
Care and treatment are provided 24 hours per day. Foster care money funds children placed in DFPS' licensed institutions serving children with IDD. See **Appendix 4000-1**.

Specialized Populations

Each institution for children with IDD may serve a specialized population of children. For example, the institution may serve children with:

- Severe to profound intellectual or developmental disabilities who have medical disabilities;
- Moderate to mild IDD;
- Any level of intellectual disabilities, but no other significant disability; or
- Dual diagnosis of IDD and emotional disturbance.

Resources for Placement Assistance



When a caseworker needs assistance in seeking placement and services for a child with IDD into a DFPS licensed GRO for children with IDD, staff may use the following resources:

- Regional DDS;
- RPC;
- CRCG; and
- State Office DDS.

See **CPS Policy 4118**.

Executive Approval Process

Placement of a youth under the age of 18 into a licensed institution serving children with IDD requires approval from the CPS Associate Commissioner or designee. Figure 25 lists the steps to follow.

Figure 25. CPS Associate Commissioner Approval Process for Placement of Youth Under Age 18 in a Licensed Institution Serving Childing with IDD

Licensed Institutions Serving Children with IDD Placement Executive Memo Requirements

The licensed institutions serving children with IDD placement request memo must include the following listed in Figure 26.

Figure 26. Licensed Institutions Serving Children with IDD Placement Executive Memo

Licensing Institutions Serving Children with IDD Placement Executive Memo Requirements

- Basic information (i.e., child's name, birth date, level of care, and IQ);
- Diagnosis, conditions, and behaviors requiring placement in a licensed institution serving children with IDD;
- Alternate placement options pursued (i.e., foster care or GRO) and specific reasons for denial or inappropriateness;
- CRCG staffing date and results on alternatives to institutional placements and recommendations;
- Resources explored to support community placement;
- Reasons a licensed institution serving children with IDD is the best placement and meets the child's specific needs; and
- PA approval.

9. Intensive Psychiatric Transition Program

The Intensive Psychiatric Transition Program (IPTP) offers a short-term mental health treatment and placement option for children in DFPS conservatorship with acute, intensive psychiatric needs at the time of release from a psychiatric hospitalization or as an alternative to a psychiatric hospitalization.

The purpose is to provide enriched services and supports to stabilize children in crisis (i.e., unstable condition, an emotionally stressful event, or a traumatic change) and promote successful transitions to less restrictive placements.

This short-term therapeutic placement allows children to:

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

More Information

*See **TAC §§700.2383** and **700.2385** regarding **IPTP Eligibility** and **Length of Treatment**, respectively; **CPS Policy 4243 Referring a Child for IPTP Placement**; **CPS Policy 4244.2 Discharge from IPTP Placement**; and **CPS Policy 4245 Requesting Extension of an IPTP.***

See **TAC §§700.2383** and **700.2385**, and **CPS Policies 4243**, **4244.2**, and **4245**.

Alternative to Hospitalization

IPTP may be used as an alternative to imminent psychiatric hospitalization. A child at imminent risk displays behavior that would ultimately result in psychiatric hospitalization including:

- Being actively suicidal;
- Displaying suicidal ideation with an intent or plan; and
- Showing signs of being a risk to self or others.

IPTP Eligibility

To be eligible for short-term placement in a therapeutic setting through IPTP, a child must meet the following requirements listed in Figure 27.

Figure 27. IPTP Eligibility Criteria

A Child is Eligible for IPTP Short-Term Placement if They:

- Are in DFPS conservatorship;
- Have experienced at least one psychiatric hospitalization in the preceding **12 months**;
- Are ready for discharge from a psychiatric hospital or at imminent risk of a psychiatric hospitalization; and
- Are determined by the CPS Associate Commissioner or designee to be in crisis and in need of acute stabilization.

10. Qualified Residential Treatment Program

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

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

QRTP Eligibility

To be eligible for QRTP, a child must meet the following requirements listed in Figure 28.

Figure 28. QRTP Eligibility Criteria

A Child is Eligible for QRTP if They:

- Are under the age of 18 (children 12 or younger must have approval by CPS regional program administrator prior to referral for QRTP placement);
- Have a documented emotional diagnosis which must include complex mental and behavioral health needs identified; and
- Been assessed or will be assessed by the designated and approved QRTP independent assessment and recommended for QRTP within **30 days** of start of placement; and
- Been reviewed or will be reviewed by the Court which approved the QRTP placement within **60 days** of start of placement.

Child Characteristics

Child characteristics which may qualify a child for QRTP placement include the following listed in Figure 29.

Figure 29. Possible Qualifying Child Characteristics for QRTP Placements

Possible Qualifying Child Characteristics for QRTP Placements

- Unsuccessful placements in lesser restrictive environments, such as foster homes and relative/fictive kinship placements;
- Multiple instances of being defined as a child without placement directly associated to emotional, mental, and behavioral health needs;
- Placement in and planned discharged from acute or sub-acute psychiatric hospital settings;
- History of juvenile justice involvement in combination with other present characteristics;
- Diagnosed with an emotional disorder – including but not limited to, bipolar affective disorder, depression, post-traumatic stress disorder, reactive attachment disorder, disruptive mood dysregulation disorder – or a serious intellectual or emotional disability;
- Exhibit child sexual aggression, sexual behavior problems, or diagnosed with a sexual behavior disorder;
- Aggression or violence with serious behavioral disorders;
- Exhibition of self-injurious behaviors; or
- Any combination of the above.

Eligibility for Continued QRTP Placement

QRTP Assessment

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

Court Review and Approval

For any child to remain in a QRTP placement, the Court must review and approve the QRTP placement. Court review and its ruling must be made within **60 calendar days** of start of the initial QRTP placement.

Requesting QRTP Placement

The caseworker or Single Source Continuum Contractor (SSCC) permanency worker submits a placement referral to the Placement Team through the **regional CPU mailbox**, asking to open a placement search and route a referral to a QRTP program specialist and/or placement coordinator through the **QRTP mailbox**.

Supporting Documentation

The supporting documentation listed in Figure 30 must be attached to the placement referral.

Figure 30. QRTP Placement Request Supporting Documentation

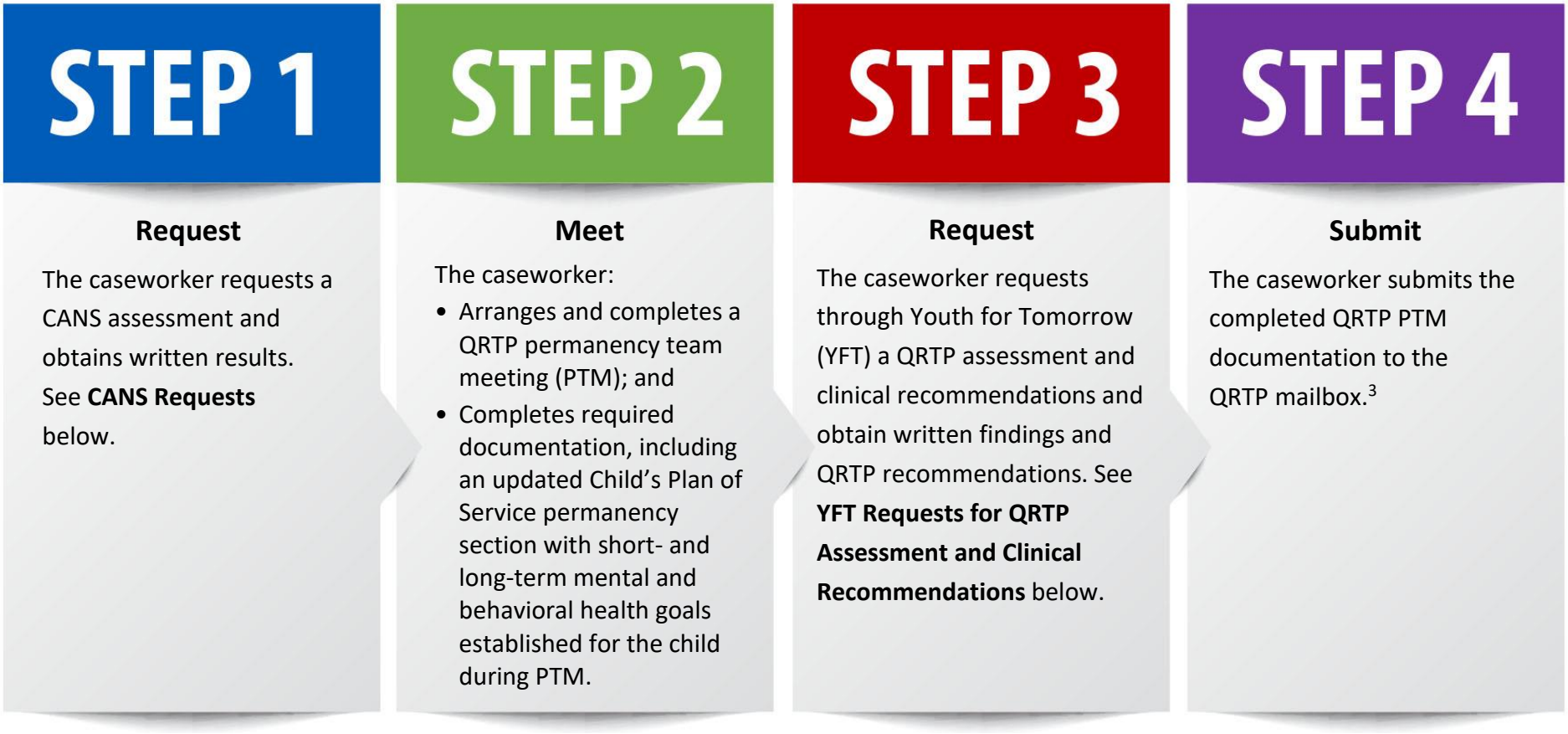
Ensure the Following Supporting Documents are Provided with the QRTP Placement Referral:

- QRTP Referral Form 2355 – Section I (and Section II if Child and Adolescent Needs and Strengthens [CANS] assessment is within the last **12 months**);
- Application for placement current within **two weeks**;
- Psychological evaluation current within **14 months**;
- Psychiatric evaluation, if applicable, current within **six months**;
- Clinical or therapy notes from a minimum of the last **90 days**;
- Discharge summaries for the last **12 months**;
- Incident reports from a minimum of the last **90 days**; and
- Educational records (i.e., Full and Individual Evaluation; Admission Review and Dismissal; Individualized Education Plan), as applicable.

Prescreening

Upon receipt of the referral, a QRTP program specialist or placement coordinator conducts a prescreening to determine if the child meets the initial criteria. If the child meets initial criteria for QRTP consideration, and placements are available to meet the child's specific treatment needs, the QRTP program specialist or placement coordinator directs the caseworker or SSCC permanency worker to complete the steps detailed in Figure 31.

Figure 31. QRTP Prescreening Steps



[3] DFPSQRTP@dfps.texas.gov

Capacity Issues

If QRTP placements are not available due to capacity issues, the child can be placed on a waitlist until an opening is available at which time the caseworker will be instructed to proceed with the above steps.

QRTP Provider Placement

If the QRTP program specialist or placement coordinator determines the assessment is in support of QRTP placement, the referral is sent to QRTP providers for placement acceptance. See Figure 32 for next steps.

Figure 32. Next Steps Based on QRTP Provider Placement Acceptance or Denial

QRTP Provider Acceptance	QRTP Provider Denial
If a QRTP provider determines the child is appropriate for admission into their QRTP program, the QRTP program specialist or placement coordinator emails the QRTP acceptance to CPU, RTPC, and the caseworker and supervisor, or equivalent SSCC staff, as well as the eligibility specialist, and YFT staff with instructions for how to proceed with the placement arrangements and process.	If there no QRTP providers available to meet the child's specific treatment needs, the QRTP program specialist or placement coordinator will notify CPU, RTPC, and the caseworker and supervisor or equivalent SSCC staff that the QRTP placement referral will be closed and placement search responsibility will continue with the Placement Team.

YFT Requests for QRTP Assessment and Clinical Recommendations

When requesting a QRTP assessment and clinical recommendations for the purpose of initial QRTP placement, the following must be submitted to YFT with clinical record requirements:

- **QRTP Referral, Assessment, and Recommendation form** (See **form instructions**);
- Initial CANS assessment; and
- Child's Plan of Service established during the QRTP PTM as outlined above.

Clinical Record Requirements

A complete clinical record includes the following information listed in Figure 33.

Figure 33. Clinical Record Documents

A Complete Clinical Record Includes These Documents:

- Form 2089 Level of Care Authorization (Requesting a QRTP Assessment) in IMPACT;
- Progress notes, daily logs, case management notes, and incident reports from the child's previous **30 days** in care, if applicable;
- Assessments and evaluations, including any of the child's diagnostic assessments, educational assessments, psychiatric or psychological evaluations, and medical or dental documentation;
- Current treatment or stabilization plan;
- Current education documentation;
- A list of current medications, including the dosage, the frequency taken, and the reason the medication was prescribed;
- Treatment records for a physical condition in progress and requires continuing or follow-up medical care;
- Therapy notes from the previous **30 days**; and
- Initial and/or subsequent CANS assessments.

CANS Requests

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

- **QRTP Referral, Assessment, and Recommendation form** (See **form instructions**); and
- The Family Strengths and Needs Assessment (FSNA), when applicable.

See **CPS Policy 6330**.

Initial CANS Request

The CANS is part of a three-part assessment process required for QRTP placement; therefore, it is necessary for the caseworker or SSCC permanency worker to have the CANS results available prior to the QRTP PTM and to create the Child's Plan of Service.

If there is no CANS assessment completed in the preceding **12 months**, the caseworker or SSCC permanency worker must complete the tasks outlined in Figure 34 according to specific time frames. Timelines are determined after DFPS removes the child and/or from the time a QRTP becomes a consideration for the child.

Figure 34. QRTP Initial CANS Request Tasks and Timelines for Caseworkers or SSCC Permanency Workers

1 Calendar Day

- Resubmit the FSNA when requested.

2 Calendar Days

- Confirm scheduling of the CANS assessment with the caregiver;
- Document this contact in IMPACT; and
- Complete the FSNA.

14 Calendar Days

- Ensure the CANS results are available in the child's Health Passport; or
- Follow up with the CANS-certified clinician to receive the CANS results.

Subsequent CANS Requests

While any child is placed in a QRTP, a CANS assessment must be completed **every 90 days** to ensure fidelity of the CANS assessment tool. After placement into a QRTP, the QRTP provider is responsible for ensuring a new request is made within the 90-day period following the previous CANS.

Length of Treatment

All placements into a QRTP are limited to specific time frames as described in Figure 35 unless continued treatment is necessary and recommended. See the **Extension Request Process**.

Figure 35. QRTP Treatment Lengths by Age

Under 13 Years of Age

- Treatment cannot exceed **six consecutive or non-consecutive months**.

Age 13 and Older

- Treatment cannot exceed **12 consecutive or 18 non-consecutive months**.

Requesting an Extension of QRTP Placement

For circumstances where continued treatment may be necessary and is therapeutically recommended by the treatment team, the process to request extensions is outlined below.

Request Submission

The final discharge date is determined from the initial placement date based on the child's age. Prior to final discharge, the caseworker or SSCC permanency worker must complete the tasks outlined in Figure 36.

Figure 36. QRTP Extension Request Tasks and Timelines

90 Calendar Days Prior to Final Discharge

- Gather all required extension request supporting documentation (See **Supporting Documentation**); and
- Obtain written CPS program administrator or SSCC extension review team designee approval for extension request.

75 Calendar Days Prior to Final Discharge

- Submit the complete extension request packet to the **QRTP mailbox**.

SSCC Review

Figure 37 details the next steps upon SSCC approval or denial of the QRTP extension request.

Figure 37. Next Steps Based on SSCC QRTP Extension Request Approval or Denial

SSCC Extension Approval	SSCC Extension Denial
The SSCC may develop an internal extension review team and process, but must provide a written summary of any approval.	The extension process stops, and the SSCC permanency worker sends written notice to the **QRTP mailbox**.

Supporting Documentation

Required supporting documentation for extension requests includes the following information listed in Figure 38.

Figure 38. Extension Request Supporting Documentation

Ensure the Following Supporting Documents are Provided with the Extension Request:

- QRTP Extension Request – **DFPS Form K-902-2354**;
- Application for placement current within **two weeks**;
- Psychological evaluation current within **14 months**;
- Clinical or therapy notes from the last **90 days**;
- Incident reports from the last **90 days**;
- QRTP clinical or treatment director statement;
- CANS current within the last **90 days**;
- QRTP assessment(s) and all subsequent YFT clinical or quality assurance reviews;
- Child's Plan of Service current within the last **30 days**;
- QRTP permanency team recommendations;
- Court orders addressing QRTP placement; and
- SSCC extension review team approval summary, as applicable.

Request Review

Once the complete packet is received, a QRTP program specialist has **10 calendar days** to review the packet and send the packet to the designated CPS extension review team member and request a written recommendations within **20 calendar days** of receipt. See Figure 39 for next steps.

Figure 39. Next Steps Based on CPS QRTP Extension Review Team Approval or Denial

CPS QRTP Extension Review Team Approval	CPS QRTP Extension Review Team Denial
Form K902-2354 and the extension review team(s) written recommendation(s) are forwarded to the CPS Associate Commissioner for final approval within **15 calendar days**.	A QRTP program specialist advises all parties and send a detailed email outlining discharge timeframes and instructions.

Executive Decision

Figure 40 details next steps upon CPS Associate Commissioner approval or denial of the QRTP extension request.

Figure 40. Next Steps Based on CPS Associate Commissioner QRTP Extension Approval or Denial

CPS Associate Commissioner QRTP Extension Approval	CPS Associate Commissioner QRTP Extension Denial
The CPS or the SSCC caseworker and QRTP provider must follow the process for discharge to occur at the end of the extension period requested. The QRTP program specialist tracks extension requests and share with YFT and Federal and State Support monthly to ensure IV-E claiming accuracy and for ending QRTP Service Levels.	The CPS or SSCC caseworker must update the placement in IMPACT to reflect the QRTP end date at the end of the initial approved time period and proceed with discharge planning processes. Note: If the caseworker and supervisor decide to seek a new contracted placement for the child, the caseworker must follow the placement process.

Discharge Planning

Before discharging a child from QRTP, it is important to prepare the child for the transition into a less-restrictive environment. Since the program is time-limited, discharge planning must begin at the time of placement and should include the QRTP provider, child's family, or subsequent caregiver support. Discharge planning must address post-discharge aftercare services which are for a minimum of six months. See **CPS Policy 4100**.

Assessment Process

The assessment process includes YFT's initial QRTP clinical assessment, review, and recommendations, subsequent YFT quality assurance reviews, and the CANS for every 90-day period.

If at any point the assessment determines QRTP is no longer recommended, the QRTP provider initiates the discharge process, including submitting an appropriate discharge notice on **DFPS Form K902-2109**, in coordination with the child's family and casework team to prepare for the most appropriate placement to meet the child's needs in a less-restrictive environment **within 30 days**.

Discharge Process Timelines

The QRTP provider and the child's casework team must begin the discharge process within specific time frames as described in Figure 41.

Figure 41. QRTP Discharge Planning Time Frame Requirements by Age

Under 13 Years of Age

- No later than the **third month** of QRTP placement.

Age 13 and Older

- No later than the **ninth month** of QRTP placement.

Unplanned Discharges

Discharge Notice Submission

When a QRTP provider determines cause to discharge a child in QRTP placement, the QRTP provider must submit discharge notice with supporting documentation for review by the CPS director or associate director of placement services or designee, for approval or denial of the discharge.

Supporting Documentation

The supporting documentation must include the following information listed in Figure 42.

Figure 42. QRTP Discharge Notice Supporting Documentation

Ensure the Following Supporting Documents are Provided with the QRTP Discharge Notice:

- Current Child's Plan of Service;
- Therapist recommendations;
- Therapy notes from the last **90 days**;
- Incident reports from the last **90 days**;
- Treatment team recommendations;
- Family recommendations;
- Permanency team recommendations;
- Clinical notes;
- Psychological evaluation current within **14 months**;
- Psychiatric assessment, if applicable; and
- CANS current within the last **90 days**.

Discharge Notice Review

After submission and review of all information, the CPS director or associate director of placement services or designee has **two business days** to approve or deny the discharge and the provider-requested timeframe for discharge. See Figure 43 for next steps.

Figure 43. Next Steps Based on CPS QRTP Unplanned Discharge Approval or Denial

CPS QRTP Unplanned Discharge Approval	CPS QRTP Unplanned Discharge Denial
The discharge of will fall into the appropriate category for timeframes of discharge from residential placement as listed on the **Residential Child Care Discharge Form Residential Child Care Discharge**.	The QRTP provider must continue to provide placement and QRTP treatment services for the child.

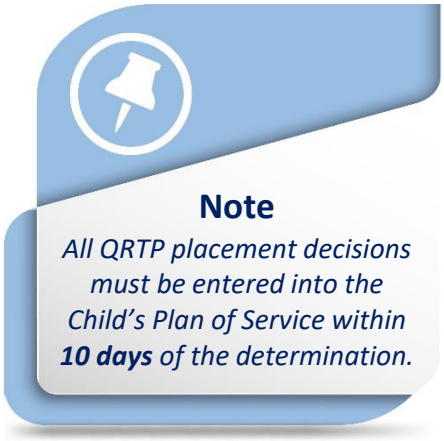
Child's Plan of Service Documentation

Discharge planning information must be updated in the Child's Plan of Service within **10 calendar days** of any court hearings and provided to the Court for review. The updated Child's Plan of Service must include input given by the QRTP provider for family-based aftercare and support for a minimum of **six months** post discharge.

At the time of physical discharge from the QRTP program, a copy of the updated Child's Plan of Service must be given to all members of the child's casework team, including the caseworker; biological, adoptive, foster or kinship family members; supportive persons; next placement provider; and legal parties.

Court Requirements

When children are placed into a QRTP, the Court is required to review the recommendations of the initial QRTP assessment within **60 calendar days** of the start of the placement and either approve or disapprove the placement. See **QRTP Placement Court Process**.



Court Approval for Continued Placement

So long as the child remains in a QRTP, the Court must review and rule on continued placement at each status review and permanency hearing.

Filing Court Documents

No later than **10 days prior** to the scheduled status review or permanency hearing, the caseworker must file all required assessments, documentation, and court reports for consideration of continued QRTP placement which will be heard by the Court.

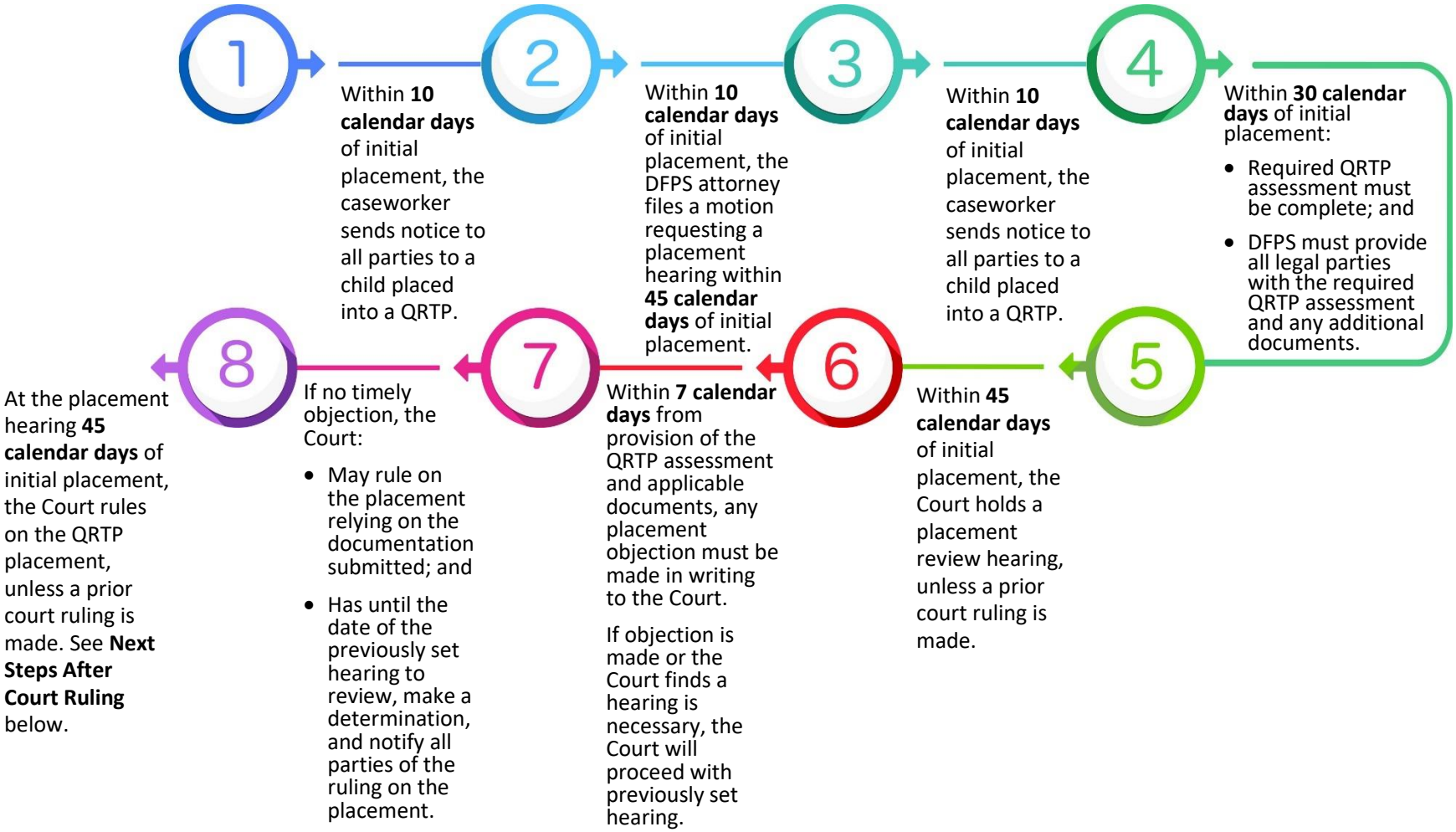
Virtual Hearings

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

QRTP Placement Court Process

Court review of a QRTP placement includes the following steps in Figure 44.

Figure 44. Steps to Court Review of QRTP Placement



Next Steps After Court Ruling

Figure 45 details the next steps after the court ruling on QRTP placement.

Figure 45. Next Steps After the Court Ruling on QRTP Placement

QRTP Placement Approval by the Court	QRTP Placement Denial by the Court
Court-approved placements require no further action at the time, and the caseworker places the signed court order into the child's record upon receipt.	Placements disapproved by the Court require DFPS to determine next steps from the following: • A new placement is requested within **24 hours** of the Court's decision through the Placement Team and discharge planning occurs to move the child out of QRTP placement within **30 calendar days** of the disapproval. • DFPS follows proper court procedures, including request for rehearing if appropriate; and • If a hearing on reconsideration is set, both the hearing and decision by the Court must be completed by **60th day** after initial QRTP placement.

11. Intense Foster Family Care

Verifying Licensed Foster Family Homes

CPAs who have verified foster family homes licensed to provide services to children with Intense Service Level needs must comply with the CPS Intense Foster Family Initiative (IFFI) policy and be referred to the State Office IFFI program specialist.

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

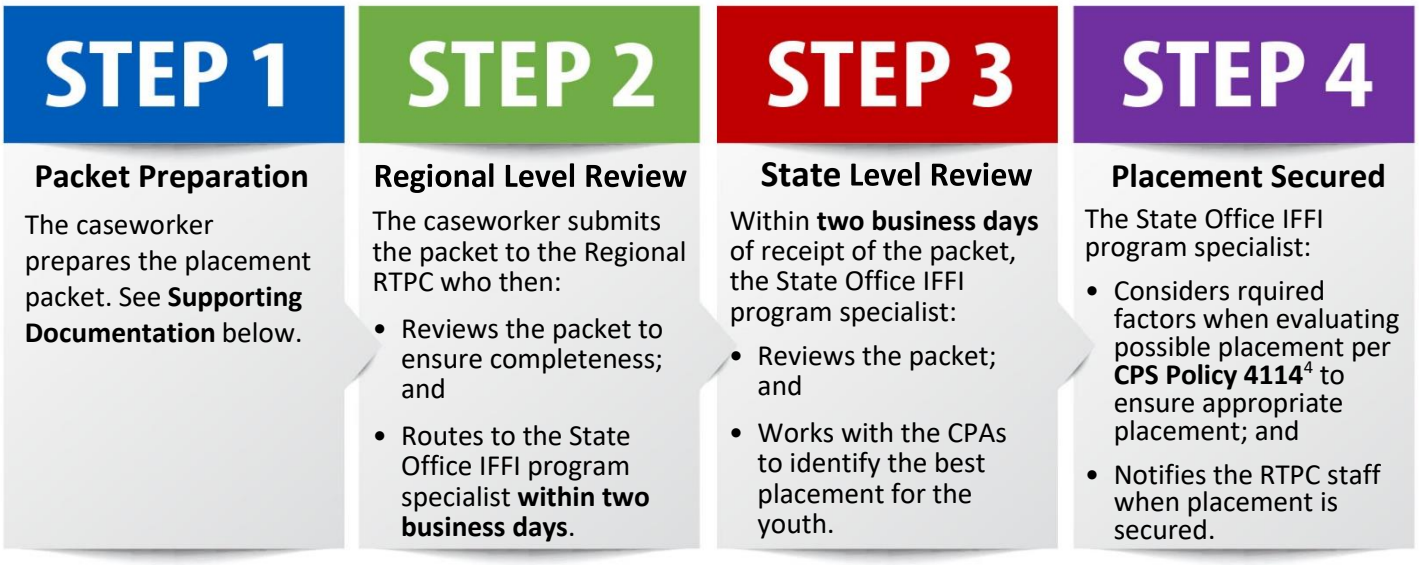
- Assist and encourage moving children out of institutional settings into foster family settings;
- Reduce placement disruptions; and
- Prepare the child for his or her permanency plan.

The State Office IFFI program specialist is responsible for ensuring the home is ready to meet children's Intense Service Level needs through an established protocol.

Requesting Intense Foster Family Care Placement

Children who have intense service levels and are selected for placements into foster homes must be referred to the State Office IFFI program specialist for review and approval before placement. The caseworker must use the following steps in Figure 46 to make the referral.

Figure 46. Steps to Request Intense Foster Family Care Placement



[4] See **CPS Policy 4114 Required Factors to Consider When Evaluating a Possible Placement.**

Supporting Documentation

The supporting documentation for the placement packet must include the following information listed in Figure 47.

Figure 47. Intense Foster Family Care Placement Packet Supporting Documentation

Ensure the Following Supporting Documents are Provided with the Intense Foster Family Care Placement Packet:

- Psychological evaluation current within the last **14 months**;
- Updated Common Application; and
- Authorized service level.

12. Placements and Living Arrangements for Youth and Young Adults

Resources for Placement Assistance

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

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

- **10000 Services to Older Youth in Care**;
- **10400 Extending Foster Care for Youth Who Are Age 18 or Older**;
- **10460 Supervised Independent Living**; and
- **10500 Trial Independence and Return for Extended Foster Care**.

13. Independent Living Arrangements

Authorized Arrangements

An authorized independent-living arrangement consists of a residential arrangement in which a youth lives independently of a foster caregiver as part of the youth's planned preparation for adult living. These are not foster care placements.

When an Authorized Independent Living Arrangement May be Appropriate

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

- Youth is 16 or older, and
- Arrangement is a planned aspect of the youth's participation in the Preparation for Adult Living program.

Unauthorized Arrangements

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

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

See **TAC §700.1307(4)** and **CPS Policy 4300**.

List of Acronyms

Acronym	Full Name
CANS	Child and Adolescent Needs and Strengthens
CPA	Child-Placing Agency
CPS	Child Protective Services
CPU	Central Placement Unit
CRCG	Community Resources Coordination Group
DDS	Developmental Disability Specialist
DFPS	Department of Family and Protective Services
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
FSNA	Family Strengths and Needs Assessment
GRO	General Residential Operations
GPS	General Placement Search
HCS	Home and Community-Based Services
HHSC	Health and Human Services Commission
ICF-IID	Intermediate Care Facilities for Individuals with Intellectual Disabilities
IDD	Intellectual and Developmental Disabilities
IFFI	Intense Foster Family Initiative
IPC	Individual Plan of Care
IPTP	Intensive Psychiatric Transition Program
IQ	Intelligence Quotient

Acronym	Full Name
ISS	Individualized Skills and Socialization
LIDDA	Local Intellectual and Developmental Disability Authority
LOC	Level of Care
PA	Program Administrator
PASSR	Pre-Admission Screening and Resident Review
PTM	Permanency Team Meeting
QRTP	Qualified Residential Treatment Program
RCCC	Residential Child Care Contracts
RCCL	Residential Child Care Licensing
RTC	Residential Treatment Center
RTPC	Residential Treatment Placement Coordinator
SSCC	Single Source Continuum Contractor
SSI	Supplemental Security Income
SSLC	State Supported Living Center
TAC	Texas Administrative Code
TFFC	Treatment Foster Family Care
YFT	Youth for Tomorrow

Appendix A: Glossary

Adaptive Aids: Include communication boards, wheelchairs, hearing aids, and other devices to assist the person in managing their environment.

Assessment Services Program: Services to provide an initial evaluation of the appropriate placement for a child to ensure appropriate information is obtained to facilitate service planning.

Authorized Independent-Living Arrangement: Consists of a residential arrangement in which a youth lives independently of a foster caregiver as part of the youth's planned preparation for adult living.

Child-Placing Agency: A person, including a sole proprietor, partnership, or business or governmental entity, other than the parents of a child, who plans for the placement of or places a child in a childcare operation or adoptive home.

Child and Adolescent Needs and Strengths: A comprehensive trauma-informed behavioral health evaluation and communication tool. It is intended to prevent duplicate assessments by multiple parties, decrease unnecessary psychological testing, aid in identifying placement and treatment needs, and inform case planning decisions. CANS assessments help decision-making, drive service planning, facilitate quality improvement, and allow for outcomes monitoring.

Childcare 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.

Crisis: An unstable condition, an emotionally stressful event, or a traumatic change.

Individualized Skills and Socialization: Assists people with acquiring, retaining, or improving self-help, socialization, and adaptive skills necessary to live successfully in home and community-based settings. ISS provides individualized activities in environments designed to develop skills and behavior that support greater independence and personal choice and that help to achieve the outcomes identified in the person's service plan.

DFPS Foster or Adoptive Home: Foster and adoptive homes verified or approved by CPS that are the foster parents' primary residence; and verified to provide basic care for 6 or fewer children up to age 17.

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

Emergency Care: A specialized type of short-term childcare (up to 90 days) service for children who, upon admission, are in an emergency constituting an immediate danger to the physical health or safety of the child or the child's offspring.

Emotional Disorders: Current DSM-5) diagnosis such as mood, psychotic, or dissociative disorders, and demonstration of three or more of the following: Global Assessment Functioning of 50 or below; major self-injurious actions, including recent suicide attempts; difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; or primary diagnosis of substance abuse or dependency and severe impairment because of the substance abuse.

General Placement Search: A resource for identifying provider vacancies within the state. GPS Application aids in the finding the best possible placements and the right services for children and youth in state care. GPS does this by collecting real-time data about placement preferences and vacancies from CPS contracted providers. Providers regularly access the GPS through the DFPS website to update vacancies.

General Residential Operation: A residential child-care operation that provides child are for seven or more children or young adults. The care may include treatment services or programmatic services. These operations include formerly titled emergency shelters, operations providing basic childcare, residential treatment centers, and halfway houses.

Home and Community-Based Services Program: A Medicaid waiver program that provides community-based services and supports to eligible people as a least restrictive alternative to the ICF/IID program. HHSC operates the HCS program on an enrollment limited to the number of people in specified target groups and the geographic areas approved by the Centers for Medicare & Medicaid Services in the Medicaid waiver, as well as legislative appropriations.

Home and Community-Based Services Respite: HCS services provided services either in or outside of the person's home. When HCS provides respite outside the home, the person does not pay room and board for the time they are in out-of-home respite. To be eligible for respite services, the person cannot receive foster or companion care or group home services through HCS.

Intellectual and/or Developmental Disabilities: Intellectual functioning of 69 or below and characterized by prominent, significant deficits and pervasive impairment in one or more of the following areas: conceptual, social, and practical adaptive skills to include daily living and self-care; communication, cognition, or expressions of affection; self-care activities or participation in social activities; responding appropriately to an emergency; or multiple physical disabilities, including sensory impairments.

Intermediate Care Facilities for Individuals with an Intellectual Disability Program: A federal Title XIX Medicaid-funded program which provides residential and habilitative services to persons with intellectual disabilities or a related condition. Facilities range in size from small group homes (i.e., six to eight beds) to very large institutions (i.e., SSLCs).

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

Licensed Institution Serving Children with IDD: A residential facility licensed by DFPS serving more than 12 children or adolescents who are significantly below average in general intellectual functioning; and have deficits in adaptive behavior. Care and treatment are provided 24 hours per day. Foster care money funds children placed in DFPS' licensed institutions serving children with IDD.

Local Intellectual and Developmental Disability Authority: Serves as the point of entry for publicly-funded IDD programs, whether the program is provided by a public or private entity. LIDDAs provide or contract to provide an array of services and supports for people with IDD; are responsible for enrolling eligible people into certain Medicaid programs (i.e., ICF/IID which includes state supported living centers, HCS, and Texas Home Living; and are responsible for Permanency Planning for people under 22 years of age who live in an ICF/IID, state supported living center, or a residential setting of the HCS Program.

Minor Home Modifications: Include ramps, lifts, and other modifications to allow the person to remain in their home.

Qualified Residential Treatment Program: A time-limited clinical intervention, including placement into and service delivery by qualified accredited residential facilities with highly trained and qualified staff to meet the needs of children with complex mental, emotional, and behavioral health needs.

The QRTP works in collaboration with foster family members, biological family, other relatives, fictive kin, or supportive persons who are invested in supporting the child during treatment. QRTP's goal is to discharge to a less restrictive setting and

maintain the child's treatment progress beyond residential care by providing aftercare support services for a minimum of six months post-discharge.

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

Pervasive Developmental Disorder: A DSM-5 diagnosis of Autism Spectrum Disorder characterized by prominent, severe deficits and pervasive impairment in one or more of the following areas of development: conceptual, social, and practical adaptive skills, including daily living and self-care; communication, cognition, or expressions of affection; self-care activities or participation in social activities; responding appropriately to an emergency; or multiple physical disabilities including sensory impairments.

Primary Medical Needs: A category of people who cannot live without mechanical supports or the services of others because of non-temporary, life-threatening conditions, including the:

- Inability to maintain an open airway without assistance (does not include the use of inhalers for asthma);
- Inability to be fed except through a feeding tube, gastric tube, or a parenteral route;
- Use of sterile techniques or specialized procedures to promote healing, prevent infection, prevent cross-infection or contamination, or prevent tissue breakdown; or
- Multiple physical disabilities including sensory impairments.

Preadmission Screening and Resident Review: A federally-mandated program that requires all states to prescreen all people, regardless of payer source or age, seeking admission to a Medicaid-certified nursing facility.

PASRR has three goals to identify people, including adults and children, with mental illness and/or IDD; ensure appropriate placement, whether in the community or the nursing facility; and ensure people receive the required services for mental illness and/or IDD.

The PASRR screening test allows for a determination of medical necessity. To initiate the PASRR process, a hospital, prospective nursing facility, parent, or CPS

caseworker makes a request to the HHSC contractor for determining medical necessity.

Private CPA Adoptive Home: A CPA-approved home for the purpose of adoption.

Private CPA Foster Family Home: A CPA-regulated home that is the foster parents' primary residence; and verified to provide care for 6 or fewer children up to age 18.

Related Condition: A severe and chronic disability attributed to cerebral palsy, epilepsy; or any other condition, excluding mental illness, found to be closely related to intellectual disability. The condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with intellectual disabilities and requires treatment or services similar to those required for people with intellectual disabilities.

- In addition, a related condition:
- Is manifested before the person reaches age 22;
- Is likely to continue indefinitely; and
- Results in substantial functional limitations in three or more of the following areas of major life activity self-care; understanding and use of language; learning; mobility; self-direction; or capacity for independent living.

Residential Assistance: Four types of services available through HCS:

- Supported home living where the provider comes to the person’s own home or family home;
- Foster or companion care where the provider lives in the residence in which no more than three people are living at any one time, and the provider does not hold a property interest;
- Three-person group home; and
- Four-person group home (requires CPS associate commissioner approval if the child is under the age of 18; see approval process outlined below).

Residential assistance excludes room and board. People who receive HCS services cannot live in licensed facilities or facilities subject to licensure.

Residential Treatment Centers: GROs that provide childcare and treatment services to children with emotional disorders. RTCs must always comply with the relevant Minimum Standards as if 100 percent of the children in their care require treatment services for emotional disorders. This includes, but is not limited to, services to individual children, personnel requirements, and child/caregiver ratio requirements.

Respite Childcare: Planned 24-hour care for a child provided as part of the regulated childcare.

Specialized Therapies: HCS therapies provided by appropriately licensed or certified professionals and include physical therapy; occupational therapy; speech and language pathology; audiology; social work; behavioral support; dietary services; and nursing provided by licensed nurses.

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

Transitional Living Program: A residential services program (not an independent living program) designed to serve children 14 years old or older for whom the service or treatment goal is basic life skills development toward independent living, including basic life skills training and the opportunity for children to practice those skills.

Treatment: A specialized type of childcare services designed to treat and/or support children with emotional disorders, IDD, pervasive developmental disorder, primary medical needs.

Treatment Foster Family Care: Provides intensive, multi-disciplinary treatment services to children up to age 17 in a highly structured home environment. The program is intended for children at risk of psychiatric hospitalizations or RTC placements. These placements are not intended to last more than nine months.

TFFC homes are appropriate for children and adolescents with a history of multiple, unsuccessful placements; placement in or recommended for residential placement; placement in a psychiatric hospital and are discharging; and history of aggressive or antisocial behavior.