

Community Based Care Region 2 Operations Manual

November 2018



TEXAS
Department of Family
and Protective Services



JOINT LETTER FROM COMMISSIONER AND CEO

November 14, 2018

Dear Staff and Partners,

Welcome to the Region 2 Community Based Care Joint Protocols Manual. We are very appreciative of the work that went into the development of this manual. The manual represents a significant strengthening of our partnership and our commitment to working together to improve the lives of the children, youth, and families that we serve.

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

We encourage 2INGage to take this opportunity to be creative and innovative through collaborations and partnerships in our efforts to meet the goals of caring for our children. We are looking forward to a long and productive relationship together in our efforts to redesign the Texas Foster Care System through Community Based Care.

Sincerely,



JR

H. L. WHITMAN,



SHIRLEY DWYER
2INGage Chief Executive Officer

COMMUNITY BASED CARE REGION 2 OPERATIONS MANUAL

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The CPS Mission

The mission of Child Protective Services is to protect children and to act in the children's best interest. To seek active involvement of the children's parents and other family members to solve problems that lead to abuse and neglect.

The CPS Vision

Children First: Protected and Connected

CPS Values

Respect for Culture • Inclusiveness of Families, Youth and Community • Integrity in Decision Making • Compassion for All • Commitment to Reducing Disproportionality

WHAT IS COMMUNITY BASED CARE?

This operations manual gives CPS and 2INGage staff a more in-depth look at the protocols for case actions in CPS cases involving paid foster care placements that are affected by Community Based Care in Region 2. To begin, staff must understand Community Based Care.

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

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

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

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

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

Community Based Care has 12 Quality Indicators:

1. Children and youth are safe from abuse and neglect.
2. Children and youth are placed in their home communities.
3. Children and youth are appropriately served in the least restrictive environment.
4. Children and youth have stability in their placements.
5. Connections to family and others important to the child are maintained.
6. Children and youth are placed with their siblings.
7. Services respect the child's culture.
8. Children and youth are provided opportunities, experiences, and activities similar to those available by their peers who are not in foster care.
9. Youth are fully prepared for successful adulthood.
10. Youth have opportunities to participate in decisions that affect their lives.
11. Children and youth are reunified with their biological parents when possible.

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

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

Single Source Continuum Contract: 2INgage

DFPS has awarded a Community Based Care contract to [2INgage](#), a new partnership between Texas Family Initiative LLC and New Horizons Ranch and Center Inc. 2INgage will serve as the Single Source Continuum Contractor (SSCC) for the [DFPS Region 2](#). Texas Family Initiative has national experience providing foster care, adoption, case management, placement, and family preservation services. New Horizons Ranch has strong community relationships with DFPS and community leaders, and has experience in providing an array of quality services in Region 2.

This partnership has combined child welfare experience of more than 95 years, and is committed to the following core principles:

- **INform** and empower network agencies to see themselves as part of this community and therefore take responsibility along with the community for those children.
- **INspire** a more positive, performance driven system for families and children.
- **INgage** community to understand that the children entering the foster care system from their community are their children.

[Texas Family Initiative](#) brings strength through their extensive national experience providing foster care, adoption, case management, placement and family preservation services, as well as providing agency oversight to ensure accountability and quality services within a provider network. The Texas Family Initiative has experience in Texas community-based care and will bring their knowledge to promote industry innovation and grow resources in the communities within Region 2. TFI Family Services, Inc. (TFI) serves as the parent company to Texas Family Initiative LLC. TFI, founded in 1965, is a multi-state child welfare, behavioral health and administrative support organization with licenses in good standing in five states. TFI is a 501(c)(3) private, non-profit organization accredited by the Council on Accreditation (COA).

[New Horizons](#) has strong relationships with [Region 2](#) DFPS staff, community leaders, and community providers extending over many years. They are recognized leaders in the provision of quality services and have been involved in the development of Community Based Care for more than a decade. Their strength and focus lies in their individualized and trauma-focused services for every child and family they serve, community engagement that maximizes investment in and support of children, and development of a robust network of child and family focused organizations.

Operating Policies and Rules

The protocols detailed in this operations manual are for children from Region 2 placed with and/or receiving services through 2INGage as the Single Source Continuum Contractor.

The CPS Handbook policies and rules remain in effect, unless specifically waived. However, if differences or conflicts in CPS Handbook policy are present, this manual will govern the operations in Region 2. CPS and 2INGage staff should refer to the [Community Based Care Texas Administrative Code \(TAC\) Rules Waiver](#) for more information.

Additionally, since this operations manual identifies responsibilities for the SSCC that include access to sensitive information in the DFPS IMPACT system, the SSCC has adopted policies and procedures to minimize risk of data breaches which can be found in 2INGage Provider Manual.

If you have questions about any information in this manual, please contact your supervisor or [Cynthia Reed](#), Region 2 Community Based Care Program Administrator.

For more information about Community Based Care, go to: [DFPS Community Based Care](#).

NEW REFERRALS FOR PLACEMENTS

Region 2 DFPS staff will work directly with 2INGage upon determining that a child in DFPS conservatorship requires placement in a *paid* foster care setting.

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

- [4114 Required Factors to Consider When Evaluating a Child's Possible Placement](#) 
- [4114.4 Preference for the Least Restrictive Setting](#) 

Since 2INGage will be paid one blended foster care rate for all children placed within 2INGage's provider network, DFPS will no longer submit service level requests to Youth for Tomorrow (YFT). Regardless of the child's needs or services to meet those needs, 2INGage is responsible for providing a continuum of care to each child placed within their provider network. DFPS handbook policy items related to requesting a service level for a child, therefore, is waived. See [Community Based Care Texas Administrative Code \(TAC\) Rules Waiver](#)  for more information.

General Requirements for all SSCC Placements:

- In situations where the DFPS Worker has identified that a child *may* require a paid foster care placement, the Program Director (PD) may direct the DFPS Worker to provide 2INGage advance notification of a child's need for possible paid foster care placement. The DFPS Worker will notify 2INGage by email or phone within 1 hour if it is determined that paid foster care placement is not needed.
- If the court should order anything regarding the placement of a child (i.e. a placement move or for a child to remain in a particular foster home), DFPS will notify 2INGage immediately and provide a copy of the court order as soon as possible. When possible, DFPS will notify 2INGage prior to any anticipated court rulings that may affect the placement of a child or sibling group.
- DFPS will notify 2INGage immediately of any discharge from SSCC paid foster care placement.

New Placements

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

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

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

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

Emergency Placement Process

The emergency placement process is used when DFPS makes a referral to 2INGage for a child or youth who is in **immediate** need for paid foster care placement and services and is not currently served by 2INGage. This process, therefore, will be used for all emergency removals as well as any child requiring immediate paid foster care placement and services.

Emergency Placement Process

Notification & Referral

DFPS Worker will contact 2INGage Intake Department via phone:

(877) 254-6135 and follow-up by email at CMD@2ingage.org and provide:

- DFPS Worker contact information
- DFPS Worker back-up contact information (i.e. supervisor)
- 2INGage will identify 2INGage Care Coordinator to be assigned as secondary in IMPACT
- General information on number of children, ages, etc.
- Additional child's placement information must be sent via email to 2INGage and DFPS Supervisor within 1 hour of verbal referral

The official referral begins with DFPS entering a SSCC child placement and services referral in IMPACT giving 2INGage access to the SUB stage AND sending additional child placement information via [email](#) to 2INGage (cc DFPS Supervisor) that provides the information needed to begin the placement search in [eCAP](#). Subject line "Emergency Referral – Last name of oldest child being referred":

- [Common Application for Placement of Children in Residential Care](#) (form 2087; excluding level of care information)***, or
- [Alternative Application for Placement of Children in Residential Care](#) (form 2087ex; excluding level of care) and
- [Authorization to Furnish Information](#) (form 1505)
- Please note verbal notification to 2INGage is only courtesy notice. The 4 hour requirement for transfer of supervision of the child will not begin until DFPS Worker provides a thorough and descriptive Common Application for Placement of Children in Residential Care (2087 ex) specific to the child's needs to 2INGage. If DFPS is unable to provide any of the information required by the Common Application for Placement of Children in Residential Care (2087ex) then explanation of why that information is missing is required.
- In order to gain input from the child regarding placement, DFPS should seek information regarding placement wishes from the child when appropriate to

the child's age and level of understanding. This should be documented on the 2087ex under 1. Child's Immediate Needs, Problems, Reason for Emergency, and/or Basic Placement.

- Based on the child's needs, notify relevant regional DFPS Subject Matter Experts (i.e. Nurse, Developmental Disability Specialist, Well-Being Specialist, Education Specialist, etc). For additional guidance, see [Placing Children Who Have Intellectual and Developmental Disabilities or Primary Medical Needs](#) .
 - When possible and based on the child's needs, the DFPS Worker will notify the Developmental Disability Specialist prior to the child's removal.

Placement Approval

No later than 7 hours from receipt of notification of need for emergency placement, 2INGage Care Coordinator will provide DFPS Worker with:

- Notification of a recommended placement and medical consenter by phone, followed by an email to the DFPS Worker and Supervisor.
- Information about the recommended placement will include:
 - Placement Name, Address, Phone and Resource ID, if known
 - Provider Name
 - Provider Case Manager name, if known
 - Medical Consenter name and PID, if known
- DFPS Worker will evaluate and approve 2INGage's recommended placement option and medical consenter within 1 hour of receipt of notification from 2INGage.
 - DFPS Worker will provide verbal approval of the placement and medical consenter.
 - DFPS Worker must follow-up with written approval of the placement by responding to the email from 2INGage with the placement option that it is approved.
- Approval of the placement will be assumed if denial is not received within 1 hour.

If 2INGage has not established a placement for a child within 7 hours of initial referral:

- 2INGage Care Coordinator will notify DFPS Worker of status and planned strategy for finding a placement.
- DFPS Worker will notify the DFPS supervisor that no placement has been found.
- The DFPS supervisor will notify the Community Based Care (CBC) Administrator.
- Once placement is identified, follow steps above.

*For Children Without Placement (CWOP), the DFPS Worker will notify the CBC Administrator who can assist in entering the CWOP placement in IMPACT.

**If there are concerns about the placement recommendation:

- DFPS Worker must obtain Supervisor and Program Director approval to deny placement recommendation.

	<ul style="list-style-type: none"> • Denial justification must be included and provided to 2INGage by responding to referral email. • The DFPS Program Director will contact 2INGage Director of Care Management with the decision. • The CBC Administrator must also be notified.
<p>Placement of Child/Youth</p>	<p>If placement is located within 4 hours of documented emergency placement referral which includes completed Common Application for Placement of Children in Residential Care,</p> <ul style="list-style-type: none"> • DFPS Worker will physically transport the child to the placement. • DFPS and the 2INGage designee, which may be a Provider Case Manager, will exchange placement paperwork. <p>If placement is identified outside the 4 hours of documented referral:</p> <ul style="list-style-type: none"> • DFPS Worker will transport the child to an alternative location coordinated between 2INGage and DFPS. <p>*If a prospective placement has been identified but not confirmed near the child’s removal address, coordination of where to meet to exchange child supervision responsibility may begin prior to 4 hours of the documented emergency placement referral.</p>
<p>Documentation</p>	<p>At the time of placement, DFPS Worker will provide 2INGage or their authorized representative with:</p> <ul style="list-style-type: none"> ○ Signed Medical Consenter  (form 2085b) - to be signed by consenter and returned to DFPS electronically ○ Signed Placement Authorization for Foster Residential Care  (form 2085fc) - with 2INGage as placement ○ Signed Education Decision-Maker  (form 2085e) - to be signed by decision maker and returned to DFPS electronically ○ Region 2 Placement Documentation  (form 1509). <p>*For a child's initial placement (brand new removal), when a placement has not been identified, DFPS Worker will remain medical consenter until a placement is identified.</p> <p>Within 4 hours of referral to 2INGage, DFPS Worker will:</p> <ul style="list-style-type: none"> • Update Person Information and open FSU and SUB stages in IMPACT; • Enter referral information in each child’s SUB stage in IMPACT.
<p>Documentation</p>	<p>Within 12 hours of referral, 2INGage will:</p> <ul style="list-style-type: none"> • Create a placement entry under the SSCC Options tab, under the Placement tab in IMPACT • When entry is complete the 2INGage will check the box indicating the documentation is complete and the child has been placed (this will send the entry to DFPS and reflect the status of “placed”). • DFPS staff will need to review the entry, add additional information or comments needed, and then save and submit to DFPS supervisor. <p>If DFPS has not received the placement information in IMPACT from 2INGage within 12 hours of the referral:</p>

	<ul style="list-style-type: none"> • DFPS Worker will call the 2INGage Care Coordinator and request placement be documented. • If placement information is not documented in IMPACT within 1 hour of contact with 2INGage Care Coordinator, DFPS Worker will notify their supervisor. • The DFPS Supervisor will contact the 2INGage Care Management Supervisor for immediate resolution and will notify CBC Administrator. <p>*DFPS Worker is responsible for ensuring all placement documentation is entered in IMPACT within current policy timeframes. See DFPS Handbook policy 4142 Enter the Placement Change Information in IMPACT.</p>
<p>Documentation</p>	<p>By 5:00pm the next business day, the DFPS Supervisor will review and approve the placement and medical consent documentation in IMPACT.</p> <p>The next business day after the child's placement, 2INGage will send to DFPS via email relevant child's placement information, including the signed Designation of Medical Consenter (form 2085b) and Designation of Education Decision-Maker (form 2085c).</p> <p>By the Initial Coordination Meeting (ICM), or 7th day if an ICM is not held, the DFPS Worker will provide/complete any remaining placement documentation including:</p> <ul style="list-style-type: none"> • Birth verification/certificate; • Social Security card or number (if available); • Education portfolio; • Medicaid and STAR Health cards or qualifying information (if available); • Any external documentation (i.e. assessments, evaluations, or therapy notes) related to the care of the child; • Removal affidavit • Update person characteristics in IMPACT; • Update education log in IMPACT (with as much information as available); and • Update medical/dental page in IMPACT, as applicable <p>Any external forms and written placement information not available in IMPACT should be emailed to 2INGage at CMD@2ingage.org by responding to email for referral that includes subject line "<i>Emergency Referral,</i>" AND Last name of oldest child being referred. Ex: Emergency Referral, Smith</p>
<p>Within 3 Days of Placement</p>	<p>Within 3 days of placement, 2INGage Care Coordinator will:</p> <ul style="list-style-type: none"> • Ensure the caregiver or residential provider obtains the 3 day medical screening for all children. <p>Additionally, the 2INGage Care Coordinator will ensure any child under age 3 years is referred to Early Childhood Intervention (ECI) if the child is suspected of having a disability or developmental delay as a result of exposure to illegal substances, or the disability or developmental delay requires evaluation prior to their scheduled TX Health Steps check-up.</p>
<p>Within 30 Days of Placement</p>	<p>Within 30 days of placement referral, DFPS Worker will:</p> <ul style="list-style-type: none"> • Complete the Common Application for Placement of Children in Residential Care (form 2087; excluding level of care information) in IMPACT; and

- Notify 2INGage by email within 1 business day that [Common Application for Placement of Children in Residential Care](#)  (form 2087) is complete and accessible in IMPACT.

Non-Emergency Placement Process

The non-emergency placement process is used when DFPS makes a referral to 2INGage for a child or youth in DFPS conservatorship who is moving to a paid foster care placement in 2INGage's provider network.

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

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

Non-Emergency Referrals Resulting from Discharge Notice of Child/Youth in Paid Care.

When DFPS receives a discharge notice for a child not in the 2INGage network from their current caregiver, DFPS will email that discharge notice to 2INGage.

- For 30 day discharge notice: Within 3 business days, DFPS Worker will email copy of discharge notice and complete referral in IMPACT for all children being referred to CMD@2ingage.org  Email subject line will include "30 Day Discharge Notice," AND Last name of oldest child being referred.
 - Include copy of discharge notice;
 - Include [Common Application for Placement of Children in Residential Care](#)  (form 2087)
 - Include Psychological evaluation if available
 - Include any other information available that would aid in securing placement
 - Include information regarding the child/youths input regarding placement preferences in the Common Application for Placement of Children in Residential Care "1. Child's Needs, Problems, Reason for Emergency, and/or Basic Placement"
 - Include DFPS Supervisors name as back up contact and also person that placement approval would need to be submitted to.

- 2INGage will provide DFPS Worker with the name of the 2INGage Care Coordinator to make secondary within 1 business day of the email referral notification
- DFPS Worker will complete IMPACT referral that includes assigning identified 2INGage staff as secondary to SUB stage

For 14 days and less discharge notice: Within 1 business day, DFPS Worker will email copy of discharge notice and complete referral in IMPACT for all children being referred to

CMD@2ingage.org Email subject line will include "14 Day Discharge Notice," **AND** Last name of oldest child being referred.

- Include copy of discharge notice;
- Include [Common Application for Placement of Children in Residential Care](#) (form 2087)
- Include Psychological evaluation if available
- Include any other information available that would aid in securing placement
- Include DFPS Supervisors name as back up contact and also person that placement approval would need to be submitted to.
- 2INGage will provide DFPS Worker with the name of the 2INGage Care Coordinator to make secondary within 1 business day of the email referral notification
- DFPS Worker will complete IMPACT referral that includes assigning identified 2INGage staff as secondary to SUB stage

For Non-Emergency Removals where DFPS does not have TMC,

- DFPS Worker will email 2INGage at CMD@2ingage.org with basic information about the child(ren) such as gender and ages and pending court date.
- Subject line will be "Pending Emergency Removal" **AND** Last name of oldest child being referred.
- Once court grants custody, DFPS will follow Emergency referral process.

For children entering paid care from Kinship placements, DFPS will:

- If the kinship caregivers refuse to keep the child requiring emergency placement, follow the emergency referral protocol
- If the kinship caregiver agrees to keep the child for 14 days, follow the 14 day discharge notice protocol.
- If the kinship caregiver agrees to keep the child for 30 more days, follow the 30 day discharge notice protocol

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

No less than 3 days prior to placement needing to occur, 2INGage Care Coordinator will notify DFPS Worker and Supervisor, through email of recommended placement and medical consentor.

- Information about the recommended placement will include:
 - Placement Name, Address, Phone and Resource ID if known
 - Provider Name
 - Provider Case Manager name, if known
 - Medical Consenter name and PID if known
- Contact the current caregiver from which the child will be moved to gather relevant information about the child and services they are receiving to ensure a smooth transition and continuity of services.
- Coordinate pre-placement visit opportunities to engage the child/youth in placement decision.

DFPS Worker will evaluate and approve recommended placement option and medical consentor:

- DFPS Worker will provide written approval of the placement by: responding to the email from 2INGage with the placement option that it is approved;
- DFPS Worker will evaluate and approve 2INGage's recommended placement option and medical consentor within 24 hours of receipt of notification from 2INGage
- Approval will be assumed if denial is not received within 24 hours.
- DFPS Worker will also notify CBC Administrator of failure of 2INGage to identify placement no later than 3 days prior to placement needing to occur

**If there are concerns about the placement recommendation:

- DFPS Worker must obtain Supervisor and Program Director approval to deny recommendation.
- Denial justification must be included and provided to 2INGage by responding to referral email.
- The DFPS Program Director will contact 2INGage Care Management Director with the decision.
- CBC Administrator must also be notified.

DFPS and 2INGage or their authorized representative will decide on the:

- Designated location to exchange the completed placement documentation, including:
 - Designation of [Medical Consenter](#)  (form 2085b) - to be signed by consenter and returned to DFPS electronically
 - [Placement Authorization for Foster Residential Care](#)  (form 2085fc) - with 2INGage as placement
 - Designation of [Education Decision-Maker](#)  (form 2085e) - to be signed by decision maker and returned to DFPS electronically
 - [Region 2 Placement Documentation](#)  (form 1509).
 - Birth verification/certificate;
 - Social Security card (if available);
 - Education portfolio;
 - Medicaid and STAR Health ID cards or qualifying information (if available);
 - Most recent child service plan (if applicable);
 - Any relevant external documentation (i.e. assessments, evaluations, or therapy notes) related to the care of the child; and
 - Any requested intake forms from the residential provider.

Physical transfer of the child based on the child's best interest. DFPS will arrange for transportation for the child if current provider is unable to transport. 2INGage will not transport child from current placement since the child is not being served by 2INGage until after placement is made into their network.

At the time of the Non-Emergency Placement referral, DFPS Worker will:

- Update person characteristics;
- Update education log;
- Update medical/dental page.
- Enter referral information in each child's SUB stage in IMPACT.

Within **12 hours** of placement, 2INGage will:

- Create a placement entry under the SSCC Options tab, under the Placement tab in IMPACT
- When entry is complete the 2INGage will check the box indicating the documentation is complete and the child has been placed (this will send the entry to DFPS and reflect the status of "placed").
- DFPS staff will need to review the entry, add additional information or comments needed, and then save and submit to DFPS supervisor.

If DFPS has not received the placement information in IMPACT from 2INGage within 12 hours of the placement:

- DFPS Worker will call the 2INGage Care Coordinator and request placement be documented.
- If placement information is not documented in IMPACT within 1 hour of contact with 2INGage Care Coordinator, DFPS Worker will notify their supervisor.
- The DFPS Supervisor will contact the 2INGage Care Management Supervisor for immediate resolution and will notify CBC Administrator.
- ***DFPS Worker is responsible for ensuring all placement documentation is entered in IMPACT within current policy timeframes.** See DFPS Handbook policy [4142 Enter the Placement Change Information in IMPACT](#) .

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

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

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

The next business day after the child's placement, 2INGage will send to DFPS via email relevant child's placement information, including the signed [Designation of Medical Consenter](#)  (form 2085b), and Designation of [Education Decision-Maker](#)  (form 2085e).

Any external forms and written placement information not available in IMPACT should be emailed to 2INGage: CMD@2ingage.org  by responding to email for referral that includes subject line "Non-Emergency Referral" **AND** the Last name of oldest child being referred."

PLACEMENT CHANGES

Placement changes in Region 2 will likely take place with children/youth who are placed in a *paid* foster care setting within the 2INGage network and require a new foster care placement within the 2INGage network. 2INGage must make all reasonable attempts to prevent placement changes.

Placement changes, initiated by DFPS, are typically non-emergency in nature. **DFPS Workers must obtain Supervisor and Program Director (PD) approval to request a placement change from 2INGage.**

Emergency placements may only be initiated when there is a perceived or actual threat to the safety or well-being of the child. Non-emergency placements may need to be initiated based on a variety of reasons, all of which must be justified by 2INGage or DFPS depending on who is requesting the change.

It should be noted that if 2INGage receives a request from an external party for a placement change (i.e. GAL or CASA) then 2INGage will notify the DFPS Worker. If DFPS decides a placement change is needed, then the DFPS initiated placement change process must be followed.

Emergency Placement Change Process

For Emergency Placement Changes initiated by DFPS, upon identifying the circumstances requiring a placement change, the DFPS Worker will:

- Staff the situation with their supervisor;
- If placement is needed, obtain Supervisor and Program Director (PD) approval for the placement change; and
- Contact 2INGage Care Coordinator via phone 1-877-254-6135 and email (CMD@2ingage.org) and provide:
 - DFPS Worker contact information
 - DFPS Worker back-up contact information (i.e. Supervisor)
 - The reason for emergency placement change request,
- Additional child's placement information (must be sent via email to 2INGage and Supervisor within 1 hour if verbal referral is made) Subject line "Emergency Placement Change – Last name of oldest child being referred being referred:
 - Updated [Common Application for Placement of Children in Residential Care](#) (form 2087; excluding level of care information),
 - Updated Psychological Evaluation, if applicable.

For Emergency Placement Changes initiated by 2INGage, upon identifying the circumstances requiring a placement change, 2INGage will provide to the DFPS Caseworker:

- Provide 2INGage Care Coordinator contact information
- Provide 2INGage Care Coordinator back-up contact information (i.e. supervisor)
- The reason for emergency placement change needed,
- 2INGage will update [Common Application for Placement of Children in Residential Care](#)  (form 2087)

**In situations where CPS may have physical supervision of the child, 2INGage will immediately begin the placement search.

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

Prior to placement, 2INGage Care Coordinator will notify DFPS Worker and Supervisor, through email of recommended placement and medical consent.

- Information about the recommended placement will include:
 - Placement Name, Address, Phone and Resource ID if known
 - Provider Name
 - Provider Case Manager name, if known
 - Medical Consenter name and PID if known
- Contact the current caregiver from which the child will be moved to gather relevant information about the child and services they are receiving to ensure a smooth transition and continuity of services.
- Arrange pre-placement visit opportunities to engage the child/youth in placement decision.

DFPS Worker will evaluate and approve recommended placement option and medical consent:

- DFPS Worker will provide written approval of the placement by: responding to the email from 2INGage with the placement option that it is approved;
- DFPS Worker will evaluate and approve 2INGage's recommended placement option and medical consent within 1 **hour** of receipt of notification from 2INGage
- Approval will be assumed if denial is not received within 1 hour.

**If there are concerns about the placement recommendation:

- DFPS Worker must obtain Supervisor and Program Director approval to deny recommendation.
- Denial justification must be included.
- The DFPS Program Director will contact 2INGage Director of Care Management with the decision.
- CBC Administrator must also be notified.

DFPS Worker will provide 2INGage or their authorized representative with the signed [Designation of Medical Consenter](#)  (form 2085b), Designation of [Education Decision-Maker](#)  (form 2085e), and [Region 2 Placement Documentation](#)  (form 1509).

Decision for DFPS to participate in the physical placement of the child is based on the best interest of the child.

If the child is in DFPS supervision, DFPS and 2INGage will coordinate for the transition of the child into 2INGage supervision.

2INGage or their authorized representative will complete the physical placement of the child or youth with the new placement and provide all completed placement forms to DFPS.

DFPS will ensure all legal parties (parents, parents' attorneys, AAL, GAL, CASA) are notified of the placement change.

Within **12 hours** of referral, 2INGage will:

- Create a placement entry under the SSCC Options tab, under the Placement tab in IMPACT
- When entry is complete the 2INGage will check the box indicating the documentation is complete and the child has been placed (this will send the entry to DFPS and reflect the status of "placed").
- DFPS staff will need to review the entry, add additional information or comments needed, and then save and submit to DFPS supervisor.

If DFPS has not received the placement information in IMPACT from 2INGage within 12 hours of the placement:

- DFPS Worker will call the 2INGage Care Coordinator and request placement be documented.
- If placement information is not documented in IMPACT within 1 hour of contact with 2INGage Care Coordinator, DFPS Worker will notify their Supervisor.
- The DFPS Supervisor will contact the 2INGage Care Management Supervisor for immediate resolution and will notify CBC Administrator.

***DFPS Worker is responsible for ensuring all placement documentation is entered in IMPACT within current policy timeframes.** See DFPS Handbook policy [4142 Enter the Placement Change Information in IMPACT](#).

By 5:00pm the next calendar day after the child's placement, DFPS Supervisor will review and approve placement information (entered by 2INGage) and medical consent in IMPACT.

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

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

The next business day after the child's placement, 2INGage will send to DFPS via email relevant child's placement information, including the signed [Designation of Medical Consenter](#) (form 2085b), and Designation of [Education Decision-Maker](#) (form 2085e).

Any external forms and written placement information not available in IMPACT should be emailed to 2INGage (CMD@2ingage.org) by responding to email for referral that includes subject line "Placement Change" **AND** Last name of oldest child being referred.

Non-Emergency Placement Change Process

Non-Emergency Placement Changes could be initiated by either DFPS or 2INGage.

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

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

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

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

- Staff the situation with their Supervisor;
- If placement is needed, obtain Supervisor and Program Director (PD) approval for the placement change; and
- Contact 2INGage Care Coordinator via email to CMD@2ingage.org and provide:
 - DFPS Worker contact information
 - DFPS Worker back-up contact information (i.e. Supervisor)
 - The reason for placement change request,
 - Establish if there is a need for a placement change staffing and propose date and time,
 - Copy Supervisor, Program Director, and CBC Administrator in "cc" line on email,
 - Provide updated [Common Application for Placement of Children in Residential Care](#) (form 2087)
 - Provide updated psychological evaluation, if applicable

*Note: the DFPS Worker may update the Common Application for Placement of Children in Residential Care in IMPACT and notify the 2INGage Care Coordinator once assigned.

For 2INGage initiated Non-Emergency Placement Changes, upon identifying the circumstances requiring a placement change, the 2INGage Care Coordinator will provide to DFPS:

- 2INGage Care Coordinator contact information
- 2INGage Care Coordinator back-up contact information (i.e. supervisor)
- The reason non-emergency placement change needed,
- 2INGage will update Common Application for Placement of Children in Residential Care

Prior to the placement change, 2INGage will ensure that the child or youth's substitute care provider completes the [2INGage Residential Child Care Discharge Form](#) and provides copies to the child's new provider and to 2INGage. 2INGage must keep copies of the [2INGage Residential Child Care Discharge Form](#) and provide such copies to DFPS upon request.

Placement Change Staffing (optional)

Placement change initiating party, whether DFPS or 2INGage, will coordinate and facilitate the placement change staffing

*Placement change staffing is optional and determined jointly by 2INGage Care Coordinator and DFPS Worker.

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

*2INGage must coordinate all Pre-Placement activities with the child, including but not limited to pre-placement visits.

If placement change staffing is held due to a DFPS requested placement change, DFPS will record notes from the meeting discussion ensure all participants receive a copy.

No later than 3 days prior to placement needing to occur, 2INGage Care Coordinator will notify DFPS Worker and Supervisor, through email of recommended placement and medical consentor.

- Information about the recommended placement will include:
 - Placement Name, Address, Phone and Resource ID if known
 - Provider Name
 - Provider Case Manager name, if known
 - Medical Consentor name and PID if known
- Contact the current caregiver from which the child will be moved to gather relevant information about the child and services they are receiving to ensure a smooth transition and continuity of services.
- Arrange pre-placement visit opportunities to engage the child/youth in placement decision.

DFPS Worker will evaluate and approve recommended placement option and medical consentor:

- DFPS Worker will provide written approval of the placement by: responding to the email from 2INGage with the placement option that it is approved;
- DFPS Worker will evaluate and approve 2INGage's recommended placement option and medical consentor within 1 business day of receipt of notification from 2INGage
- Approval will be assumed if denial is not received within 1 business day.
- DFPS Worker will also notify CBC Administrator of failure of 2INGage to identify placement no later than 3 days prior to placement needing to occur

**If there are concerns about the placement recommendation:

- DFPS Worker must obtain Supervisor and Program Director approval to deny recommendation.
- Denial justification must be included and provide to 2INGage by responding to referral email.
- The DFPS Program Director will contact 2INGage Director of Care Management with the decision.
- CBC Administrator must also be notified.

2INGage or their authorized representative will complete the physical placement of the child with the new placement and provide all completed placement forms.

DFPS Worker will provide 2INGage or their authorized representative with the signed [Designation of Medical Consenter](#)  (form 2085b), Designation of [Education Decision-Maker](#)  (form 2085e), and [Region 2 Placement Documentation](#)  (form 1509).

- Within **12 hours** of placement occurring, 2INGage will
- Create a placement entry under the SSCC Options tab, under the Placement tab in IMPACT
 - When entry is complete the 2INGage will check the box indicating the documentation is complete and the child has been placed (this will send the entry to DFPS and reflect the status of "placed").
 - DFPS staff will need to review the entry, add additional information or comments needed, and then save and submit to DFPS supervisor.

If DFPS Worker has not received the placement information in IMPACT from 2INGage within 12 hours of the placement:

- DFPS Worker will call the 2INGage Care Coordinator and request placement be documented.
- If placement information is not documented in IMPACT within 1 hour of contact with 2INGage Care Coordinator, DFPS Worker will notify their supervisor.
- The DFPS supervisor will contact the 2INGage Care Management Supervisor for immediate resolution and will notify CBC Administrator.

***DFPS Worker is responsible for ensuring all placement documentation is entered in IMPACT within current policy timeframes.** See DFPS Handbook policy [4142 Enter the Placement Change Information in IMPACT](#) .

By 5:00pm the next calendar day after the child's placement, DFPS Worker and supervisor review and approve placement information (entered by 2INGage) and medical consenter in IMPACT.

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

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

The next business day after the child's placement, 2INGage will send to DFPS via email relevant child's placement information, including the signed [Designation of Medical Consenter](#)  (form 2085b) and Designation of [Education Decision-Maker](#)  (form 2085e).

Any external forms and written placement information not available in IMPACT should be emailed to 2INGage (CMD@2ingage.org ) by responding to email for referral that includes subject line "Placement Change" **AND** the Last name of oldest child being referred.

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

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

Emergency Placement Process

DFPS Workers should follow the process outlined in [New Placements/Emergency Placements](#)  when requesting an emergency paid foster care placement from 2INGage for a child with Intellectual and Developmental Disabilities (IDD) or Primary Medical Needs (PMN).

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

- Upon placement referral or prior to the removal, when possible, coordinate a telephone staffing with the DFPS Supervisor and Program Director, regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Well-Being Specialist), and 2INGage Care Coordinator to discuss:
 - The specific needs of the child or youth; and
 - The ability of available placement options to meet the child or youth's specific needs.

- After a placement for a child with PMN has been recommended by 2INGage and approved by DFPS, contact the Well Being Specialist to request a PMN Staffing to develop a plan to address the medical services, equipment and other needs during the transition to the new caregivers.
 - The staffing will include the new caregivers, their provider, medical staff, 2INGage Care Coordinator, Nurse Coordinator, DFPS staff, STAR Health and previous caregivers (when appropriate).
 - When there is no time for a PMN Staffing prior to placement, contact the Well Being Specialist and/or Nurse Consultant to plan for a safe transfer of the child. When the WBS and NC are not available, consult with the Primary Medical Needs Resource Guide and notify the Well Being Specialist and Nurse Consultant as soon as possible.
 - NOTE: Hospitalization of a child may be the best option if caregivers are not fully trained on the child's care or the child requires medical equipment, supplies or medication that cannot be provided at the time of placement.
- After a placement for a child with IDD has been recommended by 2INGage and approved by DFPS, work with the 2INGage Care Coordinator to coordinate a telephone staffing with the chosen caregivers, their provider, medical staff (if applicable), 2INGage Care Coordinator, DFPS Supervisor and Program Director, and the appropriate regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Education Specialist, Well-Being Specialist)to:
 - discuss the specific needs of the child or youth,
 - discuss the expectations of placement, and
 - develop a plan to move the child or youth and establish services in the new placement.

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

Non-Emergency Placement and Placement Change Process

DFPS Workers should follow the process outlined in [New Placements/Non-Emergency Placements](#) or [Placement Changes](#) (depending on the type of placement needed) when requesting a non-emergency paid foster care placement or placement change from 2INGage for a child with Intellectual and Developmental Disabilities (IDD) or Primary Medical Needs (PMN).

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

- Within 24 hours of the placement referral, coordinate a telephone staffing with the DFPS Supervisor and Program Director, regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Well-Being Specialist), CVS Program Director, and 2INGage Care Coordinator and Director to discuss:
 - The specific needs of the child or youth; and

- Available times for a pre-placement staffing.
- Work with 2INGage Care Coordinator to coordinate the pre-placement staffing, including relevant DFPS staff, regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Well-Being Specialist), CASA, GAL, 2INGage Care Coordinator, and current caregivers.
- After a placement for a child with IDD has been recommended by 2INGage and approved by DFPS, work with the 2INGage Care Coordinator to coordinate a telephone staffing with the chosen caregivers, their provider, medical staff (if applicable), DFPS Supervisor and Program Director, and the appropriate regional DFPS Subject Matter Experts (Nurse, Developmental Disability Specialist, Education Specialist, Well-Being Specialist), to:
 - discuss the specific needs of the child or youth,
 - discuss the expectations of placement, and
 - develop a plan to move the child or youth and establish services in the new placement.
- After a placement for a child with PMN has been recommended by 2INGage and approved by DFPS, contact the Well Being Specialist to request a PMN Staffing. The Well Being Specialist will schedule and facilitate the staffing.
 - The purpose of the staffing is to develop a plan to address the medical services, equipment and other needs during the transition to the new caregivers.
 - The staffing will include the new caregivers, their provider, medical staff, 2INGage Care Coordinator, Nurse Coordinator, appropriate DFPS staff, STAR Health and current caregivers (when possible).

The staffing will be completed prior to placement, except in emergent situations.

Placement of Children When CVS is Not Obtained/Temporary Placement is Needed

Under special situations, a child may need a temporary, paid foster care placement in Region 2. The child may or may not be legally from the Region 2 catchment area. When this occurs, Region 2 removal staff will refer the child needing paid foster care placement to 2INGage per current protocols outlined in New Referrals for Placement.

2INGage will then secure temporary, paid foster care placement for the child with the following considerations:

- If the child has emergency medical needs, then the DFPS Worker will ensure written consent is received from the child's parent/managing conservator, as needed;
- If the child is hospitalized, the DFPS Worker will work with STAR Health (Superior) to cover the expenses related to the days spent in the hospital.
 - If a child needs a hospital sitter, DFPS will request and pay for this service.
 - If a foster parent needs to be trained or needs time to bond with the child while the child is in the hospital, DFPS will notify 2INGage and 2INGage will determine a proper course of action.

2INGage will request payment for placement through current regional processes established with local child welfare boards. If payment is denied by a local child welfare board, then 2INGage will request a [Manual Payment](#)  (form 4116) from DFPS.

Placing Children in Certain Institutions

DFPS and 2INGage will work together when considering and requesting placement of a child or youth in one of the following settings:

- DFPS-Licensed Institutions for children with intellectual and developmental disabilities;
- State Supported Living Centers;
- Home and Community-Based Services (HCS) Residential Placements;
- Nursing Facilities; or
- Intermediate Care Facilities for the Intellectual Disabilities/Related Conditions (ICF/IID-RC).

Placing a child or youth in a certain institution should only take place when no other less restrictive placement is available that can meet the child or youth's needs.

Placement in a certain institution requires careful consideration, assessment, and justification. DFPS and 2INGage Care Coordinator will coordinate with the regional Developmental Disability Specialist to carefully assess the child or youth's specific needs and exhaust all least restrictive placement options before recommending a child or youth's placement in a certain institution.

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

If a child or youth is placed in a certain institution, the DFPS Worker must notify the 2INGage Care Coordinator to discharge the child from the SSCC in IMPACT. See [Discharge Planning](#)  for more information.

Psychiatric Hospital of Children/Youth in DFPS Conservatorship

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

procedures must still be followed. The steps outlined in the attached protocol apply to both children in DFPS conservatorship at the time of hospital admission and children who are admitted to a psychiatric hospital during the course of an investigation results in DFPS taking conservatorship.

DFPS Required Actions (Initial)

Immediately, but no later than one business day after notification that a child/youth on DFPS caseworker caseload has been admitted to a psychiatric hospital, the primary DFPS Caseworker must send an email to those who have a role in ensuring the youth's needs are met, as outlined below. DFPS staff must also follow requirements for notification to the legal parties of the case as described in [6151.3 Notification Requirements and Schedule](#) .

The Subject line must state: Psychiatric Hospital Admission – Child/Youth's Last Name, First Initial and PID. The body of the email must include the following information:

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

The email **must** be sent to:

- Psychiatric Hospital Referral Mailbox for the Region where the hospital is located – For children/youth hospitalized out of state, the email must be sent to the Psychiatric Hospital Referral mailbox for the child's legal region and will be routed as appropriate.
- Single Source Continuum Contractor (SSCC) - If the child/youth is being served by a Single Source Continuum Contractor (SSCC) as part of Community Based Care, notification must be sent to the assigned SSCC staff person at CMD@2INGage.org.
- Education Specialist - If the child/youth remains admitted to a psychiatric facility for more than three days, the education specialist will coordinate educational services for the child/youth.
- Well-Being Specialist - If the child/youth has complex behavioral healthcare needs, the Well-Being Specialist is available to assist in placement staffings, referral to internal and external resources, etc. See the [Medical Services Resource Guide](#) for detailed information.
- If the child/youth appears to have a developmental disability, the caseworker must also notify the Developmental Disability Specialist. The DDS will assist the caseworker with making referrals to community resources.

- If the child/youth has been assigned to a Local Permanency Specialist (LPS), the caseworker must notify the LPS mailbox for the Region of the assigned worker so the assignment can be placed on hold pending hospitalization.

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

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

When the Child/Youth is Not Returning to Placement

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

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

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

Required Actions during Hospitalization

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

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

- Send weekly emails, including any records collected from the hospital, to the primary caseworker and assigned placement staff or SSCC staff.
- coordinate and facilitate internal multidisciplinary staffings to assist with placement and securing services

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

- Notify the child/youth's parent within 24 hours of notification (unless an exception listed under 6151.1 exists). As soon as possible, but no later than 10 days after admission, notify the GAL, AAL, parent's attorney and CASA.
- Update the common application with the weekly progress/participation/therapy notes/medication compliance, etc.
 - If this child/youth is being served by the SSCC as part of Community Based Care, the assigned SSCC staff person will update the common application as described.
- Conduct **Required Monthly FTF** contact if child/youth is hospitalized in legal region.

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

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

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

- Contact the psychiatric/medical facility's education representative to make arrangements for continuation of student's education programming under current IEP if the student was previously identified as eligible for special education services.
- Consult with child/youth's caseworker, caregiver for school withdrawal/enrollment process.

If the child/youth is not receiving special education services, **the Education Specialist** must:

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

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

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

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

When Placement is Identified

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

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

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

Emergency Transition Plan Meeting – “Wrap Around Meetings”

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

Process

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

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

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

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

Youth	Parent Attorney(s)
CVS Worker	Placement (if one has been secured)

CVS Supervisor	PAL
DFPS Legal	Youth Specialist
Attorney Ad-Litem	2Ingage Care Coordinator or Child Advocate if assigned
CASA (Guardian Ad-Litem)	
Legal Parents (if no TPR)	

Subsequent Meeting

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

When A Youth in Substitute Care is Parenting

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

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

When DFPS Does Not Have Conservatorship of the Baby

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

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

Baby Is in a Placement Paid by DFPS

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

- Refer the baby to 2Ingage as either an emergency or non-emergency placement depending on the circumstances.
- Select the youth parent as a primary medical consentor in IMPACT and enter no backup medical consentor.

See Appendix for [Form 2450 Procedures for IMPACT Data Entry Associated with Youth Parents in DFPS Conservatorship](#) .

INITIAL COORDINATION MEETING

The Initial Coordination Meeting (ICM) is an internal, collaborative process between DFPS and 2INGage that focuses on the unique, individualized needs of the child and outlines services to address those needs. The ICM process seeks to share all relevant information about a child in DFPS conservatorship who required a new emergency placement within 2INGage’s provider network. Relevant information includes assessments, evaluations, medical reports, recommended services, and all other information that pertains to the child’s individual needs. During the ICM, DFPS and 2INGage jointly identify the child’s initial and concurrent permanency goals.

The ICM takes the place of the traditional removal staffing.

ICM Timeframes

Within 7 days of a new emergency placement referral to 2INGage, DFPS will host, coordinate and participate in the Initial Coordination Meeting (ICM).

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

ICM Schedule

Day	Time	Counties Covered	Coordinator
Monday	1:30pm – 4:30pm	Wichita, Montague, Archer, Baylor, Clay, Jack, Hardeman, Wilbarger, Cottle, Foard, Knox, Baylor, Haskell, Kent, Stonewall, Shackelford, Stephens, Throckmorton, Young	See Reg 2 Field Directory 
Tuesday	1:30pm – 4:30pm	Scurry, Fisher, Jones, Mitchell, Nolan, Runnels, Coleman, Brown, Comanche, Eastland, Callahan	See Reg 2 Field Directory 
Wednesday	1:30pm – 4:30pm	Taylor	See Reg 2 Field Directory 
Thursday	1:30pm – 4:30pm	Make up for all counties	See Reg 2 Field Directory 

Coordination

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

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

To begin the coordination process, by the next business day following a removal, DFPS Removal Worker will send an email to the DFPS ICM Coordinator or designee containing information about all removals. This includes the ICM form with their sections completed that includes information about how to contact the family. Providing this information promptly after removal is critical to allow sufficient time in coordinating ICM meetings and Plan of Service meetings.

The DFPS ICM Coordinator will compile the list of those that include a 2INGage referral for placement and send an email to all appropriate DFPS staff, 2INGage mailbox (CMD@2ingage.org), Subject "ICM, Last Name of Oldest Child" and Provider designee as notification of the upcoming ICM.

Participants

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

- 2INGage Care Coordinator;
- Removal Worker and Supervisor;
- Conservatorship Worker and Supervisor;
- Family Group Decision Making (FGDM) Specialist or coordinator;
- Provider Case Manager;
- Other DFPS staff or subject matter experts as needed (i.e. Developmental Disabilities Specialist, Nurse, Education Specialist, Well Being Specialist); and
- Additional DFPS staff may be included in the notification email, but may not need to participate in the ICM.

Documentation:

Before the ICM

Before the ICM, the Removal Worker will complete:

- as much of the [Removal Staffing Checklist](#)  as possible, which has been updated per Community Based Care protocols; and
- completes beginning sections of the [Initial Coordination](#)  (form 1502) and stops at the "Discussion Points" section.
- The Removal Worker provides the ICM electronically to the ICM coordinator for their county.
- [Child Caregiver Resources](#)  (form 2625), Affidavit for Removal and Temporary Visitation Schedule (if complete).

The Removal Worker will email a copy of the removal checklist and ICM form prior to the meeting.

During the ICM

During the ICM the Removal Worker provides to 2INGage and the CVS Worker and Supervisor:

- [Child Caregiver Resources](#)  (form 2625)
- Affidavit for Removal and
- Temporary Visitation Schedule (if complete).

During the ICM, the CVS Supervisor worker or their designee will:

- record notes from the meeting discussion on the Initial Coordination (form 1502), including but not limited to the primary and concurrent permanency goals for the child; and

2INGage and DFPS staff will share and exchange copies (with each other) of all external documentation gathered thus far related to the child's needs, including but not limited to removal affidavit, diligent search results for relatives and/or parents, immunization records, birth records, birth certificates, social security cards, medical/dental reports or records, school records, progress notes, assessments, evaluations, and so on.

From the ICM notice and accompanying ICM form, the FGDM staff member will:

- gain information about the family in order to engage the family in a Single Plan of Service; and
- provide the status, if any, of the family's agreement to participate in a Single Plan of Service meeting.

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

If identifying the date of the Single Plan of Service meeting is not possible at the ICM, within 3 calendar days of the ICM, the FGDM staff member will notify the DFPS Worker and 2INGage Care Coordinator the date of the Single Plan of Service meeting to be held with the family.

After the ICM

After the ICM; CVS Worker will:

- take completed ICM form and place in external case file
- record as a contact in the FSU stage, Contact Detail page in IMPACT
- record "Please see external documentation for ICM form" and ensure any additional notes from the meeting are recorded in the Contact Detail Narrative
- share the notes with 2INGage via email (CMD@2ingage.org ) with Subject Line "ICM with Last Name of Oldest Child" and Provider Case Manger via email.

CHILD AND YOUTH SERVICE PLANNING

Child and youth service planning is a collaborative and inclusive process between CPS, 2INGage, the Network Provider, the child and the family that focuses on developing and reviewing plans to meet the individualized and unique needs of the child. Under Community Based Care, service planning with children and youth will occur with all:

- children placed within the 2INGage network upon removal, and
- children currently placed in foster care who require a placement change into the 2INGage network
- children who have transitioned into the 2INGage network via model implementation activities.

Upon placement with 2INGage, children are identified as receiving:

- Child Care Services; or
- Therapeutic Services.

Upon designating the type of service the child will receive, 2INGage determines the frequency by which the child's service plan will be reviewed.

Service Planning Meetings and Child Service Plans

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

Whenever possible, sibling groups will have combined service planning meeting, which may require additional time allotted for the meeting.

CPS staff must adhere to the following CPS Handbook policy:

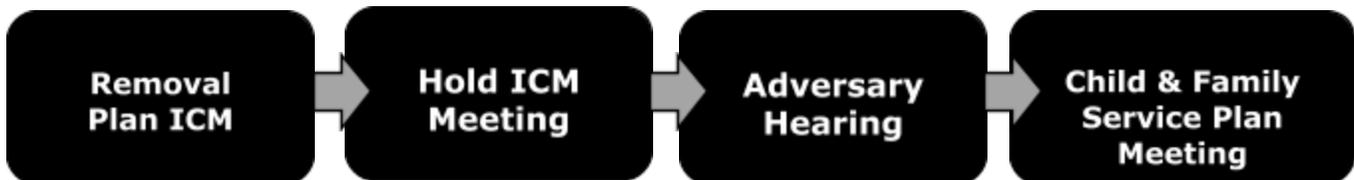
- [6241 Child Service Plan](#)
- [6241.22 Child Plan Review](#)

Timeframes

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

The initial Child Service Plan will be completed by the 21st day after removal. The initial Child Service Plan will be coordinated and facilitated by the FGDM staff.

Timeline:



The FGDM staff will contact the family to determine their availability for the Child Service Plan Meeting to be held by the 21st day from removal.

The date of the Child and Family Service Plan meeting will be set at the ICM staffing.

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

Legal Status	Review	Services Needed	Timeframe	Coordination & Facilitation Responsibility
TMC	1 st Review	Child Care	5 th Month Permanency Conference	CPS FDGM staff
TMC	All future reviews	Child Care	Every 180 days	Provider Case Manager
TMC	1 st Review	Therapeutic	90 days following initial plan date	Provider Case Manager
TMC	2 nd Review	Therapeutic	5 th Month Permanency Conference	CPS FDGM staff
TMC	All future reviews	Therapeutic	Every 90 days	Provider Case Manager
PMC	All reviews	Child Care	Every 180 days	Provider Case Manager
PMC	All reviews	Therapeutic	Every 90 days	Provider Case Manager

Permanency Conference Schedule located in Appendix

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

Coordination

The FGDM staff or the Provider Case Manager (depending on who is responsible based on the chart above) will ensure the coordination of all service planning meeting logistics, including:

- scheduling with participants a meeting date and time;
- reserving a conference room and scan call line;
- all relevant participants are invited to the meeting;
- coordination with CVS Worker to ensure barriers to parent and/or family member participation are mitigated (i.e. transportation needs); and
- notice is provided to all participants of the service planning meeting:
 - will ensure that invitations for scheduled service planning meetings are sent via email to CPS and other relevant professionals;

- will ensure that participants receive 14 days' notice of service planning meetings;
- will ensure parents, family members, and other participants (who may not have access to email) receive timely notice of service planning meetings.

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

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

Participants

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

- the child or youth's parents and the parents' attorney, who must be invited when the parents have been invited,
- child(ren) or youth*,
- family members,
- current caregiver,
- Provider Case Manager,
- CPS conservatorship Worker and Supervisor,
- Local Permanency Worker (if assigned)
- Kinship Worker (if assigned)
- legal representatives (i.e. CASA, ad litem, etc.),
- relevant subject matter experts (i.e. Developmental Disability Specialist, Nurse, Education Specialist, Well-Being Specialist) as needed,
- other relevant professionals,
- other persons identified in the case who can contribute to service planning with the child, and
- 2INGage Care Coordinator via CMD@2ingage.org

The 2INGage Care Coordinator will attend service planning meetings as deemed necessary or as requested by CPS or the Provider Case Manager.

Documentation

During the Meeting

- During the service planning meeting, the Provider Case Manager will complete the child/youth's Service Plan, accept for the sections designated for CPS completion (see below).
- The Provider Case Manager will ensure all participants sign the Service Plan.
- The Provider Case Manager will send via email the CVS Worker and 2INGage Care Coordinator a copy of the completed and signed Service Plan within 5 days after the service planning meeting.
- The CVS Worker is responsible for ensuring the family service plan is developed, reviewed, and/or updated during each service planning meeting. See [6242 The Family Service Plan](#).

- 2INGage, the Provider Case Manager, and CPS will share and exchange with each other any relevant external assessments, evaluations, progress notes, medical/dental forms, diligent search results for relatives and/or parents, and other documents related to care of the child.

After the Meeting

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

1. Complete the following sections:
 - Permanency Goals,
 - Prior Adoption Information,
 - Child History,
 - Family/Genetic History,
 - Permanency Efforts,
 - Visitation/Contact, and
 - Child's Cultural Heritage.
2. In all other Child Guide Topic sections, the CVS Worker will document: "Please see Service Plan attached and filed in external documentation."
3. In the Child Plan Participation section, the CVS Worker will include any participants that are not already included on the Service Plan developed by the Provider Case Manager.
4. In the Other Assessments comment box, the CPS worker will document: "Child Plan developed in collaboration with [foster care provider name] on [date]."
5. After the Child Plan of Service is received from the Provider Case Manager, the CVS Worker will provide a copy of the plan to the CVS Supervisor and save and submit the Child Service Plan or Child Service Plan Review to the CVS Supervisor for approval.

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

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

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

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

Medical/Dental/Vision Examinations

A person consenting to medical care for a child must participate in each appointment set for the child with the healthcare provider. [Texas Family Code 266.004](#)

Participation must be in person or, if it is appropriate and acceptable to the provider, by telephone. The level of participation depends on the nature of the medical care the child is receiving, except that medical consenters must attend in person any appointments when a child may be prescribed psychotropic medications. Healthcare providers may have varying requirements for participation. Medical consenters and residential providers must discuss with healthcare providers their expectations for participation. See [11131 Participating in Each Medical Appointment](#).

When a child is placed with 2INGage, 2INGage will ensure substitute care providers receive the [DFPS Medical/Dental/Vision Examination](#) (form 2403) with [Instruction Document](#) in order for the caregiver (usually the medical consentor) and doctor to complete the form at a child's medical, dental, or vision appointments. The form is filled out jointly by the person taking the child or youth to the appointment (usually the caregiver) and doctor/dentist.

Within 5 days from the date of the child's appointment, the Provider Case Manager will send a copy of the completed [DFPS Medical/Dental/Vision Examination](#) (form 2403) to the CPS worker and 2INGage.

Within 2 days of receipt of the completed [DFPS Medical/Dental/Vision Examination](#) (form 2403), the CVS Worker will enter the information into IMPACT as outlined in CPS Handbook item [11261 Documenting Checkups \(Medical and Dental\) in IMPACT and the Case File](#).

2INGage will ensure that youth ages 16 to 22 are advised of their right to request to become their own Medical Consenter.

3 in 30

What is 3 in 30?

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

What are the components of 3 in 30?

3-Day Medical Exam: In 3 business days, children entering DFPS care must see a doctor to be checked for injuries or illnesses and get any needed treatments.

Texas Health Steps Checkup: In 30 days of entering DFPS care, children must see a doctor for a complete check-up with lab work. This ensures that:

- We address medical issues early.
- Kids are growing and developing as expected.
- Caregivers know how to support strong growth and development.

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

Psychotropic Medication Appointments

2INGage will ensure that all substitute care providers and employees who serve as medical consenters for a child who is prescribed psychotropic medications facilitate an office visit with the prescribing physician, physician assistant, or advanced practice nurse in the STAR Health Network at least once every 90 days to allow the practitioner to:

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

For all children receiving psychotropic medication, 2INGage must assess the extent to which the child:

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

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

Consenting to Psychotropic Medication

When a healthcare provider initially prescribes a psychotropic medication, 2INGage will ensure that all substitute care providers and employees who serve as medical consenters for a child:

- Notify the CVS Worker in writing of any initial psychotropic medications and subsequent dosage changes by the next business day;
- Complete and sign the [Psychotropic Medication Treatment Consent](#) (form 4526) with the healthcare provider; and

- Provide a copy of the form to the CVS Worker within 5 business days. Form 4526 is not required for changes in dosage or for refills of the same medication.

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

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

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

Foster Daycare Services

Foster Child daycare is available for children in a Foster Home when:

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

When foster daycare services are needed for a child, who is legally from Region 2 and placed within 2INGage provider network the 2INGage daycare liaison will provide to the regional daycare coordinator:

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

Note: Foster parent e-signatures are acceptable (completed/signed/scanned copy of the 1809 or on-line completion of the 1809 with foster parent approval in return email).

- The 2INGage Daycare Liaison will need to verify caregiver employment. Acceptable verification includes:
 - copies of the caregivers last 3 paystubs,
 - statement from the employer attesting to being employed full-time for 40 hours a week; or
 - in the case of self-employment, a completed Form 1806 Caregiver Statement of Self-Employment Income
- Send an email to the DISTRICT1DC@dfps.state.tx.us mailbox and the primary caseworker
- Subject line: Region, Caregiver's Name, Child's Name, Case ID, CPS Unit #, (do not only enter the foster parents name, the child's name must be included)
 - If only 1 child's name is entered in the subject line but there are multiple children that requests were completed for, all of their names must be provided in the body of the email, and

- The body of the email must have the 2INGage workers supervisor's approval must be in the body of the email. If we do not have supervisor approval in the body of the email we cannot process the impact daycare requests.
 - A statement regarding what verification has been provided for the employment verification and the number of hours each caregiver works (note employment verification must also be provided for renewals),
- Attach the following:
 - Completed [Foster/Relative & Other Designated Caregiver Daycare Verification](#)  (form 1809) unless an exception is met as described below:
 - The 2 INGage Daycare Liaison will complete the Daycare Request in IMPACT.

Exception:

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

After receiving the daycare request email and the daycare request in IMPACT the daycare coordinator will:

- Create the service authorization in IMPACT and send to CCMS

Within 10 business days of receipt of the approved daycare request in IMPACT, the Regional Daycare Coordinator will process the daycare request. See [8235.4 Foster Child Daycare](#) .

Discharge Planning (from Paid Foster Care)

CPS and 2INGage will work jointly together to determine when a child is ready for discharge from paid foster care placement and services with 2INGage. This section does not include discharge planning for a child from CPS conservatorship.

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

*Both parties (2INGage and CPS) understand that should the court order discharge unexpectedly, there may not be time for a family meeting to be held. The chart below reflects the specific tasks CPS and 2INGage must take in order to facilitate the discharge of a child from placement and services with 2INGage:

Discharge Planning (from Paid Foster Care)

Discharge and End Referral due to Monitored Return	CVS Worker will notify 2INGage Care Coordinator via email when a child needs to be discharged from placement and services ended with 2INGage.
	Complete Planned End Referral Notification in IMPACT on the SSCC Referral Page.
	CVS Worker, in conjunction with CVS Supervisor, determine the type of family meeting that will be most beneficial to the family for discussion and planning the discharge from 2INGage.
	CVS Worker to initiate coordination of family meeting including submitting FGC or COS referral to relevant FGDM staff. Work together with 2INGage to ensure the completion of all meeting logistics.
	CVS and 2INGage or their designee will participate in family meeting to discuss and develop recommended reunification plan to be presented to court.
	Once legal parties have approved reunification plan, CVS caseworker will notify 2INGage Care Coordinator and Provider Case Manager of approval and need to follow thru with the agreed upon plan.
	If an unplanned discharge occurs (i.e. through a court order), immediately notify 2INGage and the Child Placing Agency.
	CVS Worker will notify 2INGage Care Coordinator via email when a child needs to be discharged from placement and services ended with 2INGage due to need to place with relative
	Complete Planned End Referral Notification in IMPACT on the SSCC Referral Page.
	CVS Worker, in conjunction with CVS Supervisor, determine a date and time for staffing to plan for the relative placement and discharge from 2INGage.
	CPS and 2INGage or their designee will participate staffing to discuss and develop recommended relative placement plan.
	Once legal parties have approved relative placement plan, CVS caseworker will notify 2INGage Care Coordinator and Provider

	Case Manager of approval and need to follow through with the agreed upon plan.
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	If an unplanned discharge occurs (i.e. through a court order), immediately notify 2INgage and the Child Placing Agency.
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See CPS Handbook policy:

- [1121 Family Group Decision Making](#) 
- [6250 Permanency Planning Meetings](#) 
- [6252 Permanency Planning Meetings for Youth 14 and Older](#) 

TRANSITIONAL LIVING SERVICES

CPS and 2INGage will work together to prepare older youth in DFPS conservatorship who are transitioning from substitute care to adulthood. 2INGage, in general, will take the lead in the provision of transitional living services for older youth. During 2INGage's provision of transitional living services with youth, CPS will:

- determine a youth's eligibility for all transitional living services and financial benefits;
- track all transitional living services for youth; and
- utilize transitional living services information from 2INGage for the completion of court reports.

The following sections outline the specific responsibilities of CPS and 2INGage as it relates to transitional living services for older youth in DFPS conservatorship.

Transition Plan Development

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

CPS and 2INGage will work together to initiate the discussion and development of the youth's transition plan:

	<p>During service planning meetings, when the youth turns age 14:</p> <ul style="list-style-type: none"> • Introduce the Transition Plan  (form 2500) and Circles of Support (COS) process to the youth; • Ensure the transition plan is discussed and developed with the youth during their service plan meeting; and • Inform the youth that a Family Group Decision Making staff member will discuss COS with them further when he or she turns age 16.
	<p>Approve and sign the youth's transition plan each time the plan is developed, reviewed and updated at subsequent service planning meetings or Circles of Support (COS).</p>
	<p>Beginning when the youth turns age 14, the Provider Case Manager discusses and develops the Transition Plan  (form 2500) with the youth through service planning meetings.</p>
	<p>The youth will have the opportunity to invite two people of their choosing, who are not the youth's foster parent or caseworker, to all service planning meetings and Circles of Support.</p>
	<p>The Provider Case Manager records the transition plan discussion on the plan document (i.e. goals, strengths, fears, etc.).</p>

The Provider Case Manager continues to discuss and document the transition plan and progress with the youth overtime during face to face visits, subsequent service planning meetings, and Circles of Support (COS).

Circles of Support (COS)

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

See CPS Handbook policy:

- [6252 Permanency Planning Meetings for Youth 14 and Older](#); and
- [1121.23 Circle of Support \(COS\)](#).

When the youth turns age 16 and when they are 17, submit referral for COS to the appropriate Family Group Decision Making (FGDM) area contact and cc 2INGage at CMD@2ingage.org

The FGDM staff will coordinate the COS per policy [6252 Permanency Planning Meetings for Youth 14 and Older](#)

*2INGage must ensure the youth is able to attend the COS, even if 2INGage is not invited to the COS.

Work with FGDM staff to prepare and schedule the COS with the youth.

*Within 7 days before the COS, FGDM staff will send a copy of the transition plan to 2INGage at CMD@2ingage.org

*If the youth declines a COS, the FGDM staff member will notify the CPS worker and 2INGage at CMD@2ingage.org with a subject line of "COS Decline."

*If the youth declines a COS, 2INGage will schedule a subsequent service planning meeting instead.

Participate in the COS or subsequent service planning meeting.

Approve and sign the youth's transition plan each time the plan is reviewed and updated at subsequent service planning meetings or COS.

	Ensure documentation of COS in IMPACT per CPS policy Appendix item 1121: Documentation Requirements for Models of Family Group Decision Making (FGDM) .
	Work jointly with FGDM staff and CPS worker to engage youth, family, Provider Case Manager, and other caring adults in the COS or subsequent service planning meetings.
	Work with the youth, the Provider Case Manager, the caregivers and other significant individuals to identify caring adults and other lifelong connections that can be sustained once the youth transitions to adulthood.
	Ensure youth attends the COS or subsequent service planning meeting.
	Ensure the Provider Case Manager participates in the COS or subsequent service planning meeting.
	Ensure that the Provider Case Manager documents the transitional plan and continues to discuss and document the transition plan with the youth over time during face to face visits, subsequent service planning meetings, and Circles of Support (COS).
	Ensure the transitional living services section of the child service plan is updated by the Provider Case Manager.

Preparation for Adult Living (PAL)

CPS (CVS/PAL) staff will continue to ensure the development and delivery of PAL Life Skills Training for youth in DFPS-paid substitute care who are age 16 or older utilizing the curriculum topics found in [CPS Handbook, Policy 10222, Life Skills Training](#) . As part of the CBC model, 2INGage will assume this responsibility based on readiness. Regional Communication of PAL changes will be passed along as protocols are finalized.

Extended Care and Return to Extended Care

CPS and 2INGage will work together to identify youth (whose legal region is Region 2) for either Extended Care or Return to Extended Care programs. Participation in the Extended Care or Return to Extended Care programs will be discussed and planned with the youth during regularly scheduled service planning meetings (90 day reviews), during the youth’s Circle of Support or Transition Plan Meeting, or upon the youth’s request.

The following chart outlines the responsibilities of CPS and 2INGage if a youth requests participation in either the Extended Care or Return to Care program:

CPS will determine eligibility according to current Extended Care Guidelines.	If 2INGage learns of a youth’s desire to Return to Extended care, they will notify regional PAL Worker of youth’s request.
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<p>If eligible, 2INGage will ensure that the youth is assisted with completing the Voluntary Extended Foster Care Agreement  (form 2540) within 30 days prior to the youth's 18th birthday.</p>	<p>CVS Worker will work with PAL Worker to determine eligibility of any youth desiring to Return to Extended Care according to current guidelines.</p> <p>If youth is eligible, CVS Worker will complete a referral for placement with 2INGage.</p> <p>If eligible, 2INGage will assist youth with completing the Voluntary Extended Foster Care Agreement  (form 2540).</p>
<p>2INGage will provide completed Voluntary Extended Foster Care Agreement  (form 2540) to CPS Worker.</p> <p>CVS Worker will review the completed Voluntary Extended Foster Care Agreement (form 2540), including signature, and distribute according to policy.</p>	<p>2INGage will provide completed Voluntary Extended Foster Care Agreement  (form 2540) to CVS Worker.</p> <p>CVS Worker will review the completed Voluntary Extended Foster Care Agreement (form 2540), including signature, and distribute according to policy.</p>
<p>CPS will follow current policy as it relates to Extended Foster Care.</p> <p>2INGage will ensure that the youth is assisted in maintaining necessary documentation for the Extended Care program.</p>	<p>CPS will follow current policy as it relates to Return to Extended Foster Care.</p> <p>2INGage will ensure that the youth is assisted in maintaining necessary documentation for the Return to Extended Care program.</p>

See CPS Handbook policy:

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

[10530 Processing a Young Adult's Initial Request to Return to Extended Foster Care](#) 

Supervised Independent Living (SIL)

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

To be eligible for SIL, young adults must be able to live independently in a setting with minimal to no supervision. Through conversations with the young adult and the initial assessment, the young adult will be placed in the setting which best meets his or her needs. In order to maintain placement in the SIL program, young adults must comply with the [Voluntary Extended Foster Care Agreement](#)  (form 2540). Young adults can move through the settings offered based on behaviors, enhancement of skills, or overall

progress made in the young adult’s current setting. The SIL case managers will maintain documentation of the young adult’s progress in case notes, as well as in the subsequent service planning meetings, which will be filed in the young adult’s case record.

The following chart outlines the responsibilities of CPS and 2INGage if a youth (who is legally from Region 2) requests a SIL placement setting:

<p>At the youth’s 17th birthday, the CVS Worker will provide information regarding SIL to the young adult.</p> <p>*CVS Worker may coordinate a meeting with the Provider Case Manager and the young adult to provide information to the youth about their SIL options</p>	<p>2INGage will notify regional PAL Worker of young adult's request to Return to Extended Care and interest in SIL placement if they are the first to learn of the youth’s desire.</p>
<p>CPS will determine eligibility according to current Extended Care Guidelines.</p> <p>If eligible, refer the young adult to 2INGage Care Coordinator for appropriate SIL program placement.</p> <p>2INGage Care Coordinator will work with young adult to seek appropriate SIL program placement. This includes collecting any information from youth needed to seek SIL program placement.</p> <p>If SIL placement is secured, 2INGage will ensure that the youth is assisted with completing the Voluntary Extended Foster Care Agreement  (form 2540) within 30 days prior to the youth’s 18th birthday.</p> <p>2INGage will provide completed Voluntary Extended Foster Care Agreement  (form 2540) to CPS worker</p> <p>If the youth chooses SIL placement & services either in Region 2 or outside of Regions 2, the 2INGage Care Coordinator contacts the CPS worker with the transitional living placement recommendation for their approval.</p>	<p>PAL staff to determine eligibility according to current guidelines for Return to Extended Care and notify 2INGage</p> <p>If eligible, PAL will contact CVS Program Director to identify what CVS caseworker should be assigned to the child.</p> <p>If eligible, refer the young adult to 2INGage Care Coordinator for appropriate SIL program placement.</p> <p>2INGage Care Coordinator will work with young adult to seek appropriate SIL program placement. This includes collecting any information from youth needed to seek SIL program placement.</p> <p>If SIL placement is secured, 2INGage will ensure that the young adult is assisted with completing the Voluntary Extended Foster Care Agreement  (form 2540) 2INGage will provide completed Voluntary Extended Foster Care Agreement  (form 2540) to CVS Worker.</p> <p>If the young adult chooses SIL placement & services either in Region 2 or outside of Region 2, the 2INGage Care Coordinator contacts the CVS worker with the SIL</p>

	placement recommendation for their approval.
<p>CPS will review and approve the completed Voluntary Extended Foster Care Agreement (form 2540), including signature, and distribute according to policy.</p> <p>CPS will follow current CPS policy as it relates to Extended Care.</p>	<p>Once CVS Supervisor approval has been received, the 2INGage Care Coordinator will make the referral to the SIL program chosen by the young adult.</p>

National Youth in Transition Database (NYTD)

CPS will take the lead on identifying youth (ages 17, 19, and 21) who will participate in surveys for the National Youth in Transition Database (NYTD). CPS will inform 2INGage of the youth who will participate in NYTD surveys via email with subject line of "NYTD Survey Participant."

Once notified, 2INGage will assist CPS in obtaining NYTD surveys from identified youth. Youth must be allowed to take the NYTD survey on their own without assistance from others. 2INGage will maintain current contact information for youth placed within their provider network and inform CPS when updated information becomes available.

COURT REQUIREMENTS

CPS will take the lead on all court and legal activities (court hearings and court reports) for children in CPS conservatorship and placed within 2INGage provider network.

See [Region 2 Jurisdictional Differences](#) Icon for Linked page .

Court Hearings and Reports

As soon as the court hearing notification is received from the court, notify 2INGage of scheduled court hearings by adding 2INGage to the e-file notification by using the mailbox court@2INGage.org

This will ensure that 2INGage has information about scheduled court hearings and also has a copy of all court orders, settings, notices, court reports, including CASA or guardian ad-litem reports and other relevant court information

*If date and time of a court hearing is announced during court, this shall serve as notice to both CPS and 2INGage.

Notify children and caregivers within 5 days prior to the court hearing whether the child's presence is required or excused by the presiding judge, except in the case that DFPS receives a last minute request from the court, at which point notify immediately

Attend and testify in court hearings.

Prepare court reports

Attend court hearings and/or preparation meetings as requested by CPS, CASA, attorney ad litem, or other members of the judiciary.

*Attendance at Adversary Hearings (14-day hearings) is not expected.

Upon receipt of notification of required presence at court hearing from CPS, ensures CPS is sent via email notification of who will be attending the court hearing.

When requested, 2INGage will provide information necessary for preparation of court reports within 5 days of receiving the email request for information.

Identify and ensure attendance of the most appropriate staff (i.e. CPA case manager) with personal knowledge of the case at all court hearings unless excused by the presiding judge.

	Please refer to jurisdictional differences document for additional information regarding which courts require attendance and under what circumstances.
	Provide notice to the caregiver of all court hearings.
	Immediately notify CPS legal mailbox at Reg02subs@dfps.state.tx.us of any service of legal process (i.e. subpoena, summons, discovery notices) related to performance under contract.
	Ensure children attend court hearings, unless excused by the presiding judge prior to the court hearing.
	DFPS will provide no less than 5 days' notice of need to have child attend court, unless DFPS receives a last minute request from the court at which point will notify 2INGage immediately.
	*Attendance may occur through video conference and/or teleconference when appropriate and approved by the court.
	*Attendance at Adversary Hearings (14-day hearings) is, generally not expected, unless the child's attorney ad litem requests the child's attendance.
Maintain documentation of all court orders received from CPS.	
Maintain documentation of child attendance at court for performance reporting.	

PERMANENCY CARE ASSISTANCE

When a child or youth's (from Region 2) permanency plan calls for a change to permanent managing conservatorship by a relative or fictive kin (regardless of the relative/fictive kin's location) with intent to pursue permanency care assistance, CPS staff must follow current CPS Handbook policy [6680 Permanency Care Assistance](#) .

The CPS Kinship worker must obtain supervisor approval before referring a kinship caregiver to 2INGage for verification as a foster parent. Before referring kinship caregivers to 2INGage for verification, CPS staff must ensure that:

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

Once supervisor approval is obtained, the CPS Kinship Worker must follow CPS Handbook policy [6660 Kinship Caregivers Interested in Becoming Verified as Foster Parents](#) in order to refer the kinship caregiver to 2INGage for verification as a foster parent.

Upon referral, the Kinship Worker will provide 2INGage via email to the CMD@2ingage.org mailbox the following:

- Subject line of email should read: "Kinship Verification Referral: Last Name of Caregiver"
- Email should include:
 - Caregiver Name
 - Caregiver Address
 - Caregiver Phone
 - Caregiver Email
 - Caregiver County of residence
 - Kinship worker
 - Kinship worker Phone
 - Names of children placed by DFPS in home
 - Permanency goals
 - Type of license family desires: Foster – Foster/Adopt – Adopt only
 - Any additional information or comments
- A copy of the kinship family's approved kinship home assessment.

Seeking Referral Recommendations for Kinship Families Out of Region

- When a kinship family is outside Region 2 and they express interest in becoming a verified home, CVS Worker will ask the courtesy kinship worker to alert the CVS Worker so that 2INGage can be consulted for a referral recommendation. This will help facilitate the ability of the child to received services from 2INGage once they

are in a paid foster care placement. This process will also be included on the kinship referral when kinship courtesy services are sought from another region.

- CVS Worker will email the 2INGage intake at CMD@2ingage.org mailbox with the following:
 - Subject line: "Out of Region Kinship Verification Referral Recommendation: Last Name of Caregiver"
 - Email should include the same information identified for a referral within the region
- 2INGage will identify child placing agencies they would like to recommend in the kinship caregivers area and provide that information to the CVS Worker.
- CVS Worker will provide the information to the caregiver and to the courtesy kinship worker.

Monitoring the progress of the Kinship Verification

- CPS Kinship Program will host Fostering Connections Staffing Calls monthly to monitor the progress families are making in becoming verified. A family will be placed on the staffing call 60 days post referral for verification to 2INGage. The purpose of the staffing is to monitor the family's progress in completing verification and to identify any barriers or areas where the family may need assistance.
- Participants on the call include:
 - Kinship Worker
 - Kinship Supervisor
 - CVS Worker
 - CVS Supervisor
 - Provider Case Manager
 - 2INGage Care Coordinator

Note: 2INGage may not attend all staffing's but would like to participate in those where there is a concern or if the home not progressing)

Placing a Child/Youth with a Verified Kinship Caregiver

- Provider Case Manager will notify 2INGage, CVS Worker and Kinship Worker on the day the verified family was submitted to CLASS as an approved foster home. Although the Provider Case Manager is to notify 2INGage of verification, should CPS learn first, they will notify the 2INGage Intake Supervisor so that the process of placement can be initiated.
- CVS Worker should complete the referral process on all the children placed in the kinship home. CVS Worker and 2INGage Care Coordinator will follow the [New Placements/Non-Emergency Placement](#) or [Placement Change](#) process (depending on the child's current placement type).
- 2INGage Care Coordinator will verify that the family is in CLASS and will ensure that the CVS Worker and Kinship Worker are notified
- Upon notification from 2INGage that the kinship family is approved as a foster home in CLASS, the Kinship Worker and Supervisor, CVS Worker and Supervisor,

and 2INGage Care Coordinator will determine an official start date for the child's placement in the foster home and follow the relevant placement process.

- The CVS Worker **will not** initiate placement until approval from 2INGage is given.

Foster care maintenance payments to a verified kinship family (foster home) begin once CPS and 2INGage have completed the relevant placement process described below.

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

When a child or youth is placed with an unverified kinship caregiver and the kinship caregiver later becomes verified as a kinship foster home within the 2INGage network, then the [New Placement/Non-Emergency Placement](#) process will be used to place the child or youth with 2INGage.

Placement Change of a Child/Youth with a Verified Kinship Caregiver

The [Placement Change](#) process will be used when a child or youth is placed in a paid foster care setting within the 2INGage provider network and requires a placement change to a verified kinship caregiver (kinship foster home) within the 2INGage network.

Applying for Permanency Care Assistance

When a prospective permanent managing conservator is nearing completion of the required six consecutive months as a verified foster parent, the child's primary CVS Worker and 2INGage must begin working with the caregiver to apply for assistance. The CPS worker must follow current CPS Handbook policy [6685 Applying for Permanency Care Assistance](#).

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

- Obtain necessary documentation from 2INGage to complete Level of Care (LOC) review for the child; and
- Complete LOC review.

ADOPTION

2INGage will take primary lead on all adoption recruitment and matching activities for referred children in CPS conservatorship in Region 2.

The following sections outline what Region 2 CPS staff can expect from 2INGage, as well as the responsibilities that CPS staff will maintain during the adoption process.

Legal and Court Activities

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

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

Recruitment

2INGage will conduct general and child-specific recruitment activities for adoption-motivated homes for children from and referred to Region 2. 2INGage is fully responsible for all general and child-specific adoption recruitment activities.

In order for 2INGage to conduct general and child-specific recruitment, CPS will provide via email 2INGage with:

- Name of the child whose permanency plan is Adoption and no permanent home has been identified
- Name, address and phone of current placement
- Caseworker name, email and phone
- access to various adoption recruitment tools, such as Heart Gallery, Wednesday's Child, TARE, etc;
- child-specific profiles;
- notice of any adoption events hosted by CPS;
- general or child-specific adoption inquiries as they are received; and
- redacted case file when requested. (CPS will request the redacted case upon termination of parental rights (TPR).

As general or child-specific adoption inquiries are received, CPS will document the inquiry on the [Fostering Big Country and Texoma Kids](#) website depending on where the interested party is located. CPS will provide requestor's name, phone number, address, and date of initial contact.

2INGage will track all child-specific adoption inquiries.

Home Studies

2INGage will ensure that home studies on all potential adoptive homes (including kinship) within Region 2 are conducted and approved.

To request an adoption home study, CPS staff will send an email to 2INGage at CMD@2ingage.org with subject line of "Adoption Referral."

CPS will provide the following information:

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

Home Selection and Staffing

2INGage will coordinate and host a selection staffing with CPS, CASA, ad litem, Provider Case Manager, foster parents (as appropriate), and guardian ad litem. 2INGage will provide recommended home studies to staffing participants prior to the selection staffing for review. 2INGage will present recommended adoptive homes for a child to all parties. 2INGage will host and facilitate this staffing and will ensure all parties will have the opportunity to review the home study in advance.

A decision regarding the selection of the family will be made during the staffing.

By the next business day after the staffing, CPS will send official notification to 2INGage via email confirming the decision made during the staffing and approving the plan to proceed with the selected family, if one was identified.

Once an adoptive home is approved, 2INGage will provide all appropriate redacted information to the prospective family (i.e. psychological evaluation, service plans, HSEGH, etc.).

When the prospective family notifies 2INGage they agree to proceed with the adoption process, 2INGage will notify CPS and CPS will:

- provide 2INGage with the redacted file we have previously prepared
- request a supplement redacted file and provide when completed

When an adoptive home recommendation is denied, 2INGage will continue the recruitment of adoptive homes to find a match for a child.

Presentation Staffing

After the prospective family has reviewed the child's case file, 2INGage will ensure a Presentation Staffing is held with the prospective family, current family, CASA, ad litem, and guardian ad litem, and CPS. A Presentation Staffing is an opportunity for the prospective family to ask questions, for the current family to discuss the child's daily care, and for the attendees to collectively develop an appropriate transition plan. The transition plan should include adoption preparation activities, pre-placement visits and transportation, among other tasks.

2INGage will send an email to CPS Worker upon hearing the adoptive family's decision after the Presentation Meeting, with the subject line of "Adoptive Family Decision."

Placement of the Child

When placement of the child with the adoptive family is determined, 2INGage will coordinate the placement of the child/youth in the home. See Region 2 [Adoption Checklist](#) ^W for more detail.

Adoption Services

In order to ensure placement stability, 2INGage is responsible for obtaining and delivering services to children placed with adoptive families prior to consummation of the adoption. 2INGage is responsible for managing all services (including but not limited to monthly post-placement supervision) to prepare and support adoptive placements. 2INGage will provide documentation of these services to the CPS Worker.

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

Authorization of Adoption Services

As requested by 2INGage, the CPS Worker will:

- complete the service authorization (form 2054) for the identified adoption service to 2INGage in IMPACT;
 - In the comments section of the 2054, add the following:
 - The licensing agency (CPA) name
 - Whether the 2054 is for a sibling set; if so, how many siblings
 - The type of adoption (ie. Foster-to-adopt/kinship/matched)
 - The Youth for Tomorrow (YFT) Level of Care (LOC) Determination for the child
- send email notification to 2INGage at CMD@2ingage.org ^W and attach the following:

- Completed and approved service authorization (form 2054); and
- Completed and signed Adoption Placement Agreement (form 2226).

See [CBC Adoption Placement and Service Authorization Process](#) for more information.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC) SITUATIONS

Incoming Request for Placement

For all ICPC situations with Texas as the Receiving State, Region 2 DFPS staff will continue to follow DFPS regional protocols for incoming (see Appendix [Region 2 Tip Sheet for ICPC Cases](#) )

Out-of-State Placements

For all ICPC situations with Texas as the Sending State, Region 2 DFPS will continue to follow DFPS regional protocols. If out-of-state placement is requested for a child who is legally from Region 2 **and** currently placed with 2INGage, then DFPS/2INGage will follow protocols outlined above for requesting a placement change and should follow-up with these additional steps.

Foster or Adopt Placements

- CPS will complete all needed ICPC paperwork and follow current ICPC process.
- 2INGage will assist CPS with collecting any needed paperwork required for ICPC process.
- Placement will remain with 2INGage during the ICPC process.
- CPS will keep 2INGage updated on any changes during the process.
- If out-of-state placement is approved, CPS will notify 2INGage of the approval and create a plan of placement change.
- 2INGage will aid in preparing child for placement change.
- CPS caseworker will be responsible for the physical placement of child.
- Once child is in the out-of-state placement, CPS will notify 2INGage.
- 2INGage will discharge child from their care.

Residential Treatment Center (RTC) Placements

When 2INGage seeks an out-of-state Residential Treatment Center (RTC) for placement of a child from Texas Region 2:

- Once an out-of-state RTC is located, 2INGage will initiate and create a sub-contract with the out-of-state Residential Treatment Facility;
- Once the sub-contract is secured:
 - 2INGage will notify via email the Community Based Care Contract Manager, Texas CPS caseworker and Regional ICPC Coordinator;
 - The Community Based Care Contract Manager will notify via email the State Office Foster/Adopt Division Administrator.
- The Texas CPS caseworker will submit the ICPC Residential Treatment Center out-of-state placement request through IMPACT;
- Texas CPS is responsible for setting up a contract for supervision of the child in the out of state placement;

- 2INGage is responsible for monitoring the out-of-state placement for the timeframes specified within the sub-contract with the out of state Residential Treatment Facility.

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

CASE DISPUTE RESOLUTION

There may be times when CPS and 2INGage (and network providers) may not agree on a case decision or what should happen with a child and/or family.

The following chart outlines the protocol to resolve any type of case disputes between CPS and 2INGage:

	<p>CPS workers and supervisors, 2INGage and/or a provider (who are closest to the issue in dispute) will work together to resolve case specific issues informally. This will be done through an objective, solution-driven discussion or meeting.</p> <p>If a mutually agreeable solution is not achieved in 3 business days, the individual will notify the other individual with whom they have a concern that they plan to involve their chain of command. The disputed issue will be elevated to the Program Director and/or Program Administrator level in CPS and the Director level in 2INGage for attempted resolution. The disputed issues will be elevated in writing.</p>
	<p>Disputes proceeding to Step 2 will be elevated to a knowledgeable, neutral CPS staff member (Community Based Care Administrator) who understands the philosophy and goals of community based care and is not a direct supervisor of the individual involved in the appeal.</p>
	<p>2INGage will ensure continuity of services, as defined by CPS, to the child or family affected while seeking to resolve case-specific disputes.</p>
	<p>The escalating party will send an email with supporting documentation to the Community Based Care Administrator and 2INGage Executive Director with the subject line of "Dispute Resolution."</p>
	<p>Once a dispute is escalated (appeal), the Community Based Care Administrator will provide a written decision to the appeal within 5 business days. The written decision will be emailed to the 2INGage Executive Director with the subject line of "Dispute Resolution Appeal Decision."</p> <p>If the 2INGage Executive Director chooses, they will have 3 business days from receipt of the notification from the CBC Administrator to appeal the decision to the CPS Regional Director. The CPS Regional</p>

Director will have 5 business days to make a decision on the 2INGage Executive Director's appeal.

If the 2INGage Executive Director chooses not to appeal, they will notify the CBC Administrator. The CBC Administrator will distribute the decision to the appropriate staff and management.

If the 2INGage Executive Director appeals the decision of the CBC Administrator to the CPS Regional Director, the CPS Regional Director will distribute their decision to the appropriate staff and management.

SITUATIONS REQUIRING IMMEDIATE NOTIFICATION BETWEEN 2INGAGE AND DFPS

Situations that require immediate notification between 2INGage and DFPS include:

- When a child, who is referred or placed with 2INGage, is in a life threatening situations, and/or
- Any time the media is involved with a child placed with 2INGage (regarding non-positive scenarios).

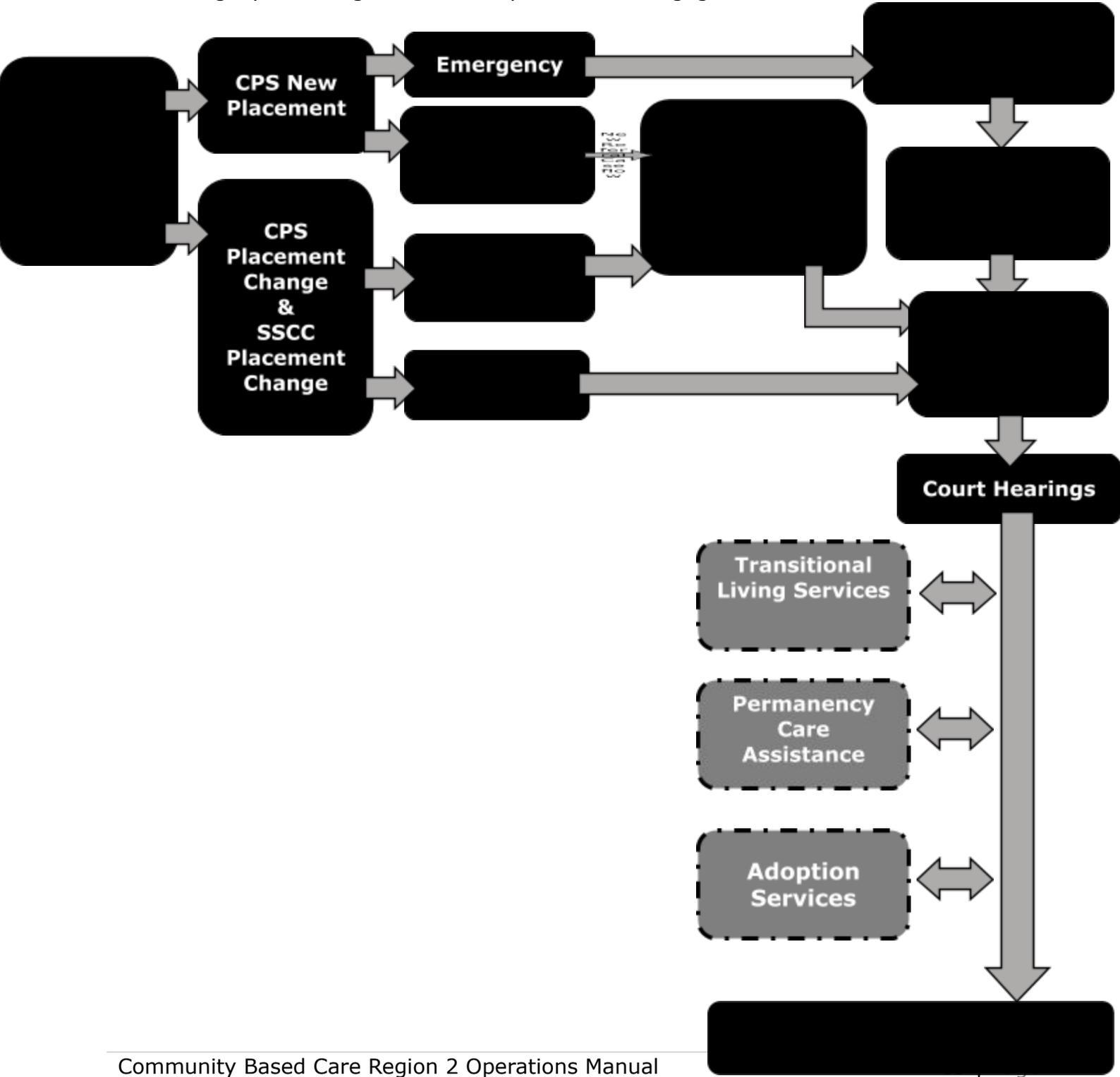
Depending on which party is notified first, the following protocol will take place any time immediate notification is required between 2INGage and DFPS:

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

Community Based Care Region 2 Operations Manual Appendix

REGION 2 COMMUNITY BASED CARE CASE FLOW CHART

Description: the chart below describes the case flow for children in DFPS conservatorship, who are legally from Region 2 and are placed with 2INGage.



GLOSSARY

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

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

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

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

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

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

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

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

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

Child's Placement Information: CPS shares information about a child with 2INGage in order for 2INGage to assess and make recommendations for the child's placement in a paid foster care setting. Placement information may vary between CPS and SSCC

initiated placement referrals, but, in general, the following placement information is shared with 2INGage based on timeframes set within the Operations Manual:

- Alternative Application for Placement of Children in Residential Care (form 2087ex; excluding level of care information);
- Common Application for Placement of Children in Residential Care (form 2087; excluding level of care information);
- Court orders/affidavit
- Visitation plans with siblings, parents, or other family member and fictive kin (if established);
- Birth verification/certificate;
- Social Security card or number (if available);
- Education portfolio;
- Medicaid and STAR Health cards or qualifying information (if available);
- Any relevant external documentation (i.e. assessments, evaluations, or therapy notes) related to the care of the child;
- Signed Placement Authorization (2085fc);
- Signed Medical Consenter (2085b);
- Signed Education Decision-Maker (2085e);
- Region 2 Placement Documentation;
- Authorization to Furnish Information (1505).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Regularly attending high school or enrolled in a program leading toward a high school diploma or GED up to the youth or young adult's 22nd birthday;
2. Regularly attending an institution of higher education or a post-secondary vocational or technical program up to the youth or young adult's 21st birthday. These can remain in care to complete vocational-technical training classes regardless of whether or not the Youth or young adult has received a high school diploma or GED certificate. (40 TAC §700.316)
3. Actively participating in a program or activity that promotes, or removes barriers to employment up to the youth or young adult's 21st birthday;
4. Employed for at least 80 hours per month up to the youth or young adult's 21st birthday;
5. Incapable of doing any of the above due to a documented medical condition up to the youth or young adult's 21st birthday; or (40 TAC §700.316);
6. Accepted for admission to a college, or vocational program that does not begin immediately. In this case, the youth or young adult's eligibility is extended three and a half months after the end of the month in which the youth or young adult receives his/her high school diploma or Graduate Equivalency Diploma (GED) certificate.

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

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

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

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

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

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

1. Name of the contractor and contract number;
2. Service Code;

3. Names of client or Family members who are to receive services;
4. Types services requested;
5. Number of units for each service requested; and
6. Time limit for the service.

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

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

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

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

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

Initial Coordination Meeting (ICM): Convened by DFPS and held within 7 days of referral to the SSCC for placement and/or services to a child or youth (Stages I-III) and/or family (Stages II-III). Purpose of ICM is to review child or youth/families history and identify service needs to be included in the child or youth and/or family plan(s) of service.

Intermittent Alternate Care: A planned alternative 24-hour care provided for a child or youth by a licensed Child-Placing Agency or Independent Foster Home as part of the agency or home's regulated child care and that lasts more than 72 consecutive hours.

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

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

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

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

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

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

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

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

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

Permanency Care Assistance: The Permanency Care Assistance program gives financial support to kinship caregivers who want to provide a permanent home to children who can't be reunited with their parents.

Permanency Goal: The Department's permanency goals are subcategories of the four goals identified by the Texas Family Code §263.3026. The categories are as follows:

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

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

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

([40 TAC §700.1201](#) and [DFPS policy §6200](#))

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

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

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

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

Preparation for Adult Living (PAL) Activities: Benefits and services provided to children and youth in DFPS-paid Substitute Care who are age 14 or older and likely to remain in foster care until at least age 18, who can qualify for services up to their 21st birthday. Services and benefits may include:

1. Casey Life Skills Assessment to assess strengths and needs in life skills;
2. Life Skills training in core areas including financial management;
3. Job readiness and life decisions/responsibility;
4. Educational/vocational services;
5. Coordination of the Transitional Living Allowance (TLA) up to \$1000 (distributed in increments up to \$500 per month for children and youth who participate in PAL Life Skills training, to help children and youth with initial start-up costs in adult living);
6. Coordination of After Care Room and Board (ACRB) assistance, based on need, up to \$500 per month for rent, utility deposits, food, etc. (not to exceed \$3000 of accumulated payments per child or youth)
7. Case management to help children and youth with self-sufficiency planning and resource coordination;
8. Teen conferences;
9. Leadership development activities; and
10. Additional supportive services, based on need and availability of funds, such as mentoring services and driver's education.

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

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

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

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

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

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

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

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

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

1. Attend high-school or a program leading toward a high school diploma and have not reached their 22nd birthday;

2. Are enrolled at or within 30 days of placement in a course of instruction to prepare for the GED and have not reached their 21st birthday;
3. Attend and, within two years, complete a certified vocational or technical program and have not reached their 21st birthday; or
4. Return on a break from college or a technical or vocational program for at least one month, but no more than 4 months and have not reached their 21st birthday. (40 TAC 700.316)

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

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

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

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

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

1. natural persons concerning their racial or ethnic origin;
2. political opinion;
3. trade union membership;
4. religious or philosophical beliefs;
5. physical and mental health including state of health, illness, handicaps, pathological defects or medical treatments;
6. sexual orientation or activity;
7. criminal records, including convictions, decisions of penalties and fines, or other information collected in judicial or administrative proceeding to ascertain an offense or regarding an alleged or suspected commission of an offense;
8. biometric or genetic data;
9. social welfare needs or benefits or other social welfare assistance received.

Sensitive information does not include publicly available information that is lawfully made available to the public from the federal, state, or local government.

Serious Incident: Any non-routine occurrence that has an impact on the care, supervision, or treatment of a child or youth. This includes, but is not limited to, suicide

attempts, injuries requiring medical treatment, runaways, commission of a crime, and allegations of abuse or neglect or abusive treatment.

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

Service Area: The designated area in which the SSCC will provide all services described in this contract. The SSCC will provide all services described in this contract in the lower southwestern portion of DFPS Region 2 which includes Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchel, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger and Young counties.

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

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

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

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

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

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

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

- managing their own finances,
- buying groceries or personal items, and
- working with a landlord.
- SIL also helps transition young adults to independent living by teaching them to:

- achieve identified education and employment goals,
- access community resources,
- engage in needed life skills training, and
- establish important relationships.

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

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

Therapeutic Services: In addition to child care services, a specialized type of child-care services designed to treat and/or support children:

- With Emotional Disorders, such as mood disorders, psychotic disorders, or dissociative disorders;
- With Intellectual Disabilities, who have an intellectual functioning of 70 or below and are characterized by prominent, significant deficits and pervasive impairment;
- With Pervasive Developmental Disorder, which is a category of disorders (e.g. Autistic Disorder or Rett's Disorder) characterized by prominent, severe deficits and pervasive impairment;
- With Primary Medical Needs, who cannot live without mechanical supports or the services of others because of life-threatening conditions; and/or
- Determined to be a trafficking victim.

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

Treatment Services: A specialized type of child-care services designed to treat and/or support children or youth with Emotional Disorders, Mental Retardation, Pervasive Developmental Disorder, and Primary Medical Needs as described in 40 TAC §748.61.

Verified Kinship Care: A kinship caregiver who has become verified as a foster parent to provide residential care in accordance with child care licensing regulations.

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

Voluntary Return to Foster Care Agreement Form 2560: The Department's form which documents the youth or young adult's agreement to voluntarily return to foster care and outlines the categories of activity which qualify a child to return to foster care.

EMAIL REFERENCE QUICK GUIDE

Email Types/Subject Line Headings

**Email Encryption: All CPS staff must follow the DFPS email encryption policy when communicating electronically with [2INGage](#).*

“Emergency Referral – Last name of oldest child being referred” – Used when sending emergency placement referral information to 2INGage via email.

“30 Day Discharge Notice, - Last name of oldest child being referred” – Used when sending a Non-Emergency Referral after receiving a 30 day discharge notice from the current placement.

“14 Day Discharge Notice, - Last name of oldest child being referred” – Used when sending a Non-Emergency Referral after receiving a 14 day discharge notice from the current placement.

“Pending Emergency Removal - Last name of oldest child being referred” – Used when CPS want to notify 2INGage about an upcoming Non-Emergency Removal where DFPS does not yet have TMC.

“Emergency Placement Change – - Last name of oldest child being referred” – Used when either 2INGage or CPS has an emergency placement change request.

“Non-Emergency Placement Change – Last name of oldest child being referred” – Used when either 2INGage or CPS has a non-emergency placement change request.

“Kinship Verification Referral with last name of caregiver – Used when CPS is sending a referral to 2INGage to verify a kinship family.

“Foster/Adoptive Inquiry” – Used when CPS is sending a completed Foster/Adoptive Parent Inquiry Form to 2INGage via email.

“Adoption Referral” – Used when CPS is sending a completed Adoption Referral Form to 2INGage via email.

“ICM Referral- Last name of oldest child being referred” –Used to send information to 2INGage regarding date/time of ICM meeting, as well as sending notes after the meeting.

REGION 2 FIELD DIRECTORY (CPS AND 2INGAGE)

CPS Community Based Care

Program Administrator: [Cynthia Reed](#), (325) 691-8241,
cynthia.reed@dfps.state.tx.us ICON for Link

Contracts Administrator: [Reid Miller](#), (325) 691-8267, reid.miller@dfps.state.tx.us
ICON

Region 2 CPS Subject Matter Experts:

Developmental Disability Specialist: [Dianna Hernandez](#), (806) 358-6211

Educational Specialist: [Debbie Welborn](#), (940) 864-1123

Well Being Specialist: [John Clymer](#), (325) 691-8248

Nurse Consultant: [Cathye Bullitt](#), (940) 235-1829

Region 2 ICM Coordinators

For Wichita, Montague, Archer, Baylor, Clay, Jack, Hardeman, Wilbarger, Cottle, Foard, Knox, Baylor, Haskell, Kent, Stonewall, Shackelford, Stephens, Throckmorton, Young Counties:

[Leighann Rodriguez](#), (940) 235-1842, Leighann.rodriquez@dfps.state.tx.us

For Scurry, Fisher, Jones, Mitchell, Nolan, Runnels, Coleman, Brown, Comanche, Eastland, Callahan, Taylor Counties:

[Kristina Landeros](#), (325) 691-8133, Kristina.landeros@dfps.state.tx.us

2INGage Contact Information

Mailing Address: 147 Sayles Blvd., Abilene, TX 79602

Referrals and Placement

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

Intake phone number: (877) 254-6135

Email address: CMD@2ingage.org

2INGage Website: 2ingage.org

Court Related

Email address: court@2ingage.org

Quality Improvements and Contracts

Email address: CMD@2ingage.org

Adoption Department

Email address: adoption@2ingage.org 

Complaints and Concerns

Email address: ombudsman@2ingage.org 

Finance Department

Email address: finance@2ingage.org 

Foster-Adopt and Kinship Inquiries

Email address: adoption@2ingage.org 

Serious Incident Reports

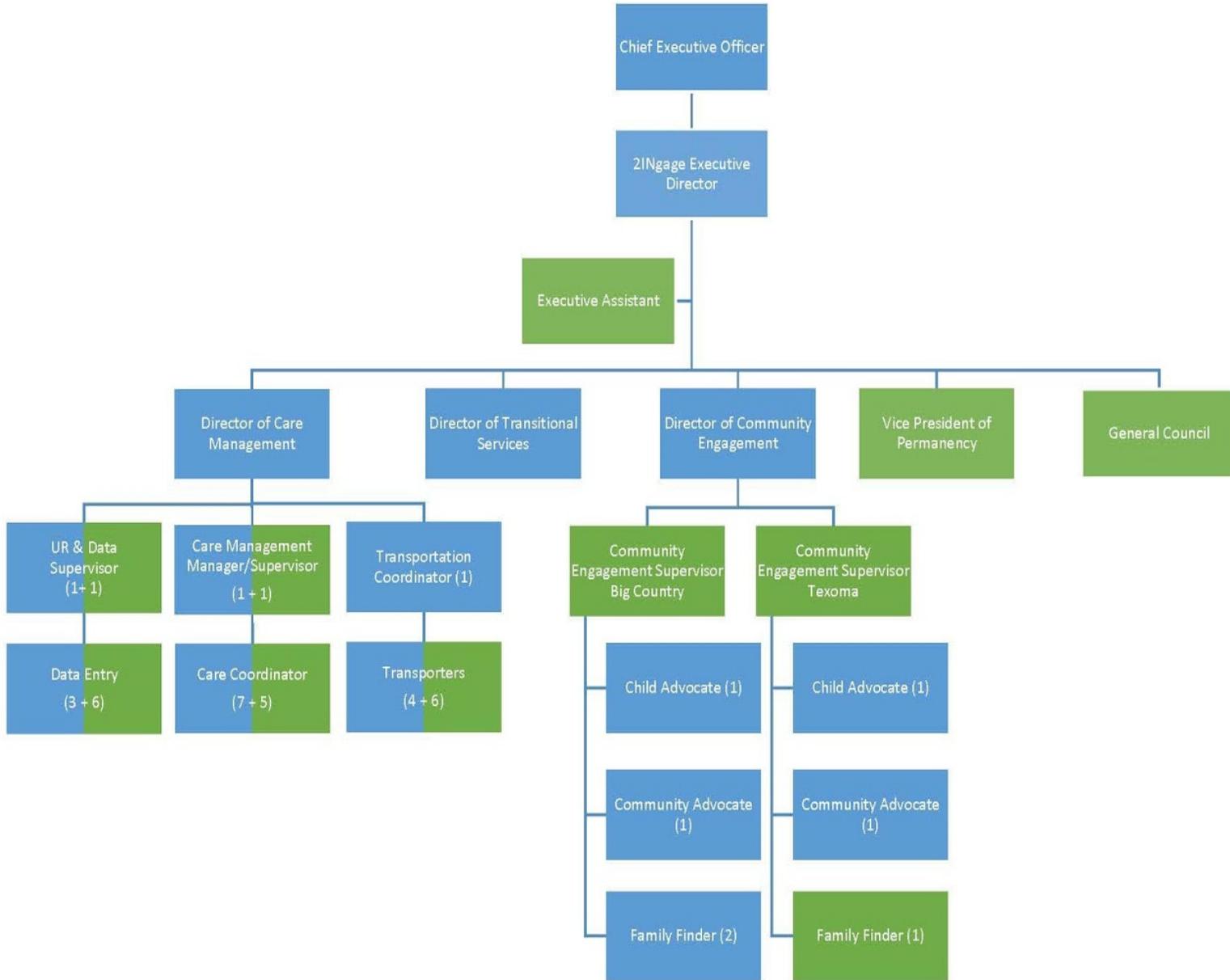
Email address: CMD@2ingage.org 

Daycare Requests

Email address: CMD@2ingage.org 

2INGAGE ORGANIZATION CHARTS

2INGage Organizational Structure 1



Legend: Positions in blue correspond to Stage I Placement Services
 Positions in green correspond to Stage II Case Management Services

Revised 10/2/18

REQUEST FOR PLACEMENT INTO CBC CATCHMENT AREAS-FORM 1508

Community Based Care

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

Instructions: Complete each section of this form.

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

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

Date of Request:	
Caseworker Name:	Phone Number:
Supervisor Name :	Phone Number:
CPU Supervisor or RTPC Name:	Phone Number:

Emergency	Non-Emergency
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If Emergency, please explain:

Name	DOB	PID	LOC	Legal Region	Placement Recommended (Provider and Family Name, Family Address, & County)

Date placement recommended by CPU/RTPC:

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

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

2INGAGE eCAP CLIENT ASSESSMENT

Client Assessment

Date Form Completed: 10/2/2017 4:40 PM	Completed By:
Client Assessment Type: First Placement Client Assessment	
Recommended Level of Care: Family Foster Care	
PSIL: Tier 2	

Client Information

Name: Test Client	DOB: 10/1/2010 12:00:00 AM
Gender: Male	Race:
Case Plan Goal: Case Plan Goal Not Yet Established	
Custody County/State: SEDGWICK (KS)	
Home Location: Home Location Not Known	
Client Strengths:	

Placement Search Information

Date Placement Needed By: 10/1/2017 12:00:00 AM		
Cannot Be Placed With:	<input type="checkbox"/> Younger Males	<input type="checkbox"/> Younger Females
	<input type="checkbox"/> Older Males	<input type="checkbox"/> Older Females
<input type="checkbox"/> No Room Sharing	<input type="checkbox"/> No Dogs In Home	<input type="checkbox"/> No Cats In Home

Home Environment Preferences

Home Has Cats Neutral/Unknown	Home Has Dogs Neutral/Unknown
Home In Rural Area Neutral/Unknown	Home In Suburbs Neutral/Unknown
Home In Urban Neighborhood Neutral/Unknown	

Client Physical/Medical Health Information

Height:	Weight:
Health Comments:	
Doctor:	
Medical Diagnosis:	
Therapist:	
Mental Health Diagnosis:	
Mental Health Appointment Times:	

Medication

Client is not taking any medications

Visitation Restrictions

Client does not have any visitation restrictions.

Runaway Status

Does the child have any of the following documented running behavior? If yes, check all that apply.

No

The running behavior occurred in the last 60 days.

The child is a chronic runner (3 or more occurrences in the last 150 days.)

Comments

Mental Health Status

Is the child dangerous to self in the following ways? If yes, check all that apply. No

The child engages in self mutilation or self abuse.

The child makes threats of suicide with specific plan of action.

Is the child taking prescribed psychotropic/behavior medication? No

Is the child often refusing to take medications for a physical or mental illness? No

Has the child been diagnosed with ADHD? No

Has the child been diagnosed with an eating disorder? No

Does the child have any of the following needs/ behaviors? If yes, check all that apply. No

The child has tantrums that are inconsistent with the child's development

The child does not display emotions like remorse or empathy in a typical manner

The child struggles with age-appropriate social interactions

Does the child need a provider with a very consistent schedule and few disruptions to the daily routine? No

Comments

Mental Health Placement Status

Is the child disrupting from one of the following placements due to negative behavioral health issues? Please specify. No

The child is disrupting from a psychiatric residential placement.

The child is disrupting from an intensive group home.

Is the child stepping down (but not disrupting) from a psychiatric residential placement? No

Was the youth screened for acute or residential placement, but was diverted from inpatient placement in the last 30 days or is stepping down from acute care? No

Comments

Aggression Toward Others

Does the child display verbal aggression? If yes, check all that apply. No

Does the child have a history of chronic lying? No

Is the child involved with gangs? No

Does the child have a history of documented physically aggressive/assaultive behaviors toward others in last 150 days? If yes, check all that apply. No

The child has documented physically aggressive/assaultive behaviors toward adults in the last 150 days.

The child has documented physically aggressive/assaultive behaviors toward peers in the last 150 days.

The child has documented physically aggressive/assaultive behaviors toward siblings in the last 150 days.

The child has documented physically aggressive/assaultive behaviors toward animals in the last 150 days.

The child has charges pending for physically aggressive/assaultive behaviors.

The child has made homicidal threats.

The child has documented bullying behavior in the last 6 months. No

Comments

Sexually Abused/Acting Out

Does the child have LEO/state sexual misconduct investigation/charges pending? No

Has the child been substantiated as a sexual perpetrator? No

Does the child have documented sexually acting out behavior within the last 150 days that is inconsistent with the child's development? If yes, check all that apply. No

The child has documented sexually acting out behavior with peers within the last 150 days.

The child has documented sexually acting out behavior with siblings within the last 150 days.

The child has documented sexually acting out behavior with animals within the last 150 days.

Does the child engage in public masturbation? No

Has the child been a victim, or a suspected victim, of commercial sexual exploitation/human trafficking? No

Comments

Destruction of Property and Theft

Does the child have documented fire starting behavior in the last 150 days? No

Does the child have documented destruction of property in last 150 days? If yes: No

The destruction of property is in excess of \$100.

Does the child have a history of documented theft in the last 150 days? No

Comments

Chemical Dependency Status

Does the child have any of the following substance abuse concerns documented? If yes, check all that apply. No

The child is currently incapacitated or having black-outs.

The child was assessed for inpatient but diverted in the last 24 hours.

The child is stepping down from a chemical dependency inpatient setting.

The child is receiving out-patient treatment.

The child is refusing services.

The child has participated in recreational use since last assessment.

Comments

School/Pre-School/Independent Living Status

Are there any of the following significant educational concerns for the child? If yes, check all that apply.

No

- The child has been suspended or expelled in the last 30 days.
- The child is refusing to complete GED/job training.
- The child is participating in homebound or alternative school.
- The child is frequently refusing to attend school.
- The child displays chronic truancy or has been referred to court services.
- The child has sporadic attendance and/or truancy issues.
- The child currently receives specialized services.
- The child currently has an IEP.
- The child currently has a behavior plan.
- The child participates in specialized daycare.

Is the child performing well academically (mostly As and Bs)?

No

Comments

Community Involvement

Has the child been regularly involved in at least one ongoing activity or group in the last 6 months? If yes, check all that apply.

No

- Sports/ Athletics/ Dance
- Music
- Theatre
- Art
- Religious Youth Group
- Volunteer Work
- Part time Employment
- Scouting or other civic organization
- Youth Mentoring Group

Comments

Physical Health Status

Does the child have any of the following? If yes, check all that apply.

No

child needs to see a doctor or therapist 1 - 4 x per month

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child needs to see a doctor or therapist more than 1 x per week

- child requires in-home administration of medical treatments
- Dietary Restrictions
- Enuresis/Encopresis
- Hearing Impairment
- HIV/AIDS
- Learning Disability
- Medically fragile
- Non-ambulatory
- Pregnant or parenting
- Speech Disorder
- STI/STD
- Visual Impairment/Blindness

Does the child have an intellectual developmental disorder, characterized by significant impairment of cognitive function? No

Other

Has the client self-identified as LGBTQ? No

Has the child been sexually abused? No

Has the child ever had any documented history of developmentally inappropriate sexual acting out behaviors? No

Does the child have a history of intentional fire starting behavior? No

CPS COMMON APPLICATION FORMS 2087 AND 2087EX

Children in Residential Care [Form 2087ex](#)  may be completed at admission to obtain emergency placements only.

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

[Common Application for Placement of Child in Residential Care: Form 2087](#) 

[Alternative Application for Placement in Residential Care Form 2087ex](#) 

COMMUNITY BASED CARE AUTHORIZATION TO FURNISH INFORMATION- FORM 1505

Community Based Care

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

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

living at
(address)

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

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

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

Print Name:

Date:

Signature:

Name of SSCC:

Address:

MEDICAL CONSENTER CHART

Chart 1: Medical Consenter		
Child's Placement	Recommended Designee First and Second Primary	Recommended Back Up First and Second Back Up
GRO Providing Emergency Care Services	Two Professional employee(s) of the GRO	<ul style="list-style-type: none"> • 3rd professional employee of the GRO; or • CPS caseworker; or • Supervisor of primary/assigned caseworker.
CPA Foster family home CPA Foster group home with foster parents (without shift staff) CPA Pre-consummated adoptive home	Foster parents, or Pre-consummated adoptive parents	Professional employee(s) of the CPA, such as a case manager
GRO offering child care services only (children's home with cottage model)	Cottage parents	<ul style="list-style-type: none"> • Alternate cottage parents; • Professional employee of the GRO, such as a case manager; or • CPS caseworker.
Home and community based (HCS) family home	HCS-based support family caregivers	<ul style="list-style-type: none"> • CPS caseworker, or • Caseworker's Supervisor
GRO Residential Treatment Center GRO Therapeutic Camp GRO Child Care Facility (Group Setting with Shift Staff)	<ol style="list-style-type: none"> 1. 1st Primary: the CPS caseworker or Local Permanency caseworker 2. 2nd Primary: second CPS caseworker or Local Permanency caseworker 	<p>Any combination of the following individuals may be selected as the 1st and 2nd backup:</p> <ul style="list-style-type: none"> • CPS caseworker; • Local Permanency caseworker; • CPS Supervisor; or • Local Permanency Supervisor. <p>* In rare situations and with approval from the Local Permanency Supervisor or designee, a Human Services Technician (HST) specially trained to consent to psychotropic medication.</p>
HCS-based group home (with shift staff) Nursing home Intermediate care facilities for Individuals with Intellectual Disabilities (ICF-IID)	<ol style="list-style-type: none"> 1. CPS Caseworker 2. 2nd CPS Caseworker or CPS Supervisor 	<ul style="list-style-type: none"> • 3rd CPS Caseworker or CPS Supervisor • CPS Supervisor
GRO offering treatment services for individuals with intellectual disabilities State Supported Living Centers (SSLC)	<ol style="list-style-type: none"> 1. Developmental disability (DD) specialist assigned as secondary worker 2. Primary CPS Caseworker or Caseworker's Supervisor 	<ul style="list-style-type: none"> • 2nd Developmental disability (DD) specialist • 3rd Developmental disability (DD) specialist or Primary CPS Caseworker
Placement with Relative or Kinship Caregiver	Primary live-in caregiver(s) for the child	Another person, relative or kinship individual that knows the child and has

		knowledge of his/her medical condition and needs
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NEW ATTACHMENT B - DESIGNATION OF MEDICAL CONSENTER-FORM 2085

SECTION 1: Medical Consenters (Primary and Back Up)

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

Child's Name		Child's DFPS IMPACT Person ID	Medicaid No.
Date of Birth	County	Court No.	Cause No.
Name of Judge		Phone Number of Court	Medical consenters's DFPS IMPACT Person ID

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

DFPS hereby designates _____ as *Back Up* medical consenters for this child in the event the primary medical consenters is unavailable.

SECTION 2: Acknowledgement, Agreement and Signatures

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

- I have received training on informed consent and have presented a Certificate of Completion of Medical Consent Training to the child's DFPS caseworker.
- I will cooperate with DFPS as stated in the Medical Consenters/Caregiver Responsibilities (Section 3 below).
- Failure to cooperate with DFPS may be a basis for revoking the designation.
- I will provide a copy of this Form 2085-B "Designation of Medical Consenters" to the child's health care providers along with the Medicaid ID Card and STAR Health ID if applicable.
- I will regularly provide information about the child's medical care to DFPS to include: preventive care, major medical care, emergency care and medical care for common childhood illnesses and minor injuries, such as ear infections or a minor laceration, for inclusion in required reports.
- I will participate in each health care appointment for the child, or I will provide written permission for the provision of preventive care (Section 5) when I am unable to participate by providing optional Section 6 below with my signature.

Primary medical consentor	Date	Second Primary medical consentor	Date
Telephone Number		Telephone Number:	
Backup	Date	Second Backup	Date
Telephone Number		Telephone Number:	
Representative of Residential Provider for Primary or Backup medical consentor if affiliated with residential provider	Date	Telephone Number	
DFPS caseworker	Date	Telephone Number	
DFPS supervisor	Date	Telephone Number	

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

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

SECTION 3: Medical consentor/caregiver responsibilities - Medical Consent

The medical consentor MAY consent to the following:

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

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

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

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

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

The medical consenter must consult with the DFPS caseworker and/or supervisor prior to consenting to major medical care, defined as: any surgical procedure that requires administration of general anesthesia; any treatment the child's physician considers dangerous; or any other medical treatment that may be threatening to the child's life or long-term health.

The caregiver, medical consenter or residential provider must notify the child's DFPS caseworker or the caseworker's supervisor immediately or by the next business day of any significant medical conditions so DFPS can notify a child's parents whose rights have not been terminated. Examples of a significant medical condition include injuries or illnesses that are life threatening, or have potentially serious long-term health consequences, including hospitalization for surgery or care other than a minor emergency.

The medical consenter may NOT consent to the following, and must notify the child's DFPS caseworker or the caseworker's supervisor in writing immediately or by the next business day if a health care provider recommends any of these treatments/services: Extraordinary medical procedures which include withholding or withdrawing life sustaining treatment, organ donation, abortion, electroconvulsive therapy, aversion therapy, or any experimental treatment or clinical trial.

Special Situations/Exceptions

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

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

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

Inpatient or outpatient substance abuse treatment. The medical consenter does not have the authority to consent to the voluntary admission of a child to a facility for substance abuse treatment. The child may be admitted on a voluntary basis

with the consent of both the child (regardless of age) and a representative of DFPS. A child who is at least 16 years old may seek substance abuse treatment without the consent of DFPS or the medical consenter.

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

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

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

SECTION 4: Medical coverage

STAR Health

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

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

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

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

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

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

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

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

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

When accessing the Health Passport for the first time, the medical consenter must register using his or her DFPS PID and other identifying information. The medical consenter's PID is found in Section 1 above or may be obtained from the child's DFPS caseworker or the caseworker's supervisor. When entering the Health Passport for the first time, the medical consenter will create a password and will no longer need his/her PID for access thereafter.

Once registered and logged in using his/her password, the medical consenter may access the child's health information by entering the child's social security number, Medicaid number, or DFPS PID (also in Section 1 above). For technical assistance or difficulty accessing the system, the medical consenter may email Tx_PassportAdmin@centene.com or call the Health Passport Help Desk at 1-866-714-7996.

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

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

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

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

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

SECTION 5: Preventive care

EPSDT, known as Texas Health Steps in Texas, applies to children in DFPS conservatorship in paid placements as well as with relative or kinship caregivers.

The medical consentor must ensure and/or coordinate with the child's caregiver to ensure that the child receives these Texas Health Steps or EPSDT medical checkups from a licensed and enrolled Texas Health Steps or qualified EPSDT provider in another state as follows:

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

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

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

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

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

SECTION 6: (Optional- Replaces Form 2085-D)

Approval by medical consentor for preventive care of a child in DFPS conservatorship

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

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

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

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

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

Medical Consentor Signature

Date

Telephone Number

Note to Health Care Providers: If you have any medical concerns regarding this child or concerns about the decisions of the medical consentor, please contact the DFPS caseworker or supervisor. The judge may also be contacted.

PLACEMENT AUTHORIZATION-FOSTER CARE / RESIDENTIAL CARE- FORM 2085FC

Purpose: Use this form to authorize placement in a foster care setting.

Instructions: To complete this form, see 2085FCins.

Directions: After completing this form and obtaining signatures, give the original to the caregiver and file a copy in the case record.

Help: Contact your supervisor for issues regarding use of this form with foster care placements.

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

Child's Name		Person ID.	Medicaid No.
Date of Birth	County	Court No.	Cause No.

hereby authorizes _____ to serve as this child's caregiver under the following terms and conditions:

1. **Daily Care.** The caregiver must provide the child's daily care, protection, control and reasonable discipline. Physical discipline, including spanking may not be used on a child that is in the conservatorship of DFPS. Reasonable discipline should be related to the child's specific misbehavior, age, developmental level, previous experiences, reactions to previous discipline, and any other relevant factors. The caregiver must comply with any applicable court orders and must provide care for the child which conforms to all applicable DFPS rules and standards and any specific instructions from DFPS. The child's placement with the caregiver is based on the caregiver's compliance with the requirements set forth in the contract with DFPS. DFPS, at its sole discretion, may transfer the child to another placement at any time.
2. **Education.** The caregiver must enroll the child in public school and / or other educational program(s) as directed by the child's caseworker or the caseworker's supervisor. The caregiver may sign any documents needed to enroll the child in a school or other educational program to implement DFPS's decisions about the child's education. The caregiver may also receive and review all the child's educational records. The caregiver may not consent to corporal discipline.
3. **School Programs and Extracurricular Activities.** The caregiver may authorize the child to participate in routine school programs and extracurricular activities that do not involve an unusual risk of injury to the child. The caregiver must inform the child's caseworker of all such activities.
4. **Foster children who are the legal responsibility of the State or formally placed with a caregiver by the court are categorically eligible for free meals/milk in the National School Lunch Program/School Breakfast Program (NSLP/SBP), Special Milk Program (SMP), Summer Food Service Program (SFSP), and Child and Adult Care Food Program (CACFP).** A caregiver who wants free meals/milk for their foster child/children need only present this document to the school, the summer feeding site, or their child care provider. No further application is required.

5. Travel. The caregiver may provide routine transportation for the child, including transportation for medical and dental care. The caregiver may also travel with the child within the state of Texas and remain away from the caregiver's facility for as long as 72 consecutive hours, or may arrange for the child to travel within the state of Texas and remain away from the caregiver's facility for as long as 48 consecutive hours.

If the travel is within the state of Texas and for more than three 3 calendar days (72 consecutive hours), the caregiver must obtain prior written approval from the Department's caseworker or DFPS staff in the caseworker's chain of command. When the caregiver desires to take a child outside the state or country, the caregiver shall work with the Department's caseworker to follow policies and procedures.

Prior to allowing any trip, activity, or visit to the home of any non-related person during which the caregiver will not be present, excluding Intermittent Alternate Care, for a period of time exceeding 48 consecutive hours, the caregiver must obtain written approval from the Department's caseworker or caseworker's chain of command.

Written approval for travel and visits is not required when:

- The Department's caseworker arranges for the child to visit with members of the child's own family or with relatives; or
- The Department's caseworker authorizes the child to travel in specified circumstances (usually routine trips or visits.).

In cases where approval is required, the caregiver must seek approval from the child's caseworker or the caseworker's supervisor at least 10 days in advance of the trip, if possible.

6. Photographs and videotapes. The caregiver may take photographs and record videotapes of the child for the child's and the caregiver's personal use and for purposes of identification. The caregiver generally may not release any photographs or videotapes of the child for public use without DFPS's prior written permission. Prior DFPS written permission is not necessary if the child gives permission and the use of the photograph is in the child's best interest, no reference is made to the fact that the child is in the conservatorship of DFPS, and the release is in the course of normal school or extracurricular activities or to the child's friends or the caregiver's friends and family.
7. Medical Care. The caregiver has been provided with current information as to who has authorization to consent to healthcare (medical, dental, vision, and behavioral healthcare) for the child. DFPS will notify the caregiver if this information changes. Healthcare for children in foster care in Texas is provided through Superior Health Plan Network (STAR Health 1-866-912-6283). For out-of-state placements, contact the child's caseworker for questions about healthcare coverage. The medical consenter for a child placed in Texas must select a STAR Health Primary Care Physician (PCP) from the STAR Health Provider Directory located at www.fostercaretx.com. Only the medical consenter can select a PCP. If the caregiver is not the medical consenter, the caregiver must coordinate with the medical consenter to select a PCP for the child. If you have any questions at any time, please contact the caseworker named below.
8. Confidentiality. Under penalty of law, the caregiver must not release information about the child to anyone without the prior authorization of the child's caseworker or the caseworker's supervisor, except as specified below:

- To the extent the information is needed for the child's education or medical, dental, or psychological treatment, the caregiver may provide information about the child to the child's school and other DFPS authorized educational programs; to doctors, dentists, and other medical providers; and to counselors and therapists.
- The caregiver must give DFPS unrestricted access to information about the child at all times.

9. Contact with the Family. The caregiver must permit the child and the child's family (as well as other individuals who are significant to the child) to maintain contact through direct visitation, telephone calls, mail, and gifts under the terms and conditions specified by DFPS and the court.

10. Contact with Court Appointed Individuals.

- The caregiver must give an individual appointed by a court of competent jurisdiction (such as a Guardian ad Litem, an Attorney ad Litem, or a CASA staff or volunteer) access to the child's information. A contractor or caregiver must ensure that the individual has a valid court order and a notification letter of volunteer assignment and acceptance that clarifies the individual's appointment to the child.
- The contractor or caregiver must give an individual appointed by a court of competent jurisdiction access to the child. Parties will exercise reasonable attempts to plan and coordinate visits but unannounced visits will not be prohibited as long as it does not disrupt the child's routine, including school, therapy, family visitation, or outings.
- If the contractor or caregiver cannot readily determine the identity or authority of an individual appointed by a court of competent jurisdiction, then the contractor or caregiver must obtain approval from the Department prior to granting the individual access to the Child.

11. Reason for Placement placement below Briefly discuss the reason for the child's out-of-home placement below

12. Time in Care How long is the child expected to be in care

Authority of the Department of Family and Protective Services. DFPS, at its sole discretion, may remove the child from the caregiver at any time, subject to applicable court orders.

Important: Forms in the 2085 series are the only caregiver authorizations that the child's caseworker and the caseworker's supervisor may sign. If either of them has signed any other caregiver authorization, that authorization is null and void.

_____ Signature – Caregiver	_____ Date	_____ Telephone No.
_____ Signature - DFPS Caseworker	_____ Date	_____ Telephone No.

Signature - DFPS Supervisor Date Telephone No.

Program Director (Printed name only) Telephone No.

REGION 2 PLACEMENT DOCUMENTATION- FORM 1509

Community Based Care

Purpose: Use this form when placing a child from Region 2 with 2INgage

CHILD'S INFORMATION		
Child's Full Name	Child's Date of Birth	Date of Placement
PARENT OR MANAGING CONSERVATOR INFORMATION		
Parent or Managing Conservator's Name		
PLACEMENT INFORMATION		
I hereby acknowledge that at time of placement the following information was reviewed with me. Materials received outline policies that will be presented to the client who is five years or older during orientation according to Minimum Standards 748.1209 & 749.1111.		
<input type="checkbox"/> Notice of Privacy Practices <i>748.1211(a), 749.1113(a)</i>	<input type="checkbox"/> Consent for Services and Treatment <i>748.1211(a), 749.1113(a)</i>	
<input type="checkbox"/> Use of Volunteers or Sponsoring Families <i>748.1211(b)(2)(A), 749.1113(b)(2)(A)</i>	<input type="checkbox"/> Notification to Parents <i>748.1211(b)(2)(B), 749.1113(b)(2)(B)</i>	
<input type="checkbox"/> Publicity and Fundraising Participation <i>748.1211(b)(2)(C), 748.1211(b)(3)(B) 749.1113(b)(2)(C), 749.1113(b)(3)(B)</i>	<input type="checkbox"/> Research Program/Participation <i>748.1211(b)(3)(A), 749.1113(b)(3)(A)</i>	
<input type="checkbox"/> Visitation (family and overnight) <i>748.1209(b)(1), 749.1111(b)(1)</i>	<input type="checkbox"/> Mail and Telephone Calls <i>748.1209(b)(2)(3), 749.1111(b)(2)(3)</i>	
<input type="checkbox"/> Gifts Policy <i>748.1209(b)(4), 749.1111(b)(4)</i>	<input type="checkbox"/> Clothing and Personal Possessions <i>748.1209(b)(5), 749.1111(b)(5)</i>	
<input type="checkbox"/> Discipline Practices and/or Emergency Behavior Intervention Policy <i>748.1209(b)(6)(7), 749.1111(b)(6) & (7)</i>	<input type="checkbox"/> Religious and Cultural Experience <i>748.1209(b)(8), 749.1111(b)(8)</i>	
<input type="checkbox"/> Educational Program <i>748.1209(b)(9), 749.1111(b)(9)</i>	<input type="checkbox"/> Trips Away from Home <i>748.1209(b)(10), 749.1111(b)(10)</i>	
<input type="checkbox"/> Program's Information – Expectations, Rules, Routines <i>748.1209(b)(11) (12), 749.1111(b)(11)</i>	<input type="checkbox"/> Grievance Procedures <i>748.1209(b)(13), 749.1111(b)(12)</i>	
<input type="checkbox"/> Client's Rights and Responsibilities– Rights of Children and Youth in Foster Care- DFPS Form 2530		
SIGNATURES		
Child's Parent or Managing Conservator: X	Date:	
Agency Representative: X	Date:	

2INGAGE RESIDENTIAL CHILD CARE DISRUPTION/DISCHARGE NOTICE FORM

Community Based Care

Instructions: The CPA or Facility shall submit this Disruption/Discharge Notice Form via email to the 2INGage Discharge Box at CMD@2ingage.org within the following timeframes:

- For an emergency disruption or discharge, submit this notice form within 12 hours of the decision to disrupt the current placement of the child.
- For non-emergency disruption or discharge, submit this notice form within 24 hours of the decision to disruption the current placement of the child.

Child's Name: Click here to enter text. **Child's DOB:** Click here to enter a date.

Level of Care: Click here to enter text. **Date Submitted to 2INGage:** Click here to enter a date.

Person Completing Form: Click here to enter text.

Child Placing Agency/GRO/RTC: Click here to enter text.

Foster Home: Click here to enter text. **Care Coordinator:** Click here to enter text.

CPS Supervisor: Click here to enter text. **CPS Worker:** Click here to enter text.

Check the appropriate box below to indicate the notice period and reason for disruption or discharge.

24 hour Disruption Notice (Emergency):

- The child poses a danger to self or others to facilitate admission to a psychiatric hospital; or
- The child is placed in jail or juvenile detention facility and the CPA or Foster Home is not willing to accept return of the child upon release from jail or juvenile detention.

Name of Facility: Click here to enter text.

14 day Disruption Notice (Non-Emergency):

- A psychiatrist, licensed Psychologist, physician, LCSW or LPC has provided documentation showing that the child consistently exhibits behavior that cannot be managed within licensed programmatic services. (Provider must attach documentation to this notice.)

The child has run away from the placement and current whereabouts are unknown. A 14 day disruption notice can be submitted once the child has been missing for 24 hours. If the child is found would you consider taking them back as placement? Yes No

Date Child left Facility. [Click here to enter a date.](#)

30 day Disruption Notice (Non-Emergency):

It is no longer in the child’s best interest to remain in the current foster home or the CPA cannot meet the needs of the child.

If a 14 day or 30 day disruption is requested please choose the one or two most closely related reasons for the request.

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> DFPS request
Needs/Child | <input type="checkbox"/> Medical needs/Caregiver | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Alleged abuse/Neglect | <input type="checkbox"/> Child’s behavior | |
| <input type="checkbox"/> Home/Facility closing | | |
| <input type="checkbox"/> Investigation on foster home
to meet needs | <input type="checkbox"/> Concerns with bio parents | <input type="checkbox"/> Unable |
| <input type="checkbox"/> Change in service level | <input type="checkbox"/> Youth aging out | |
| <input type="checkbox"/> Language Barrier | | |

Request for Less Restrictive Placement (Non-Emergency, RTC/GRO/Shelter)

Due to the progress this child has made we are requesting a foster family placement. The goals of the current program have been accomplished and the child is ready for a less restrictive environment. An official disruption notice is not being submitted, just a request for a placement search.

Positive Discharge

Child has been discharged to the care of a parent, relative, kinship or adopted.

Discharge Date: [Click here to enter a date.](#)

Provide Explanation as to Why Provider is Requesting the Disruption of Placement: [Click here to enter text.](#)

Describe attempts made to prevent placement disruption (Please indicate which of the following disruption mitigation processes has been implemented).

Support Services Provided to Foster Parents: (Please Elaborate) [Click here to enter text.](#)

Crisis Response Plan Implemented: (Please Elaborate) [Click here to enter text.](#)

Provide Recommendations for Future Placement: [Click here to enter text.](#)

SIGNATURE AUTHORITY

DATE

PROCEDURES FOR IMPACT DATA ENTRY ASSOCIATED WITH YOUTH PARENTS IN DFPS CONSERVATORSHIP- FORM 2450

Listed below are the various approaches/situations (click on the link to navigate to that section for procedures):

1. [Youth parent and baby live together in the youth parent's placement, DFPS does not pay for the baby's placement](#)
2. [Youth parent and baby live together in the youth parent's placement, and DFPS pays for the baby's placement](#)
3. [Youth parent and baby live together in youth parent's placement, DFPS pays for the placement, and there are some low risk concerns about youth parent's ability to care for and protect the baby](#)
4. [DFPS obtains conservatorship of the baby but does not remove baby from the youth parent](#)
5. [DFPS obtains conservatorship and removes baby from the youth parent](#)

NOTE: Term "baby" refers to any youth parent's child regardless of the child's age.

Situation #1: Youth parent and baby live together in the youth parent's placement, DFPS does not pay for the baby's placement

- o **Baby lives with the youth parent in a non-paid placement and**
 - o **There are no allegations the youth parent has abused or neglected or poses a risk to the baby, and**
 - o **DFPS has not obtained legal custody of the baby, and**
 - o **DFPS is not paying for the baby's placement.**
- A. IMPACT stage for baby: No separate SUB stage is needed. Address the baby's issues in the youth parent's SUB stage and the youth parent's FSU stage if still open. Add the baby to the person list in the youth parent's SUB and FSU stages.
- B. Service plan issues: No child service plan is needed to address the baby's needs. If desired, the baby's needs can be addressed in the youth parent's child service plan. If appropriate, the non-custodial parent could be added. If it is determined a family service plan must be completed for the youth parent, a second family assessment and second family service plan can be completed in the FSU stage.

- C. Medical Consenter issues: No medical consenter is entered because the child's youth parent retains conservatorship of the child.
- D. Medicaid issues: The baby may be eligible for newborn or traditional Medicaid. The caseworker must provide the youth parent with assistance in applying for Medicaid benefits through HHSC.
- E. STAR Health issues: The baby may be eligible for STAR Health. Please contact your Regional Foster Care Eligibility Specialist for verification of Star Health coverage.

Situation #2: Youth parent and baby live together in the youth parent's placement, and DFPS pays for the baby's placement

(Note: As long as the baby lives with the youth parent in DFPS conservatorship, Title IV-E regulations allow CPS to pay for the baby's placement without DFPS obtaining conservatorship of the baby. The payment is at the basic service level.)

- o **Baby lives with the Youth parent in a paid placement, and**
- o **There are no allegations the Youth parent has abused or neglected or poses a risk to the baby, and**
- o **DFPS has not obtained conservatorship of the baby, and**
- o **DFPS pays for the baby's placement in a paid placement.**

- A. IMPACT stage for baby: A SUB stage with "C-PB" as stage type (a form of Case Related Special Request) will allow for the payment of the baby's placement. In the SUB C-PB stage, the following must be recorded:
 - o Legal Status (enter "Other Legal Basis for Resp" for the initial date, then record "CVS Not Obtained" for the day after the initial date with a discharge reason of "Reunification with home of removal"),
 - o Placement,
 - o Eligibility, and
 - o Authorized and billing service levels.

Refer to Smiley Face [Form 2451 "Creating a C-PB Stage"](#) for a step-by-step process

- B. Service plan issues: No child service plan is needed for the baby. The youth parent's parenting issues if any can be addressed in the youth parent's child service plan.
- C. Medical Consenter issues: The youth parent is entered as a primary medical consenter and no back up medical consenter is entered. When the question

"Has there been a court hearing where the court authorized a medical consentor?" appears, select "NO". Click on the drop-down arrow next to "Court Authorized" and select "NA-Youth Parent".

Refer to Smiley Face [Form 2452 "Step-by-Step Process to Select Youth Parent as Medical Consentor in SUB C-PB Stages For Children Not in DFPS Conservatorship"](#)

D. Medicaid issues: Contact the Regional Foster Care Eligibility Specialist for assistance in determining medical coverage for this child.

E. STAR Health issues: The baby may be eligible for STAR Health. Please contact your Regional Foster Care Eligibility Specialist for verification of Star Health coverage.

Situation #3: Youth parent and baby live together in youth parent's placement, DFPS pays for the placement, and there are some low risk concerns about youth parent's ability to care for and protect the baby.

- o **Baby lives with the youth parent in a paid placement, and**
- o **There are allegations the youth parent has abused or neglected or poses a low level of risk of abuse or neglect to the baby, and**
- o **DFPS has not obtained conservatorship of the baby, and**
- o **DFPS pays for the baby's placement in a paid placement.**

A. IMPACT stage for baby: A SUB: C-PB stage must be created for the baby to enable DFPS to pay for the baby's placement. See [Situation #2 A](#).

IMPACT case to investigate abuse or neglect of baby by youth parent: If the youth parent is alleged to have abused or neglected the baby or placed the baby at risk of abuse or neglect, a new intake is required. The Intake worker will use the relate function to bring the person IDs of the baby, youth parent, and any other relevant persons (e.g. grandparents, aunts, uncles, etc.) into the new intake. The Intake worker will record the allegations and process the intake as abuse or neglect intakes are normally handled.

After progressing the new case to the INV stage, DO NOT case merge until the investigation is closed.

If the results of the investigation indicate:

- *Risk of abuse or neglect:*

Fill out a Safety Plan as needed if DFPS has not obtained conservatorship of the baby from the youth parent.

Whether to seek conservatorship of the baby or remove the baby from the youth parent:

- If the situation does not warrant seeking conservatorship of the baby or removing the baby from the youth parent, close the investigation stage and case using the code in the Recommended Action drop down box that best applies. Merge the new case after it is closed to the case with the SUB: REG stage on the youth parent.
- If it is determined DFPS will seek conservatorship (but the baby stays with the youth parent), see [Situation #4](#) below. NOTE: the SUB: C-PB stage must be closed before a SUB: REG stage can be opened in the investigation which is done by completing a Conservatorship Removal of the baby.
- If DFPS has determined it is necessary to seek conservatorship and place the baby apart from the youth parent, see [Situation #5](#) below. NOTE: the SUB: C-PB stage must be closed before a SUB: REG stage can be opened in the investigation stage, which is done by completing a Conservatorship removal of the baby.

No significant risk factors or risk controlled:

Close the investigation, and merge it into the case with the SUB stage on the youth parent.

- B. Service Plan Issues: No Service plan is needed for the baby. The baby's needs and the youth parent's parenting issues are addressed in the youth parent's child service plan.

C. STAR Health issues: The baby may be eligible for STAR Health. Please contact your Regional Foster Care Eligibility Specialist for verification of Star Health coverage.

Situation #4: DFPS obtains conservatorship of the baby but does not remove baby from youth parent.

- **Baby lives with the youth parent in a paid placement, and**
- **There are allegations the youth parent has abused or neglected or poses a risk to the baby, and**
- **DFPS obtains conservatorship of the baby, and**
- **DFPS pays for the baby's placement in a paid placement.**

A. IMPACT stage for baby: A SUB REG stage must be created for the baby. IMPACT case to investigate abuse or neglect of baby by youth parent: If the youth parent is alleged to have abused or neglected or placed the baby at risk of abuse/neglect, see the process described in [Situation #3 A](#) for requesting the abuse/neglect INT and INV stages, but do not merge the cases until the INV stage is closed.

If the investigation results are "risk indicated" and DFPS determines legal custody will be sought and the baby will not be removed from the youth parent.

Keeping two cases open:

After requesting a new intake and opening the INV stage in a new case, the conservatorship removal should be recorded from the INV stage, which results in a new SUB: REG stage and FSU stage in the new case. The INV case is **NOT** merged to the case with the SUB stage on the youth parent. The end result is 2 separate cases, with the youth parent and baby in both cases.

This allows for a clearer tracking of the 2 family groups and helps keep the relationships clear.

REMEMBER, the SUB C-PB stage must be closed before a SUB: REG stage can be opened for the baby.

DFPS obtains conservatorship of baby for reasons other than abuse, neglect, or risk: If DFPS determines conservatorship must be sought and the baby will be removed from the youth parent for reasons not related to abuse/neglect:

- Close the baby's SUB: C-PB stage entering "Service Completed" as the closure reason.
- Document the conservatorship removal in the FSU stage of the case with the SUB: REG stage on the youth parent, which will result in a SUB: REG stage for the baby, and
- Document the legal action and the baby's new legal status in the baby's SUB: REG stage.

IMPACT case to investigate abuse or neglect of baby by youth parent: If the youth parent is alleged to have abused or neglected the baby or placed the baby at risk of abuse or neglect, see the process described in [Situation #3](#) for creating the abuse/neglect INT and INV stages and not case merging while the INV stage is open. If the investigation results indicate risk of abuse/neglect, and DFPS determines conservatorship must be sought in order to ensure the child's safety while the baby stays with youth parent, fill out a Safety Plan to document how the risk of abuse or neglect is being controlled. Close the INV stage/case and merge the new case after it is closed to the case with the SUB stage on the youth parent.

DFPS obtains conservatorship of baby for reasons other than abuse, neglect, or risk: If DFPS obtains conservatorship of the baby for reasons not related to abuse/neglect (e.g. the court orders it) while the baby stays with the youth parent, if open, close the C-PB stage, request an intake and open a REG SUB stage.

- Service plan issues: The child and family plans of service are required.
- STAR Health issues: The baby may be eligible for STAR Health. Please contact your Regional Foster Care Eligibility Specialist for verification of Star Health coverage.

Situation #5: DFPS obtains conservatorship and removes the baby from the youth parent

- **Baby does not live with the youth parent, but rather DFPS has obtained conservatorship of the baby from the youth parent, and**
 - **There are allegations that the youth parent has abused or neglected or poses a risk to the baby, and**
 - **DFPS has conservatorship of the baby, and**
 - **DFPS pays for the baby's placement in a paid placement.**
- A. IMPACT stage for baby: Create a SUB: REG (derived from an investigation case or from the FSU stage of the case with the SUB: REG stage on the youth parent). See [Situation #4](#). NOTE: the SUB: C-PB stage must be closed before a SUB: REG stage can be opened in the investigation, which is done by completing a Conservatorship Removal of the baby.
- B. Service plan issues: The child and family plans of service are required.
- C. STAR Health issues: The baby may be eligible for STAR Health. Please contact your Regional Foster Care Eligibility Specialist for verification of Star Health coverage.

Additional Issues

1. CLOSURE OF STAGES

- A. **Opened for the Baby in Error**
When a SUB C-PB stage or a SUB REG stage is opened in error the following must be completed:
- Notify the Regional Foster Care Eligibility Specialist before the case is closed.
 - If a SUB REG or SUB C-PB stage is opened in error for a baby of a youth parent, call the IMPACT Help Desk for assistance.
- B. **When the Youth parent and baby leave paid foster care**
If the youth parent and the baby leave a paid foster care setting (e.g., independent living setting, return to the youth parent's home, move to a non-licensed kinship placement), the baby's SUB C-PB stage is closed. If the case has progressed to an FRE stage, there should not be an open SUB C-PB stage regarding the baby of a CVS youth parent.
- C. **When the baby's placement in DFPS paid foster care ends**
- The SUB C-PB stage on the baby is closed when the baby's placement in DFPS paid foster care ends.
 - When the youth parent leaves a DFPS paid foster care placement with their baby, the Youth parent can seek Medicaid for the baby through HHSC, if the baby does not already have medical insurance coverage.

2. RUNAWAY

- A. Pregnant Teenager GAVE BIRTH while on runaway status
- If a pregnant teen on runaway status gives birth NO SUB C-PB stage is created for the baby, unless the mother and baby enter a DFPS paid foster care placement and DFPS pays for the baby's placement.
- B. Runaways and Unauthorized Placements
- If the baby is in a paid foster care placement with the youth parent and the youth parent leaves the placement without permission (runaway) and takes the baby with her/him, enter a Placement Type of Unauthorized Placement for the baby in the SUB C-PB stage

For additional direction on the youth parents' placement refer to CPS Policy 1542.7, Eligibility During Absences from the Foster Care Facility.

3. RETURN TO CARE

- A. WHEN THE YOUTH PARENT IS IN THE RETURN TO CARE PROGRAM
- If the youth parent is in the Return to Care program (youth parent has a SUB C-RC stage) the child will not be eligible for DFPS Medicaid.
 - In the child's C-PB stage, the foster care eligibility specialist adds eligibility as State-paid eligible but with a Medicaid Eligibility Type of "None".
 - The youth parent is responsible for applying with the Department of Health and Human Services Commission to provide Medicaid coverage for their child.

REGION 2 REMOVAL CHECKLIST- FORM 1507

Purpose: Use this form to help you remember the required steps and important time frames from the time immediately prior to the removal until the case has been transferred to a Conservatorship worker.

Directions: Enter the date when you complete each task. After completing this form, file it under the Family Services tab in the Conservatorship case file. A child cannot be placed unless DFPS has taken custody. Only proceed with this checklist if you have taken emergency or non-emergency custody. You must complete all tasks on this form.

Date Completed	Tasks Due on the Following Date: Click here to enter a date.
Click here to enter a date.	Obtain supervisor and PD approval prior to the removal. Discuss the following with your supervisor: <ul style="list-style-type: none"> • Who will and will not be offered a visit within the first five days. • If the child’s parents will not be offered a visit, why the visit is not in the child’s best interests.
Click here to enter a date.	Give the Notice of Removal of Children (Form 2231es) and the booklet titled While Your Child is in Care to the parent or caretaker.
Click here to enter a date.	Complete the Child Caregiver Resource Form (Form 2625) with the parent or caretaker. If the parent or caretaker does not complete the form at the time of the removal, ask him or her to sign the blank form. Encourage the parent or caretaker to complete the form and return as soon as possible. If the form is completed at the time of the removal, leave one copy with the parent or caretaker. If the form is not completed at the time of the removal, leave two copies (one for the parent or caretaker to keep and one to complete and return).
Click here to enter a date.	Schedule a visit between the parent and child to occur within 5 days of DFPS being named temporary managing conservator.
Click here to enter a date.	Ask the parent or caretaker for the child’s birth certificate, Social Security card, immunization records, citizenship or immigration status, religious affiliation, and Medicaid card.
Click here to enter a date.	Obtain as much information about the child's medical, developmental, and education history as possible from the parent or caretaker. Use this information to complete the <i>Medical/Developmental History Form</i> in IMPACT. This includes information about the child’s current medical, dental, vision, school, and behavioral health history and treatment. If the child is currently taking medication, document its name, dosage, frequency, prescribing physician, and time the caregiver last administered it. If possible, gather medications, medical supplies, and assistive devices, such as eyeglasses,

	<p>dental retainers, leg braces, and wheelchairs. Contact the regional eligibility specialist if the pharmacy refuses to refill any medications. Obtain a list of all known schools for the child, all known doctors and clinics, and location of the child's birth.</p>
<p>Click here to enter a date.</p>	<p>Ask parents, family members, and any child old enough about American Indian heritage. If a child MAY be of American Indian heritage, review and follow these policies in the CPS Handbook: 1225 Indian Child Welfare Act, 5330 Indian Child Welfare Act, 5740 The Indian Child Welfare Act, Appendix 1226-A, and Appendix 1226-B.</p>
<p>Click here to enter a date.</p>	<p>If the child is not a U.S. citizen:</p> <ul style="list-style-type: none"> ● Follow policy in CPS Handbook, 6700 International and Immigration Issues. ● Notify the appropriate consulate using the Letter to Foreign Consulates (Form 2650). ● Follow guidelines in the International and Immigration Issues Resource Guide and contact the CPS immigration specialists for assistance.
<p>Click here to enter a date.</p>	<p>Request information on absent parents from parents, family members, and any child old enough. Attempt to get the absent parent's name, current address, last address, and last known work place, as well as names of relatives or friends. Attempt to contact absent parents to give a Notice of Removal of Children (Form 2231es) and a copy of the While Your Child is in Care booklet.</p>
<p>Click here to enter a date.</p>	<p>Initiate the Preliminary Kinship Caregiver Home Assessment (Form 6587) before the adversary hearing if either of the following is true:</p> <ul style="list-style-type: none"> ● A parent listed any names on the Child Caregiver Resource Form (Form 2625). ● A child will be placed with or remain in the home of a kinship caregiver (relative or fictive kin) at the time of removal. <p>The Preliminary Kinship Caregiver Home Assessment must include:</p> <ul style="list-style-type: none"> ● A criminal history and IMPACT background check (these must not be completed by contacting the Emergency Background Check Unit at SWI). ● A visit to the home of the kinship caregiver to assess the home environment. <p>Request a written kinship home assessment by completing and submitting Request for Kinship Home Assessment or Services (Form 6581) according to the time frames in policy 6623 Completing a Risk Assessment and a Written Home Assessment of the Kinship Caregiver.</p> <p>If the kinship placement is out of region, complete the Universal Referral Form (Form 2077) to request a local permanency specialist.</p>

	Make a kinship referral by completing the Universal Referral Form (Form 2077) and emailing it to the regional mailbox.
Click here to enter a date.	Check IMPACT records to determine if the child being removed has any siblings that have been previously adopted. If so, this may affect the choice of placement.
Click here to enter a date.	If the child exhibits behavior that may be considered child sexual aggression, you must staff the case with your CVS program administrator immediately and follow the protocols in the Child Sexual Aggression Resource Guide .
Click here to enter a date.	<p>If the child is not already placed in an approved or ordered kinship home, contact 2INGage at CMD@2INGage.org to request a placement for the child. The request can be verbal at 1-877-254-6135 but will need to be followed up with a request via email to 2INGage at CMD@2INGage.org. Email subject line "Emergency Referral – Last name of oldest child being referred"</p> <ul style="list-style-type: none"> • Provide them with the CPS Worker and back-up (supervisor) contact information • 2INGage will identify who from 2INGage should be assigned secondary on SUB stage in IMPACT • If an affidavit is available, include it with your request. If the affidavit is unavailable at the time of the initial request for placement, submit it to 2INGage as soon as it is completed. • When requesting placement, within 1 hour of removal, complete and provide the Alternative Application for Placement of Children in Residential Care (Form 2087ex,) also known as the mini common application). • Also provide the Authorization to Furnish Information- Form 1505 • Notify 2INGage staff if the child has been identified as a child with sexual aggression. <p>*Please note that the official referral begins with the referral in IMPACT giving 2INGage access to the SUB stage AND additional child's placement information being sent via email to them. This means that a verbal notification is a courtesy notice. The 4 hour requirement for transfer of supervision of the child will not begin until DFPS Worker provides a thorough and descriptive Common Application for Placement of Children in Residential Care (2018ex)</p>
Click here to enter a date.	<p>Update the following information in INV/FBSS stage prior to completing Conservatorship Removal in IMPACT.</p> <ul style="list-style-type: none"> • Ensure all parties are listed on Maintain person. This includes all persons in home not previously listed, relative resources, collaterals, etc. • Enter person characteristics for each principal. Make sure no person characteristics apply before marking N/A.

	<ul style="list-style-type: none"> ● Update address and phone number for each person on the Maintain person list. Be sure to add Medicaid address for each child removed from the home. ● Complete person detail for each principal. ● Update Person IDs, Social Security number, driver’s license, etc. for each principal. ● Enter income and resources for each principal. ● Update the Education Log for each child ● Complete criminal history and IMPACT checks for each principal, including potential relative placements. <p>Complete Person Detail CVS/FA home. Be sure to add in citizenship and mother’s marital status at time of birth.</p>
Click here to enter a date.	<p>Open Subcare/Family Subcare Stages.</p> <ol style="list-style-type: none"> 1. From the <i>Assigned Workload</i> page, select the case name from which the removal occurred. 2. On the <i>Case Summary</i> page, select the secondary tab titled <i>Conservatorship Removal</i> and click on the <i>Add</i> button. This will take you back to the <i>Person List</i>. 3. Highlight name of the child or children (if all the removal information on the children is the same including the actual date of removal) to be removed. 4. Click on the <i>Continue</i> button. The <i>Conservatorship Removal</i> window displays. 5. Fill in the removal date (actual date of removal) and reason for removal. If person characteristics have not been updated for parent or caretaker, mark those that are appropriate. 6. On the same window, click on <i>Persons in the Home</i> and click on all persons living in the home at the time of the removal. 7. Click on the <i>Save</i> button. 8. For additional children that were removed on a different date, click on the <i>Add</i> button. <p>Follow the above steps for each child removed on different dates.</p>
Click here to enter a date.	Enter <i>Legal Status</i> (be sure to enter as temporary managing conservatorship) in each child’s SUB stage.
Click here to enter a date.	<p>Complete referral to SSCC in Subcare stage(s)</p> <ol style="list-style-type: none"> 1. From the Assigned Workload page, select the case name from which the removal occurred. 2. On the Case Summary page, click on the Single Source Continuum Referral expandable section 3. Click on the ADD button.

	<ol style="list-style-type: none"> 4. Under the SSCC Referral Details expandable section, complete the Referral Type, Referral Stage, Referral Subtype and Date Placement Needed fields 5. The SUB Assignment is required to SAVE the SSCC Placement Referral. At first only DFPS staff may display but you can click on the Select Staff button to add SSCC staff. Once they are added, their names will display as well. 6. Click SAVE
Click here to enter a date.	<p>Evaluate and approve 2INGage’s recommended placement and medical consentor within 1 hour of receipt of notification from 2INGage.</p> <p>*If verbal approval of the placement option and medical consentor is given to 2INGage written approval must follow by responding to placement recommendation email.</p> <p>Medical consentor form (2085b), education decision-maker form (2085e) and Region 2 Placement Documentation Form must be provided to 2INGage at placement.</p>
Click here to enter a date.	<p>If placement is located within 4 hours of documented emergency placement referral which includes completed Common Application for Placement of Children in Residential Care,</p> <ul style="list-style-type: none"> • DFPS Worker will physically transfer the child to the placement • DFPS and the 2INGage designee, which may be a Provider Case Manager, will exchange placement paperwork. <p>If a 2INGage designee is at placement, they will be responsible for ensuring 2INGage receives the required documentation</p> <p>If placement is identified outside the 4 hours of documented referral:</p> <ul style="list-style-type: none"> • DFPS Worker will transport the child to alternative location, coordinated between 2INGage and DFPS. • It is anticipated this location will be to a 2INGage office in either Abilene or Wichita Falls. <p>*If a prospective placement has been identified but not confirmed in or near the child’s removal address, coordination of where to meet for exchange of supervision responsibility may begin prior to 4 hours of the documented emergency placement referral.</p>
Click here to enter a date.	<p>Place the child in the foster care placement or kinship home as soon as possible.</p> <ul style="list-style-type: none"> • Provide the caregiver with the reason for placement and the details that led to the removal. • Ensure that the receiving caregiver has been trained on the correct administration of any medication, the proper use of any medical

	<p>equipment, and special health care needs of the child by appropriate professional providers prior to receiving the child.</p> <ul style="list-style-type: none"> ● If placing a child with primary medical needs, follow protocols listed in CPS Handbook, 4117 Specific Placement Considerations for Children Who Have Primary Medical Needs. ● Ensure the caregiver knows to schedule or has a plan to meet the 3 day exam requirement. Within 3 business days of a child’s removal, the child must receive a medical examination from a physician or other health care provider authorized under state law to conduct medical examinations. (Confirm roll out date of requirement for your region. All regions will have this requirement by December 2018.) At removal, any child who has an urgent or emergent health care need (illness, injury, or other need that has to be immediately addressed) is immediately taken to an emergency room or urgent care clinic. A child who is removed from a hospital or seen by a medical provider after removal for an urgent or emergent health need is not required to have this additional exam within 3 business days of removal.
<p>Click here to enter a date.</p>	<p>Provide foster parent with all necessary forms and information:</p> <ul style="list-style-type: none"> ● Placement forms (2085s). ● Medical and developmental history. ● Designation of Medical Consenter (Form 2085B). ● Ensure that kinship caregivers have completed medical consent training and acknowledged completion on Form 0687. ● Notify the caregiver that the child will need to complete a 3 day exam within 3 business days of removal. ● Notify the caregiver that the child will need to complete a Texas Health Steps medical exam within 30 days of removal with a Texas Health Steps provider. ● Notify the caregiver that the child will need to complete a CANS assessment within 30 days of removal. ● Notify the caregiver that the child will need to complete a Texas Health Steps dental checkup within 60 days of removal with a Texas Health Steps provider. ● Medicaid card. ● If the child is in kindergarten through grade 12, provide the Education Portfolio to the caregiver as soon as possible but no later than 5 days. ● Provide the Designation of Education Decision Maker (Form 2085-E) at placement or no later than 5 days after the show cause/adversary hearing. ● Complete discussion of other items on the checklist and document any that were not discussed and the reasons they were not discussed. ● Inform youth 16 or older of their right to request a court determination of their ability to consent to some or all of their own medical care.

	<p>Review the Notice of Your Right to Request the Court to Authorize Consent For Your Own Medical Care (Form 2092) with the youth.</p> <ul style="list-style-type: none"> • Provide a copy of CPS Rights of Children and Youth in Foster Care (Form 2530) at placement or within 7 days. • Provide the Foster Care and Adoption Discipline Acknowledgement (Form 2410) at placement. <p>For Kinship Placements provide the additional information below:</p> <ul style="list-style-type: none"> • If the child is placed in a kinship home, have the caregiver sign the Kinship Caregiver Agreement. • If it is a kinship placement, complete the Kinship Caregiver Agreement Between DFPS and a Relative Providing Care to a Child in the Conservatorship of DFPS (Form 0695). • Provide the Placement Summary (Form 2279) at placement and within 72 hours if there are any updates.
<p>Click here to enter a date.</p>	<p>Designate emergency shelter staff, foster parents, or DFPS staff as medical consenter:</p> <ul style="list-style-type: none"> • Ensure 2INGage has documented medical consenter information in IMPACT the same day or by 7 p.m. on the next calendar day. • For the Court Authorization in the IMPACT Medical Consenter Detail, select <i>Before Court Hearing</i>. • If proposed medical consenter is known prior to placement, complete IMPACT entry prior to placement and generate Medical Consenter Form (2085-B) from IMPACT (critical information including the PID of child and medical consenter pre-fills once the medical consenter is entered). • If proposed medical consenter is NOT known prior to placement, download and complete Designation of Medical Consenter (Form 2085-B on Smiley), making sure to enter the PID of the child and medical consenter on the form. • Provide completed copies of Form 2085-B to each medical consenter and the caregiver. • Generate Form 2096 from IMPACT within 5 business days and file with the court to notify it of the medical consenter designation. <p>Note: It is critical for the medical consenter to have his or her correct IMPACT PID in order to verify that he or she is the medical consenter when contacting STAR Health and to register for the Health Passport.</p>
<p>Click here to enter a date.</p>	<p>Ensure that the new placement, if not the medical consenter, coordinates with the medical consenter to select a STAR Health primary care provider (PCP) for the child from the STAR Health Provider Directory. The medical consenter may select a PCP by calling STAR Health at 866-912-6283 or mailing the PCP Selection/Change Form to Superior.</p>

Click here to enter a date.	Request daycare for the kinship placements, if needed. The SSCC will request daycare for paid foster care placements.
Click here to enter a date.	Request information from the parents about any active protective orders or pending applications for protective orders in which they are named a party in the suit for the protective order. This must be documented in the affidavit submitted to the court.

Date Completed	
Date Completed	Tasks Due on the Following Date: Click here to enter a date.
Click here to enter a date.	Contact district attorney or county attorney to inform him or her of removal if based on the need for an emergency removal. This may have been done prior to removal for non-emergency removals. Complete legal paperwork as required for each county.
Click here to enter a date.	Complete affidavit for removal.
Click here to enter a date.	File legal documentation as required by each county. (Remember all legal work needs to be filed within 24 hours of the removal or the first working day following a weekend or a court holiday.)
Click here to enter a date.	Participate in ex-parte hearing as appropriate for each county.
Click here to enter a date.	Obtain copies of all legal paperwork.
Click here to enter a date.	Monitor that 2INGage has completed placement for each child in IMPACT in each child's SUB stage and submitted to Supervisor for approval. Ensure that the placement is an actual placement instead of a planned placement. Be sure they entered the date that the actual placement occurred. This will be done by 2INGage, however, worker is responsible to confirm. *If placement has not been entered in IMPACT by 2INGage within 12 hours of placement, contact the Care Coordinator and request placement documentation be completed in IMPACT.
Click here to enter a date.	Complete ICM form up to the "Discussion Questions" and submit it to the Regional ICM Coordinator.
Click here to enter a date.	Enter <i>Legal Actions</i> in each child's SUB stage. For more details see CPS Handbook, 6133.3 Documenting Legal Activity .
Click here to enter a date.	Update the IMPACT <i>Medical Consenter Detail</i> to reflect the court authorization of medical consenter the same day or no later than 7 p.m. on the next day. If the medical consenter changed after the court hearing, issue a new Form

	2085-B and generate Form 2096 from IMPACT within 5 business days to notify court of medical consent designations. If the medical consent did NOT change after the court hearing, it is not necessary to issue a new Form 2085-B or notify the court.
Click here to enter a date.	Complete as much information as possible on the <i>Medical/Developmental History</i> in each child's SUB stage. Provide a copy to the child's caregiver.
Click here to enter a date.	<i>Maintain Rel/Int</i> of the child to "self" and any principal to their appropriate <i>Rel/Int</i> on the <i>Person List</i> in each child's SUB stage.
Click here to enter a date.	<i>Maintain Rel/Int</i> of each principal on the <i>Person List</i> in the FSU stage.
Click here to enter a date.	If Child Caregiver Resource Form (Form 2625) is completed at the time of the removal, initiate the home assessment process. (See CPS Handbook, 6610 Identifying a Potential Relative Placement Before the Adversary Hearing and 6620 Contacting and Placing with a Potential Caregiver After the Removal).
Click here to enter a date.	Email a copy of the Affidavit in Support of Removal and other legal documents to the CVS employee designated to assign the case to a CVS worker. Copy Kinship staff, FGDM staff and 2INGage Care Coordinator or follow the regional protocol for referring the family for an FGC. This should prompt the scheduling of the required post-removal staffing.
Click here to enter a date.	Exercise due diligence to identify and notify in writing all grandparents, other adult relatives, and parents of siblings of the child by providing them with the Relative Interest Form (Form 2624). The search for and notification of relatives should be ongoing but is required to take place within the first 30 days after the removal of the child. For more details, see CPS Handbook, 3224 Notification.
Click here to enter a date.	Work with the caregiver and ensure each child is scheduled for the required 3 day medical exam. If the caregiver cannot take the child to this exam, a CPA or DFPS employee must do so.
Click here to enter a date.	Request school and medical records for each child.
Click here to enter a date.	Complete or update the Interagency Application for Placement, as appropriate.

Date Completed	
Date Completed	Tasks Due on the Following Date:
Click here to enter a date.	If the child is under three and suspected of having a disability or developmental delay as a result of exposure to illegal substances, or the disability or developmental delay requires evaluation prior to their scheduled

	Texas Health Steps check-up, refer the child to ECI by completing ECI Screening Referral (Form 0789). This must be done within two business days of the need being identified.
Click here to enter a date.	Assign the eligibility specialist as a secondary worker on the SUB stage.
Click here to enter a date.	Complete the Foster Care Assistance Application (FCAA) in IMPACT and submit it to the eligibility specialist. Send the eligibility specialist the following documents: affidavit, the petition that initiated the court action, the court order designating DFPS as the child's managing conservator, documentation of the child's birth, and documentation of the child's citizenship or alien status.
Click here to enter a date.	Notify CVS of the removal and assign the CVS worker as the primary caseworker on the FSU and SUB stages.
Click here to enter a date.	Start the Education Portfolio. See CPS Handbook, 15410 Education-Related Documents Required for the Education Portfolio.
Click here to enter a date.	If not previously completed, take a photograph of each child and upload it to his or her SUB stages prior to case transfer to CVS. The photograph must be taken from a short distance and only contain the child (no group photos). Ensure the child's face is clearly visible.

Date Completed	
Date Completed	Tasks Due on the Following Date: Click here to enter a date.
Click here to enter a date.	By the 7 th day, attend ICM/case transfer staffing. At the time of the ICM, provide any remaining placement documentation to CVS and 2INGage that has not been provided previously.
Click here to enter a date.	Develop a temporary visitation schedule with each parent, and complete the Temporary Visitation Schedule (Form 2640).
Click here to enter a date.	File the Temporary Visitation Schedule with the court, or be prepared to have it completed prior to the show cause/adversary hearing.
Click here to enter a date.	Ensure that if the child's school has changed, the child has been withdrawn and the records have been transferred to the new school. (See the following policies in the CPS Handbook: 15350 Requesting Transfer of School Records, 15360 Withdrawing a Student from School, and the Education for Children Resource Guide)
Click here to enter a date.	Complete court report for show cause/adversary hearing, if required, and file with the court following local protocol.
Click here to enter a date.	Contact ad litem for child to discuss case. Provide copy of court report, if required.

Date Completed	Tasks Due on the Following Date: Click here to enter a date.
Click here to enter a date.	<p>If not previously completed, designate an appropriate person to be the education decision-maker:</p> <ul style="list-style-type: none"> • If not previously completed, complete Designation of Education Decision-Maker (Form 2085-E). • File the most current and correct copy of Form 2085-E with the court. • Provide completed copies of Form 2085-E to the school, caregiver, or facility director, as well as the parents, managing conservator, attorney ad-litem, guardian ad-litem, and any other person named by the court to have an interest in the child’s welfare.
Click here to enter a date.	<p>If not previously completed, complete Temporary Visitation Schedule (Form 2640) with each parent and present to the court at the time of the show cause/adversary hearing.</p>
Click here to enter a date.	<p>Attend show cause/adversary hearing. Ensure the conservatorship caseworker is aware of the court orders from this hearing.</p>
Click here to enter a date.	<p>If an attorney ad litem (AAL) or guardian ad litem (GAL) has been appointed, complete the Communication Plan with AAL and GAL (Form 2071). Obtain input from the conservatorship caseworker regarding communication with the AAL or GAL.</p>
Click here to enter a date.	<p>Update <i>Legal Actions</i> in each child’s SUB stage.</p>
Click here to enter a date.	<p>If not authorized during the ex parte hearing, update the <i>IMPACT Medical Consenter Detail</i> to reflect the court authorization of medical consenter the same day or no later than 7 p.m. the next day. If the medical consenter changed after the court hearing, issue a new Form 2085-B and generate Form 2096 from IMPACT within 5 business days to notify court of medical consenter designation. If the medical consenter did NOT change after the court hearing, it is not necessary to issue a new Forms 2085-B or notify the court.</p>
Click here to enter a date.	<p>If the child is 3–17 years old, ensure the caregiver has scheduled the child for a CANS assessment, as well as the Texas Health Steps medical exam.</p>
Click here to enter a date.	<p>If the education decision-maker changes as a result of the show cause/adversary hearing, or prior to case transfer, update the Designation of Education Decision-Maker (Form 2085-E) and distribute to all required parties within 5 days of the change.</p>
Click here to enter a date.	<p>Complete the Request for Diligent Search (Form 2277), if there are absent parents with unknown locations. Check the boxes for “Court of Continuing</p>

	Jurisdiction” and “Paternity Registry” when using this form. Send the completed form to FINDRS@dfps.state.tx.us
Click here to enter a date.	If all parents’ locations are known, complete Form VS 168 Inquiry on Court of Continuing Jurisdiction for a Child (this is a DSHS form). Submit the form to the Bureau of Vital Statistics – Texas Department of State Health Services.
Click here to enter a date.	If paternity has not been established, complete Form VS 134 Paternity Registry Inquiry Request (this is a DSHS form). Submit the form to the Bureau of Vital Statistics – Texas Department of State Health Services.
Click here to enter a date.	Organize case file.
Click here to enter a date.	If the investigation can be completed by the time of case transfer, it should be included in the case file documentation.
Click here to enter a date.	Plan to attend the family group conference or permanency conference/FGDM.
Click here to enter a date.	Give the case binders with all of the documentation gathered so far to the CVS caseworker or CVS supervisor.

		-Caregiver Name (foster or kinship) -Agency name (if appropriate)				
			Choose an item.	Click here to enter a date.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Choose an item.	Click here to enter a date.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Choose an item.	Click here to enter a date.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Choose an item.	Click here to enter a date.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Choose an item.	Click here to enter a date.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



Name:	Relation:	Address/Phone:	Native American or Alaska Native:	Parent Served:	Referral for Paternity Test Completed?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>



Name:	Relationship:	Address:	Phone:

Legal Party:	Name:	Phone:	Email:
Attorney for CPS:			
Attorney for Mother:			
Attorney for Father:			
Attorney Ad Litem:			
Guardian Ad Litem/CASA:			
Other:			
Other:			
Other:			

Primary language of the children and family:
 Will any translation service(s) be needed? Yes No
 If yes, what service(s) will be needed? who will receive the service?

Has a home assessment been requested: **Yes** **No** **N/A** If yes, on whom?
 Has an ICPC home assessment been requested: **Yes** **No** **N/A** If yes, on whom?
 Does a home assessment need to be requested: Yes No N/A
 If yes, provide information on family to be assessed:
 Has a kinship referral been made: Yes No N/A
 Has a Permanency Plan Meeting been scheduled: Yes No
 If yes, date scheduled: [Click here to enter a date.](#) If no, who will schedule:
 Type of meeting: Family Group Conference Family Team Meeting Circle of Support Single Child
 Plan of Service Meeting Other: _____

Have all the caregivers been notified of the 3 in 30 requirements: Yes No If no, who will:
 Was any child born outside of the United States: Yes No if yes, Who/Where:
 If yes, has the case been assigned as secondary to the Immigration Specialist: Yes No
 Does any child have any medical or complex behavioral healthcare needs: Yes No
 If yes, has a consultation been held with the Well-Being Specialist: Yes No
 Does the case need additional referral(s): Yes No
 If yes, what type: subject matter experts local permanency specialist courtesy worker for
 child Courtesy worker parent Other
 If any checked: Person the referral is for: _____ Who is responsible for the referral(s)? _____

Facilitator will ensure discussion is held regarding each of the sections below at the time of the ICM
 staffing and all information is documented on this form.

Reason(s) for Removal. What SDM danger indicator(s) is present:

Parent:	Danger Indicator(s):
Parent:	Danger Indicator(s):

What parental behavior changes are necessary to achieve reunification:

Parent:	Behavior Change(s) Needed:
Parent:	Behavior Change(s) Needed:
Prior CPS history:	
Name/Relation:	CPS History:
Name/Relation:	CPS History:
Criminal history of family members:	
Name/Relation:	Criminal History:
Name/Relation:	Criminal History:

Required Weekly Visitation Schedule: (Parents and Siblings placed separately in substitute care)				
Visitor Name/Relationship:	Child/ren to Visit:	Days/Time of Visit: (E.g., Mon, Wed/5p-7p)	Location of Visit:	Type of Visitation: Choose an item
				Choose an item
				Choose an item
				Choose an item
				Choose an item
				Choose an item

Services for Parent:	
Name/Relationship:	Recommended Services:
Name/Relationship):	Recommended Services:
Permanency Plan:	
Family Service Plan Complete: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Approved in IMPACT: Click here to enter a date.	
Date to be Filed with Court: Click here to enter a date.	
Legal Issues for Case:	
Notes/Other:	

Child's Name:	Needs/Concerns: -E.g., TB test, educational, medical, mental, behavioral, therapeutic, developmental, dental, vision, hearing needs	Services Received or Needed: -E.g., ARD, ECI, therapy, medical/dental, vision, hearing, extra-curricular, medications to address identified needs, include progress/barriers	Child Sexual Aggressive Sexual Behavior Problem:
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			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Child ₁ :	3-Day Exam:	CANS:	Texas Health Steps Medical Checkup:	Psychological Evaluation:	Psychiatric Evaluation:
Instruction/Time Frame:	Within 3 Business Days of Removal	Ages 3-17 Within 30 Days of Removal	Within 30 Days of Removal	If Needed	If Needed
Provider:					
Date Scheduled:	Click here to enter a date.				
Date Completed:	Click here to enter a date.				
Responsible for Completion:					
Child ₂ :	3-Day Exam:	CANS:	Texas Health Steps Medical Checkup:	Psychological Evaluation:	Psychiatric Evaluation:
Instruction/Time Frame:	Within 3 Business Days of Removal	Ages 3-17 Within 30 Days of Removal	Within 30 Days of Removal	If Needed	If Needed
Provider:					
Date Scheduled:	Click here to enter a date.				
Date Completed:	Click here to enter a date.				
Responsible for Completion:					
Child ₃ :	3-Day Exam:	CANS:	Texas Health Steps Medical Checkup:	Psychological Evaluation:	Psychiatric Evaluation:

Instruction/Time Frame:	Within 3 Business Days of Removal	Ages 3-17 Within 30 Days of Removal	Within 30 Days of Removal	If Needed	If Needed
Provider:					
Date Scheduled:	Click here to enter a date.				
Date Completed:	Click here to enter a date.				
Responsible for Completion:					
Child ₄ :	3-Day Exam:	CANS:	Texas Health Steps Medical Checkup:	Psychological Evaluation:	Psychiatric Evaluation:
Instruction/Time Frame:	Within 3 Business Days of Removal	Ages 3-17 Within 30 Days of Removal	Within 30 Days of Removal	If Needed	If Needed
Provider:					
Date Scheduled:	Click here to enter a date.				
Date Completed:	Click here to enter a date.				
Responsible for Completion:					
Child ₅ :	3-Day Exam:	CANS:	Texas Health Steps Medical Checkup:	Psychological Evaluation:	Psychiatric Evaluation:
Instruction/Time Frame:	Within 3 Business Days of Removal	Ages 3-17 Within 30 Days of Removal	Within 30 Days of Removal	If Needed	If Needed
Provider:					
Date Scheduled:	Click here to enter a date.				
Date Completed:	Click here to enter a date.				
Responsible for Completion:					

Date of Initial Service Planning Meeting: Click here to enter a date.		
Next Steps:	Who is Responsible?	Date to Complete:
Other:		Click here to enter a date.
Other:		Click here to enter a date.
Other:		Click here to enter a date.
Other:		Click here to enter a date.
Other:		Click here to enter a date.

Documents To Be Completed:	Completed:	Party Responsible:	Comments:
Placement Authorization (Form 2085)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Choose an item.	
Designation of Medical Consenter & Education Decision-Maker Forms Completed with Signatures. (Form 2085b)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Choose an item.	
Copies of Signed Designation of Education Decision-Maker Form (K-908-2085-E) Provided to the: E.g., School, Caregiver/Facility, Parents, Managing Conservator, attorneys, any other person named by the court to have an interest in the child's welfare	Yes <input type="checkbox"/> No <input type="checkbox"/>	Choose an item.	
Education Portfolio Started and Provided	Yes <input type="checkbox"/> No <input type="checkbox"/>	Choose an item.	
Copy of Rights of Children (form K-908-2530) given to child, caregiver, and parent.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Choose an item.	
Signature of Child/youth age 5 and older on CPS Rights of Children (form 2350)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Choose an item.	
Temporary Visitation Schedule (form K-908-2640) developed with parents	Yes <input type="checkbox"/> No <input type="checkbox"/>	Choose an item.	
While Your Child Is In Care Pamphlet Given	Yes <input type="checkbox"/> No <input type="checkbox"/>	Choose an item.	
Placements Entered & Approved	Yes <input type="checkbox"/> No <input type="checkbox"/>	Choose an item.	
Medical Consenter Entered	Yes <input type="checkbox"/> No <input type="checkbox"/>	Choose an item.	
Foster Care Application Completed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Choose an item.	
Birth Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Choose an item.	
Birth Verification from DHS	Yes <input type="checkbox"/> No <input type="checkbox"/>	Choose an item.	
Social Security Card	Yes <input type="checkbox"/> No <input type="checkbox"/>	Choose an item.	
Shot Records	Yes <input type="checkbox"/> No <input type="checkbox"/>	Choose an item.	
Common Application (Form 2087)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Choose an item.	

completed within 30 days of paid placement referral			
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REGION 2 PERMANENCY CONFERENCE SCHEDULE

Day	Units Staffing	Location
1 st Wednesday of Month	Unit C7	Brownwood
2 nd Monday of Month	Unit C5	Haskel
2 nd Tuesday of Month	Unit C9	Coleman
2 nd Wednesday of Month	Unit C5	Snyder/Sweetwater
2 nd Thursday of Month	Unit C2, Unit C3, Unit C8	Wichita Falls
3 rd Tuesday of Month	Unit C8	Bowie
3 rd Thursday of Month	Unit C8	Vernon
4 th Monday and Tuesday of Month	Unit C1, Unit C4, Unit CA	Abilene
4 th Wednesday of Month	Unit C9	Eastland

MEDICAL/DENTAL/VISION/HEARING EXAMINATION FORM

For STAR Health related questions, please contact the STAR Health Member Services Hotline at 866-912-6283

I. GENERAL INFORMATION			
(This page to be completed by Caseworker/Caregiver. Please print legibly)			
CHILD:			
CHILD NAME:	DOB:	PID #	EXAMINATION DATE:
CAREGIVER:			
CAREGIVER NAME:	PHONE:	AGENCY:	
ADDRESS:	CITY/STATE/ZIP:		
CPS CASEWORKER:			
CASEWORKER NAME:	PHONE:	FAX:	
REASON FOR VISIT:			
<input type="checkbox"/> Child with Primary Medical Needs	(Needs a medical examination within 7 days before or 3 days after the date of placement).		
<input type="checkbox"/> Initial TxHSteps Medical Checkup	(Needs within 30 days of entering DFPS conservatorship).		
<input type="checkbox"/> Regular TxHSteps Medical Checkup	(Needs at following interval: discharge to 5 days, 2 weeks, 2m, 4m, 6m, 9m, 12m, 15m, 18m, 24m, 30m, 36m, then yearly).		
<input type="checkbox"/> Initial TxHSteps Dental Checkup	(Needs checkup within 60 days of entering DFPS conservatorship if 6m or older. Within 30 days after turning 6m old).		
<input type="checkbox"/> Regular TxHSteps Dental Checkup	(Needs every 6 months or as recommended by dentist).		
<input type="checkbox"/> Vision Check			
<input type="checkbox"/> Hearing Check			
<input type="checkbox"/> Illness, injury or accident or other follow-up visit. (Please describe injury, accident or illness, including the date and time of the incident):			

<input type="checkbox"/> Child needs to see a specialist. (Please specify specialist type and reason for referral):			

MEDICATIONS:

ALLERGIES : None Yes (list):

CHILD IS CURRENTLY ON THESE MEDICATIONS :	Name	Dosage	Prescribed for	Instructions	

SIGNATURE OF PERSON FILLING THIS SIDE OUT (DFPS STAFF OR CAREGIVER)

DFPS STAFF OR CAREGIVER SIGNATURE _____ DATE : _____

II. HEALTH CARE EXAMINATION (This page to be completed by Health Care Provider OR Caregiver [if Health Care Provider is unable to complete.]

CHILD'S NAME: _____ DOB : _____ EXAMINATION DATE: _____

VISIT TYPE:

MEDICAL: TxHSTEPS Initial Acute/Follow-up Visit Other Recommended Medical Checkup ER Visit
 Regular

DENTAL: TxHSTEPS Initial Bi-Annual Other Recommended Dental Checkup

SPECIALTY : Visit – Please list Specialty: _____

VISIT RESULTS: **Child Refused Examination**

VITALS:	AGE	Temperatur	Height:	%
	:	e: _____	Weight	: _____
	Years: _____	Pulse: _____	:	%
	Months _____	Respirations _____	Head	: _____
:	Blood	Circ:	: _____	
Weeks: _____	Pressure: _____	BMI:	: _____	

VISION & HEARING:	Vision R 20/____ L Screen 20/____ <input type="checkbox"/> no glasses <input type="checkbox"/> glasses <input type="checkbox"/> didn't bring glasses <input type="checkbox"/> not done <input type="checkbox"/> too many prompts <input type="checkbox"/> refused	Hearing Screen <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td>500</td> <td>1000</td> <td>2000</td> <td>4000</td> </tr> <tr> <td>R</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>L</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <input type="checkbox"/> not done <input type="checkbox"/> too many prompts <input type="checkbox"/> refused		500	1000	2000	4000	R					L				
	500	1000	2000	4000													
R																	
L																	

PROCEDURE OR TESTS:	<input type="checkbox"/> None <input type="checkbox"/> TB Screen <input type="checkbox"/> Lead Screen <input type="checkbox"/> Developmental Screen <input type="checkbox"/> Autism Screen <input type="checkbox"/> Hemoglobin <input type="checkbox"/> Blood Lead Test <input type="checkbox"/> PPD <input type="checkbox"/> Other (list):
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DIAGNOSES:	<input type="checkbox"/> Well Child/Dental <input type="checkbox"/> Other (list):
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NEW OR **CHANGED** * MEDICATIONS ONLY	Name	Dosage	Prescribed for	Instructions	D/C'd	New	Change d
<input type="checkbox"/> No Medication Changes					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VACCINES GIVEN:	<input type="checkbox"/> None Given <input type="checkbox"/> DTaP <input type="checkbox"/> HIB <input type="checkbox"/> MMR <input type="checkbox"/> Hep B <input type="checkbox"/> HPV <input type="checkbox"/> Pneumovax <input type="checkbox"/> DT <input type="checkbox"/> PCV <input type="checkbox"/> Varicella <input type="checkbox"/> IPV <input type="checkbox"/> MCV <input type="checkbox"/> Other (list): <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> Hep A <input type="checkbox"/> Rotavirus <input type="checkbox"/> Influenza
------------------------	---

REFERRED TO:	<input type="checkbox"/> None Necessary <input type="checkbox"/> ECI (Early Childhood Intervention) Therapy : <input type="checkbox"/> Speech <input type="checkbox"/> Occupational <input type="checkbox"/> Physical <input type="checkbox"/> Specialist (list) <input type="checkbox"/> Other (list:)
---------------------	--

FOLLOW-UP:	<input type="checkbox"/> None Necessary <input type="checkbox"/> Next Visit: CC <input type="checkbox"/> Return Visit: Why:
-------------------	---

PROVIDER INFORMATION: Are you a TxHSteps Provider? Y N

PROVIDER SIGNATURE	CLINIC NAME	PHONE
PRINTED NAME	ADDRESS	FAX
DATE SIGNED	CITY, STATE ZIP	

CAREGIVER: (If Section II above is NOT filled out by medical/dental provider then the Caregiver should sign in the space below.)

CAREGIVER SIGNATURE

DATE

3 IN 30 CAREGIVER HELP GUIDE





PSYCHOTROPIC MEDICATION TREATMENT CONSENT-FORM 4526

Purpose: The person legally authorized to consent to medical care on behalf of a child in DFPS conservatorship uses this form to document informed consent for a new psychotropic medication. This form does not replace or substitute for any consent form required or used by a medical provider for their records or purposes.

Directions: After completing this form, the medical consenter provides a copy of the form to the DFPS caseworker for the child. The caseworker files it under the child's section in the case record.

I am providing consent for: _____

Child's name

To receive treatment for: _____

Condition being treated

With the following Psychotropic Medication:

• **I received information describing:**

- (A) the specific condition to be treated;
 - (B) the beneficial effects on that condition expected from the medication;
 - (C) the probable health and mental health consequences of not consenting to the medication;
 - (D) the probable clinically significant side effects and risks associated with the medication; and
 - (E) the generally accepted alternative medications and non-pharmacological interventions to the medication, if any, and the reasons for the proposed course of treatment.
- I have been given the opportunity to ask questions.
 - This consent is given voluntarily and without undue influence.
 - I am the child's Medical Consenter.
 - I understand that I have the right to choose not to consent to the initiation of this medication. If I choose not to consent to medication recommended by the medical professional, I must notify the child's caseworker within 24 hours.
 - I understand that I have the right to withdraw consent for this treatment at any time, after consulting with the prescribing provider and the child's caseworker.

Date _____

Medical Consenter (print name)

Date _____

Medical Consenter (signature)

Date _____

Acknowledged by Prescribing Provider or Designee (signature)

FOSTER/RELATIVE & OTHER DESIGNATED CAREGIVER DAYCARE VERIFICATION –FORM 1809

FORM 1809

Purpose: This form is required for foster parents, relatives and other designated caregivers requesting day care.

Instructions: Complete all sections of the form.

Directions: Once signed, the original must be turned in to the caseworker processing your day care request. Please contact your kinship or conservatorship caseworker if you have any questions.

I, _____, am the caregiver for the following child(ren) in Choose an item.
Caregiver name

DFPS conservatorship:

I have sought daycare services from the following the community resources:

Check all that apply:

- Head Start Programs Pre-kindergarten Program
 Public School Early Education Programs Other

Please provide the following information:

Number of persons living in the home:

Excluding children in DFPS conservatorship

Monthly Gross Family Income:

Excluding income of children in DFPS conservatorship living in your home

See below for additional instructions

The above information is true, correct and complete. I understand that giving false information to DFPS is considered fraud.

Caregiver Signature

Date

For completion by CPS staff if waiver is granted

DFPS has waived completion of the above information based on the fact that verification of this information would prevent an emergency placement that is in the child's best interest.

Caseworker Signature
Date
Print Name:

Date

Program Director Signature
Print Name:

ADDITIONAL DAYCARE SERVICES SOUGHT:

CALCULATING MONTHLY INCOME: Check the appropriate column next to the type of income that you or any member of your household receives. Include when calculating monthly income.

SOURCE OF INCOME: Check all that Apply

Gross Wages

Child Support

Alimony

**SSI-Supplemental
Security Income**

**Social Security
Benefits**

Veteran's Benefits

Retirement Benefits

**Other Disability
Benefits**

Adoption Subsidy

**Other Income Type
(contributions, rental
income, etc.)**

TRANSITION PLAN - YOUR LIFE, YOUR DREAMS, YOUR FUTURE- FORM 2500

Welcome to transition planning! This process will help you identify where you want to live now as well as get you ready to enter adulthood. Planning for your future a few years before becoming a young adult gives you more power and control over your life.

So, where do you start? First, you will receive a blank transition plan when you turn 14 just like the one attached to this letter.

What is a transition plan?

A completed transition plan is like a road map to adulthood. It covers all the main topics about your life. This includes your hopes, dreams, concerns, strengths; goals for your education, health, permanency, housing, and transportation; and, getting a job. Some of these topics you will review when you turn 14 while other topics won't be addressed until you turn 16. All of these topics will be covered in a Permanency Conference, Circle of Support, or Transition Plan Meeting.

What is a Permanency Conference, Circle of Support or Transition Plan Meeting?

Shortly after you turn 14, CPS will begin reviewing your transition plan with you. At first, you will do this in a Permanency Conference or Transition Plan Meeting. Once you turn 16 you will have a Circle of Support or Transition Plan Meeting. All of these meetings allow you to bring together the people who are the "caring adults" in your life. You may want to invite your foster parent or caregiver to the meeting but you can choose as many other caring adults as you want. These caring adults can be your teachers, biological parents, brothers or sisters (any age), relatives, church members, mentors, or others. You and the caring adults in your life will meet with CPS to create your transition plan.

The caring adults who come to your Permanency Conference, Circle of Support, or Transition Plan Meeting will commit to how they can help you reach your short and long term goals for permanency and eventually living on your own. After the first meeting, you will have more meetings to update your transition plan until you either leave care with a family or you age out of care.

What can I do now and who can help me?

You might look over the transition plan with your foster parent or caregiver, your caseworker, or other caring adult. Try filling in as much as you can in each topic area. And, don't worry. You won't be alone. Your caring adults and others will continue to help you develop your plan during one or more Permanency Conferences, Circles of Support or Transition Plan Meetings.

So, how do you begin? Let's look at the basics...

Guidelines to the transition plan:

The first two pages of the plan cover basic information about you. If you don't understand what is being asked, talk to your foster parent or caregiver, caseworker, or if you're 16, PAL staff. You can also ask questions at your first Permanency Conference,

Circle of Support or Transition Plan Meeting. You can use these guidelines to help you complete the plan's first two pages:

- *Personal information about you:* Include basic information about you and any other plans that may have been created with or for you. It's important that your plan includes plans that you or others have made regarding permanency and about your transition to adulthood.
- *Hope and Dreams:* Describe your hopes and dreams for your life as an adult.
- *Strengths:* Describe your strong points and the traits that will help you reach your hopes and dreams, and your short and long term goals.
- *Fears, Needs, and Concerns:* Describe your fears, needs, or concerns about leaving foster care. Starting life as an adult can be scary. If you describe your needs, fears, or concerns *before* leaving foster care, we can help you make a plan to meet your needs.
- *Permanency Goal:* Describe what you want your permanency goal to be and anything you feel is getting in your way. The most common permanency goals (also called a permanency plan) are: reunification with biological family, living with a relative, being adopted, or independent living.

The rest of the Transition Plan starts on page 5. The plan will help you identify what you have now and what you will need to meet your short and long terms goals. The plan is divided into 12 main topics. Each topic has a section to identify your short and long term goals for that topic, and a section for steps to take to meet those goals. Some topics you will complete starting at age 14 while others will be added when you turn 16. Once you identify a need, you, with help from your caseworker or caregiver, will plan how that need will be met. For example, if your long term goal is to go to college, you may need to find out what college you want to go to, the SAT/ACT scores that the college requires, among other things.

Don't worry if you can't fill it all out right now. Do as much as you can. This will help you get ready for your Permanency Conference, Circle of Support, or Transition Plan Meeting in a few months.

You can use these guidelines to help you complete the different life topics:

- *Family/Supportive Adult Relationship:* Describe your family and the caring adults in your life, and who you may want in your life now and in the future.
- *Immigration/Citizenship:* Describe your United States citizenship or immigration status.
- *Judicial/Legal Involvement.* Describe any other juvenile or adult legal involvement that you may have. This section also lists resources that may help you.
- *Community/Culture/Social Life:* Describe activities (community, cultural, spiritual, school-related, etc.) that you do or want to do.
- *Education:* Describe basic information about your education and list resources that may help you.

- *Required Documents:* List the documents you need before you leave foster care.
- *Housing:* Describe basic information about where you live now, anyone that you would want to live with now instead of remaining in foster care, and where you plan to live after foster care. This section also lists resources that may help you.
- *Job and Career:* Describe basic information about your jobs and employment needs. This section also lists resources that may help you.
- *Financial Management:* Describe basic information about your money, bank accounts, and income.
- *Transportation:* Describe your transportation needs.
- *Life Skills:* Describe information about your Casey Life Skills Assessment and PAL classes, as well as any life skills you may still need to learn.
- *Self Care and Health:* Describe your current physical and mental health, as well as any health education you may need. This section also lists resources that may help you.
- *Signature page:* Complete this at the end of your Circle of Support or Transition Plan Meeting. By signing, you and those who helped create the plan commit to help you meet your goals.

Additional information on these topics can be found at:
http://www.dfps.state.tx.us/Child_Protection/Youth_and_Young_Adults/default.asp. This site includes links to all types of information about Transitional Living Service items.

Texas Youth Connection Web site: source of information:
<http://www.dfps.state.tx.us/txyouth/> DFPS Medical Services:
http://www.dfps.state.tx.us/Child_Protection/Medical_Services/guide-star.asp

Good luck, and remember you can contact your caseworker, their supervisor, or your PAL staff at any time for help:

Caseworker name &
 number:
 Supervisor name &
 number:
 PAL Staff name &
 number:

REGION 2 JURISDICTIONAL DIFFERENCES

All references to days are calendar days not business days

Archer – 97th – Archer City

Associate Judge Hon. Alyce Bondurant
alyce.bondurant@txcourts.gov

Coordinator

Martha Harrington
900 7th Street, Rm 401
Wichita Falls, TX 76301
940-716-8624
Fax 940-716-8635
Martha.harrington@txcourts.gov

Courthouse Physical Address

100 S Center, 2nd Floor
Archer City, TX 76351

Expectations:

Children Attending Court – All older children (school age) in PMC of the Department will need to be in court during either the winter or summer breaks (once a year) unless there is a specific reason they shouldn't come—summer school, runaway threat, etc. However, the Judge will order that the child be brought to court if the AAL needs to meet with them.

2INGage/Designee Attending Court –Not required unless there are problems such as with finding placement. Judge will then order attendance by 2INGage for every hearing and explain the placement problems.

Other expectations Judge will expect the placements to be as close as possible and SSCC make accommodations for parental visits by transporting the child to the home county or halfway

Baylor - 50th - Paducah

Hon. Bobby D. Burnett
Dj50th@srcaccess.net

Coordinator

Robin Smajstrla

P. O. Box 1127
Seymour, Texas 76380
940-889-6912
Fax 940-889-6918
Munday: 940-422-4525
Fax: 940-422-5544
admin50th@srcaccess.net

Courthouse Physical Address

100 S Main, Seymour

Expectations

Children Attending Court – The children are not expected to attend hearings unless the AAL/GAL has previously filed a motion to have the Court confer with the children.

2INGage/Designee Attending Court – Not expected

Other expectations - None

Brown - Court #13 - Brownwood

Associate Judge Hon. Gary Banks

Coordinator

Beverly Gatliff
801 Floyd St., Room 303
P.O. Box 846
Llano, TX 78643
Phone: 325-247-7747
Fax: 325-247-7755
Beverly.gatliff@txcourts.gov

Expectations:

Children Attending Court –

2INGage/Provider Attending Court –

Other expectations

Callahan – 42nd - Baird

Hon. James Edson

Coordinator

Darla Quinney
Taylor County Courthouse
300 Oak Street, Suite 401
Abilene 79602
Phone: 325-674-1314
Fax: 325-674-1256
Quinney@taylorcountytexas.org

Courthouse Physical Address

400 Market Street, Baird

Expectations

Children Attending Court – Court does not expect children to attend, unless requested by the AAL/GAL. Please note, sometimes there may be only 24 hours-notice (or less) of needing the children in court.

2INgage/Designee Attending Court – Not unless there is a serious placement issue that needs to be addressed. In the event a representative is needed at a hearing, but was not notified to be at the hearing, the court will reset a hearing in order to give the Department an opportunity to get an SSCC representative to the hearing.

Other expectations – None

Clay – 97th – Henrietta

Associate Judge Hon. Alyce Bondurant
alyce.bondurant@txcourts.gov

Coordinator

Martha Harrington
900 7th Street, Rm 401
Wichita Falls, TX 76301
940-716-8624
Fax 940-716-8635
Martha.harrington@txcourts.gov

Courthouse Physical Address

214 N Main, Henrietta

Expectations:

Children Attending Court – All older children (school age) in PMC of the Department will need to be in court during either the winter or summer breaks (once a year) unless there is a specific reason they shouldn't come—summer school, runaway threat, etc. However, the Judge will order that the child be brought to court if the AAL needs to meet with them.

2INGage/Designee Attending Court –Not required unless there are problems such as with finding placement. Judge will then order attendance by 2INGage for every hearing and explain the placement problems.

Other expectations Judge will expect the placements to be as close as possible and SSCC make accommodations for parental visits by transporting the child to the home county or halfway

Coleman – 42nd – Coleman

Hon. James Edson

Coordinator

Darla Quinney

Taylor County Courthouse

300 Oak Street, Suite 401

Abilene 79602

Phone: 325-674-1314

Fax: 325-674-1256

Quinney@taylorcountytexas.org

Courthouse Physical Address

100 W. Live Oak St., Coleman

Expectations

Children Attending Court – Court does not expect children to attend, unless requested by the AAL/GAL. Please note, sometimes there may be only 24 hours-notice (or less) of needing the children in court.

2INGage/Designee Attending Court – Not unless there is a serious placement issue that needs to be addressed. In the event a representative is needed at a hearing, but was not notified to be at the hearing, the court will reset a hearing in order to give the Department an opportunity to get an SSCC representative to the hearing.

Other expectations – None

Comanche – 220th - Comanche

Hon. Philip G. Robertson

Coordinator

Linda Meinkowsky
P.O. Box 496
104 W. Morgan
Meridian, TX 76665-0496
Phone: 254-435-6626
Fax: 254-435-9163
Crtadm220@verizon.net

Courthouse Physical Address

101 West Central, Comanche

Expectations

Children Attending Court – The court generally excuses all appearances for hearings unless specifically requested by the AAL/ GAL.

2INgage/Designee Attending Court – Not expected unless requested

Other Expectations - None

Cottle - 50th - Paducah

Hon. Bobby D. Burnett
Dj50th@srcaccess.net

Coordinator

Tammy Pienaar
Seymour, TX
Phone: 940-889-6912
Fax: 940-889-6918
Tammy.pienaar@srcaccess.net

Courthouse Physical Address

907 9th St., Paducah

Expectations

Children Attending Court – The children are not expected to attend hearings unless the AAL/GAL has previously filed a motion to have the Court confer with the children.

2INgage/Designee Attending Court – Not expected

Other expectations - None

Eastland – 91st – Eastland

Hon. Steven Herod

Coordinator

Tonya Orsini

100 West Main Street, Suite 302

Eastland 76448

Phone: 254-629-1797

Fax: 254-629-1558

91court@eastlandcountytexas.com

Courthouse Physical Address

100 West Main Street, Eastland

Expectations

Children Attending Court – The court generally excuses all appearances for hearings unless specifically requested by the AAL/ GAL.

2INgage/Designee Attending Court – Not expected unless requested. Currently several CPA's attend hearings.

Other Expectations - None

Fisher – 32nd – Roby

Hon. David Hall

Coordinator

Yvonne Lehnert

First Multicounty Court at Law

100 East 3rd Street, Suite 107

Sweetwater, 79556

Phone: 325-235-2353

Fax: 325-236-8098

Yvonne.lehnert@co.nolan.tx.us

Courthouse Physical Address

North 1st Street, Roby

Expectations

Children Attending Court – The Court does not expect attendance, unless attendance is requested by the AAL/GAL. AAL/GALs regularly request that the children attend the hearings and the court will not go forward with a hearing if the child is not present and will reset the matter.

2INgage/Designee Attending Court – A representative of the SSCC will be expected to attend all hearings.

Other Expectations - This Court expects DFPS and SSCC to look for and assess family placements, if a child(ren) is placed in one of its foster placements.

Foard - 46th - Crowell

Hon. Dan Mike Bird

judge46dc@co.wilbarger.tx.us

Coordinator

Sherrie Gibson

46th Judicial District Court

1700 Wilbarger Street Room 34-A

Vernon, TX 76384

Phone: 940-552-7051

Fax 940-552-0305

judge46dc@co.wilbarger.tx.us

Courthouse Physical Address

100 N. Main St., Crowell

Expectations:

Children Attending Court – The children are not expected to attend court hearings, unless attendance is requested by the AAL/GAL. Judge may sometimes require the child to attend a final hearing if the child is of an age where they have a valid opinion regarding the outcome of the hearing, maybe 10 years old and above.

2INGage/Provider Attending Court – A representative is not expected to attend hearings unless the attorney for the Department believes that the SSCC representative is needed.

Other expectations

Hardeman – 46th – Quanah

Hon. Dan Mike Bird

judge46dc@co.wilbarger.tx.us

Coordinator

Sherry Gibson

46th Judicial District Court

1700 Wilbarger Street Room 34-A

Vernon, TX 76384

Phone: 940-552-7051

Fax: 940-552-0305

judge46dc@co.wilbarger.tx.us

Courthouse Physical Address

300 S Main, Quanah, TX

Expectations:

Children Attending Court – The children are not expected to attend court hearings, unless attendance is requested by the AAL/GAL. Judge may sometimes require the child to attend a final hearing if the child is of an age where they have a valid opinion regarding the outcome of the hearing, maybe 10 years old and above.

2INGage/Provider Attending Court – A representative is not expected to attend hearings unless the attorney for the Department believes that the SSCC representative is needed.

Other expectations

Haskell - 39th - Haskell

Hon. Shane Hadaway

dj39th@srcaccess.net

Coordinator

Debra Mayfield (Smith)

P.O. Box 966
Haskell, TX 79521
Phone: 940-864-2661
Fax: 940-863-4202
dmmayfield@yahoo.com

Courthouse Physical Address

One Avenue D, Haskell

Expectations

Children Attending Court – The children are not expected to attend court hearings, unless attendance is requested by the AAL/GAL.

2INgage/Designee Attending Court – A representative is not expected to attend hearings unless specifically requested.

Other Expectations – None

Jack – 271st – Jacksboro

Associate Judge Hon. Alyce Bondurant
alyce.bondurant@txcourts.gov

Coordinator

Martha Harrington
900 7th Street, Rm 401
Wichita Falls, TX 76301
Phone: 940-716-8624
Fax: 940-716-8635
Martha.harrington@txcourts.gov

Courthouse Physical Address

100 N. Main, Suite 310
Jacksboro, Texas 76458

Expectations:

Children Attending Court – All older children (school age) in PMC of the Department will need to be in court during either the winter or summer breaks (once a year) unless there is a specific reason they shouldn't come—summer school, runaway threat, etc. However, the Judge will order that the child be brought to court if the AAL needs to meet with them.

2INGage/Designee Attending Court –Not required unless there are problems such as with finding placement. Judge will then order attendance by 2INGage for every hearing and explain the placement problems.

Other expectations Judge will expect the placements to be as close as possible and SSCC make accommodations for parental visits by transporting the child to the home county or halfway

Jones – 259th – Anson

Hon. Brooks Hagler

Coordinator

Santa Franco

PO Box 429

Anson, TX 79501

Phone: 325-823-2721

Santa.franco@co.jones.tx.us

Courthouse Physical Address

1100 12th Street, Anson 79501

Expectations

Children Attending Court – This court does not expect children to attend, unless requested by the AAL/GAL.

2INGage/Designee Court Attendance – A representative of the SSCC will be expected to attend every hearing.

Other Expectations - Please be sure that the SSCC representative who attends these hearings is well-versed in their position

Kent - 39th - Jayton

Hon. Shane Hadaway

dj39th@srcaccess.net

Coordinator

Debra Mayfield

P.O. Box 966

Haskell, TX 79521

Phone: 940-864-2661

Fax: 940-863-4202

Courthouse Physical Address

100 North Main Street
Jayton, TX 79528

Expectations

Children Attending Court – The children are not expected to attend court hearings, unless attendance is requested by the AAL/GAL.

2INGage/Designee Attending Court – A representative is not expected to attend hearings unless specifically requested.

Other Expectations – None

Knox - 50th - Seymour

Hon. Bobby D. Burnett
Dj50th@srcaccess.net

Coordinator

Tammy Pienaar
P. O. Box 1127
Seymour, Texas 76380
Phone: 940-889-6912
Fax 940-889-6918
Munday Phone: 940-422-4525
Munday Fax: 940-422-5544
Tammy.pienaar@srcaccess.net

Expectations

Children Attending Court – The children are not expected to attend hearings unless the AAL/GAL has previously filed a motion to have the Court confer with the children.

2INGage/Designee Attending Court – Not expected

Other expectations - None

Mitchell – 32nd – Colorado City

Hon. David Hall

Coordinator

Yvonne Lehnert

First Multicounty Court at Law
100 East 3rd Street, Suite 107
Sweetwater, 79556
Phone: 325-235-2353
Fax: 325-236-8098
Yvonne.lehnert@co.nolan.tx.us

Courthouse Physical Address

349 Oak Street, Colorado City

Expectations

Children Attending Court – The Court does not expect attendance, unless attendance is requested by the AAL/GAL. AAL/GALs regularly request that the children attend the hearings and the court will not go forward with a hearing if the child is not present and will reset the matter.
2INgage/Designee Attending Court – A representative of the SSCC will be expected to attend all hearings.
Other Expectations - This Court expects DFPS and SSCC to look for and assess family placements, if a child(ren) is placed in one of its foster placements.

Montague – 97th – Montague

Associate Judge Hon. Alyce Bondurant
alyce.bondurant@txcourts.gov

Coordinator

Martha Harrington
900 7th Street, Rm 401
Wichita Falls, TX 76301
Phone: 940-716-8624
Fax: 940-716-8635
Martha.harrington@txcourts.gov

Courthouse Physical Address

101 East Franklin
Montague, Texas 76251

Expectations:

Children Attending Court – All older children (school age) in PMC of the Department will need to be in court during either the winter or summer breaks (once a year) unless there is a specific reason they shouldn't come—summer school, runaway threat, etc. However, the Judge will order that the child be brought to court if the AAL needs to meet with them.

2INGage/Designee Attending Court – Not required unless there are problems such as with finding placement. Judge will then order attendance by 2INGage for every hearing and explain the placement problems.

Other expectations Judge will expect the placements to be as close as possible and SSCC make accommodations for parental visits by transporting the child to the home county or halfway

Nolan- Court at Law – Sweetwater

Hon. David Hall

Coordinator

Yvonne Lehnert

100 East 3rd Street, Suite 107

Sweetwater, 79556

Phone: 325-235-2353

Fax: 325-236-8098

Yvonne.lehnert@co.nolan.tx.us

Courthouse Physical Address

100 East 3rd Street, Sweetwater

Expectations

Children Attending Court – The Court does not expect attendance, unless attendance is requested by the AAL/GAL. AAL/GALs regularly request that the children attend the hearings and the court will not go forward with a hearing if the child is not present and will reset the matter.

2INGage/Designee Attending Court – A representative of the SSCC will be expected to attend all hearings.

Other Expectations - This Court expects DFPS and SSCC to look for and assess family placements, if a child(ren) is placed in one of its foster placements.

Runnels - Court #21 - Ballinger

Associate Judge Hon. Gary Banks

Coordinator

Lisa Marks
112 W. Beauregard, Room 311
San Angelo, TX 76903
Phone: 325-659-6577

Courthouse Physical Address

613 Hutchings Avenue, Ballinger

Expectations:

**Children Attending Court –
2INgage/Provider Attending Court –
Other expectations**

Scurry – 132nd- Snyder

Hon. Ernie Armstrong

Coordinator

Kayla Phipps
1806 25th Street
Snyder 79549
Phone: 325-573-5371
Fax: 325-573-5867
132dccoordinator@co.scurry.tx.us

Courthouse Physical Address

1806 25th Street, Snyder

Expectations

Children Attending Court – The court generally excuses all appearances for hearings unless specifically requested by the AAL/ GAL.

2INgage/Designee Attending Court – Not expected unless requested. Currently several CPA's attend hearings.

Other Expectations - None

Shackelford – 259th – Albany

Hon. Brooks Hagler

Coordinator

Santa Franco

PO Box 429

Anson, TX 79501

Phone: 325-823-2721

Santa.franco@co.jones.tx.us

Courthouse Physical Address

255 S. Main Street, Albany 76430

Expectations

Children Attending Court – This court does not expect children to attend, unless requested by the AAL/GAL.

2INgage/Designee Court Attendance – A representative of the SSCC will be expected to attend every hearing.

Other Expectations - Please be sure that the SSCC representative who attends these hearings is well-versed in their position

Stephens – 90th – Breckenridge

Associate Judge Hon. Alyce Bondurant

Coordinator

Martha Harrington

900 7th Street, Rm 401

Wichita Falls, TX 76301

Phone: 940-716-8624

Fax 940-716-8635

Martha.harrington@txcourts.gov

Courthouse Physical Address

200 West Walker

Breckenridge TX 76424

Expectations:

Children Attending Court – All older children (school age) in PMC of the Department will need to be in court during either the winter or summer breaks (once a year) unless there is a specific reason they shouldn't come—summer school, runaway threat, etc. However, the Judge will order that the child be brought to court if the AAL needs to meet with them.

2INGage/Designee Attending Court – Not required unless there are problems such as with finding placement. Judge will then order attendance by 2INGage for every hearing and explain the placement problems.

Other expectations Judge will expect the placements to be as close as possible and SSCC make accommodations for parental visits by transporting the child to the home county or halfway

Stonewall- 39th - Aspermont

Hon. Shane Hadaway

dj39th@srcaccess.net

Coordinator

Debra Mayfield

P.O. Box 966

Haskell, TX 79521

Phone: 940-864-2661

Fax: 940-863-4202

Courthouse Physical Address

510 N Washington, Aspermont

Expectations

Children Attending Court – The children are not expected to attend court hearings, unless attendance is requested by the AAL/GAL.

2INGage/Designee Attending Court – A representative is not expected to attend hearings unless specifically requested.

Other Expectations – None

Taylor – 326th – Abilene

Hon. Paul Rotenberry

rotenberryp@taylorcountytexas.org

Coordinator

Lisa Clements
300 Oak Street, Suite 403
Abilene 79602
Phone: 325-674-1325
clementsli@taylorcountytexas.org

Courthouse Physical Address

300 Oak Street, Abilene

Expectations:

Children attending court – The children are not expected to attend court hearings, unless the child has a desire to attend or their attendance is requested by the AAL/GAL.

2INGage/Provider attendance – The court feels attendance by the provider is always helpful and if in attendance, he does ask for their feedback regarding the well-being of the child. If there are placement issues in securing placement, then 2INGage attendance is required.

Other expectations - None

Throckmorton - 39th - Throckmorton

Hon. Shane Hadaway
dj39th@srcaccess.net

Coordinator

Debra Mayfield
P.O. Box 966
Haskell, TX 79521
Phone: 940-864-2661
Fax: 940-863-4202

Courthouse Physical Address

105 N. Minter
Throckmorton, Texas 76483

Expectations

Children Attending Court – The children are not expected to attend court hearings, unless attendance is requested by the AAL/GAL.

2INgage/Designee Attending Court – A representative is not expected to attend hearings unless specifically requested.

Other Expectations – None

Wilbarger – 46th – Vernon

Hon. Dan Mike Bird

Coordinator

Sherrie Gibson

1700 Wilbarger, Rm 34-A

Vernon, TX 76384

940-552-7051

Fax 940-553-0305 judge46dc@co.wilbarger.tx.us

Courthouse Physical Address

1700 Wilbarger, Rm 33

Vernon, TX 76384

Expectations:

Children Attending Court – The children are not expected to attend court hearings, unless attendance is requested by the AAL/GAL. Judge may sometimes require the child to attend a final hearing if the child is of an age where they have a valid opinion regarding the outcome of the hearing, maybe 10 years old and above.

2INgage/Provider Attending Court – A representative is not expected to attend hearings unless the attorney for the Department believes that the SSCC representative is needed.

Other expectations

Wichita County

Associate Judge Hon. Alyce Bondurant

alyce.bondurant@txcourts.gov

Coordinator

Martha Harrington

900 7th Street, Rm 401

Wichita Falls, TX 76301

940-716-8624

Fax 940-716-8635

Martha.harrington@txcourts.gov

Courthouse Physical Address

900 7th Street, Rm 401
Wichita Falls, TX 76301

Expectations:

Children Attending Court – All older children (school age) in PMC of the Department will need to be in court during either the winter or summer breaks (once a year) unless there is a specific reason they shouldn't come—summer school, runaway threat, etc. However, the Judge will order that the child be brought to court if the AAL needs to meet with them.

2INgage/Designee Attending Court –Not required unless there are problems such as with finding placement. Judge will then order attendance by 2INgage for every hearing and explain the placement problems.

Other expectations Judge will expect the placements to be as close as possible and SSCC make accommodations for parental visits by transporting the child to the home county or halfway

REGION 2 ADOPTION CHECKLIST-FORM 1506

Purpose: Use this form to ensure all tasks associated with a child's adoption (pre- and post-termination of parental rights) are completed.

Directions: This checklist contains the rules, policy, and best practice steps that must be completed when a child's (referred in Region 2) goal becomes adoption. Included in this checklist are the required tasks to meet federal law and licensing minimum standards for adoption. Minimum Standards and CPS Policy should be reviewed for complete details of specific tasks.

This checklist reflects Region 2 contractual protocols between 2INGage and CPS as per Community Based Care:

Case Name: Click here to enter text.	Date of Removal: Click here to enter a date.
<input type="checkbox"/> CPS will change child plan of service permanency plan to Adoption. <i>Texas Administration Code (TAC) 700.1205.</i>	Click here to enter a date.
<input type="checkbox"/> CPS will indicate in IMPACT whether or not child is in intended to be permanent placement in the placement detail window.	Click here to enter a date.
<input type="checkbox"/> 2INGAGE will ensure: <ul style="list-style-type: none"> • Life book preparation • Obtain pictures of birth family • Ensure caregiver has a Lifebook 	Click here to enter a date.
<input type="checkbox"/> 2INGAGE and CPS will jointly discuss adoption with current placement family. <input type="checkbox"/> CPS will: <ul style="list-style-type: none"> • Document the family's desire to adopt or not adopt in IMPACT. • If child not in intended to be permanent placement, ensure all possible relatives, kinship, or homes with siblings adopted previously have been evaluated. • Request possible Legal Risk Placement, if applicable. 	Click here to enter a date.
<input type="checkbox"/> If child is in relative/kinship home, refer the home to 2INGAGE to begin the adoption process.	Click here to enter a date.
<input type="checkbox"/> CPS will update/complete Medical & Developmental History in IMPACT.	Click here to enter a date.
<input type="checkbox"/> CPS will confirm all birth (hospital), medical and school records are in the case file. <i>Family Code (FC) 162.005</i>	Click here to enter a date.
<input type="checkbox"/> CPS will confirm compliance with Indian Child Welfare Act ICWA P.L 95-608; Indicate in person detail.	Click here to enter a date.

<input type="checkbox"/> Other Regional Protocols:	Click here to enter a date.
Post-Termination TPR (Termination of Parental Rights)	Date(s) Completed
<input type="checkbox"/> CPS and 2INGAGE will ensure a discussion is held with the child about the termination of his/her parent's rights. Involve the therapist to ensure processing of grief and loss for the child.	Click here to enter a date.
<input type="checkbox"/> CPS, with assistance from 2INGAGE, will conduct a goodbye visit with the child and his/her birth parents.	Click here to enter a date.
<input type="checkbox"/> CPS will request certified copy of birth certificate <i>CPS Handbook Policy 1541.5</i>	Click here to enter a date.
<input type="checkbox"/> CPS will ensure current compliance with IMPACT narratives, service plans, and medical/dental information.	Click here to enter a date.
<input type="checkbox"/> CPS will complete the HSEGH/ARS. (when available, make contract request)	Click here to enter a date.
<input type="checkbox"/> 2INGAGE will ensure a minimum of 3 adoption preparation visits take place with the child/youth (at least 1 visit for child 0-18 months). <input type="checkbox"/> Meaningful discussion must occur during visits per guidelines/standards. Lifebook work is included in visits. <i>TAC 749.3341, 749.3343, 749.3345</i>	Click here to enter a date.
<input type="checkbox"/> CPS will check the court records to ensure an appeal did not occur. If an appeal did occur, the region will decide if the case remains with prep or is transferred back to CVS.	Click here to enter a date.
<input type="checkbox"/> Other Specific Regional Protocols:	Click here to enter a date.
<input type="checkbox"/> 2INGAGE will register the child on TARE - if no family identified.	Click here to enter a date.
<input type="checkbox"/> 2INGAGE and CPS will conduct other match efforts: Heart Gallery, match parties, filmings (Wednesday's child, Forever Families, etc).	Click here to enter a date.
<input type="checkbox"/> CPS will update/supplement HSEGH/ARS: annually and within 3 months before adoptive placement.	Click here to enter a date.

<input type="checkbox"/> 2INGAGE will: <ul style="list-style-type: none"> • Receive and review screenings; • Select top picks; • Discuss with child regarding desired family and wishes. 	Click here to enter a date.
<input type="checkbox"/> 2INGAGE will ensure home is approved : <ul style="list-style-type: none"> • Adoption only Home screening- current within 1 year • Foster/adoptive homes- no update required 	Click here to enter a date.
<input type="checkbox"/> 2INGAGE will review of studies from TARE.	Click here to enter a date.
<input type="checkbox"/> 2INGAGE will schedule and conduct selection staffing & invite parties.	Click here to enter a date.
<input type="checkbox"/> 2INGAGE will allow selected adoptive family to review documents: edited HSEGH, psychological evaluations, etc. TAC 749.3395 (may also be done prior to selection staffing)	Click here to enter a date.
<input type="checkbox"/> CPS will provide the redacted record to 2INGAGE. <input type="checkbox"/> 2INGAGE will ensure the family is provided the opportunity to review the redacted case record in a supervised setting.	Click here to enter a date.
<input type="checkbox"/> CPS will initiate ICPC process if family lives out of state: complete ICPC Placement Request Packet per CPS policy 9311 and 9314	Click here to enter a date.
<input type="checkbox"/> Other Specific Regional Protocols:	Click here to enter a date.
<input type="checkbox"/> 2INGAGE will schedule and conduct presentation staffing: <ul style="list-style-type: none"> • Discussion with prospective adoptive family information regarding the child, the case record and to answer any questions. Allow family to speak to the therapist and foster parents. TAC 749.3395	Click here to enter a date.
<input type="checkbox"/> 2INGAGE and CPS will develop transition plan. TAC 749.3371	Click here to enter a date.
<input type="checkbox"/> CPS will: <ul style="list-style-type: none"> • Discuss Adoption Assistance with the family; and • Provide family with information about Post Adoption Services. TAC 749.3461	Click here to enter a date.
<input type="checkbox"/> CPS will complete Inter-Regional Child Placement Agreement - Child Placed Across Regional Lines - Adoption (form 2076) for supervision of the child ONLY if a child is placed out of region 2.	Click here to enter a date.
<input type="checkbox"/> 2INGAGE will ensure child has Psychological or Developmental Evaluation: <ul style="list-style-type: none"> • 0-18 months: within 30 days of ado placement • 18months - 4 yrs old: within 3 months of ado. Placement (ECI) • Age 5 and older: within 6 months TAC 749.3349	Click here to enter a date.

<input type="checkbox"/> CPS and 2INGAGE will ensure a discussion with the child(ren) is held about prospective family for their input, thoughts, feelings.	Click here to enter a date.
<input type="checkbox"/> 3 weeks prior to submitting adoption assistance packet to adoption assistance eligibility unit, CPS will: <ul style="list-style-type: none"> • Obtain necessary documentation from 2INGAGE to complete Level of Care (LOC) review; and • Complete LOC review. 	Click here to enter a date.
<input type="checkbox"/> CPS will ensure that the entire adoption assistance packet is complete and provided to the adoption assistance eligibility unit per CPS handbook 1560 and regional protocol. Obtain necessary documentation from 2INGAGE to complete the adoption assistance packet. <i>TAC Chapter 700, Subchapter H</i>	Click here to enter a date.
<input type="checkbox"/> 2INGAGE will ensure the adoptive family is registered in CLASS in order to establish a VIN for the family in IMPACT.	Click here to enter a date.
<input type="checkbox"/> CPS will create 2054 to 2INGAGE and provide a copy of the 2054 to 2INGAGE (see CBC Adoption Placement & Service Authorization Process).	Click here to enter a date.
<input type="checkbox"/> Other Specific Regional Protocols:	Click here to enter a date.
<input type="checkbox"/> CPS will provide 2INGAGE with an adoption placement packet with all applicable signed forms, including: <ul style="list-style-type: none"> • Adoptive Placement Agreement (Form 2226) • Adoptive Assistance Agreement (form 2253c) • Medical Consenter (form 2085b); • Child's medical & educational records. <i>TAC 749.3373</i>	Click here to enter a date.
<input type="checkbox"/> 2INGAGE will discuss and provide copies of the placement packet to the adoptive family.	Click here to enter a date.
<input type="checkbox"/> CPS will notify eligibility specialist that the adoptive placement is complete & the foster care eligibility needs to end.	Click here to enter a date.
<input type="checkbox"/> 2INGAGE will send notification via email to end daycare.	Click here to enter a date.
<input type="checkbox"/> CPS will enter adoptive placement in IMPACT.	Click here to enter a date.
<input type="checkbox"/> 2INGAGE will ensure monthly home visits with child/youth and adoptive family. <i>TAC 749.3421, 749.3425</i>	Click here to enter a date.
<input type="checkbox"/> CPS will conduct quarterly home visits with the child in the adoptive home.	Click here to enter a date.

<input type="checkbox"/> 2INGAGE will provide support to adoptive family: therapy/specialist referrals, referrals to local adoptive parent support groups, etc. <i>TAC 749.3423</i>	Click here to enter a date.
<input type="checkbox"/> Other Specific Regional Protocols:	Click here to enter a date.
<input type="checkbox"/> 2INGAGE will ensure the family is advised to retain an attorney for the consummation.	Click here to enter a date.
<input type="checkbox"/> 2INGAGE will ensure the Petition for Adoption is requested from the family's attorney and provided to CPS.	Click here to enter a date.
<input type="checkbox"/> 2INGAGE will ensure the family is provided with information about Post Adoption Services. <i>TAC 749.3461</i>	Click here to enter a date.
<input type="checkbox"/> 2INGAGE will ensure the Adoption Court Report is completed. <i>TAC 749.3741-3753</i>	Click here to enter a date.
<input type="checkbox"/> CPS will send the family's attorney/ensure family's attorney has: <ul style="list-style-type: none"> • Termination order • Family's home screening(s) • child's birth certificate • HSEGH, • Court Report, • Waiver of Consent • Affidavit Concerning Interstate Compact 	Click here to enter a date.
<input type="checkbox"/> CPS and 2INGAGE will attend Consummation hearing.	Click here to enter a date.
<input type="checkbox"/> CPS will enter legal status, legal action and narratives in IMPACT.	Click here to enter a date.
<input type="checkbox"/> CPS will discharge 2INGAGE from placement & services in IMPACT.	Click here to enter a date.
<input type="checkbox"/> CPS will close case.	Click here to enter a date.

CBC ADOPTION PLACEMENT/SERVICE AUTHORIZATION PROCESS

CBC Adoption Placement and Service Authorization Process			
	Is the child in a foster-to-adopt placement who is ready to adopt the child?	Is the child in an approved kinship-to-adopt placement who is ready to adopt the child?	Is the child in a foster placement and ready to be placed in a NEW adoptive placement?
Prior to entering child's placement:	CPS supervisor will open the ADO stage in IMPACT in order to get subsidy paperwork ready.	CPS supervisor will open the ADO stage in IMPACT in order to get subsidy paperwork ready.	CPS supervisor opens the ADO in IMPACT in order to get subsidy paperwork ready.
At the time of placement in the adoptive home:	CPS worker completes a 2054 service authorization in the ADO stage for Post-placement supervision (pays for costs associated with seeing the family through consummation.)	CPS worker completes a 2054 service authorization in the ADO stage for Adoptive placement services.	CPS worker completes a 2054 service authorization in the ADO stage for Adoptive placement services and Post-placement supervision.
Once the adoption placement is completed:	CPS worker ends the placement in the child's SUB stage and enter the child's placement in the ADO stage in IMPACT. Both placement actions occur on the same day. * Leave the SUB stage open.	CPS worker ends the placement in the child's SUB stage and enter the child's placement in the ADO stage in IMPACT. Both placement actions occur on the same day. * Leave the SUB stage open.	Once the child is physically placed in the NEW adoptive home, CPS worker ends the placement in the child's SUB stage and enters the child's new placement in the ADO stage in IMPACT. Both placement actions occur on the same day. *Leave the SUB stage open.

Types of Adoption Services

Pre-Consummation Services (2054 = Placement services)		Post-Consummation Services (2054 = Post-placement supervision)
Foster-to-<u>New</u> Adopt Home	Kinship-to-Adopt	Supervision of the Adoptive Placement
Case Review	Home Screening	Facilitate Sibling Contact
Pre-Placement Visits (between the child & prospective adoptive family)	Household Members Background Checks	Progression to Consummation (supervision of placement, written reports, legal & policy requirements)
Adoption Placement Documentation	Supervision of the Adoptive Placement	Delays in Consummation (review of placement with CPS & contractor and develop a revised Plan of Service)
Home Screening	Progression to Consummation (supervision of placement, written reports, legal & policy requirements)	Disrupted Placement
Household Members Background Checks	Delays in Consummation (review of placement with CPS & contractor and develop a revised Plan of Service)	Court Related Services: <ul style="list-style-type: none"> • Testimony (judicial hearings, court depositions & admin reviews) • Court Related Assistance (assist adoptive family & their attorney to complete consummation process)
Training for Adoptive Homes	Court Related Services: <ul style="list-style-type: none"> • Testimony (judicial hearings, court depositions & admin reviews) • Court Related Assistance (assist adoptive family & their attorney to complete consummation process) 	Adoption Service Plan

Adoption Preparation of the Child	Adoption Service Plan	Adoption Preparation of the Child
	Adoption Preparation of the Child	

CPS/SSCC Adoption Protocols

Key Points:

- SSCC functionality only exists in SUB stage currently = SSCC can only document in specified sections of SUB stage;
- SSCC can have secondary, view-only access to ADO stage, as they can to the FSU stage; there is no SSCC functionality in the ADO or FSU stages;
- The SSCC Child Placement Referral requires that the reference SUB stage be open for the referral to remain active;
- Summary of ADO functionality in IMPACT:
 - **Pre-Adoptive SSCC Placement Services** (pre-consummation services): Requires SUB stage to remain open. Includes ADO recruitment activities & placement supervision (up to subsidy). The relevant system areas were:
 - Placement (initial recording of the Placement as SSCC as licensed adoptive home scenario) until the subsidy kicks in.
 - Child Plan (Adoption Plan in the SUB stage before child is placed in adoptive home).
 - Service Authorization (recording of SSCC pre-adoptive placement services in the ADO stage): As it stands now, similar to PAL Trainings provided by the SSCC, DFPS Staff must continue to complete these Service Authorizations
 - Contacts (SSCC recording of adoptive services activities in SUB stage is part of future IT enhancement)
 - **Post-Adoptive SSCC Placement Supervision Services** (post-consummation services). Requires SUB stage to remain open as long as service documentation and input by the SSCC is required/desired. The relevant system areas would be:
 - Child Plan (Adoption Plan in the SUB stage after child is placed in adoptive home)
 - Contacts (SSCC recording of post-adoptive placement supervision services in the SUB stage)
 - Service Authorization (recording of SSCC post-adoptive placement supervision services in the ADO stage)

- What are the implications if the adoption service plan is created from the SUB stage (ADO stage is open & the child's placement has been entered in ADO stage)?
 - It is considered best practice to enter the adoption service plan in the ADO stage when the child's placement has been entered in the ADO stage; however, if the adoption service plan is completed in the SUB stage with the ADO stage is open, all service plans completed during the case, regardless of the stage, can be viewed in the ADO stage under the "case service plans" tab.
- 2054 service authorizations for Adoption Services in the ADO stage of service:
 - Always issued to the SSCC (not to the individual CPA);
 - Issued by service type;
 - Units = 1;
 - Check all children that will receive the service (the amount the SSCC receives differs depending on the size of the sibling group);
 - Dates of authorization are usually issued for 3 months or more depending on how long services are desired by the SSCC.

REGION 2 TIP SHEET FOR ICPC CASES

1. **Out of State Home Studies** - Caseworker will make the Region 02 ICPC Coordinator, Angela Meador, Secondary on the children's sub stage in IMPACT. Do this when you begin working on the ICPC.
2. **Caseworker will set up the 100A for each child in IMPACT.** Caseworker will then submit the 100A to their supervisor for approval. The Caseworker will scan "one packet of all documents below" and email to the Regional ICPC Coordinator who will upload them in the 100A of the oldest child once the supervisor approves the 100A. Do Not Scan Individual Items Into The 100A and Do Not Email Them As Separate Attachments to the Coordinator. Supervisors should make the Regional ICPC Coordinator, Angela Meador, the next approver. The email should be sent to the DFPS Region 02 ICPC mailbox, not to personal email address, because someone else monitors the mailbox when Coordinator is on extended leave. Be mindful if you forget and get an out of office reply from Coordinator's personal email to send the packet to the ICPC mailbox for processing. **This is critical on Expedited Requests.**
3. **States that require a "Foster Care Request" on anyone except a parent are:** California, Connecticut, Hawaii, Maine, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New Mexico, Pennsylvania, Rhode Island, Tennessee, Vermont, Virginia, Alabama if placement is with cousin, great aunt/uncle or great grandparents, South Carolina if placement with 2nd cousin, great aunt/uncle or great grandparents

The following items must be printed out and scanned into one ICPC packet for each request:

- ___ **Interstate Compact Placement Request:** for each child in case located bottom drop down of 100A. Multiple children can be named on this form but 100A must be done in each child.
- ___ **Cover Letter:** completely filled out located bottom drop down of 100A. Multiple children can be named on this one form.
- ___ **Financial/Medical Form:** located bottom drop down of 100A. Each child must have their own Financial/Medical form.
- ___ **Regulation 2 Form:** in Smiley Forms under ICPC. Not required if it is a Regulation 7 Request
- ___ **Affidavit**
- ___ **Temporary Orders**
- ___ **Current Permanency Review Hearing Order** (if applicable)
- ___ **Termination Order** (if plan is Adoption)
- ___ Copy of **Birth Certificate**
- ___ Copy of **Social Security Card**

- ___ **Medical Records:** medical / dental / immunizations / psychological / developmental assessments
- ___ **School Records:** ARD, report cards
- ___ **Child's Plan of Service:** for each child
- ___ **FPS Checks:** on all adults

For Expedited Regulation 7 Requests the following must be additionally included:

- ___ **Sending State Priority Home Study Request:** located bottom drop down of each 100A. Multiple children can be named on this form.
 - ___ **Statement of Case Manager/Potential Placement/Party under ICPC Regulation 7:** Expedited, Smiley Forms - commonly called the Regulation 7 checklist - Form ICPC105)
 - ___ **Regulation 7 Priority Home Study Request Court Order signed by the Judge:** Save this form for last. Legal should be notified prior to court that an Expedited Order is to be requested. Legal will prepare this order for the Judge to sign. Give them adequate time. Have all other documents ready to scan and then request the Judge to sign. There is only a 48 hour window for submitting to ICPC once the Judge signs. *If deadline is not met you will have to ask the Judge to sign it again.*
4. **Prior to Out of State Placement** the Caseworker must email the Well Being Specialist, John Clymer, to make him aware of the planned move of the child. Well Being Specialist will then advise the Caseworker on how to make this transition from Star Health easier. The Caseworker will need to review all medication for the child and secure a minimum of 3 months of medication to give to the new caregiver at the time of placement. **A placement should not be made until this can be ensured as there is typically a delay in getting services set up for the child in the new state.**
 5. **Notices of Out of State Placements:** Caseworker will set up the **100B for each child** immediately upon placement. This 100B will request the receiving state begin supervision. Caseworker will submit to their supervisor for approval. The Supervisor will make the Regional ICPC Coordinator the next approver. The Caseworker will scan in one packet all documents relating to the placement that have not previously been sent such as new medical information, social security cards, birth certificates, and school records and email to the Regional ICPC Coordinator who will upload them into the 100B of the oldest child. The email should be sent to the DFPS Region 02 ICPC mailbox, not to personal email address. **Caseworker must enter the new placement in IMPACT immediately.**
 6. **Immediately, upon Out of State Placement, an email must be sent to the appropriate Regional Eligibility Specialist, Janet Elliott:** stating the child has been moved to another state on MM-DD-YYYY and request closure of Texas foster

care Medicaid so the Relative can have Medicaid opened in the new state. The Eligibility Specialist must have a request by email to do this for audit purposes. Normally this is processed within a day and within two to three days the Relative can apply to have the new state open their Medicaid. There is no alert or task to notify this be done so the Caseworker must ensure it is.

7. **All Quarterly Supervision Reports should be forwarded by the caseworker to their Supervisor for approval.** Supervisors will then print, sign and forward the document to the Regional ICPC Coordinator. The Regional Coordinator will upload the Quarterly Report into the 100B document section. The TX ICPC Specialist will receive a Task in their To Do of the upload and will forward the report to the sending state.
8. **Case Closures- Court documents should be emailed to the Regional Coordinator when the new 100B indicating PMC to parent or relative or adoption is created.** 100Bs must be sent to authorize the other state to stop supervision if DFPS no longer has custody or to give permission to close their case if the placement will not be used in the event a home study on relative is not deemed suitable.
9. **FAD Home Studies with License and Memo** should be scanned and emailed to the DFPS Region 02 ICPC mailbox, not to personal email address. The documents will be appropriately uploaded by the Regional Coordinator into the 100A.
10. **All Inquiries for Status of a submitted request** should be emailed to the DFPS Region 02 ICPC mailbox, not to State Office ICPC Specialists. Caseworkers should have monthly contact by phone/email with the assigned out of state caseworker. Monthly contacts should be entered in IMPACT for all TX children placed out of state. If you need contact information for an out of state assigned worker please email the Regional ICPC Coordinator for that contact information. The out of state worker is required to see our TX children monthly. It is possible you will only receive a formal report quarterly but you may be able to get monthly emails or phone calls you can document. It is up to you to develop a good relationship with your courtesy caseworker.
11. **If you are assigned to supervise an ICPC placement** you are responsible to enter the placement in IMPACT. *(Regional Coordinator routinely does this for you.)* You should not complete any narratives regarding the placement as the other state made the placement, not you. You are only documenting the child is placed with relative/fictive kin/parent in Region 02. You should then update the person list with the address where the child is placed so that when the relative applies for Medicaid it will match the relative's address. You are required to see the children each month and provide a supervision report that runs continuous for 3 months and then is submitted to your supervisor for signature. The supervisor then submits to the Regional ICPC Coordinator who uploads into the 100B. Multiple

children in the same household can be named on one report and the upload should be marked as Case Specific so the report will reflect in all children's documents.

12. **Once the child is seen each month at the home a contact should be entered in IMPACT with the basic information filled in.** No narrative is required, however, you should enter into the Comment section - "See 100B Supervision Report". No monthly evaluation contact is required for an ICPC placement. Regional expectation is supervision reports will be recorded monthly on the Quarterly Supervision Report and will be forwarded to the supervisor for approval once 3 months are on the report.
13. **Caseworkers should review ICPC Policy in Section 9000 of the CPS Handbook.** There is also ICPC Training on-line to assist you in preparing requests. Should you have specific questions or need help please contact me anytime.