DFPS

TEXAS
Department of Family
and Protective Services

Texas Child-Centered Care System and Placement Resource Guide

January 2025

Child
Protective Services

Table of Contents

Introduction

The *Texas Child-Centered Care (T3C) System and Placement Resource Guide* provides useful information to support Child Protective Services (CPS) and Single Source Continuum Contractor (SSCC) staff in effectively performing their job duties. This information includes reference material, procedures, and guidelines that assist Department of Family and Protective Services (DFPS) and SSCC staff in effectively performing their job tasks required for children in care.

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

- Make essential decisions;

- Develop strategies to address various issues;

- Perform essential procedures;

- Understand important processes; and

- Identify and apply best practices.

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

CPS Policy 4222.2

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

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

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

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

1. The T3C System

Overview

When DFPS is named temporary or permanent managing conservator of a child, youth, or young adult, staff become responsible for selecting a placement which keeps the child safe, supports the child's permanency plan, and best meets the child's needs. Placements take a variety of forms. Whenever possible, placement should be with non-custodial parents, kin, and other significant connections. When a placement with a non-custodial parent or kinship placement is not feasible, for whatever reason, then the alternative is regulated foster care.

Unless otherwise specified in policy, the actions are required for any placement, whether it is an initial or subsequent placement.

The provisions in policy presume the caseworker complies with other policies related to removals for an initial placement or general substitute care policies for a subsequent placement.

The placement process and determining what services a child will need while in placement are interdependent decisions. This resource guide will provide guidance, recommendations, and procedures regarding the placement process, information about the T3C System and how it effects placement decisions. See also **Appendix A. Glossary**.

The T3C Holistic Approach

T3C is a child-centered approach focusing on the child, youth, or young adults' specific needs. T3C is not just about placement. It is a holistic approach of ongoing or continual assessment of child's needs, and the best way to meet those needs in service planning and placement decisions.

Key questions to guide and aid caseworkers and the Permanency Team in their decision making to best meet the child's needs during their time in foster care are listed in Figure 1.

Figure 1. Key Questions to Aid in Decision Making for the T3C Holistic Approach
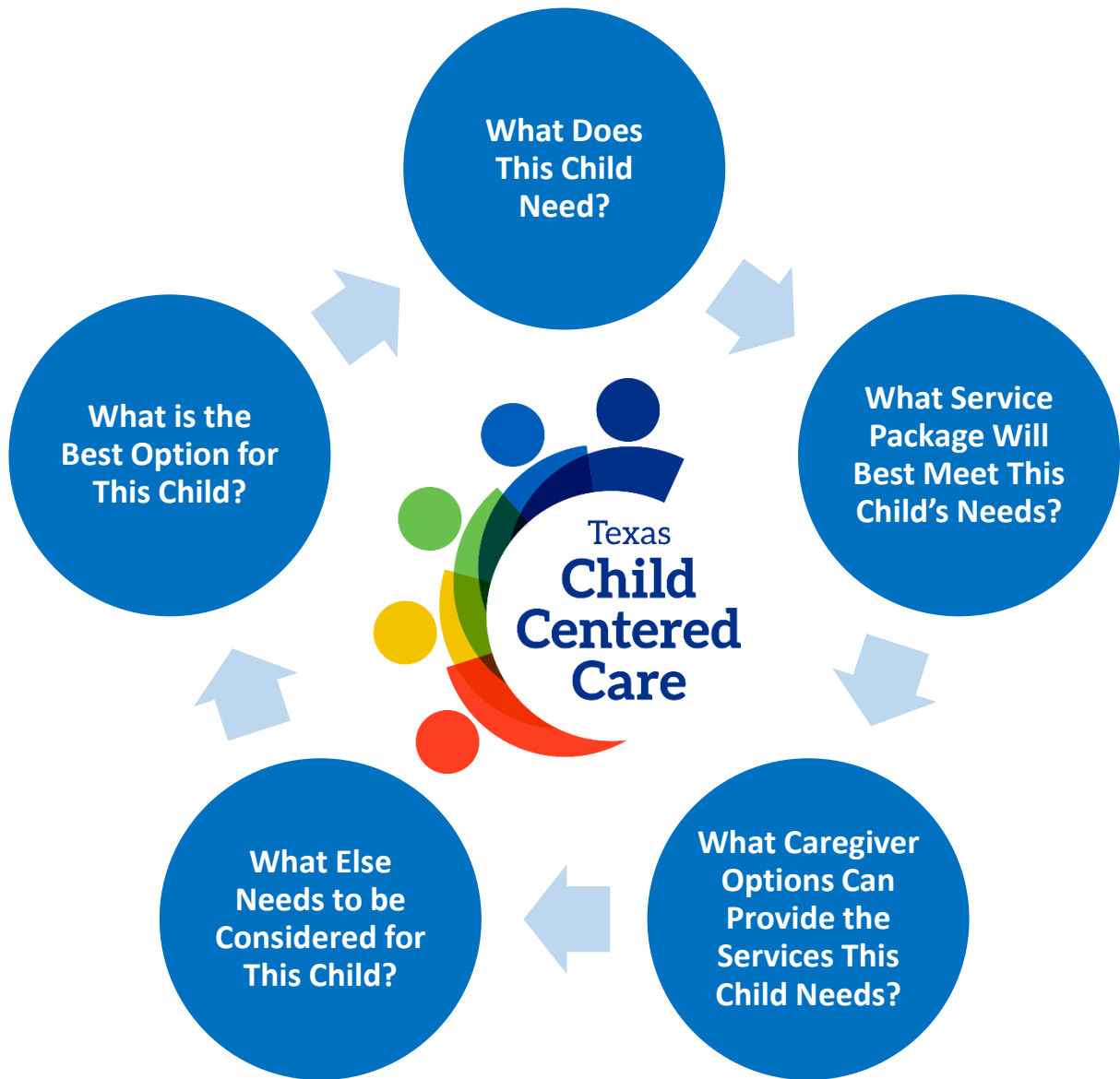
T3C System Concepts

Under T3C, children, youth, and young adults are assessed, matched, and placed with a child-placing agency (CPA), foster family home, or GRO specialized in providing a specific type of service known as a service package.

It is important for caseworkers to understand these concepts of Service Packages, Add-On Support Services, and credentialed caregivers because the caseworker will be making the decision about what service package best meets the child's needs based on all the information available to them.

CPS Policy 4300

See Texas Child-Centered Care System and its subitems.

See **CPS Policy 4300**.
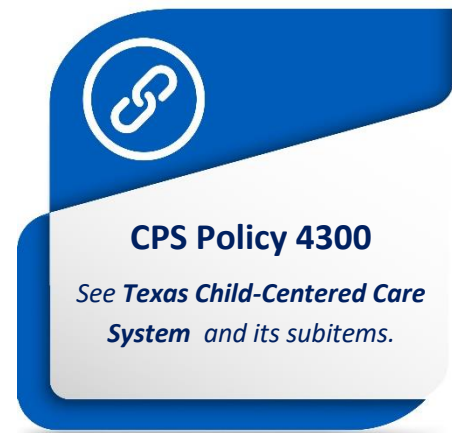
Table 1 lists the pertinent concepts to understanding the T3C System.

Table 1. T3C System Concepts

Concept	Description
Service Package	• A clearly defined set of criteria intended to meet the custom needs of the child. • Caregivers will be credentialed to provide specific service packages. • Children, youth, and young adults may have competing needs; however, only one primary service package will be determined at the time of placement and serve as the basis for the single daily reimbursement rate.
Credentialed	For the purpose of T3C, a credentialed provider means a CPA, GRO, or foster home has met the qualifications to offer a specific Service Package or Add-On Support Service (CPA only) as determined by DFPS.

Concept	Description

Add-On Support Service	• A set of clearly defined criteria with an established daily rate supporting eligible children, youth, and young adults with specific needs living with a credentialed caregiver supported by a credentialed CPA that includes one or more of the following services:
	
	   ▸ Transition support services for youth and young adults 14 years and older;
	
	   ▸ Kinship caregiver support services (paid to CPA only); and
	
	   ▸ Pregnant and parenting support services.
	
	• Each Add-On Support Service has a unique daily rate, and dependent on child and provider eligibility for service(s), is added to the daily rate for the primary Service Package.

Implementation Phases

During the T3C System implementation phases, Texas will be operating under multiple systems – the legacy service level system and the T3C System. While a child or youth is in care, they must have either an active Service Level or Selected Service Package. A child or youth cannot have an active Service Level and Selected Service Package for the same timeframe.

2. T3C Service Packages

T3C features a diverse service array customized to each child, youth, or young adult offered by three provider types:

1. **Foster Family Homes:** Nine distinct Service Packages;
2. **GRO Tier I Facilities:** Nine distinct Service Packages; and
3. **GRO Tier II Facilities:** Six distinct Service Packages.

Based on the child, youth, or young adult's unique needs, they may also be eligible for up to three distinct Add-On Support Services if placed with a CPA or foster family home specialized in providing the needed service(s).

Foster Family Homes

Service Packages

Nine Foster Family Homes service packages are available for children, youth, and young adults in DFPS conservatorship. Figure 2 describes these Service Packages.

Figure 2. Foster Family Homes Service Packages

Foster Family Home Service Packages	For Children, Youth, or Young Adults:
T3C Basic Support Services	Determined to have no primary or urgent medical or mental health needs.

Foster Family Home Service Packages	For Children, Youth, or Young Adults:
Substance Use Support Services	• Presenting with a substance-related disorder *Diagnostic and Statistical Manual of Mental Illnesses, 5th Edition* (DSM-5) diagnosis; **or** • Having challenges with recurring substance use; **and** • Requiring routine clinical intervention.
Short-Term Assessment Support Services	• New to care or are transitioning from an unpaid placement and more information is needed to understand the child's custom service need(s); **or** • Returning to foster care after an unauthorized absence or unauthorized placement; **or** • Transitioning based on a recent, un-planned, disruption in placement; **and** • Needing further assessment(s) and evaluation(s) to identify an appropriate Service Package and subsequent placement.
Mental & Behavioral Health Support Services	• Presenting with or has pending an emotional, conduct, or behavioral disorder(s) DSM-5 diagnosis; **and** • Needing routine clinical intervention, such as therapy, education, and/or medication.

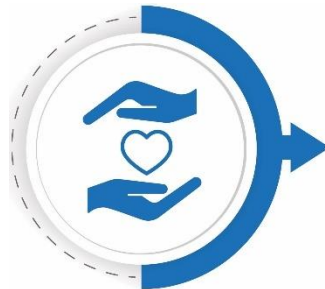| Foster Family Home Service Packages	For Children, Youth, or Young Adults:

Sexual Aggression & Sex Offender Support Services	• Presenting with **one or more** of the following:
	  ‣ On-going, socially, and developmentally inappropriate displays of sexualized behavior; **or**
	  ‣ Sexually aggressive behavior; **or**
	  ‣ Sexual behavior disorder DSM-5 diagnosis; **or**
	  ‣ Adjudication as a sexual offender; **and**
	• Requiring routine clinical intervention and skilled caregiver support to manage day-to day activities.

Complex Medical Needs & Medically Fragile Support Services	• With a medical diagnosis requiring constant monitoring, access to skilled nursing, and other care up to 24 hours a day/7 days a week (based on eligibility); **or** • Presenting with a complex medical need such as uncontrolled diabetes; **and** • The person's well-being depends on the support, direction, or service of others.
Human Trafficking Victim & Survivor Support Services	• Suspected-unconfirmed or confirmed victim or survivor of sex and/or labor trafficking; **and** • Requiring routine clinical intervention to support and manage day-to-day activities.
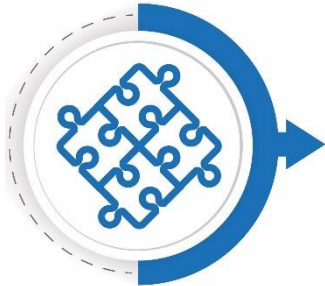
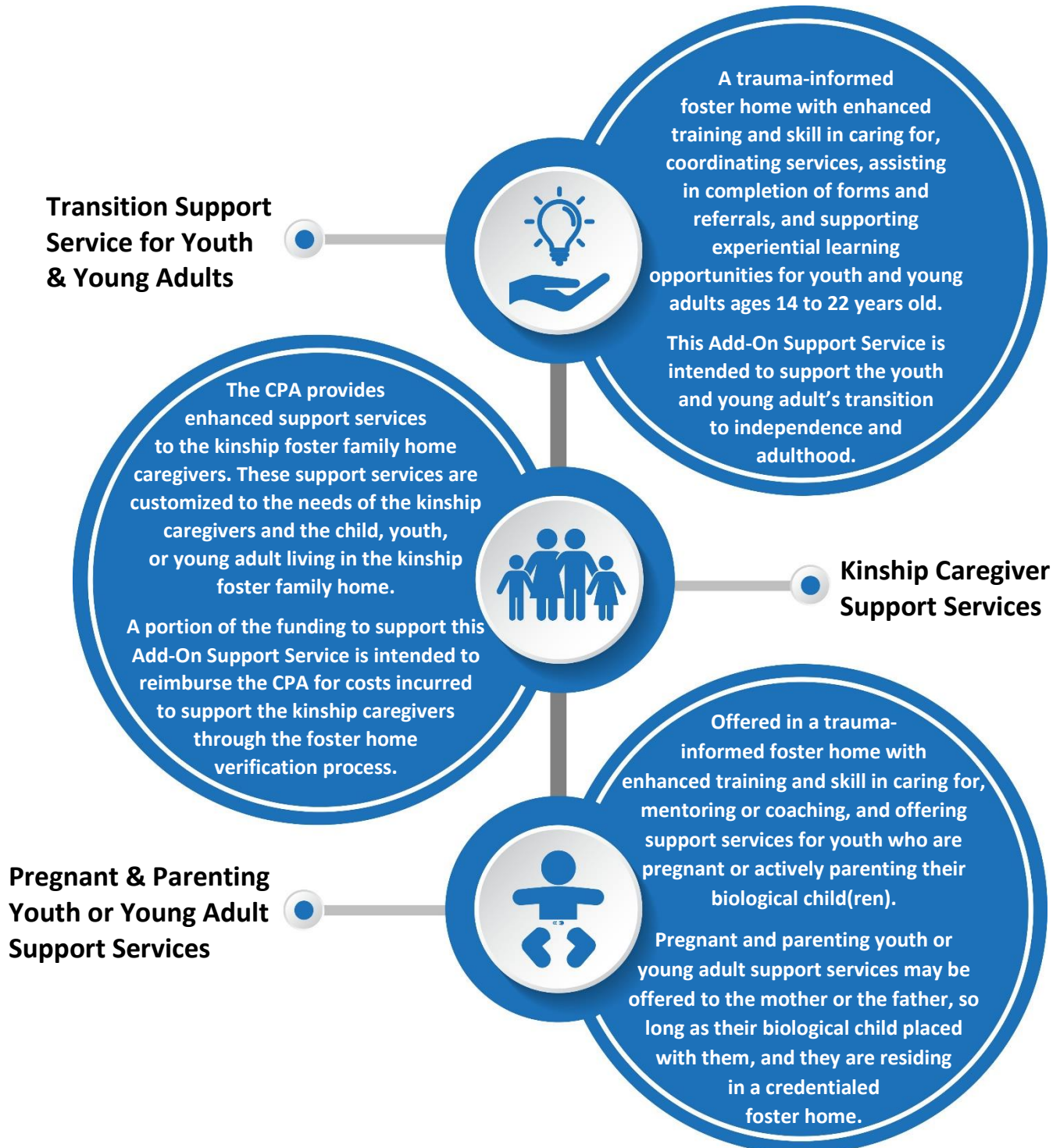| Foster Family Home Service Packages	For Children, Youth, or Young Adults:
IDD & Autism Spectrum Disorder Support Services	• Presenting or has pending an Intellectual or Developmental Disability (IDD) and/or Autism Spectrum Disorder DSM-5 diagnosis; **and** • Requiring routine clinical intervention and structure to support and manage day-to-day activities.
T3C Treatment Foster Family Care (TFFC) Support Services	• Presenting with an emotional, conduct, or behavioral disorder DSM-5 diagnosis; **and** • Needing structured and frequent clinical intervention and complex case management to support and manage day-to-day activities. Also, recipients may demonstrate **two or more** of the following: • Major self-injurious actions, including a suicide attempt within the last 12 months; • Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; **or** • An additional DSM-5 diagnosis of substance-related and/or addictive disorder with severe impairment.

Add-On Support Services

Add-On Support Services are available for child or youth placed in a Foster Family Home Service Package, **other than** the Short-Term Assessment Support Services Package. These are described in Figure 3 below.

Figure 3. Foster Family Homes Add-On Support Services

Transition Support Service for Youth & Young Adults

A trauma-informed foster home with enhanced training and skill in caring for, coordinating services, assisting in completion of forms and referrals, and supporting experiential learning opportunities for youth and young adults ages 14 to 22 years old.

This Add-On Support Service is intended to support the youth and young adult's transition to independence and adulthood.

The CPA provides enhanced support services to the kinship foster family home caregivers. These support services are customized to the needs of the kinship caregivers and the child, youth, or young adult living in the kinship foster family home.

A portion of the funding to support this Add-On Support Service is intended to reimburse the CPA for costs incurred to support the kinship caregivers through the foster home verification process.

Kinship Caregiver Support Services

Pregnant & Parenting Youth or Young Adult Support Services

Offered in a trauma-informed foster home with enhanced training and skill in caring for, mentoring or coaching, and offering support services for youth who are pregnant or actively parenting their biological child(ren).

Pregnant and parenting youth or young adult support services may be offered to the mother or the father, so long as their biological child placed with them, and they are residing in a credentialed foster home.

GRO – Tier I Treatment and Transition

Service Packages

Children, youth, or young adults are placed in a Tier I Treatment/Transition Service Packages when the extent of the treatment needed exceeds the ability of a foster family home to manage. Figure 4 describes these service packages.

Figure 4. GRO Tier 1 Service Packages

GRO – Tier I Service Packages	For Children, Youth, or Young Adults:
 T3C Basic Child Care Operation	• When the extent of treatment needed exceeds the ability of a foster family home to handle requiring structured and frequent, on-site therapy and clinical intervention, and complex care coordination and case management services to support and manage day-to-day activities; **or** • Efforts are being made to keep a sibling group together.

GRO – Tier I Service Packages	For Children, Youth, or Young Adults:
Sexual Aggression & Sex Offender Treatment Services to Support Community Transition	Presenting with **one or more** of the following: • On-going, socially, and developmentally inappropriate displays of sexualized behavior; **or** • Sexually aggressive behavior; **or** • Sexual behavior disorder DSM-5 diagnosis; **or** • Adjudication as a sex offender; **and** • Requirement of structured and frequent on-site, clinical intervention by professionals with experience in serving this population, complex case management, and skilled and well-trained caregivers to manage day-to-day activities. Also, recipients may present with an emotional disorder DSM-5 diagnosis and **two or more** of the following: • Major self-injurious actions, including a suicide attempt within the last 12 months; • Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; **or** • An additional DSM-5 diagnosis of substance-related and/or addictive disorder with severe impairment.

| GRO – Tier I Service Packages	For Children, Youth, or Young Adults:
Services to Support Community Transition for Youth & Young Adults Pregnant or Parenting	• Youth or young adult is pregnant or actively parenting their own biological child(ren); **and** • Extent of treatment services exceeds the ability of a foster family home to handle.
Substance Use Treatment Services to Support Community Transition	• Presenting with or has a pending DSM-5 diagnosis for substance related and/or addictive disorder causing severe impairment; **and** • Requiring structured and frequent, on-site, clinical intervention, and complex care coordination and case management to support and manage day-to-day activities.

GRO – Tier I Service Packages	For Children, Youth, or Young Adults:
Emergency Emotional Support & Assessment Center Services	• New to care, or transitioning from an unpaid placement, with suspected but unconfirmed, or confirmed behavioral health need(s); **or** • Transitioning after a stay in a psychiatric hospital; **or** • Returning to foster care after an unauthorized absence, or unauthorized placement with a suspected but unconfirmed or confirmed behavioral health need(s); **or** • Transitioning based on a recent unplanned disruption in placement where a suspected but unconfirmed or confirmed behavioral health need(s) was a factor contributing to the disruption; **and** • Needing of further assessment(s) and evaluation(s) to identify an appropriate service package and subsequent placement. Recipients requiring this service package require frequent, on-site clinical intervention and complex care coordination and case management services to support and manage day-to-day activities.

Complex Medical Needs Treatment Services to Support Community Transition	• Presenting with
	  ▸ Complex medical conditions, which may include uncontrolled diabetes with a documented history of non-compliance with medication management; **or**
	  ▸ A medical diagnosis; **and**
	• May not be able to live without mechanical supports or the services of others because of life threatening conditions, including:
	  ▸ The inability to maintain an open airway without assistance;
	  ▸ The inability to be fed except through a feeding tube, gastric tube, or a parenteral route;
	  ▸ The use of sterile techniques or specialized procedures to promote healing, prevent infection, prevent cross-infection or contamination, or prevent tissue breakdown; **or**
	  ▸ Multiple physical disabilities including sensory impairments.
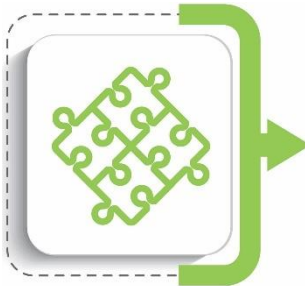
GRO – Tier I Service Packages	For Children, Youth, or Young Adults:
IDD & Autism Spectrum Disorder Treatment Services to Support Community Transition	• Presenting with or has pending an IDD and/or Autism Spectrum Disorder DSM-5 diagnosis; **and** • Requiring structured and frequent, on-site therapy and clinical intervention, and complex care coordination and case management services to support and manage day-to-day activities. Also, recipients may have behavior characterized by prominent, severe deficits and pervasive impairment in **one or more** of the following areas: • Conceptual, social, and practical adaptive skills to include daily living and self-care; • Communication, cognition, or expressions of affect; • Self-care activities or participation in social activities; • Responding appropriately to an emergency; **or** • Multiple physical disabilities, including sensory impairments.

Human Trafficking Victim & Survivor Treatment Services to Support Community Transition	• Determined to be a victim or survivor of sex and/or labor trafficking; **and**
	• Requiring structured and frequent, on-site therapy and clinical intervention and complex care coordination and case management services to support and manage day-to-day activities.
	
	Recipients qualifying for this placement may be determined to be a victim or survivor of trafficking based on **one or more** of the following criteria:
	• As a result of a criminal prosecution or currently alleged to be a victim or survivor of trafficking in a pending criminal investigation or prosecution.
	• Identified by the parent or placement agency as a victim or survivor of trafficking; **or**
	• Determined by the operation to be a victim or survivor of trafficking based on reasonably reliable criteria, including **one or more** of the following:
	  ▸ The child's own disclosure as a victim or survivor of trafficking;
	  ▸ The assessment of a counselor or other professional; **or**
	  ▸ Evidence the child was recruited, harbored, transported, provided to another person, or obtained for the purpose of forced labor or commercial sexual activity.
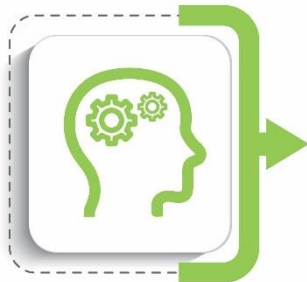
GRO – Tier I Service Packages	For Children, Youth, or Young Adults:
Mental & Behavioral Health Treatment Services to Support Community Transition	• Presenting with or has a pending emotional, conduct, or behavioral disorder DSM-5 diagnosis; **and** • Requiring structured and frequent, on-site therapy and clinical intervention, and complex care coordination and case management services to support and manage day-to-day activities. Also, recipients may demonstrate **two or more** of the following: • Major self-injurious actions, including a suicide attempt within the last 12 months; • Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; **or** • An additional DSM-5 diagnosis of substance-related and/or addictive disorder with severe impairment.

GRO – Tier II Stabilization Support

Service Package

For children, youth, or young adults to be placed in a General Residential Operations (GRO) specializing in Tier II Stabilization Support Service Packages, a Child and Adolescent Needs and Strengths (CANS) Assessment is required to determine the necessity. Children, youth, and young adults who qualify for these Services Packages require daily on-site intervention and highly complex care coordination and case management services to support their emotional stability and well-being. Figure 5 describes these Service Packages.

Figure 5. GRO Tier II Service Packages

GRO – Tier II Service Packages	For Children, Youth, or Young Adults:
Sexual Aggression & Offender Services to Support Stabilization	• Experiencing challenges with a lack of impulse control presents with **one or more** of the following: ▸ On-going, socially, and developmentally inappropriate displays of sexualized behavior; **or** ▸ Sexually aggressive behavior; **or** ▸ Sexual behavior disorder DSM-5 diagnosis; **or** ▸ Adjudication as a sex offender; **and** ▸ For whom other forms of specialized treatment have been tried and rendered unsuccessful, and/or treatment in a less-restrictive setting such as in a Foster Family Home or GRO- Tier I facility is not safe and appropriate based on individualized need(s); **and** ▸ Absent the Tier II intervention, the child, youth, or young adult's well-being or that of others they interact with may be at risk.

| GRO – Tier II Service Packages	For Children, Youth, or Young Adults:
	Also, recipients may present with an emotional, conduct, or behavioral disorder DSM-5 diagnosis and **two or more** of the following: • Major self-injurious actions, including a suicide attempt within the last 12 months; • Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; **or** • An additional DSM-5 diagnosis of substance-related and/or addictive disorder with severe impairment.
 Substance Use Services to Support Stabilization	• Experiencing challenges with a lack of impulse control; **and** • Presenting or has pending a DSM-5 diagnosis for a substance related and/or addictive disorder with severe impairment. Also, recipients may present with **one** of the following: • Major self-injurious actions, including a suicide attempt within the last 12 months; **or** • Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; **and** • For whom other forms of specialized substance use and addictive disorder treatment have been tried and rendered unsuccessful, and/or treatment in a less-restrictive setting such as a Foster Family Home or GRO- Tier I facility is not safe and appropriate based on individualized needs; **and** • Absent the Tier II intervention, the child, youth, or young adult's well-being or that of others they interact with may be at risk.
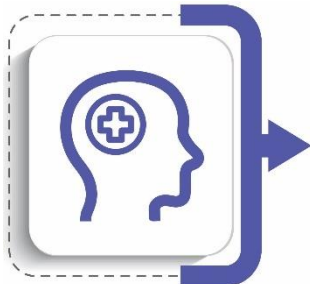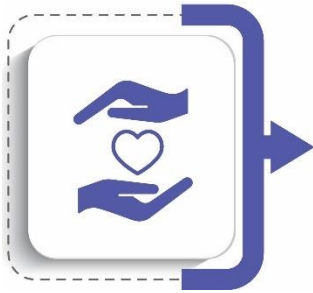
GRO – Tier II Service Packages	For Children, Youth, or Young Adults:
 Aggression & Defiant Disorder Services to Support Stabilization	• Experiencing challenges with a lack of impulse control; **and** • Presenting with or has pending an oppositional defiant disorder or other conduct disorder DSM-5 diagnosis. Also, recipients may present with **two or more** of the following: • Severe and chronic challenges in school, with peers, and/or in other social settings; **or** • Severe and chronic challenges with authority and following rules beyond what would be considered age-appropriate behavior; **or** • Recurring delinquent behaviors which may have resulted in juvenile justice or law enforcement involvement; **or** • Major self-injurious actions, including a suicide attempt within the last 12 months; **or** • Difficulties that present a significant risk of harm to others, including frequent or unpredictable violence or physical aggression; **or** • An additional DSM-5 diagnosis of substance-related and/or addictive disorder with severe impairment; **and** • For whom other forms of specialized treatment have been tried and rendered unsuccessful, and/or treatment in a less-restrictive setting such as in a Foster Family Home or GRO - Tier I facility is not safe and appropriate based on individualized needs; **and** • Absent the Tier II intervention, the child, youth, or young adult's well-being or that of others they interact with may be at risk.

GRO – Tier II Service Packages	For Children, Youth, or Young Adults:
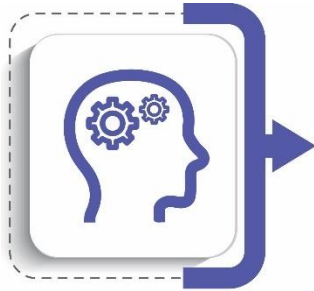
Complex Mental Health Services to Support Stabilization
	• Experiencing challenges with a lack of impulse control; **and**
	
	• Presenting with or has pending multiple, co-occurring DSM-5 diagnoses for emotional, behavioral, neurological, and/or developmental disorder(s).
	
	Also, recipients may demonstrate two or more of the following:
	
	• Major self-injurious actions, including a suicide attempt within the last 12 months; **or**
	
	• Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; **or**
	
	• An additional DSM-5 diagnosis of substance-related and/or addictive disorder with severe impairment; **and**
	
	• If one of the co-occurring DSM-5 diagnoses is IDD or Autism Spectrum Disorder, the child's behavior is characterized by prominent, severe deficits and pervasive impairment in **one or more** of the following areas (of development if diagnosis is Autism Spectrum Disorder):
	
	  ▸ Conceptual, social, and practical adaptive skills to include daily living and self-care; **or**
	
	  ▸ Communication, cognition, or expressions of affect; **or**
	
	  ▸ Self-care activities or participation in social activities; **or**
	
	  ▸ Responding appropriately to an emergency; **or**
	
	  ▸ Multiple physical disabilities, including sensory impairments; **and**
	
	  ▸ For whom other forms of specialized treatment have been tried and rendered unsuccessful, and/or treatment in a less-restrictive setting such as a Foster Family Home or GRO- Tier I facility is not safe and appropriate based on individualized needs; **and**
	
	  ▸ Absent the Tier II intervention, the child, youth, or young adult's well-being or that of others they interact with may be at risk.

GRO – Tier II Service Packages	For Children, Youth, or Young Adults:

Complex Medical Services to Support Stabilization
	• Presenting with a complex medical diagnosis defined as either:
	  ▸ One or more diagnoses that affect multiple organ systems; **or**
	  ▸ One long-term health condition that results in functional limitations, high health care needs or utilization, and often the need for medical technology; **and**
	• May have a dual DSM-5 diagnosis for an emotional, behavioral, neurological, and/or developmental disorder(s), including **one or more** of the following:
	  ▸ Major self-injurious actions, including a suicide attempt within the last 12 months; **or**
	  ▸ Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; **and**
	  ▸ If the one of the DSM-5 diagnoses is IDD or Autism Spectrum Disorder, the child's behavior is characterized by prominent, severe deficits and pervasive impairment in **one or more** of the following areas (of development if diagnosis is Autism Spectrum Disorder):
	    ◊ Conceptual, social, and practical adaptive skills to include daily living and self-care;
	    ◊ Communication, cognition, or expressions of affect;
	    ◊ Self-care activities or participation in social activities;
	    ◊ Responding appropriately to an emergency; **or**
	    ◊ Multiple physical disabilities, including sensory impairments.
	
	Also, recipients may present with a medical diagnosis requiring the use of mechanical supports or services of others because of life threatening conditions, including:
	• The inability to maintain an open airway without assistance;
	• The inability to be fed except through a feeding tube, gastric tube, or a parenteral route;
	• The use of sterile techniques or specialized procedures to promote healing, prevent infection, prevent cross-infection or contamination, or prevent tissue breakdown; **or**
	• Multiple disabilities including sensory impairments.

GRO – Tier II Service Packages	For Children, Youth, or Young Adults:

**Human Trafficking Victim &
Survivor Services to Support
Stabilization**
	• Experiencing challenges with a lack of impulse control;
	
	• Determined to be a victim or survivor of sex and/or labor trafficking; **and**
	
	• Presenting with or has pending an emotional, behavioral, neurological, and/or developmental disorder DSM-5 diagnosis.
	
	Recipients qualifying for this placement may be a victim or survivor of trafficking based on **one or more** of the following criteria:
	
	• As a result of a criminal prosecution or currently alleged to be a victim or survivor of trafficking in a pending criminal investigation or prosecution;
	
	• Identified by the parent or placement agency as a victim or survivor of trafficking; **or**
	
	• Determined by the operation to be a victim or survivor of trafficking based on reasonably reliable criteria, including one or more of the following:
	
	  ▸ The child's own disclosure as a victim or survivor of trafficking;
	
	  ▸ The assessment of a counselor or other professional; **or**
	
	  ▸ Evidence that the child was recruited, harbored, transported, provided to another person, or obtained for the purpose of forced labor or commercial sexual activity.

3. The CANS 3.0 Assessment

Overview

The CANS is a universal assessment tool for children, youth and young adults used to develop the Child's Plan of Service (CPOS). The CANS has been updated and will now also help inform the child's needs and the selection of service packages provided by a caregiver.

The **CANS 3.0 Assessment** is used to gather information about the strengths and needs of the child to plan for services that will help the child and family reach their goals, as well as help identify the optimal service package that best fits the needs of the child or youth.

If a child is receiving T3C services, the CANS Assessment is completed by CANS assessors, embedded in each SSCC catchment area or DFPS legacy region (areas not yet transitioned to CBC).

See **CPS Policy 6431**.

CPS Policy 6431

See CANS Assessment and its subitems.
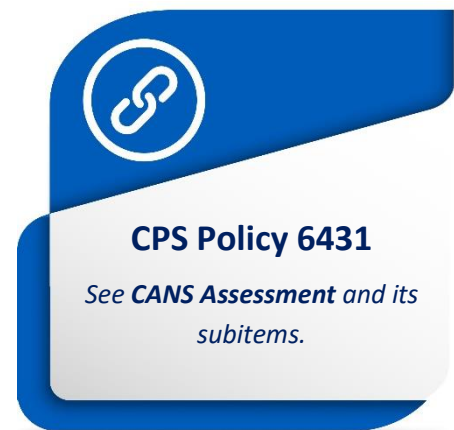
Children, youth, and young adults receive a CANS 3.0 Assessment at the following times listed in Figure 6.

Figure 6. CANS 3.0 Assessment Intervals

Children Ages 3 to 17 in DFPS Conservatorship and Young Adults Ages 18 to 21 in Extended Foster Care

- **Within 30 days** of removal;
- **Within 30 days** after the child's third birthday, if the child turns 3 years old while in DFPS conservatorship;
- **Every 90 days** if the child is receiving therapeutic services, unless placed in the following:
  - Unverified kinship home;
  - Child's own home;
  - T3C Basic Foster Family Home Support;
  - Short-Term Assessment Support;
  - Tier I: T3C Basic Child Care Operation; or
  - Tier I: Emergency Emotional Support and Assessment Center Services;
- **At least annually**; and
- **Upon special request** of the child's caseworker when:
  - A placement change is needed, and the existing CANS recommended service package no longer accurately reflects the child's needs;
  - A CANS is court-ordered; or
  - The child's needs or situation has significantly changed.

Children Ages 3 to 5 in DFPS Conservatorship

- **Within 21 days** after entering the placement when receiving:
  - Short-Term Assessment Support Services; or
  - Tier 1: Emergency Emotional Support and Assessment Center Services.

For ease of use, the term "child" or "children" is used throughout the document to refer to people throughout the entire age range.

Tracking Report

The *CANS Tracking Report* is the primary tool CANS assessors utilize for children they are assigned to:

- Track due dates for the initial, 90-day, and annual CANS; **and**

- Ensure CANS completion within expected deadlines.

Best Practices

When conducting the CANS, assessors will employ the following best practices:

- Utilize a person-centered approach in all processes, including the interviews (i.e., a conversational style that is individualized, empathetic, and empowering); and

- Conduct the assessment at a time which is most convenient for the child and family which may be outside of regular business hours.

Additionally, when possible, the assessor who completed the child's most recent CANS will complete all subsequent CANS.

See the ***DFPS 3 in 30 Resource Guide*** for when a child is not receiving T3C services.

Note

*If a child is **not** receiving T3C services, refer to the* **DFPS 3 in 30 Resource Guide**.
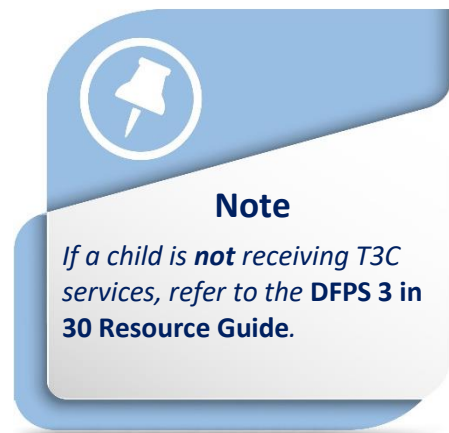
Conducting the CANS

Child Information Review

To begin the CANS process, CANS assessors will review child information present in the child's IMPACT case record or within neuDocs (formerly known as OneCase). Some information may not be present or available to review.

Document Resources

For the initial CANS, the assessor may review a list of documents. For annual or 90-day scheduled CANS reviews, the assessor may review any new information since the last CANS including the information listed. See Figure 7 for the detailed lists of Initial and 90-Day or Annual CANS document resources.

Figure 7. CANS Document Resources

Initial CANS:	90-Day or Annual CANS:
- Affidavit for Removal; - Application for Placement; - Abuse and/or Neglect History in IMPACT; - Current investigations; - Prior investigations, Family Based Safety Services (FBSS), and conservatorship history; - Placement history; - Provider notes and documents; - CPOS; and - Any other prior assessments, medical, and educational records as available.	- Last CANS Assessment; - Contact Narratives; - Updated Application for Placement; - New Abuse and/or Neglect History in IMPACT, - New Placement History in IMPACT; - New provider notes and documents found in the case record or within neuDocs; - Updated CPOS in IMPACT; - Serious Incident Reports; and - Any other new assessments, medical, and educational records as available.

Participant Interviews

After reviewing the child's case information, CANS assessors will interview the child, as well as people involved with the child who have information in which to inform the CANS Assessment. Information reviewed from the child's case record may supplement for interviewing certain participants.

To inform the CANS, the assessor may interview the following people listed in Figure 8.

Figure 8. CANS Potential Interviewees

The Following People May be Interviewed for the CANS:

- Child;
- Current caregiver(s) (kinship or foster);
- Parents (birth and/or adopted);
- Prior caregivers (former foster parent and kinship caregiver) if applicable;
- Other family members (birth and/or adopted);
- Child's caseworker;
- DFPS and SSCC staff involved in the case (i.e., investigators, placement staff);
- Any other professionals or advocates involved in the child's care team (i.e., therapists, counselors, school personnel, ad litem, service providers, Court Appointed Special Advocate volunteers); and
- People with frequent and on-going relationships with the child (i.e., youth pastors).

Interview Requirements

Figure 9 details the interview requirements for the Initial and 90-Day or Annual CANS.

Figure 9. CANS Interview Requirements

Initial CANS:	90-Day or Annual CANS:
- For the initial CANS, the assessor must interview the: - Child; - Parent(s); and - Current caregiver. - Based on the child's preference and best interest, interviews may be conducted: - In-person; - Virtually; or - By phone. - The assessor must attempt to engage the child's parent(s) unless extenuating circumstances exist that would be contrary to the child's best interest.	- For a 90-Day or Annual Scheduled CANS reviews, the assessor must interview the: - Child; and - Current caregiver. - Based on the child's preference and best interest, interviews may be conducted: - Virtually; or - By phone.

Initial CANS at Removal

There will be situations where the need for a placement is urgent such as an initial removal, and there is no time to complete the CANS 3.0 Assessment, pre-placement visit, etc.

In circumstances of an initial removal, the caseworker should use their knowledge of the child's needs, as well as their professional judgment, to select a Recommended Service Package they believe will best meet the child's needs until a CANS Assessment can be completed.

If a child is receiving T3C services, the caseworker submits the **Affidavit of Removal** the day after the removal to the DFPS or SSCC **CANS Request mailbox** based on the child's legal region or SSCC catchment area.

Note

*The CANS assessor will schedule, coordinate, and complete the CANS Assessment **within 30 days** of removal.*

***Exception:** The timeline is **21 days** of removal for children receiving:*

- *Short Term Assessment Support Services; or*
- *Tier I: Emergency Emotional Support & Assessment Center Services*

The caseworker must put the child's name, Person ID, and case number in the subject line of the email.

When a Child Turns 3 Years Old

If a child is receiving T3C services, the DFPS or SSCC CANS assessors uses the *CANS Tracking Report* to monitor when the child is eligible to have their initial CANS completed.

The CANS assessor will schedule, coordinate, and complete the CANS Assessment **within 30 days** of the child's third birthday.

90-Day Scheduled Review

A 90-Day CANS Assessment is required if a child is receiving T3C services or with any therapeutic placement with the SSCC. CANS assessors use the *CANS Tracking Report* to review deadlines for the 90-Day CANS. The CANS assessor begins coordination of the re-assessment **30 days prior** to the 90-Day CANS due date. The CANS assessor completes the re-assessment by the **due date of the 90-Day CANS**.

Annual Scheduled Review

If a child is receiving T3C services, CANS assessors use the *CANS Tracking Report* to review deadlines for the Annual CANS. The CANS assessor begins coordination of the re-assessment **30 days prior** to the Annual CANS due date. The CANS assessor completes the re-assessment by the **due date of the Annual CANS**.

Special Requests

A Special Request CANS is the need for a CANS Assessment that does not fall into the initial, 90-day, or annual requirement. Figure 10 lists the situations when a caseworker may submit a Special Request CANS in consultation with their supervisor.

Figure 10. When to Submit a Special Request

Submit CANS Special Request If:
• The child's needs have significantly changed; • A court orders the CANS; or • The Selected Service Package no longer meets the child's needs.

Action

*If the CANS Assessment is court ordered, the caseworker has **one business day** to submit the CANS Request Form and the court order to the CANS Request Mailbox.*

Special Request CANS should be made as soon as the need is identified to allow sufficient time for the CANS Assessment to be completed.

Submit the **CANS Request Form** to the **CANS Request mailbox** based on the child's legal region or SSCC area.

The CANS assessor will schedule, coordinate, and complete the CANS Assessment **within 30 days** from the date the request form was submitted; however, completion timeframes may be adjusted based on specified needs.
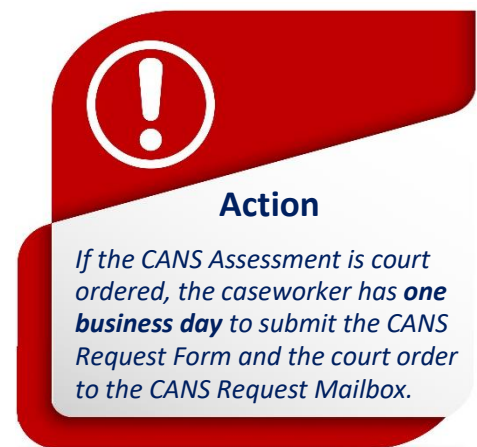
Debriefing

The CANS assessor will document the debrief in IMPACT under the Contact Detail page. Figure 11 explains the CANS debriefing timelines caseworkers should expect.

Figure 11. CANS Debriefing Timelines

Initial CANS:	All Other CANS:

• The CANS assessor discusses the results of the assessment with the caseworker, as soon as possible, but **no later than five calendar days** after the CANS is completed.
 	
• This can be done through an informal meeting or other venue.
	• A debriefing is only needed if:
	  ▸ The recommended services or service package has changed from the previous CANS Assessment; or
	  ▸ The child's needs have significantly changed.

Documentation

CANS Assessor Responsibilities

On the CANS Assessment completion or next business day, the CANS assessor will:

- Document all assessment information into the eCANS web-based application, which feeds into Health Passport;

- Document participant information (name and relationship to the child) in the relevant narrative section in eCANS;

- Upload the CANS completion and summary reports into neuDocs; and

- Document the resulting Recommended Service Package into IMPACT.

Note

Caseworkers may access CANS information in neuDocs, the Health Passport, and on the Recommended Service Package page in IMPACT.

4. Recommended & Selected Service Packages

Recommended Service Package

The **Recommended Service Package** identifies the child's primary needs and is determined by the caseworker or the CANS 3.0 Assessment for those children required to have a CANS Assessment.

When a CANS Assessment is completed by a DFPS or SSCC CANS assessor, the CANS assessor will enter the Recommended Service Package in IMPACT.

Caution

A child cannot have an authorized service level and a Selected Service Package at the same time.

Children Under Age 3 and Emergency Placements

If the child is under the age of 3 or requires an emergency placement that does not allow time for a CANS Assessment, the caseworker will add the Recommended Service Package in IMPACT. The caseworker will use the information gathered throughout the case and their professional judgement to determine which Service Package best meets the child's needs.

After it is completed, the CANS Assessment can recommend a different service package from the one previously selected for the child. The caseworker must determine if the new Service Package should be selected rather than the previously Selected Service Package.

Selected Service Package

During the T3C transition period, not all residential placement options will be credentialed to provide T3C services. Based on the placement options identified, the caseworker determines if the child will be served under the T3C System or the legacy service level system. Figure 12 details the steps involved in choosing a **Selected Service Package**.

Note

*All children with a CANS Assessment have a **Recommended Service Package**, but only children in a paid T3C services package have a **Selected Service Package**.*

Figure 12. Selected Service Package Steps

STEP 1	STEP 2	STEP 3	STEP 4
Inform	**Review**	**Select T3C**	**Select Legacy**
After the placement search, the Placement Team provides the T3C or legacy service level information of each options. T3C options include the Service Packages the caregiver is credentialed to provide.	The caseworker reviews the placement options and determines if the child will be served under T3C or a legacy service level.	If the placement option chosen for the child is credentialed to provide T3C services, then a Selected Service Package is identified in IMPACT.	If the child is placed with a caregiver not credentialed to provide T3C services, a Selected Service Package will not be identified. The caseworker then follows the legacy service level system process to request a service level.

See the **Texas Service Levels Resource Guide** and **T3C Service Packages Overview**.

Overrides

The caseworker may choose a Selected Service Package that differs from the Recommended Service Package for various reasons, such as permanency achievement efforts, wellbeing outcomes, or capacity issues. These are considered override reasons and documented on the Selected Service Package page in IMPACT.

Caseworker Responsibilities

The Recommended Service Package and the CANS Assessment must be addressed in service planning. If the caseworker selects a Service Package not recommended by the CANS Assessment, the caseworker is expected to address all needs and services recommended by the CANS, even if they are not being provided under the Selected Service Package.

Within 24 hours of placement, the caseworker documents the Selected Service Package in IMPACT.

Action

*For placements under T3C, the Selected Service Package must be entered in IMPACT **before** the placement is entered.*

See Appendices **B. T3C Impact Guide** and **C. How to Look Up a Credentialed Resources**.

Confirmation Report

Each time a Selected Service Package is created for a child, whether initial or as part of the review process, the caseworker creates a *Service Package Confirmation Report*.

This report will replace the service level review documentation and is a confirmation of the current Recommended and Selected Service Packages and the associated start dates and end dates for those packages. This report must be sent to the provider case manager assigned to the child.

Reviewing Recommended and Selected Service Packages

The ongoing assessment and review of Recommended and Selected Service Packages is critical to the T3C model. It ensures the children's needs are being re-evaluated and any adjustments are being made to the service that they receive.

The Recommended and Selected Service Packages are reviewed and documented based on the type of package in which a child is placed and similar to the CANS Assessment review expectations. Table 2 provides the review cycle.

Caution

*A Selected Service Package not reviewed and updated in IMPACT **prior** to its end date will result in caregiver payments being suspended.*

Table 2. Recommended and Selected Services Packages Review Cycle

Service Package	Review Cycle
T3C Basic Foster Family Support Package	Annual
Short-Term Assessment Support Package	Annual
Tier I: T3C Basic Child Care Operation	Annual
Tier I: Emergency Emotional Support & Assessment Center Services	Annual
Therapeutic Service Packages	Every 90 Days

CANS Assessments

Responsibility for initiating the CANS review request depends on the system – T3C or legacy – servicing the child at the time.

- **Children Receiving T3C Services:** The review process is initiated by the DFPS or SSCC CANS assessor.

- **Children Receiving Services Through a Legacy Service Level:** The primary caseworker is responsible for initiating this process.

The primary caseworker will review the new recommendation generated from the CANS Assessment results and consider the best approach to meet the child's needs based on their professional judgement. Table 3 describes the new recommendation scenarios presented by the CANS Assessment and the next steps available to the caseworker.

Table 3. CANS Assessment New Recommendation Scenarios and Caseworker Next Steps

New Recommendation Scenario	Caseworker Next Steps
Same as Current Package	• Leave child in current T3C placement; and • Create a new 'Selected Service Package' with same T3C package chosen.
Different from Current Package and Caregiver **Credentialed** to Provide New Recommended Services	• Leave child in current T3C placement; and • Create a new 'Selected Service Package' with new T3C package chosen.

Different from Current Package and Caregiver **Not Credentialed** to Provide New Recommended Services	• Use professional judgement to determine if new T3C placement is needed that can provide the new T3C package.
	• If determine **No**:
	  ▸ Leave child in current placement;
	  ▸ Complete a new 'Selected Service Package' with package the caregiver is credentialed to provide;
	  ▸ Identify the 'Override Reason'; and
	  ▸ Explain how the CPOS will address any needed services.
	• If determine **Yes**: Submit placement search request to Placement Team for caregiver who can provide the Recommended Service Package.

See **Factors When Making Placement Decisions** and Figure 13 below.

Figure 13. T3C Service Package Review Process

1 — If child in T3C Placement, CANS assessor report identifies CANS review need – NO caseworker request needed.

2 — CANS Assessment Completed.

3 — CANS assessor ends the current Recommended Service Package, creates new one, and uploads CANS report into neuDocs.

4 — IMPACT sends alert and email to primary caseworker about new Recommended Service Package completion.

5 — If a different Service Package recommended, CANS assessor debriefs caseworker **within 5 calendar days** of CANS completion.

6 — **Within 3 business days** of debriefing, caseworker must notify provider's case manager of Recommended Service Package results.

New Recommended Package:

Same as Current

- Leave child in current T3C Placement;
- Create new Selected Service Package with same package; and
- Provide confirmation.

Different Than Current, BUT Caregiver IS Credentialed to Provide

- Leave child in current T3C Placement;
- Create new Selected Service Package with new package; and
- Provide confirmation.

Different Than Current, AND Caregiver is NOT Credentialed to Provide

Option 1:
- Leave child in current placement;
- Complete new Selected Service Package with credentialed caregiver, provide package confirmation; and
- Identify the Override Reason, explaining how any needed services will be addressed in CPOS.

Option 2: Submit placement search request to Placement Team for provider credentialed for Recommended Service Package.

35

Using the Child's Service Package in the CPOS

Any services coordinated or provided by the child's placement, which may be dependent on the child's current T3C Service Package, must be documented and referenced throughout the CPOS.

If a child is served under a T3C package not designed to meet the primary need identified by the CANS Assessment, the CPOS must address those needs.

See the *CPOS Reference Guide* in the **Conservatorship Toolkit** for direction and guidance on creating an individualized and intentional CPOS using current best practice guidelines and that meets federal Child and Family Services Review expectations.

5. The Placement Process

Overview

CPS Policy 4110 and its subitems detail the required actions at each point in the placement process. Unless otherwise specified, the actions are required for any placement, whether it is an initial or subsequent placement. The provisions in policy presume the caseworker complies with other policies related to removals for an initial placement or general substitute care policies for a subsequent placement.

CPS Policy 4110

*See **Actions Required Before Making a Placement** and its subitems.*

Placements take a variety of forms, and many factors influence the decision on where a child should be placed. Before determining the best available placement, the caseworker and supervisor consider a host of factors as listed in Figure 14.

Figure 14. Factors Affecting Placement Determinations

The Caseworker and Supervisor Consider These Placement Factors:

- The child's safety;

- The child's preferences and needs;

- The family's preferences;

- The permanency goal;

- Educational stability; and

- Placement with siblings.

The same factors which apply in making an initial placement will also hold true when a subsequent placement is necessary.

Initial Placement

Whenever a child or youth first enters conservatorship, the goal is to identify a placement credentialed in the Recommended Service Package that meets the child or youth's needs. While the goal is for the initial placement to be the last placement prior to the child achieving positive permanency, there will be times when the initial Recommended Service Package is not the same Service Package the CANS Assessment recommends, and the child or youth may need to be moved to a subsequent placement to receive appropriate services.

Short-Term Emergency Placement

Often times initial placements are made on an emergency basis either when:

- A child is removed from home, and placement is needed immediately; or

- A child's current placement is disrupted, and it is not possible to immediately find another caregiver credentialed in Recommended Service Package.

Staff must diligently complete a CANS Assessment to identify the Service Package that meets the child's needs when the child is initially placed in a:

- Short-Term Assessment Support Services Package; or

- Tier I: Emergency Emotional Support & Assessment Center Services Package.

Subsequent Placement

Children and youth who have been removed from their home have a high need for stability and continuity of care. To the extent possible, staff should avoid moving children or youth from one placement to another, especially when a child or youth has been in a placement for an extended period.

Staff may move a child or youth from an initial placement to a subsequent placement for various reasons such as those listed in Figure 15.

Figure 15. Possible Reasons for a New Placement

A Child May Be Moved to a New Placement When:
• A kinship caregiver is available to care for the child;
• The child is moving to their permanent home;
• The child achieves therapeutic goals and a less restrictive placement is appropriate;
• The child's service needs change, as indicated by the CANS Assessment and Recommended Service Package;
• The placement is unable to meet the child's needs; or
• The caregiver requests the child be moved.

Caseworker Responsibilities

When a new placement is necessary, the caseworker:

- Requests a placement search and arranges to move the child or youth;
- Prepares the child for the move to minimize the trauma of the change as much as possible.
- Takes the required actions as described in **CPS Policy 4110**.

Placement Settings

Child's Own Home

This term describes a child in DFPS conservatorship being placed back into the home from which the child was removed, as part of a monitored return to the home.

Substitute Care

This term refers to the care provided to all children and youth in DFPS conservatorship or young adults in extended foster care. Substitute care is comprised of all the various settings other than a child's own home and includes the living situations described in Figure 16.

Figure 16. Substitute Care Settings

CPS State Office Placement Team Prior Approval Required for:

- Non-custodial parent placement refers to placement with the parent who is not primarily responsible for a child's care;

- Kinship care includes placements with relatives and fictive kin without regard to any residential child-care facility, including a foster home, TFFC home, prospective adoptive home, GROs, or a comparable facility licensed or approved by another state or Indian Tribal licensing authority (see **CPS Policy 4114.11**); and

- A facility, CPA home, or foster/companion home operated, licensed, certified, or verified by another state agency, including:

  ‣ Texas Juvenile Justice Department (TJJD);

  ‣ Texas Department of State Health Services (DSHS);

  ‣ Texas School for the Deaf; and

  ‣ Texas School for the Blind and Visually Impaired.

DFPS or SSCC Approval Required for:

- An independent living arrangement, such as an apartment, for a child who is at least 16 years of age and is a planned aspect of the child's participation in Preparation for Adult Living services; and

- A Supervised Independent Living (SIL) contractor who provides SIL services to young adults 18 and older in extended foster care.

Other:

- Another living arrangement as ordered by the court.

Also see **CPS Policy 10460** and the ***Foster and Licensed Facility Placement Resource Guide***.

Regulated Foster Care

For the purpose of the placement policy, this is an umbrella term referring to foster caregivers and facilities which are:

- Verified by DFPS;

- Licensed by HHSC's Residential Child-Care Licensing (RCCL) division;

- Verified by an RCCL licensed CPA;

- Regulated by a comparable tribal authority or similar licensing entity in another state; or

- Exempt from RCCL-licensing because they are regulated by another state agency.

Regulated Caregiver Types

The five types of regulated foster caregivers include:

1. Foster Family Homes;

2. GROs;

3. Facilities comparable to Foster Family Homes or GROs licensed or approved by another state or an Indian Tribal Licensing authority;

4. Facilities under the authority of (regulated by) other state agencies; and

5. Other facilities regulated by the licensing entity of another state or operated by a state agency in another state.

The Application of Placement

The **Application of Placement** plays a critical role in the placement process. Every piece of information contained in the document informs the prospective placement about the child and provides them with the information necessary to determine how the child might adjust to and be successful in the placement.

This document provides the prospective caregiver with important information about the child's emotional and social needs such as those listed in Figure 17.

Figure 17. Application for Placement Contents

Important Information Found in the Application for Placement:
• Child's ability to interact with peers and adults;   • Child's ability to respond to redirections, rules, and consequences;   • Information about the child's strengths and interests which helps the prospective caregiver determine if they can provide for those needs and build upon those strengths; and   • Information about the child's family and connections.

It is essential to the placement process that the information in the Application for Placement be current and accurate. Figure 18 lists suggestions for creating a comprehensive and informative Application of Placement.

Figure 18. Suggestions for Completing the Application of Placement

Applications of Placement Should Include:
• Updates to the Application of Placement before any placement change;   • Descriptions of the child's behaviors using objective terminology;   • Specifics about behaviors and history, providing information about timeframes of the behaviors; and   • Descriptions the child's positive characteristics and strengths.

The Placement Team

The Placement Team is comprised of staff – the Centralized Placement Unit (CPU), residential treatment placement coordinators (RTPCs), and developmental disability specialists (DDS) – who specialize in specific types of placements as illustrated below in Figure 19.

Figure 19. Placement Team Staff
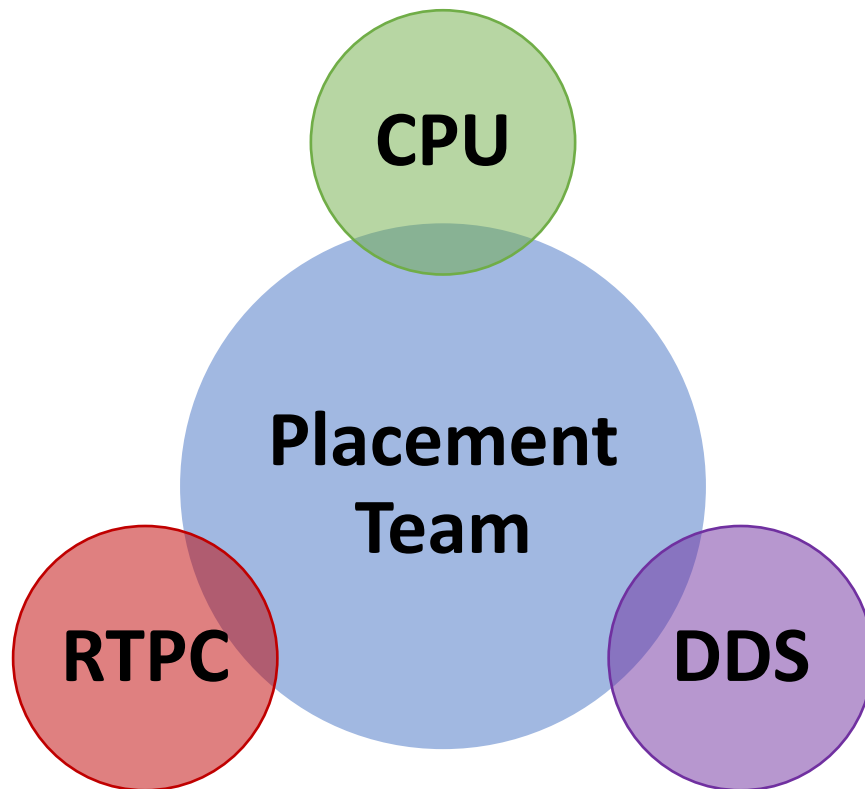
The Placement Team is responsible for securing placements for children and youth in DFPS' care; however, the Placement Team does not select the placement. The caseworker and supervisor are responsible for selecting the placement.

See **CPS Policy 4211**.

CPS Policy 4211

See Seeking Placement Through the Regional Placement Team.

Centralized Placement Unit

The child placement coordinators make up the CPU and use the General Placement Search (GPS) to identify the following types of placements listed in Figure 20.

Figure 20. GPS-Identified Placements

GPS-Identified Placements

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

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

Residential Treatment Placement Coordinators

RTPCs use the Child Placement Vacancy Database to seek placement for children in DFPS conservatorship who require a more structured setting. This includes the placements listed in Figure 21.

Figure 21. Placements with More Structured Settings

Placements with More Structured Settings

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

Developmental Disability Specialists

The DDS seek placement for children diagnosed with IDD as listed in Figure 22.

Figure 22. Placements for Children with IDD

Placements for Children with IDD

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

6. Placement Requests

Standard Placement Search Steps

Figure 23 details the standard placement search steps.

Figure 23. Steps for a Standard Placement Search

1 Referral	• **Caseworker:** Submits referral in accordance with **CPS Policy 4211.1**. • **Placement Team:** Assigns a placement worker to the referral.
2 Placement Team Review	**Placement Worker:** • Reviews the packet for completeness and accuracy within **24 hours or the next business day;** • Requests additional information from the caseworker and supervisor for any information missing or outdated; and • Elevates the request through the regional chain of command if the requested information is not received. *Note: Missing or incomplete documentation delays the placement search and ultimately the placement process.*
3 Placement Search	**Placement Worker:** • Initially searches in the child's home county (legal county) to ensure children remain within their communities or as close to their homes as possible; • Expands the search using a concentric circle approach to identify possible placements if an appropriate placement is unavailable in the child's legal county (result in a statewide search depending upon the child's individual needs); and • Searches appropriate vacancies via the GPS database to identify potential placement options. *Note: GPS collects vacancy and placement preferences from providers via data entry and electronic data transfer. It then views the youth's placement needs, abuse history, and sibling information to match those needs to a provider with availability and the capability to meet the child's needs.*

4

Placement Confirmation

Placement Worker:

- Reviews and compares all matches in the provider list to identify the best placement option for the identified youth;

- Sends the referral packet to and then contacts the provider whose vacancy is confirmed to discuss the child and the child's needs, and determines if the provider is authorized to provide the child's Recommended Service Package;

- Documents the contact made to each identified placement in the provider list in GPS contact log;

- Submits the placement packet to the provider for review and final consideration if the provider:

  ▶ Believes there is an appropriate caregiver to meet the child's needs and the Recommended Service Package; and

  ▶ Wants to review the placement packet for further consideration; and

- Requests a copy of the home study if the provider identifies an appropriate foster family for the child.

5

Placement Acceptance or Denial

Placement Worker:

- If the **provider accepts** placement:

  ▶ Conducts a GPS investigation history search to confirm no safety or licensing concerns;

  ▶ Reviews licensing variances, including variances pertaining to caregiver ratio, supervision, and training to assess any impact on the placement's ability to meet the child's needs;

  ▶ Verifies no abuse or neglect history and reviews in CLASS and IMPACT if there is an abuse or neglect history;

  ▶ Verify there is an active contract and the provider is credentialed to provide the child's Recommended Service Package;

  ▶ Review the names of the other children in the placement to ensure the caseworker and the potential caregiver are aware of any history of sexual aggression and/or victimization between this child and other children in placement; and

  ▶ Contacts the caseworker and supervisor and provides the information on the potential placement and any information found during the GPS Investigation History, CLASS, and IMPACT search.

- If the **caseworker and supervisor accept** the placement:

  ▸ Sends an e-mail confirmation to the caseworker with all identifying and contact information needed for the caseworker to secure the placement and arrange an admission date;

  ▸ Sends an email to the caseworker with the potential placement's home study;

  ▸ Reminds the caseworker to schedule a pre-placement visit; and

  ▸ Reminds the caseworker and supervisor of what to bring with them upon admission (i.e., required placement forms and a reminder to take the child's medications).

- If the **provider or caseworker declines** placement:

  ▸ Resumes the placement search.

6

Referral Closed

The referral is closed once placement is accepted and the youth is officially placed.

Paid Foster Care Placement Requests Steps

Figure 24 outlines the steps to request a paid foster care placement.

Figure 24. Steps for Requesting a Foster Care Placement

1 — Application for Placement

Caseworker:

- Completes or updates the Application for Placement; and
- Submits it to the Placement Team.

2 — Placement Team Review

Placement Worker:

- Reviews the packet for completeness and accuracy **within 24 hours or the next business day;**
- Requests additional information from the caseworker and supervisor for any information missing or outdated; and
- Elevates the request through the regional chain of command if the requested information is not received.

Note: Missing or incomplete documentation delays the placement search and ultimately the placement process.

3 — Placement Search

Placement Worker:

- Reviews the Application of Placement, along with the Recommended Service Package and the CANS Assessment (if not an emergency placement request);
- Identifies placement options, as well as the Service Packages available from the credentialed provider; and
- Emails the placement options with the credentialing status to the caseworker.

Note: If the placement option is on Heightened Monitoring, the placement worker sends the placement option to the regional director for approval.

4	**Caseworker:** • Works with supervisor determine which placement option is in the best interest for the child or youth; and • Places the child or youth into the selected placement.
Placement Determination	

Options Identified by the Placement Team

The Placement Team provides the caseworker with all the paid placement options identified as a result of the placement search by email. This email contains important information the caseworker needs in making the placement decision.

For each paid placement option identified, the Placement Team includes the information listed in Figure 25.

Figure 25. Information in Each Paid Placement Option

Paid Placement Option Information for the Caseworker:
• Resource name; • Resource address; • Resource ID; • Placement contact information; • Resource credentialing information; • Service Package discussed in securing placement;   ▸ If different than the Recommended Service Package, additional information about why an alternate package was negotiated. • Placement Confirmation Form; and • Any required placement forms.

Figures 26 and 27 capture the caseworker workflow described above in providing services and placement to children new to care and currently in care, respectively.

Figure 26. Caseworker Workflow for Services and Placement for a Child New to DFPS Care

1 Caseworker creates referral to SSCC, if needed.

2 Caseworker completes Application for Placement, submits referral packet to Placement Team, including what Recommended Services Package the child would need. based on professional judgment.

3 Placement Team notifies caseworker of placement worker assigned.

4 Placement Team conducts search based on Application for Placement, Recommended Service Package, and other placement packet information.

5 Placement options, including Heightened Monitoring and Credentialing status, provided to caseworker for placement selection.

6 Caseworker makes decision regarding placement selection, and if T3C, the Selected Service Package.

7 Caseworker completes placement activities including IMPACT documentation, Recommended and Selected Packages, and placement entry.

8 Is Child inT3C Placement?

- **YES:** Request CANS from DFPS or SSCC CANS Request Mailbox.

- **NO:** Request CANS from STAR Health.

Figure 27. Caseworker Workflow for Services and Placement for a Child Currently in DFPS Care

1 Caseworker creates referral to SSCC, if needed.

2 Caseworker reviews Recommended Service Package and rationale from the most recent CANS and determines if package still appropriate based in current needs.

3 If a new CANS is needed as a special request, caseworker submits to the CANS Request mailbox and continues to **Step 4**.

If not, skip to **Step 7**.

4 CANS Assessor Team notifies caseworker of assessor assigned to complete CANS.

8 Placement Team notifies caseworker of placement worker assigned.

7 Caseworker completes Application for Placement and submits request packet to Placement Team.

6 CANS assessor debriefs caseworker of CANS results and recommendations.

5 CANS assessor ends the current Recommended Service Package, creates new one, and uploads CANS report into neuDocs.

9 Placement Team conducts search based on Application for Placement, Recommended Service Package, and other placement packet information.

10 If new CANS is completed, Placement Team searches with consideration of the CANS and Recommended Service Package results.

11 Placement options, including Heightened Monitoring and Credentialing status, provided to caseworker for placement selection.

12 Caseworker:
- Makes decision on placement options and Selected Service Package; and
- Completes placement activities, including IMPACT documentation.

51

7. Placement Determinations

The most important consideration and non-negotiable factor in selecting any placement is the child's safety. Other than child safety, determining the most appropriate placement for a child is a complex decision that requires the caseworker to consider different and sometimes competing factors. The caseworker consults with their supervisor, and if applicable the program director or Placement Team.

Factors to Consider

Every time the caseworker selects a substitute caregiver, the caseworker must consider the factors listed in **CPS Policy 4114**, as well as additional factors listed in Figure 28 below.

Figure 28. Additional Placement Factors

Caseworkers Also Consider:

- Placement with non-custodial parents or kinship caregivers;

- The child's school and educational needs;

- The child's best interest;

- The child's permanency plan;

- The caregiver's ability to meet the child's needs;

- Recommended Service Package;

- The child or youth's preferences;

- The least restrictive, most family-like setting available;

- Close proximity to the child's home;

- Placement with siblings;

- The parent's recommendations; and

- The child's advocate recommendations.

CPS Policy 4114

*See **Required Factors to Consider When Evaluating a Child's Possible Placement.***

Caution

The caseworker may document a child's ethnicity, national origin, color, or race, but the law prohibits using these as a factor in the placement decision, except in extremely limited circumstances.

Additional Considerations

Caseworkers also consider the issues, as applicable, listed in Figure 29 when selecting substitute caregivers.

Figure 29. Additional Child, Parent, and Caregiver Considerations for Substitute Caregiver Selections

The Child's:

• Age;
 • Language;
 • Religion;
 • Gender identity;
 • Behavioral characteristics;
 • Special needs, including:
    ▸ Medical needs and medications;
    ▸ Therapeutic needs; and
    ▸ Physical, developmental, and recreational needs;
 • Ability to function in a family setting;
 • Need for supervision or structure;
 • Any sexually aggressive behavior;
 • Potential for victimization by other children;
 • History of previous placements;
 • Attachments in the current placement;
 • Safety from the alleged perpetrator;
 • Transportation requirements, especially for court-ordered visitation; and
 • Attendance at the same school, or at least in the same school district.

The Parents':

• Needs, concerns, and desires regarding the child's placement;
 • Ability to:
    ▸ Visit the child;
    ▸ Attend meetings regarding the CPOS; and
    ▸ Work with the child's caregiver.

The Caregiver's:

- Location;
- Language(s);
- Training, skills, and experience;
- Ability to:
  - ▶ Meet the child's emotional needs;
  - ▶ Manage the child's behavior;
  - ▶ Support the child's development of self-esteem;
  - ▶ Support the child's permanency plan;
  - ▶ Support the plan for parental visitation;
  - ▶ Meet the child's transportation requirements; and
  - ▶ Work with the child's parents;
- Capacity to:
  - ▶ Accept siblings; or
  - ▶ Help siblings stay in touch if they are placed separately;
- Special needs and capabilities;
- Ability to help children already in the home accept the child;
- Capacity and motivation to care for children of the child's age;
- Plans for vacation and respite care (and their possible effect on the child);
- Relationship (if a relative caregiver) to the child's parents; and
- Safety from the alleged perpetrator.

Procedural Issues

Additionally, caseworkers must address the procedural issues listed in Figure 30 when they select a substitute caregiver.

Figure 30. Caseworker Procedural Issues

Caseworkers Must Address:

- Availability of caregivers who can meet the child's needs;
- Recommended Service Package based on the CANS 3.0 Assessment;
- Completion of the Application for Placement;
- Other admission requirements, when applicable (i.e., psychological testing);
- Special procedural requirements, when applicable (i.e., waiving a licensing requirement);
- Time required to process the child's placement application; and
- Coordinating the placement with other agencies (i.e., TJJD, DSHS, etc.).

Caseworker Prompts

The questions listed in Figure 31 may help caseworkers identify the key issues in particular placements.

Figure 31. Helpful Questions to Identify Key Issues in Placements

Emergency or Nonemergency?

- Is this an emergency or nonemergency placement?
- If an emergency placement, can a more suitable placement be found within a few weeks?
- What issues must be addressed immediately?

Initial Placement?

- What issues are most important?
- How can the child, parents, and caregiver be involved in the placement process?

Subsequent Placement?

- What issues are most important?
- Can these issue be addressed in advance? If so, how?
- How can the child, parents, and caregiver be involved in the placement process?

Siblings?

- If one sibling must be transferred to a new caregiver, can the other siblings be transferred there too?

Resources?

- What resources are needed to support the placement?

Prohibited Considerations Based on Race, Color, National Origin, or Ethnicity

Federal Law

Federal law prohibits using race, color, national origin, or ethnicity to delay or deny a child's placement, or to deny applications the opportunity to become foster parents or adopt pursuant to 42 United States Code, Section 1996b, the Multiethnic Placement Act of 1994 as amended by the Interethnic Adoption Provision of 1996.

Note

For further guidance on these complex issues, staff may consult the regional attorney.
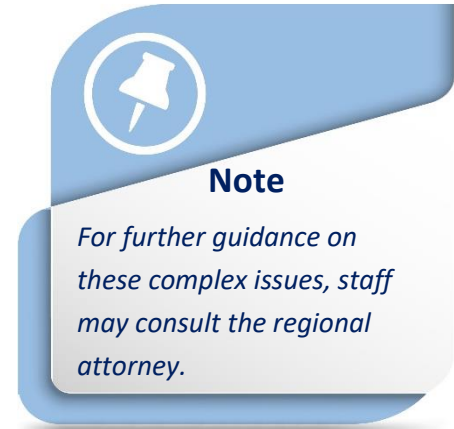
State Law

As required by Family Code, Sections **162.308** and **264.108**, state law prohibits:

- Selecting a foster or adoptive placement based on a presumption that placement in a home of the same race or ethnicity as the child is in the child's best interest;

- Delaying or denying a foster placement or an adoption to locate a family of a particular race or ethnicity; and

- Removal of a child from a home solely based on the family's race or ethnicity.

Exception

An exception could be made only if an independent psychological evaluation indicates placement with a family of a particular race or ethnicity would be detrimental to the child.

Grounds for Termination

A state employee who violates these prohibitions is subject to immediate dismissal.

CPS Policy

Refer to **Appendix 4115: Information to Consider About Race, Color, and National Origin in Placement Decisions**.

8. Placement Preferences

Non-Custodial Parents, Siblings, Kinship, and Others with Significant Relationships

The general order of preference for placement with relatives and other connections is:

1. Non-custodial parents;

2. Relatives and fictive kin; and

3. Other connections, such as:

    - Former foster parents;

    - Inactive former foster parents; and

    - Families who have adopted the child's siblings.

CPS Policy 4114.1

*See **Preference for Relatives and Other Connections** and its subitems.*

See **CPS Policy 4114.1**.

Parents

As defined by **Family Code, Section 101.024**, a parent is:

- The mother;

- A man:

    ‣ Presumed to be the father;

    ‣ Legally determined to be the father;

    ‣ Adjudicated to be the father by a court competent jurisdiction; or

    ‣ Who has acknowledged his paternity under applicable law; or

- An adoptive mother or father.
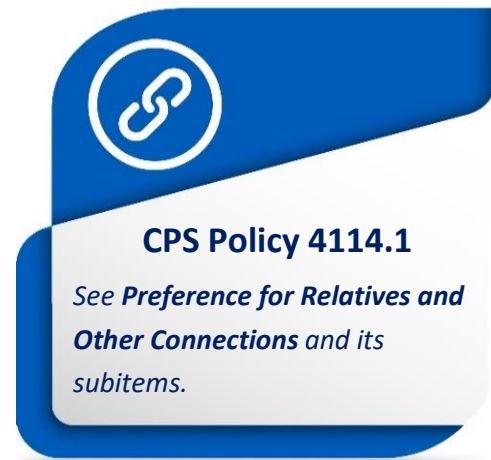
Non-Custodial Parent

For purposes of placement, a non-custodial parent is a parent who is not primarily responsible for a child's care.

When a child's removal from the home is necessary, DFPS or the SSCC must make every effort to identify and locate a non-custodial parent willing and suitable to care for the child.

Often the child is already familiar with their non-custodial parent. They may maintain an ongoing relationship. The non-custodial parent may have a personal interest in the child, and more significantly, a constitutionally protected interest in the parent's relationship with the child barring safety concerns about the non-custodial parent.

DFPS or the SSCC should not recommend dismissal of its conservatorship case following placement with a non-custodial parent without first discussing with the attorney representing DFPS because consideration must be given to DFPS' requirement to make reasonable efforts to reunify the child with the parent from whom the child was removed. Rather, DFPS should continue to work with both parents while reunification is the permanency goal for the case.

CPS Policy 6200

*See **Case Planning for Positive Permanency** and its subitems.*

See **CPS Policy 6200**.
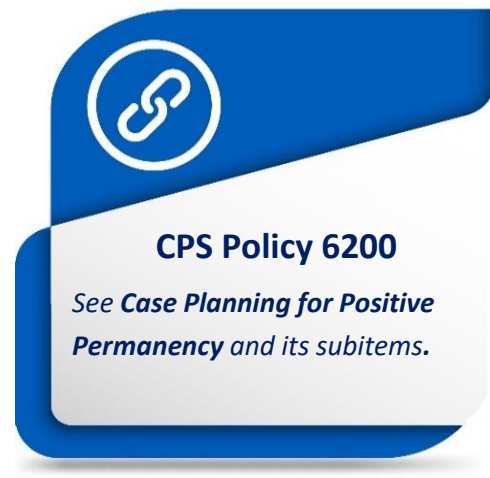
Caseworker Responsibilities

It is not necessary to complete any home study on any parent before placement. Instead the caseworker must:

- Complete a CPS background and Texas Department of Public Safety criminal background check on all household members over the age of 14;

- Conduct a home visit; and

- Assess the parent's ability to meet the child's needs while providing a safe home.

Remember an absent parent did not necessarily know about the abuse and/or neglect. It is necessary to establish a safety reason to rule out placement, rather than making a determination based upon a personal bias or value about the absent parent's decisions or presence in the child's life.

Siblings

Siblings are considered relatives of the child, and staff are required to make reasonable efforts to place child siblings into the same placement.

The sibling relationship is the longest relationship a child will have with anyone in their life, and siblings play an important role in providing the child with comfort, care, support, belonging, connection, and a sense of history.

Separating Siblings

Non-Custodial or Kinship Placements

There may be times when family members are unable or unwilling to care for all of the siblings, due to various family dynamics, or a kinship placement may not be able to accommodate the complete sibling group.

Caseworkers should not automatically exclude these placement options based upon separation of siblings. In particular, a parent whose rights have not been terminated is generally entitled to placement recommendations for their child, even if it means separating a sibling group.

In situations where a sibling group may be separated, caseworkers must consider the following listed in Figure 32.

Figure 32. Factors to Consider When Separating Siblings in Kinship Placement Settings

Caseworkers Must Weigh the Following:

- Best interest of the individual child, including safety and the caregiver's ability to meet the child's needs;
- Current permanency goal; and
- Caregiver's commitment to maintaining sibling contact.

Safety Concerns

Remember sibling relationships change over time, and sometimes siblings argue and fight. This is normal child development and should not be misconstrued as problematic or a reason to separate siblings. Even so, there could be times that placing siblings together is unsafe and separating them is necessary for protection. See **CPS Policy 4114.22**.

Issues to consider are listed in Figure 33.

Figure 33. Factors to Consider When Separating Siblings Due to Safety Concerns

CPS Policy 4114.22

See Separating Siblings for Safety Purposes.

Caseworkers Must Weigh the Following:

- The specifics around the behaviors;
- The duration of the behaviors;
- Safety threats;
- Court orders; and
- The recommendations of the child's therapist.

Caution

Use extreme caution separating sibling. Base the decision solely on the needs of each individual child, taking into consideration the child's best interest and safety.

DFPS or the SSCC has final approval on the decision to separate siblings.

Reuniting Separated Siblings

If siblings are separated, there should be a regular review of the decision, with specific consideration on the continued need for separation, a plan for ongoing sibling contact, and a plan to reunite the children.

Kinship Caregiver

After considering placement with a non-custodial parent, the next best placement for the child is a kinship placement. A kinship caregiver is a relative or other person with whom the child or the child's family has a long-standing and significant relationship (fictive kin). Kinship is preferred over placement with a non-related caregiver. Caseworkers should make every effort to locate a child's connections and place children with a kinship caregiver, when appropriate.

See **CPS Policy 4114.12**.

CPS Policy 4114.12

See Placement with Relatives and Fictive Kin.
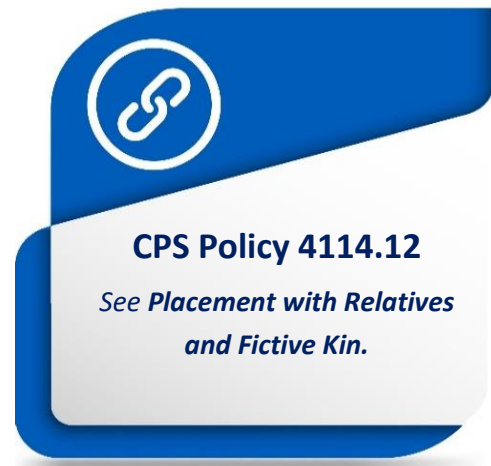
Foster Parents

If a child re-enters DFPS care, the previous foster parent with whom the child resided with during a previous placement should be considered for placement, if the child cannot be placed with a non-custodial parent, sibling, relative, or fictive kin caregiver as required by **Family Code, Section 262.114**.

When placing with a former caregiver, the caseworker creates a sense of comfort and belonging for the child following the removal from their home. There is a sense of familiarity for the child, and this should contribute to an easier transition into care. However, the caseworker should explore the prior relationship and the reason for discharge with the child and the former foster parent to ensure a positive relationship and the child was successful in that home.

The caseworker informs the Placement Team if the child has previously been in foster care. The caseworker works with Placement Team to determine whether the former foster parent is interested in having the child placed with the family.

If the former foster parents are interested in having the child placed with them, the caseworker, supervisor, and Placement Team work together with the former foster parents to develop a plan for placing the child.

Inactive Former Foster Parents

If the previous foster parents' status is inactive and they were in good standing at the time they became inactive, the caseworker should contact the former foster parents to determine their interest in providing a placement for the child.

If the caseworker has not identified any placement concerns and the previous foster parents are interested in having the child placed with them, the Placement Team and the child's caseworker work with the family to develop a placement plan.

Private CPA placement staff must have initial contact from the caseworker before contacting private CPA foster homes. Private CPAs have direct contact with their foster families.

Adoptive Parents of Siblings

See **CPS Policy 4114.14** for more information.

Evaluating Multiple Placement Options with Connections to the Child

In general, if CPS is choosing between placement with a non-custodial parent and another placement, the non-custodial parent will have an entitlement to placement if there are no particular safety concerns with the parent and the parent's rights to the child are intact.

See **CPS Policy 4114.11**.

CPS Policy 4114.11

See Placement with Non-Custodial Parents.

When there are multiple placement options other than a non-custodial parent with an entitlement to placement, staff should evaluate every option. Staff should make the placement decision in the best interest of the child with input from the child, the child's family, the attorney, and the guardian ad litem.

Such placement decisions must be made in consultation with the program director.

Locations Near the Child's Home

When the child's permanency goal is reunification, the caseworker must place the child in close proximity to the parent's home.

See **CPS Policy 4114.5** and **Social Security Act, Title IV-E,§675(5)(A) 45 C.F.R. §1356.21(g)**.

To meet this requirement, the placement must be within the same county (or within 50 miles of the parents' home if the home is near the county boundary line) unless an exception is justified.

CPS Policy 4114.5

*See **Placing the Child Close to the Child's Home.***
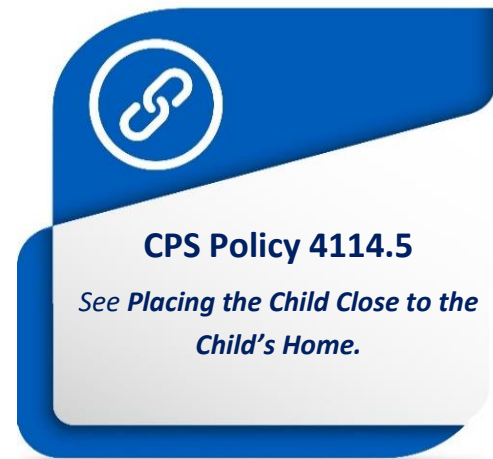
Exceptions

Exceptions to placing a child near their home may include the following listed in Figure 34.

Figure 34. Exceptions to Placing a Child Close to the Child's Home

CPS Policy 4114.5 Exceptions:

- Child risk or safety issues that prevent placement close to parents;
- Physical, mental health, or behavior issues that prevent placement close to parents;
- Placements located elsewhere that can best address the needs of the child, such as residential treatment centers, placement with siblings;
- A permanency goal that requires such an exception, such as placement with relatives or adoption;
- A parent's change of residence outside of the county of conservatorship after the child has been placed in substitute care; or
- Lack of available or appropriate placements within the county.

9. Education Stability

When initially placing the child into foster care and during all subsequent placement changes, staff is required to consider how the proposed placement may affect the child's education stability.

See **CPS Policy 15000**.

Children should continue at the school they were attending at the time of the placement change unless it is not in the child's best interest. By remaining in the child's school, the child experiences reduced loss, an increase in educational success, and a sense of continuity.

CPS Policy 15000

See Education for Children.

Factors for Consideration

Staff should consider various factors such as those listed in Figure 35.

Figure 35. Factors to Consider Regarding a Child's Education Stability

Caseworkers Must Weigh the Following:
• How long the child has been attending the current school; • Whether the child has expressed any interest in remaining at the school; • The proposed placement's distance from the current school; • Whether the foster parents are willing and able to transport the child from the new placement to the original school; • The child's ability to recover credits if transferring during the school year; and • Any other placement or school change factors that might impact the child's best interests.

See **CPS Policy 15110** and ***Education for Children Resource Guide***.

Regional Education Specialist Assistance

The caseworker must seek the assistance of the regional education specialist or the school district liaison for issues with enrollment and transfer of children in foster care.

See **CPS Policy 4114.31**.

CPS Policy 4114.31

*See **Placement Considerations.***

10. Placement Changes

DFPS must remove a child from the placement for a subsequent placement in the situations listed in Figure 36.

Figure 36. Situations Requiring Changes in Placement

Placement Changes are Required When:

- Caseworker initially removed a child or youth from their home;
- Caseworker received a discharge notice from a caregiver;
- Caseworker determines the child's needs to be moved from the placement due to safety issues or because it is in the child's best interest;
- The kinship caregiver requests a placement change; or
- The court orders a placement change.

See **CPS Policy 4111**.

Placement Team Assistance

If contracted residential providers want a child removed from their facility, the provider is required to notify the child's caseworker and the DFPS State Office or SSCC discharge mailbox.

The placement specialist who manages the discharge mailbox is knowledgeable about the notifications and time frames required and will assist in working with the providers if needed.

Note

If DFPS or the SSCC initiates the placement move from a contracted provider, the caseworker should not only prepare the child and caregivers for the subsequent placement, but also address concerns with the placement itself.

CPS Policy 4111

See Identify the Need for Initial or Subsequent Placement.

Placement Selection

When selecting a subsequent placement, the caseworker follows **CPS Policy 4113**, as well as the following guidelines.

Check IMPACT Records for Siblings

Caseworkers attempt to make placements that keep siblings together. To support sibling placement, the caseworker attempts to find siblings of a child to be placed, bearing in mind the definition of sibling includes full or half biological siblings, adoptive siblings, step siblings, and siblings with other relative connections.

See also **DFPS Sibling Definition**.

Consider a Family Group Decision-Making

Consider the use of a Family Group Decision-Making (FGDM) approach as an option to engage the family and community in making critical decisions regarding a child's or youth's placement.

See **CPS Policy 1121**.

CPS Policy 4113

*See **Gather Information and Recommendations to Select a Placement** and its subitems.*

CPS Policy 1121

*See **FDGM.***

Consult the Biological Parent(s)

Remember that the biological family knows the child better than anyone else. The placement decision should always involve a parent, when appropriate.

At removal, the caseworker should try to gather as much information as possible on the child's feeding habits, sleeping preferences, comfort items, family connections, etc. The parents should be consulted for the information listed in Figure 37.

Figure 37. Information About the Child to Gather at Time of Removal

Information to Gather From Parents at the Time of Removal:
• Determine if the child has any triggers; • What discipline techniques are likely to succeed or fail; • How the child thinks of themselves; and • What supports might help the child make a transition.

The parent's input can be essential to completing the child's Medical/Developmental History Page and may provide a better understanding of the child's milestones, growth, development, and health, which can help in choosing an appropriate placement.

Consult the Child

It is equally important for the caseworker to discuss the placement with the child or youth for their input. Children or youth often have important information about their family members and might have an idea for identifying a placement.

CPS Policy 4113.4

*See **Consult the Child or Youth**.*

Additionally, the caseworker should ask the child about where they might want to live or if there is a preference on the type of placement and its location.

See **CPS Policy 4113.4**.

Assessments

Overview

Upon removal of a child from the child's home, DFPS or the SSCC uses assessment services provided by a childcare facility, CPA, or the child's medical home to determine the appropriate substitute care services and, if appropriate, placement for the child.

As a part of the T3C System transition, the CANS Assessment will be the universal assessment tool used by DFPS and the SSCCs. Additional assessment tools may also be used.

- **Texas Health Steps:** When children, youth, or young adults come into care, and regularly thereafter, they are assessed during Texas Health Steps checkups. The initial Texas Health Steps checkup is due within 30 days of the child coming into foster care. These checkups can help identify any unnoticed medical, dental, or related needs.

- **Minimum Standards:** Childcare facilities and CPAs have specific requirements in minimum standards related to assessment services, which are regulated services to determine the placement needs of a child in care.

- **Additional Assessments:** As appropriate to an individual child, additional assessments may inform the placement choice. These could include educational testing, psychological evaluations, service level determinations, and other professional assessments.

The caseworker should always continue close communication with the childcare facility or CPA about the assessment services provided to a child in DFPS conservatorship.

See **Human Resources Code, Section 42.0425** and **Family Code, Section 264.1075**.

IDD Assessments

A child is assessed for IDD by:

- Texas Health Steps providers;

- Caseworkers;

- Developmental disability specialists; and

- Other professionals and caregivers involved in the child's life.

11. After Selecting a Placement

A placement move is a major life change for a child, just as it is for anyone. The caseworker's role is to minimize the child's anxiety and make the transition as smooth as realistically possible.

See CPS Policies **4120** and **4122** and **Family Code, 264.7541(a)**.

CPS Policies

*See **4120 Actions Required After Selecting a Placement** and **4122 Schedule and Conduct a Pre-Placement Visit.***

Move Preparation

Figure 38 lists how the caseworker can prepare for a placement change.

Figure 38. Caseworker Actions to Prepare for a Move

Move Preparation Includes:

- Learn as much as possible about the new placement so they are able to answer the child's or youth's questions;
- Prepare the new caregiver with as much information about the child or youth as possible; and
- Help the caregiver understand the importance of maintaining current connections and routines.

Pre-Placement Visits

The caseworker must arrange for the child to visit the substitute caregiver's home or facility at least once before placing the child. This pre-placement visit must occur be scheduled at a time that minimizes disruption to the child.

If the proposed placement of the child is with unverified relative or fictive kin, DFPS can waive the requirement of the placement if it meets **both** of the following criteria:

1. There is a prior relationship between the caregiver; and

2. The child or youth, and the caregiver cared for the child or youth in the preceding 12 months.

Otherwise, the pre-placement visit is required, regardless of whether the placement is a kinship or contracted placement.

Such a visit may be difficult if a child is being placed out of the region. Staff may be able to overcome this issue by using current technologies such as Skype or FaceTime.

Best Practice Tips to Support A Placement Move

Figure 39 describes the best practice tips a caseworker should employ to support a child's placement move.

Figure 39. Best Practice to Support a Child's Placement Move

Before the Move

- **Above all, put yourself in the shoes of a child who has been told a move is upcoming, or occurring in the near or even immediate future.**
  - ▶ What would you want to know?
  - ▶ What items would you want to be sure you could take with you?
  - ▶ What or who would you feel sad about leaving behind?
  - ▶ How would you want to be allowed to process or make the change?
- **Support the move with community or other resources to the greatest extent possible.**
  - ▶ Does the child have luggage? Every office should have luggage caseworkers can access 24/7s. Thera are designated staff who order luggage for the regions, and each region can also accept donations. SSCCs also have luggage on hand to provide to children.
  - ▶ Can the Child Welfare Board support a going-away party to help provide closure for a child or youth leaving one community, set of friends, school?
- **Ask the child who he or she considers a connection.** Help the child or youth figure out a plan to maintain connections to those people and things the child or youth desires.
  - ▶ Does the child or youth have an address book? Is it updated?
  - ▶ Does a youth have a cell phone with updated contact information? Or an email address book with updated contact information?
  - ▶ Could there be some type of gathering to allow the child or youth time to say good-bye to friends, teachers, and others, and reinforce the plan for continued contact?

- **Learn as much as possible about where the child is going. Read the home study.**
  - ▶ Which children are already placed or living there?
  - ▶ Are there other people in the home besides the parents? Who are they?
- **Understand the child is going to feel apprehensive and scared no matter where he or she is going.** Regardless of any complaints a child may have had in a current placement, the child will still have to leave all the stability in that placement: routines, rules, friends, school schedule, schoolbooks, bus route, orientation to the location, sleeping arrangements, meals, caregivers, nearby connections, sports teams, church and church groups, other children in the current placement, etc.
- **Don't presume because a child is related or connected to a caregiver that they know each other's routines, habits, likes, dislikes, hobbies, religious beliefs, cultural practices, etc.** Even if a child is returning to his or her parent, there will still be a period of re-acquaintance and readjustment.
- **Ask the child what would make him or her more comfortable in the move.** If the child has to move again, ask the child what would make a placement better.
- **Remind the child the move is not the child's fault.**
- **Prepare the new caregiver to the maximum extent possible.**
  - ▶ What are the child's triggers, favorite foods, and least favorite foods? What are the child's hobbies?
  - ▶ What does the child do for fun? What does the child want to be more comfortable in the home?
  - ▶ What works and what does not work for the child? How does the child look when upset?
  - ▶ What was the child's role in the family of origin (e.g., is she the youngest and used to being the baby or is she the oldest and used to asserting control)?
  - ▶ What is the child's current daily schedule?
  - ▶ Are there comfort items the child needs for sleep?
  - ▶ If placing a baby, is the baby calmed using a pacifier?
  - ▶ Does the baby take a bottle or is the baby eating solid foods?

This preparation should occur along with the pre-placement visit, if possible. The caseworker can remind the caregiver of important points when the placement is made.

At the Time of the Move

- **Help the child pack.** Help the child gather those things that will be going to the new placement and support the good-bye from the current placement.
- **Help the child unpack in the new placement.**
- **Arrange for a family visit as soon as possible, if appropriate.**
- **Encourage the child to talk to the family of origin as soon as possible.**
- **Encourage contact with friends, family, previous caregivers, and remind the current caregiver this contact is critically important to the child, if appropriate.**
- **Help the child decorate by placing photos on walls or finding a secure spot for photos.** Remind the current caregiver how important photos are to a child's ability to remain connected to people and places that matter to them.
- **Understand the child may act out or react in anger.** The child is mourning the loss of stability and the tumult of the change. Remind the caregiver there will likely be an adjustment period.
- **Remind the child again the move is not the child's fault.**

After the Move

- **Follow-up, ideally in person, within 24 hours of making the placement.**
- **If the child is placed in a shelter, visit weekly until the child is moved to a less restrictive placement.**
- **At monthly visits, look to see how the child is adjusting to placement.**
- **Look for personal items in the room.**
- **Look for toys and other evidence the child is experiencing as much normalcy as possible in the placement.**
- **Ask the child if he or she feels safe in the placement. Evaluate safety yourself.**
  - ▶ Are the caregiver's protective?
  - ▶ Do they describe the child in realistic terms?
  - ▶ Are there any red flags?
  - ▶ Is the placement meeting the child's unique needs?

Discussion Topics for a Child Whose Placement is Changing

Immediately following a pre-placement visit or, if an exception to the pre-placement visit requirement is met, as soon as possible around the time of placement, the caseworker discusses the placement with the child. Figure 40 lists topics which may be included.

Figure 40. Placement Change Discussion Topics for Children in DFPS Conservatorship

Caseworker Discussion Topics with Children Changing Placements:

- Child's feelings about the caregiver and others residing in the placement, if applicable;

- Child's level of comfort in the placement;

- Child's understanding of the rules, expectations, and discipline practices;

- Child's thoughts about changing schools, if a change is in the child's best interest;

- Child's feelings about moving into the caregiver's community (example: moving from rural to urban);

- Child's desire to remain at this placement; and

- Any concerns child identified – and plan to address.

For kin placements, the caseworker also inquires:

- What their relationship with the caregiver is already, how well they know the caregiver.

- What is the fictive kin placement's attitude about the parents? Are they supportive?

- What is the anticipated reaction about reunification or termination?

12. Children in C-PB Stages

When a youth in DFPS managing conservatorship and has a biological child while in care or enters care with a biological child, the child may be placed in the same placement as the youth parent when DFPS does not have conservatorship of the youth's child. This placement can be either unpaid or paid by DFPS.

The T3C System recognizes the need to provide essential necessities, such as food, clothing, and shelter, for these children placed with their youth parent. Since these children of a youth parent are not in DFPS conservatorship, the caregiver will not be responsible for the full array of the T3C Service Package. However, IMPACT will allow the primary caseworker to choose from a Selected Service Package option only available in the C-PB stage to ensure the caregiver is reimbursed for providing the child's essential needs. These include:

- CBC-SSCC-CPA-CPB Child in Foster Home with Parent;

- CBC-SSCC-GRO-CPB Child in GRO with Parent;

- FC-CPA-T3C-CPB Child in Foster Home with Parent; and

- FC-CPA-T3C-CPB Child in GRO with Parent.

These are not limited to situations where the parenting youth is receiving the Pregnant and Parenting Youth or Young Adult Support Services Add-On or Tier I: Services to Support Community Transition for Youth and Young Adults who are Pregnant and Parenting. These Selected Service Package options are available to any child of a youth parent who is placed with the same caregiver as the youth parent, regardless of which Service Package the youth parent is receiving.

CPS Policy 6442.2

See When DFPS Does Not Have Conservatorship of the Youth's Child.

See **Appendix 2 – If the Youth is Parenting** and **CPS Policy 6442.2**.

13. Children with Primary Medical Needs

Children with primary medical needs (PMN) cannot live without mechanical supports or the services of others because of non-temporary, life-threatening conditions, including the:

- Inability to maintain an open airway without assistance (not including the use of asthma inhalers);

- Inability to be fed except through a feeding tube, gastric tube, or a parenteral route;

- Use of sterile techniques or specialized procedures to promote healing, prevent infection, prevent cross-infection or contamination, or prevent tissue breakdown; or

- Multiple physical disabilities, including sensory impairments.

TAC 749.61(2)(D)

*See **Minimum Standards for CPAs.***

See **40 TAC, Section 749.61(2)(D) Minimum Standards for CPAs** and the *PMN Resource Guide*.

List of Acronyms

Acronym	Full Name
BSL	Billing Level of Care
CANS	Child and Adolescent Needs and Strengths
CPA	Child Placing Agency
CPU	Centralized Placement Unit
CPOS	Child's Plan of Service
DDS	Developmental Disability Specialists
DFPS	Department of Family and Protective Services
DSHS	Texas Department of State Health Services
DSM-5	Diagnostic and Statistical Manual of Mental Illnesses, 5th Edition
FBSS	Family Based Safety Services
FGDM	Family Group Decision Making
GPS	General Placement Search
GRO	General Residential Operations
IDD	Intellectual and Developmental Disability
PMN	Primary Medical Needs
RCCL	Residential Child-Care Licensing
RSL	Requested Level of Care
RTPC	Residential Treatment Placement Coordinators
SIL	Supervised Independent Living
SSCC	Single Source Continuum Contractor
T3C	Texas Child-Centered Care
TAC	Texas Administrative Code
TFFC	Treatment Foster Family Care
TJJD	Texas Juvenile Justice Department

Appendix A. Glossary

Add-On Service (CPAs Only): A service in addition to the primary Service Package which has set a clearly defined criterion and an established daily rate that supports eligible children, youth, and young adults with specific needs living with a credentialed foster family home caregiver.

Child and Adolescent Needs and Strengths 3.0 Assessment: A multi-purpose tool developed for children's services to support customized decision making, including identification of the optimal T3C Service Package and planning to facilitate quality improvement initiatives and allow for the monitoring of outcomes of children, youth, and young adults in care.

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

Child's Own Home: Placement type describing a child in DFPS conservatorship being placed back into the home from which the child was removed, as part of a monitored return to the home.

Credentialed: For purposes of T3C, this means a CPA, GRO, or foster home have met the qualifications, as determined by DFPS, to offer a specific T3C Service Package or Add-On Support Service (CPAs only).

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

Kinship Caregiver: Relatives and other people (known as fictive kin) who the child or family have a significant relationship with and can provide stability for children when they cannot safely reside with their parents. For T3C purposes, kinship caregivers are verified caregivers through a licensed CPA.

Non-Custodial Parent: For purposes of placement, a non-custodial parent is a parent who is not primarily responsible for a child's care.

Parents: As defined by law, a parent is the mother; a man presumed to be the father, legally determined to be the father, adjudicated to be the father by a court competent jurisdiction, or who has acknowledged his paternity under applicable law; or an adoptive mother or father.

Primary Medical Needs: A condition where a child cannot live without mechanical supports or the services of others because of non-temporary, life-threatening conditions, including the:

- Inability to maintain an open airway without assistance (not including the use of asthma inhalers);

- Inability to be fed except through a feeding tube, gastric tube, or a parenteral route;

- Use of sterile techniques or specialized procedures to promote healing, prevent infection, prevent cross-infection or contamination, or prevent tissue breakdown; or

- Multiple physical disabilities, including sensory impairments.

Recommended Service Package: The CANS Assessment will identify the "Recommended" Service Package.

Regulated Foster Care: An umbrella term referring to a placement type of foster caregivers and facilities which are verified by DFPS; licensed by HHSC's RCCL division; verified by an RCCL licensed CPA; regulated by a comparable tribal authority or similar licensing entity in another state; or exempt from RCCL-licensing because they are regulated by another state agency.

The five types of regulated foster caregivers include foster family homes; GROs; facilities comparable to foster family homes or GROs licensed or approved by another state or an Indian Tribal Licensing authority; facilities under the authority of (regulated by) other state agencies; and other facilities regulated by the licensing entity of another state or operated by a state agency in another state.

Selected Service Package: Caseworker will consider the Recommended Service Package, other available case assessments and information along with professional judgment to choose the Selected Service Package.

Service Package: A cleared defined set of criteria intended to meet the custom needs of the child. Children, youth, and young adults may have competing needs; however, only one primary Service Package will be determined at the time of placement and serve as the basis for the single daily reimbursement rate.

Single Source Continuum Contractor: An entity with whom DFPS enters a contract for the provision of the full continuum of substitute care, case management, and reunification services in a designated geographic catchment area.

Substitute Care: Placement type referring to the care provided to all children and youth in DFPS conservatorship or young adults in extended foster care. Substitute care is comprised of all the various settings other than a child's own home and includes:

- Non-custodial parent placement refers to placement with the parent who is not primarily responsible for a child's care;

- Kinship care includes placements with relatives and fictive kin without regard to any residential child-care facility, including a foster home, TFFC home, prospective adoptive home, GROs, or a comparable facility licensed or approved by another state or Indian Tribal licensing authority;

- A facility, CPA home, or foster/companion home operated, licensed, certified, or verified by another state agency, including TJJD, DSHS, the Texas School for the Deaf and the Texas School for the Blind and Visually Impaired;

- An independent living arrangement, such as an apartment, is approved by DFPS or SSCCs for a child who is at least 16 years of age and is a planned aspect of the child's participation in PAL services;

- An approved SIL setting that contracts with DFPS or SSCCs to provide SIL services to young adults 18 and older in extended foster care; and

- Another living arrangement as ordered by the court.

Appendix B. T3C IMPACT Guide

When a Child Enters the T3C System

When a child receives T3C services it is best to complete the actions in the following order to avoid receiving error messages.

1. End Recommended Service Package if one exists;

2. Create new Recommended Service Package;

3. End Selected Service Package if one exists;

4. End any current placement, if one exists, **and** the situation requires a placement change;

5. Create Selected Service Package; and

6. Add new T3C Placement.

Service Package List Page

Figure 41 details the how to navigate the Service Package List page.

Figure 41. Steps to Create a New Service Package

In the child's **SUB Stage** on the **Case Summary** page, click on the **Placement** tab.

2 The **Service Package** tab will display.

3 When on the **Service Package List** page, click on the **Add** button to be redirected to the **Service Package Detail** page.

4

When a new Service Package type is entered and saved in the **Service Package Detail** page, a new event is created and displayed as a new row on the **Service Package List** page.

- **Date Entered** column will show the date the event was created.

- **Status** column will display:

    ‣ **COMP** when a Recommended Service Package exists; and

    ‣ **PROC** when a Selected Service Package.

- **Type** column will display hyperlink to the Service Package which will redirect to the **Service Package Detail** page.

- **Description** column will display the Service Package Type-Service Package-Start Date-End Date.

    ‣ Example: Recommended RC-CPA-Basic Foster Family Care Start 01/01/2025 End 02/01/2026.

5

A separate event should be created for each new entry in **Service Package Detail** page.

Creating a Recommended Service Package

Staff who have permissions to create a Recommended Service Package include the primary worker, secondary worker and DFPS and SSCC CANS assessors. For children who have the CANS Assessment completed by a DFPS or SSCC CANS assessor, the CANS assessor will be responsible for completing the Recommended Service Package.

Exception
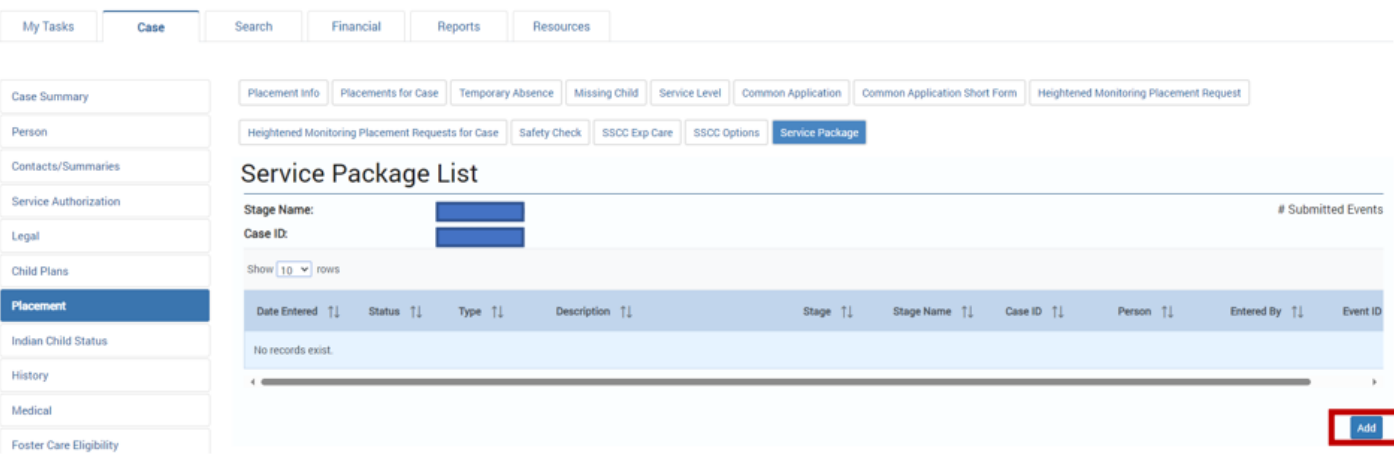
The following situations are the exception:

- Child is under 3 years old;

- Initial Removal, no CANS has been completed or Urgent Placement; and

- CANS Assessment is completed by a STAR Health clinician.

In the above situations, if the child is being placed in a T3C paid placement, the caseworker will need to create the Recommended Service Package following the process detailed in Figure 42.

Figure 42. Steps to Create a Recommended Service Package

On the **Service Package List** page, click the **Add** button.

2

The required question **"Is this child being served under DFPS or SSCC?"** will display. The selection determines if DFPS or SSCC Service Packages will display.

3

The required **Service Package Type** field has a dropdown field with options **Recommended** and **Selected**. Choose **Recommended**.

- The first time a Service Package is created for a child, the system will only display **Recommended**.

- A Recommended Service Package must be created and saved before a Selected Service Package can be added.

4

The **Service Package** field will then display the DFPS or SSCC Service Packages.

5

The **Start Date** field is required.

6

The **End Date** field will auto populate with a future date depending on the Service Package chosen.

- The auto populated **End Date** takes into consideration the date of the next required CANS Assessment based on the Service Package recommended review allowing for additional time before a package expires to help ensure no lapse in services to the child.

*Note: The system will allow editing of the prepopulated **End Date**, but it is recommended to **not** change the prepopulated date until you need to create a new Recommended Service Package.*

7

The required field **"Was CANS Assessment Completed by a DFPS/SSCC CANS Assessor Used to Inform Recommendation?"** must be answered.

- **No** should be selected if the primary or secondary caseworker is completing the Recommended Service Package.
  - ▸ The required dropdown field **"If No, why?"** will display with the following options:
    - ◊ **Child is under 3 years old**;
    - ◊ **Initial Removal no CANS has been completed**;
    - ◊ **Urgent Placement**; and
    - ◊ **Other**.
      - ▪ If **Other** is selected, a brief justification is required in the comments box. The comment box will allow 1,200 characters.
      - ▪ If the CANS Assessment was completed by the STAR Health provider, select **Other** and add that the STAR Health CANS was used in the comment box. Also include the **Recommended Package Rationale,** if available.

Case Summary		Placement Info	Placements for Case	Temporary Absence	Missing Child	Service Level	Common Application	Common Application Short Form	Heightened Monitoring Placement Request
Person		Heightened Monitoring Placement Requests for Case	Safety Check	Service Package					

Service Package

Contacts/Summaries	
Service Authorization	

Service Package

* required field
‡ conditionally required field

Legal	
Child Plans	
Placement	
Indian Child Status	
History	
Medical	
Foster Care Eligibility	
PCA	
ICPC	

* Is this child being served under DFPS or SSCC? [DFPS ▾]

* Service Package Type: [Recommended ▾]   * Service Package: [FC-CPA-T3C-Basic Foster Family Home Support ▾]

* Start Date: [10/23/2024]   * End Date: [12/01/2025]

* Was CANS Assessment Completed by a DFPS/SSCC CANS Assessor Used to Inform Recommendation?   ○ Yes ● No   ‡ If No, Why? [_____▾]
- Child is under 3 YO
- Initial Removal no CANS has been Completed
- Urgent Placement
- Other

[Save]

- **Yes** should be selected if the CANS assessor is creating the Recommended Service Package and can only be completed by a CANS assessor.

  ‣ The CANS assessor will complete the **Service Package** and **CANS** sections including:

    ◊ The date the assessment was completed; and

    ◊ Information about what specific package is recommended.

*Note: This image below demonstrates what the page would look like after it has been completed and saved by a CANS assessor. Notice the fields in the **CANS** section are not editable for the caseworker and can only be completed by the CANS assessor.*

8

After the DFPS or SSCC CANS assessor has completed the **Recommended Service Package Detail** page, IMPACT will send an alert to the primary caseworker that Recommended Service Package is updated.

- If a Child Protective Investigations or FBSS worker is still the primary caseworker and receives this alert, they will need to inform the conservatorship or SSCC secondary caseworker assigned that the **Recommended Service Package Detail** page has been completed by the DFPS or SSCC CANS assessor.

- The conservatorship or SSCC caseworker will then review the updated Recommended Service Package information and create a new **Selected Service** page, if needed.

Creating a Selected Service Package

A Selected Service Package should **only** be created if the child has a T3C placement. During the transition period, some placement options identified by the Placement Team will continue to be pre-T3C placements. Pre-T3C placements do not need a Selected Service Package and existing processes, including requesting a Level of Care, if needed, should be followed. For all T3C placements, follow the steps listed in Figure 43.

Figure 43. Steps to Create a Selected Service Package

Step 1: Navigate to the **Service Package List** page. Click on the **Add** button to be redirected to a new **Service Package Detail** page.

2

The following fields will default to what was chosen for the Recommended Service Package. However, a different selection can be made, if needed.

- **Is the child being served under DFPS or SSCC?**;

- **Service Package Type**; and

- **Service Package**.

3

When the **Service Package Type** is changed to **Selected**, the display changes to the selected view. The **Service Package** section continues to default to the most recent Recommended Service Package, but can be changed, if needed. The **Add-On Support Service** section also displays.

4

If the Selected Service Package chosen is different than the Recommended Service Package, an **Override Reason** dropdown field will display. Options include:

- **Unable to secure placement providing recommended service package**;

- **Maintain siblings placed together**;

- **Maintain placement stability**;

- **Maintain least restrictive placement**;

- **Maintain placement proximity**;

- **Necessary for continuity of specialized medical care**;

- **Court-ordered placement**;

- **Child in non-paid care setting**; and

- **Other**.

5

The **Override Reason** comments box will display and is required if the **Child is in a Non-Paid Setting** or **Other** option is selected. The comments box will allow for 1,200 characters.

Note: An error message will display if this is left blank.

6

The **Start Date** field is required.

- **Start Date** should be the same or after the latest Recommended Service Package **Start Date**.

- For the initial Selected Service Package, the **Start Date** should match the placement **Start Date**.

- If this is a subsequent Selected Service Package created as part of the review process and **not** due to a placement change into a new T3C placement:

  ▸ The current Selected Service Package should be ended before adding a one; and

  ▸ The **Start Date** of the new Selected Service Package should match the **End Date** of the prior one.

7 The **End Date** field will auto populate with a future date dependent on the Service Package selected. The auto populated **End Date** takes into consideration the required timeframe for the CANS review allowing for additional time for scheduling conflicts.

*Note: The system will allow editing of the prepopulated **End Date**, but it is recommended to **not** do so until the creation of a new Recommended Service Package is needed.*

8

The Selected Service Package **End Date** is very important. If the **End Date** is allowed to expire, this will affect payments to the caregiver. Payments will not process successfully for anyT3C placement with dates beyond the Selected Service Package **End Date**.

- IMPACT will not allow an Authorized Level of Care and a Selected Service Package for the same time period. When the Selected Service Package page is saved if any Authorized Service Level or Billing Service Level are present, the message **"Saving this Selected Service Package will end any existing Level of Care designations. Do you want to continue?** will display.

- If **OK** is selected, IMPACT will end Authorized Level of Care and Billing Level of Care as of the **Start Date** of the Selected Service Package.

*Note: The **Start Date** of Selected Service Package above matches the **End Date** of the Authorized Level of Care below.*

Selecting Add-On Support Services

This section will only display if the Selected Service Package is a qualifying Foster Family Home package. Figure 44 below details how to select Add-On Support Services.

Note: The Short-Term Assessment Service Package is not a qualifying package for Add-On Support Services.

Figure 44. Steps to Selecting Add-On Support Services

1 When an **Add-On Support Service** checkbox is selected, the **Start Date** and **End Date** fields will display.

2 The **Start Date** of the Add-On Support Service should be the same or after the Service Package **Start Date**.

3 The **End Date** of the Add-On Support Service will auto populate with the same **End Date** as the primary Service Package, but can be ended sooner, if needed, such as with the Pregnant & Parenting Add-On Support Service if the condition or situation changes.

4 If the **End Date** of the primary Service Package is changed, then the corresponding **End Date** for the Add-On Support Service will change as well.

Transition Support Add-On Service Qualification Criteria and Validations

Figure 45 details the qualification criteria and validations needed for the Transition Support Add-On Service.

Figure 45. Steps for the Transition Support Add-On Qualification Criteria and Validations

1

Qualifications checked when **Selected Service Package** page is saved:

- Youth is 14 years of age or older

    ▸ IMPACT will validate that the child's age is between 14 and 22 in the **Person Detail** page.

    ▸ If the validation fails, an error message with a hyperlink will display at the top of the **Service Package Detail** page with the error message: "**Age of the child should be between 14 and 22.**"

2

Qualifications checked when the **Placement Information** page is saved:

- CPA is credentialed to provide the Transition Support Add-On Service for the date range of the placement.

- Foster home is credentialed to provide the Transition Support Add-On Service for the date range of the placement.

3

The Transition Support Add-On may be selected at the time of creating the Selected Service Package or will be added by the system when the youth, CPA, and foster home all meet qualification criteria.

Kinship Support Add-On Service Qualification Criteria and Validations

Figure 46 details the qualification criteria and validations needed for the Kinship Support Add-On Service.

Figure 46. Steps for the Kinship Support Add-On Service Qualification Criteria and Validations

1

Qualifications checked when the **Placement Information** page is saved:

- CPA is credentialed to provide the Kinship Support Add-On Service for the date range of the placement.

- Foster home is credentialed to provide the Kinship Support Add-On Service for the date range of the placement.

- Foster home is a kinship caregiver licensed as a foster parent, and one of the following kinship indicators are selected on the **Placement Information** page:

  ▸ **Fictive Kin Placement**;

  ▸ **Relative Placement – Grandparent**;

  ▸ **Relative Placement – Aunt/Uncle**; or

  ▸ **Relative Placement – Other Relative**.

2

This Add-On Support Service may be selected at the time of creating the Selected Service Package or will be added by the system when the CPA, foster home, and placement entry all meet qualification criteria.

Pregnant & Parenting Support Add-On Service and GRO Tier I Youth & Young Adults Who are Pregnant & Parenting Service Package

Before a Pregnant & Parenting Support Add-On Service is entered, ensure all the required documentation that will validate either when the Selected Service Package is saved or when the placement is saved have been completed.

If the Youth is Pregnant

Figure 47 details how to select the Pregnant & Parenting Support Add-On Service and the GRO Tier I Youth & Young Adults Who are Pregnant & Parenting Service Package.

Figure 47. Steps for the Pregnant & Parenting Support Add-On Service and the GRO Tier I Youth & Young Adults Who are Pregnant & Parenting Service Package

1	If the youth is pregnant and the Pregnant & Parenting Support Add-On Service is desired, ensure the youth has the **Pregnant-Current (Suspected or Diagnosed)** checked in the youth's **Person Detail Page, Person Characteristics, Child Placement** section.

2	If the **Pregnant-Current** check box is not selected, an hyperlinked error message will display to redirect you to the **Person Detail** page. Service Package ✕ Person Detail Page: Person Characteristics of Pregnant-current (Suspected or Diagnosed) or Youth Parent (Suspected) must be selected on Person Detail page, Person Characteristics section before selecting Youth & Young Adults Who Are Pregnant and Parenting Service Package. **Ok**
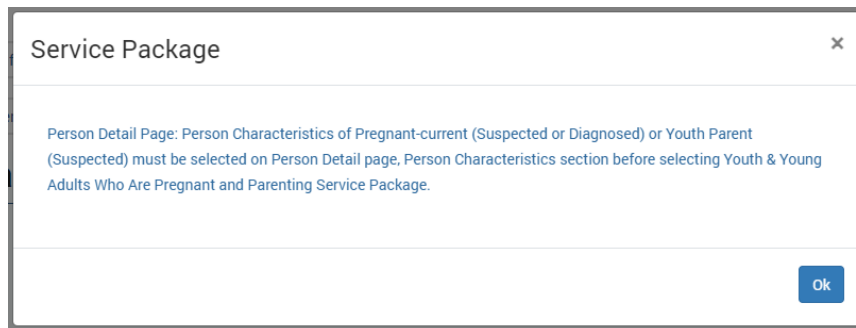
If the Youth is Parenting

The order that you complete the tasks below for a parenting youth that has a child in a C-PB stage placed with them is important. If you do not follow the order, you may experience multiple error messages. As a quick reference keep the below order in mind:

1. Create C-PB stage;

2. Ensure that required person characteristics are completed in each stage;

3. Create the youth parent Service Package;

4. Create the youth parent placement;

5. Create the C-PB child service package; and

6. Create the C-PB child placement.

Figure 48 details how to select the Pregnant & Parenting Support Add-On Services.

Figure 48. Steps for Selecting the Pregnant & Parenting Support Add-On Services

<table>
<tr>
<td>1</td>
<td>
If the youth is parenting and the Pregnant & Parenting Support Add-On Services is desired:

• Ensure the **C-PB Stage** for the child is created, the child has a **Rel/Int of Self**, and the youth parent has the **Rel/Int of Parent (Birth).**

• In the youth parent's **SUB REG Stage:**

    ▸ Ensure **Youth Parent (Suspected)** is checked in the youth's **Person Detail Page, Person Characteristics, Child Placement** section;
</td>
</tr>
</table>
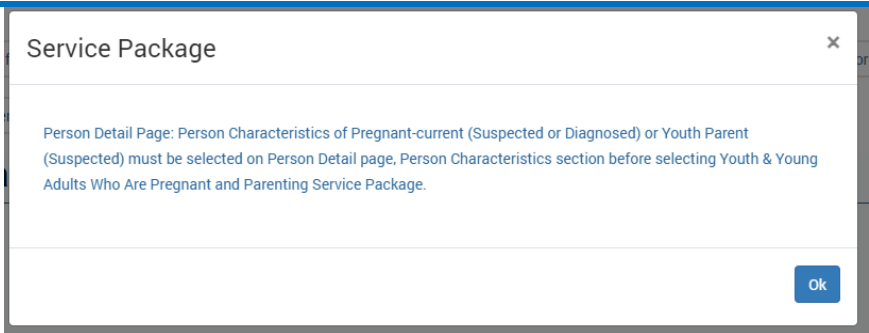
▸ Create the youth's Selected Service Package.

▸ Create the youth's placement:

◊ The system will validate on the **Person List** page in the youth's **SUB REG Stage**, the youth has a **Rel/Int of Self** and their child has a **Rel/Int of Son or Daughter**.

◊ If **Youth Parent (Suspected)** checkbox is not selected as a person characteristic, an error will display with a hyper-link to the **Person Detail** page.

▸ Create the child's Service Package in the child's **SUB C-PB Stage**:

◊ In the **Selected Service Package Detail** page (a Recommended Service Package is not required), select either:

- **C-PB Child in Foster Home Placement with Parent**; or

- **C-PB Child in GRO Placement with Parent**.

- The **Start Date** of the child's selected T3C C-PB Service Package should be on or after the **Start Date** of the youth parent's placement.

- When the Service Package is saved, the system will check that the foster home or GRO selection matches the Service Package setting for the youth parent. If they do not match, an error will display.

◊ Create the child's placement:

- Select **FPS Paid Placement** in the same Resource ID as the youth parent's placement. If the validation fails when the placement is saved, an error message will display.

2

The **Start Date** of the C-PB child's placement should be on or after the **Start Date** for the youth parent placement. If the validation fails when the placement is saved, an error message will display.

3

When it comes time to end the child's C-PB Placement, the C-PB Placement must end in the system **before** the youth parents' placement ends; otherwise, an error will display.

*Note: It is very important to keep the **Person Detail** and **Pregnant & Parenting Support Add-On** information current since the pregnancy or parenting status of the youth can change. If these change, the **Person Characteristic** and the **End Date** of the Pregnant & Parenting Support Add-On should be updated. Additional validations related to payment processes will also validate for these data elements.*

Creating Service Package Confirmation

After a Recommended or Selected Service Package is created in IMPACT, the case worker will create the *Service Package Confirmation Report* for the provider (CPA or GRO) to serve as a confirmation of the current Recommended and Selected Service Packages and the associated start dates and end dates for each. Created as outlined in Figure 49, this report should be sent to the provider case manager assigned to the child.

Figure 49. Steps to Create a Service Package Confirmation

1	On the **Service Package List** page click, on the **Reports** button.

2	Select **Service Package Confirmation** dropdown and click the **Launch** button.

3	The pop-up message will display **"Your report is being generated. If you wish to see all available reports, check the Reports tab."** Close this page.

4 Navigate to the **Reports** tab.

5 The **Reports** tab should display the report with the name **Service Package Confirmation**.

Reviewing Recommended and Selected Service Packages

When **Reviewing Recommended and Selected Service Packages** required for T3C Services as outline in Figures 50 and 51 below, it is best to complete the actions in the following order to avoid receiving error messages.

1. End current Recommended Service package;

2. Create new Recommended Service package;

3. End Selected Service Package;

4. End Placement (only if review actions have resulted in a need for a placement change; otherwise skip to **Step 5**);

5. Create Selected Service Package; and

6. Add new Placement (only if review actions have resulted in a need for a placement change).

Recommended Service Packages Review

Figure 50. Steps for Reviewing the Recommended Service Package

1

Recommended Service Packages will be reviewed and updated based on these requirements:

- **Children Under 3**: Annually and prior to the existing Recommended Service Package **End Date**.

- **Children Placed in a Package Providing Treatment Services**: Every 90 Days.

  ▸ Includes all packages except Basic Foster Family Care, Foster Family Home Short Term Assessment Support, GRO Tier I Basic Child Care Operation, and GRO Tier I: Short Term Emergency Emotional Support & Assessment.

- **New Placement Required**: Due to a change in the child's needs.

2

An existing Recommended Service Package must be ended before a new one can be created.

3

Navigate to the **Service Package List** page and select the hyperlink for the Recommended Service Package that needs to be ended.

4

The **Service Package Detail** page will display.

*Note: The service package selected in the screenshot above is for a treatment service and would require a review within 90 days. The **Start Date** of the initial Recommended Service Package was 06/15/2024, requiring a review by 09/15/2024. However, the prepopulated **End Date** of the Recommended Service Package is not until 12/01/2024. This is because the system allows for additional time before a package expires to help ensure no lapse in services to the child.*

5   Select the desired **End Date** from the calendar display or enter using MM/DD/YYYY.

6   Since the **End Date** has been modified, the **End Reason** field will display. Select an **End Reason** from the dropdown list. The values are:

- **New CANS 3.0 completed as part of routine review schedule**;

- **Placement change request due to a child's behaviors, needs or circumstances changing**;

- **Circumstances do not require CANS Assessment, but new Service Package needed**; and

- **An optional End Reason comments field** will also display, allowing for 1,200 characters.

7 Save your changes.

*Note: In the example below the end date of 09/10/2024 is selected with a reason of **New CANS 3.0 completed as part of routine review schedule.** Since this package is being ended as part of a routine review schedule, the CANS assessor would likely end this package and create a new Recommended Service Package based on the newest CANS. If the end reason was **Circumstances do not require CANS Assessment, but new Service Package needed**, the primary caseworker would likely end the initial Recommended Service Package.*

8

- If there are errors in the validations, an error message will display at the top of the **Service Package Detail** page indicating the field that needs to be addressed.

- If the validations are successful, the **Service Package Detail** page is saved and displays the message **Page is Successfully Saved** and returns to the **Service Package List** page.

9

The primary caseworker will receive an email and the alert message **"Recommended Service Package has been created or modified."** This notification is helpful since the **Recommended Service Package** page will be reviewed by the DFPS or SSCC CANS assessor for children in T3C placements.

| ☐ | Alert | 09/10/2024 | | SYSTEM | Recommended Service Package has been created or modified |
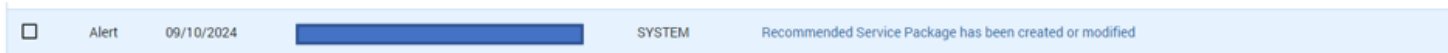
10

After receiving this alert, the new Recommended Service Package will need to be reviewed by the caseworker and consideration given to how to best meet the child's needs moving forward.

Selected Service Package Review

Figure 51. Steps to Review a Selected Service Package

1   Selected Service Packages will be reviewed and updated based on the below requirements:

- **Children Under 3**: Annually and prior to the existing Selected Service Package **End Date**.

- **Children Placed in a Package Providing Treatment Services**: Every 90 Days.

  ▸ Includes all packages except Basic Foster Family Care, Foster Family Home Short Term Assessment Support, GRO Tier I Basic Child Care Operation, and GRO Tier I: Short Term Emergency Emotional Support & Assessment.

- **New Placement Required**: Due to a change in the child's needs.

2   An existing Selected Service Package must be ended before adding a new Selected Service Package.

3 Navigate to the **Service Package List** page and select the hyperlink for the Selected Service Package that needs to be ended.

4

The **Service Package Detail** page will display.

*Note: The Service Package screenshot selected is for a treatment service and would require a review within 90 days. The **Start Date** of the initial Selected Service Package was 06/15/2024, requiring a review by 09/15/2024. However, the prepopulated **End Date** of the Selected Service Package is not until 12/01/2024. This is because the system allows for additional time before a package expires to help ensure no lapse in services to the child.*

5

Select the desired **End Date** from the calendar display or enter using MM/DD/YYYY.

6

Since the **End Date** has been modified, the **End Reason** field will display. Select an **End Reason** from the dropdown list. The values are:

- **Placement change request due to child's behaviors, needs or circumstances changing**;

- **Circumstances do not require CANS Assessment, but new Service Package needed**;

- **Child is no longer in paid care**;

- **Court ordered**;

- **Change in caregiver credentialing** *(used if the caregiver is not initially credentialed for the desired Service Package, but becomes credentialed to provide it)*;

- **Service Package Expired** *(used for regular reviews); and*

- **An optional End Reason comments field** will also display, allowing for 1,200 characters.

7

A new Selected Service Package must be completed if the child continues to be in a T3C placement. See **Creating a Selected Service Package**.

8

Save your changes.

9

If an active T3C placement exists when the new Selected Service Package is being created, IMPACT will check the current caregiver's status to verify the placement is credentialed to provide the new selected service and any newly selected Add-On Support Services.

- If the caregiver is not credentialed to provide the new selected service as of the Selected Service Package **Start Date**, the error message **"The current T3C placement resource is not authorized to provide the new Selected Service Package"** will display.

- If the caregiver is not credentialed to provide the new selected Add-On Support Service as of the Add-On Support Service **Start Date**, the error message **"The current T3C placement resource is not authorized to provide the new Add-On Support Service"** will display.

Note: The primary caseworker receives an alert to their To-Do List 30 days prior to the Selected Service Package End Date. Since the End Dates are populated with additional time beyond when a review is required by policy, a caseworker should have completed the review prior to ever receiving this message. Best practice is to complete the Selected Service Package review upon receiving notification that the Recommended Service Package is updated by the CANS assessor. Do not ignore this alert. Failure to review and select a new Service Package prior to the end date will result in foster care payments to residential providers failing to process.
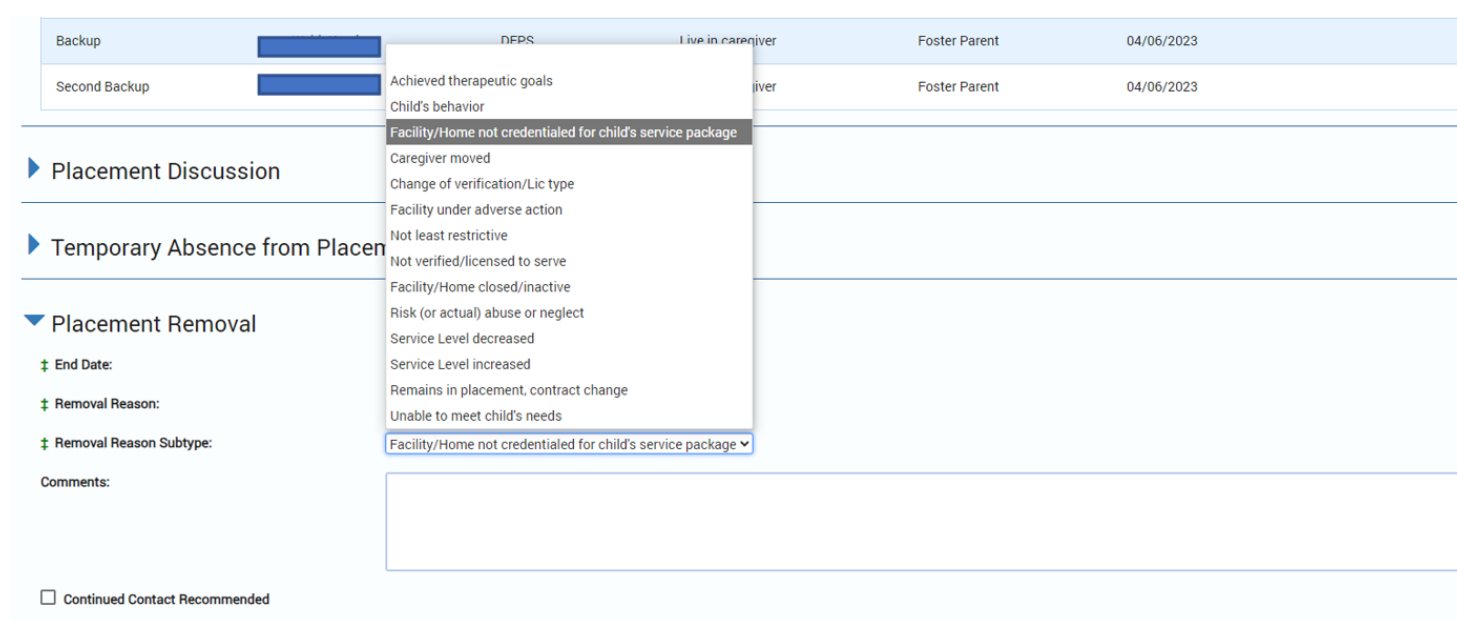
Entering a T3C Placement

The information needed to successfully enter non-T3C placements are still required for a T3C placement. This guide does not revisit those required fields in the **Placement** page and will focus on new information needed to successfully save a T3C Placement.

As outlined in Figure 52, the T3C Recommended and Selected Service Packages must be completed prior to entering the T3C placement. See **Reviewing Recommended and Selected Service Packages**.

Figure 52. Steps to Enter a T3C Placement

End any current Level of Care placement. When ending a placement, the new **Removal Reason** subtype **"Facility/Home not credentialed for child's Service Package"** is available in the **Placement Removal** section if the **Removal Reason** selected is **Caregiver/Agency Requested or CPS Initiated**.

2 Add a new placement and complete all the information required in the **Placement Information** page.

3 When the **Placement Information** page is saved, IMPACT will validate the GRO or the CPA and caregiver are credentialed to provide the Selected Service Package and any Add-On Support Service as identified on the **Selected Service Package** page for the date range of the placement. This validation makes it important to create the Selected Service Package prior to completing the placement entry.

4 If there are errors in the validation process, an error message describing the error and providing a hyperlink to the area that needs correction.

5

After the placement is entered and saved successfully, IMPACT will display:

- The **Service Package** details and up to three **Add-On Support Services** details in the **Attention** section of the **Placement Information** page.

- A check mark in the **T3C Indicator** checkbox if all the requirements are met for the T3C placement.

If Subsequent Placement is not T3C

IMPACT will verify the child has a Requested Level of Care (RSL), Billing Level of Care (BSL) or Selected Service Package as of the placement start date.

Any current Level of Care designations were ended when the previous Selected Service Package was created. Since the child has been in a T3C placement but is now entering a non-T3C placement, a Requested Level of Care must be entered prior to entering the non-T3C placement. Follow the steps in Figure 53.

Figure 53. Steps for a Non-T3C Subsequent Placement

2 End the T3C Placement.

3 Request a Level of Care.

4 Create the non-T3C placement entry.

*Note: If a placement is saved and there is not an active Level of Care or Selected Service Package, IMPACT will display the message **"In order to submit the placement for approval a RSL, BSL or Selected Service Package must be entered."***

See ***Texas Service Level Resource Guide*** for additional information, if needed.

Form Updates for T3C

Several forms previously included with auto populated Level of Care information are updated to include Service Package information. Those include:
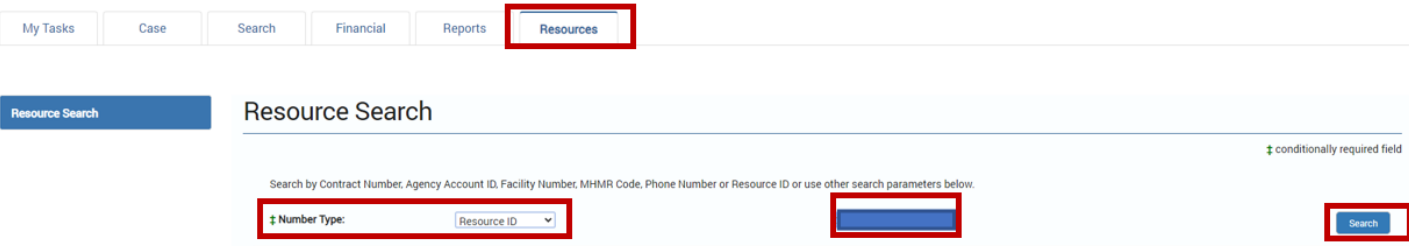
- Application for Placement Forms 2087 and 2087ex;

- Conservatorship Monthly Evaluation;

- Child Background Summary Form;

- CPOS; and

- Health, Social, Education, and Genetic History.

Appendix C. How to Look Up a Credentialed Resource

In most circumstances, the Placement Team provides any information a caseworker may need regarding a potential placement option's credential status when needed for a placement. However, a caseworker may sometimes need to review the credential status when making decision regarding a Selected Service Package change that does not involve a change in placement. Follow the steps in Figures 54 or 55 to look up a credential status either by Resource ID or Service Package, respectively.

Figure 54. Steps to Look Up a Placement Option's Credential Status by Caregiver Resource ID

Navigate to the **Resource** tab. Select **Resource ID** from the dropdown menu and enter the caregiver's Resource ID into the field. Select the **Add** button.

2 The search results will display, and the resource name will be a hyperlink. Select the hyperlink to be taken to the **Resource Detail** page and then select the **Facility Detail** tab.

| My Tasks | Case | Search | Financial | Reports | **Resources** |

Resource Detail

Resource Search

Resource Detail

Facility Detail

Services by Area

Resource Name:

Resource ID :

Resource Type: Other Facility

* required field

‡ conditionally required field

Expand All   Collapse All

Resource Detail

3 The **Service Package History** section is found on the **Facility Detail** page. Active Service Packages will display as a **Code** value. Click on the hyperlink for the codes to display a box that shows the decode values.

Follow these steps to search by resource name.

▼ Service Package History

Effective Date	End Date	Active	Hold
03/01/2024		T43,T44,T35,T20,T11,T10,T19,T48,T34	

▼ Service Package History

Effective Date	End Date	Active	
03/01/2024		T43,T44,T35,T20,T11,T10,T19,T48,T34	

Service Code Descriptions - Work - Microsoft Edge — ☐ ×

ⓘ about:blank

Service Code	Service Name
T43	FC-GRO II-T3C-Sexual Aggression and Sex Offender Stabilzation
T44	FC-GRO II-T3C-Aggression and Defiant Disorder Stabilization
T35	FC-GRO I-T3C-Sexual Aggression and Sex Offender Treatment
T20	CBC-SSCC-GRO II-Aggression and Defiant Disorder Stabilization
T11	CBC-SSCC-GRO I-Sexual Aggression and Sex Offender Treatment

▼ Service Level History

Figure 55. Steps to Look Up a Placement Option's Credential Status by Service Package

1 Navigate to the **Resource** tab. Find the **Services by Area** section. In the **Services** dropdown menu, select the T3C Service Package you are seeking. Click the **Search** button.

2 The system will return search results. Select the results hyperlink to find more provider information.