



TEXAS CENTER
FOR THE JUDICIARY

Placement Options for Children and Youth with Special Needs
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Topics for Today's Discussion

- The Standard Placement Process
- When the Standard Placement Process does not result in a Placement
- Youth with Special Needs (PMN, IDD, Transplant)
- Partnering with the Faith Based Community



The Placement Process



The Standard Placement Process

- Referral to the regional placement team mailbox
- Searches and matches made based upon child's needs (child's preference, ad litem/CASA input, family connection, education, therapeutic/medical needs, etc.) This includes requests for specific homes, agencies, and/or GROs
- Placement staff perform due diligence on placements prior to notifying caseworker of acceptance
 - CLASS check
 - IMPACT check
- Caseworker and Supervision accept/deny placement
- Placement is confirmed
- Caseworker coordinates placement with provider



When the Standard Placement Process Does Not Result in a Placement

- State Office is notified with a request for assistance
- State Office is notified of all Court orders
- MDT placement staffing
 - Exploration for non contracted placements
 - Exploration of family options
 - Next Steps identified



Youth with Special Needs

Primary Medical Needs, Intellectual and/or Developmental Delays, and Organ Transplants



PRIMARY MEDICAL NEEDS

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

- The inability to maintain an open airway without assistance. This does not include the use of inhalers for asthma;
- 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. Residential Child Care Licensing Minimum Standards §749.61(2) (D)



Choosing a Caregiver for a PMN Child

Required Factors to Consider When Evaluating a Child's Possible Placement:

- Whether the home is contracted and verified to provide primary medical needs services
- The individual capabilities of the foster family that meet the specific needs of the particular child to be placed
- The number of children in the home and how many of those children are also receiving primary medical needs services
- Whether the foster parent will be the caretaker of the child during day time hours and night time hours
- Whether the foster parent acts as the caretaker for the children currently placed in the foster home



PMN Staffing Participants

The CPS Well-Being Specialist coordinates and facilitates the PMN staffing and invites the following:

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| <ul style="list-style-type: none"> • CPS caseworker; caseworker's supervisor; program director; • Local Permanency Specialist, if applicable; • RTPC and/or CPU staff; • Regional Nurse Consultant; • Developmental Disability Specialist, if applicable; • Education Specialist; | <ul style="list-style-type: none"> • Medical, Hospital, or Nursing staff; • STAR Health staff; • CASA or guardian; • Attorney ad-litem; • Current CPA and caregiver, when appropriate; • New or proposed CPA and caregiver; and • Other key parties involved in the child's case. |
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Primary Medical Needs Staffing

- Reviews the child's medical history (including diagnoses and care needs).
- Identifies feeding issues.
- Determines future medical appointments and obtains information from the Foster Parent/Caregiver on PCP designation.
- Obtains names and contact information (if available) for specialists involved in the child's care. Refers child to specialists if not already involved in the case.
- Identifies medications (and discusses a plan to ensure prescriptions are requested or refills are adequate before placement).
- Identifies services (Medical, Private Duty Nursing, Physical Therapy/Speech Therapy/Occupational Therapy, PCS, Counseling), and preferred providers.



Primary Medical Needs Staffing Continued:

- Identifies Behavioral Health Needs.
- Identifies and addresses training needs for the Foster Parents/Kinship Caregiver.
- Identifies and addresses transportation needs of the child.
- Identifies Medical Equipment and Supplies, obtaining a list of current equipment/supplies and/or what is needed and the plan for transporting items to the new placement.
- Determines the status of a child currently on any Waiver Programs or Wait Lists.
- Identifies and discusses Plan and Action Items.
- Provides Follow Up Support



Long-Term Placement Options and Supports for youth with IDD

- Family (with or without services)
 - Waiver and entitlement programs can be used to support family/youth.
- Home and Community-Based Services (HCS) Residential Supports
 - Services and supports received in family home (Supported Home Living), or
 - If needing to live outside of family home:
 - HCS Host Home- a support/host family provides residential services in their personal home to up to three individuals.
 - HCS Group Home- can be up to three or four individuals receiving HCS services in the home with 24/7 awake shift staff, or



Long-Term Placement Options and Supports for youth with IDD Continued

- Intermediate Care Facility (ICF-IDD)
 - Community-based residential option that is less restrictive and with 24/7 awake shift staff.
 - Can be 4-person, 6-person, 8-person, 10-person, or 16-person homes/facilities.
- State Supported Living Center (SSLC)
 - A large institutional facility (only 13 in the state).
 - Serves individuals with IDD who are medically fragile or who have significant behavioral problems.



Transition Planning for Youth with Intellectual and Developmental Disabilities (IDD)

- Beginning at age 16 transition planning begins and takes into consideration:
 - long-term placement options,
 - long-term services and supports,
 - Supplemental Security Income (SSI),
 - Medicaid waivers,
 - extended foster care, and/or
 - guardianship.



Home and Community-Based Services (HCS) Medicaid Long-Term Care Waiver

- CPS foster youth aging out of care considered a priority population.
- During the 85th legislate session, CPS saw significant reduction in allocation of HCS Aging Out of Care waiver slots. (FY 2016/2017: 215 slots; FY 2018/2019: 110 slots)
- Eligibility Criteria for a CPS Aging Out of Care HCS waiver slot:
 - IQ of 69 or less or an IQ between 70-75 with a related condition.
 - 17 years old or older
 - Receive SSI
 - Have a Determination of Intellectual Disability (DID) indicating they qualify for IDD services through the Local Authority.



Guardianship

Criteria for referral to the Guardianship Program:

- There is reason to believe that because of a physical or mental condition, the youth will be substantially unable to provide for his or her own food, clothing or shelter.
- The youth will be unable to provide for his or her own physical health.
- The youth will be unable to manage his or her own financial affairs when the individual becomes an adult.
- There is a source of funding (SSI or other).
- Less restrictive alternatives to guardianship are not appropriate or available.
- No suitable family members or other interested parties are willing or able to serve as guardian.



Other HHSC Waivers & Entitlements

Waivers

- Texas Home Living (TxHmL)
- Community Living Assistance and Support Services (CLASS)
- Deaf Blind and Multiple Disabilities (DBMD)
- Medically Dependent Children's Program (MDCP)
- Home and Community-based Services (HCS)

Entitlements

- Community First Choice (CFC)



Collaboration Between Agencies

- CPS works regularly with HHSC for children with IDD:
 - Office of Guardianship Services
 - Local Procedure Development and Support Unity, Intellectual and Developmental Disability Services
 - State Supported Living Center Division
 - Department of State Health Services- State Hospital Division



Children and Youth in Need of an Organ Transplant

- Superior Health Plan/ STAR Health Transplant Team
- Service Manager
- Medical Directors
- Corporate Manager

Transplant Team Contact

- Angela Adkins 1-866-534-5943 ext.22679

Please note: The attorney will need to provide their Order Appointing and a copy of a photo ID for the manual authentication process before information can be exchanged on a specific child.



Transplant Identification

- Liver – MELD or PELD score, hepatitis serologies, imaging and biopsy as indicated.
- Kidney - GFR (already in routine tests) or creatinine clearance if not on dialysis.
- Heart – echo and cardiac catheterization results.
- Lung – PFT's, imaging, and 6-minute walk test.
- Pancreas – BMI, C-peptide, and history of insulin treatment.
- Intestine/Multivisceral-no additional testing.
- Stem cell – most recent bone marrow biopsy as indicated.



Transplant Evaluation Process

- Letter of request from a Transplant physician (medical necessity, requested procedure, urgency, and facility where evaluation and transplant will be done.
- Medical history and labs no more than 3 months older than date of request
- Consultation for any co-morbid conditions, summary of clinical condition, results of diagnostic testing that has been attempted and patient's response to it.
- Relevant family history
- Relevant social history including substance abuse.
- Psychosocial evaluation addressing the patient's ability to comply with post-transplant treatment requirements
- Facility credentials must be verified within the past three years.



Transplant Process

- Transplant team will receive letter of medical necessity from transplant service physician
- Transplant team will determine how service will be paid for, contact contracting department
- Transplant team will request all tests, labs, psychosocial and letters of support within 14 day timeframe – 24 hour for urgent requests
- Information is forwarded to corporate office for approval
- Transplant team receives approval/denial and notifies all parties involved
- Evaluation/transplant is scheduled



Transplant Process Continued

- Emergent or air ambulance required transportation will be approved and arranged for by Superior STAR Health
- Commercial or non-emergent transportation will be provided for by MTP
- CPS will insure that medical consenter is present at evaluation/transplant to provide consent for procedures.
- Medical Consenter has to be able to stay with the child near the transplant center until the child is cleared to return home. This could take up to six months.
- Housing, meals, transportation of medical consenter will be arranged by CPS in coordination with Medical Transportation and the hospital
- Transplant team will work closely with all parties to ensure that process is completed in a timely manner



Centers of Excellence

- Both evaluations and transplants take place at Centers of Excellence located in select hospitals in America, depending on transplant needs (bone marrow, lung, heart, etc.)
- These are facilities that have met rigorous guidelines and have excellent outcome statistics



Partnering with the Faith Based Community



Faith Based Initiatives for Placement and Capacity

- PhasedIN Wichita Falls <http://phasedin.org/> currently space for boys, is building another facility for girls
- 127 Faith Foundation in Mason TX www.the127.org currently serving aging out youth, just opened in October 2017
- <https://careportal.org/>. Requests could be for basic needs, help with rent/utility assistance, furniture etc..



Questions?

