Placement Options for Children and Youth with Special Needs
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2017 Child Welfare Judicial Conference
November 13-15, Hyatt Lost Pines

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:

- 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;
- 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.
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 (IDD) 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 1-866-534-9943 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 been 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 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/](http://phasedin.org/) currently space for boys, is building another facility for girls.
- 127 Faith Foundation in Mason TX [www.the127.org](http://www.the127.org) currently serving aging out youth, just opened in October 2017
- [https://careportal.org/](http://https://careportal.org/) Requests could be for basic needs, help with rent/utility assistance, furniture etc..

Questions?