


**Title IV-E Foster Care Reimbursement Program**



**Basic Eligibility Training 2016**

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**How does the Title IV-E Reimbursement Program Work?**




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<u>Non IV-E County</u>		<u>IV-E County</u>	
Jan - \$5031		Jan - \$5031	(\$2461)
Feb - \$4544		Feb - \$4544	(\$2223)
Mar - \$5031		Mar - \$5031	(\$2461)
Apr - \$4869		Apr - \$4869	(\$2382)
May - \$5031		May - \$5031	(\$2461)
Jun - \$4869		Jun - \$4869	(\$2382)
<b>Total Paid - \$29,375</b>		<b>Total Paid - \$29,375</b>	<b>(\$14,370)</b>
<b>Net. \$29,375</b>		<b>Net. \$15,005</b>	

*1 child placed at \$162.30 (Spec LOC) for 6 months*

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## Determining Eligibility for Title IV-E

Prior to completing an application, you should use the tools below to determine if the child meets the Title IV-E criteria.

- Title IV-E Application Pre-Screen  
(TJJD-IVE-305)
- AFDC Income Determination Worksheet  
(TJPC-FED-03-08)




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## Eligibility Criteria

Court Orders

AFDC Guidelines

Placement in a Title IV-E Facility

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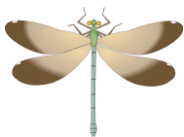
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## CRITERIA ONE

Court Orders




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## BEST INTEREST

"The court finds that it is contrary to the child's welfare to continue to remain in the home of....."

*name of individual(s) from whose home the child is being removed and whose actions are reflected in **Exhibit A***

*And that it is in the **best interest** of the child to be placed outside of his/her home. The basis for these findings are stated in **Exhibit A** incorporated herein".*

- **MUST** be child specific
- **MUST** be in the initial/first order of removal

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## REASONABLE EFFORTS

"The court finds that **reasonable efforts** have been made to prevent or eliminate the need for the child to be removed from her/his home and to make it possible for the child to return to his/her home as referenced in **Exhibit B** incorporated herein;"

- **MUST** be child specific
- **MUST** be within 60 days of the initial order of removal

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## RESPONSIBILITY FOR CARE AND PLACEMENT

"It is ordered that the (name of county in which the court's jurisdiction arises) juvenile probation department be **responsible for the child's care and placement**"

- **MUST** be in the order placing the child

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# CRITERIA TWO

## AFDC Guidelines



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## Parental Deprivation

- No parent
- One parent
- Two parent
  - physically or mentally incapacitated
  - underemployed

\*\*This does not apply when one of the parents is a stepparent.

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## No Parent Household

- Grandparents
  - Aunt or Uncle
  - Adult Siblings
  - Stepparent
- This individual must be a relative
  - Their income will not count unless they are one of the following.
    - Managing conservator
    - Legal Guardian



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### One Parent Household

- Mother or Father (natural or adoptive)
- You still consider this a one parent household even if the family is residing in the home of a relative



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### One Parent Household

- Mother or Father (natural or adoptive)
- Does not include the stepparent
- If two parents are residing in the home and one of them is considered mentally or physically incapacitated, then the child is considered deprived of parental support.



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### Two Parent Household

- Mother or Father (natural or adoptive)
- Does not include a stepparent
- Neither parent is considered incapacitated/disabled

### DOES DEPRIVATION EXIST?



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## Two Parent Household- Underemployed Parent

- Mother or Father (natural or adoptive)
  - Does not include stepparents
- Neither parent is considered incapacitated or disabled
  - Deprivation is based on the underemployment of the Primary Wage Earner (PWE)




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## UNDEREMPLOYED PARENT CHECKLIST

### PURPOSE OF FORM

Use this form to determine whether parental deprivation exists based on parental underemployment. This is only applicable when two legal parents live in the home of removal and neither parent is physically or mentally incapacitated. This does not apply when one of the parents is a stepparent.

1) Who is the Primary Wage Earner (PWE) in the home of removal?  
*PWE is defined as the legal parent who has earned the most income in the last two years*

Father  Mother

2) Was the PWE unemployed during entire month?  
 \*\*If the PWE was unemployed during the entire month parental deprivation exists - **STOP!**

Yes\*\*  No

3) Does the PWE work, on average, less than 100 hours per month?  
*Average the hours worked for the last three months*  
 \*\*If the PWE works, on average, less than 100 hours per month, parental deprivation exists - **STOP!**

Yes\*\*  No

4) If the PWE works, on average, more than 100 hours per month indicate his/her average gross monthly earned income and refer to table below to determine if income guidelines for deprivation are met.  
*Average the gross monthly earned income for the last three months:*

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*To calculate monthly income: If paid weekly multiply by 4.33; if paid bi-weekly multiply by 2.17; if paid bi-monthly multiply by 2*

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## INCOME GUIDELINES FOR UNDEREMPLOYED PARENT

To determine if the PWE meets the income guidelines for Underemployed Parent, compare the PWE's averaged gross monthly earned income to the appropriate maximum income limit for the appropriate certified group size.

The Certified Group includes (in home at time of removal):

- Eligible child (child being reviewed)
- Legal Parent(s)
- Siblings

The Certified Group size is both parents plus the number of dependents in the AFDC Certified Group.

Certified Group Size	Maximum Income Limit	Certified Group Size	Maximum Income Limit
1	-	9	1595
2	498	10	1698
3	824	11	1871
4	925	12	1975
5	1073	13	2147
6	1176	14	2251
7	1319	15	2423
8	1422	For each additional member	173

- If the PWE's averaged gross monthly earned income is equal to or less than the maximum income limit for the Certified Group size, the PWE is considered underemployed. Deprivation does exist.
- If the PWE's averaged gross monthly earned income exceeds the maximum income limit for the Certified Group size, the PWE is not considered underemployed. Deprivation does not exist - Child is not eligible for IV-E.

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## Domicile

- Mother or Father
- Brother or Sister
- Grandmother or Grandfather
- Uncle or Aunt
- Nephew or Niece
- Cousin
- Stepfather or Stepmother
- Stepbrother or Stepsister

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## Income of the Certified Group

- Child being placed
- Siblings under 18
- Parent(s)
- Legal Guardian or Managing Conservator
- Applied Income of a Stepparent

\*SSI recipients are excluded with the exception of the youth being placed

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## Are they an SSI recipient?

RSDI – Retirement, Survivors, and Disability **Insurance**. Income for retired individuals, survivors or dependents of insured individuals, and individuals with disabilities, based on contributions to social security taxes.

SSDI – Social Security Disability **Insurance**. Disabled or blind individual that paid into the social security taxes to be eligible for insured benefits. Amount is based on social security earnings.

Social Security Survivors Benefits – same as RSDI

SSI – Social Security **Income**. Income for a disabled or blind individual or child with limited income and resources. Amount is based on the need up to the following amount, the federal benefit rate for an individual is \$733.00. (effective January 1, 2015)

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## The countable income available to the certified group must not exceed the allowable AFDC income limits

- Earned Income – all wages and salaries from employment
- Unearned income – cash gifts and/or contributions, child support, retirement, RSDI/SSDI and unemployment
- Applied income of a stepparent

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## Non-Countable Income

- Social Security Income (SSI)
- Adoption Assistance
- Food Stamps
- TANF (temporary assistance for needy families)
- Housing Subsidies

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### Resources for the Certified Group

- Assets or possessions which can be converted to cash in order to meet the needs of the family
- Combined resources must not exceed \$10,000
- Stepparents resources do not count
- SSI recipient's resources do not count

\*examples may be extra cars, rental property, stocks/bonds, retirement

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# AFDC

## Income Determination Worksheet




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**STEP 1**

1. Total number of people in the certified group (excluding SSI recipients)	
2. Number of parents in the certified group (excluding step-parents)	
<b>3. 185% AFDC income limit (refer to AFDC Needs Standard Income Limits chart)</b>	
4. Total monthly gross earned income	
5. Total monthly unearned income (SSI disregard for child support received deducted by DEFS)	
6. Applied income of step-parent (if applicable)	
<b>7. Total countable income (total #4, #5 and #6)</b>	

Was the child and family's total countable income (#7) equal to or less than the 185% AFDC income limit (#3)?  Yes  No

IF YES, proceed to step 2;

IF NO, the child is not eligible for Title IV-E; do not submit a foster care assistance application. The eligibility determination process is complete.

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**STEP 2**

1. Total monthly gross earned income (same as #1 above)	
2. \$90 Earned Income Deduction	
<i>A maximum of \$90 earned income deduction is allowed for each individual in the certified group with countable earned income. The deduction amount cannot exceed the individual's monthly gross income. For example, if an individual has \$25 of earned income, the deduction amount would only be \$25.</i>	
3. Dependent Care Cost Deduction	
The name of the individual for whom dependent care payments were made:	
The name of the individual to whom dependent care payments were made:	
<i>These dependent care costs were necessary to allow the parent/stepparent/conservator to work.</i>	
<i>A deduction is allowed for the actual cost of dependent care a parent or managing conservator (with earned income who is included in the certified group) pays on behalf of a dependent child or incapacitated adult who is also included in the certified group. The costs must be out-of-pocket (unreimbursed) payments made in the month the child was removed from the home and that are necessary to allow the parent or managing conservator to work. The name of the individual to whom these payments are made must be provided.</i>	
<i>The maximum deduction allowed is \$200 for each child under 2 years of age and \$175 for each child 2 years of age or older and for each incapacitated adult.</i>	
4. Total countable earned income (#1 minus #2 and #3)	
5. Total monthly unearned income	
6. Applied income from step-parent (if applicable)	
7. Total countable income (total #4, #5 and #6)	
8. 100% AFDC income limit (refer to AFDC Needs Standard Income Limits chart)	
Was the child and family's total countable income (#7) equal to or less than the 100% AFDC income limit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF NO, the child is not eligible for Title IV-E; do not submit a foster care assistance application. The eligibility determination process is complete.	
Did the child and family meet both the 185% and the 100% AFDC Needs Standard Tests? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The child and family total countable income during the month of removal must meet both the 185% and the 100% AFDC Needs Standard Tests to be eligible for Title IV-E eligibility.	

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**AFDC Needs Standard Income Limits**

Certified Group Size	No Parent		One Parent		Two Parent	
	185%	100%	185%	100%	185%	100%
1	474	256	579	313	-	-
2	683	369	1203	650	921	498
3	958	518	1389	751	1524	824
4	1141	617	1671	903	1711	925
5	1467	793	1856	1003	1985	1073

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**Applied Income of a Stepparent**

The AFDC Income Determination Worksheet is used to determine the amount of income that should be applied to the certified group.

The Stepparent Allowance Deduction Chart determines the allowable amount of income for the stepparent and any non-certified tax dependents.

A stepparent is not a child's legal parent, however, is the legal parent's spouse.

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### AFDC Worksheet - Stepparent

1. Step-parent's monthly gross earned income	
2. Work related expenses - standard deduction of \$90	
3. Step-parent's countable earned monthly income (1 minus 2)	
4. Step-parent's other monthly income (i.e. unearned income)	
5. Step-parent's total countable income (3 plus 4)	
6. Monthly payments to dependents outside the home	
7. Monthly alimony and/or child support payments to individuals outside the home	
8. Deduction allowance for step-parent and non-certified dependents residing in the home <small>*Taken from the step-parent allowance deduction chart (Form #122 PPS-01-05)</small>	
9. Applied income of step-parent (line 5 minus 6, 7 and 8)	

Family Size	Allowance Deduction Amount
1	313
2	650
3	751
4	903
5	1003
6	1153
7	1252
8	1425
9	1528
10	1701

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### Sibling Relationships

- Full sibling – both parents in common
- Half sibling – one parent in common
- Half sibling mutual – If the child's biological or legal parent and stepparent living in the home have a child together
- Step Sibling – no parent in common, child is that of a stepparent.




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### Half Sibling Mutual Child



His



Hers



Theirs




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## Stepparent Allowance Deduction

<p><u>Non-Certified Group</u></p> <ul style="list-style-type: none"> <li>• Stepparent</li> <li>• Step siblings</li> <li>• Half siblings mutual</li> </ul>	<p><u>Certified Group</u></p> <ul style="list-style-type: none"> <li>• Parent</li> <li>• Youth being placed</li> <li>• Full siblings</li> <li>• Half siblings</li> </ul>
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## CRITERIA THREE

### Title IV-E Eligible Setting




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## Title IV-E Approved Facilities

AZLEWAY BOYS RANCH 15892 COUNTY ROAD 26 TYLER TX 75707-9728 903-566-6827	Residential Treat	M S I	200233
AZLEWAY CHILDREN'S SERVICES TY 15892 COUNTY ROAD 26 TYLER TX 75707-9728 903-566-8444	Child Placing Agency	B M S	200681
AZLEWAY VALLEY VIEW 15892 COUNTY ROAD 26 TYLER TX 75707-9728 903-566-8444	Halfway House	B M S I	24480773
AZLEWAY VALLEY VIEW 15892 COUNTY ROAD 26 TYLER TX 75707-9728 903-566-8444	Basic Child Care	B M S I	24480773

Provided by DFPS

Available on the TJJD Website Updated Monthly

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February 2016

### Title IV-E Foster Care Payment Rates (FY16)

LEVEL OF CARE	TYPE OF FACILITY	DAILY RATES	IV-E ALLOWABLE (estimated reimbursement)
BASIC	CPA	43.71	23.14
	RTC	45.19	22.11
MODERATE	CPA	76.72	40.62
	RTC	103.03	50.40
SPECIALIZED	CPA	101.86	53.93
	RTC	162.30	79.40
INTENSE	CPA	186.42	98.70
	RTC	260.95	127.66
EMERGENCY	Emergency Shelter	129.53	65.90

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### Title IV-E Program System (TPS)

Title IV-E Foster Care Assistance Application




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### What Should You Include in the Application Packet?

- Copy of the Birth Certificate
- Copy of the Social Security Card
- AFDC Income Determination Worksheet
- Court Orders
  - Initial Order of Removal
  - Detention History Printout
  - Disposition Order

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**Attach, if applicable the following.**

- INS Form 1 - 551/Green Card
- Private Health Insurance
- Out of State Placement Information



**Do not send the following.**

- Copies of the TPS Application
- Application Pre-Screen Form
- Case Plans
- Social History Report
- Medical and/or Psychological Reports




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### Eligibility Determination Notice

• County	Travis
• Name	Smith, John
• DOB	01/01/2000
• Medicaid Number	123456789
• TDFPS Number	10203040
• Authorized Level of Care	Moderate
• Billing Level of Care	Moderate
• Eligibility Start Date	03/03/2016

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## Medicaid

<p><b>Title IV-E</b></p> <ul style="list-style-type: none"> <li>• Traditional (fee for service) for prescriptions/doctors</li> <li>• Managed Care for dental</li> <li>• Title IV-E Coordinator - A/R</li> </ul>	<p><b>Non-Title IV-E</b></p> <ul style="list-style-type: none"> <li>• Non-secure facilities</li> <li>• Managed Care</li> <li>• Facility Staff - A/R</li> </ul>
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**Resources**

- <http://www.chipmedicaid.org/>
- <http://opl.tnhp.com/ProviderManager/AdvSearch.aspx>
- <http://www.txvendordrug.com/providers/medicaid-pharm-search.shtml>

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### Foster Care Maintenance




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### Title IV-E Foster Care Request for Reimbursement

DFPS certified  
PID #

CPA or RTC

County	Person ID	Child Name	Unit R#	From	To	Di	Qtr	Sh YR	Sh Mo	Income	Pd AMT
SPACE	12345678	Tennant, David	39.52	1	31	31	2012	12			\$675.94
SPACE	12345678	Tennant, David	71.91	1	31	31	2013	1			\$1,229.92
SPACE	12345678	Tennant, David	95.79	1	28	28	2013	2			\$1,470.81
SPACE	12345678	Tennant, David	175.66	1	31	31	2013	3			\$3,004.43
SPACE	12345678	Tennant, David	42.18	1	30	30	2013	4			\$647.60
SPACE	12345678	Tennant, David	96.17	1	31	31	2013	5			\$1,525.74
SPACE	12345678	Tennant, David	138.25	1	17	17	2013	6			\$1,202.80
SPACE	12345678	Tennant, David	242.85	18	30	13	2013	6			\$1,815.70
SPACE	12345678	Tennant, David	115.44	1	18	18	2013	7			\$1,137.33
<b>SPACE Total</b>											<b>\$12,519.27</b>

Last paid night in placement

Calculates for you

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### Detailed Payment Voucher Example

County	Person ID	Child Name	Unit R#	From	To	Di	Qtr	Sh YR	Sh Mo	Income	Pd AMT
SPACE	12345678	Tennant, David	39.52	1	31	31	2012	12			\$675.94
SPACE	12345678	Tennant, David	71.91	1	31	31	2013	1			\$1,229.92
SPACE	12345678	Tennant, David	95.79	1	28	28	2013	2			\$1,470.81
SPACE	12345678	Tennant, David	175.66	1	31	31	2013	3			\$3,004.43
SPACE	12345678	Tennant, David	42.18	1	30	30	2013	4			\$647.60
SPACE	12345678	Tennant, David	96.17	1	31	31	2013	5			\$1,525.74
SPACE	12345678	Tennant, David	138.25	1	17	17	2013	6			\$1,202.80
SPACE	12345678	Tennant, David	242.85	18	30	13	2013	6			\$1,815.70
SPACE	12345678	Tennant, David	115.44	1	18	18	2013	7			\$1,137.33
<b>SPACE Total</b>											<b>\$12,519.27</b>

14-XXXXX

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## Supplemental Child Care Maintenance




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## Supplemental Foster Care Maintenance

County: \_\_\_\_\_ Quarter Ending: \_\_\_\_\_

**SUPPLEMENTAL FOSTER CARE MAINTENANCE**

Instructions: Complete this form to request reimbursement for allowable child care costs not covered by the placement per diem rate. These costs include travel, clothing, school supplies, birthday and Christmas gifts, or special care that may be incurred while a child is in placement. Documentation of these costs must be maintained at the county level. Copies of all receipts must be attached to this form. Costs may not exceed \$2,000.00 per child per year. The form is to be submitted with the quarterly administrative report. The DFPS Permit ID number is required on each child.

Child's DFPS Permit ID#	Amount
Description:	
<b>(1) Total Expenses for this Child</b>	<b>\$0.00</b>
Child's DFPS Permit ID#	Amount
Description:	
<b>(2) Total Expenses for this Child</b>	<b>\$0.00</b>
Child's DFPS Permit ID#	Amount
Description:	
<b>(3) Total Expenses for this Child</b>	<b>\$0.00</b>
<b>(4) Total expenses for this quarter (\$11 x 20 + \$0 x 10) = \$220</b>	<b>\$0.00</b>
<b>(5) Reimbursable cost DFPS (100%)</b>	<b>\$0.00</b>
<b>(6) Total reimbursement for this quarter (\$0 x 0) = \$0</b>	<b>\$0.00</b>

Calculates for you

Calculates for you

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## Administrative Reimbursement

Allowable costs to administer the program

- Expenditures
- Salaries and Fringe (time study)




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## Use of Funds



- Separate, interest bearing account
- MUST be used for juvenile justice services
- NOT to be used for secure placement such as pre/post adjudication, detention or any related costs
- Construction or other capital expenditures (over \$5000.00 must be pre-approved by TJJD)
- May not spend more than 15% on contingency fees (consultants)

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## Timelines



Forms and Reports

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## Placement Information/Discharge Form (PID)

Once an application has been completed and submitted any changes in the following must be reported on the PID form.

- Location
- Level of Care
- Daily Rate
- Title IV-E Status – Discharge/Inactive

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## Information Reported on a Placement Information Discharge Form (PID)

- I. Child's identifying information
- II. Change being reported
- III. Reason for the change
- IV. Title IV-E status




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I. IDENTIFYING INFORMATION				
Child's Name: _____				
Date of Birth: _____	DFPS Person ID#: _____		County/TJJD: _____	
II. CHANGE BEING REPORTED (include location, level of care, daily rate, date occurred)				
Information prior to change:	LOC:	Rate:	Resource ID No.:	Date of Change:
Address: _____				
City/State/Zip: _____				
Information after change:	LOC:	Daily Rate:	Resource ID No.:	Date of Change:
Address: _____				
City/State/Zip: _____				
If change did not occur on the same day, explain: _____				
III. REASON FOR CHANGE (select the most appropriate reason)				
<input type="checkbox"/> Child returned home <input type="checkbox"/> Child placed with relative(s) <input type="checkbox"/> Child placed with sibling(s)				
<i>Indicate the name &amp; relationship of the person to whom the child was discharged.</i>				
<input type="checkbox"/> Completed program / achieved therapeutic goals	<input type="checkbox"/> Child ran away	<input type="checkbox"/> Level of Care lowered		
<input type="checkbox"/> Child placed in detention or other secure facility	<input type="checkbox"/> Child's behavior	<input type="checkbox"/> Level of Care raised		
<input type="checkbox"/> Facility under adverse action	<input type="checkbox"/> Placement closed	<input type="checkbox"/> Aged out (turned 18)		
<input type="checkbox"/> Child came back into care / reactivated	<input type="checkbox"/> Child hospitalized	<input type="checkbox"/> Child emancipated		
<input type="checkbox"/> Removed due to risk of abuse	<input type="checkbox"/> Caretaker moved	<input type="checkbox"/> Case transferred to CPS		
<input type="checkbox"/> Caregiver requested the child's removal	<input type="checkbox"/> Child death	<input type="checkbox"/> Child committed to TJJD		
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Therapies not being active			
IV. IV-E STATUS (complete only if placing the child on inactive status OR discharging from IV-E)				
<input type="checkbox"/> Place child on INACTIVE status (temporarily ineligible for Title IV-E reimbursement). NOTE: You MUST complete all Title IV-E reviews that become due while the child is on "inactive" status.				
<input type="checkbox"/> DISCHARGE child from IV-E Program (no longer eligible for Title IV-E; close the IV-E case)				

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## Title IV-E Status Changes

### INACTIVE

- Non Title IV-E Setting
- Payment Ceased – free bed or scholarship
- Title IV-E Reviews must be completed
- Reactivate or Discharge

### DISCHARGE

- No Longer Eligible
- Must submit a new application for Title IV-E

IV. IV-E STATUS (complete only if placing the child on inactive status OR discharging from IV-E)	
<input type="checkbox"/> Place child on INACTIVE status (temporarily ineligible for Title IV-E reimbursement). NOTE: You MUST complete all Title IV-E reviews that become due while the child is on "inactive" status.	
<input type="checkbox"/> DISCHARGE child from IV-E Program (no longer eligible for Title IV-E; close the IV-E case)	

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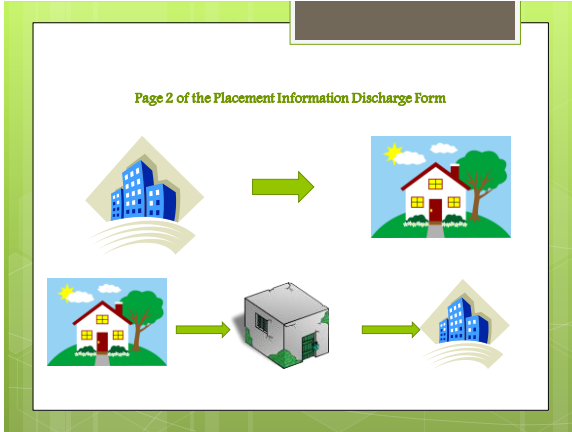
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- Required Information on Page 2 of the PID**
- Description of the current placement
  - How will the caregiver ensure the safety of the child while in placement?
  - Least restrictive (most family like) setting
  - Close proximity to school
  - Close proximity to home
  - Date the family was notified of the move
  - Date the family was notified of changes in visitation
  - Method of notification
  - Date caregiver provided with the following updates.
    - Case plan or update (if applicable)
    - Medical records
    - Educational records

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APPROPRIATE PLACEMENT
<p><b>APPROPRIATE PLACEMENT</b></p> <p>Describe the placement being provided by the provider to meet the child's specific needs.</p> <p>How will the caregiver ensure the safety of the child while in placement?</p> <p>Least restrictive (most family like) placement (if the child was not placed in the least restrictive setting possible to meet the needs of the child, explain why)</p> <p>Close proximity - School of the placement is not far from the child's school to allow the child to continue to attend the same school, explain why.</p> <p>Close proximity - Parent of the placement is not in close proximity to the parent's home, explain why.</p>
<p><b>APPROPRIATE PLACEMENT</b></p> <p>Describe the placement being provided by the provider to meet the child's specific needs.</p> <p>They family notified of move.</p> <p>They family notified of changes in visitation.</p> <p>Method of notification.</p> <p>They caregiver provided with updated case plan or review (if applicable).</p> <p>They caregiver provided with updated medical and educational records.</p> <p>Close proximity - School of the placement is not far from the child's school to allow the child to continue to attend the same school, explain why.</p> <p>Close proximity - Parent of the placement is not in close proximity to the parent's home, explain why.</p>
<p><b>APPROPRIATE PLACEMENT</b></p> <p>Describe the placement being provided by the provider to meet the child's specific needs.</p> <p>They family notified of move.</p> <p>They family notified of changes in visitation.</p> <p>Method of notification.</p> <p>They caregiver provided with updated case plan or review (if applicable).</p> <p>They caregiver provided with updated medical and educational records.</p>

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# PID Reminders...

- ★ The PID must be submitted to TJJ within five calendar days of the change that occurred.
- ★ The PID must be submitted for all applications including those applications still pending eligibility.

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# 6<sup>th</sup> Month

## Periodic Case Review Monthly Summary



TJJ-IVE-360

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# "PCRMS"

- Document that an Administrative Review was conducted
- Permanency Plan
- Submitted monthly
- Due by the 10th of the month following the review

October	November	May	August
Nov 10th	Dec 10th	Jun 10th	Sept 10th

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**PERIODIC CASE REVIEW  
MONTHLY SUMMARY**  
*Due by the 10th of the month for reviews conducted during the previous month*

TEXAS  
JUVENILE  
JUSTICE  
DEPARTMENT

County Name: \_\_\_\_\_ Month/Year Review Conducted: \_\_\_\_\_

ADMINISTRATIVE REVIEWS CONDUCTED WITH A FACILITATOR AT 6, 18, 30... MONTHS		
Child's Name		
DFPS Person ID#		
Date of Review		
Permanency Plan		
Date of Permanency		
Child's Name		
DFPS Person ID#		
Date of Review		
Permanency Plan		
Date of Permanency		

ADMINISTRATIVE REVIEWS CONDUCTED WITH A JUDGE AT 6, 18, 30... MONTHS		
Child's Name		
DFPS Person ID#		
Date of Review		
Permanency Plan		
Date of Permanency		
Child's Name		
DFPS Person ID#		
Date of Review		
Permanency Plan		
Date of Permanency		

Completed By: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Date Submitted to TJJD: \_\_\_\_\_

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# 12<sup>th</sup> Month

## Foster Care Assistance Review Permanency Hearing Credit Check




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## Redetermination

If youth will continue in placement starting the 13<sup>th</sup> month  
then eligibility for Title IV-E must be redetermined

Foster Care Assistance Review      Form #TJJD-IVE-365  
Sample Permanency Hearing Order      Form #TJPC-FED-19-04

Documents due to TJJD before the end of the 12<sup>th</sup> month

\*\*Credit check\*\*

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## Foster Care Assistance Review "FCAR"

- Child's identifying information
- Child's placement information
- Redetermination of deprivation (home of removal)
- Federal reporting requirements
- Child's permanency plan
- Child's income and resources
- Child's educational/vocational information

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## Permanency Hearing Order Required Finding

The \_\_\_\_\_ County Juvenile Probation Department has made reasonable efforts subsequent to the removal of the child from the child's home to finalize the permanency plan.

- Recommend using the sample order
- Judge serves as the facilitator
- Judge receives a copy of the case plan update

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### What you send to TJJD:

- Foster Care Assistance Review
- Permanency Hearing Order
- Underemployed Parent Checklist, if applicable

### What TJJD sends to you:

- Redetermination Notice
- Credit check results




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## Resources Available

**Probation & Community Services**

- Interstate Compact for Juveniles (ICJ)
- JCMS
- Juvenile Justice Alternative Education
- Juvenile Probation Directory
- Legislation
- Parole Services
- Placement Services & Title IV-E Program
- Prevention & Intervention Services
- Probation Apps Portal
- Special Needs Diversionary Program (SNDP)
- TAJD Funded Prevention Programs

**Resources**

- Title IV-E Program Forms
- Title IV-E Fiscal Forms
- Title IV-E Facilities

**Juvenile Medicaid Tracker (JMT)**

- JMT Frequently Asked Questions (.pdf)
- JMT User Guide for JFD Staff (.pdf)
- JMT User Guide for TAJD Staff (.pdf)
- JMT Screening Worksheet (.pdf)

**Webinars**

→ Title IV-E Program System (TPS)  
 Juvenile Medicaid Tracker (JMT)

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## Contact Information

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Division Email-[specialprogramsinfo@tjtd.texas.gov](mailto:specialprogramsinfo@tjtd.texas.gov)

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# The End

# Thank You!

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