



TEXAS

Department of Family and Protective Services

Child Protective Services

3 in 30

Resource Guide

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Resource Guides

The purpose of Resource Guides is to provide information that helps you do your job better. This information includes reference material, procedures, and guidelines that help you complete the tasks you are required to do by policy.

It's important to remember that the information in Resource Guides does not substitute for policy. We may sometimes include policy statements, but only to show you the policy to which the information is related. We will highlight any policy that actually appears in the Resource Guide, and will almost always include a link to the actual policy. For example:

Per [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.

The policy in the handbook always takes precedence over what is in the Resource Guide. We try to keep policy and Resource Guides synchronized, but sometimes there is a delay. If you have questions, always follow the policy in the Policy Handbook.

Resource Guides provide 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
- ✓ identify and apply best practices

The information in the Resource Guides is not policy (except where noted), and the actions and approaches described here are not mandates. You should adapt the way you perform critical tasks to the individual needs and circumstances of the children and families with whom you work.

State office and field staff are working together to identify Resource Guide topics, define the content, and develop the appropriate guides. CPS will regularly post Resource Guides as they are developed, and update them as needed. Check the Resource Guides page, in the CPS Handbook, to see new or revised Guides.

We hope these Guides provide useful information to guide and assist CPS staff in effectively performing their job tasks. These Guides, combined with clear and concise policy in the Handbook, should help staff provide a high level of service to children in Texas.

INTRODUCTION

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

Under law, children and youth in DFPS care must receive the assessments below within the first 30 days of removal:

- ✓ 3-Day medical exam (statewide requirement by 12/31/2018)
- ✓ Child and Adolescent Needs and Strengths assessment (CANS)
- ✓ Texas Health Steps medical checkup

According to the American Academy of Pediatrics, children and youth in foster care have significant medical needs (<http://pediatrics.aappublications.org/content/136/4/e1131>¹).

- ✓ Up to 80% of children come into foster care with at least one medical problem.
- ✓ 1/3 of children come into foster care with a chronic medical condition.
- ✓ Up to 80% of children and adolescents enter with a significant medical need.

Therefore, these national medical experts recommend children and youth in conservatorship see medical professionals early and often. The Texas Legislature understood the importance of this expert advice and enacted a law to address the needs for foster children in Texas. By combining the initial 3-Day medical exam with the Texas Health Steps medical checkup and the CANS assessment, DFPS will gain a greater understanding of the needs and strengths of children and youth in care.

The “3 in 30” is a collaborative effort between the Texas Department of Family and Protective Services, the Texas Health and Human Services Commission, and Superior Health Plan, the foster care Medicaid managed care organization.

The purpose of this guide is to provide procedures for 3 in 30. Combined, the 3-Day medical exam, CANS assessment, and Texas Health Steps medical checkup provide Child Protective Services with a solid foundation for service planning relating to a child’s physical and behavioral health. Better service planning earlier in the case results in increased placement stability, more appropriate service provision for a child and family, and increased timely exits to positive permanency.

¹ Health Care Issues for Children and Adolescents in Foster Care and Kinship Care
COUNCIL ON FOSTER CARE, ADOPTION, AND KINSHIP CARE, COMMITTEE ON ADOLESCENCE, and COUNCIL ON EARLY CHILDHOOD
Pediatrics Oct 2015, 136 (4) e1131-e1140; DOI: 10.1542/peds.2015-2655

3-AY MEDICAL EXAM

What is it?

In 2017 the Texas Legislature passed a law requiring children coming into conservatorship to receive a 3-Day medical exam, which is to go into effect statewide by December 31, 2018. The exam is a medical screening that is intended to provide a baseline of a child's physical health upon entering foster care. It is also an opportunity for the caregiver to obtain necessary treatment and medications for a child that may not have been obtained at the time of removal, such as an asthma inhaler or eczema cream.

IMPORTANT!

The 3-Day medical exam is required in addition to the Texas Health Steps medical checkup. It **DOES NOT** replace or substitute for the Texas Health Steps medical checkup or the CANS assessment. The 3-Day medical exam is one of three separate 3 in 30 tools: an additional medical exam that must be conducted on all children entering foster care within the first 30 days of coming into the conservatorship of DFPS.

EXAM TIMELINE AND PROCEDURES

The 3-Day medical exam must occur within three business days of a child's removal. In general, a business day is defined as any day that state offices are open, Monday-Friday 8am-5pm. Keep in mind, some medical providers may have adjusted or later hours.

For example:

- ✓ If a child is removed on Monday at noon, the 3-Day medical exam should be completed no later than the following Thursday.
- ✓ If a child is removed on Friday at 5pm, the 3-Day medical exam should be completed no later than the following Wednesday.

All youth entering the care of DFPS should receive the 3-Day medical exam. However, some exceptions apply. Therefore, workers should review the following steps to determine if the child qualifies for an exception.

IMPORTANT!

In general, do not take the child to an emergency room or other urgent care medical facility unless there is a health emergency that requires emergent or urgent care. Emergency visits for the 3-Day medical exam are costly and are overly burdensome on the healthcare providers when there is not a need for emergent or urgent health care. A Physician (MD or DO) or other Health Care Provider (HCP) **who is a STAR Health provider** may complete the initial 3-Day medical exam. STAR Health is available as a resource for you to locate a provider who can see the child within 3 business days. To locate a provider:

Visit STAR Health: www.fostercaretx.com/for-members/find-a-doctor OR

Call **STAR Health Member Services** for assistance: 1-866-912-6283.

Step 1: Determine the requirement for the 3-Day Medical Exam

The caseworker (INV/CPS) determines which level of medical care the child needs. Discussion between supervisor and caseworker is held to determine:

1. Does the child have emergent or urgent medical needs?

For example:

- ✓ You remove a baby from the home and the child is experiencing severe congestion and is wheezing when she is breathing. The parents have not taken the child to a medical professional for treatment. You take the child to an urgent care clinic to be evaluated.
- ✓ You remove a child from school. He has an injury to his arm that has not been treated. The arm is swollen and the child is in great pain. You believe that he may have a broken arm. You take the child to the local emergency room to obtain x-rays and an evaluation of the injury.

If **YES**, take the child to emergency room or urgent care clinic for immediate medical attention. If the child must receive urgent or emergent care, you may take a copy of the 3-Day medical exam [Medical Protocol](#) with you to the emergency room or urgent care clinic and ask the medical provider to make sure all of the steps are covered. Then, the trip to the emergency room or urgent care clinic will suffice for the 3-Day medical exam requirement. The [Medical Protocol](#) is a one page document which contains the code the medical provider can use to bill Medicaid for the service.

2. Is the child coming into care while in an inpatient medical setting?

For example:

- ✓ A child was admitted to a hospital due an abusive trauma and remains admitted at the time of removal.
- ✓ A child is treated at a hospital for Failure to Thrive on the day of removal and the findings of the hospital visit are the cause of entering care.

If **YES**, the 3-Day medical exam *is not needed* as a full medical exam of the child was already completed in the medical facility. Request a copy of the treatment plan, history, physical, and (if appropriate) the discharge summary. Proceed to Step 6 for documentation, using “other.”

3. Is the child coming into care while in a psychiatric hospital setting?

For example:

A parent who contacts Statewide Intake expresses that they no longer wish to care for their teenage son who has extensive behavioral health issues. The child will be discharged from the psychiatric hospital within the next 48 hours and the parent is requesting that CPS take custody of the child.

You contact the parent who confirms that they no longer wish to have custody of the child. You contact the social worker at the psychiatric hospital, who confirms that the child received

a comprehensive physical exam upon being admitted to the psychiatric hospital 8 days ago. The social worker emails you a copy of the physical exam that noted no physical health concerns.

If **YES**, the 3-Day medical exam *may not be* needed. Request a copy of the treatment plan, history, physical, and (when appropriate) the discharge summary. Determine if the child received a full medical exam while under the care of the psychiatric hospital. If so, and the documentation is obtained, then the 3-Day medical exam is not needed. Proceed to Step 6 for documentation, using “other.”

If the answer to all of the above questions is **NO**, the child is required to have a medical exam within 3 business days. Proceed to Step 2.

Frequently Asked Questions:

Does a newborn removed at birth need the 3-Day medical exam in addition to exams received at birth?

Staff the circumstances with the supervisor and, if needed, with the regional CPS Medical Services staff ([Well-being Specialist](#) or [Nurse Consultant](#)). An additional exam *may not be needed* if the newborn’s birth was facilitated by a licensed medical provider.

Can a specialized medical resource substitute for the 3-Day medical exam?

No. For example, the following **cannot** substitute for the 3-Day medical exam:

- ✓ A pre-removal doctor exam due to a child’s recent illness
- ✓ A Sexual Assault Nurse Examiner (SANE) exam
- ✓ A Forensic Assessment Center Network (FACN) consultation based on medical records
- ✓ Telemedicine

As a reminder, you must staff ALL exceptions with your supervisor and request a copy of the history, physical exam, and, if appropriate, the discharge summary from the medical provider. This documentation must be entered into IMPACT and the hard copies of the medical documents become a part of the case file.

Step 2: Arrange and Schedule the 3-Day Medical Exam

1. The caseworker arranges for the 3-Day medical exam appointment by scheduling or *ensuring the appointment is scheduled.*
 - a. Once the child is removed and determined to need the 3-Day medical exam, the caseworker attempts to learn if there is a primary care provider (PCP) for the child or if the caregiver has a PCP they would use on an ongoing basis.
 - b. If there is an accessible, existing PCP for the child, verify the medical provider is a STAR Health provider and schedule the 3-Day medical exam appointment with that provider (*See FAQ #3 below for question suggestions*).
 - c. If there is no existing PCP, the caseworker schedules or requests that the caregiver schedule a 3-Day medical exam with a STAR Health provider, and confirms that the appointment is made.

2. To make the appointment, the caseworker or caregiver does one of the following:
 - a. Schedule the 3-Day medical exam with a pre-arranged, STAR Health provider.

Examples:

- ✓ A shelter may have a specific medical provider affiliated with the facility.
- ✓ A caregiver may have an existing arrangement with a particular medical provider.

- b. Schedule the appointment with a known STAR Health clinic or provider.

Examples:

- ✓ A Foster Care Center of Excellence clinic
- ✓ A preferred clinic/medical provider for the county

- c. Schedule the appointment with a STAR Health resource found online:
www.fostercaretx.com/for-members/find-a-doctor
- d. Call STAR Health Member Services at **1-866-912-6283** during normal business hours and request assistance locating a provider and/or scheduling an appointment.

The STAR Health Member Services line also has Nurses available 24/7. Nurses can help locate providers but cannot schedule appointments. When calling STAR Health, it is helpful to specify whether you are calling to speak to “Member Services” or the “Nurse Line.”

Step 3: Transportation and Required Paperwork

The caseworker ensures transportation to appointment is arranged. The caseworker or adult attending/transporting the child to the 3-Day medical exam appointment (ex: the caregiver) must bring the fully signed and authorized [Medical Consent Form 2085-B](#) **AND information about the child**, such as the reason for removal, to the medical provider. The information may be the removal affidavit, if appropriate and filed with the court, or may be other information that explains what trauma or history the child may have experienced. If using a filed affidavit, it is provided directly to the medical provider.

IMPORTANT!

While it is ideal to provide the affidavit directly to the medical provider, there may be times that providing the affidavit may not be appropriate. An affidavit is confidential and may contain sensitive information about a parent or caregiver’s physical or mental health. Use your best judgement and discuss your concerns with your supervisor, as needed.

If you find that you are unable to provide a copy of the filed affidavit in order to share critical information relating to the child with the medical provider, you may be able to pull excerpts from the affidavit or provide relevant new content to the medical provider about the allegations of abuse or neglect, trauma history and significant information.

Regardless, a medical provider needs to know the DFPS concerns about a child's experiences.

If the affidavit has NOT been filed with the court, you should provide appropriate information that will be included in the filed affidavit directly to the medical professional.

- a. The caseworker can write a short narrative containing child specific information for the medical provider instead of using the removal affidavit, but must always provide the Medical Consent Form 2085-B. *See FAQ #9 below.*
- b. If the caseworker is not the adult attending/transporting the child to the 3-Day medical exam appointment, the caseworker, supervisor or coverage caseworker should be available by phone to speak with the medical provider, as needed.

Step 4: 3-Day Medical Exam is Completed

HHSC Medicaid, STAR Health, and Texas medical experts have agreed upon a specific [Medical Protocol](#) for this exam, including the following components:

- ✓ **Vital Signs:** Including height, weight and others.
- ✓ **Medical History:** Including known history; current concerns such as those related to abuse and neglect, medications, allergies, and screening for health conditions related to risks reported/documented by DFPS; physical and intellectual disabilities; vision, hearing, and communication deficits; mental illness, suicidality, aggression or emotional distress; and pregnancy, sexually transmitted infections, and/or substance use.
- ✓ **Physical Exam:** A complete exam, including all body surfaces, with respect to the child or youth's level of distress. Tests, including any laboratory or other tests, will be done at medical professional's discretion.
- ✓ **Treatment:** Medically necessary medications, equipment, patient education, consults/referrals, and/or transfer to higher level of care.
- ✓ **Follow-up Expectations:** The medical provider will make recommendations and provide written communication of follow-up expectations including medications, medically necessary equipment or referrals.

NOTE:

New abuse or neglect history obtained by the medical provider or physical findings indicating possible abuse or neglect not already known to CPS must be reported to the CPS caseworker and the Child Abuse Hotline (1-800-252-5400) as required by Texas law.

IMPORTANT!

Children and youth are prohibited from receiving vaccinations at the 3-Day medical exam.

A child may not receive vaccinations unless there is an emergent need for a tetanus vaccination. In order to obtain a vaccination other than a tetanus shot, the medical provider must obtain parental consent, in writing and directly from the parent. The caseworker can assist the medical professional in contacting the parent for consent but may not obtain consent from the parent on behalf of the medical professional.

Step 5: Follow Up

After the medical exam, the caseworker is responsible for ensuring follow-up care is done. Follow-up plans and medical recommendations should be clearly documented in the Medical/Mental Assessment tab (*see Step 6 below for details*).

1. The adult attending/transporting the child to the 3-Day medical exam appointment receives completed documentation from the medical provider that lists diagnoses, treatment, patient instructions and recommendations for follow-up OR the [Medical Dental Visit Form 2403](#) completed by the medical provider.
2. If the caseworker did not attend the exam, the caseworker should coordinate with the caregiver to ensure:
 - a. The adult attending/transporting or the residential contractor sends the medical documentation via fax or email to the assigned caseworker within 24 hours.
 - b. The adult attending/transporting immediately calls the assigned caseworker if medical findings are urgent.
3. If the caregiver or adult attending/transporting the child has difficulty with follow-up requirements, they should contact the assigned caseworker immediately.

For example:

- ✓ Concerns about facilitating follow-up logistics: transportation / attendance
- ✓ Concerns about obtaining medical equipment or prescriptions
- ✓ Expected or unexpected conflicts with follow-up appointments
- ✓ Placement Level of Care concerns based on 3-Day medical exam findings (meaning the exam revealed that the child's needs are higher than what the residential care provider can provide)

4. The caseworker ensures that the adult attending/transporting the child and/or the caregivers are aware of these requirements, and that the recommended follow-up is completed.
5. The caseworker also ensures that the child's caregiver understands both the Texas Health Steps medical checkup (all children) and CANS assessment (children ages 3-17) must be scheduled to occur within 30 days of removal. If helpful, provide the caregiver a copy of the [STAR Health Quick Guide for Caregivers](#).

Step 6: Documentation

Within 24 hours of receiving notice that the 3-Day medical exam has been completed, the caseworker enters documentation of 3-Day medical exam into the child's SUB file in IMPACT.

Examples of documentation include:

- | | |
|-------------------------|-------------------------------------|
| ✓ Medical Visit Summary | ✓ Prescriptions list |
| ✓ History and Physical | ✓ Follow-up care instructions |
| ✓ Diagnoses list | ✓ Recommendations/referrals |
| ✓ Treatment summary | ✓ Follow up appointment information |

Copies of completed documentation from the medical provider that lists diagnoses, treatment, patient instructions and recommendations for follow-up OR the Medical Dental Visit Form 2403 completed by the medical provider are placed in child's SUB file, external records, medical tab.

Specifically:

1. Navigate and click on the Medical tab in the child's SUB stage.
2. Click on the Medical/Mental Assessment tab.
3. Select "Add" (pulls up blank detail page).
4. Type in the medical provider's name in the "Other" box.
5. Select the reason from the dropdown box of "Physical Exam" or "Other".
 - a. Choose "Physical Exam" when the 3-Day Exam was completed.
 - i. Enter the date of the exam.
 - ii. Type "3-Day Exam" in "Findings" box.
 - iii. Document information from completed 2403 or equivalent in "Narrative".
Document required follow-up steps in the "Finding" box,

OR

- b. Choose "Other" if no 3-Day Exam was required because child was hospitalized at removal.
 - i. Enter the date off the hospital exam or date of supervisor/caseworker decision (whichever is most appropriate).
 - ii. Type "Other" in "Findings" box.
 - iii. Document the supervisor/caseworker decision that the 3-Day Exam does not apply in the "Findings" box.
6. Enter the medical professional's address and phone number under the "Address/Phone Detail Other" section.
7. Click save.
8. Click on the "Narrative" button and document any findings and follow-up steps from the 3-Day Exam.

FREQUENTLY ASKED QUESTIONS (FAQs)

1. If a 3-Day exam is not needed because the child is in a hospital setting, other paperwork will suffice. What can I expect when I request a copy of the discharge paperwork if a child is in a hospital setting?

A discharge summary is available from all inpatient stays (hospitalizations). Emergency centers generate a discharge note. Discharge summaries may be lengthy and will not be complete until the child leaves. Hospitals may provide discharge instructions or an abbreviated summary or expedite completion upon request.

Psychiatric hospitals require that a history and physical examination (basic examination) be completed which may or may not include diagnostic blood testing and imaging. This information serves as a baseline assessment to initiate medication therapy and monitor physiological changes. The psychiatrist will also generate a discharge summary (the summary of care and treatment). Discharge orders for post hospitalization care are also provided.

2. Who can do the 3-Day medical exam?

A credentialed STAR Health medical provider who is one of the following:

- ✓ Physician or physician group (MD or DO)
- ✓ Physician assistant (PA)
- ✓ Clinical nurse specialist (CNS)
- ✓ Nurse practitioner (NP)
- ✓ Certified nurse-midwife (CNM)
- ✓ Federally Qualified Health Center (FQHC)
- ✓ Rural Health Clinic (RHC)
- ✓ Health-care provider or facility (Community-based hospital and clinic) with physician supervision

3. How can I determine if there is a current primary care provider who can provide the 3-Day medical exam and ongoing care?

If the child is not placed in close proximity to the removal location, it is unlikely their primary care doctor can provide the 3-Day medical exam. If the child is placed in close proximity to the removal location, the caseworker can ask:

- ✓ Is the child on Medicaid? If yes, then the caseworker may ask the parent for the primary care doctor's name or check for the name on the youth's most recent Medicaid card.
- ✓ Does the child have a regular doctor?

If so, contact STAR Health (1-866-912-6283) and ask for "Member Services" (request a Nurse outside of business hours) to determine if that doctor is a STAR Health provider and is able to do a 3-Day medical exam.

4. How do I address Medicaid eligibility issues (e.g., the child does not have a Medicaid card and the pharmacy or medical provider wants a Medical ID number, or similar issue)?

The fully signed and authorized Medical Consent Form 2085-B provides proof the child is covered by Medicaid due to the removal and must be accepted by STAR Health contractors

(medical providers, pharmacists, etc.). If there are any issues, **call STAR Health Member Services at 1-866-912-6283**. For issues that are unresolved by STAR Health, contact the regional [CPS Well-being Specialist](#).

5. What if the caseworker or caregiver cannot find a medical provider who can see the child within 3 business days from removal?

Call STAR Health Member Services at 1-866-912-6283 OR contact the Regional CPS Medical Services staff ([Well-being Specialist](#) or [Nurse Consultant](#)) for assistance.

6. What if the youth is older and refuses to cooperate with some or all of the exam?

The medical provider must do the best he/she can and document the youth's refusal. The caseworker should obtain copies of this documentation.

7. What if a bill is received for the exam?

Immediately contact the medical provider to ensure they have the child's correct information, including Medicaid number. Contact STAR Health at 1-866-912-6283 and ask for "Member Services" (the number answered by the Nurse Line outside of business hours). Follow-up with the Well-Being Specialists as needed.

8. How do I document it if the child had a scheduled appointment, but didn't attend?

Information about missed appointments may be documented within the contact narrative. They should not be documented on the Medical/Mental Health Tab (*described in Step 6 above*) unless the appointment has taken place, since data entry in that location is used for monitoring completion of the 3-Day medical exam.

9. I cannot use the removal affidavit or draft affidavit. What information should I provide in the summary for the medical provider?

Medical providers need to know information about the child's removal circumstances and trauma history. Helpful information includes:

Medical history or information, including known or suspected diagnoses and medications.

Trauma history/allegation information, such as:

Physical abuse (location)	Neglectful supervision or abandonment
Sexual abuse/exposure/ exploitation	Medical neglect or other untreated medical condition
Sexual abuse with trafficking (Consider seeking child abuse specialist)	Failure to Thrive
In utero drug exposure	Exposure to drugs/paraphernalia

Caregiver/Family information, such as:

Caregivers actively impaired	Other traumatic event/environment
Violence between caregivers	Sibling abuse or death
Lack of food/nourishment	Parent arrest
Other hazardous environments (types)	

For additional questions or assistance, email the

DFPS STAR Health 3 in 30 mailbox:

DFPSTARHealth3In30@dfps.state.tx.us

OR

Contact your regional Medical Services staff:

[Well-being Specialist](#) and/or [Nurse Consultant](#)

http://www.dfps.state.tx.us/Child_Protection/Medical_Services/

CHILD AND ADOLESCENT NEEDS AND STRENGTHS ASSESSMENT (CANS)

[See 6431.1](#) *Child and Adolescent Needs and Strengths (CANS) assessment and Family Strengths and Needs Assessment (FSNA).*

All youth ages 3-17 entering the conservatorship of CPS must receive a Child and Adolescent Needs and Strengths (CANS) assessment. The CANS assessment must be completed within the first 30 days of a child entering care in order to meet the requirement to complete the Child Service Plan within the first 45 days. CANS eligible children are required to have a CANS assessment annually while they remain in conservatorship. The caseworker arranges for the CANS assessment by scheduling or ensuring the appointment is scheduled.

The caregiver or child placing agency may agree to schedule and provide transportation to the appointment; however the ultimate responsibility for CANS completion is with CPS. Caseworkers should proactively ensure eligible children receive their CANS assessment within 30 days. STAR Health behavioral health network clinicians, certified in administering the CANS, complete the CANS assessment statewide. If a child is placed in Community Based Care catchment areas, they may receive a CANS more frequently and the assessor is not required to be a STAR Health behavioral health network clinician. See *Special Circumstances*, for information regarding the CANS assessment in the Community-Based Care catchment areas.

[Texas Family Code 266.012](#) requires the state to include interviews with individuals who have knowledge of the child's needs. To meet this requirement, the Family Strengths and Needs Assessment (FSNA) may be used to communicate relevant historical information about the child's family of origin to the CANS assessor if the assessor is not able to interview the parent(s). In this way, the FSNA is the key to completing a truly comprehensive assessment. The FSNA may be completed in the family-based safety services (FBSS) and conservatorship (CVS) stages of service.

Policy establishes specific timeframes the caseworker must follow to complete the necessary tasks to ensure that the information from both the FSNA and the CANS is available to use in service planning.

Within 21 days of removal, the caseworker must complete and fax the FSNA to Superior Health Plan for upload into Health Passport.

How to fax the FSNA to Superior Health Plan:

1. Complete one designated Health Passport fax coversheet for each child identified on the FSNA.
2. The coversheet can be located at: [Superior FSNA Fax Cover Sheet](#). Follow the directions provided on the coversheet and mark only the designated areas, or the fax may be rejected.
3. Fax one coversheet together with one copy of the FSNA *per child* to Superior Health Plan at 1-866-274-5952 (listed at the top of the coversheet).
4. Check for the fax confirmation to ensure the fax was transmitted successfully. Some

completed FSNA's have not successfully uploaded into Health Passport despite a correct coversheet and fax confirmation. If possible, it may be helpful to re-fax. If it is not appearing in Health Passport despite multiple attempts, it is helpful to provide the FSNA to the CANS assessor directly.

The [Health Passport](#) is an electronic health record that contains a history of healthcare information for each child in STAR Health, including medical visits, prescriptions, labs, immunizations, and assessments including the CANS and FSNA. Caseworkers must have an active Health Passport account in order to view or print the completed CANS results. The Health Passport account will require reactivation if not used within a 90 day period. If you need assistance to activate your Health Passport account, please see the [Medical Services Resource Guide](#).

The CANS is a communication tool used to gather information to assist in making decisions about the best course of action to address a youth's needs and achieve a family's goals. Caseworkers may share the CANS assessment with the child's care team members as needed and upon request (i.e., CASA, health/mental health providers, placements, legal representatives, etc.). Legal parties have the same access to CANS information as they do with any other assessment. Recommendations from the CANS should be included in the child's court report which will be filed.

How to Read the CANS

The clinician administering the Child and Adolescent Needs and Strengths (CANS) assessment scores each item on a scale of 0-3 in the eCANS portal. When the assessment is complete, a daily file transmits these assessment information to the Health Passport. The CANS results report is accessible in Health Passport.

Once a child has a CANS assessment it should be visible in the Health Passport. If the CANS report is not visible in Health Passport in a timely manner after a completed CANS assessment, contact the CANS Team inbox for assistance in obtaining the report: CANS@dfps.state.tx.us

The CANS assessment report contains:

- ✓ the assessment rating scores,
- ✓ clinical impression,
- ✓ therapist recommendations for prioritization, and
- ✓ service recommendations

Per [6431.12](#) Using the CANS Assessment for Service Planning:

The conservatorship (CVS) caseworker must consider each of these components when developing the service plan. In reviewing the assessment rating scores, note that a Needs score of 2 or 3 indicates a need for action and must be considered for inclusion in the child's plan of service. A Strengths score of 0 or 1 identifies a centerpiece strength and must also be considered for strengths building activities in the child's plan of service.

The CANS report includes the three narrative fields described below. The caseworker should prioritize the information in these fields when developing the Child's Plan of Service (CPOS).

The "Clinical Impressions" field contains the clinician's diagnosis based upon initial presentation of the child's symptoms. Not all children will meet criteria for a psychiatric condition, or the clinician may be unable to gather enough information to make a diagnosis. In these cases the field may contain a condition or problem that is appropriate for the child's situation, for example, "Child in Welfare Custody." If a need for further testing or assessments is identified, based on the CANS recommendations or other information, the caseworker should include those follow-up needs in the CPOS and must coordinate services with the caregiver and STAR Health.

The "Priorities for Planning" field contains additional comments from the clinician. The clinician will include any information which he or she felt was important for the caseworker to know. This may include assistance in understanding the items of priority or other significant impressions of the child from the assessment. The caseworker should consider these clinical comments when developing a comprehensive service plan.

The "Service Recommendations" field contains the recommendations generated, based on the scores the clinician chose for each needs and strengths item. The service recommendations are general, and not specific to a provider or region. The treatment team should consider the most appropriate type of healthcare service or provider to meet that child's needs, and whether it is accessible in that child's community. The caseworker may contact STAR Health at 1-866-912-6283 for support in making that determination.

ANNUAL CANS ASSESSMENT

See [6431.14 Annual CANS Assessment Requirement](#)

All youth ages 3-17 who are CANS eligible are required to receive a Child and Adolescent Needs and Strengths (CANS) assessment annually while they remain in conservatorship. Annual CANS assessments must be completed within 30 days of the anniversary of the prior CANS assessment. The process for the CANS annual assessment is the same as the process for the CANS initial assessment. For the annual CANS, the most recent FSNA should be sent to Health Passport.

WHEN A CHILD TURNS THREE AFTER ENTERING CONSERVATORSHIP

When a child turns three years old after entering care, a CANS assessment must be completed within 30 days after the child's third birthday. The medical consentor can call STAR Health (1-866-912-6283) and request a CANS assessment.

COMMUNITY-BASED CARE CATCHMENT AREAS

In [Community-Based Care](#) (CBC) catchment areas, the Single Source Continuum Contractor (SSCC) is responsible for administering the CANS for children under their continuum of care. The SSCC may complete CANS on a more frequent schedule than the statewide requirement and may utilize CANS-certified assessors, including but not limited to STAR Health providers, within their model.

For more information, see also the DFPS Safety Net Page about Community Based Care:

http://intranet.dfps.txnet.state.tx.us/CPS/Permanency/Community_Based_Care/default.asp

The following processes may be different in CBC catchment areas:

- ✓ A non-clinician assessor may complete the CANS assessment. If a clinician did not complete the CANS assessment, the clinical impression field of the CANS report will be left blank.
- ✓ The SSCC is responsible for scheduling all CANS assessments for children under their continuum of care and ensuring that their staff and sub-contractors complete CANS assessments in a timely manner.
- ✓ If a CANS assessment in a CBC catchment area has not been completed in a timely manner, the CANS subject matter expert (SME) must coordinate with the SSCC in the catchment area, not STAR Health, to correct the issue.

For CPS staff,

Comprehensive CANS information, resources and Frequently Asked Questions are on the DFPS Safety Net at:

http://intranet.dfps.txnet.state.tx.us/CPS/Well-Being/Medical_Services/CANS.asp

Or email questions to: CANS@dfps.state.tx.us

TEXAS HEALTH STEPS MEDICAL CHECKUP

See [11211](#) *Initial Texas Health Steps Medical Checkup*

All children entering DFPS conservatorship must receive a [Texas Health Steps](#) medical checkup, within 30 days of entering DFPS conservatorship and periodically thereafter. Texas Health Steps medical checkups, known in federal law as the [Early and Periodic Screening, Diagnosis, and Treatment \(EPSDT\)](#) program are periodic preventive health care services for children birth through age 20 who are enrolled in Medicaid. Texas Health Steps medical checkups must be completed by a STAR Health Texas Health Steps provider.

A Texas Health Steps medical checkup includes:

- ✓ Comprehensive health and developmental history
- ✓ Comprehensive unclothed physical exam
- ✓ Appropriate immunizations (according to the Advisory Committee on Immunization Practices)
- ✓ Laboratory tests (including lead toxicity screening)
- ✓ Health Education (anticipatory guidance including child development, healthy lifestyles, and accident and disease prevention)

Not all healthcare visits meet the criteria for a Texas Health Steps checkup. A sick child exam or follow-up is not the same as getting a Texas Health Steps medical checkup. A Texas Health

Steps checkup counts as a physical, but a physical does not necessarily count as a Texas Health Steps checkup.

A Texas Health Steps medical checkup is an age appropriate, complete physical for the child. During the Texas Health Steps medical checkup the doctor will look at a child from head to toe to see if the child is growing and developing like other children their age and to find and treat medical problems early. Texas Health Steps providers may indicate an initial or annual Texas Health Steps medical checkup was provided by referring to the checkup as a well-child exam, a routine child health exam, or preventive care exam on medical documentation.

If a child recently had a physical exam or medical checkup before coming into the conservatorship of DFPS, a Texas Health Steps medical checkup is **still required** within the first 30 days. A new Texas Health Steps medical checkup is not required each time a child changes placement.

NOTE:

If a child comes into care with a Primary Care Physician (PCP), confirm that their PCP is able to complete Texas Health Steps medical checkups AND is also a STAR Health provider. If not, the child will need to see a different provider for their Texas Health Steps medical checkups.

Caseworkers should call STAR Health Member Services at 1-866-912-6283 with any questions related identification of or willingness for a primary care provider's ability to do the Texas Health Steps medical checkup within network. If a child sees a doctor who is not enrolled in Medicaid as a Texas Health Steps provider, or enrolled in the Superior Health Plan provider network, Superior will not pay that doctor for the Texas Health Steps medical checkup.

What to Take to a Texas Health Steps Medical Checkup

When accompanying a child on a visit for a medical checkup, the caseworker or caregiver takes the child's:

- ✓ Medicaid ID;
- ✓ STAR Health ID card;
- ✓ Medical Consent Form 2085-B;
- ✓ Pertinent medical records; and
- ✓ Immunization record.

EXCEPTION TO THE PERIODICITY SCHEDULE FOR THE INITIAL TEXAS HEALTH STEPS MEDICAL CHECKUP

Texas Health Steps medical check-ups follow a schedule called the *periodicity schedule*. Even if a child is not due for a checkup according to the periodicity schedule, the initial Texas Health Steps medical checkup is still required within the first 30 days after removal. The checkup is covered by Medicaid and reimbursable for medical providers as an "Exception to Periodicity". The Texas Medicaid Provider Procedures Manual states that a Texas Health Steps checkup

will be a covered benefit for children entering DFPS conservatorship, even if they recently had a visit with their medical provider.

If a provider says the child does not need a medical checkup because the child is not due for a checkup, call STAR Health member services at 1-866-912-6283 for assistance in scheduling the appointment. STAR Health is required to make an appointment available for children in foster care within two weeks of a request.

Subsequent medical checkups should be in accordance with the [Texas Health Steps Periodicity Schedule](#).

Youth ages 3-20 must have Texas Health Steps medical checkups annually from the previous checkup, and no later than the child's next birthday. Children under the age of 3 require more frequent Texas Health Steps medical checkups, at ages:

<i>3-5 days</i>	<i>6 months</i>	18 months
<i>2 weeks</i>	<i>9 months</i>	24 months
<i>2 months</i>	12 months	30 months
<i>4 months</i>		

3 IN 30 AND SERVICE PLANNING

THE CHILD'S PLAN OF SERVICE (CP OS)

3 in 30 provides us with a thorough understanding of what a child needs and how we can best help them – as soon as they come into care.

Timely and comprehensive information is the key to quality, trauma-informed service planning that represents a child as an individual. Combined, the 3-Day medical exam, CANS assessment, and the Texas Health Steps medical checkup provide the CPS caseworker with a solid foundation for service planning related to the child's developmental, physical and mental/behavioral health. This information should be available prior to the due date for the initial service plan. Better service planning earlier in the case results in increased placement stability, more appropriate services for the child and family, and more timely exits to positive permanency.

The information we gather through 3 in 30 is critical to providing care and services.

For example, the 3-Day medical exam may identify needs such as:

- ✓ Daily prescription needs
- ✓ Daily insulin
- ✓ Specialized feeding supplies
- ✓ Acute issues such as an infection requiring antibiotics

The CANS assessment identifies behavioral health and trauma-related needs of a child. When a caregiver has and understands the comprehensive assessment, they can approach the child's care in a more informed manner that could lead to less placement disruptions.

The CANS will help identify:

- ✓ Traumatic stress symptoms affecting behavior
- ✓ Sleep issues
- ✓ Self-harm behaviors and history
- ✓ Risk behaviors such as runaway history
- ✓ Comprehensive trauma history
- ✓ Existing family and community supports
- ✓ The youth's interests and talents
- ✓ Strengths of the youth and caregivers that support plans to address concerns

The Texas Health Steps medical checkup aids in ensuring the child is developing as they should. The components of those appointments include:

- ✓ Comprehensive health and developmental history
- ✓ Comprehensive unclothed physical exam
- ✓ Updated immunizations (according to the Advisory Committee on Immunization Practices)
- ✓ Laboratory tests (including lead toxicity screening)
- ✓ Health Education (anticipatory guidance including child development, healthy lifestyles, and accident and disease prevention)

When developing a service plan, ensure any ongoing needs identified in the 3-Day medical exam and the Texas Health Steps medical checkup are met.

Read the CANS and reflect the child's identified strengths and needs within the Child's Plan of Service (CPOS).

NOTE: For additional support in developing a child service plan, email:

DFPSSTARHealth3In30@dfps.state.tx.us

SPECIAL CIRCUMSTANCES

PLACEMENT CHANGES IN THE FIRST 30 DAYS

If a child returns home before a CANS assessment or Texas Health Steps medical checkup is completed and DFPS is dismissed from the case, the caseworker should contact the scheduled provider(s) or contact STAR Health Member Services at 1-866-912-6283 to cancel the appointment.

See also [6431.11](#) *Timeline for CANS and FSNA, under Placement Changes within the First 30 Days.*

WHEN A CHILD IS EXCLUDED FROM STAR HEALTH

Most children and youth in foster care (with a few exceptions) receive their healthcare services, including 3 in 30 assessments, through the Medicaid STAR Health Program. The following categories of children in conservatorship are not eligible for STAR Health:

- ✓ Youth adjudicated to the Texas Juvenile Justice Department (TJJD) are not eligible for Medicaid coverage and receive their healthcare through the TJJD system.
- ✓ Children in Medicaid paid facilities such as nursing homes or State Supported Living Centers (SSLCs) receive Medicaid coverage through Traditional (Fee-for-Service) Medicaid.
- ✓ A child placed out of state will transition to that state's Medicaid or receive services from a Medical provider who accepts Texas Medicaid.
- ✓ Children who are placed in Texas from another state under the Interstate Compact for the Placement of Children (ICPC) agreement are not eligible for STAR Health.
- ✓ Children declared manifestly dangerous and committed to an institution by a court order are not eligible for STAR Health.
- ✓ Children or youth who receive adoption assistance or permanency care assistance receive Medicaid coverage through the Medicaid STAR Program.

If a child or youth in DFPS conservatorship is excluded from STAR Health and needs a CANS assessment, the caseworker should take the following steps:

1. Within 7 days of removal, the caseworker should send an email notification with the child's name, Person ID (PID), and a brief description of the issue to the CANS mailbox at CANS@dfps.state.tx.us.
2. The CANS Team will provide a response containing further direction within 2 business days.

NOTE: For additional support regarding special circumstances, email:
DFPSSTARHealth3In30@dfps.state.tx.us

HOW DO I...?

Contact a CPS Well-Being Specialist or Regional Nurse Consultant?

Contact information may be located at the following links:

[CPS Regional Well-being Specialists](#)

[CPS Regional Nurse Consultants](#)

Contact STAR Health?

- ✓ STAR Health: www.fostercaretx.com
- ✓ Call STAR Health Member Services at **1-866-912-6283** during normal business hours, and request assistance locating a provider and/or scheduling an appointment.

The STAR Health Member Services line also has Nurses available 24/7. Nurses can help locate providers, but cannot schedule appointments. When calling STAR Health, it is helpful to specify whether you are calling to speak to “Member Services” or the “Nurse Line.”

Where do I find the completed CANS Report?

The final CANS Summary Report will be housed in the Child's [Health Passport](#) Record under the Assessment Tab. If a completed CANS is not viewable in Health Passport, contact the CANS mailbox at CANS@dfps.state.tx.us for assistance.

Become CANS Certified/Trained?

Every CVS Supervisor and Caseworker will be required to complete the online [CANS Training](#). If you have not received a coupon code with instructions on how to complete the training please email CANS@dfps.state.tx.us

RESOURCES

- ✓ 3 in 30 Mailbox: DFPSSTARHealth3In30@dfps.state.tx.us
- ✓ DFPS Medical Services Internet and Safety Net:
 - http://www.dfps.state.tx.us/Child_Protection/Medical_Services/
 - http://intranet.dfps.txnet.state.tx.us/CPS/Well-Being/Medical_Services/default.asp
- ✓ CANS Internet and Safety Net:
 - https://www.dfps.state.tx.us/Child_Protection/Medical_Services/guide-cans.asp
 - http://intranet.dfps.txnet.state.tx.us/CPS/Well-Being/Medical_Services/CANS.asp
- ✓ CANS Mailbox: CANS@dfps.state.tx.us
- ✓ Health Passport login: <https://provider.superiorhealthplan.com/>