



Tennessee Department of Children's Services

Work Aid for Permanency and Service Planning for Children/Youth with Intellectual and Developmental Disabilities

Supplemental to DCS Policy: 16.31 Permanency Planning for Children/Youth in the Department of Children's Services Custody; 31.1 Family Permanency Plans; Family Permanency Plan Development Guide; Child and Family Team Meeting Guide

Overview:

The Department of Children's Services serves children/youth in foster care with intellectual and developmental disabilities. The Department works with each child/youth and Child and Family Team to develop and implement a Permanency Plan that is individualized to meet the child/youth's needs and promote the most independent life possible in the community.

Criteria:

For children/youth to be considered as one with an intellectual and/or developmental disability, there must be a diagnosis of an intellectual disability, a diagnosis of a developmental disability, a full-scale intelligence quotient (IQ) of 70 or below, and/or a child/youth with a current Individual Education Plan (IEP) with a Special Education certification as Intellectually Disabled (ID). The parent/guardian or conservator (if applicable) should be invited and involved in this process.

If there is a concern that a child/youth that is in the Department of Children's Services' custody and the child/youth has not participated in any testing, testing will need to be requested.

For children ages 0-3 years old, a Tennessee Early Intervention System (TEIS) referral on Form [CS-0811 Tennessee Early Intervention System \(TEIS\) Referral](#) is completed and submitted to the local TEIS office.

For children ages 3 and above, a request for educational testing may be made to the school system in which the child/youth is zoned. A referral could also be made for evaluation by an appropriate mental health professional.

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Supersedes: None

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Subject: Work Aid for Permanency and Service Planning for Children/Youth with Intellectual and Developmental Disabilities

Supplemental to: DCS 16.31 and 31.1

If you need assistance, please consult with your Regional Psychologist and/or Education Specialist.

Permanency Planning:

The Permanency Plan for children/youth with intellectual and developmental disabilities should be tailored to the child/youth's individual needs, capacity, and learning style. It may include, but is not limited to:

- ☐ Health and safety issues;
- ☐ Degree of supervision needed;
- ☐ Independent living, social, and daily living skills;
- ☐ Dietary needs;
- ☐ Leisure and vocational interests and aptitudes and the need for greater social inclusion;
- ☐ Screening and treatment for co-occurring psychiatric disorders or substance use conditions;
- ☐ The need for assistive technology, auxiliary aids, and other special accommodations; ☐ Positive behavior support planning;
- ☐ Medication needs;
- ☐ Issues related to adaptive, behavior, and cognitive functioning including concrete and abstract reasoning;
- ☐ Specialized supports such as physical, speech, and occupational therapy;
- ☐ Ancillary services;
- ☐ end of life planning; and
- ☐ The need for hospice or palliative care.

For children/youth with intellectual and/or developmental disabilities, the Family Service Worker (FSW)/Team Leader (TL) will take the necessary steps to secure Social Security benefits. Please contact the Child Welfare Benefits Unit.

Behavior Management/Interventions:

If a child/youth with an intellectual and/or developmental disability is placed in a facility that limits movements or restricts any freedom, the facility must comply with DCS Policy [19.11, of Physical Restraint and Seclusion](#)

Assistive Technology:

Assistive technology may be beneficial to a child/youth with an intellectual and/or developmental disability. A treating professional would need to make the recommendation for an assistive technology device. The Department will pursue this technology through the child/youth's insurance coverage.

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The Department will request that the treating professional provides training to the child/youth and the caregiver regarding how to utilize the device(s).

Natural Supports and Social Relationships

The Department supports the children/youth with intellectual and developmental disabilities to establish meaningful social relationships, build and maintain natural support systems, exercise their rights and responsibilities, and participate in the life of their community by:

- ☐ Helping them identify and pursue the types of social roles and relationships they wish to pursue;
- ☐ Providing opportunities for social and physical interaction with people, other than service providers and other service recipients; and
- ☐ Helping them achieve an optimal level of community involvement and participation.

Family Support Services for the Parent(s)/Caregiver(s):

Family support services and information are available to:

- ☐ Strengthen the family's ability to provide care;
- ☐ Prevent unwanted and inappropriate out-of-home placements;
- ☐ Help resolve conflicts between the person and his/her family, advocate, or others involved in establishing and implementing the person's plan; and ☐ Help maintain family unity.

Education to the parent(s)/caregiver(s) may include, but is not limited to: early childhood development, behavior, home economics, work-life balance, and nutrition.

Community support services may include, but is not limited to: behavioral support, case management, counseling, early intervention services, financial assistance, in-home support, public entitlements, respite services, and support groups.

Boundaries and Sexual Health Planning:

Children/youth with intellectual and/or developmental disabilities will receive support and education regarding sexuality and relationships that has been tailored to their assessed needs, capacity, and learning style including:

- ☐ Sexual health and development;
- ☐ Family planning;
- ☐ Prevention of STDs and HIV/AIDS; and
- ☐ Sexual abuse and exploitation including giving and receiving sexual consent.

DCS Foster Homes:

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Children/youth with intellectual and/or developmental disabilities may meet the criteria for a DCS foster home to receive a special or extraordinary rate for the child's care. For more information, see the DCS [*Protocol for Foster Care Special/Extraordinary Rate*](#)

Planning for Transitioning to Adulthood:

When a youth turns fifteen (15) years old, the youth may be assessed for transitioning to the Employment and Community First (ECF)/CHOICES Program for adult services. See DCS Policy [*19.8, Transitioning Youth to the Employment and Community First \(ECF\) Choices Program for Adult Services .pdf \(tn.gov\)*](#).

If a youth is going to transition to adulthood from foster care and there is a concern about the youth's ability to make medical decisions, see DCS Policy [*19.10, Designating a Medical Decision Maker for Youth with Disabilities Aging Out of DCS Custody*](#)