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|  | **Tennessee Department of Children’s Services****Child and Family Team Meeting Summary** |

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| Meeting Date | Today  | Meeting Time:  | Now | Type of CFTM:  | Initial  |

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| Location: | DCS Office |  | TennCare Appeal Rights Explained: | [x]  Yes [ ]  No |

Confidentiality Agreement:

During the Child and Family Team Meeting we ask that all participants respect the family’s privacy. Sensitive issues may be discussed and we want everyone to feel safe to express their opinions or voice their concerns. DCS has an obligation to keep information related to child abuse or neglect confidential from public disclosure. However, the confidentiality of information shared at a Child and Family Team Meeting cannot be guaranteed. There are circumstances when information discussed may be shared in order to make informed decisions about placement, services, treatment and/or permanency for child(ren). DCS must comply with the request of the court to supply information.

Please be advised that DCS is required to report any information related to:

* New allegations or suspicions of the abuse of neglect of a child
* If someone threatens to harm himself or herself
* If a direct threat is made against another party

We trust that all participants agree to safeguard the privacy of this family and what is discussed during the meeting.

[x]  By checking this box, the facilitator indicates that they reviewed the Confidentiality Agreement with the team at the beginning of this meeting.

[x]  By checking this box, the facilitator indicates that the participants agree the CFTM Summary may be shared with all team members, including those who may not be present at this meeting.

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|  Participants |  | Role/Relationship to Child/Youth |  | Participation Method |

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| --- | --- | --- | --- | --- |
| Michael Collins |  | Youth  |  | in person |
| Marilyn Steward |  | Mother  |  | in person |
| Travis Collins |  | Youth |  | WebEx |
| Richard Collins |  | Father |  | WebEx |
| Paula Collins |  | Step-Mother |  | WebEx |
| Elizabeth McCay |  | Facility Case Manager |  | WebEx |
| Phillip Wilson |  | Maternal Grandfather |  | in person |
| Evelyn Wilson  |  | Step Maternal Grandmother |  | in person |
| Matt Quick  |  | Facilitator  |  | in person |
| You |  | FSW |  | in person |
| Your Supervisor  |  | DCS supervisor  |  | phone |
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Permanency Goal(s):

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| Child Concerning |  | Permanency Goal(s) |  | Status  |  | Changed Y/N |

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| Travis Collins |  | Reunification  |  | Active |  |       |
| Michael Collins |  | Reunification  |  | Active |  |       |
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| **Family Story:** What is the family saying about why we are here, what are their needs/strengths, what do they want to see happen?  |
| Marilyn admits things have been hard since she had to go back to work and be on her own again. She states she loves all three of her boys and was hopeful to have her family back together. She stated she does not know how things got this turned around.Travis and Michael state they don’t want to go back to live with their mother at this time. They report things have changed since she and Jacob separated, and they feel their mom is very focused on her job and not them. Plus, she insists on having Andrew back in the home, and they are uncomfortable with him being around them. Travis states he wants to go live with his grandparents, but he is worried they don’t want him since he started cutting again. The representative from the facility states they recommend, once Travis is discharged, he receive inpatient treatment to address his emotions and behavior. Phillip and Evelyn state they love Michael and Travis. They are happy to have Michael come live with them for as long as needed, but they feel like Travis needs to complete his treatment program first, then they are willing to have him live with them. Michael shares he is happy to be able to stay with his grandparents and already has a room set up there. Richard and Paula Collins state they get along with Phillip and Evelyn Wilson and agree with Michael going to live with them.  |

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| **Diligent Search:** Is there any new information available on absent/uninvolved parents, grandparents, adult relatives or significant kin at this time? What efforts have been made to locate, contact, or engage them? |
| Richard Collins provided the address for his parents to be sent the diligent search letter.  |
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| **Concurrent Planning:** Was there a discussion about the appropriateness of adding a concurrent goal? If so, what was discussed?N/A |

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| **Worker Observation(s)/Additional Information:** |
| Travis expressed frustration with not being able to go live with his grandparents. Marilyn Steward expressed frustration with Phillip and Paula Collins being a part of the meeting and did not feel the boys should go live with them.  |

**Educational Stability:**

Did this meeting result in an entry into foster care or placement change? [ ]  Yes [x]  No

If yes, a Best Interest Determination Meeting with the school system to ensure educational stability may be required. Please mark the checkbox that best explains the circumstances of this youth/ child.

[ ]  The new placement is within a one hour drive from the school the child/youth is currently enrolled. A Best Interest Determination (BID) Meeting with school personnel is required under guidance from the Every Student Succeeds Act to determine if it is in the best interest for the child/youth to remain in the school they are currently enrolled or transfer to the new school of zone. Who will notify the

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|  Education Specialist of the need for a BID Meeting?  |       |

[ ]  The new placement is over an hour drive from the current school and it is not feasible for the child/youth to remain in the school of origin. The child/youth will be enrolled in the new school immediately.

[x]  The child/youth will attend school in a treatment facility and does not require a BID meeting regardless of the distance from the current school.

[ ]  There is a safety risk/concern/treatment need identified by the Child and Family Team that suggests it is not in the child/youth’s best interest to remain in the school of origin. Consultation with the Education Specialist will occur to determine if a BID Meeting is needed

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| based on those special circumstances. Who will consult with the Education Specialist? |       |

[ ]  A new placement is needed for the child/youth, but one has not been identified at this time. Once the placement is identified, the assigned worker will determine next steps as outlined in the options above.

To create and support educational stability for children/youth in foster care when placement change occurs, the team should review, consider the assurances listed below. By marking the following checkboxes, the Child and Family Team assures:

[x]  When determining placement, the team considered the appropriateness of the current educational setting and the proximity to the school the child/youth was enrolled at the time of placement.

[x]  As indicated above, DCS will coordinate with the local education agency to ensure the child/youth can remain in the school of origin if it is in the child/youth’s best interest. If it is not in the child/youth’s best interest to remain in the school of origin, DCS will immediately enroll the child/youth into a new school with all of his or her available educational records.

Other information to consider when planning for educational stability for this child/youth:

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**Strengths Discussed:**

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| Person Concerning: | Richard Collins and Marilyn Steward  |

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| Strength Category: |       |

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| Start Date: | Today |

Current Description

Richard and Marilyn has sought assistance with the children in the past and obtained services when Travis was sexually abused by Andrew.

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| Person Concerning: | Marilyn Steward |

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| Strength Category: |       |

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| Start Date: | Today |

Current Description

The family has been cooperative with in-home services in the past. Marilyn took Travis to the hospital for cutting.

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| Person Concerning: | Phillip and Evelyn Wilson  |

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| Strength Category: |       |

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| Start Date: | Today |

 Marilyn’s parents are supportive and help her with Travis and Michael. Phillip and Evelyn have agreed to be a kinship placement for Michael.

Current Description

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| --- | --- |
| Person Concerning: | Travis and Michael Collins |

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| Strength Category: |       |

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| Start Date: | Today |

Current Description

Travis and Michael have a good relationship with their grandparents and father and stepmother.

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| Person Concerning: | Marilyn Steward |

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| Strength Category: |       |

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| Start Date: | Today |

Current Description

Marilyn has a job and has been able to maintain housing that is free of environmental hazards and meets the family’s needs.

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| Person Concerning: | Travis and Michael Collins |

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| Strength Category: |       |

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| Start Date: | Today |

Current Description

Travis and Michael are enrolled in school. Michael enjoys school and is very active in extra-curricular activities. Travis and Michael enjoy working on cars, lifting weights, listening to music, and playing video games. Travis is aware of how he can use these things to cope, rather than cutting when he gets stressed.

**Needs Discussed**

Child and Family History of Trauma/Adverse Experiences:

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| --- |
| Travis was sexually abused by his older brother when he was younger. He received counseling to address the issue.  |

Child and Family Recent and/or Ongoing Trauma/Adverse Experiences:

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| --- |
| Travis and Michael have been exposed to their older brother, Andrew, by their mother, Marilyn, although there is a no contact order. Marilyn Steward has been going through a divorce and is experiencing some financial concerns.  |

**Visitation Needs/Concerns**

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| Person Concerning: | Marilyn Steward, Michael and Travis Collins |

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| Need Category: |       |

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| Start Date: | Today  |

Current Description

Marilyn, Travis, and Michael have had a strained relationship and struggle with communication. Travis and Michael state they do not want to visit with their mother at this time. Marilyn slapped Michael in the face when he brought up the concern of having Andrew around.

Marilyn yells at the boys and removes access to positive coping strategies as a means of discipline.

Social, Medical & Educational Needs Addressed: [x]  Yes [ ]  No

Independent Living/Transition Plan [x]  Yes [ ]  No

**Responsibilities Responsible Party Start Date End Date**

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| Marilyn, Travis, and Michael will participate in family counseling.  | Marilyn, Travis, and Michael | Today |  |
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**Progress/Update Status:**

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**Needs/Concerns**

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| Person Concerning: | Marilyn Steward |

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| Need Category: |       |
| Start Date: | Today |

Current Description

Marilyn is experiencing a lot of stress from a divorce, new job, and financial issues.

Social, Medical & Educational Needs Addressed: [x]  Yes [ ]  No

Independent Living/Transition Plan [ ]  Yes [ ]  No

**Responsibilities Responsible Party Start Date End Date**

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| Marilyn will complete a budget with FSW to discuss her finanical situation.  | Marilyn and FSW |  |  |
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**Needs/Concerns**

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| Person Concerning: | Travis Collins |

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| Need Category: |       |
| Start Date: |       |

Travis has been cutting again and was hospitalized. The family was not cooperating with in-home services and the safety plan was not being followed.

Current Description

Social, Medical & Educational Needs Addressed: [x]  Yes [ ]  No

Independent Living/Transition Plan [ ]  Yes [ ]  No

**Responsibilities Responsible Party Start Date End Date**

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| Travis will complete the treatment program at the treatment facility | Travis | Today |  |
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**Needs/Concerns**

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| Person Concerning: | Travis and Michael Collins |

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| Need Category: |       |
| Start Date: |       |

Andrew has had contact with Travis and Michael although there is a no contact order. Marilyn does not see this as a concern and refused to follow the no contact order.

Current Description

Social, Medical & Educational Needs Addressed: [x]  Yes [ ]  No

Independent Living/Transition Plan [ ]  Yes [ ]  No

**Responsibilities Responsible Party Start Date End Date**

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| Andrew Newel will not have any contact with Travis and Michael.  | Marilyn Stewart, Caregivers | Today |  |
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**Progress/Update Status:**

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**Needs/Concerns**

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| Person Concerning: | Richard and Paula Collins |

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| Need Category: |       |
| Start Date: |       |

Richard and Paula live in another state and are adjusting to have a new baby.

Current Description

Social, Medical & Educational Needs Addressed: [x]  Yes [ ]  No

Independent Living/Transition Plan [ ]  Yes [ ]  No

**Responsibilities Responsible Party Start Date End Date**

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| The team will discuss the possibility of completing an ICPC for Michael to be placed with his father.  | FSW, Richard and Paula Collins |  |  |
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**Progress/Update Status:**

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**Needs/Concerns**

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| Person Concerning: |       |

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| Need Category: |       |
| Start Date: |       |

Current Description

Social, Medical & Educational Needs Addressed: [ ]  Yes [ ]  No

Independent Living/Transition Plan [ ]  Yes [ ]  No

**Responsibilities Responsible Party Start Date End Date**

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**Progress/Update Status:**

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| Next Meeting Date: | within 30 days of custody |  |  | Time: |       |

Family Members are encouraged to contact DCS at any time as needed for services, questions or concerns. You may contact your worker or their supervisor for assistance.

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| My Family Service Worker is | YOU | and his/her phone number is |       |

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| Their Team Leader is | Your Supervisor  | and his/her phone number is |       |

Did Everyone Agree with the CFTM Decision? [x]  Yes [ ]  No

If anyone disagrees with the CFTM Decision, please provide details:

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**Signature Page for CFTM**

By signing this document you acknowledge that you are a participant of this meeting. Your signature also indicates that you agree as a participant of this meeting to keep all information presented by the other participants of this meeting confidential, including but not limited to, the contents, purpose, or outcome of the meeting with anyone outside of the team. By signing this document you acknowledge that you understand the release of information regarding this case is prohibited by law, except in certain circumstances determined by DCS.

If a member of the team is unwilling to sign this document, please print their name on the signature page and note the refusal to sign in the disagreement portion of this document.

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| **Name/Signature:** |  | **Relationship to Child/Family** |  | **I received TN Care Appeal Rights (Y or N)** |  | **I received an NOA (Y or N)** |

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**This signature is required if the CFTM resulted in a placement move to a Qualified Residential Treatment Program (QRTP). Due to the CANS actionable items and all other reasons discussed in this CFTM, the team is in agreement that this child’s/youth’s needs cannot be met in a foster home. A QRTP is the most appropriate placement to meet the needs of this child/youth.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_­­­­­­­ (COE Assessment Consultant/Third Party Reviewer)**

**GUIDE TO NEEDS AND STRENGTHS**

**Strength Categories: IL Strength Categories**

Community Connections Education

Education Employment

Employment Financial Resources

Family Bond Health Insurance

Family Safety Home Maintenance

Financial Resources Independent Living Skills

Health Insurance Involvement in Caregiver Functions

Home Maintenance Job Functioning

Independent Living Skills Knowledge of Child and Family Needs

Interpersonal Relationships Other

Involvement in Caregiver Functions Mental Health

Job Functioning Parent/Parenting Skills

Knowledge of Child and Family Needs Physical Health

Mental Health Preparation for Adulthood

Natural Supports Relationship

Optimism Residential Stability

Other Social Functioning

Parental Permanency Social Support

Parenting Skills Transportation

Physical Health Vocational

Preparation for Adulthood

Relationship

Residential Stability

Resiliency

Social Functioning

Spiritual/Religious

Supervision

Support System

Talents/Interests

Transportation

Vocational

**GUIDE TO NEEDS AND STRENGTHS**

**Need Categories:**

Assault Parenting

Attachment Permanency

Criminal Activity Physical Abuse

Danger to Others Physical Condition of Home

Delinquencies Physical Health (**also IL**)

Developmental Delays Preparation for Adult Living (**IL**)

Discipline Relationship (**also IL**)

Domestic Violence Residential Stability (**also IL**)

Education (**also IL**) Resources

Emotional Abuse Restorative Justice

Employment (**also IL**) Runaway

Family Conflict Safety

Family Extended Self-Mutilation

Family Functioning Sexual Abuse

Financial Resources (**also IL**) Sexual Aggression

Fire Setting Sexual Offender

Health Insurance (**also IL**) Sexually Reactive

Home Maintenance (**also IL**) Social Functioning (**also IL**)

Immigration (**also IL**) Substance Use/Abuse

Independent Living Skills (**IL**) Suicide Risk

Job Functioning (**also IL**) Support System (**also IL**)

Marital Conflict Transportation (**also IL**)

Mental Health (**also IL**) Trauma

Neglect Vocational (**also IL**)

Other Behaviors

Other Self-Harm

|  |  |
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|  | **Tennessee Department of Children’s Services****Notice of Action** |

**Special Note to DCS Family Service Workers:**

This Notice of Action (NOA) must be completed for each level of care change,

higher or lower, for levels 2, 3, or 4 within 2 days of the Child and Family Team Meeting (CFTM)

|  |  |
| --- | --- |
| Date NOA Completed: | Today |

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| Child’s Name: | Travis Collins | TFACTS ID: |       |
| DCS Region: | DA | County of Custody: | Davidson |
| Date of Custody: | 00/01/00 | FSW Name: | You |
| FSW Phone #: |       | Date of CFTM: | today |  |

**THIS NOTICE TELLS YOU ABOUT THE PLACEMENT DECISION DCS MADE AND WHAT YOU CAN DO IF YOU DISAGREE WITH THE DECISION OR HAVE TO WAIT FOR PLACEMENT.**

**FEDERAL LAW, 42 U.S.C.A. §672(a)(2)(B), and STATE LAW, T.C.A. §37-1-129(c)(1), GIVE DCS THE AUTHORITY TO DECIDE YOUR PLACEMENT BECAUSE YOU ARE IN DCS’ LEGAL CUSTODY.**

**WE HAVE LOOKED AT WHAT YOU NEED AND MADE THE FOLLOWING DECISION:**

|  |  |  |  |
| --- | --- | --- | --- |
| New, Recommended Placement and level of care we think you need: | Level 3 | Start Date: | Today |

|  |  |
| --- | --- |
| Previous Placement and Level of Care we think is no longer needed: | N/A |

|  |  |
| --- | --- |
| This placement will stop on: | N/A |

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| Who made this decision? | The Psychiatric Hospital and the Child and Family Team |

Will there be a wait for the recommended placement? Yes [ ]  No [x]  If yes, reason for delay:

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We expect the recommended placement to be provided in: [ ]  1 week [ ]  2 weeks [ ]  30 days

If there will be a delay, you will receive these services until the recommended placement can be

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| --- | --- |
| made:  |       |
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| What context was this decision made? (i.e. CFTM, legal consult, professional meeting, treatment team meeting,  |
| etc). | CFTM |

**How was this new placlement decided?** (check all that apply):

[ ]  Completion of Treatment Goals

[ ]  CPS Investigation

[ ]  Court Recommendations

[ ]  Emergency Health Care/Mobile Crisis

[ ]  Well-Being Information and History Form

[ ]  EPSDT Screening

[ ]  PCP Recommendations

[x]  CFTM

[ ]  Mental Health Assessment (Psychological)

[ ]  DCS Assessments (CANS, etc.)

[ ]  Educational Assessment

[ ]  TEIS Evaluation

[ ]  COE Evaluation

[ ]  Disruption

[ ]  Runaway

[x]  Hospitalization

[ ]  Administrative Issue at Current Placement

[ ]  Immediate Circumstances Require this Level of Care

[ ]  New Custody Child/Youth

|  |  |
| --- | --- |
| [ ]  Other:  |       |

**Reason for placement change. This is why we made this decision**. (check all that apply):

[ ]  Initial medical/behavioral indicators require this level of care.

[ ]  CFTM recommends this level of care.

[ ]  Current Assessments indicate a higher/lower level of care is needed.

[ ]  Progress in treatment warrants a step down in level of service.

[ ]  Re-evaluation of treatment progress indicates higher level of care needed.

[ ]  Child’s behavior requires an immediate change in placement.

[ ]  Completion of incarceration at YDC indicates a change of placement.

[ ]  Administrative circumstances require a change of placement.

[ ]  Judicial review/order received and placement determination made to address service needs.

[ ]  Special investigation requires change of placement.

|  |  |
| --- | --- |
| [ ]  Other:  |       |

**Who did we talk to when making this decision?** (check all that apply):

[x]  CFTM Members

[ ]  Placement Provider Staff

[x]  Treating Provider

[ ]  Court

[ ]  PCP

[ ]  School

[ ]  DCS Consultants

[ ]  Foster Care Review Board

[ ]  CASA

[x]  Child’s Current Caregiver

[ ]  Child’s Former Caregiver

[ ]  GAL

[ ]  Public Defender/Public Defender Staff

|  |  |
| --- | --- |
| [ ]  Other:  |       |

**What documents did we use to help us make this decision?** (check all that apply):

[ ]  DCS Assessments (List:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ]  External Assessments (List:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[x]  Discharge Summaries

[ ]  Progress Reports

[ ]  Court Documents

[ ]  School Records

|  |  |
| --- | --- |
| [ ]  Other:  |       |

Did anyone at the CFTM say they want to appeal this placement decision? Yes [ ]  No [x]

|  |  |
| --- | --- |
| Who said they wanted to appeal? |       |

THESE PERSONS GET A COPY OF THE NOTICE OF ACTION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INCLUDE NAMES, CURRENT ADDRESSES & ENSURE THAT THIS INDIVIDUAL IS ENTERED INTO TFACTS AND THE RELATIONSHIP HAS BEEN ESTABLISHED PRIOR TO GIVING TO PLACEMENT UNIT**  |  | **Attended CFTM?** | **Received NOA?** | **TennCare****Appeal Form Given** |
| Youth (14 and over): Travis Collings |  | [x]  Yes[ ]  No | [x]  Yes[ ]  No | [ ]  Yes[ ]  No |
| \*Biological Mother: Marilyn Steward |  | [x]  Yes[ ]  No | [x]  Yes[ ]  No | [x]  Yes[ ]  No |
| \*Biological/Putative/Legal Father: Richard Collins |  | [x]  Yes[ ]  No | [x]  Yes[ ]  No | [x]  Yes[ ]  No |
| \*Adoptive Mother/Legal Caretaker:       |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| \*Adoptive Father/Legal Caretaker::       |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| \*\*Other Involved Adult(s):       |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| GAL:       |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| Other Advocate:       |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| Youth’s attorney:       |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Foster Parent(s):       |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| DCS Contract Agency Provider:       |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |

\* If parental rights terminated, parents do not receive a copy of the NOA.

\*\* At discretion of FSW, based on the person’s involvement in making decisions about the child’s care.

**What to do if waiting this long is a problem for the child.** You can appeal. Someone else will take a look at this. They can see if there is a way to get the care quicker if the child needs it quicker.

**What to do if you think we are wrong.** You can appeal. Someone else will take a look at what this child needs. You have **30 days** from the date you got this letter to appeal.

**There are three ways to appeal.**

**1. Mail. An appeal form is attached.** You can mail it or a letter about your problem to the

**TennCare Solutions Team**

**P. O. Box 000593**

**Nashville, TN 37202-0593**

**2. Fax.** You can fax your appeal form or a letter to **888-345-5575** (toll free) or **741-1338** (Nashville area).

**3. Call.** You can call the TennCare Solutions Team at **1-800-878-3192** or **253-4479** (Nashville area). Please call during the day if possible, but you can call anytime. If you have an emergency, someone can help you day or night.

If this child needs the care right away, **you may ask for a fast appeal.**

**If this child is already getting care, he or she may be able to keep getting it during the appeal.** To do this, you must appeal ***within 10 days*** of getting this letter. You must say that you want this child to keep getting the care during the appeal. **If there must be a doctor’s order or prescription for the care, this child can keep the care only if there is a doctor’s order or prescription.**

|  |  |  |
| --- | --- | --- |
| **We will be happy to talk about this with you.** You can call your FSW  | You | to find out more. |

***For special help on appeals for children in DCS custody, you may call the TennCare Consumer Advocates, Phone 1-855-283-0007.***

**Need special help because you have a health, learning, or other problem?** Please let us know. There are several places that can help you. When you call the TennCare Solutions Team at **1800-878-3192** tell them about any help that you need. People with hearing or speech problems can use their **TTY/TDD** machine by calling **1-800-772-7647 or 313-9240 (in the Nashville area.)**

**Hay una linea telefonica en Espanol** para los consumidores Hispanos de TennCare. Llame al proyecto en Espanol de TennCare al Tel. **1-800-254-7568.**

**Important Numbers**

**TennCare Solutions Team, TTY/TDD: 1-800-772-7647**

P. O. Box 000593 **ESPANOL: 1-800-254-7568**

Nashville, TN 37202-0593

**PHONE: 1-800-878-3192**

**FAX: 888-845-5575** (toll-free)

Sincerely,
Department of Children’s Services

 **Having problems getting health care or medicine in TennCare?**

 **Need help filing a medical appeal?**

 Use this page **only** to file a Call **1-800-878-3192** for free.

TennCare Medical Appeal

Fill out **both** pages. These are **facts we must have to work your appeal.** If you don’t tell us all the facts we need, we may not be able to decide your appeal. You may **not** get a fair hearing. Need help understanding what facts we need? Call us for free at **1-800-878-3192.** If you call, we can also take your **appeal by phone.**

**1. Who is the person that wants to appeal?**

Full name Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number - - Or number on their TennCare card

Current mailing address

City State Zip Code

The name of the person we should call if we have questions about this appeal: A daytime phone number for that person ( ) -

**2. Who filled out this form?**

If **not** the person that wants to appeal, tell us your name. Are you a: Parent, relative, or friend Advocate or attorney Doctor or health care provider

**3. What is the appeal for?** (Place an **X** beside the right answer below.)

 Want to **change health plans.** (Fill out **Part A** on page 2.)

 **Need care or medicine.** (Fill out **Part B** on page 2.)

 Have **bills or paid for care or medicine** you think TennCare should pay. (Fill out **Part C** on page 2.)

**4. Do you think you have an emergency?**

Usually, your appeal is decided within **90 days** after you file it. But, if you have an emergency, you may be able to get an expedited appeal. This means your appeal will be decided in 3 business days. An emergency means that if you don’t get a decision on your appeal within 3 business days, it could **seriously jeopardize (put in danger)**:

* + your life;
	+ your physical health;
	+ your mental health; or
	+ your ability to reach, get back, or keep your mind and body as healthy as possible.

**Do you still think you have an emergency?** If so, you can ask TennCare for an expedited appeal. Your health plan will decide if your appeal should be expedited because you have an emergency. If so, then your appeal will be decided in 3 business days from the date TennCare receives your appeal. But, if your health plan decides that your appeal should **not** be expedited, then you will get a hearing within 90 days.

**Also,** if your doctor thinks you need an expedited appeal, your doctor can go to **tn.gov/tenncare.** Click “Providers,” and then click “Miscellaneous Provider Forms” to fill out a “Provider’s Expedited Appeal Certificate”. Your doctor should fax the certificate to **1-866-211-7228.** Your health plan will review the certificate and make a decision about your appeal. If your health plan thinks the appeal should be expedited, you will get a decision on your appeal in 3 business days from then. But, if your health plan decides your appeal should **not** be expedited, then you will get a hearing within 90 days from the date you filed your appeal.

 TC-0182 (Rev. 01Jan17) **Keep reading.** There is **1 more page** for you to fill out. RDA 2578

**5. Tell us why you want to appeal** this problem. Include any mistake you think TennCare made. And, send copies of any papers that you think may help us understand your problem.

To see which Part(s) you should fill out below, look at number **3** on page 1.

 **Part A. Want to change health plans.** Name of health plan you want

 **Part B. Need care or medicine.** What kind - be specific

 What’s the problem? Can’t get the care or medicine at all.

 Can’t get as much of the care or medicine as I need.

 The care or medicine is being cut or stopped.

 Waiting too long to get the care or medicine.

Did your doctor prescribe the care or medicine? No If yes, doctor’s name

Have you asked your health plan for this care or medicine? Yes No If yes, when? What did they say? Did you get a letter about this problem? Yes No If yes, the date of the letter Who was the letter from? **Are you getting this care or medicine from TennCare now?**  Yes No

Do you want to see if you can keep getting it during your appeal? Yes No

Does your doctor say you still need it? Yes No If yes, doctor’s name If you keep getting care or medicine during your appeal and you lose, you may have to pay TennCare back.

 **Part C. Bills for care or medicine you think TennCare should pay for**

The date you got the care or medicine Name of doctor, drug store, or other place that gave you the care or medicine Their phone number ( ) \_\_\_\_\_\_\_\_\_

Their address

Did you **pay for the care or medicine and want to be paid back?** Yes No

If yes, you must send a copy of a **receipt** that proves you paid for the care or medicine.

If you didn’t pay, **are you getting a bill?** Yes No

 If yes, and you think TennCare should pay, you must send a copy of a **bill.** Tell us the date you first got a bill (if you know).

**How to file your medical appeal Make a copy of the completed pages** to keep.

Then, **mail** these pages and other facts to: TennCare Solutions

 **P.O. Box 593**

 Nashville, TN 37202-0593

Or, **fax** it (toll-free) to 1-888-345-5575. **Keep a copy** of the page that shows your fax went through. To appeal by **phone**, call 1-800-878-3192 for free.

Have speech or hearing problems? Call our TTY/TDD line for free at 1-866-771-7043.

**We do not allow unfair treatment in TennCare.**

No one is treated in a different way because of race, color, birthplace, language, sex, age, religion, or disability. If you think you’ve been treated unfairly, call the Tennessee Health Connection for free at **1-855-259-0701.**

TC-0182 (Rev. 01Jan17)

RDA 2578